JOIN US TO DELIVER LIFE

First Edition

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UKaid

WaterAid

WaterAid / Dennis Lupenga

WE ARE WaterAid

Our Vision

A world where everyone, everywhere has safe water, sanitation and hygiene

Our Mission

Is to transform the lives of the poorest and most marginalized people by improving access to safe water, sanitation and hygiene

Our Values

Define our culture and unite us across the many countries in which we work.
They are at the very heart of WaterAid

RESPECT

We treat everyone with dignity and respect and champion the rights and contribution of all to achieve a fairer world

COLLABORATION

We work with others to maximize our impact, respecting diversity and difference in the pursuit of common goals

ACCOUNTABILITY

We are accountable to those whose lives we hope to see transformed, to those we work with and to those we support

COURAGE

We are bold and aspiring in our actions and words, and uncompromising in our determination to pursue our mission

INNOVATION

We are creative and agile, always learning and prepared to take risks to accelerate change

INTEGRITY

We act with honesty and conviction and our actions are consistent with openness, equality and human rights

Table of Contents

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We are also indebted to health care workers and communities whose relentless effort and support has resulted in actionable results for the most vulnerable particularly our mothers and children.

A special gratitude to DFID/UKAID who are committing £2 million for the Deliver Life project.

List of Acronyms

ADC:	Area Development Committee
ART:	Anti-Retroviral Therapy
CAI:	Citizens Action Initiative
CCIM:	Community Case Integrated Management
CDF:	Constituency Development Fund
CF:	Citizen Forum
CHAM:	Christian Health Association of Malawi
CHWs:	Community Health Workers
CLTS:	Community Led Total Sanitation
CMT:	Community Midwife Technician
DC:	District Commissioner
DCA:	District Citizens' Assembly
DEC:	District Executive Committee
DFID:	Department for International Development
DHO:	District Health Office
ELDS:	Evangelical Lutheran Development Services
EPI:	Expanded Programme on Immunization
FOCCAD:	Foundation for Community & Capacity Development
HAC:	Health Advisory Committee
HCF:	Health Care Facilities
HSA:	Health Surveillance Assistant
HTC:	HIV Testing and Counselling
IMCI:	Integrated Management of Child Illnesses
IPC:	Infection Prevention and Control
LDF:	Local Development Fund
LIA:	Low Income Area
MBS:	Malawi Bureau of Standards
MNH:	Maternal and Newborn Health
MOH:	Ministry of Health and Population Services
NGO:	Non-Governmental Organization
NICE:	National Initiative for Civic Education
ODF:	Open Defecation Free
ODP:	Out Patient Department
PDI:	Participatory Development Initiative (PDI)
PMTCT:	Prevention of Mother to Child Transmission
QIST:	Quality Improvement Support Teams
SEI:	Sector Engagement and Influencing
SHAP:	Sanitation and Hygiene Advancement and Prioritization
SRHP:	Sexual and Reproductive Health Policy
SRHR:	Sexual and Reproductive Health Rights
SPD:	Sustainable Programme Delivery
SSDI:	Support for Service Delivery Integration
T/A:	Traditional Authority
TBA:	Traditional Birth Attendants
VDC:	Village Development Committee
WAMA:	WaterAid in Malawi
WASH:	Water, Sanitation and Hygiene
WAG:	Women Action Groups
WESNET:	Water and Environmental Sanitation Network
WHO:	World Health Organization

Yanjanani Mpalaka, Medical Assistant and In-Charge for Mtosa Health Centre, all smiles after the facility started accessing clean water and sanitation facilities

WaterAid / Dennis Lupenga

WaterAid / Dennis Lupenga

Join us to Deliver Life

A year after taking off our country strategy, we at WaterAid in Malawi are more than inspired to keep transforming lives through our work, which seeks to ensure that everyone everywhere has access to safe water, improved sanitation and hygiene (WASH) at all times.

Under the DFID/UKAID funded Deliver Life project, it has become apparent that access to improved WASH is attainable, manageable and realistic; giving us an extra momentum to drive our energies forward.

Forward to see that no mother or child dies due to WASH-related diseases; forward to safeguard the lives of the new-borns who are highly susceptible to infections such as sepsis; and forward to ultimately guarantee strong and healthy communities.

From the seven Health Care Facilities (HCFs) in rural Kasungu, Nkhotakota and Machinga, we unpack incredible stories of change, resilience, courage and tenacity; not just by the health care workers who are-by the way-already in short supply, but by community members themselves and in other cases, even patients and guardians who endure hapless conditions and by default, graduate into health workers themselves.

Despite these mishaps, practical case studies featured here clearly demonstrate how Deliver Life has and continues to respond to deficits in quality service provision, coordination and empowerment of citizens as a way of facilitating the attainment of a good standard of health for all.

For instance, in these facilities, over 3,000 community members now practice handwashing with soap; 334 community facilitators and health facility staff have been trained on WASH and Maternal and Neonatal Health (MNH) while over 20,000 community members have been empowered to not only know, but demand their rights to a healthy living through provision of WASH services. This is in addition to 9,439 people who now have access to improved sanitation and 16, 688 accessing safe water.

As these numbers keep growing every day, so does the passion and enthusiasm within WaterAid in Malawi and its implementing partners, to continue applying holistic programming in order to accelerate investments and implementation of a strengthened health system particularly for Health Care Facilities in rural areas.

Thus, Deliver Life interventions have gone beyond construction of WASH infrastructure, but have extended to infection prevention and control (IPC) among health workers, all of which have outspread the impact-further improving health outcomes for mothers and children.

What cannot be underestimated in these stories of change is how these interventions are premised on sustainability models, to ensure that the developments in these HCF's are long-lasting and impactful, right from household level to the community, district and the country at large.

With the health sector almost on its knees in Malawi, the demand for such sustainability is greater than ever; that is why as we share these incredible learning and practices, we are delighted to be part of the efforts to deliver lives in Malawi through our Deliver Life project.

After all is said and done, the big question to you is

"will you join us deliver life?"

About WaterAid

WaterAid is an International Non-Governmental Organization, established in 1981 and dedicated to empowering people escape from suffering caused by lack of safe water, improved sanitation and hygiene.

WaterAid is a key player in the WASH sector in Malawi, working closely with partners and stakeholders, to make clean water, decent toilets and good hygiene accessible to everyone everywhere at all times. Our work has had significant impact on many aspects of human life such as health, education and creation of economic opportunities.

Since 1999, WaterAid in Malawi has worked alongside government, the private sector and development partners in Balaka, Chikwawa, Dedza, Karonga, Kasungu, Mzimba, Nkhotakota, Rumphi, Machinga and Salima districts, Lilongwe City and small towns of Mponela, and Kasungu Municipality.

In the current 2016-2021 strategy, WaterAid is maintaining presence in Kasungu, Machinga, Nkhotakota, Lilongwe City as well as small towns of Kasungu and Mponela.

In these districts, WaterAid has modelled provision of WASH in schools, health centers and communities through construction and rehabilitation of water points, rehabilitation and expansion of gravity-fed systems, construction of sanitation infrastructure in schools and health centres, and empowering citizens through engagement and training for the realization of their WASH rights.

At policy level, WaterAid has influenced and shaped policy and advocacy agenda of WASH sector in Malawi and also contributed to the adoption of tested technologies and approaches by other players.

Currently, our work is principally guided by our country strategy (2016-2021), benchmarked on our Global Strategy “Towards WASH for all by 2030”, which reflects the Sustainable Development Goal (SDG) Number 6, where clean water and sanitation has been placed as a core agenda for sustainable development.

Access to safe water and improved sanitation has helped to enhance people's dignity and well-being

WaterAid / Dennis Lupenga

Our Interventions in Health Care Facilities

WaterAid in Malawi also carried out a rapid assessment of eight health centres in Kasungu, Nkhotakota and Machinga districts in 2015. The assessment revealed significant challenges in access to water, sanitation and hygiene in health care facilities.

Since 2016, WaterAid in Malawi is modelling the provision of WASH in 16 health facilities and their catchment areas in Kasungu, Nkhotakota and Machinga districts.

Through these interventions, WaterAid is advocating that the role of WASH be strengthened as a key component of healthcare provision.

The project design was informed by consultations, and studies which Water Aid in Malawi conducted in 2013 and 2014 to understand the status of WASH in Health Care Facilities and how this is affecting the health outcomes. Building on these studies and consultations, WaterAid in Malawi also carried out a rapid assessment of eight health centres in Kasungu, Nkhotakota and Machinga districts in 2015. The assessment revealed significant challenges in access to water, sanitation and hygiene in health care facilities. It further exposed glaring inequalities for pregnant

women and new-born babies and the subsequent absence of protection for their WASH rights. Some facilities providing maternity services lacked safe maternity amenities and other waste disposal systems; accessible toilets for pregnant women and had evidently unhygienic beds and linen thereby putting infection prevention and control challenging. Focus group discussions with women accessing the facilities also revealed a general lack of understanding on their WASH rights as well as capacity to engage and influence duty bearers to respond to their needs.

Following this inception phase, and in line with WaterAid's global strategic aim to tackle inequalities in access to WASH, WaterAid in Malawi designed its interventions focusing on three distinct but related work streams with integration being a cross-cutting theme in all these:

- **Sector strengthening**
- **Modelling service delivery**
- **Citizen empowerment**

The sector strengthening work stream focused on WASH and maternal and new-born health policy integration. This meant assessing the national policies, frameworks and coordination mechanisms and identifying whether WASH targets and indicators were adequately incorporated.

A recent study conducted as part of the project noted that Malawi's National Sexual and Reproductive Health Policy (SRHP), an overarching policy guiding implementation of all Sexual and Reproductive Health and Rights (SRHR) interventions including MNH, falls short in recognising WASH as a key component affecting MNH outcomes. It also established that key technical working groups in the Ministry of Health on MNH do not include key WASH sector actors.

In light of this, WaterAid planned to support the establishment of a community of practice on integration of WASH and health as one way of ensuring interface between WASH actors and the health sector. This was done for them to actively participate in the process of developing the new five-year Health Sector Strategic Plan (HSSP), to influence the prominence of WASH issues in the strategic plan and to develop some policy briefs to be disseminated in various forums to raise awareness and lobby for prioritization of WASH in health care facilities.

The project, using advocacy and capacity building, is working to strengthen coordination mechanisms for WASH and MNH both at national and local government level. An important strand of the project,

particularly the sector strengthening component, has been to engage directly with political stakeholders at national, district and community level as critical stakeholders in defining the country's development agenda and resource allocation.

Modelling service delivery focuses on delivering a comprehensive package of WASH interventions. This is to demonstrate what can be achieved when water, sanitation and hygiene are fully integrated – through both physical infrastructure and service provision by health professionals. At the HCFs, the project is modelling the provision of comprehensive package of WASH infrastructure, which includes a solar-powered reticulated water supply system into the facility, provision of inclusive toilets and bathroom and provision of placenta pits, incinerators and ash pits as well as rehabilitation works for the pipe networks and septic tanks.

The project is also supporting infection prevention through capacity building of health care workers and support implementation of the improvement plans for infection prevention and control (IPC) in the health centres.

At community level, the project is providing inclusive boreholes and promoting household sanitation and hygiene.

Through this project, WaterAid is also piloting the ABCDE methodology for hygiene behaviour change, which uses community aspirations as motivation and a positive reinforcement for sustained behaviour change.

The citizen empowerment frame has focused on building the capacity and capabilities in the end service users, to demand and hold the duty bearers to account, in recognition of their critical role in monitoring service provision and ensuring their rights to WASH and health are respected. This is done by working with community leaders and local populations, to inform them about their rights to WASH as well as mobilization of citizen groups for collective action and amplified voice in engaging with the duty bearers around rights to WASH within health care environment and at household level.

The work around citizen empowerment is particularly distinct as it raises important questions about how to ensure the sustainability of interventions.

Making Change Happen

WaterAid / Jenny Lewis

CHAMWABVI HEALTH CENTRE

Written By: *Solomon Chirwa and Chipiliro Kansilanga*

Chamwabvi Health Centre is located some 38 kilometres away from Kasungu town in the area of Traditional Authority (T/A) Chilowamatambe. The facility, which was constructed by Malawi government was officially opened in 1985. It serves a population of 45,077 people from 118 villages.

The Health Facility has 28 members of staff comprising one medical assistant who is also the health centre's In-charge and is supported by two nurses, 19 Health Surveillance Assistants (HSAs), two hospital attendants, two ground labours and two security guards. It serves an average of 350 patients per day.

Service provision

Since it opened its doors in 1985, the facility has been offering a wide range of services such as Out Patient Department (OPD), family planning, maternity services (antenatal, delivery

Running water taps at Chamwabvi facility after Deliver Life intervention

WaterAid / Dennis Lupenga

and postnatal care and support) HIV and Aids (HTC, PMTCT, and ART), Child Health (EPI, IMCI and Nutrition services), Environmental Health and Youth Friendly and health services.

WASH situation before Deliver Life interventions

The project undertook a detailed assessment of WASH situation at the health facility before embarking on the implementation of interventions aimed at improving the situation. The project examined the WASH needs, waste management and disposal and how this affected MNH and infection prevention at the facility. Different tools such as key informant interviews, observations, focus group discussions were used to gather information. The needs assessment was followed by a comprehensive technical assessment of the existing infrastructure. The situation at Chamwabvi health centre was deplorable.

Water supply

The facility's existing solar-powered water system was not functional. In the absence of this system, the facility's service delivery was immensely affected, in particular, maternal, new born and child health services. This placed children and mothers vulnerable to infection. The only source of water, though seemingly unsafe due to its apron structure that looked dilapidated, was located four kilometres away from the facility.

The Malawi water and sanitation policy defines access to water in terms of its quality and distance to water point. Water is defined acceptable if both

its chemical, microbial and physical parameters meets both Malawi Bureau of Standards (MBS) and World Health Organisation (WHO) guidelines for drinking water and household use. The acceptable maximum distance to the water point is 500m. Using this definition, it can be concluded that clients at Chamwabvi had no access to safe water.

Lottie Makowa, is the Medical Technician and Officer In-Charge at Chamwabvi and this is what he had to say about the situation;

"We relied on patients and guardians to bring us water for the facility to operate. It is unethical but that was the only way to keep things running around here. I remember a time when we had an emergency delivery in the middle of the night. The woman came alone and we did not have enough water to have the woman wash after giving birth. I personally felt bad leaving her like that throughout the night. I was afraid she would get infected with sepsis".

"This problem was very acute, for instance, we need water to wash our hands before and after treating every patient. Water is essential also for patients to be able to take their medicine right at the hospital. Not forgetting bathrooms and toilets especially for pregnant women. They all require running water".

Water problem did not only affect the health facility, staff working at Chamwabvi were equally affected. After horror at work, there was no water at their homes either.

They also need safe water for themselves and their families. To work at Chamwabvi under these conditions was very demotivating. He explained that many people do not like to work at Chamwabvi and once they come,

Medical technician Lottie Makowa after narrating the problems the facility was facing

Nurse Ludia Chilembwe examining a pregnant woman

they don't stay long due to water challenges.

