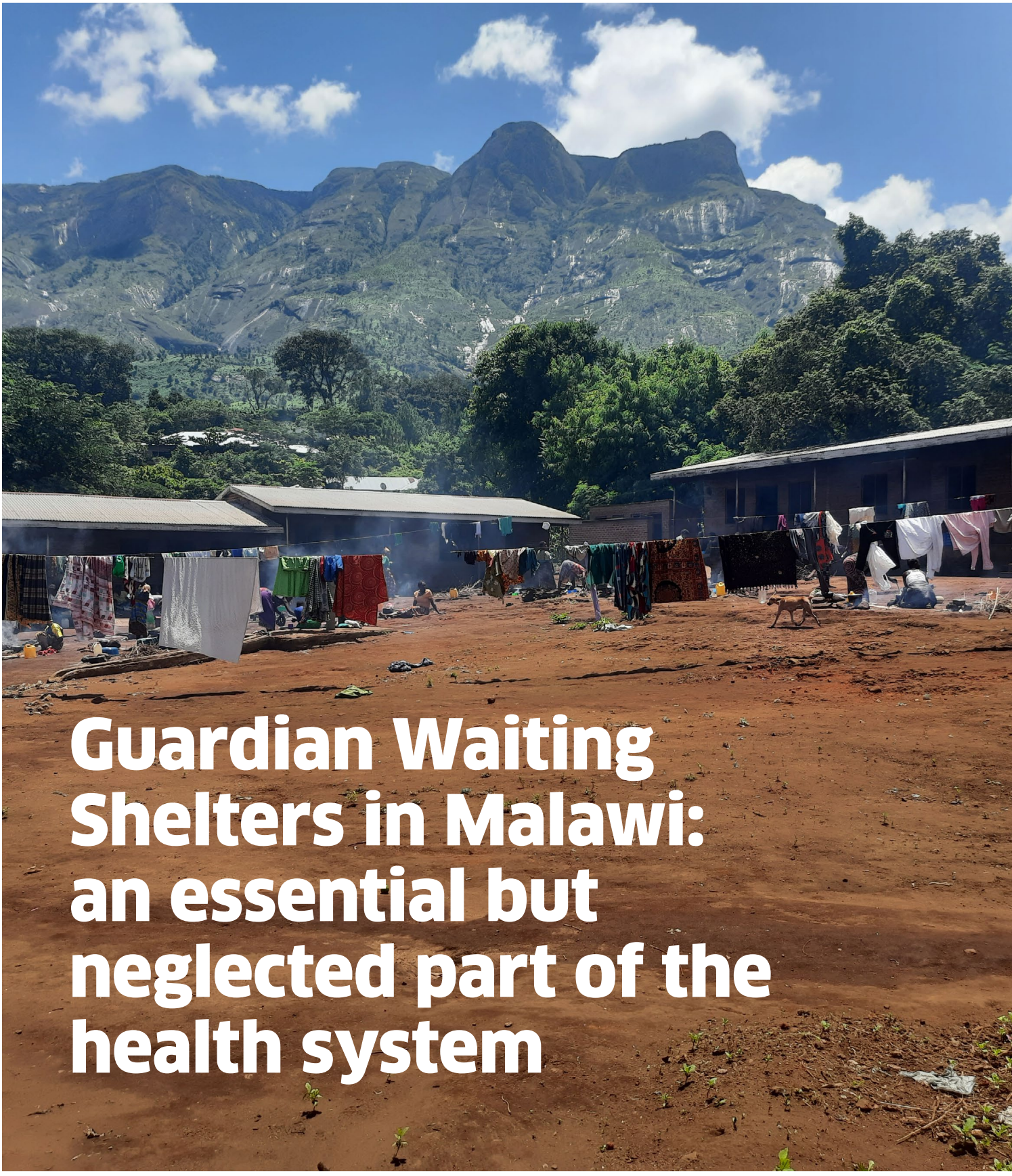

Guardian Waiting Shelters in Malawi: an essential but neglected part of the health system

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Guardian Waiting Shelters (GWS) in Malawi are an integral component of the health care system, established to provide a safe and healthy environment for caregivers to reside in while they attend to their relatives admitted to hospital. However their current status is failing to meet these essential needs and urgent review and support is needed.

