



Would you give birth without clean water, soap and a toilet?

Report from the 'Would you give birth without clean water, soap and a toilet?' event organised by WaterAid in partnership with the **Sanitation and Hygiene Applied Research for Equity (SHARE) consortium**, the **London School of Hygiene & Tropical Medicine (LSHTM)**, the **Soapbox Collaborative**, the **Frontline Healthworkers Coalition**, **UN Foundation** and **IntraHealth International** at the 4th Women Deliver conference, Copenhagen, 18 May 2016.

This report can be found online at www.wateraid.org/deliverwateraid

Links to the reports mentioned in the discussion can be found at <http://bit.ly/washhealthlinks>

Introduction

In parallel with the 4th Women Deliver conference, a panel of speakers from civil society, academia and frontline health practices was convened to demonstrate the necessity of water, sanitation and hygiene (WASH) for supporting health systems, and discuss practical proposals for improving the quality of care. In particular, the event highlighted the need for ambitious and holistic consideration of WASH to achieve the new Sustainable Development Goals (SDGs), through the exploration of real-world examples from disease outbreaks, maternal health, and other experiences from around the world.

Summary of speakers' points

Welcome address Ms Margaret Batty, Director of Global Policy and Campaigns, WaterAid

- Ms Batty welcomed guests to the event, introducing the landmark 2015 WHO and

UNICEF report on WASH in health care facilities (HCFs). She asked guests to think about the reality of life for women without access to WASH when they are giving birth. She reflected on her experiences in

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Sierra Leone where one in 21 women will lose a baby in its first month of life, and mothers came to hospital with buckets of water from a nearby river.

- She questioned the panel on what it is we want to achieve. She spoke about visiting a purpose-built facility in a Dhaka hospital for diarrhoeal outbreaks. This was an amazing facility but she questioned whether our aspiration should be to just live with diarrhoeal illness.
- She asked the panel to give us the real reasons why quality of care is ignoring basic services, and what solutions were feasible in the short, medium and long term.
- Ms Batty closed the panel session by introducing WaterAid's new film "Parallel Lives".

Opening remarks, Dr Luwei Pearson, Deputy Chief of Health section, UNICEF

- Dr Pearson told the audience that the film reminded her of three things:
 - 1) Maternity as an issue represents how a health system works; in a hospital, a visit to a maternity ward shows you if the system is functioning.
 - 2) That where we lack a basic service like water or sanitation, it is not because of the absence of water. She said it was because we as society have made a choice – both governments and development

partners are making a choice not to include the issue of water when we have programmes worth millions of dollars with no plan to support basic infrastructure such as electricity, water, communication and transport.

3) The shared accountability between development partners such as UNICEF and the government that is needed if we are going to create change on this issue. The SDGs set us a timeline of 15 years. How can both national governments and development partners challenge ourselves to ensure services are inherent in facilities that will serve mothers and children?

Panel session

Ms Nana Kuo (Panel Moderator), Senior Manager for Every Women Every Child in the Office of the UN Secretary General

- Ms Kuo told the audience the new SDG agenda challenges us on how to work differently. The SDG promises are at the heart of Every Woman Every Child and WaterAid's updated Global Strategy. We've had historic progress in the past 25 years, almost halving maternal mortality and more than halving child mortality.
- However, we have much unfinished business. We need to ensure children have an opportunity to survive and then thrive.
- The SDGs and the updated Global Strategy have an

incredibly important role to play here. A single agenda can help bring together critical targets; universal access to water, sanitation and hygiene is slowly becoming recognised as more than an add-on for health professionals. But how can we speed that up?

Ms Kuo posed the first question to the panel, asking what is holding us back in getting WASH into HCFs, and why are there such manifest inequalities in the WHO and UNICEF 2015 report into WASH access in HCFs?

Dr Marjorie Makakula, Nurse and lecturer at School of Medicine, University of Zambia:

- Dr Makakula told the audience that the film showed us one crucial thing – these HCFs could have access to WASH. They had other services, but, like so often, the commitment from local and national Government to provide water had been forgotten. In Zambia, there are no end of treaties and commitments, but too often the follow-up is slow or non-existent, and access has remained the same.
- In Zambia, only 65% of population has access to safe water and 43% to sanitation. Commitment has been made to address this, but there is insufficient focus on targets set for HCFs. Given that communities spend some of the most important days of their lives here, that's not good enough.

