



# State of hygiene in Southern Africa

Summary of key findings



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This document summarises the key findings of the study in terms of practice and policy inclusion of each of the five key components of hygiene, as well as the main bottlenecks identified in the enabling environment for hygiene.

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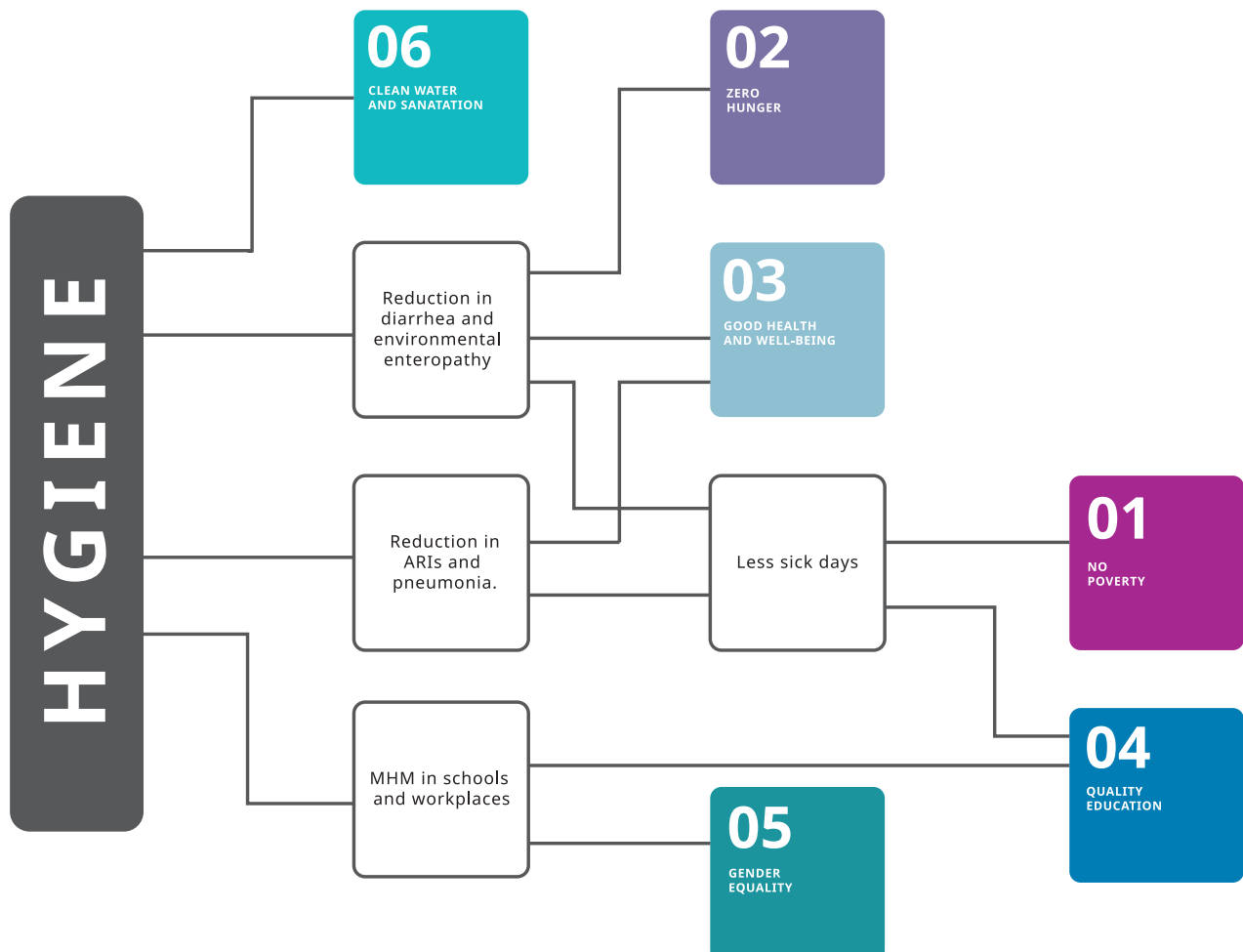
# Introduction

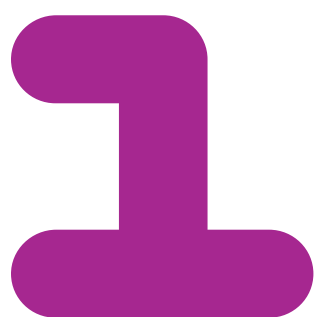


Good hygiene practice is central to the achievement of the clean water and sanitation sustainable development goal, as well as other development goals including health, nutrition and education.