"To cope with this problem, patients with help from guardians would bring water from their homes so that we could have water in our health facility. Although it did not please us to have patients fend for their own water, we had no other choice to keep the health facility afloat. Imagine a seven or nine-month pregnant woman carrying a bucket of water to the hospital for more than four kilometres. It was heart breaking. This situation also caused alot of disputes between us health wrokers and the community members," bemoaned Ludia, a nurse midwife technician.

Agreeing with Ludia, is 21-year-old Rhoda Josiah from Chikoko village who was heavily pregnant and just two weeks away from her expected date of delivery (EDD) at the time of the interview. Rhoda is one of the many pregnant women in the area who cover 4 kilometres from Chamwabvi Health Centre to fetch water to use while awaiting labour at the facility. The distance is a huge burden to a pregnant woman just as Josiah explains:

"I came to drop the buckets in the morning. Most people draw water in the wee hours, around 2 or 3 am. So I went back home to eat porridge then I came around 11 am but the water

Rhoda Josiah fetching water from a dilapidated borehole despite her condition

is still not coming after waiting for 2 hours.

This is our only source which is near; the other borehole is at Mdakanako village which is very far from here. During antenatal sessions, I was told not to perform heavy duty roles such as these; drawing water from long distances but I don't have any option. In my present condition, I am experiencing a number of things like heart palpitations and am afraid anything can happen."

In most societies in Malawi, culture places the task of fetching water, firewood and other household chores on women regardless of them being pregnant or not.

However, for health reasons, pregnant women are not supposed to perform more physically demanding work as it may reduce the blood flow to the placenta hence limiting the amount of nutrients and oxygen going to the foetus. The long distance covered by a woman like Rhoda may result in stimulating untimely contractions of the uterus leading to an abortion or miscarriage, explains Abigail Nyaka in her case study titled *'water woes versus pregnant women'*.

Sanitary facilities

The health facility had provisions for a bathroom within the labour and post-natal wards and a water closet toilet, unfortunately, they were in a state of disrepair and the sewer system was not functioning. Additionally, the facility had one external functional bath shelter, which was not enough to serve all the clients, not to talk of waiting mothers as well as guardians, considering that there were not less than 20 pregnant women awaiting delivery, in the company of a guardian, at any given time. There were only five functional latrines used by patients, guardians and even staff.

The existing placenta and refuse pits were in good condition and functional but the facility had no incinerator, making it difficult for management and disposal of medical solid waste.

Existing latrines were too small and without proper privacy

Overhead tank commanding water to the facility's system including staff houses while (right) running water making work easy for health care workers

Deliver Life interventions

Given the situation faced by the facility as highlighted above, WaterAid through Evangelical Lutheran Development Services (ELDS) is implementing Deliver Life project at Chamwabvi with funding from DFID. The primary focus under this project is to address the lack of safe water, sanitation and hygiene at Chamwabvi Health Centre and surrounding communities to increase access to and use of clean water, sanitation and hygiene and to demonstrate the importance of WASH to health outcomes using project evidence, with a particular focus on maternal and new-born health. Through Deliver Life project, Chamwabvi facility has a modern solar-powered water supply system connecting the facility's maternity wing and additional taps in strategic areas where patients, guardians can easily access.

"Now we are very happy to have water in our homes and inside the health facility. Life is better now. Our patients no longer have to bring water from home. They are also treated in good time since we now open the facility as required which is around 8:00am. Most importantly, we have running water in our delivery room. Women are also able to take a shower soon after delivery. Sanitation and hygiene can now be introduced since water is available now.

Improved water supply to communities has also helped reduce infectious diseases

We are very grateful for all the support you have given us. It has not only changed the lives of the health workers, but also for more than 118 villages which this health facility supports," added Lottie.

During the assessment, it was also noted that latrine to people ratio was very high. In view of this, the project supported the construction of triple Improved Ventilated latrine blocks one for males and another one for females. These latrines have ramps to enable people with physical challenges access the facility with relative ease and one of the latrines has a raised seat. Outside the toilets are provisions for handwashing facilities so that people are reminded and motivated to wash hands after using the toilet.

The facility had one bath shelter which was not adequate for all clients, waiting mothers and guardians. The project constructed additional two-roomed bathroom in order to ease access. The bathrooms in the maternity and postnatal wards were also rehabilitated. The bathrooms have helped lactating mothers achieve personal hygiene and ensure that they are always clean to avoid infecting babies.

One lady said, "*previously, congestion was very high at the bathroom and because of this, some women could go without proper bath for some days*".

This is not normal for a woman who has just given birth as chances of getting infection are high.

Although the existing placenta and ash pits were functional, they were in bad shape and this compromised their performance. The project therefore constructed new and modern placenta and ash pits to help with waste management. Chamwabvi health facility had no incinerator for burning non-bio medical waste, making waste management a nightmare. Today, the facility has an incinerator that is helping with waste management, preventing exposure of patients and surrounding villages, to risky environment.

Creating model villages for WASH

Deliver Life targeted five villages with sanitation and hygiene interventions. These communities surrounding Chamwabvi Health Centre are Chilangiza, Fisi, Gwanyansa, Khuluza and Besani. The idea behind this approach was to create model villages where other villages within the health centre catchment could learn from and replicate the practices in their own villages.

Most of the households in selected villages had no latrines while others were sharing. This means that some were still practising open defecation.

To eliminate open defecation, Community Led Total Sanitation (CLTS) approach was used where villages went through triggering, follow ups and ODF verifications. Though, the villages have not yet been officially certified ODF, all of them are now ODF.

Hygiene promotion campaigns have been conducted to raise awareness on key hygiene messages including handwashing with soap. In addition to the 5 villages, 2 more villages of Mtayamasika and Chinganyama have emulated from the neighbouring villages and are practising the hygiene behaviours.

The project had provision to support one community with a borehole. Through the village level local governance structures, the chiefs chose Chilangiza village for the construction of the new water points. The criteria for selection was based on population and current WASH status by using evidence provided by Health Surveillance Assistants from Chamwabvi health centre, who work in the surrounding villages.

Toilets inscribed with hygiene messages and (below) a community borehole in Chilangiza village

The water point has since been constructed and the community has started using it. The water point committee was trained in general management of the borehole, operation and maintenance.

The implementation process

The implementation of this project at Chamwabvi followed a unique process that ensured responding to the needs of the community. Funds for the project came from DFID to WaterAid which in turn sub granted to ELDS, a local partner that has vast amount of experience working in Kasungu.

This arrangement allows WaterAid time for comprehensive grants management and monitoring to ensure quality work is being delivered. Deliver Life project is well known for being highly responsive to the needs of the community. Views from health workers, HAC and local leaderships were obtained prior to start up and during the start-up processes. Community decentralised governance structures were also engaged at every stage of the project cycle, from assessments to actual implementation.

At the onset meetings were held with the DCT, DEC, ADC and with HAC to inform them about this project but also to get their buy in and support during implementation which is important for ownership and sustainability of the interventions.

Officers from the relevant government line departments took the lead during supervision and monitoring of the works particularly officers from Water, DHO, and Public Works to ensure that quality work is achieved. Water monitoring assistants and HSAs were also involved in the actual work such as village triggering, training of Water points committees in plumbing, operation and maintenance.

Throughout construction, interface meetings were being held with community members, giving feedback on constructions, making sure they follow and supervise the construction process at their level. A consultant was hired to do thorough technical assessment after which designs for water and sanitation facilities were produced.

Contractor staff during latrine construction at Chamwabvi health centre

WaterAid / Dennis Lupenga

Health care team holding a thank you banner after Deliver Life interventions

These designs were site specific and responded to the local needs. Following this, the community was provided with feedback regarding proposed works and the community was happy about it.

Contractors were procured following competitive bidding system and Mantisa and FISD which are reputable contractors, were awarded the contract. This process ensures durable and good quality structures that will go a long way helping the people of Chamwabvi improve their quality of life.

Impact

Despite that construction works have just been completed, people of Chamwabvi have already started realising the impact from this great work. The benefits of these initiatives are apparent. A nurse at the health facility thanked WaterAid and its partners for the timely interventions, she recalled the torment both patients and staff were going though during delivery and postnatal care.

Water is very vital in ensuring hygiene for the mother, new baby and the health attendant. It is a sure way to infection prevention. Before this timely intervention, quality of care was compromised; women used to travel long distances to fetch water for use in the delivery ward, the water was not only inadequate but also not safe. Waiting pregnant women were in particular at risk.

Due to unavailability of water, hygiene was compromised as clients were not having thorough bath before and after giving birth, nurses had little to use for washing hands and or clean up after the hectic duty of attending to a woman during delivery. Running water is ideal in this setting because it cleanses thoroughly.

Through our work at Chamwabvi health centre, WaterAid and its partners built strong links with Kasungu district council, other WASH NGOs, Members of parliament and councillors. The project has opened further opportunities for networking and future collaborations.

Sustainability

In order to make sure that these interventions are sustainable, stakeholders from both the community and government line ministries are involved during implementation and monitoring.

This approach brings the stakeholders in the limelight before the project phases out and allows their views to be incorporated as the project is being implemented. As a result, this gives them a sense of ownership and they can easily follow up after the project is closed.

Water Aid through its implementing partners in Kasungu have been organising meetings involving all key stakeholders to the project.

The purpose of these meetings was to check the district's plans in sustaining the impacts of the Chamwabvi project. At these meetings, future roles of each stakeholder were mapped out to appreciate what the partners will be doing to sustain the gains.

KEY LESSONS

- The use of existing governance structures is essential to facilitate project buy in and eventual sustainability as people feel part of the process.
- Availability of the WASH facilities is now causing an increased demand for maternity services, despite the same number of health workers and bed space, therefore there is need for a more integrated projects to address the needs in the holistically.
- Provision of water has helped resolve conflicts between health care workers and the communities. This demonstrates that water conflict is a serious issue even in public institutions and needs to be addressed for improved service delivery.
- The provision of a comprehensive package in MNH and WASH provides a blue print for major gains. This model has been adopted by the Government which is now encouraging other development agents to follow suit.
- The use of Soil Stabilized Block and cement blocks in all construction works has helped to conserve the environment. This is unlike the conventional bricks which require firewood for burning.

Continous waterflow is essential to ensuring that both health care workers and patients are protected from any infections

WaterAid / Dennis Lupenga

Kapyanga Health Centre under construction and (insert) the finished structure being inspected

WaterAid / Dennis Lupenga

KAPYANGA HEALTH CENTRE

Written By: *Solomon Chirwa and Chipiliro Kansilanga*

"I alone cannot change the world, but I can cast a stone across the waters to create many ripples".

That, is a saying by mother Teresa; an accurate representation of an incredibly courageous story of the people of Kapyanga, in Traditional Authority Wimbe in Kasungu district.

There, Kapyanga Health facility is currently under construction. The facility is about 61 kilometers away from Kasungu district hospital.

Currently, the area is under Chamama health centre. There are seven Health surveillance assistants (HSAs) that are

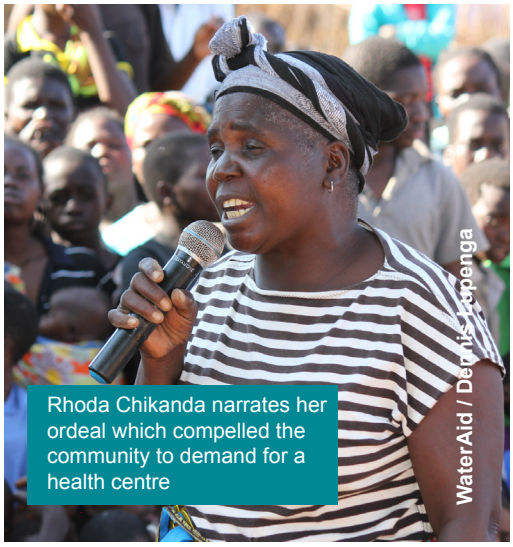
promoting community health.

Construction of the facility came in response to the need that was there since the nearest Health facility is about 45kms away.

Background for the construction of the Health Centre

Kapyanga Community is one of the marginalized communities in the district as it is hard to reach due to the mountanious terrain. It comprises four group village headmen namely; Chipumba, Mndoliro, Chimanda and Kapyanga under traditional authority Wimbe in Kasungu east constituency which has lagged behind in terms of infrastructure development. The community has had no essential services such as potable water, health facility, good road network, and several other social amenities.

The nearest hospital was 45 km from Kapyanga, with poor road network and no reliable means of transport, people had to walk the whole distance to access medical services. During the parliamentary visit to Kapyanga, Rhoda Chikanda shared her experience, which is just one of the many that Malawians from Kasungu East have been experiencing since independence.



Rhoda Chikanda narrates her ordeal which compelled the community to demand for a health centre

In 2012, as she was walking to the hospital, Wimbe Health Centre, Rhoda delivered her baby on the way, just beside the road, without any medical person to assist her. She and her newborn baby were exposed to risk of infection not to mention the shame and loss of dignity that she had to face after this ordeal. The nearest health facility from Kapyanga is 45kms away.

"My experience, giving birth on the way to the hospital was the last straw that made us to demand for this health centre. It was a frightening experience. We told the Member of Parliament that we were tired of empty promises. It was time to deliver. The construction of the Health Facility changes the story of many women who will not have to go through what I encountered," lamented Rhoda.

Following this experience plus numerous others untold, Kasungu District Executive Committee (DEC) was prompted to identify the community as one of the beneficiaries for the Citizen Action Initiative (CAI) project implemented by National Initiative for Civic Education (NICE) in 2013 with funding from WaterAid. The project aimed at empowering citizens to advocate for fulfillment of their rights through satisfactory service delivery by the various service providers and other duty bearers such as MPs and Councilors.

The area has lagged behind in infrastructure development since independence. There was severe shortage of potable water, health facilities, poor road network and several other amenities. The community members themselves were not organized, lacked knowledge on their rights and how they can be realised, hence the inception of the project called Citizen Action Initiative (CAI).

CAI activities

The Project undertook several activities to ensure that it is successful. Orientation and briefing meetings were held to ensure initial buy in support from key stakeholders such as DEC and ADC/VDC. Local facilitators were identified who are essentially Para Civic Educators and were tasked to provide support to communities organized into Citizen Forums.

This grouping comprised of people who were elected from each group village head. The Para Civic Educators with support from NICE trained citizen forums on human rights, decentralization, democracy, community score card and conducting needs assessment.

"Keep your promise campaign"

As Malawi was heading towards the 2014 tripartite elections, communities through Citizen Forums signed social contracts (memorandum of understanding) coined as "Keep your Promise Campaign" with the aspiring candidates. This was an initiative that compelled aspirants sign agreements with communities that they would fulfill certain highlighted issues instead of making campaign promises. It specifically spelt out that something positive should happen within 100 days of one being in office.

Follow up interface meetings were held after elections and it involved Members of Parliament (MP) and councilors that had actually won the elections and other service providers.

Interface meetings provided a platform where communities would continuously engage with duty bearers and service providers. It thus became a common feature of the activities that were being conducted. At the end of each and every meeting, agreements would be signed and follow ups made. It became common that after each and every interface meeting, the issue of a health facility would crop up. The communities were getting tired of empty promises. They mobilized themselves and decided to match from their village to the district council office, which is some 62 kilometres away, as a demonstration of their dissatisfaction and to ensure that the facility is built.

