

Malawi

Water, Sanitation and Hygiene (WASH) Thematic Report

January – December 2018



Minister of Health, Hon Atupele Muluzi, MP handing over a trophy to the District Commissioner during the Certification of Dowa District as Open Defecation Free (ODF). (© UNICEF Malawi, October 2018)

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LIST OF ACRONYMS AND ABBREVIATIONS	2
1. EXECUTIVE SUMMARY	3
2. STRATEGIC CONTEXT OF 2018.....	1
3. RESULTS IN THE OUTCOME AREA.....	3
3.1 RESOURCE MOBILISATION FOR SWAP	6
3.2 WATER SUPPLY, OPERATIONS AND MAINTENANCE.....	7
3.3 SANITATION.....	10
3.4 SCHOOL WASH	12
3.5 HYGIENE PROMOTION	14
3.6 EMERGENCY	17
ANNEX A: MALAWI THEMATIC CONTRIBUTIONS	20
<i>TABLE 8: THEMATIC CONTRIBUTIONS (US DOLLARS)</i>	<i>20</i>
ANNEX B: FINANCIAL ANALYSIS.....	20
<i>TABLE 9: OUTPUT PLANNED BY AN OUTCOME AREA (US DOLLARS)</i>	<i>20</i>
<i>TABLE 10: OUTCOME AREA 3: WASH (MALAWI)-2018 EXPENDITURES BY KEY RESULT AREAS (US DOLLARS)</i>	<i>20</i>
<i>TABLE 11: THEMATIC EXPENSES BY PROGRAMME AREA</i>	<i>20</i>
<i>TABLE 12: EXPENSE BY SPECIFIC INTERVENTION CODES (US DOLLARS).....</i>	<i>20</i>
<i>TABLE 13: OUTCOME AREA 3: WASH (MALAWI)-PLANNED BUDGET AND AVAILABLE RESOURCES (US DOLLARS)</i>	<i>21</i>
4. FUTURE WORK PLAN	22
WATER SUPPLY AND WATER RESOURCE MANAGEMENT	22
SANITATION AND HYGIENE	22
WASH IN SCHOOL AND HEALTH INSTITUTIONS	23
5. EXPRESSION OF THANKS.....	24
ANNEX C: HUMAN INTEREST STORIES.....	25
STORY 1: WATER FOR ALL IS HEALTH FOR ALL.....	25
STORY 2: CHIMPOLOLO VILLAGE: A SHINING EXAMPLE OF OPEN DEFECATION FREE STATUS	27
STORY 3: SOLAR ENERGY POWERS DYING HEALTH CENTRE	30
ANNEX D: REPORT FEEDBACK FORM.....	32

List of Acronyms and Abbreviations

AM	Area Mechanic
BMGF	Bill and Melinda Gates Foundation
CBCC	Community Based Care Centre
CBM	Community-Based Management
CLTS	Community-Led Total Sanitation
C4D	Communication for Development
EMIS	Education Management Information System
EU	European Union
DCT	District Coordinating Team
DFID	Department for International Development
DHS	Demographic Health Survey
DWDO	District Water Development Office
GHWD	Global Handwashing Day
GOM	Government of Malawi
HWF	Handwashing Facilities
HWWS	Hand Washing with Soap
IEC	Information, Education and Communication
JSR	Joint Sector Reviews
LTA	Long term agreement
MDG	Millennium Development Goal
MDHS	Malawi Demographic and Health Survey
MGDS	Malawi Growth and Development Strategy
MHM	Menstrual Hygiene Management
MICS	Multiple Indicator Cluster Survey
MoAIWD	Ministry of Agriculture, Irrigation and Water Development
MoEST	Ministry of Education Science and Technology
MOH	Ministry of Health
MVAC	Malawi Vulnerability Assessment Committee
NGO	Non-Governmental Organization
NOTF	National ODF Taskforce
NSHCU	National Sanitation and Hygiene Coordination Unit
O&M	Operation and Maintenance
OCV	Oral Cholera Vaccine
OD	Open Defecation
ODF	Open Defecation Free
ORR	Other Regular Resources
QA	Quality Assurance
RR	Regular Resources
SanMark	Sanitation Marketing
SDGs	Sustainable Development Goals
SLTS	School-Led Total Sanitation
SPR	Sector Performance Reports
SWAP	Sector Wide Approaches
SWG	Sector Working Group
TA	Traditional Authority
UNDAF	United National Development Action Framework
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WPC	Water Point Committee

1. Executive Summary

UNICEF Malawi has been implementing a Water, Sanitation and Hygiene (WASH) component aimed at supporting national efforts to achieve the newly agreed Sustainable Development (SDG) Goal-6. The 2018 Malawi WASH Thematic Report provides an analysis of progress achieved in the year as well as key bottlenecks, lessons and recommendations for improving programme delivery as we move into the new Malawi Country Programme 2019-2023.

