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ROYAL ROADS UNIVERSITY

# Improving WASH for Healthcare Facilities and Women's Health: Testing the STREAMS Approach in Malawi

## Context

Malawi's healthcare facilities frequently lack safe and effective water, sanitation, and hygiene (WASH) systems, putting patients and staff at heightened risk for healthcare associated infections (HCAIs) and medical complications. The situation disproportionately affects women. Malawi has one of the highest neonatal and maternal mortality rates in the world, with over 20% of cases attributed to sepsis alone (WaterAid, 2020). This situation further complicates the provision of safe and effective healthcare by eroding public confidence in the health system. In Rumphi District facilities, 60% of patients are women, and an estimated 95% of guardians (family members who stay with patients to provide meals and support) in healthcare facilities (HCFs) are women.

## The Innovative Solution

Supported by FIT, Royal Roads University, Transform International, Desert Research Institute and Development Action for Marginalized Rural Areas (DAMRA) in collaboration with the Rumphi District government developed and tested STREAMS – Systems, Training, Empowerment, And Monitoring Support – an innovative approach to improving WASH in Malawi HCFs. By generating better sustained maintenance of WASH infrastructure and improving WASH practices and gender behaviours amongst healthcare staff and patients, the innovation aimed to improve the quality of care in 18 HCFs in Rumphi District, thereby improving the health and well-being of patients, particularly of women and girls. The innovation is administered by an equally innovative method - the Circuit Rider approach. Circuit Riders are roving experts that visit healthcare facilities on a regular basis to provide monitoring, support, and training, particularly to 18 HCF managers (6 women, 12 men), thus sustaining the innovation and generating iterative improvement.

## Advancing Gender Equality

The innovation's gender equality strategy was directed by the Malawian Gender Specialist on the project, who is also the Rumphi District Gender Officer. The core components involved training, awareness, and capacity building – inclusive of women and men, and tailored to each group as appropriate. Where possible, women's participation was facilitated, and gender parity was sought in all activities. Feedback from other stakeholders in the communities and government was also sought and helped inform the strategy and all testing activities. Gender awareness was included in the training provided to the Circuit



### COUNTRY

Malawi

### AMOUNT

\$240,444

### TESTING PERIOD

15 months

Ended August 2022

**3** GOOD HEALTH  
AND WELL-BEING



**GENDER RESPONSIVE (GE2)**

**THEME: WASH**

Riders in order to build their capacity to act in a gender sensitive way and provide them with the tools to pass on their knowledge as they worked in the HCFs. As part of a pivot mid-program additional training had to be carried out at each facility. It was determined that a key aspect of the approach to building gender capacity was not only depth of focus but also the inclusion of participants from the community-based gender network. They were incorporated into the facility WASH teams where they were able to participate, observe and share their knowledge and perspectives on gender issues. Another key component was advocacy for, and increased awareness of, gender and disability supportive infrastructure.

## Testing Framework

Mixed methods non-equivalent comparison group pre-post study designs were used to test the hypothesis. Quantitative data was collected to generate clearly measurable outcomes of the innovation. Qualitative data was collected to provide context and detail of the outcomes of the innovation. Combined, this information provides triangulation of measures and triangulation of observers. The comparison utilized the 18 HCFs in Rumph District as the testing group and the 21 HCFs in neighbouring Nkhata Bay district as the comparison group. This served to control for confounding variables by determining if changes in variables are due to the STREAMS innovation or due to exogenous factors. The pre-post approach served to determine the degree of change brought about by the innovation. This combination of approaches created a triangulation of method, which provided a complementary and more comprehensive analysis than single STREAM approaches.

## Results and Impact

Surveys, assessments and interviews conducted as part of the innovation point to an improvement in WASH systems and quality of care. Results indicated important changes to WASH and positive impacts on women at HCFs, as well as a strong desire to see the program continue. Multiple investigative tools were used across various stakeholder groups to arrive at this conclusion. These were further supported by project team observation tours and open stakeholder communications. A confounding factor in the quantitative data collected was the short testing time relative to the length of time needed for behavior and knowledge change to be detected. The STREAMS innovation is multifaceted and dynamic, which makes assessment of its efficacy rather complex and reliant on proxy indicators

Of note:

- The percentage of staff who provide “Good” rating for WASH services at HCF increased from 0 to 50% by endline.
- The percentage of patients who provide “Good” rating for drinking water at HCF improved from 43% to 81% by endline exceeding the target of 75%.
- The percentage of women facility managers and supervisors increased from 19% to 35%

## Key Lessons

1. Ideally, a monitoring and evaluation program that includes indicators to monitor progress on WASH in HCFs, as well as other key program data, would be developed before embarking on this work.
2. In future applications of STREAMS, the training will be more in-depth, lengthy, and synchronistic. In this initial testing, the team was constrained by the narrow testing timeframe and the inability to fund preparation activities.
3. Despite the program being developed collaboratively with the district government, and approved and supported by the District Council, this wasn't enough to ensure a level of understanding and clarity at the facility level. Teams had to be sent to each facility to orient them on STREAMS, WASH Fit, and gender issues. The District Gender Officer then provided additional gender training at the facility level, and included community gender network members.

## PARTNER ORGANIZATION

Development Action for Marginalized Rural Areas (DAMRA)

## TARGET PARTICIPANTS

8 circuit riders (2 women, 6 men), including 4 quality of care Circuit Riders (1 woman, 3 men) 4 technical Circuit Riders (1 woman, 3 men)

10 others who received training (2 women, 8 men) including supervisors, Direct Leadership x 2, Water Board supervisor, maintenance dept staff and water board staff who participated in training)

18 (6 women, 12 men) healthcare facilities managers, and 34 (16 women, 18 men) community gender committee members

## FOR MORE INFORMATION

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## ABOUT FIT

The Fund for Innovation and Transformation supports Canadian small and medium-sized organizations (SMOs) testing innovative solutions that advance gender equality in the Global South.



“This program is making me famous amongst community and health care facility staff within my zone. At the start of the program, I did not know that my services would ever be taken seriously by all the stakeholders. I now feel proud and satisfied with my involvement in the program”.

- Woman Technical Circuit Rider