Without good hygiene practices, such as toilet use, handwashing with soap, water treatment, food hygiene, and menstrual hygiene, the benefits of other poverty reduction strategies will be undermined, and human dignity will be compromised.

The State of Hygiene in Southern Africa study was commissioned to gather evidence regarding: the status of hygiene practice in the region; the enabling environment and institutional arrangements for the promotion of hygiene behavior change; and key policy and programme bottlenecks for the prioritization of hygiene.





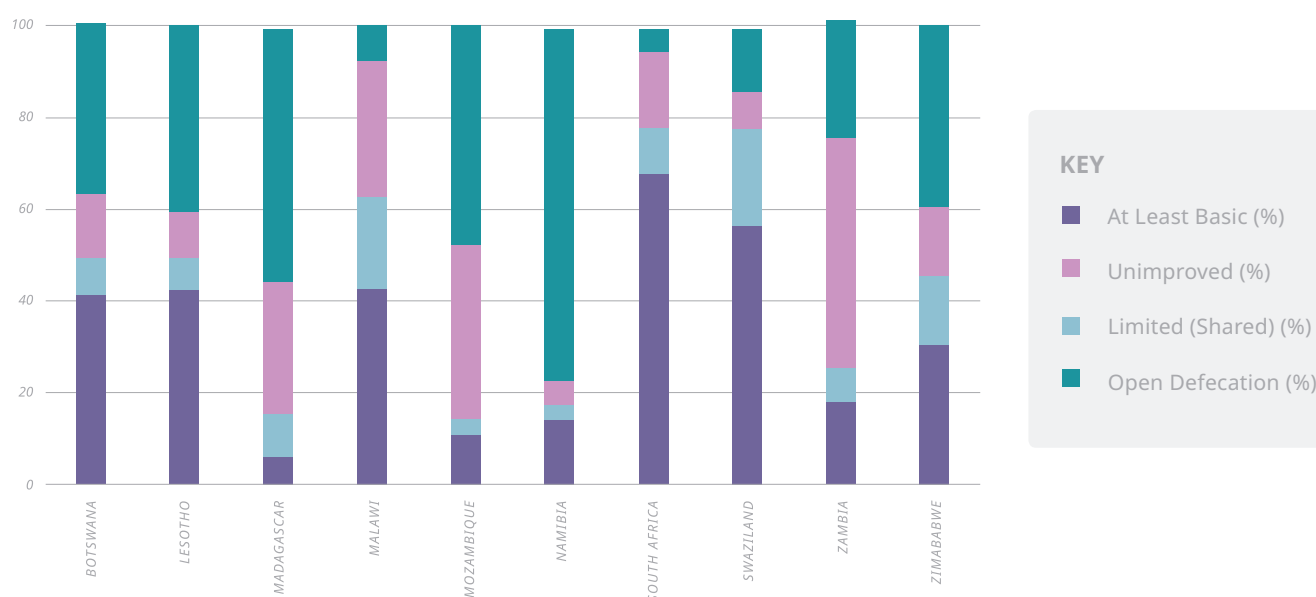
## Sanitation use <sup>1</sup>

With the exception of South Africa (69%) and Swaziland (58%), less than half of rural populations in Southern Africa countries have access to at least basic sanitation. In Madagascar, Mozambique, Namibia and Zimbabwe the proportion of rural people that practise open defecation is higher than the proportion that have access to a basic latrine.

Access to sanitation is higher in urban areas of Southern Africa, where between 16% and 77% of the population have access to at least basic sanitation.

A 2015 study of child faeces disposal found that unsafe disposal of children's faeces is widespread in Southern African countries included in the study<sup>2</sup> (WSP and UNICEF, 2015<sup>3</sup>).

### SANITATION ACCESS: RURAL AREAS



In addition to a lack of latrines in the general population, several other factors that may limit safe management of child faeces were identified including: a lack of evidence on what works in child faeces management; children not being able to use existing latrines due to physical or safety reasons; and gaps in the enabling environment, for example not including child faeces on ODF definitions, or lack of private sector engagement for solutions.