- What is worrying is that you go to some HCFs and there is no water and no sanitation, yet it really doesn't bother anyone. She said she felt this showed that, even where targets have been set, there isn't the level of expectation you might hope for
- Having done research in Zambia with Intrahealth International, she said she had found nurses using what they called brown water. This was taken from an unimproved water source and was manifestly unsafe, but it was what they had. What she found frightening was that when they talked about black water (water so contaminated that it should not be used) , in some cases HCF staff admitted that they had sometimes had no other option than to wash surfaces with it.

Dr Sandra Virgo, Research Fellow at LSHTM, SHARE consortium representative at Women Deliver, and member of the Soapbox Collaborative.

- Dr Virgo said our number one challenge is showing that getting WASH into HCFs matters and that it's a problem we can challenge. So often where there are bad infrastructure problems people have quickly got used to them. When a sink is broken and there is no clear chain of command to fix it, people get used to not having a place to wash their hands. They get used to having the broken sink,

and we need to change that behaviour and build demand.

- One major area of concern for Dr Virgo was that some of the training HCF workers receive is very superficial. In India and Bangladesh she had found cleaners had done rote learning of tasks and didn't know why certain things were important to prevent spread of infection. In one study in the Gambia focused on hand hygiene, we found a fairly low level of compliance, at around 13% of those surveyed. However, this went down to 3% when you looked at compliance before invasive procedures, which is where you would hope hand hygiene would be most recognised. In Zanzibar, six of seven HCF maternity units surveyed in a SHARE-funded study showed multiple pathogens on delivery beds.
- This kind of data can really start a conversation in places, and it can help with accountability. Our first duty in an HCF is to ensure people don't go out sicker than they came in, so these numbers can really focus minds. In Zanzibar in particular, simply consistently reporting back these numbers to government has had an impact, leading to better and strong repair processes.

Beirne Roose-Snyder, Director of Public Policy, Centre for Health and Gender Equity.

- Ms Roose-Snyder said she would join this panel as the “rowdy voice of an advocate”.

She said that this discussion taking place at Women Deliver was particularly appropriate. We discourage women from complaining in institutions and this leads to disrespect and abuse throughout the childbirth experience. Dignity as part of quality of care is critical and we must challenge cultural messages that suggest that poor women cannot expect good quality outcomes or basic services when giving birth.

- She noted that we also have to take into account a basic structural issue. When there are good health outcomes after labour, women have a newborn baby. It is all-absorbing and everyone sighs with relief. When there is a negative outcome, the woman is still too absorbed to engage in advocating for system change.
- Ms Roose-Snyder welcomed the process interventions that could and should be made, but questioned the levels of commitment of donors and governments to something as challenging and complex as overcoming inadequate WASH access in big health programmes like HIV, family planning, maternal and child health programmes. It's a hard sell and a hard measurement. Showing the impact on greater WASH on health outcomes and quality of care would be critical.

Ms Kuo noted that challenges were abundant at policy, programming and financing levels. She asked the panel to respond on what can be done to resolve these and the actions that can

come out of Women Deliver to ensure that in the next year we can incrementally improve access to WASH and basic services in HCFs.

Dr Makakula:

- Dr Makakula said she was looking at the interventions at three different levels.
- From the governments and major stakeholders, we need a review of the policies that we already have, and analyse whether they are sufficient. She thought specific targets adopted across Zambia would help so everyone would be working towards that.
- Another aspect of integrating WASH is into provision of basic health services. If we say we are going to increase the number of skilled birth attendants, we have done that but are we concentrating on the wrong thing. Is their skill sufficient without water and sanitation?
- One aspect of monitoring is a huge problem and shown up by the 2015 report – we make the promises, then we forget about them, so often no one goes back to check that hands are clean and toilets are working. We need good planning, monitoring and evaluation of these services.
- Community and frontline health workers really matter here. They really help by connecting with the community and encouraging them to demand more.

Ms Roose-Snyder

- Ms Snyder focused on the need for more participation in what we define as success. We need to build networks to include participatory accountability mechanisms and frameworks. Our health-care systems must become accountable to all patients, and that must include women.
- This subject presents a huge opportunity to change how we measure success. Are we being successful just by getting more midwives in post? If women using a HCF know there isn't clean water or have to bring their own water, are we being successful? We need to hear their voices to decide whether a HCF is successful or not.