POLICY BRIEF

Key findings & recommendations

- GWS are integral to health care delivery in Malawi but are not effectively supported in current systems
- Water, Sanitation & Hygiene (WASH) and Infection & Prevention Control standards are inadequate at District GWS. These current conditions are a public health risk to GWS users and the wider community.
- GWS must be formally recognised with a clear policy and an operational plan on who has overall responsibility, how they should be managed, the functions they should perform coupled with a long-term business and financial plan.

What's at stake?

Guardian Waiting Shelters (GWS) serve as temporary residential homes at healthcare facilities for essential caregivers whose relatives have been admitted to hospital. At some facilities they also serve as maternity waiting homes for pregnant women, including those with high-risk pregnancies enabling them to easily access services for essential childbirth care, or obstetric or new-born complications at the nearby facility [1-3].

GWS are usually formed of sleeping rooms, with access to a cooking area, sanitation and a water supply. However, they are usually crowded and have poor infrastructure which results in a lack of privacy, and poor access to water, sanitation and hygiene and food preparation facilities for users [4]. These crowded, unsanitary conditions may also present significant risks for communicable disease transmission between caregivers using GWS as well as subsequent transmission to communities when individuals return home. This challenge is compounded by the lack of consistency and transparency in the ownership and responsibility for GWS maintenance and support.

Here we present the findings and recommendations from a rapid assessment of District hospital GWS in Malawi's Southern Region, which took place between March and May 2022.

Research Approach

A rapid assessment was conducted in twelve GWS belonging to ten public and two private (CHAM) hospitals across the Southern Region of Malawi. The assessment examined GWS management structures, available infrastructure and services, and the behaviours and perceptions of both stakeholders and guardians.

A checklist (n=12) captured general infrastructure of the GWS (e.g., latrine, water and handwashing infrastructure, cooking and sleeping areas). Key Informant Interviews were conducted with caretakers, hospital staff and Hospital Advisory Committee members (n = 28), In-depth Interviews (n=72) and Focus Group Discussions (n=23) with guardians, which covered issues of management, water, sanitation and hygiene (WASH) and life at the GWS. Data was analysed using both qualitative and quantitative methods.

Respondents acknowledged the following:

- **Water** – "We have a safe water point here, but I do not use it as the water point surrounding is unhygienic as guardians wash their materials used after childbirth ." (FGD, female)
- **Sanitation** – "We have 1 toilet here, and the toilet is full. So, when we want to defecate during the day, we go to the bush near the maize field." (IDI, female)
- **Handwashing** – "Sometimes I forget to wash hands after using the toilet because there are no handwashing facilities at the toilet ….like at home where I have outside my toilet" (IDI, female)
- **Solid waste management** – "The other problem is that the hospital staff here don't conduct the health talks at the guardian shelter…. Women are just throwing food scraps everywhere because they have not been educated on how they should use that place" (FGD, male)
- **Sleeping rooms** – "The rooms are not adequate….the rooms are so congested, such that during the period of COVID-19 some were found positive due to congestion" (KII, female)
- **Management and ownership** – "For proper functionality I would suggest that the District hospital takes care of it because it is within it and also its use is something to do with the hospital services" (KII, female)

Key Findings

Guardians feel unsafe and at risk of disease transmission when staying within GWS

Guardians were predominantly female, with the number of guardians at the GWS across the twelve facilities ranging from 55 to 165 and staying in the facility for an average of 20 days. GWS users reported that they felt at risk of contracting diseases while at the GWS such as: cholera, diarrhoea, skin diseases, COVID 19, bilharzia, malaria, cough, colds, TB, and pneumonia. These perceived risks were reported to be related to poor sanitation and hygiene conditions in the GWS, overcrowding, sharing of buckets for washing and bathing, poor ventilation in cooking areas, lack of mosquito nets and screens on the GWS windows, exposure to people suffering from different diseases and sleeping in cold open spaces.

No clear consistent management and responsibility for maintenance or management of GWS

There was no clear and consistent approach to ownership or management of the GWS across all twelve facilities. This was further compounded by a range of responses within individual facilities showing a lack of understanding and harmonised view of responsibility both across the sector and at a localised level. For example, overall responsibility included Members of Parliament, District Councils, Hospitals and the wider Community, often with more than one of these identified for one location. This lack of clarity on ownership and responsibility for maintenance and management is reflected in the finding related to infrastructure and practices below. Yet, examples of proactiveness were found from the guardians themselves, who had appointed a guardian chair per room, and some collected a small fee from each arriving guardian to buy cleaning products (e.g., brooms) to clean the cooking and sleeping areas.