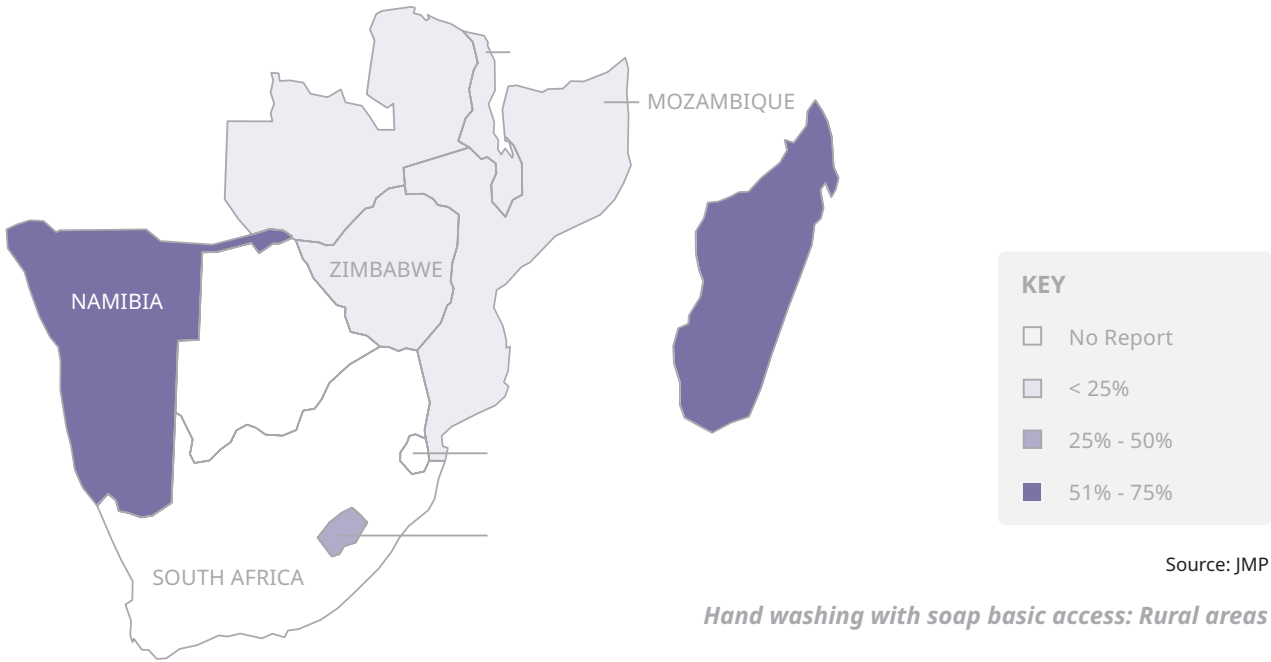
Sanitation use is the most comprehensively included hygiene component in policy in the region. Almost all countries studied have specific targets and objectives on sanitation included in not only a lead ministry policy, but also one or more other key sector policies including health, water, education and nutrition. Similarly, at strategy level sanitation targets are included across different sectors for all countries (except Lesotho).

SANITATION USE



# Handwashing with Soap

Handwashing with soap (HWWS) is one of the most cost-effective interventions to prevent top causes of under-5 mortality in developing countries. Evidence shows that handwashing with soap can reduce diarrhoea by almost 50% and respiratory infections (including pneumonia) by almost 25%<sup>4</sup>. The SDG definition for basic access to HWWS, is the population with a basic handwashing facility with soap and water available on premises.