In the reporting year, an estimated 15,310 people benefitted from the provision of safe water supply in UNICEF supported districts. Over 10,180 community members were also supported to access proper sanitation facilities and services, while 382,617 received hygiene messages. At the institutional level, a total of 192,000 learners benefited from WASH interventions in schools while 190,000 people from the catchment areas of 19 health facilities benefitted from solar powered water reticulation systems.

In addition, over 10,720 people living in emergency affected areas (cholera and floods) were enabled to access safe water supply with UNICEF support; and over 343,704 people were provided with sanitation services and 1,340,527 people with hygiene messages in the cholera affected areas.

27 Traditional Authorities (TA) attained Open Defecation Free (ODF) status during the reporting year, bringing the total number of TAs with ODF status in the country to 112. As a result, over two million people of which over 1,180,000 are estimated to be children, live in safer and cleaner environments free of faecal matter, contributing to reducing the overall proportion of Malawi's population practicing open defecation (OD).

UNICEF Malawi played a key catalytic role in the development of the National Sanitation and Hygiene Strategy 2018-2014, by providing funding for the development of the strategy. The country office also provided ongoing logistical support for the continued functioning of key coordination structures, such as the Joint Sector Review (JSR), National ODF Task Force (NOTF) and District Coordination Teams (DCT). UNICEF also provided direct financial support for the actual provision of WASH services to 15 District Councils as part of supporting the WASH decentralised implementation arrangement under the Local Government.

The Ministry of Agriculture, Irrigation and Water Development (MoAIWD), continued to provide coordination for the WASH sector. The WASH Sector Working Group and the WASH Donor Partner Working Group, in which UNICEF Malawi is an active member, remained key fora for strategic sector dialogue and coordination.

UNICEF Malawi worked with NGO partners in programme implementation. In addition to the NGOs, the country office also worked with the private sector, mainly on sanitation and water supply related construction. This proved to be an effective way to implement WASH hardware programme components to ensure timely completion and quality work. At community-level, UNICEF Malawi worked with chiefs and other local community leaders who supported programme implementation. Local leaders helped to ensure community mobilization and sustainability of WASH interventions.

Despite strides made in the water and sanitation sub sectors, hand washing with soap practice remains low at 10%. This is due to lack of motivation to practice the behaviour, the lack of knowledge on the health benefits of handwashing with soap, and a failure to understand the connection between handwashing with soap and prevention of diarrhoea and cholera among other diseases.

District partners continued to face financial and logistical challenges to monitor and sustain the CLTS results leading to ODF slippage in some villages, thereby affecting the continuity of the services provided. To mitigate this, UNICEF engaged NGOs to provide back-up support and complement district efforts. The WASH sector continues to experience low funding for recurrent WASH expenditure as well as investment resources from Government which affect implementation of activities. WASH public investments are required to maintain the existing infrastructure as well as develop new infrastructure to cater for the ever-increasing population to deliver on the SDG 6 goals.

Waterpoint functionality at the community level remains a challenge in the country, with only 71% of the water points nationwide functional¹. Non-functionality is due to a combination of factors such as aging, poor drilling/installation processes, drying aquifers, vandalism, neglect, lack of availability of spare parts, and inadequate local capacity for community-based water management structures. UNICEF plans to strengthen community management of water points and roll out the Water Safety Plans (WSP), which will help to improve Water Resource Management (WRM).

Operation and maintenance of WASH facilities is a major challenge facing many public institutions in the country. Many schools lack a systematic way of addressing WASH operational needs at the school environment. These include making sure that latrines are clean and providing of soap/water to support effective handwashing. The schools also lack financial resources to repair and maintain the facilities. Although the school improvement grant (SIG) is an opportunity to address WASH operational issues, usually very limited resources are allocated to this area.

The new Malawi Country Programme 2019-2023 includes several changes to implementation modalities for WASH. Within the country office, there will be greater integration of WASH service provision in health facilities, schools, as well as a greater focus on WASH for resilience building. In addition, UNICEF Malawi will also focus on WASH in urban and peri-urban communities, where WASH services have remained a big challenge over a long period of time resulting in cholera outbreaks.