People were tired of walking long distance to access health services and needed a facility within walkable distance, as recommended by government policies. They took the MP and the Councilor to task. The pressure was too much for the elected duty bearers to handle. The said duty bearers in turn took the matter to full council assembly for debate. Indeed, after these deliberations, a project for health unit amounting to MK25 million was approved. The community did not only want paper work, they therefore pressed for action. The construction launch took place on the 28th of January 2016.


Communities plead for maternity clinic

One of the local newspapers carrying the Kapyanga story

Why Kapyanga?

A discussion with the group village head and the MP showed that all the four chiefs agreed to have the facility located at Kapyanga because of its centrality. Meanwhile, to demonstrate readiness for the projet, they had already molded enough bricks, mobilized some quarry stones and sand, waiting for the money to kick start the project.

Media engagement

The media were continuously engaged throughout the process. At each and every stage, there was publicity on the radio and newspapers. This also mounted pressure on the duty bearers to act.

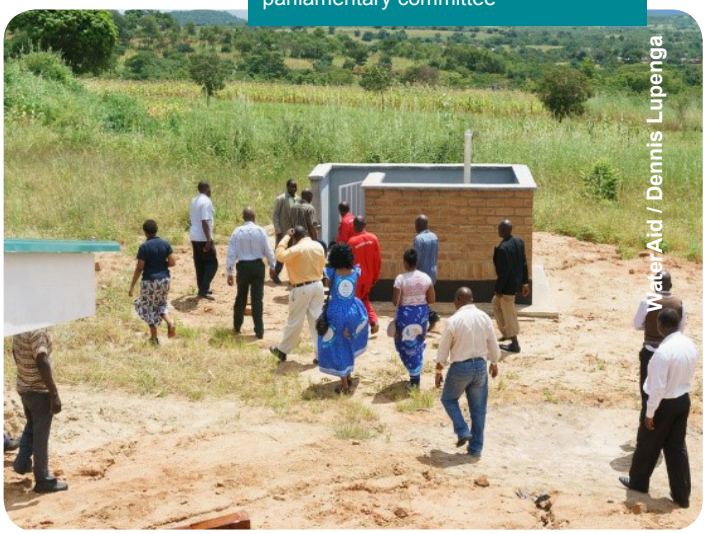
Deliver Life project as ‘the saviour’

Given that WaterAid through NICE had already started good work at Kapyanga in 2013 under Citizen Action

Initiative project and that the construction of the Health Centre block was progressing smoothly and nearing completion, it was not surprising to see Kapyanga on the list of the 5 health facilities proposed by DHO to benefit from Deliver Life project.

The primary focus under Deliver Life project is to construct water, sanitation and hygiene facilities at Kapyanga Health Centre and the surrounding community aimed at increasing access to and use of clean water, sanitation and hygiene and demonstrate the importance of WASH to health outcomes using project evidence, with a particular focus on maternal and new-born health. These interventions complement the efforts of government that has focused on the construction of the main facility block and staff houses through Constituency and Local Development Funds (CDF and LDF).

Completed latrines and placenta pits at Kapyanga being inspected by the joint parliamentary committee



George Kamwanja, MP, chair of Joint Parliamentary committee during the visit to Kapyanga

Commissioning of the solar powered water system

Through the Deliver Life project which is being implemented through Evangelical Lutheran Development Services (ELDS), Kapyanga facility has modern solar-powered water system, 2 triple Ventilated Pit latrines with provision for access for those with physical disabilities. Water Aid recognizes that at the Health Centre setting, WASH needs cannot be solved with the provision of water and latrines only but must be complete with the provision of structures to help with waste management.

This is the reason the project has also constructed placenta pit for safe disposal of the placenta and related waste after delivery, incinerator for burning of some solid waste and ash pit.

"This is one of the tactics that parliamentarians have to take on board to ensure sustainability. I would like to thank donors such as DFID and Water Aid for the support on such huge projects which have enormous positive impact on people's livelihood. My plea is to have such projects scaled up nationwide," said George Kamwanje, Member of Parliament of Likoma Islands and Charperson of the Joint Parliamentarian Committee during the visit to Kapyanga health centre.

"There isn't a day that we do not hear about Kapyanga from MP Kazombo in parliament. The way he works well with his constituents is very commendable. Honestly, the structure

which is here has surpassed my expectations. What is very interesting also is the ownership that the community has over the project. They are well informed, they are able to make demands and they do their part such as molding of the bricks. Government alone cannot manage to replicate this. I am taking this opportunity to ask DFID and WaterAid to come to my constituency but also replicate this nationwide," he continued.

The chairperson commended Madalitso Kazombo who is the Member of Parliament in the area for his relentless drive in reaching out to government and other NGOs in order to deliver what he promised to his constituents during his campaign.

A 2-roomed bath shelter has been constructed close to the maternity section to help both clients and guardians have a thorough bath.

The maternity section of the facility has been supplied with water to ensure that clients, the newborn baby and medical staff clean up and are safe from infections.

Community sanitation and hygiene

The Deliver Life project targeted five villages surrounding Kapyanga Health Centre with Community sanitation and hygiene. These five villages are Kapyanga, Chimanda, Chimtumbira, Chipumba and Mndoliro. The villages were triggered through CLTS approach and now they have attained an ODF status. Previously, these villages were practicing poor sanitation and hygiene behaviors.

Some households had no latrines while others were sharing with their neighbors. Very few households were washing hands after using latrine. Drop hole covering after latrine

Old and new water source for the Kapyanga community

use was very low. These indicators necessitated the use of CLTS to eliminate open defecation practice.

The project design is that after these villages become ODF, surrounding communities will emulate and replicate this behavior in their villages and this will have a multiplier effect. More villages will be self-triggered and attain self ODF. Hygiene promotion campaigns have been conducted to raise awareness on key hygiene practices including handwashing with soap.

Community water supply

In terms of community water supply, the project planned to construct one new borehole in the most needy village out of the five targeted by the project. The Village Development Committee (VDC) was empowered to make a final decision regarding the allocation of this borehole.

Chimanda village was chosen based on population (786 people from 124 households) and the distance to the nearest safe water source. People from Chimanda village travel 3 kilometres to access potable water far much higher than the national minimum required distance of 500 metres. A new borehole has currently been constructed and people have started using it.

During commissioning of the water point, this is what the Group Village Headman Chimanda said;

"To me it's a dream because we stayed almost two decades without accessing portable water. We had so many challenges. Even cases of rape have now reduced since women used to wake up very early in order to fetch water leaving their husbands sexually unsatisfied. With this new borehole, the problem is now over because women take their time to nurture their husbands as they are sure safe water is within reach. We will surely take care of it"

"Now water is nearer to us and we don't walk long distances fetching it. I am very happy that am able to go to school earlier because I used to go late every day since I had to fetch water first which was very far . I usually went to school very tired," narrated Maria Banda, a 13 year-old standard 6 pupil at Kambira Primary school.

A water point committee for the borehole at Chimanda village was established and trained in community-based management (CBM) for operation and maintenance of the borehole. The committee owns an account where it keeps money for buying spare parts for the borehole.

Citizen empowerment

WaterAid, through NICE, continues to empower the citizens through the established Citizen Forums and Women Action Groups. In Citizen Forums, rights holders have a democratic space to discuss issues that affect their social, economic as well as political life and come up with possible solutions to either reduce or eradicate their problems. This arrangement is in line with the concept of governance which is concerned with the systems and processes used to steer the society and how decisions are made.

The forums are designed to help poor people gain access to better services to which they are entitled. Through a sustainable, rights-based approach, it is believed that poor people themselves should be able to hold governments and service providers to account through negotiation based on data that they collect themselves.

WaterAid through NICE has facilitated and strengthened this engagement, rather than mediate on behalf of citizens as is often the case - this is the essence of the Citizen Forums.

These forum members have been trained in governance, group dynamics, leadership, evidence-based advocacy, development processes and human rights.

Sustainability

Given the approach taken in the identification and implementation, it is envisaged that the interventions at Kapyanga community will be sustained for a long time after the project phases out.

- Firstly, the interventions were demanded by the people themselves who before had to walk long distances to access health services. Now that the facility is within the community, they will do anything to ensure it continues to operate and that the facilities are well taken care of and maintained.

- They have been given skills on how to engage and hold duty bearers and service providers accountable. This has enlightened and empowered them and will be able to demand services from responsible government department to see the health centre and its facility running.

- The Health Centre Advisory committee and other community structures have been trained in operation, management and maintenance of the borehole and solar systems installed. Therefore, they have adequate skills to mobilise some funds from the community members and fix problems. In the event of major breakdown, they know where to report and how to demand the service.


WaterAid Regional Director Robert Kampala, drinking water at Kapyanga Health Centre

WaterAid / Chipiliro Kansilanga


One of the solar panels and a water tank at Kapyanga.

WaterAid / Dennis Lupenga

LESSONS LEARNT AND BEST PRACTICE

Several lessons have been learnt during the course of implementation of the project at Kapyanga community and critical ones are;

- Citizen empowerment and engagement are key to sustainable development. Through consistent and thorough coordination and engagement between duty bearers, community and service providers, it was possible for the leaders to see enough reason to allocate resources for the construction of Kapyanga Health Facility.
- Rights-based approach to programming and implementation of community projects ensure that the community rights and views are respected during the course of the implementation and the community feel involved and part of the project. This helps as the community can easily sustain the project.
- Need-based approach; if the project addresses peoples “felt” needs, it is likely going to succeed.
- The future belongs to the organized. Kapyanga community was very determined in their quest to have a Health Facility. It started as a dream as they began to mobilize local resources and allocated land a decade ago and through follow up on the campaign promises made during campaigns, they were able to get what they have been looking for.
- Good community leadership is key to development. We learnt that the community at Kapyanga were kept updated about the developments by their leaders and hence they felt involved and an intrinsic part of the projects. The leaders were the first to contribute in any development-related activity be it in terms of labor and other resources. This does not usually happen in other communities.

WaterAid / Chipiliro Kansilanga

MALOWA HEALTH CENTRE

Written By: *Chipiliro Kansilanga and Abigail Nyaka*

The story of Malowa Health Centre is that of resilience by the health workers, tenacity by the community and spiritedness by WaterAid and its implementing partners. This Health Facility is located in Nkhotakota South-West Constituency, under Senior Chief Mwadzama. It has been in operation since 2006 and serves a population of 20,593 people from 13 surrounding villages, which make up 66 registered Group village headmen (GVHs).

The facility registers an average of 40 deliveries a month with a daily outpatient attendance of between 200 and 300. A total of 18 personnel work at the facility and these are; one medical assistant, two nurse midwife technicians, six health surveillance assistants, one data clerk, five hospital attendants, one ground labour and one security guard.

The tough journey for Malowa and surrounding communities

In a normal hospital facility or health care setting, basic amenities such as water, electricity, drugs and hospital tools are not optional; they are required and must at all cost be available for an effective and efficient service. But for a 12-year-old, Malowa health facility, such an expectation has been far-fetched. Every aspect has been a huge challenge, from the capacity of the maternity room, water shortage, poor sanitation, hygiene and absence of waste management practices.

Water, sanitation and hygiene synopsis

A needs assessment conducted by WaterAid in 2015 established glaring gaps in WASH provision at the facility and this partly necessitated concentrated interventions. Like many health facilities, Malowa's reticulated water supply system was dysfunctional for years, such that for a number of years, the nearest water source was about 3 kilometres away, causing enormous challenges for both the hospital workers, guardians and the patients themselves. The facility had no incinerator or working placenta pit, which left the health workers with no choice but to throw out waste haphazardly.

The two bath shelters, one made of grass, are not enough and do not offer privacy for the patients that come to seek for medical help at the facility; this includes pregnant mothers who sometimes have to queue alongside the rest of the patients, to access the bathroom.

Two pit latrines and one non-functional flush toilet are far less than the required number, to serve a population of 23, 593 monthly. There was no tap or sink for handwashing close to the latrines or bathrooms, no soap, no bin to dispose off pads and no material for anal cleansing e.g toilet paper.

Worlds apart: The old versus new bathshelters at Malowa

In terms of waste management, the non-infectious and infectious waste was disposed of in same place as there was no double-chamber incinerator available for sharps: instead, they used an improvised one.

The facility had an uncovered placenta pit (no lockable fence or lid), which increased chances of infection as waste was neither burnt nor covered with soil. The placenta pit also had no ventilation pipe. All these cases were further aggravated by shortage of water, which according to the facility's in-charge, reached unmanageable levels, exposing the health workers, patients and even the community to more infections and other preventable diseases.

No water, no life for Malowa women

Because there was no piped water at the facility, an arrangement was made that every morning, guardians would be trekking to the water source, to fetch water for use by the facility, to assist 'their' patient. They would spend 20 minutes walking to the place, queue for 20 minutes and another 20 coming back; all this time- the patients and the health workers waited back at the facility. That is how the facility survived. Thus, water contamination was inevitable, and the quantity was not adequate for the facility's needs.

Ethel Davide, the Chairperson of Women Action Group (WAG) explained how, in such a situation, the facility was not considered the 'safest' for many women from the surrounding villages, as it did not make sense to leave water at home and seek medical help at a waterless facility.

"Most women preferred to deliver either at home or the Traditional Birth Attendants (TBA)'s because at least there, water was available. Imagine sometimes women who give birth would only bath the morning after, which was not only unhygienic but also humiliating. Also, most of us women were not comfortable to share toilets with hundreds of people who come here to seek for help, especially when one is expectant and you have to queue, the dignity wasn't there at all," narrated Davide.

Perhaps it is an account given by the Facility's in-charge, Wilson Chatambalala that paints a vivid picture of how pathetic the water situation was. His 6 year-work at Malowa is enough to let him chronicle the dire situation the facility encountered.

"This was the most difficult time of our job. Given the nature of our work, one can't touch a patient without water, but we had to. We specifically had challenges with deliveries, because we need to wash linen, touch babies, dress wounds and so on, *yet, we had to do that with either little or no water*

at all. We were meant to teach and be exemplary on infection prevention and control, but we couldn't, as on the ground, we were practicing the contrary," he said.

Maternity woes

As if the water shortage was not enough, women from Malowa health facility and the surrounding villages have had to endure another wretched road when it comes to maternity services. The facility only has four maternity beds: one antenatal; two postnatal; and one delivery bed. Mind you, this is to cater for an average of 40 deliveries every month.

The facility however keeps some beds in a storeroom, as there is inadequate space in the wards. Almost everyday, the number of women needing a delivery bed exceeds the number available.

When this happens, a mattress or a mat on the floor is used, or they are put in the postnatal ward for delivery. The crowding in the current maternity makes it difficult for the women to maintain good personal hygiene, and it makes it difficult to clean. Just besides the facility, is an unfinished construction, which is meant to be a maternity wing and if finished, could alleviate women of the struggles they have to endure to give birth. The construction commenced way back in 2012 but it has stalled due to lack of resources.