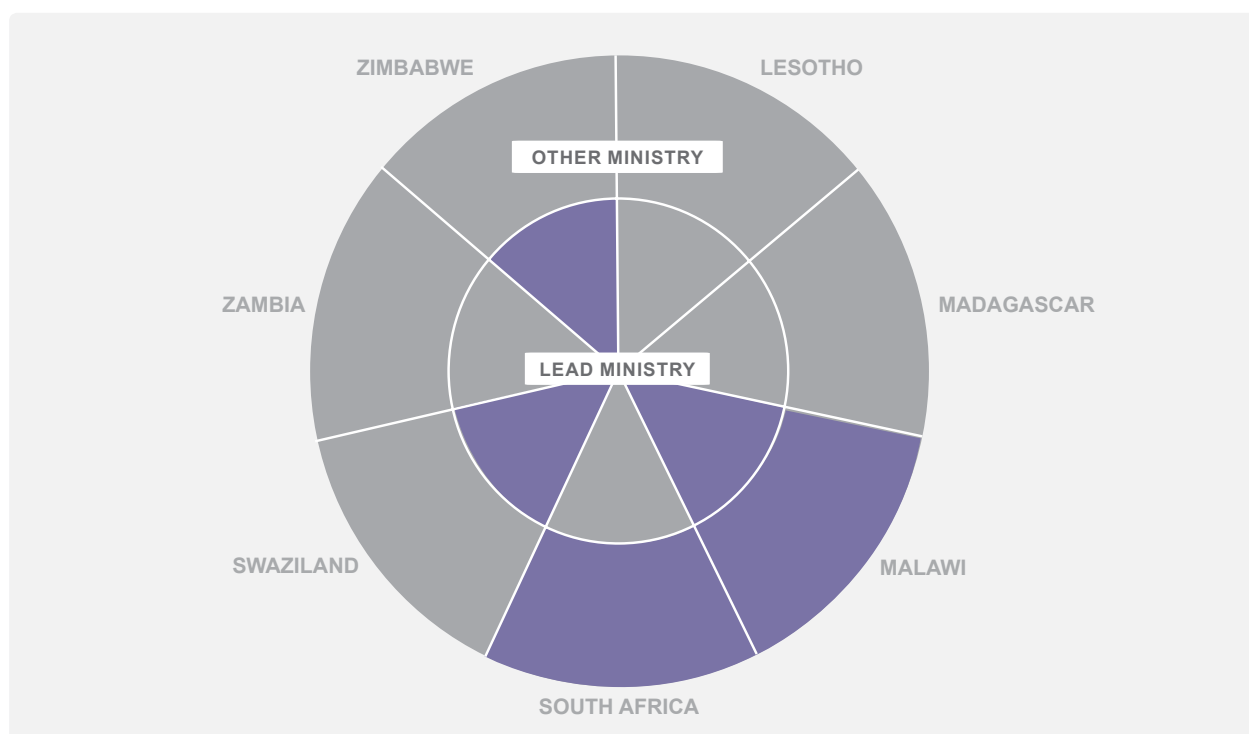


Handwashing access in the region is very low especially amongst rural populations – in five countries in the region the handwashing rate is less than 25% in rural areas.

Handwashing rates are even lower amongst poor people, when disaggregated by wealth the poorest people in the region have between 17%-63% lower access to handwashing with soap than the richest.

Policy inclusion of handwashing with soap is shown to the left. While HWWS is not well represented in policy objectives and targets it is very well represented in country strategies across all key ministries (not shown). For example, in Malawi there are HWWS targets in strategies for health, water, education, and nutrition.