In the coming years, UNICEF will continue to leverage its position in the Development Partner Group to advocate for the review of policies, strategies and guidelines in the WASH sector, and to align these to the targets and principles articulated in the SDGs particularly around the quality, sustainability and climate change adaptation. Water resource management as a resilience strategy is a key component of the new Country Programme and will be implemented within the available national policies and strategies.

UNICEF Malawi will focus more on the sustainability of WASH facilities through capacity building of all key partners, especially at district-level. UNICEF will also focus on the sustainability of ODF communities through emphasis on post-ODF implementation. UNICEF Malawi also plans to scale-up the use of water-reticulated systems to reach more people, both at institution- and community-level.

¹ Government of Malawi. Ministry of Agriculture, Irrigation and Water Development. 2017-2018 Sector Performance Report (Draft). Lilongwe.

2. Strategic Context of 2018

Over the past years Malawi has made some remarkable progress toward child wellbeing. Under-five child mortality declined from 232 per 1,000 live births in 1990 to 55 per 1,000 live births in 2016; and stunting fell from 47 percent in 2010 to 37 percent in 2015-2016.² Despite areas of progress, most children and women continue to experience deprivation. Poverty is widespread; over 70 percent of the population lives on less than US\$1.90 per day.³ About 63 percent of children experiences multi-dimensional poverty.⁴ Only 10 percent of households has electricity.⁵ Malawi ranks 170 out of 188 countries on the Human Development Index.⁶

Children are prone to water-borne diseases, such as diarrhoea and cholera, due to poor sanitation and hygiene practices. Only 10 percent of Malawians washes their hands with soap. Inadequate access to sanitation services (42 percent) and water (67 percent)⁷ contribute to child mortality and morbidity. Children in Malawi, suffer an average of four to five debilitating bouts of diarrhea per year, which cause and exacerbate malnutrition and result in long-term growth stunting. Safe drinking water, sanitation, and hygiene (WASH) are fundamental to an improved standard of living, including the protection of health and the environment, improved educational outcomes, greater convenience and dignity.

Although many households have access to basic drinking water services, the distribution among districts and between urban and rural areas show disparities. Improved drinking water sources are more common in urban areas at 87% compared to 63% in rural areas. In rural areas, 37% of households spend 30 minutes or more to obtain their drinking water in comparison to 13% in urban areas. Further analyses within districts also reveal that the distribution of water services in some areas are poor and uneven. Functionality is also a challenge, with only 2/3 of the water points nationwide functional⁸. Women and children bear the brunt of inadequate access to water services as they are often charged with collecting water for their household. Evidence exists that improving access to water significantly increases time savings for women and in turn their productivity.

Poor sanitation and hygiene are major contributors to the disease burden and child survival in the country. This costs Malawi US\$57 million each year, or 1.1 percent of national GDP, due to health and productivity losses⁹. Although much progress has been made in decreasing open defecation (OD), 6% of the population continue this practice¹⁰. Sanitation has also an issue of equity in Malawi. Seven percent (7%) of households practicing OD are in rural areas compared to 1% in urban¹¹. Behaviour change has been one of the major challenges not only affecting the ownership and use of sanitation facilities, but also handwashing. Only 10% of households in Malawi have hand washing facilities with soap (a proxy indicator for handwashing practice)¹².

² Malawi Demographic and Health Surveys (MDHS), 2010, 2015-2016.

³ World Bank, 2013.

⁴ Child Poverty in Malawi, Ministry of Finance and Economic Planning, UNICEF Malawi
https://www.unicef.org/malawi/MLW_resources_childpoverty.pdf

⁵ Malawi Growth & Development Strategy III, 2017.

⁶ Human Development Report, 2016, UNDP.

⁷ WHO/UNICEF Joint Monitoring Programme, JMP 2017.

⁸ Government of Malawi. Ministry of Agriculture, Irrigation and Water Development. *2015-2016 Sector Performance Report (Draft)*. Lilongwe.

⁹ Water and Sanitation Programme of the World Bank. 2012. *Malawi loses MWK8.8 billion annually due to poor sanitation*. Nairobi.

¹⁰ WHO/UNICEF Joint Monitoring programme, JMP 2017

¹¹ National Statistical Office (NSO) [Malawi] and ICF. 2017. *Malawi Demographic and Health Survey 2015-16*. Zomba and Rockville.

¹² WHO/UNICEF Joint Monitoring Programme, JMP 2017.

A more concerted effort on handwashing is needed given that handwashing with soap has been found to decrease the risk of diarrhoea by 42-47%¹³ and acute respiratory infection by 23%¹⁴. With respect to the enabling environment, further work is required to institutionalise CLTS and post-ODF service delivery into national government systems, and to strengthen monitoring at all levels. Malawi has a vision of achieving 100% coverage of sanitation services by 2030, in line with SDG 6.2 to eliminate OD and ensure adequate and equitable access to sanitation for all.