On one of the many days that WaterAid visited the facility, Alinafe Yusufu (26) had just given birth to her third baby, some four hours earlier.

The only maternity room, with one delivery bed at Malowa Health Centre

WaterAid / Chipiliro Kansilanga

Alinafe Yusuf, with her husband Rajab and their newborn baby, discharged barely four hours after giving birth.

In the company of her husband Rajab Yusuf (27), she looked weak, frail and feeble; her body visibly begging to rest and yet, she had just been discharged and was due to leave for home. The Nurse Midwife Technician attending to her, Gilbert Kapu, admitted that in a normal setting and acceptable medical practice, Alinafe should be lying in the postnatal ward, and be observed for the next 48 hours, in case of any post-delivery complications. However, neither him, nor the In-Charge have no choice but to make the hard decision; painfully let her go and face whatever fate awaits her on her 3 kilometre journey back to Ntchalamira village. This is mainly because there is just no place to keep her, if other expectant mothers are to be equally assisted.

"You can see that there are three other expectant women that are due, and as much as this new mother needs to be observed, we have no choice but send her away since the ones due to give birth are also delicate cases. We only have 2 beds which means it's a question of deciding who needs help the most, seriously, it's not supposed to be like this but then what do we do? Lamented Kapu.

Selection of Malowa for Deliver Life

Nkhotakota district has 22 health care facilities and one may wonder, but why Malowa? Facilities in dire need of an overturn such as Malowa Health Centre are the key concern for Deliver Life priorities within WaterAid in Malawi. The project team worked with the district Health Office (DHO), to identify the health facility as one of the beneficiaries in the constituency.
It was not hard to identify Malowa as the DHMT usually conducts quarterly supervision visits to assess the state of affairs in health centres across

Nkhotakota district. Therefore, with all its endless woes, Malowa was not a questionable choice for Deliver Life project to engage with. The facility satisfied all the factors stipulated in the selection criteria that the DHO and his team developed for strategic and informed selection. Although the facility previously had water reticulated into the building (with its source from a solar-powered borehole), the sanitation situation at the facility is the one that forced the DHMT to select the facility as one of the beneficiaries in the district.

They then recommended the need for the construction of pit latrines, an incinerator and placenta pit at the facility. Additionally, the health centre provides maternity services which forms an integral part of the Deliver Life project as it is integrating WASH and MNH.

This health centre was ideal because it also gave an opportunity to model provision of a comprehensive WASH package for health care facilities.

The turning point

Once an agreement was reached that Malowa be one of the intervention facilities for WaterAid through Deliver Life, work immediately begun. The DHO and PDP together with Participatory Development Initiative (PDI), which was the initial implementing partner in the district, organized meetings with various stakeholders about the project. Sooner than later, the word had reached local communities through avenues such as Health Advisory Committee (HAC), Village Development Committees (VDC) and chiefs around Malowa health centre.

All these were thoroughly briefed on the scope of the project, time frame, key players involved and their roles, who will benefit and how, project goals and the support that will be required from District Council as well as from the communities.

Along the way, there was a partnership change, thus, Deliver Life project through Evangelical Lutheran Development Services (ELDS), has supported the construction of one solar-powered borehole with submersible pump to supply water at the facility, in order to meet the required standard of health.

At community level, the project has also constructed one borehole for Kalungama village. The community members around the village were using unsafe water sources. With the construction of the borehole, the number of cases registered weekly on water borne diseases has reportedly been reduced.

This has also reduced congestion of patients to the health facility. For sanitation and hygiene, Deliver Life

has constructed one placenta pit, incinerator, two inclusive latrine blocks with 3 holes each and 2 shower rooms.

Citizen empowerment; This belongs to us!

The nature of Deliver Life is such that, full participation of community members is prerequisite for the success of the project. The community being served by Malowa Health Centre seemed to have completely grasped this concept as they have embraced the vision and mission of Deliver Life to its full course. Local structures such as the Health Advisory Committee (HAC), Area Development Committee (ADC), Women Action Group (WAG) and Citizen Forum (CF), have been instrumental in facilitating smooth construction of the sanitation facilities but also to ensure sustainability.

WaterAid through NICE and ELDS, trained these groups on how they can build up an organized voice, demand change, check accountability and ensure sustainability of the project. Hence, right from the beginning of the project, Citizen Forum, formed in 2017, mobilized young people from the surrounding villages to take part by assisting in construction works. WAG has been influential in raising awareness for women to deliver at the facility and the level of care they should expect from the health care workers while HAC has championed transparency but also good service provision by the facility. Among the many actions that demonstrate their proactiveness and responsiveness, the three groups have worked together to demand accountability and answers as captured in the following;

- *As HAC, we check the services being delivered here, we check if drugs are in good supply. If patients are not being assisted accordingly or if they lodge a complaint, we take it up with the In-Charge and question him on people's concerns. Sometimes the facility is not open until 8am when hundreds of patients are queueing, then we find out why that happened and propose solutions. For construction of sanitation facilities, we work hand in hand with the constructor to see that they are adhering to the set guidelines and that their work is not substandard. We have been able to question their actions on certain things we were unhappy or unsure about-* **Dominic Chitsula, Chairperson, HAC.**

- *For WAG, our focus has been to empower women with knowledge about maternal and neo-natal health and also how they can use the facilities in the right way. Our flagship initiative has been establishment of a women's taskforce that checks village to village for pregnant women. We*

identify them and encourage them to come for pre-natal checks but also to come to the Health Facility for delivery. If any woman gives birth at home instead of the hospital, she and her husband are fined a goat, which we sell and use the proceeds to purchase some items for the facility. That way, women are encouraged to deliver at the facility and in the process we are helping to reduce unnecessary maternal deaths," **Ethel Davide, Vice Chair, WAG.**

- *Malowa Citizen Forum has managed to mobilize youths to actively take part in this [Deliver Life] project. We received relevant training, which empowered us to regard this development as our own, and demand answers where necessary. For example, one of the standpipes was wearing off even before construction work had finished and we summoned the constructor to explain why that was the case. We worked together with the foreman to ensure that the work done was not compromised. We even requested to see how many bags of quarry are remaining, because we wanted to equate that with what had been done on the ground. Knowing that we are representing thousands who can't speak for themselves, we ensure that accountability is practised at all levels,"* **Boswell Assani, Treasurer, Citizen Forum.**

The 360-degree impact

With such empowerment energies in the local structures within the community, coupled by the commitment of the health care workers, Malowa's story is different. Although the maternity wing leaves a lot to be desired, construction of the solar-powered water system has made life easier for patients and health care workers at the facility.

Wilson Chatambalala is the Health In-Charge for Malowa. He sums up how the situation has turned around and changed things for the better.

"What you must understand is that shortage of water had far more reaching consequences than can be seen on the surface. For example, there were days when both us working at the facility and the guardians would get tired of fetching water, and we instead resorted to just getting it from swamps. Then there were days when we could be late for work while patients are waiting, because we obviously needed to fend for our families first, we couldn't come here without taking a bath. But now, we just rush into the shower and report to work in good time.

We are now able to teach patients the benefits of handwashing, we never did that before because it was pointless to teach that without water. We always asked guardians to go fetch water. We

knew it was wrong but then it was a lesser evil in order to save lives.

Now, guardians come without any worry of extra duties shouldered on them. Infection prevention is also being observed meticulously because water is available, we are happier working for this facility now that water is there,".

Echoing his sentiments is Gilbert Kapu, the facility's Nurse midwife technician who could not hide his joy over the transformation that Deliver Life has brought.

"*Before the water issue was resolved, our lives were at risk, the water was not enough for us to take good hygiene practices as required by medical practice. Then, we had linen, which we no longer have, because everytime we used it, we were forced to throw it away since we could not afford to wash it because there was no water. There were times guardians would run away for fear of being sent to fetch water for their patient, but that is no longer an issue because we are sorted,"*.

Transparency towards sustainability

After installation of solar-powered boreholes and construction of the sanitation facilities at Malowa, the next headache is how these services and facilities will be sustained to ensure they serve the purpose for which they were made available. But it seems the local structures all have it figured out.

- In preparation for opening of the sanitation facilities, HAC mobilized senior chiefs from the area to mobilize their people and stress on the need to take care of the facilities. The committee set aside an amount to be paid as a fine, by any community member who is found vandalizing the facilities or abusing them in anyway.

- HAC, WAG and Citizen Forum have collectively been holding meetings to sensitize the patients who visit the hospital, on how to use the facilities made available to them.

- The Health Facility's In-Charge is an active member of HAC, as a strategic way of committing him to the core responsibilities. That way, when any sustainability issue arises, the committee will be guaranteed of the support of the In-Charge and they will easily collaborate to find a lasting solution.

- The three forums set up a time-table for members to take turns into visiting the facility everyday, just to ensure that all amenities are working properly and that any technical issues are reported as well as rectified on time.

LESSONS LEARNT

- Citizen empowerment is key in both initiating and sustainability of any project. If provided with adequate knowledge and awareness, citizens are willing and able to ensure that any project accomplishes what it was intended to achieve in the end.

- Communities are almost always ready to partner with any initiative that sustains their well-being and livelihood, so long as they are made to feel they 'own' it. Community members around Malowa have taken up the Deliver Life project, with the realisation that WaterAid through ELDS was only there to support and facilitate the process, but that they own the end product and must therefore take care of it.

- Women can be drivers of change if given a platform and if their needs are prioritised. For Malowa, the project's focus of maternal and neonatal health has made it mandatory for them to participate and assume responsibility for other actions. WAG has managed to mobilise fellow women to adopt hygiene practices, all in the understanding of womanpower.

- Integration can guarantee lasting impact in addressing maternal and neonatal health challenges. Challenges such as inadequate bed space to conduct safe deliveries and postnatal observations, unskilled health workers, can hinder the overall goals of health outcomes for women.

MDUNGA HEALTH CENTRE

Written By: *Chipiliro Kansilanga and Natasha Mwenda*

Progressing, emerging yet succumbing; that is how best Mdunga Health Centre can best be described. The facility is about 63 kilometres away from Kasungu town. It was opened in 1985 and serves a population of 21,570 people, with a monthly delivery rate of between 40 to 45 and at least 200 outpatients per day. The Health Center serves people from 13 villages under Sub-Traditional Authority Mdunga.

Mdunga Health Facility provides the following services: Out Patient Department; Family Planning; Maternity services (antenatal, labour and delivery and postnatal); HIV and AIDS (HTC, PMTCT and ART); Child Health (EPI, IMCI and Nutrition); Environmental Health (sanitation and health education) and Youth Friendly health services.

The Health Centre has one In-Charge, one nurse midwife technician, two

hospital attendants, two ground laborers, one security guard and six health surveillance assistants.

Status of WASH before intervention

Water

In some ways, Mdunga area is generally considered desolate due to its geographical setting, which places it very far from Kasungu town, with most of its villages located far apart from each other and characterized by hilly terrain. This is further compounded by water problems that are synonymous with the area.

For a long time, the source of water for the health centre was a borehole where guardians and health care workers would collect water and supply the various units of the facility using buckets. While the facility had two, 1000 litres water storage tanks, there was no water pipe network to these tanks, as such guardians had to use buckets to manually fill these tanks.

The borehole, is not only situated far (some 500metres from the health centre), but it is located below a very steep slope making accessibility a challenge for expectant mothers and the rest of the women. Additionally, the borehole is not more that 20metres deep, therefore in reality it is a shallow well. Yet, it has been serving both the health centre and the surrounding communities.

During the dry season, there would be intermittent water supply as the borehole dries up and people fetching water have to wait for some time for the well to recharge. While the water is fetched from a far and stored in a tank with a loose lid, the water is not treated in anyway, further

Water storage tanks before and after Deliver Life interventions at Mdunga

exposing both the patients and the health workers to infections and other diseases.

But this 'good will' system was not sustainable, even good works go weary at times and Mdunga was not an exception, as explained by Christopher Namilaza, Mdunga's Senior Health Surveillance Assistant.

"Initially we agreed that weekly, one village would come to fetch water for the facility, chiefs managed to mobilize their people and this indeed happened for a while, but slowly, people got tired, the good will started wearing off, and the tanks would run dry,".

On such dry days, the facility's health workers would then desperately look forward to family planning days, as that is when more women frequent the facility without fail, and they would then go in their large numbers to fetch water for the facility, according to Hilton Chisiza, 35, a Nurse Midwife Technician at Mdunga.

Sanitation and hygiene

Mdunga only had two latrines and one bathroom, used by outpatients, antenatal mothers and guardians. There were no separate toilets for men and women as well as no separate ones for staff and patients in the maternity unit.

Often, guardians and patients were queueing to access the latrine, which compromised the dignity of the patients particularly mothers. Additionally, the inadequate toilets perpetuated open defaecation practice around the heath centre. The centre also lacked handwashing facilities and soap in all the critical areas. The entire maternity unit had only one bucket for handwashing while for all the toilets, there was no handwashing facility.

Poor waste management also defined Mdunga, mostly because of inadequate infrastructure and equipment. Although the centre had a placenta pit, it was not only sub-standard, with neither a lockable fence nor a lockable lid to keep away scavengers, but it also doubled as an incinerator. Hence, sharps disposal boxes and non-medical waste were both burnt in the same open pit.

Pit for incineration of hospital waste at Mdunga before the intervention of Deliver Life project

Additional, hygiene standards such as sterilization are highly compromised, leaving the health workers with no choice but to improvise

"'This is totally against health and medical standards but what do we do? The incinerator also works as an ash pit and makes it prone to infections; even kids sometimes come around trying to scavenge, as they are unaware of the risks involved.

For sterilization, we don't have the required sterilizer so we use manual charcoal burner (mbaula) to boil needles and sterilize all the labour tools; elsewhere this is enough to have a clinic closed because it doesn't fall within the required health standards, but look at the thousands of lives at risk if this facility is not in operation, so we end up compromising just to save lives," explains nurse Chisiza.

Then comes Deliver Life

With endless challenges rocking Mdunga, it was not surprising that after participative consultations with the District Health Office and other stakeholders, WaterAid under Deliver Life project, settled for Mdunga as one of the beneficiaries for the project. Evangelical Lutheran Development Services (ELDS), and National Initiative For Civic Education (NICE) are the implementing partners in the district. The main interventions for Mdunga have been around infrastructure development and strengthening the capacity of the health centre system on infection prevention as well as local governance. Hence, Mdunga can now boast of a comprehensive package of water, sanitation and hygiene infrastructure, which comprises six inclusive latrines, two bathrooms, an incinerator, an ash pit and placenta pit.

The project also supported capacity building training on infection prevention, which led to the revamping of the infection prevention and control (IPC) committee for the health centre. This is one way of ensuring that the facility is hygienic and proper waste management is adhered to, unlike the case before the Deliver Life project. Given the nature of their work and its inclusivity in service delivery, the IPC training targeted all the health care workers at the health centre including nurses/midwife, clinician/hospital In-Charge, HSAs, cleaners and ground labourers.