#### HANDWASHING WITH SOAP

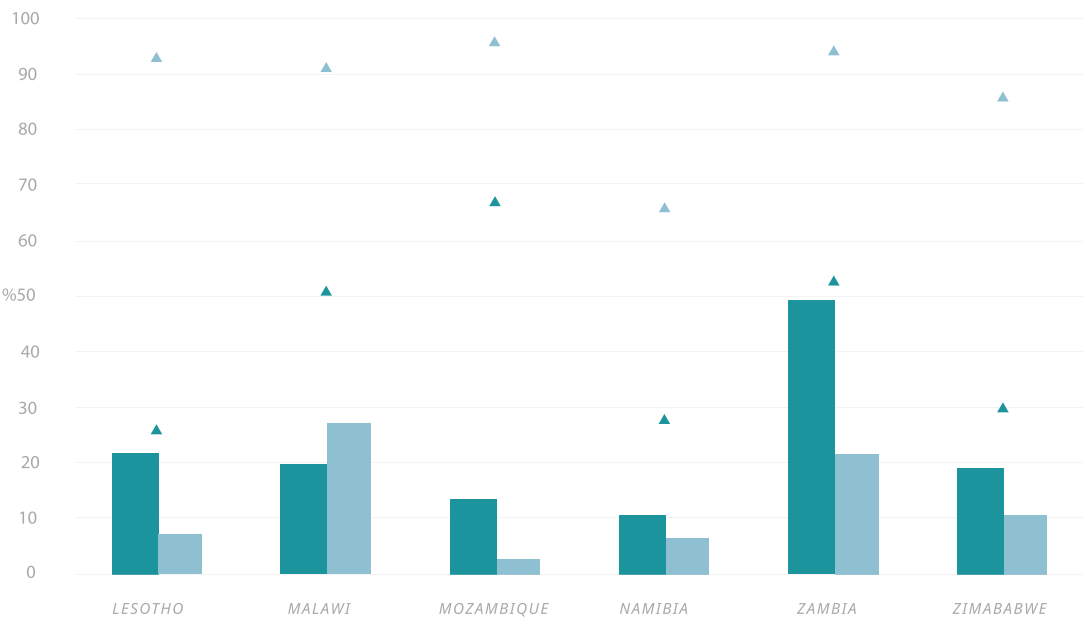


## Household drinking water treatment <sup>5</sup>

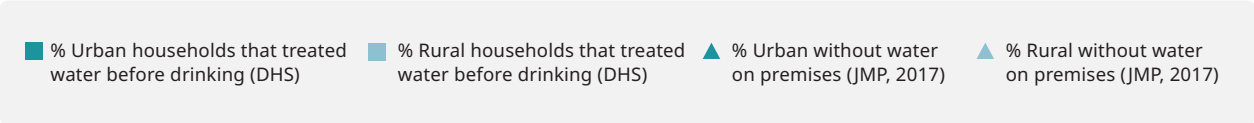
Across Southern Africa, most rural populations, and in some cases a significant proportion of urban population<sup>6</sup> do not have access to drinking water piped to their premises. This presents a significant risk of post-collection contamination during transportation and storage. However household drinking water treatment is not commonly practiced throughout the region.

The graph compares DHS data on household drinking water treatment (bars), to JMP estimates of households that do not have water available on the premises (i.e. would collect and store water<sup>7</sup>). For example, in rural Lesotho 93% of population use offsite water sources, but only 7% treat the water at home to ensure safety.

WATER TREATMENT AT HOUSEHOLD LEVEL



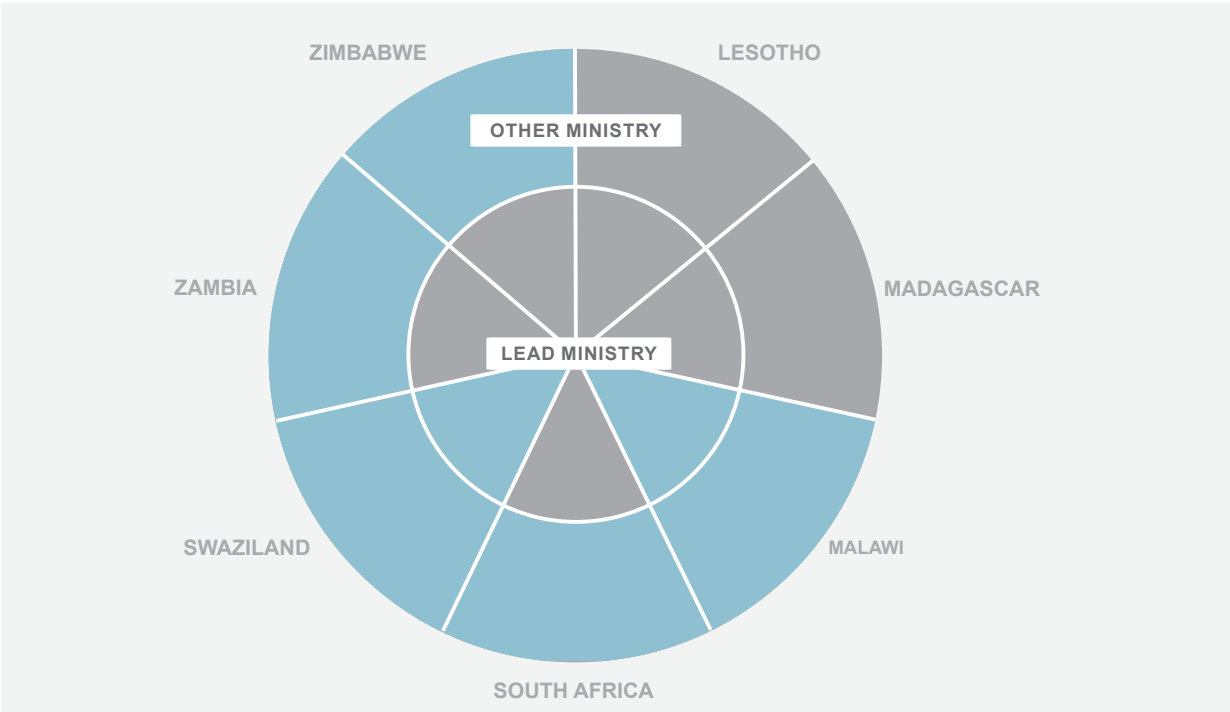
KEY



For households in the region that practice drinking water treatment, boiling or chlorine disinfection are by far the most reported methods<sup>8</sup>.