Infrastructure is in a poor state

Only seven of the 12 GWS had functional sleeping rooms, which resulted in guardians sleeping in the wards with patients, hospital verandas or corridors in the remaining five facilities. This practice was also seen in other facilities where guardians complained of mosquitoes and overcrowding within the available sleeping rooms (3 people per square metre), which many felt put them at risk of contracting malaria, diarrhoeal diseases and respiratory infections including COVID 19. Throughout the day, guardians spent the majority of their time in the outdoor spaces around the hospital, and in the wards, with little time spent in the GWS. This may be associated with the poor environmental health standards within the GWS, with overfilled waste disposal sites, limited access to WASH infrastructure and poor cleaning standards attracting insects and vermin to the area. A consistent model for supervision of GWS and daily inspections of the WASH, sleeping and cooking areas conditions is absent.

Lack of water, sanitation and cooking facilities limits opportunities for good hygiene practices

Six (50%) of the GWS did not have access to water within the premises, and if present there were issues with poor hygiene at the water points (boreholes or municipal water equipped with tap stands) as they were used for multiple purposes including washing soiled clothes. For those without access to water on site, it was collected from waterpoint in markets, schools and communities taking at least 30 minutes. This also impacted hand washing practices throughout the GWS, with hand washing facilities only available in CHAM hospitals, and soap unavailable at all handwashing moments observed. Only five of the GWS had functional latrines, which resulted in many guardians using the ward toilets or alternatively practicing open defaecation. Guardians took the daily role of preparing and cooking food for their relatives admitted to hospital seriously. Despite the mixed conditions found at cooking areas – the guardians meticulously cooked a daily meal through their own coping mechanisms, by collecting water onsite or off site, to dumping kitchen waste where best they could, to washing kitchen utensils and hands with water only, or with the limited power soap purchased and stored food by their mats in the sleeping rooms.

Despite having poor WASH infrastructure most guardians said they were able to practice limited hygiene behaviours, which were attributed to a number of factors including disease prevention, social and cultural practices from home, availability of time while at the GWS and maintenance of the facility. However, guardians complained that they did not perform all of their normal behaviours as a result of poor facilities, inadequate utensils, cleaning materials and tools.

Safety, dignity and well-being is a concern for GWS users

Due to the congested dark sleeping rooms and the compromised access and use of WASH infrastructure, the guardians highlighted that their safety, dignity and well-being were a concern when staying at the GWS. Safety concerns ranged from not having a place to lock away their belongings, to broken windows and doors, and the freedom of people coming in and out of the GWS. Meanwhile, poor WASH infrastructure left guardians with little or no option but to either use the ward latrines and or resort to open defection, to collect of water outside and to take a bath outside in the yard or the veranda at the back of the sleeping room. These conditions and resultant behaviours had a consequence on the guardians well-being and dignity.

Social capital relations

In most cases, the relationship between guardians was good as they all had a common role and objective whilst at the GWS. Some knew each other – i.e., they were from the same area. There were a few instances, when tensions arose between health staff and guardians when guardians congregated in close proximity to the health staff quarters when seeking shade. In instances, where the GWS was located near to a market area, guardians often complained about non-guardians using the GWS – such as market sellers and their customers, homeless people, and casual workers

Policy implications and recommendations

GWS are an essential yet much neglected component of the health service system in Malawi, and a much-needed resource for those who attend to their relatives in hospital. However, their place in the health and local government systems for management and maintenance is currently unclear, and this has led to long term neglect.

The poor standards observed across the Southern Region are a public health concern, providing an environment which is favourable for communicable disease transmission, and puts guardians (particularly women) at risk from physical abuse, and theft of personal belongings. Examples of good practice for GWS management and maintenance are available and should be used to learn from.

As such we recommend the following actions:

- Ministry of Health and Ministry of Local Government must review current practices around GWS management and maintenance and map an effective and sustainable plan for this integral component of the health care system.
- GWS must be formally recognised with a clear policy and an operational plan on who has overall responsibility, how they should be managed, the functions they should perform coupled with a long-term business and financial plan.
- The operational plan should include routine inspections, formulating or extending Infection Prevention Control (IPC) policies and activities, and ensuring durable access and use of environmental health infrastructure at the GWS.

A coherent and accountable structure which can be achieved through this approach will provide the necessary building blocks to ensure access and use of the GWS is a safe, healthy, dignified and appropriate environment for guardians who are caring for their family.

This brief was authored by Mindy Panulo, Jennifer Lamb, Kondwani Chidziwisano and Tracy Morse

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