WASH in public institutions remains a concern in Malawi. Sanitation remains a challenge as 26% of the schools do not have adequate facilities, or adequate operation and maintenance systems to keep the facilities functional and promote sustained use of toilets always¹⁵. In terms of water, 9 % of the schools still do not have access to any type of safe water supply¹⁶. With regards to equity and inclusion, most schools do not have appropriate facilities for children with special needs, and adolescent girls for menstrual hygiene management (MHM). Handwashing with soap faces ongoing challenges in schools and does not enable group handwashing practice to develop the habit among children.

At health facility level, 94% of health facilities in Malawi have access to improved water services. Disparities in access to improved water sources can be noticed across the regions with health facilities in northern region having the lowest coverage of 89% while the southern region has the highest coverage of 96%. The central region falls in the middle with a coverage of 94%.

The growing national demand on water resources, particularly during the dry season is calling for better management of the water resources to ensure that it is available and does not limit the social and economic development of the country. The country has in the recent years been vulnerable to floods and droughts, in some of the catchment areas, ranging from mild to severe impacts mainly due to lack of storage dams and reservoirs and regulation facilities on Shire River. If water resources can be properly managed, vulnerabilities and hazards could be addressed. This can result to intensified agricultural production, better services and secured homesteads thereby transforming these places to become economical nuclei of Malawi. Accurate information on the condition and trends of the country's water resources (surface and groundwater) in terms of quantity and quality is required as a basis for socio-economic development, and for maintenance of environmental quality through a proper understanding of the hydrological cycle in time and space.

The WASH sector is guided by the Government of Malawi's (GoM) Development and Growth Strategy (MDGS-III) and the Health Sector Strategic Plan (HSSP II) in addition to other sector strategies. GOM also finalized the National Sanitation and Hygiene Strategy 2018-2023 which has been aligned with the Sustainable Development Goals (SDG) – specifically, SDG 6.1 and 6.2, which aims for *improved universal and sustainable access to safe drinking water, sanitation and hygiene, and the elimination of open defecation by 2030*.

¹³ Department for International Development (DFID). 2013. *Water, Sanitation and Hygiene. Evidence Paper*. London.

¹⁴ Department for International Development (DFID). 2013. *Water, Sanitation and Hygiene. Evidence Paper*. London.

¹⁵ Government of Malawi. 2016. *Education Management Information System (EMIS)*. Lilongwe

¹⁶ Government of Malawi. 2015. *Education Management Information System (EMIS)*. Lilongwe.

3. Results in the Outcome Area

Outcome. 1.3. At least 85% of women and children access improved water supply facilities and 60% of households use improved sanitation and hygiene services, with a focus on vulnerable and disadvantaged communities, by end of 2018.

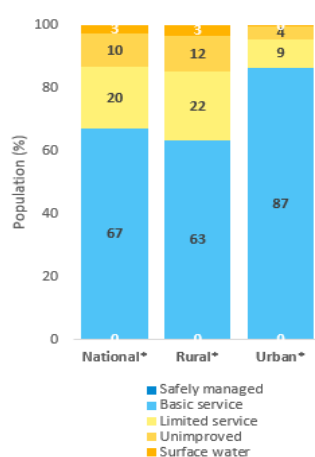
Table 1: Results at the Outcome Level¹⁷

Outcome Indicator	Baseline 2012	Target 2018	Total Achieved by 2018	Comments
% of women and children in rural areas using improved water supply.	79%	86%	67%	On-Track
% of households in rural areas using improved latrines	51%	60%	42%	On-Track
% of communities/people with basic sanitation facilities (ODF).	88%	98%	95%	On-Track
% of women in 15 districts regularly hand washing with soap at critical times (Before feeding baby and eating, before preparing food, after using latrine and after cleaning the baby bottom).	0.01%	10%	11%	Target Met