Ms Kuo asked the panel whether current accountability mechanisms were adequate.

Dr Virgo:

- The work of SHARE and the Soapbox Collaborative has shown strong gains from driving accountability through data collection and presentation.
- Many HCFs don't routinely audit newborn and maternal sepsis, despite the huge impact it has on women and children. While it's hard to track (you might pick up infection in one place and go to another for treatment), new developments are coming on strong. It should soon be possible to use genome tracking to show where infection

originated (e.g. home, delivery room, or post-partum). Microbial evidence can be very persuasive. We often find women are satisfied with the visual appearance of cleanliness but that doesn't always correlate with microbial evidence of what bugs are around.

- Dr Virgo said that the Soapbox Collaborative had majored on behaviour change and the need for innovation both in process and technology. We can be disruptive, e.g. in India, Soapbox worked on the 'big clean bus' idea – taking hygiene cleaning to HCFs so they can learn for example how to clean a tile properly, and see microbial evidence of proper cleaning.

Ms Kuo opened the discussion to the audience. The following are edited notes on key points the audience raised:

- **Ms Frances Day-Stirk, President of the International Coalition of Midwives (ICM)** called for WASH and respectful maternity care to be front and centre in development partners' programming. For female patients and midwives, a huge (and often unspoken) issue is that they are leaving the services every day because they can no longer face going to work or receiving care with no facilities to wash in or to look after women, no facilities for themselves to clean hands or to go to the toilet. She thanked the

panel and organisers for their efforts and gave the ICM's full backing.

- One audience member asked why we are budgeting for health attendants without budgeting for their wages but also their toilets. She questioned whether a ratio approach might work better. She noted that a recent survey of HCFs in Malawi had shown that the main cause of maternal death was sepsis infections as a result of wash.
- **Ms Frances McConville, Technical Officer – Midwifery for WHO** said that postpartum haemorrhage is a leading cause of death. One contributing factor can be a full bladder, which prevents the uterus from properly contracting. Given that women in labour and delivery where there is no adequate sanitation facility may not urinate for 24 hours, we are literally causing deaths by not having WASH facilities.
- **Mr John Barosso, USAID** welcomed the event. Having worked across this area for more than a decade he cautioned the audience that when everyone is responsible, no one is responsible. We need resources and technical capacity to execute change. There are organisations which work across sectors that have to figure out how to work more effectively. This also applies at national level – ministries can often treat WASH as a low priority, so it's low down the list in our new passion for inter-sectoral inventions.

- An audience member from Zimbabwe told participants that in her country most women don't want to come to hospital for a delivery because of the poor sanitation conditions. Despite working in Zimbabwe's second largest city, her experience in HCFs was of regular water cuts, and toilets that were blocked half the time. In her experience, the poor quality of facilities was one of the major reasons why women are not delivering in the hospital and are taking their chances at home.
- Another participant working in Tanzania has shown that donor-driven behaviour change was possible. Having received the opportunity to work on a proposal to increase water access into rural HCFs, her organisation changed it to WASH access because they believed only an integrated approach will make a difference.

Ms Kuo brought the panel session to a close:

- Ms Kuo thanked the panel and audience. She asked all in attendance to focus on the opportunities going forward, from better data collection to catalysing communities to raise levels of demand on institutions.
- This discussion positions WASH for full integration into programmes on maternal, newborn and child health.
- She particularly noted the importance of WASH for battling

anti-microbial resistance (AMR) and noted the upcoming high-level event on AMR on the margins of the opening of the 71st UN General Assembly.

Closing address, Ms Anita Sharma, Executive Director of the New York Office at the United Nations Foundation

- Ms Sharma told the audience that if we are going to achieve the SDGs, we need a paradigm shift.
- Today's conversation is qualitatively different from that of a decade ago. Looking at the collective actions of this group, it's clear we all want a future in which a woman comes to a HCF and can expect to receive the quality care she deserves for her and her baby, and a midwife coming to work in rural Tanzania trying to save lives can do their work with the dignity they deserve.
- She flagged the importance of Women Deliver's regional caucuses and hoped that WASH could be heard in these fora in particular.
- She closed with words of Maya Angelou: "They might forget what your words are, but they will remember how they made you feel". We must ensure that we do not abstract the issues discussed today and the films and materials produced by WaterAid and WHO were going to stick in her mind.