Chlorine disinfection products being marketed in the region include WaterGuard in Malawi, Chlorin in Zambia, and Certaza in Mozambique. While drinking water treatment and storage seems to be well represented in policies (albeit not the hygiene lead ministry policies except in Malawi and Swaziland draft), this inclusion is not extended to the strategies of key ministries. Targets for DWTS are only found in the lead hygiene ministry strategy in Malawi and Zimbabwe.

HOUSEHOLD DRINKING WATER TREATMENT





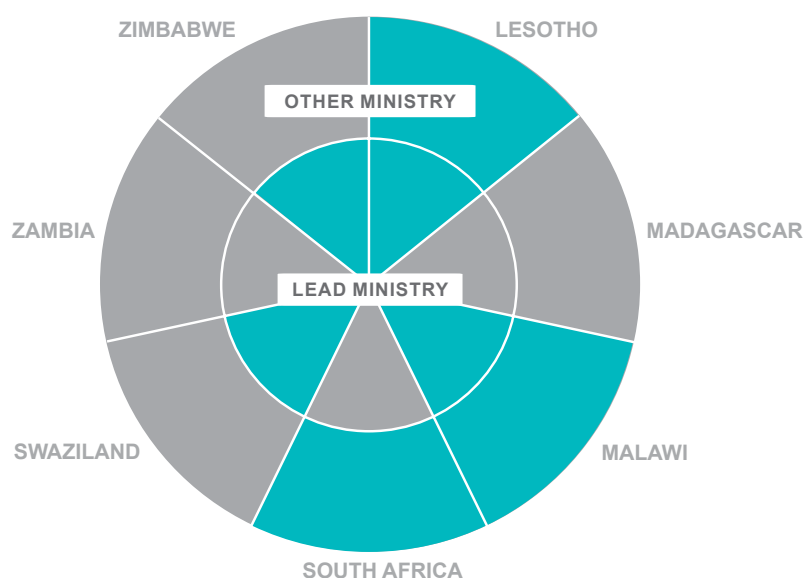
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## Food hygiene

Up to 70% of diarrhoea in developing countries is said to be caused by pathogens transmitted through food, especially contaminated weaning foods.<sup>9</sup>

Unlike for sanitation, handwashing with soap, and drinking water treatment, food hygiene data is not collected as part of routine or periodic surveys. No food hygiene data for the Southern Africa region is available. However, food safety and hygiene is closely linked to, and facilitated by other hygiene behaviours especially HWWS, and safe domestic drinking water treatment and storage (text box ref<sup>10</sup>).

### FOOD HYGIENE



*“Despite indications of their importance for health and nutrition, few rigorous data exist on food and environmental hygiene practices”. WHO, 2015*

Policy inclusion of food hygiene is shown to the left. Specific food hygiene targets or objectives are included in the lead hygiene ministry’s policies in four out of 7 countries. In Lesotho, Malawi and South Africa food hygiene targets are also included in education sector policies.

At strategy level food hygiene targets are included in the lead hygiene ministry targets of four countries, of the 7 studied (strategy not shown).

Food hygiene also appears strongly in the targets of nutrition strategies in several countries (Madagascar, Malawi, Zambia, and Zimbabwe).