Source: Malawi Health and Demographic Survey 2015-2016

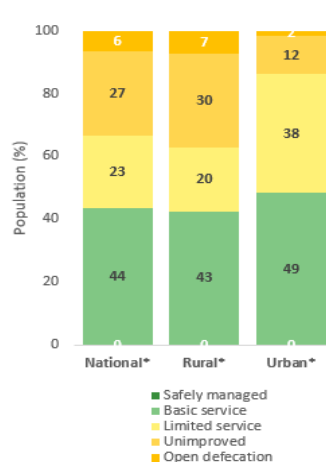
Assessment of Results

Drinking water



*No safely managed estimate available

Sanitation



*No safely managed estimate available

Hygiene

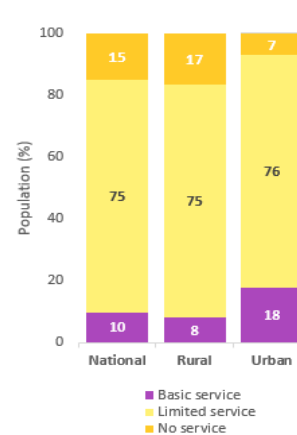


Figure 1: National Level WASH Indicators at Outcome Level (JMP, 2017)

Malawi has made impressive progress on increasing water supply coverage over the last five decades, surpassing the Millennium Development Goal target on water supply for 2015. Estimates from the WHO/UNICEF Joint Monitoring Programme (JMP) for 2017 indicates that coverage for basic water supplies

¹⁷ The national WASH indicators were re-defined in line with SDGs. Therefore, most of the coverage has gone down when compared to the previous years.

is 67% nationally, 63% in rural areas and 87% in urban areas. UNICEF Malawi has made considerable contributions to provision of water supply facilities such as boreholes and solar powered reticulation systems. Despite the progress made, there are serious present and future threats to the sustainability of water supply services in Malawi. Low functionality of water is prevalent, with an estimated 30% of water points not working at a given time¹⁸. Sector reports also show variations in coverage between districts, and there is a notable difference between urban and rural areas. Hence, access to clean water is by no means equitable. These uneven patterns of service provision and problems of functionality are caused by various bottlenecks in the service delivery chain, as well as broader political-economic structures and actor relationships that shape water governance in Malawi.

A total of 42% of Malawi's population had an improved sanitation facility. UNICEF Malawi has contributed to these results through CLTS and sanitation marketing activities, where sanitation entrepreneurs were enabled to develop various sanitation options, including the corbelled latrines. By 2018, a total of 4 districts namely Balaka, Nkhosha, Dowa and Ntchisi had attained ODF. An additional 27 Traditional Authorities (TA) attained ODF status in 2018, bringing the total number of TAs with ODF status to 112. As a result, over two million people (about 1,077,404 women and 1,012,863 men), of which over 1,180,000 are estimated to be children, live in safer and cleaner environments free of faecal matter. This significantly contributed to reducing the risk of diarrhoeal and other WASH-related diseases. The Ministry of Health continued to provide overall leadership in the implementation of the CLTS programme with the Minister of Health presiding over ODF certification processes at higher level.



Figure 2: Minister of Health, Hon Atupele Muluzi, MP viewing the various WASH displays during the Certification of Dowa District as Open Defecation Free (ODF). (© UNICEF Malawi, October 2018)

¹⁸ Government of Malawi. Ministry of Agriculture, Irrigation and Water Development. 2017-2018 Sector Performance Report (Draft). Lilongwe.

Key bottlenecks and way forward

Despite the above progress, district partners continue to face financial and logistical challenges to monitor and maintain the ODF status. This may have resulted in ODF slippage in some villages, thereby affecting progress and lack of continuity of the services provided. As seen in the figure below, attainment of ODF is not uniform across all districts. There are some districts that are doing well whilst others are registering very low progress. In addition to this, only one TA managed to attain ODF at Level Two¹⁹ which suggests limitations in reaching universal targets in line with the SDGs.