A ray of hope for Mdunga

Given the intensity of the challenges that marred Mdunga Health Centre, construction of these facilities could not be ignored, not by community members, patients that came for medical help and not to talk of the

The new toilets and an incinerator constructed under Deliver Life project

health workers themselves. Water being the biggest challenge that was, brought a new ray of hope for everyone. For Nurse Midwife Chisiza, this meant that work had now become easier, faster and stress-free.

"For us providing the medical services, there is such a huge difference compared to before the Deliver Life interventions. Our work has been made easier particularly in the labour ward. There is a lesser risk of infections [which have actually reduced now]. We are now able to encourage women to wash their hands and breasts after delivery, as a way of further reducing infections. Since we use chlorine to clean the hospital, it's much better now with water available nearby. We are also delighted that the new facilities were constructed with durable material and in a professional manner. For instance, the sinks are made in such a way that they cannot block, they were made in a sustainable way. This is a new Mdunga for us," said Chisiza.

For WAG Vice Chair Colleta Nankhako, the new facilities means that it is now easier to bring women together and sensitize them on safe motherhood.

"Every Saturday we bring women together here and we teach each other some basics such as the importance of handwashing with soap, this wasn't possible before, because how do you teach someone about handwashing when there is no water? It would be insulting. It's also easier to encourage women to deliver here at the hospital and not home, since all the necessary facilities are now available," she said.

To Senior HSA Namilaza, the new Mdunga means that his work is made easier and better. As he has to move

from village to village supervising the well-being of community members, he now does so with all the energy and vigour, fully knowing he is compelling people to visit a health facility that has portable drinking water and all the amenities one may need.

"The situation before these interventions meant that the facility is where people would be more prone to infections sometimes even more than their homes, defeating the very purpose for which the facility exists.

But now, not only is the facility always clean, but water is not an issue and all of us health workers are able to concentrate on our core tasks. Although challenges remain, this solar-powered water and the incinerator and placenta pits are such a greater morale booster for us and the health system as well," said Namilaza.

The power of collective citizen voice

Recognising that infrastructure development in itself is not sustainable enough, Deliver Life project is also enhancing citizen empowerment frames, so that communities around the targeted health centres are not only well aware of their roles and responsibilities but that they demand accountability from those providing services. Hence, the project also supported some orientation sessions for the Health Advisory Committee (HAC) from Mdunga. The orientation empowered HAC to supervise the construction works and report any anomalies to the implementing partner or the main contractor. That way, community ownership of the infrastructure is enhanced.

HAC in Mdunga does not work in isolation, it has been coordinating with the Women Action Group (WAG) and Citizen Forum, to collectively ensure and demand better health services for the people of Mdunga and its catchment area. This collective effort has birthed some results for the centre.

- They ensure that the compound within the health centre vicinity is clean and tidy; members come on designated days every week to clean the area and community members are mobilized to also come and support the work at the facility.

- When the solar-powered borehole was installed, community members started flocking to the facility in their large numbers to draw water, thereby bringing congestion at the health facility. Even after being warned not to do so, the trend continued. It then took the effort of these committees to sensitize them

that the water was for their own good but only when they come for health services to the facility. Efforts by HAC and WAG assisted to reach out to the community members to sensitise them on the proper use of the facility taps.

- The three committees collectively and individually, thoroughly monitored constructed work by the contractor. They went further to suggest location of the new placenta pit and incinerator as well as the solar-power. At one point, they demanded to see the concrete mixture used by the contractor when they were not satisfied.

- As part of safe motherhood, the committees led by WAG, work closely with chiefs and the health care workers, to encourage pregnant women to come for antenatal together with their husbands.

"The condition has been stiffened to the point that if a woman comes without the husband, she is sent away without any help, until she comes with the husband. If she got pregnant outside wedlock, the chief from her village has to write a letter to us and the hospital certifying that indeed she does not have a husband, we no longer allow women to bear the motherhood brunt alone," said HAC member Moses Mwale.

The committees have been influential in ensuring good health service delivery on behalf of the 21,570 people

Members of Citizen Forum, Health Advisory Committee and Women Action Group have been influential in ensuring quality health service delivery at Mdunga

Nurse midwife technician Hilton Chisiza offering prenatal sessions to women at Mdunga

served by Mdunga Health Centre. *"We act as a bridge between the health facility, the community and the chiefs. We come here to check how services are being provided, we were taught on sanitation and hygiene so we question anything that we see to the contrary. We also tell community members where the funding is coming from and how these developments are for our benefit and hence the need to embrace them with care and dignity,"* said Moyo.

Water brings love

In a normal hospital setting, all medical personnel have to do is treat the patient, provide medical advice and move to the next. But for Mdunga, the story seems to be different. Owing to the relaxed working environment propelled by the availability of water, the health workers seem to have developed a special working relationship with the community members particularly women. Ironically, 95% of health workers at Mdunga are male while majority of the patients they have to treat are women.

Estere Moyo is chairperson of Citizen Forum. She narrates to WaterAid officials how, with the coming of water, even relationships have been made better.

"Look, what was happening before was that the health care workers would always be asking guardians to go fetch

Senior Health Surveillance Christopher Namilaza administering vaccine to a week-old baby

water, instead of attending to their patients, this wasn't always a pleasant relationship with the women as most of them didn't understand the dynamics of the water shortage. Some thought it's the health workers that were not doing enough to have water made available when it was not the case. It was more like a parent sending a child to do chores the child feels should have been done by the parent. Now, they have time to joke around with them while giving them medical care.

Moyo also shares how this turn around has also shifted some perspectives in the provision of service particularly maternity.

"Most women were initially not comfortable to be delivered by a male nurse, but overtime, with such warm relationships created, women have become comfortable to be treated by the male health workers. For us at Mdunga, the In-Charge, the Nurse Midwife technician, the Senior HSA, are all warm-hearted people that have really made women around this community very comfortable and happy. Even with some gaps in maternity and other services, the treatment we get makes us appreciate their good service and women are always happy to come back and be assisted here," explained Moyo.

Zebron and Beatrice Kalimanda, with their twin babies, Brenda and Blessings, after attending under 5 clinic

WaterAid / Chipiliro Kansilanga

Fatherhood at its best: The story of the Kalimanda's

Amidst all its health service provision challenges, Mdunga still manages to produce inspiring stories such as that of Zebron Kalimanda from Msambakhukuta village, T/A Mdunga. On a rainy Wednesday morning, Zebron, 40 arrives at Mdunga Health Centre, carrying a baby boy on his back.

He sits back, stretching himself across women that had come for a weekly dose of nutritious porridge (chiponde). None of the women in the room, each tending to their babies, look surprised upon being joined by a man; the implication being that it was probably not the very first time they had encountered him in that state. An hour later Zebron is seen preparing two twin babies who are a year and 3-months old, to take them on weighing scale.

Meanwhile, the first impression being created is that Zebron is probably a single parent. But he is not. The mother, Brenda Kalimanda, 36, joins him minutes later and helps to care for the babies soon as the HSA attends to them. The two have been married for 20 years and together have six children.

One would wonder how Zebron's

fatherhood abilities relate to Deliver Life project. Well, it turns out it was during the water woes at Mdunga Health Centre that he was first required to care for his babies and take them for under 5 clinic, as his wife had to go help fetch water for the facility.

Now that Deliver Life interventions have turned the tables around, Zebron can gladly accompany his wife to the health centre, purely out of love and care, and not duty, as was the case before.

He also shares how, it was safe motherhood lessons at Mdunga, that he came to appreciate more, his role in their children's development from birth through adulthood.

"With water and all the facilities available, there's no excuse for me not to accompany my wife and get medical help for our children, as a father, I have the responsibility to take part," he said.

Even pregnant women and their guardians at the health facility had to walk long distances to fetch water

WaterAid / Chipiliro Kansilanga

LESSONS LEARNT

As would be considered normal for every project of such magnitude, installation of solar-powered water and sanitation facilities at Mdunga Health Centre was not without challenges. However, the encountered challenges have served as learning points for future project for WaterAid, implementing partners ELDS, NICE and even the community itself. The challenges spanned from social to environmental.

- The only source of water for Mdunga was found 800 metres away from the facility which posed a risk of vandalism as the pump and solar panels would be installed far from the facility. However through the partners and involvement of the DHO, chiefs committed to relocate some households to settle closer to the infrastructure and offer some sort of protection.

- While WaterAid was geared to provide water and sanitation in all the selected health centers, Mdunga was faced with challenges of availability of ground water and feasibility of the available technologies. Due to unavailability of ground water, the contractor took time while hitting so many dry wells. Although this was not necessarily costly, it was time consuming. The experience from Mdunga provided evidence that understanding the context is very important if you are to introduce a relevant technology at the same time being cost effective and efficient.

- One of the major lessons was that people's interests are not static; they can change even in the course of implementing a project. In the beginning, people at Mdunga welcomed the interventions that were to be implemented in the area. However, when they saw the level of investment and the type of technology, some personal interests came into play. The Senior Chief, after seeing that piped water will pass through his compound, his aspirations changed from wanting to have water at the health centre to preferring a standpipe within his compound. As a result, he became uncooperative. However, by engaging the chief together with other chiefs without accusing him, the issues were resolved.

- On the technical side, the initial soil stabilized blocks and concrete blocks were of poor quality due to improper curing by the contactor. The contractor was thus told to mould new bricks and blocks and WaterAid had to also come up with a schedule for structured supervision of construction works for all the critical stages to ensure quality. The partners and local structures were oriented on the minimum requirements to check for during monitoring/ supervision of the construction works. These structured routine supervisions also served as platforms for mentoring partner staff on management of construction projects.

Sustainability measures for Mdunga

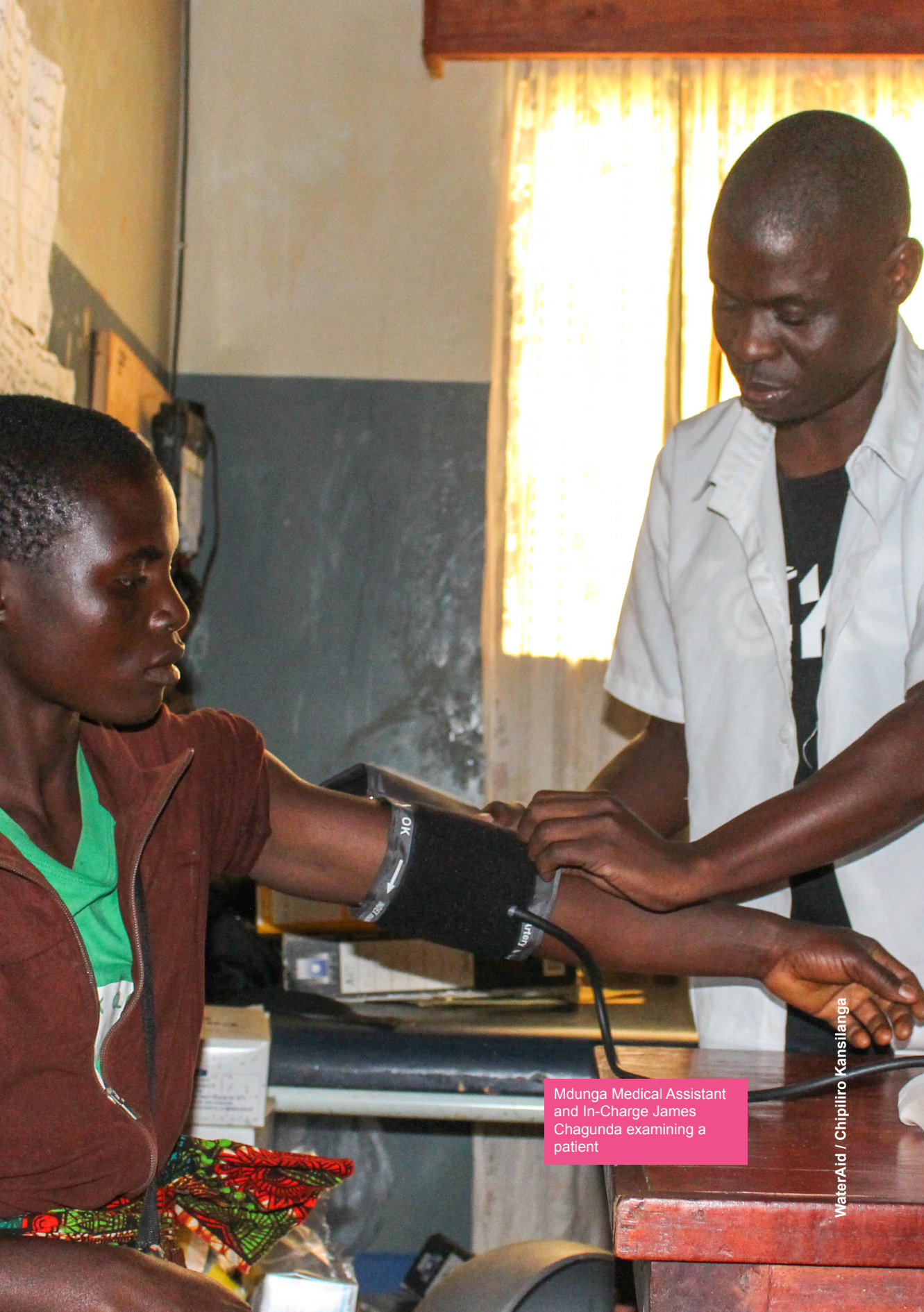
- Deliver Life, in all its targeted health centres and communities, ensures that the facilities provided are long-lived, durable and are sustained for the longest possible time. Measures are thus taken to ensure sustainability of these projects.

- For Mdunga, the DHO and DC were challenged to start including in their annual budgets, resources for operations and maintenance (O & M) for the infrastructure. Considering devolution of that budget to the Health Centre, this would enhance sustainability of the infrastructure because most of the infrastructure, which is not currently functioning, is mainly as a result of lack or inadequate operations and maintenance.

- Discussions already started with the Director of Finance from the district council who also recommended the need for a budget line for operation and maintenance. The Deliver Life project has ensured continuous engagement of the communities and the local leaders to ensure that they own the project interventions and commit to taking care of them.

- The community policing in Mdunga, through committees such as HAC, WAG and Citizen Forum, is also providing the oversight for safety of the infrastructure. Weekly routine checks on how the facilities are working and sensitization meeting for communities on proper usage of the facilities, is helpful in ensuring sustainability.

- As a demonstration of commitment and ownership of the infrastucture, community members that are served by the health centre, recruited a watchman, to provide security of the solar panels and the pump and are able to pay him monthly. This is possible because the villages are many and take



Mdunga Medical Assistant and In-Charge James Chagunda examining a patient

WaterAid / Chipiliro Kansilanga

MSENJERE HEALTH CENTRE

Written By: *Chipiliro Kansilanga and Abigail Nyaka*

The saying; *"where there's a will, there's a way"* stands true for Msenjere Health Centre. Its survival has been largely modelled on strength, resolution and efficacy.

The facility was opened in 1993 and it is situated in Senior Chief Kanyenda in Nkhotakota North. From four register Group Village Headmen, it serves a population of 14, 325 with an average delivery rate of 30 per month. Msenjere also serves part of the population under Liwaladzi Health Centre in the district. The facility staff comprises one medical assistant, two nurse midwife technicians, eight health surveillance assistants, one data clerk, five hospital attendants, two ground labours and two security guards.