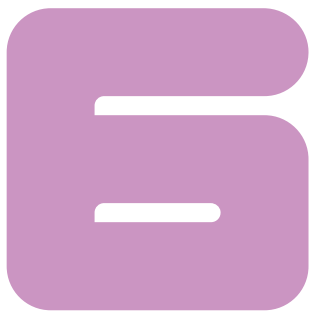
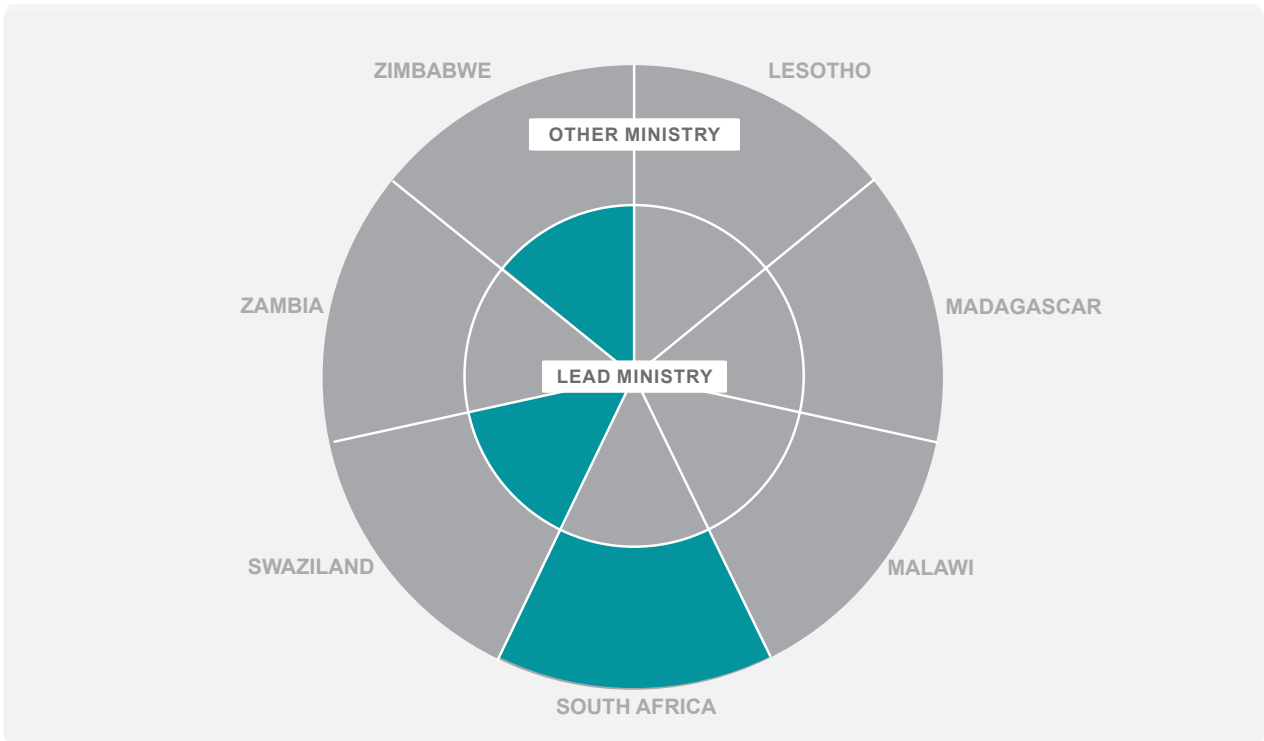
# Menstrual hygiene

“Access to menstrual hygiene management facilities and services are essential for the “health, well-being, dignity, empowerment, mobility and productivity of women and girls”.<sup>11</sup>

As with food hygiene, menstrual hygiene management data is not collected as part of routine or periodic surveys. Some countries collect data on MHM as part of their school monitoring however, no regional data was found on practice or access.

Menstrual hygiene management is the least well included hygiene component in policies across the region. Only Swaziland and Zimbabwe include MHM in hygiene lead ministry policy, and South Africa includes MHM targets in policies under the education sector. At strategy level also, there are few targets for MHM and those that exist only address MHM in a school setting.

## MENSTRUAL HYGIENE MANAGEMENT



# Key bottlenecks in the enabling environment for hygiene

The key bottlenecks, or barriers to progress on hygiene in the region are largely interlinked. Inconsistent policy inclusion and limited available data, means that hygiene is often overlooked; a lack of dedicated coordination mechanism means that there is no champion for greater inclusion of hygiene in sector processes and financial allocations.

**Four key bottlenecks are summarised below.**

## COORDINATION

The national hygiene portfolio is held by ministries of health in all countries studied, except Madagascar where the water line-ministry is responsible for hygiene. However as can be seen from the policy inclusion diagrams above, key hygiene practices are scattered under different sectors and fragmented in several different policies and strategies. For coordination purposes, hygiene is most frequently considered under water and sanitation programmes as part of WASH. However, it is often deprioritised in hardware-focussed WASH sector coordination and review processes. Certain components of hygiene are taken up by disease specific programmes, for example hand and face washing for trachoma control, point of use water treatment during a cholera outbreak. Coordination that brings together all hygiene components is largely absent in the region.

A government-led sector coordination platform that centres specifically on bringing together hygiene stakeholders from all sectors is required to address this bottleneck.