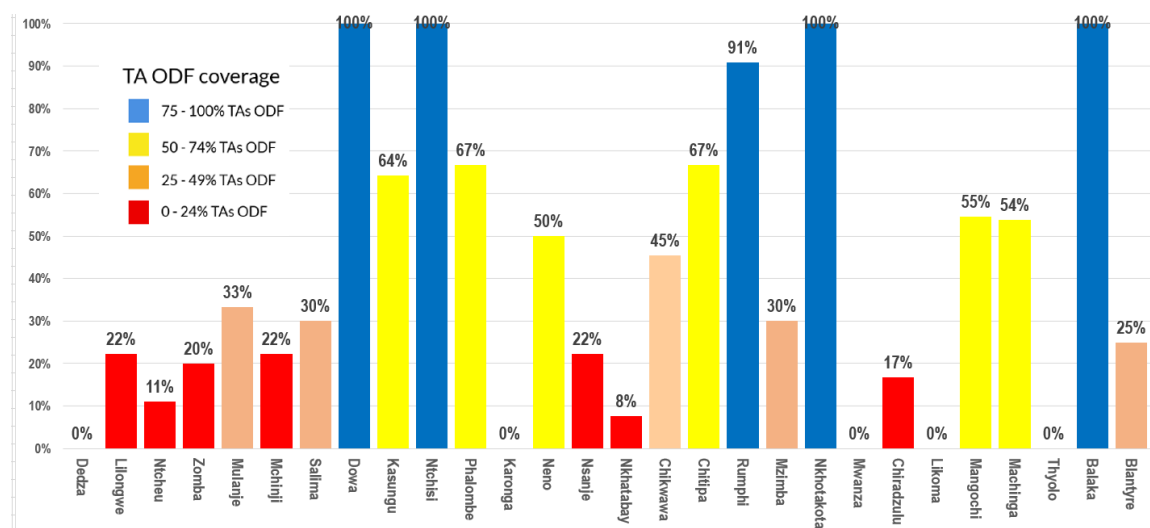


Figure 3: ODF Coverage by district (Source MOH, 2018)

Handwashing promotion is integrated within the CLTS implementation. This has helped in raising the number of handwashing facilities installed at the community level. However, handwashing facilities are often made from locally available materials, which are not durable and easily get destroyed. As evident in the sustainability study done by UNICEF in 2017, almost three-quarters of households did not have handwashing facilities near their latrines, meaning handwashing facilities were not maintained. Handwashing behaviour change is therefore limited.

To mitigate these challenges, UNICEF will scale up sanitation and hygiene actions through context-specific approaches to communities that maximize investments. CLTS will be the entry point to stimulate demand for sanitation and hygiene facilities. This will be complemented with supply development and hygiene promotion interventions. It is assumed that local leaders, households and communities are willing to own and sustainably use latrines and hand washing facilities. The effective implementation of these activities will lead to increased access to basic sanitation services by communities and sustain ODF villages that will likely result in increased ownership of toilets and its use. Efforts will be made to institutionalize post-ODF activities as part of local government's regular functions to maintain behaviour change and to move communities to higher levels of service. Hygiene promotion will be crucial to ensuring that there is increased knowledge on the benefits of practicing hand washing with soap, which will likely translate into sustained hand washing behaviour. Modelling of innovations will be required to accelerate the pace of change for handwashing with soap adoption in the coming years, including partnerships with the private sector to improve the handwashing technologies available.

¹⁹ ODF Level Two is awarded if the area has attained 100% household coverage of both latrines and handwashing facilities

3.1 Resource Mobilisation for SWAP

Output 1.3.1: Effective mechanisms and strategies to strengthen resource mobilization and the harmonized approach (SWAP) for effective and efficient delivery of WASH services to underserved areas are in place by 2018

Table 2: Results at the policy level

Outcome Indicator	Baseline 2012	Target 2018	Total Achieved by 2018	Total Achieved compared to Targets	Comments
Number of Joint WASH Annual Sector Review carried out	0	5	7	140%	Target Met
Number of Annual Sector Performance Report developed	0	5	6	100%	Target Met
Number of Open Defecation Free Strategy fully operationalized	0	1	1	100%	Target Met

Source: Sector Management Information System (SMIS)

Assessment of Results

In 2018, UNICEF actively engaged with the National Sanitation and Hygiene Coordination Unit (NSHCU) and National ODF Task Force (NOTF) to provide guidance and coordination in the implementation of sanitation and hygiene activities in all the 28 districts of Malawi. NOTF continued to undertake ODF verification exercises of TAs and districts and facilitated the completion and signing of the new National Sanitation and Hygiene Strategy 2018-2024. UNICEF provided financial and technical support to the Government of Malawi (GoM) to revise the ODF strategy. The new strategy is expected to steer implementation of post ODF sustainability, urban sanitation, sanitation marketing and menstrual hygiene management which were missing in the previous strategy. The new strategy recognizes additional strategies that would help Malawi attain improved sanitation goals apart of utilizing the CLTS approach.

UNICEF supported the Ministry of Agriculture, Irrigation and Water Development (MoAIWD) and Ministry of Health (MOH) undertake the Annual Joint Sector Review (JSR) meeting, which brings sector partners together to take stock of the progress and achievements in the sector, as well as challenges and emerging issues to inform future programming. A draft Sector Performance Report (SPR) was also developed, identifying key sector undertakings for the upcoming year. Coordination and collaboration amongst WASH actors improved as exemplified by the emergency response. This was a result of UNICEF Malawi's continued active membership in various mechanisms such as the Development Partner Group, which contributed to more frequent and effective meetings.