These are the ones responsible to provide services that range from Out Patient Department (OPD), Maternal and Neonatal Health, Family planning,

Voluntary and Counselling and Testing (VCT), TB microscopy, Expanded Programme on Immunization (EPI), Youth friendly services, Nutritional services, Ante-natal clinics and Village inspections.

Status before intervention

Between August and September 2016, WaterAid conducted a needs assessment at the facility to determine the areas that needed the most attention. The assessment established that the status of the health centre leaves a lot to be desired, as challenges spanned from poor infrastructure, capacity of maternity unit, water sources and storage, sanitation, hygiene and waste management aspects.

Water source, storage and treatment

The main water source for Msenjere was a solar-piped water, which stopped functioning years back and left the users destitute. According to Lovemore Simuja, 27, the Medical Assistant and Officer In-Charge, the pump would only work when there was sunshine.

"If there is no sun, or it is winter time and we are graced with rains throughout, then we'd have no water on days without end," he said.

Later when the pump became dysfunctional, the facility had to fend for itself, mostly sending guardians to fetch water from a borehole with hand pump. The borehole was considered unsafe, as there was no drainage system, thereby allowing water to pool within a few meters. Animals were also reported to be using the same water source for their survival, increasing the risk of contamination.

Another challenge was that women had to wait between 30 minutes and one hour, to draw the acceptable 20 litres of water per single trip. This water is neither treated nor tested for cleanliness, according to Simuja.

"Due to this water challenge, we highly compromised the medical and health standards because we often failed to clean the hospital equipment as we preferred to treat patients with the little water available. So we had to ask the District Health Office for new equipment, which cannot always be guaranteed as we are not the only hospital in need of such," he explained.

Sanitation and hygiene

Msenjere Health Centre has four functioning toilets/latrines and two non-functioning ones. Men and women each have their separate toilets although the functioning ones are half-

full. There were also one functioning flush toilet for maternity patients while the rest of the latrines were with a slab. When there is no water in the building, staff would share the latrines with patients. In both cases, the latrine would have neither sufficient nor clean water for handwashing; no soap; no bin for waste disposal; and no materials for anal cleansing. There were two bath shelters, shared among everyone.

The Women Action Group (WAG) members reported that the latrines at Msenjere were mostly, but not always clean. They attributed this to the water shortages at the facility. Attempts to have relevant staff clean the latrines did not bear much fruit, as they were too few. According to WAG, having no handwashing point or soap next to the latrines meant that handwashing did not happen.

Waste management

At Msenjere, infectious waste is disposed of in designated pit, located at least 50 metres from the closest water point, the kitchen and homes. However, it is accessible to other staff, community and domestic animals. The facility had no incinerator. It has one placenta pit, which is in dilapidated state. The non-infectious and infectious waste was disposed of in same pit as there was no double-chamber incinerator available for sharps: instead they were using an improvised one.

The journey to deliver Msenjere

Having conducted the assessment and in consultation with the DHO, Msenjere was identified as one of the rightful beneficiaries of Deliver Life project, the process to deliver Msenjere Health Centre from its dungeon of poor health service delivery, begun. WaterAid

The old and one of the new toilets at Msenjere

WaterAid / Dennis Lupenga

WaterAid's Head of Programmes Annie Msosa addressing the citizen's forum during one of the visits.

conducted stakeholder briefings, which enabled all relevant players in this development initiative, be aware of the project, understand its scope and embrace it fully. At this point, the initial implementing partner, Participatory Development Initiative (PDI), briefed all relevant structures at district level, before the project commenced.

Recognising the crucial role of community in this venture, local structures were also thoroughly briefed, chiefs inclusive, while structures such as Health Advisory Committee, Area Development Committee, were also informed and

A health care worker attending to women at Msenjere

WaterAid / Chipiliro Kansilanga

updated on the project.
Such inclusive processes enabled WaterAid and the implementing partner, ELDS, to experience a smooth take-off of Deliver Life project in the area, as all stakeholders and players felt incorporated and their views integrated. Now it was time to get to work!

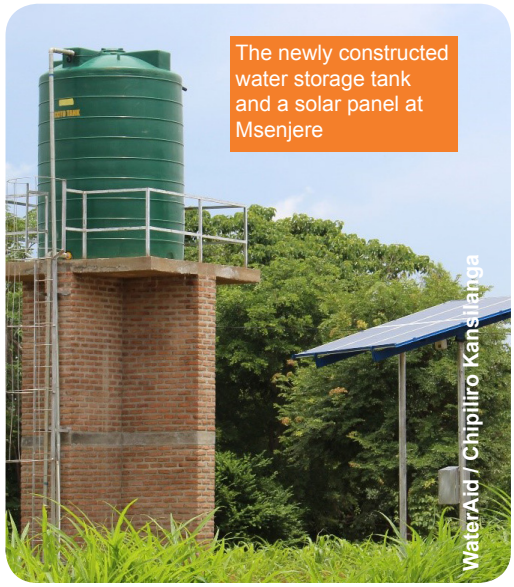
The lifesaver; Deliver Life

In no time, Deliver Life project was on the ground, commencing construction of the facilities. One solar-powered borehole with submersible pump has since been installed at Msenjere health centre in order to meet the required standards of health. Also constructed is one placenta pit, an incinerator, two inclusive latrine blocks with three holes each and two shower rooms.

As one way of reducing/eliminating diseases caused by poor water sources, another borehole has also been constructed in Mwachilolo village in the area. Since the community had poor water source, the construction of this borehole means reduced cases of water borne diseases. This has also reduced congestion of patients to the health facility.

Simuja, could not hide his joy and contentment over the changes the Deliver Life had brought to Msenjere Health Centre:
"*The difference is significant and it's easy to see the results. Our work is now much easier and enjoyable. There is no single day that we have had no water. With deliveries of about 30-31 every month, this is easier for us to manage. We can clean instruments timely and appropriately. Infection prevention is also easier to practice with water around. Our maternity unit has water flowing throughout, it's such a relief on both us and the people we serve in this community,"* he said.

For local structures such as HAC, WAG and Citizen Forum, these improvements mean not only good health and well-being for them, but an opportunity to demonstrate how they can take good care of the facilities, as a way of attracting even more projects



The newly constructed water storage tank and a solar panel at Msenjere

in the future.
In the case of WAG, a heavy load has been lifted off women in Msenjere and surrounding villages, as explained by Jane Chilivumbo, the group's secretary.

"*We can confidently speak on behalf of all women that the coming of this solar-powered borehole has lifted a heavy load off our women. Now when we teach them about safe motherhood and the need to undertake good hygiene practices even in their homes, it's easier. Before this, we struggled to speak about hygiene, in the absence of water, who would have the guts to do so? Now we are like champions of change, challenging them that with endless waterflow, there is no need to get infections or any diseases related to poor-hygiene and sanitation,".*

It's not only women that have felt the impact of Deliver Life project, men too, can attest to the changes. Here is Village Headman Kapondo reacting to the installation of solar-powered water.

"What has happened here at Msenjere through Deliver Life is great. [Tinali ngati amaliseche, koma WaterAid yatimveka nsalu] [WaterAid has dressed us up because of this project]. We hope all this can be extended to the rest of the communities because this has really impacted on us positively,".

The interventions have also raised village champions, such as 34-year-old Christina Mithi from Mwachilolo village, who, from experiencing dangers of childbirth at home, opted to act as an ambassador for Deliver Life and encourage women to come to the health centre to give birth, now that water and sanitation facilities are available.

At the TBA, she encountered myriad challenges that almost cost her and her baby's life, as the TBA is not trained or skilled in medical deliveries.

"I nearly died and lost my baby, that is why when the Deliver life project came to our village I could very well relate to its messages and I volunteered myself to be part of the Women's group to train other women on the risks involved with delivering at home".

On one of the many visits by WaterAid to Msenjere Health Centre, Cecelia Chithala, 18, from Mwachilolo village, T/A Kanyenda, expressed her joy at how the water situation had dramatically improved, both in

Cecilia Chithala was delighted to give birth at a facility with clean water

her village, which benefited from a borehole from WaterAid, but also at the health facility where she had delivered her first born, Grivin Kanfose.

"I don't think I can hesitate to come again. I am definitely coming again in a few years for my second baby," joked Cecilia, whose sentiments were echoed by her grandmother Marita Saidi.

Sustainability

To ensure longevity of the facilities constructed and installed, Deliver Life project has ensured that certain measures be taken and acted upon, in both the short and long term.

- WaterAid facilitated a capacity building training to health workers with an aim of impacting and refreshing knowledge. This will enable them to properly use the facilities and sustain them.

- The implementing partner has been working collaboratively with all local structures at Msenjere community level. These include capacity building trainings, community mobilization meetings, monitoring and supervision of works, site identification and implementation.

- Members of HAC, WAG and citizen forum agreed a penalty for anyone seen or found vandalizing, abusing or misusing the facilities at the Health Centre. Additionally, these members were also trained in areas such as maintenance, so that they can timely fix whatever technical challenges arise, without necessarily waiting for officials from the District Office.

- A properly laid out sustainability plan was formulated, during a meeting conducted at the health centre in September 2017. Participants to the meetings included all representatives from

the chief's council, district council, the church, all local structures and the health centre staff. The meetings were to remind and enlighten the communities on the following: expected works, identification of key decision makers or right holders in the community, their roles, risk factors and their mitigation but also brainstorm on the next steps. This was key in ensuring sustainability of the facilities.

- This session identified right holders as follows; health centre advisory committee, Chiefs, Health care workers, Area Development committee, Citizen Forum and WAG. Roles of each of the groups were brainstormed and planning on the future post-project roles was also done. Members also identified issues they felt would infringe on the smooth running and operation developments at the facility. They then suggested how these issues can be mitigated.

The power of community voice

Sense of community theory suggests that people feel more attracted to groups and settings in which they feel influential or powerful. This is exactly what has happened with community members around Msenjere, after being trained by WaterAid, on their rights and responsibilities over the project. As soon as the Deliver Life project took off, many of them were off their feet, joining groups that seemed to add value to the operations of the Health Centre.

These groups include WAG, HAC and citizen forum. They are all influential in their own right, and clearly understand their roles and responsibilities in representing thousands that are serviced by the facility.

Village Headman Kapondo, HAC Vice Secretary Patrick Njerwa, Lonely Wajigo Chair of Citizen Forum, WAG Secretary Jane Chilivumbo, Florence Yobe WAG member, all gathered together to give a collective account of how, with unity and togetherness, they have managed to ensure that all construction works under Deliver Life are profitable, viable and sustainable.

These groups work together to ensure that from service provision, to drug availability and hygiene practices, people of Msenjere are receiving good health services and are taking part in the overall development of their households, the community and the district.

Together, the groups also monitor and supervise the works, constantly checking with the contractor if all

Members of Women Action Group at Msenjere actively take part in the affairs of the health care facility to ensure quality service delivery

WaterAid / Chipiliro Kansilanga

conditions of service are being adhered to, as Wajingo explains.

"We got involved right from the beginning, supervising how the construction work is being done. We went as far as checking if there is the correct amount of mixture for cement and sand. Over and over we reminded the contractor of the need to finish within the timeline agreed, that way, we made them conscious of their roles,".

WAG on the other hand, having received training from Mai Khanda programme, trains the women that come to the Health Centre, on safe motherhood.

"We encourage the women to come with their husbands. Now they appreciate the importance of that because at the moment if a mother comes alone without the man, she is sent away. If delivery time was close and she gave birth here while the husband was at home, she is required to pay a MK15,000 fine, failing which she will not be allowed to go home. As much as these seem strict measures, they have been instrumental in ensuring that people understand that our health and well-being is everyone's responsibility and the entire community has to take part," said Florence Yobe.

Msenjere Health Centre In-Charge, Lovemore Simuja, agrees with these community groups that such measures have seen a reduction of maternal deaths and even infections as collective involvement from household level to community, helps people undertake good health practices that they would otherwise not have done, if they were not properly informed.

Women and children waiting to be attended to at Msenjere health centre

WaterAid / Chipiliro Kansilanga

MTOSA HEALTH CENTRE

Written By: *Chipiliro Kansilanga and Lloyd Mtalimanja*

A high quality and affordable health care system that empowers everyone to optimum health is a must. But is Mtosa Health Centre living to this billing?

Situated in the southern part of Nkhotakota District in Senior Chief Mwadzama's area, Mtosa Health Centre opened in 1994 serving a population of around 7,000. By 2015, the catchment population had grown to 14,971, spread across eleven Group Village Headmen (GVHs) and 30 Village Headmen. In addition, the health centre, due to its geographical position, serves patients who come from the neighboring districts of Salima, Ntchisi and Dowa.

Currently, Mtosa Health Centre is serving a population estimated at 18,000[1], which far exceeds the Ministry of Health standard of serving a maximum population of 10,000. The

facility handles an average of between 30 and 35 deliveries per month.

Services provided by Mtosa include out-patient department (OPD), antenatal clinic, maternal and neonatal Health (MNH), youth friendly services, expanded programme on immunization (EPI), family planning, community case integrated management (CCIM), HIV testing and counselling (HTC), under-five clinics, village inspections, nutrition and TB microscopy. These services are provided by 19 staff comprising the Health In-Charge, two nurses, seven Health Surveillance Assistants (HAS's), five hospital attendants, three security guards, one data clerk and one ground labourer.

Status of the facility before intervention

In the 30 years of its existence, Mtosa Health Centre has had to grapple with the challenge of staff shortages having just one nurse midwife, a medical officer and hospital attendants to cater for all the in-coming patients and clients, with deliveries alone reaching 35 per month during peak times.

Water shortage

Since opening, the health facility has had no water point within its premises, relying on water from a borehole, some 500 metres away. The borehole that existed in the past, had its pump damaged and the groundwater dried up. The needs assessment conducted by WaterAid established that the only borehole used by the whole facility (including maternity) actually belongs to a nearby school and is also shared with the community.

Trips to borehole would vary in duration, depending on length of queue, but can take up to two hours, implying that at given points, the facility did not have adequate supply. By sharing the borehole with the community, Mtosa Health Centre would pay a monthly contribution for the borehole, to go towards spare parts and repairs. In cases where the facility is financially handicapped and had not made the payment, they were not allowed to draw water.

But even when the payment has been made, at the borehole, guardians or hospital staff are not given priority. It is first come first serve etiquette no matter the emergency or the urgency of the need of water at the hospital. According to the nurse-midwife technician, Wezzie Kayuni, this is because the community and school got tired of their emergency stories.

"At first they would let us draw the water first but it meant they had to wait a long time because our needs are never ending.

So now, it is on first come first serve basis. You can imagine what impact this has on our work."

Gloria Mukawa who has worked as a ward attendant for Mtosa Health Centre for 23 years, said she and other hospital attendants have to make at least five trips a day, just to make sure that there is enough water for patients and hospital use.

Yanjanani Mpalaka is Mtosa Health Centre's In-Charge. He chronicles the impact of this situation on the facility and its services.