## INTEGRATION

Effective integration of hygiene activities at country level in which education, nutrition, health and WASH policies, strategies and programmes interact for collective action, is limited in the Southern Africa region. This gap is closely linked to the absence of an umbrella mechanism for hygiene coordination. However, there are some notable examples of good practice of integration at different levels for example:

- *Inclusion of targets and objectives in policy documents.* As can be seen from the policy inclusion diagrams above, hygiene targets appear in several non-WASH policies.
- *Joint planning and reporting.* In Zambia hygiene indicators including sanitation, HWWS, and MHM are included in the education Monitoring Information System, and are used for micro-planning school WASH activities.
- *Integrating hygiene into non-WASH programmes.* Marketing of chlorine-based household drinking water treatment as part of an antenatal hygiene kit in Malawian clinics by PSI was found to strongly influence uptake and practice even after several years<sup>12</sup>

Learning about effective cross sector integration of hygiene, that allows sectors to maximise their own impact through collaborative action is required to address this bottleneck.

## FINANCIAL ALLOCATIONS

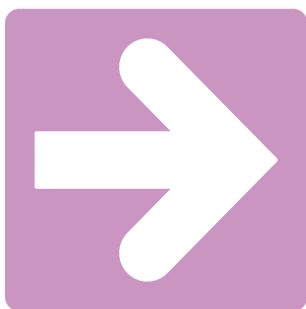
According to a 2017 WaterAid report *“Public policy efforts and government campaigns to promote hygienic practices and handwashing with soap capture a miniscule proportion of national health budgets and international aid spending on health – typically less than 1%”*.<sup>13</sup> This rings true in Southern Africa also where there is limited budget allocation for hygiene across the region. The 2017 GLAAS survey<sup>14</sup> gathered information on the existence and level of implementation of a government defined financing plan or budget for water, sanitation, and hygiene. Of the Southern Africa countries, only Botswana was rated as having an agreed and consistently followed financing plan for hygiene.

This bottleneck can only begin to be addressed when the profile of hygiene is raised by strengthening the existing evidence base and developing targeted advocacy to the policy-makers who ultimately influence allocations.

## MONITORING AND EVALUATION

Access to robust local data on all hygiene components is a significant bottleneck across the region. As mentioned earlier, data for some hygiene components – notably food hygiene and menstrual hygiene management – are neither captured by routine data nor periodic surveys. Joint sector reviews provide a platform for sector data and programme evidence to be presented and analysed, for progress to be evaluated and to set new sector targets and direction. A common bottleneck to effective monitoring and review identified across the region is the near universal lack of inclusion of hygiene in joint sector review process.

This bottleneck requires action to better include hygiene components in routine monitoring, and to ensure that hygiene data is presented and analysed during sector reviews that prioritise hygiene as a key determinant of WASH and health programmes.



- <sup>1</sup> Data from UNICEF/WHO Joint Monitoring Program, JMP 2017. Progress on Drinking Water, Sanitation and Hygiene report 2017
- <sup>2</sup> Four countries in the region were included in the 2015 WSP/UNICEF study – Madagascar, Malawi, Mozambique, Zambia
- <sup>3</sup> WSP / UNICEF 2015, Management of Child Feces: Current Disposal Practices  
<https://www.wsp.org/sites/wsp.org/files/publications/WSP-CFD-Summary-Brief.pdf>
- <sup>4</sup> Data source: PPPHW website <https://globalhandwashing.org/about-handwashing>
- <sup>5</sup> Data from WHO/UNICEF JMP, 2017 report, and most recent National Demographic and Health Survey reports.
- <sup>6</sup> JMP 2017: Between 96% and 57% of rural populations, and 66%-9% of urban populations have no piped water inside their premises
- <sup>7</sup> Please note that these two data sources are not directly comparable but used to illustrate the issue only
- <sup>8</sup> Recent National Demographic and Health Survey reports
- <sup>9</sup> London School of Hygiene and tropical Medicine, Environmental Health group.  
<http://ehg.lshtm.ac.uk/food-hygiene/>
- <sup>10</sup> WHO (2015). Improving nutrition outcomes with better water, sanitation, and hygiene: Practical solutions for policies and programmes  
<http://ehg.lshtm.ac.uk/menstrual-hygiene/>
- <sup>11</sup> <http://ehg.lshtm.ac.uk/menstrual-hygiene/>
- <sup>12</sup> Path, 2010. Market assessment of household water treatment products in 8 African countries
- <sup>13</sup> WaterAid – Velleman Y., Northover H., (2017). Mass behaviour change campaigns: What works and what doesn't
- <sup>14</sup> The UN-Water Global assessment and analysis of sanitation and drinking water 2017 report can be found here  
[http://www.who.int/water\\_sanitation\\_health/publications/glaas-report-2017/en/](http://www.who.int/water_sanitation_health/publications/glaas-report-2017/en/)



**One WaterAid.  
Three goals.**