Resource mobilisation efforts by UNICEF Malawi has helped fund WASH programme implementation in 18 districts, and across all regions in Malawi. In 2018, UNICEF Malawi mobilised USD\$ 3.3 million for emergency response. DFID provided USD\$ 2.3 million for cholera response and the remainder was mobilised from the UNICEF Global Thematic Fund. Through its previous resource mobilisation efforts, UNICEF Malawi managed to acquire four trucks from DFID. The trucks were used for water trucking in cholera-affected areas in 2018 thereby increasing access to safe and treated water to the population at risk of cholera.

UNICEF Malawi continued to be a major sector player, actively engaging in strategic dialogue with Government and donor partners to strengthen the WASH enabling environment, and to deliver services. In addition to UNICEF, other key WASH actors contributing to the results include the World Bank, the African Development Bank, the EU, DFID, USAID, JICA and WaterAid. UNICEF Malawi also continued to partner with NGOs as well as the private sector in the delivery of WASH services and facilities in both communities and institutions for both regular and emergency interventions.

Key bottlenecks and way forward

There is low public financing for recurrent WASH expenditure as well as development resources from Government affecting implementation of activities. WASH public investments are required to maintain the existing infrastructure as well as develop new infrastructure to cater for the ever-increasing population to deliver on the sector as well as the SDG6 goals. The overall district council budget allocation was MK39, 200,580,635 in 2018. The WASH sub-sector, was least funded with 1%²⁰ of the council funding. Despite having a proposed formula for allocating funds to the districts, the formula is yet to be approved by Cabinet, as such fund allocation is based on the trends only. Further to the ORT Resources, the districts were allocated limited funds for borehole development and maintenance estimated at Mk2, 241,120,000.

UNICEF will continue to mobilise resources for the sector. More funding will be allocated to expand solar powered reticulation of water points, ODF sustainability, urban WASH and water resource management. UNICEF Malawi also plans to roll out the Water Safety plans. This will help to improve water quality, which is a crucial component of the SDGs.

3.2 Water Supply, Operations and Maintenance

- **Output 1.3.2: New and rehabilitated water supply facilities equitably distributed and drinking water quality monitoring strategy successfully implemented in 15 districts by 2018.**
- **Output 1.3.5: Communities in 15 districts can promote use and sustainably operate and maintain their water points by 2018**

Table 3: Water supply, operation and maintenance results

Outcome Indicator	Baseline 2012	Target 2018	Total Achieved by 2018	Total Achieved compared to Targets	Comments
Number of people accessing safe water in communities	0	600,000	960,900	160%	Target Met
Number of trained Area mechanics supporting water point committees	0	200	751	376%	Target Met
Number of water point committees trained and actively operating	0	2600	5196	200%	Target Met

Source: Sector Management Information System (SMIS)

²⁰ Government of Malawi. Ministry of Agriculture, Irrigation and Water Development. 2017-2018 Sector Performance Report (Draft). Lilongwe.

Assessment of Results

On water supply, a total of 43 new boreholes were provided in communities, reaching approximately 15,310 people, (7,502 men and 7,808 women) across the targeted districts in 2018. The water supply component has met the target as cumulatively 3,921 new and rehabilitated water points have been provided since the start of the country programme in 2012 reaching to approximately 960,900 people (160% of the planned programme target). UNICEF continued to work through districts, NGOs and the private sector for construction of water facilities. All facilities constructed by these partners are thoroughly checked by District Water Development Office (DWDOs) to ensure quality and safety of construction as per the national guidelines. This includes making sure that boreholes are of the correct depth, have proper sanitary seals, and have acceptable physical, chemical and biological standards.