"Every morning, we would ask guardians to go fetch water. For the labour ward, we would ask the guardian to also find a water bucket as the hospital doesn't have. We had a few cases where blood would clot or dry up due to lack of water for cleaning and this made the facility prone to infections for the mothers. Even health workers would limit use of the water and this increased cases of sepsis in newborn babies. With such a situation, there's high risk of contamination of the borehole water because we used it untreated," he said.

Sanitation gaps

The needs assessment established that the two toilets and a shower within the health centre were non-functional and a bathroom and slab toilets outside the ward were in a dilapidated state and emitting a stale odour. There were no facility toilets specifically for staff, they would therefore go to their homes when they want to use the toilet. Patients in the maternity ward normally had to share toilets with the Outpatient Department, which has its own toilet. Only one bathroom was available and it was functional although dilapidated. The health

The dug pit which was being used as an incinerator and (right) the bathroom which pregnant women were using

centre had no incinerator and was therefore using a dug pit to burn waste. Of the two placenta pits available, only one was functional.

Hygiene practices

There were no materials such as water or paper for anal cleansing. Neither was there any soap for handwashing or bin for pads or other waste disposal. There was no clean water for handwashing. The women also said there had been no soap for handwashing although they reported that they were used to washing their hands after use of the toilet; before changing nappies; before preparing food; before breastfeeding; and before and after eating.

Maternity

The facility had eight maternity beds, with the ante-natal room also doubling as Anti-Retro Viral Treatment (ART) room. For lighting, the

The new incinerator at Mtosa

Nurse Wezzie Kayuni attending to a pregnant woman

Running water in the maternity ward at Mtosa has eased work for health care workers

facility was relying on solar power, which at times proved inadequate, requiring women to bring torches to the health centre when coming for delivery. Since the two toilets and a shower within the hospital meant for pregnant women and mothers were non-functional, women who had just delivered are forced to drip their way to a dilapidated bathroom and toilets outside the ward, some 100 metres away.

"All these are far from being adequate or meeting basic health standards for hundreds that we serve everyday. So much is compromised in the process because there is no option, we just have to do with what we have at the moment," lamented Mpalaka.

New lease of life for Mtosa

As if it's a fairytale, most of these challenges are now history, thanks to interventions by WaterAid under the Deliver Life Project. The project was implemented at the facility, in partnership with Participatory Development Initiatives (PDI) and Evangelical Lutheran Development Services (ELDS). Mtosa Health Centre now boasts of a solar-powered borehole complete with a reservoir tank, improved pit latrines with six holes, two bathrooms each for men and women, a placenta pit and an incinerator.

A new water tank at Mtosa Health Centre provides uninterrupted water supply

Yanjanani Mpalaka, Mtosa Health Centre In-Charge delighted at the relief brought by water and sanitation facilities

Installation of the solar-powered water and construction of the sanitation facilities has greatly transformed not only the provision of services, but the general well-being of health care workers and the community members.

Now, there is continuous waterflow within the facility, scrambling for borehole water with the school and community is no longer a headache for Mtosa Health Centre. For Women Action Group (WAG), Deliver Life project means more men, women and children can comfortably seek medical assistance from the hospital while pregnant mothers can restfully come for antenatal care.

"The challenge before was that the latrines were dilapidated and the bathrooms not in good shape. Hence, women would tell each other not to come here as they would rather deliver at home or traditional birth attendant (TBA) because at least there, water was available and the environment had good sanitation and hygiene. Now, we don't even have to compel them to come, the word spread out that water was installed and we have new toilets and bathrooms. In fact, women come here because of excitement of bathing in modern showers, which is an additional benefit." said WAG Chairperson Rhoda Dewe.

Owing to Deliver Life, incidences of neonatal sepsis are now on the decrease since women and new-born babies are now being cared for in a clean environment and by health care workers who are able to wash their hands as recommended by the World Health Organization.

For example, there was an average of 10 incidences of neonatal sepsis per quarter between September 2016 and March 2017, which have since dropped to 1 per quarter between April 2017 and September 2017 following availability of piped water at this health facility.

"The project has been such a relief to us. Our hospital is always clean because we have water throughout. Women are able to take a bath soon after delivery and we are also able to treat them with clean hands in a clean environment. This has reduced cases of neo-natal sepsis while infection-related cases have drastically reduced. We can confidently attribute all this to the coming of a water tank through this project," said visibly delighted Mpalaka.

With such a positive change, the benefits are far reaching. This change means that the District Health Office is not having to spend as much money on referrals from Mtosa Health Centre

to the District Hospital, which is a 172Kilometre round trip.

Such savings are then used to address other pressing needs in the district. The benefits are also at individual and household level as it means guardians are incurring less out-of-pocket expenses, which they would otherwise incur in the event of referrals to a far off health facility. Boniface Mpinganjira, Chairperson of the Health Centre's Advisory Committee, agreed with Mpalaka:

"The lack of water at the health centre was affecting us badly since health personnel were always requesting transfers few months after reporting for duties at our health centre due to the hardship they faced regarding access to water. For example, the Medical Assistant whom Mr Mpalaka replaced, only stayed for five months at Mtosa Health Centre. We are very glad that the Deliver Life Project has changed the situation for the better."

Infection Prevention and Control

Adequate knowledge among medical and non-medical health centre staff, coupled with availability of running water and protective wear are among the critical factors in infection prevention and control practices in health care facilities. This is according to the 2005 National Quality Assurance Policy for the Malawi health sector. Recognizing the criticality of this for the targeted health centres, WaterAid carried out an assessment to measure the IPC knowledge and skills among health centre staff. When interrogated about their knowledge and skills in IPC, some staff members at Mtosa Health Centre stated that they had not attended a training in IPC as a stand-alone training subject. WaterAid therefore facilitated the trainings and it targeted both medical and non-medical staff.

Community engagement

A key element Deliver Life project has embraced and upheld is the need for a strong and unified voice from community members and all citizens that benefit from the services rendered by the targeted health centres. For Mtosa, formation of District Citizens' Assemblies (DCAs), Health Advisory Committee, Citizen Forums (CF), Women Action Groups (WAG) has been instrumental in ensuring improved safety and quality of care for community members.

To contribute to capacity building of key project stakeholders at district, health facility and community levels, WaterAid facilitated separate trainings for these committees as well as for health centre staff. In collaboration

WaterAid / Chipiliro Kansilanga

Construction of the solar-powered water facilities has improved delivery of health services at Mtosa

with the National Initiative for Civic Education (NICE), the community members were trained in human rights based approaches to development work and supported to form their respective groups as democratic spaces for rights' holders to engage with democratic processes.

While partnering with the facility, the committees also act as a bridge between the health centre and the community members. Where there is need for a massive cultural and behavior change, the committees also assist in understanding of the same. For example, when solar-powered water was installed at the facility, members from the community and the school, started flocking to the hospital to draw water. This in the end reduced water output and the facility was found wanting again, as the water was now serving a much higher number than initially planned for.

"It was hard for community members to understand the modalities of the water. They just couldn't get why they would not be allowed to flock here in their large numbers and scramble for the health facility's water. But the citizen forum and HAC helped a lot in sensitizing the communities and the problem subsidized," explained Mpalaka.

The committees also actively took part in monitoring of construction projects, as explained by Citizen Forum officials Harold Zulu and Andrea Banda.

"Because of the training we received, we are able to work with the contractor and check whether construction standards are being adhered to. We also check the safety of construction materials, to ensure they are in good shape and are not tampered with. On humanitarian aspect, we inspect how patients are being treated when they come to the hospital and any

complaints that arise, are dealt with in consultation with the hospital officials".

Back in the villages, these committees coordinate and mobilize community members and sensitize them on good hygiene practices. A meeting is held once every month, where using songs, drama and speeches, communities are made aware of their rights and responsibilities on sanitation and hygiene.

Inclusiveness and partnerships

The importance of partnerships and collaborations in such a huge project as Deliver Life, cannot be overestimated. To ensure project relevance, ownership, effectiveness, efficiency, and sustainability, WaterAid Malawi ensured that:

- The project design was informed by a review of its 2014 – 2019 strategy; a detailed situational analysis for Nkhotakota district and a needs assessment for Mtosa Health Centre that WaterAid carried out.

- Local Governments (service authorities) in consultation with direct service providers and other stakeholders collectively identified health facilities to be targeted by the Project.

- Decentralized development structures, potential partner institutions, relevant ministries, departments and units under them were involved in the project design, project start up, implementation, monitoring and review phases, and in planning for sustainability.

- A public trust (NICE) well-versed in civic education, community dialogue and advocacy, and with an elaborate implementation structure spanning from national level to community level was engaged to lead all community awareness, citizen participation and citizen empowerment initiatives under the Project.

- Particular focus was put on influencing systems, strengthening building blocks and supporting critical processes with a view to helping service authorities to develop and implement evidence-based district wide plans with the support of aligned partners. The plans and approaches were developed within the overall national framework, and the aim was to bring successes and best practices to the national level for adoption and replication.

LEARNING AND BEST PRACTICES

- Through Deliver Life project at Mtosa Health Centre, WaterAid has learnt that lifting communities out of WASH-related poverty is a complex process requiring continuous reflection, learning, adjustments, systems strengthening, advocacy and behavior development/change.

- There are no short-cuts or quick fixes to these processes, particularly on behavior development/change and systems strengthening which are at the heart of sustainable projects because building infrastructure alone cannot bring lasting change.

- This truth should be borne in mind by all donors, development practitioners and service authorities so that some level of flexibility is planned for and undue pressure is not exerted on implementing agencies regarding timeframes for producing results.

- For best practices, integrating service delivery and advocacy, particularly citizen empowerment, is a best practice, which needs to be promoted. For sustainability, this approach should be coupled with engaging a development institution with a robust structure that spans from national to local level to lead the process.

The almost completed sanitation facilities at Mtosa

WaterAid / Chipiliro Kansilanga

Sustainability

Through a dedicated process, WaterAid aims to ensure that the impact brought about by the project sustains beyond the grant lifetime. Among other efforts, WaterAid conducted a process of envisioning with all stakeholders regarding their respective changing roles in the pre-, during, and post-intervention phases of the project.

The stakeholders involved also conducted a risk analysis and came up with mitigation measures.

This has been documented and will continue being referred to regularly. Stakeholders at the community, local district and national level, were involved to ensure they each understand their specific roles and expectations from their respective work scope.

The process for planning for sustainability should not be viewed in isolation of other aspects of the planned intervention for Mtosa Health Centre. It built on other key project activities and processes such as citizen engagement processes through formation of WAGs and CFs. The engagement of WAGs and CFs included getting their input in identifying the infrastructural gaps at the health centre, the proposed interventions, and envisioning their roles in the pre, during and post intervention implementation.

The roles for the WAGs and CFs included awareness raising among community members on the intervention, educating community members on proper use of the infrastructure to be construction and monitoring the construction process towards quality assurance.

In addition to WAG and CF members, the monitoring teams included representatives from village development committees, area development committees, and health centre advisory committees.

Join us to Deliver Life

WaterAid


Nayuchi Health Centre, Machinga

WaterAid / Chipiliro Kanshanga

NAYUCHI HEALTH CENTRE

Written By: *Solomon Chirwa and Dennis Lupenga*

Nayuchi Health Centre is in the eastern part of Machinga District. It is 97 kilometres away from Liwonde. The Health Centre was built to respond to the refugee situation of the Mozambique and RENAMO war of the 1980s.

The Health Centre then belonged to CHAM. After repatriation of refugees in 1994, the administration of the Health Centre changed hands to Machinga DHO.

The Health Centre serves a population of 21,943 people.

These people come from eight Group Village Headmen of Nayuchi, Nkisa, Mchinguza, Kiphalele, Naphutu, Likhonyowa, Mchelera and Msusa. It serves 21 villages. It is in Sub-Traditional Authority Mchinguza. The Health Centre is close to the border with Mozambique. This being the case, it also serves some people from Mozambique who cannot be properly counted.

However, it is reported that over half of the beneficiaries come from Mozambique.

The Health Facility has 23 members of staff that include one medical assistant, two nurses, nine health surveillance assistants, five hospital attendants, two HIV testing attendants, two ground labourers, one expert clients and one security guard.

The Health Facility provides a variety of services to the community. Below is a list of services provided at the Health Facility;

- Out Patient Department
- Family Planning
- Maternity
- Antenatal Care
- HIV Testing and Counseling
- Under five clinics
- Anti-Retroviral Treatment and Prevention of mother to child transmission
- Sexually Transmitted Infections treatment
- Nutrition (Supplementary Feeding Program and Outpatient Therapeutic Program)
- Preventive Health
- Laboratory services
- C- Stock (Provision of medications to under-fives in Health Posts managed by HSAs)
- Youth Friendly health services

The Health Facility has a Hospital Advisory Committee (HAC) which comprises ten members and is responsible for liaising and coordinating activities between Health Centre staff and the community, monitoring drug administration and mobilizing communities to take part in self-help activities at the health Centre.

WASH status before intervention

Water Supply

The Health Facility was designed to have running water. All the plumbing was done inside the Health Facility but with the passing of time, the water system broke down. The Health Centre failed to maintain the system to the extent that it was then in a state requiring full rehabilitation.

Nurse midwife Alex Milandu, giving an account of the dire situation at Nayuchi

The water source and its submersible pump were all broken down.

Alex Milandu, a nurse midwife at Nayuchi Health Centre, testified that working with no running water is a nightmare. According to Alex, hospital staff and community members often had to wait for hours by the borehole just to pump half a bucket before the water runs out. The situation would worsen between August and November, Malawi's hottest months.

"The situation here is dire. There have been instances where a woman has delivered with no water available to clean her, exposing both mother and child to potentially deadly infections", lamented Alex.

In the ten years he has worked at the facility, Alex has never seen water running from the taps. This is a health facility serving a population of over 21, 000 people with an average of 40 to 45 births per month.

"Water is not just life because we drink it, no! We need water for infection prevention at birth, for us to wash our hands, for the new mothers to clean themselves, we need water for the soft linen, we need water to clean and sterilize the instruments we use. We basically need water at each stage of medical care," added Alex.

Enelless Kasabola whose 21-year-old daughter Maria just gave birth at the hospital shares Alexis' sentiments

Eneless Kasabola with her daughter Mary and her new grandson

WaterAid / Dennis Lupenga

of the need for running water at the hospital. She says she had to wait at the borehole for bathing water in the early hours as her daughter was in labour. Filling the bucket took about 45 minutes.

As if this was not enough, she further explained, *"As I followed my daughter with a bucket of water on my head to the bathroom, I was embarrassed to watch her drip blood her way to the bathroom whilst losing her dignity in front of the many men that were watching. In a bid to ease my pain, the nurse midwife said that I should not worry as things will change soon. Indeed, he must have seen how embarrassed I was as a mother to watch my daughter lose her dignity in such a way. I wish the hospital would be like the one at Malosa (Zomba) where my other daughter gave birth. Toilets and bathrooms are within the labour ward and you leave the hospital without having to let the whole world know what happened at child birth. I look forward to the day."*

The area around Nayuchi Health Centre is cholera prone. In January 2016, the health facility together with a neighbouring Namanja Health Centre both treated around 191 cholera cases with eight fatalities according to the Aqua Now World Water Data Engine database of 2016.

