

Case study



Malawi

Community engagement – the case of Chikweo Health Centre



Context

The passing of the WASH in HCF resolution during the 2019 WHA was a catalyst for the transformation of health systems. In Malawi, WaterAid's lobbying contributed to repeated commitments by the Minister of Health to ensure the development and implementation of a WASH in HCF improvement roadmap that will catalyse WASH improvements in HCF, like the Chikweo Health Centre.

The Chikweo Health Centre is situated in Traditional Authority Chikweo in Machinga District, 91km from Machinga District Hospital – with a population of 107,003. The HCF has struggled with WASH problems since its water systems were vandalised in January 2016 and has since relied on a borehole fitted with a hand pump located at a neighbouring primary school. The hospital staff and guardians have been competing with the school children and surrounding community to access the water – which in turn has compromised the quality of the centre's health services.

Barriers

Key barriers identified to progress on WASH in Chikweo Health Centre included:

- **Inadequate O&M of WASH facilities.** Most times, the maintenance committee lacked enough financial resources to maintain the facility.
- **Insufficient number of security guards increased risk of vandalism.** Vandalism is a result of limited community participation in health service delivery, and inadequate ownership of the WASH infrastructure.
- **Low staff retention numbers and understaffing.** Due to lack of running water and sanitation facilities for both patients and staff, which is a particular burden for women health workers, the centre has been understaffed for a number of years and struggled with staff retention. Staff were requesting transfers from the facility or did not report for work once posted to the facility.
- **Lack of handwashing facilities and IPC.** Medical staff and patients seeking care were unable to wash their hands due to lack of handwashing facilities, soap and piped water supply. This impacted on the overall hygiene practices and IPC measures – putting the lives of the patients and health workers at risk.
- **Lack of gender responsive WASH facilities.** Expectant mothers were not interested in delivering their babies at the centre due to lack of safe and private WASH facilities. Most women opted to deliver at home, and some even waited until the last minute to come to the centre for delivery.



WaterAid/ Francis Chipanda

◀ Cotuwege Gama, Clinician, washes his hands at one of the taps that has been installed at Chikweo Health Centre as part of the Deliver Life to Mothers, Girls and Children (in the Southern Region of Malawi) project, which is funded by the Scottish Government's International Development Fund. Machinga, Malawi. December 2021.



WaterAid/Dennis Lupenga

◀ The old borehole was a ten-minute walk from Chikweo Health Centre. Patients had to walk there to collect water. Now through the Deliver Life to Mothers, Girls and Children (in the Southern Region of Malawi) which is funded by the Scottish Government's International Development Fund, this facility has toilets for both patients and staff, bathrooms for pregnant women, a reticulated water supply system, an incinerator, and a placenta pit. Machinga, Malawi. September 2019.

Approach

Deliver Life to Mothers, Girls and Children (in the Southern Region of Malawi) is funded by the Scottish Government's International Development Fund, with additional support from Scottish Water employee fundraising. The project started in October 2018 and will run until March 2023 – so far it has modelled WASH in four HCF, one of which was Chikweo.

A system strengthening approach was implemented at Chikweo health centre through community participation and ownership to both enhance O&M and curb vandalism. For example, the community has come up with income generating activities to finance O&M including, growing & selling maize, sweet potatoes & groundnuts and operating bicycle storage for clients (at a fee) who come to seek services at Chikweo. In addition, a life-cycle cost analysis exercise supported O&M committees at district and facility level to plan for sustainable WASH services. Capacity strengthening of healthcare workers was delivered through IPC and WASH training, this included waste management, hand hygiene and environmental cleaning.

The project continues to support the district council to develop SDG responsive District Strategy Investment Plans (DSIPs) and increase the allocation of funds to WASH at district level.

The WASH in HCF model at Chikweo – including the WASH package, designs and standards – was used to demonstrate potential for scale up with the MoH and other stakeholders.

Evidence of change

After IPC and WASH training was delivered to healthcare workers through the project, and the publication of new IPC and WASH guidelines, improvement plans were developed at an HCF level on different aspects of IPC – such as waste management, hand hygiene and environmental cleaning. These improvement plans were then implemented by healthcare staff. A district IPC coordinator conducts quarterly supervisions at the health facilities to check on progress, and through this observed that IPC is now effectively practiced at the centre – by healthcare workers and patients alike.

Monitoring and engagement of healthcare workers has indicated that improvements in the working environment at the centre has increased staff motivation.

The MoH has recommended the WASH package designs and standards modelled at Chikweo to other HCF across Malawi through presenting to the Safe Motherhood sub-technical working group, and is influencing other WASH stakeholders to adopt the package – which includes guidance on incinerators, ash pits, placenta pits, latrines, toilets and reticulate water supply systems – for scaling up safe and sustainable WASH.



Key lessons

- Community involvement and ownership contributes to an improved quality of WASH services. In the Deliver Life to Mothers, Girls and Children (in the Southern Region of Malawi) project, community members supervised construction works at the facility, which meant the contractors adhered to specified standards.
 - Community involvement contributes to financial savings and improves sanitary conditions. For example, at Chikweo, community volunteers mobilised bins to dispose of solid waste at the facility, which also allowed the facility to save money on contractors.
 - Sustained engagement and conversations with government ministries, departments and officers helps prioritise and integrate WASH and IPC. Our conversations so far have led to the development of revised national IPC WASH guidelines in Malawi. Deliver Life to Mothers, Girls and Children (in the Southern Region of Malawi) project is supporting the roll out and adoption of these revised guidelines in the project's target HCF.
 - Evidence generated from studies and projects can be leveraged to influence national strategies and roadmaps. WaterAid Malawi utilised studies to influence the inclusion of WASH in institutions as a standalone theme in the National Sanitation and Hygiene Strategy (NSHS) 2018–2024. The Deliver Life to Mothers, Girls and Children (in the Southern Region of Malawi) project also generated evidence that is influencing the content of Malawi's WASH in HCF improvement roadmap.
 - The identification of service provision gaps can lead to the establishment of new partnerships. Our work has profiled WASH service provision gaps in HCF and attracted donors to partner with WaterAid in their priority districts.
- ▶ Borehole installed under the Deliver Life to Mothers, Girls and Children (in the Southern Region of Malawi) project which is funded by the Scottish Government's International Development Fund. Machinga, Malawi. December 2021.

Conclusions and recommendations

The work in Chikweo demonstrated the importance of community engagement when modelling WASH in HCF. Community engagement and ownership led to improved quality of WASH services and cost saving. From our work in Malawi, we have made the following recommendations:

- To improve and sustain WASH service delivery and behaviour change in HCF, the Government of Malawi will need to increase financial allocation to local governments. This will then meet the policy prescribed minimum threshold of 5% of all national budget resources being channelled to the district councils, and will position them to better cater for the O&M of WASH in HCF.
- The MoH should strengthen community participation in the delivery of health services through ensuring that there is a complete loop from conducting service delivery satisfaction surveys and exit interviews, to giving feedback to communities on the findings, and taking action on the issues identified.
- NGOs should have an in depth understanding of the barriers to sustainable WASH services in HCF and invest in long term systematic interventions to address the blockages and break the cycle.