Alindiine, 7-years-old, was one of the cholera victims. After visiting the hospital, she was lucky to be treated in a timely manner. The communication department caught up with her at the hospital during her check-up as a way of making sure that the disease is completely out of her system. Mary, 38, who is Alindiine's mother explained how difficult life was when her daughter was admitted at the hospital.

Bathroom which is joined to the kitchen

WaterAid / Dennis Lupenga

"As you may be aware, a cholera victim discharges huge amount of loose stool (acute diarrhoea)which makes the victim dehydrate quite a lot. This necessitated us to find water for cooking porridge for example so that Alindiine would have something to eat here at the hospital," said Mary.

It was not easy to fetch water then, the facility had no water source and this forced us to look for water elsewhere further from this place and this water was not always enough. Instead of looking after patients in the ward we spent much time fetching water"

Juma Chimenya, Medical Assistant at the hospital says the health facility operates at high risk because of the absence of running water, an incinerator for safe waste disposal or proper latrines. Without these essentials, the facility and surrounding communities will continue to battle with cholera cases.

It goes without saying that hygiene is crucial for the hospital. Without a proper incinerator, needles, bandages and all other medical waste is burnt in the open, exposing communities and the nearby school, just 100 meters away, to the danger of infections. The facility had a placenta and rubbish pits that were not in good condition and hence not very effective.

"Without proper hygiene, everyone who visits the hospital is at risk of infection. Currently, the bathroom women use most after delivery is next to the kitchen. We want to have them separated as the bathroom has a poor drainage system. We can only hope things will get better."

"We got a cholera shelter just recently and we are grateful for it but there is still a need for water because the disease can easily be transmitted. Without proper hygiene, people who

Medical waste open pit and a dilapidated water tank

came as guardians are also prone to getting infected. All we have now is hope that things will get better shortly."

Interventions and processes

Before rolling out the intervention at the facility, a needs assessment was conducted to dig deeper into the facility's needs so that the project directly responds to the needs and improve the facility's status. It was noted from the needs assessment that all WASH facilities at the Health Centre need upgrading and or full rehabilitation.

The supporting members of staff had little knowledge of infection causes and prevention in the health centre setting.

The implementation of the project at Nayuchi followed a unique process that ensured responding to the needs of the community. Funds for the project came from DFID to WaterAid which in turn sub-granted to Participatory Development Initiatives (PDI), a local partner that had prior experience of project implementation in Machinga. This arrangement allows WaterAid time for grants management and monitoring to ensure quality work is being delivered.

Unlike most projects, Deliver Life is highly responsive to the needs of the community. Views from health workers, HAC and local leaderships were obtained prior to start-up of activities at Nayuchi. Community decentralised structures were used during assessments and implementation.

At the onset, meetings were held at DCT, DEC ADC and with HAC to inform them about this project and buy in their support during implementation. Officers from the relevant government line department were involved during

Installation of solar and tank stand ensures consistent water supply for the facility

supervision and monitoring of the works particularly officers from Water, DHO, and Public Works.

This arrangement not only ensures quality work but also sustainability is achieved because of stakeholder involvement.

Most activities were implemented by government staff including; Water Monitoring Assistants and HSAs during triggering, training of Water Points Committees in plumbing, operation and maintenance.

Throughout construction, interface meetings were held with community; giving feedback on constructions and making sure they follow and supervise the construction process.

A consultant was hired to do thorough technical assessment after which designs for water and sanitation facilities were produced.
These designs were site specific and responded to the local needs.

Following this, the community was provided with feedback regarding proposed works and the community members were happy about it.

Contractors were procured one for the sanitation facilities and another for the water and related works.

A new solar powered system has been constructed and reticulated to the health centre connecting the maternity section and staff houses. The facility now has new hand washing basins running with water to allow medical workers wash their hands before and after handling patients. This behaviour was difficult to practice previously.

New shower rooms installed with shower rose and the maternity wing connected to water

Patients are now able to take drugs right at the facility, a thing that was not possible before.

The system has provisions for taps outside the facility that can be accessed by the clients and guardians when need arises. A two-roomed bath shelter with shower facilities has been constructed in addition to 2 triple Improved Ventilated Pit latrines with disability friendly facilities. The project has also constructed placenta pit, incinerator and ash pit in a bid to improve management of waste which was a big problem before.

Impact

The impact of the project at Nayuchi is overwhelming. Service delivery has greatly improved and clients feel safe and motivated to come and receive various services from Nayuchi health centre. They know that there is now water and adequate and clean toilets. The situation is not only good for the clients but health workers also who stay at the facility providing service. This is what they had to say about the current situation;

"We are now able to monitor patients' medicine intake as previously some would not take the medicine at the hospital due to lack of water. Now, patients are able to take the prescribed medicine right away as they have water around not to mention the clean toilets and bathrooms." Martina Mwenitete, a nurse midwife technician.

In a hospital, you would hope to be cured from various ailments and diseases, not to contract diseases when you're there. However, this has been the case for people going to Nayuchi Health Centre in Machinga before it had running water.

Olive Matchado is a ward attendant who has worked at this hospital for four years. She recounts how hard life was at the health centre without a water source. She indicates that cleaning was one of the toughest part of her job as she had to go on many trips to a borehole to fetch water in order for her to clean the whole hospital.

"Proper hospital cleaning demands a lot of water, without a closer source of water, thorough cleaning cannot be realized. How can one clean a hospital without water? We receive patients suffering from different infections and diseases. They all need a clean place to be treated so that a hospital does not become a place to further spread a disease or any infection. Water is very important to achieve all this," observed Matchado.

She indicated that things were more worrisome in departments such as the

antenatal and postnatal units where water is a must-have resource. She says mothers, nurses and midwives alike would find it really hard to operate with limited and unsafe water, which was being collected from a borehole that would go dry after drawing two buckets of water after every 15-30 minutes.

"After child birth, women are expected to bath thoroughly to prevent getting infected. Unfortunately, this was not the case previously, as such more women were prone to post-natal infections. We are now very happy to have running water in most of the wards including the staff houses. Things have already started to change now," she added with a happy face.

A nurse technician and midwife at the hospital, Martina Mwenitete agrees with Matchado saying WaterAid together with PDI had a big impact on their hospital. The spread of preventable diseases and infections is a thing of the past ever since tap water started running at the health centre.

She also added that the hospital is always clean now and unlike in the past where the water problem would put their patients at risk of infections, everyone is happy having running water now which will curb a lot of the past challenges.

"Being a caregiver in a maternity ward, I am so overwhelmed with the water here. I must confess that having water especially in the labour ward has made our work very much easier. We ably help mothers and they are also able to take a bath as soon as they give birth thus preventing some infections. A clean mother is a good mother as they also do not pass dirt to their babies. Now we are able to monitor patients' medicine intake.

Previously some would not take the medicine at the hospital due to lack of water. Now, patients are able to take the prescribed medicine right away as they have water around not to mention the clean toilets and bathrooms. All I can say is that am grateful for the water here. Lives are being saved now as our hospital is clean and infection free. I must also say as a caregiver am able to work with diligence and pride. Water has made us work with confidence since we are assured of our own health and safety", concluded Mwenitete.

Sustainability

In order to make sure that these interventions are sustainable, stakeholders from both the community and government line ministries are involved during implementation and monitoring.

This approach brings the stakeholders in the limelight before the project phases down and allows their views to be incorporated as the project is being implemented. This gives them a sense of ownership and they can easily follow up after the project is closed.

WaterAid through its implementing partners in Machinga organised a meeting involving all key stakeholders to the project. The purpose of the meeting was to check the district's plans in sustaining the impacts of the Nayuchi project. District future roles were explored to visualise how they would sustain the gains say after 5 years.

These are some of the roles that were documented;

District Health Office

- To take up the maintenance of the infrastructures.
- Provide supportive supervision to the health centres looking at the state of the infrastructures. Maintenance teams to be key during these visits. Utilize monthly DHMT visits to the health centres.
- Train community members on operation and maintenance of the structures.
- Training artisans that are closer to the health centre on O& M. the maintenance team to train them so that they are able to work in their absence.
- Providing security to the resources provided
- Mobilize resources for maintenance, DHOs to work with other partners to support the maintenance by doing stakeholder mapping
- Orient the HAC on their roles before the project commences
- Provide continuous trainings/ refresher of staff on IPC
- Strengthen systems within the health centre on housekeeping, waste management and other issues at health centre
- Prioritize WASH activities both construction and maintenance in the DIP.
- Lobby for funding beyond DHOs mandate i.e. from other partners
- IPC committees to ensure that there is adherence to hygiene practices and proper use of the infrastructures

Community

- Take part in maintenance of the facility infrastructures as this is a dual role with the DHOs.
- Safeguard the infrastructures by providing security.
- ADC, HAC and community at large to ensure that the development is up and running.

At the end of the meeting, each department was tasked to come up with the things that they would do from their office as well as at individual level positions towards issues of sustainability but also mostly on the risks that were identified. The following is what each of them came up with;

- Inclusion of resources for maintenance in the District Implementation Plan
- Coordination by all stakeholders
- Joint supervision
- Ownership of the project by all stakeholders
- District Health Management Team and District Coordination Team should be holding accountable the implementing partners
- There is need to be working together with the maintenance team – check the plan
- Communities / Health Facilities should take a leading role in taking care of existing structures

LESSONS LEARNT

Several lessons have been learnt during the course of implementation of the project at Nayuchi community and critical ones are;

- Citizen empowerment and engagement are key to sustainable development. Through thorough and consistent coordination and engagement among duty bearers, community and service providers, it was possible for the leaders to see enough reason to allocate resources for the construction of Nayuchi health facility.
- Rights-based approach to programming and implementation of community projects ensure that the community rights and views are respected during the course of the implementation and the community members feel involved and part of the project. This helps as the community can easily sustain the project.

Women and school children at Nayuchi Health Centre waiting for the borehole to start supplying water.

WaterAid / Dennis Lupenga

FROM THE HORSE'S MOUTH

Here are excerpts of reactions from beneficiaries, partners, policy makers and key stakeholders on their overall perception of Deliver Life project and its impact in their scope of work or life.

"WaterAid has been key in the provision of water and sanitation facilities in this area. Unlike many empty promises we have been getting for years, this organization simply implements the work by bringing tangible results on the ground. It's easy to tell that their work is based on passion, dedication and results; we are truly thankful," **Madalitso Kazombo, Member of Parliament, Kasungu East Constituency.**

Most women preferred to deliver at the Traditional Birth Attendants (TBA)'s because at least there, water was available, it wasn't at the clinic. But with the installation of the water tank, more and more women are comfortable giving birth at the health facility - **Ethel Davide, Chairperson, Women Action Group (WAG), Malowa Health Centre, Nkhotakota.**

"This is one of the tactics that parliamentarians have to take on board to ensure sustainability. I would like to thank donors such as DFID and Water Aid for the support on such huge projects which have enormous positive impact on people's livelihood. My plea is to have such projects scaled up nationwide," **George Kamwanje, Member of Parliament of Likoma Islands and Charperson of the Joint Parliamentary Committee.**

"After availability of water and the sanitation facilities, we as community members are now also compelled to take part. On safe motherhood, we compel women to give birth at the health facility and not at home or traditional birth attendants. Anyone who violates this is fined a goat, whose proceeds are sent to the clinic funds," **Colleta Nankhako, Vice Chair- Women's Action Group, Mdunga Health Facility, Kasungu.**

"Finally, we feel very proud and contented that our women can use modern showers for the first time in their lives. It feels like they are living in the city because of these showers," **Lonely Wajingo, Chair, Citizen Forum, Msenjere Health Centre, Nkhotakota.**

"After child birth, women are expected to bath thoroughly to prevent getting infected. Unfortunately, this was not the case previously, as such more women were prone to post-natal infections. We are now very happy to have running water in most of the wards including the staff houses. Things have already started to change now," **Olive Matchado, Ward Attendant, Nayuchi Health Centre, Machinga.**

"What WaterAid project has done is beyond providing water and sanitation facilities; it has also empowered us and given us momentum to demand for what rightfully belongs to us. For example, now we are able to demand agreement terms from contractors that do the work, we demand to know how many people will work on the project, we are able to check progress of the work and ask the contractor any questions we feel are relevant. We no longer just watch, we actively get involved," **Evans Chikuse, Secretary Citizen Forum, Msenjere Health Centre, Nkhotakota.**

"My experience, giving birth by the road on the way to the hospital was the last straw that made us to demand for this health centre. It was a frightening and mortifying experience. We told the Member of Parliament that we were tired of empty promises. It was time to deliver. The construction of the Health Facility changes the story of many women who will not have to go through what I encountered," **Rhoda Chikanda, a community member from Kapyanga, Kasungu.**

"I am quite impressed with the strong and active community participation in all the projects being implemented with support from WaterAid. Such active participation is encouraging and crucial for the sustainability and development of the health facilities, not forgetting the general well-being of the community," **WaterAid Regional Director for Southern Africa Robert Kampala.**

"*Of every five babies born at this facility, three would have neo-natal sepsis, and the consequences were dire. Now, we have experienced a drastic reduction of neo-natal sepsis due to the installation of water tanks at our health facility. Our women are able to take a bath soon after giving birth and the health workers are always as clean as the equipment they use to treat these mothers,"* **Yanjanani Mpalaka, In-Charge, Mtosa Health Centre.**

"We are now able to monitor patients' medicine intake as previously some would not take the medicine at the hospital due to lack of water. Now, patients are able to take the prescribed medicine right away as they have water around not to mention the clean toilets and bathrooms," **Martina Mwenitete, Nurse Technician, Nayuchi Health Centre, Machinga.**

"Now water is closer to us and we don't walk long distances fetching it. I am very happy that am able to go to school earlier because I used to go late every day since I had to fetch water first which was very far . I usually went to school very tired," **Maria Banda, a 13 year-old standard 6 pupil at Kambira Primary school, Kapyanga, Kasungu.**

"To me it's a dream because we stayed almost two decades without accessing portable water. We had so many challenges. Even cases of rape have now reduced since women used to wake up very early in order to fetch water leaving their husbands sexually unsatisfied. With this new borehole, the problem is now over because women take their time to nurture their husbands, as they are sure safe water is within reach. We will surely take care of it" **Village Headman Chimanda, Kasungu.**

Life was really hard. My business was not flourishing. I had to walk long distances in search of water to bath my children and use for my business. By the time I would get back home, it would be too late to make the doughnuts. But now, I can proudly say that ever since we have had the borehole in our village, I am now able to make a whopping MWK7,000 in a day compared to a MWK2,500 I used to make in the past," **Mary Gift, Chapota Village, T/A Mwadzama, Nkhotakota.**

"This was the most difficult time of our job. We always asked guardians to go fetch water. We knew it was inappropriate but then it was a lesser evil in order to save lives. Now, guardians come without any extra duties shouldered on them. Infection prevention is also being observed meticulously because water is available, we are happier now that water is here," **Wilson Chatambalala, In-Charge, Malowa Health Centre, Nkhotakota.**

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Healthy Start

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