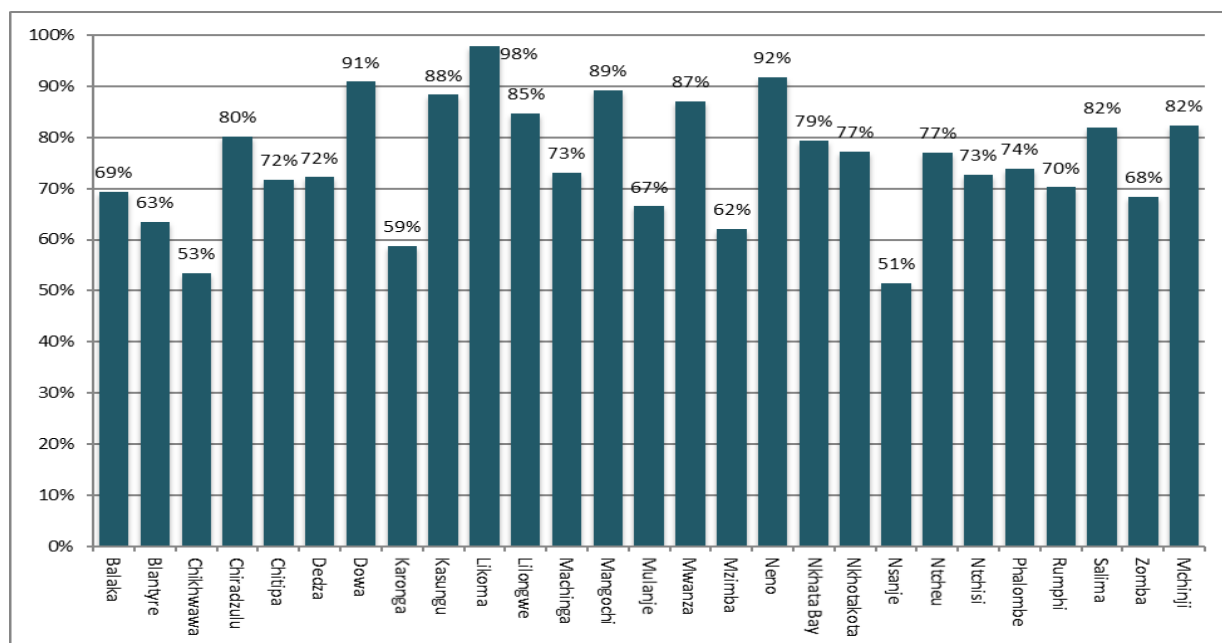
Figure 4: Newly constructed solar powered water reticulation system at Mikolongwe Health Center

Regarding operations and maintenance (O&M) of water facilities, 62 water point committees (WPCs) were established and trained on how to operate and maintain water points; resulting in a total of 5,196 committees who are enabled to operate, maintain and manage water points since 2012. An additional 39 Community Based Area Mechanics (AMs) were also enabled to maintain boreholes in 2018 reaching a cumulative total of 751 (376% of the planned programme target). These actions show increased involvement of the private sector at local level that can contribute to increased sustainability of the water facilities.

Key bottlenecks and way forward

Waterpoint²¹ functionality continues to be a challenge in Malawi, with only 71% of the water points nationwide functional²² (compared with 77% reported in 2017). Comparing functionality across the districts, Likoma registered the highest functionality of about 98.0% followed by Neno and Dowa Districts, at 92%, and 91%, respectively (See figure 5 below). Nsanje District had the lowest rate of 51%, followed by Chikhwawa at 53%. Non-functionality is due to a combination of factors such as age, poor drilling/installation processes, drying aquifers, vandalism, neglect, lack of availability of spare parts, and inadequate local capacity for community-based water management structures. Women and children bear the brunt of inadequate access to water services as they wake up early to travel long distances or to que for water. UNICEF will continue to collaborate with GOM in addressing functionality of water points. The water resources situation for 2018²³ brings out the need for enhanced efforts to intensify adoption and implementation of Integrated Water Resources Management programs with special focus on water resources monitoring, assessment, planning, development, conservation and protection of water resources including disaster risk reduction (flood and drought mitigation) measures. UNICEF plans to roll out the Water Safety Plans, which will help to improve water resource management.

As highlighted above vandalism of boreholes continued to be experienced in the year contributing low functionality rate of water points especially in districts that border the big cities. In the reporting year UNICEF continued to mobilize WPCs to source pump guards and install them at their pumps. Secondly, UNICEF strengthened the siting processes to ensure that boreholes are constructed in locations that are close to dwelling houses. These actions will continue in the new country programme. UNICEF will also engage with government and sector partners to come up with innovations on further reducing vandalism of boreholes.



Source: District Data, 2017/18 (SPR Draft Report)

Figure 5: Waterpoint functionality by district (2017/2018)

²¹ boreholes, taps, Protected Shallow wells and protected springs

²² Government of Malawi. Ministry of Agriculture, Irrigation and Water Development. 2016. 2015-2016 Sector Performance Report (Draft). Lilongwe.

²³ SPR 2018 (Draft)

Under the decentralized system, it is the district council's role to monitor the operation and maintenance of the water facilities at the district level and assist in sourcing financing for the repair of non-functional water facilities. However due to funding constraints districts are unable to carry out routine monitoring as well as repair of the non-functional water points. Additionally, districts have few water monitoring assistants to support O&M issues. In the new country programme, UNICEF will continue to advocate for increased Government funding to the district council to support on monitoring of the water facilities and maintenance works in line with the country's O&M system.

Some stakeholders have been drilling boreholes without involvement of the District Water Office (DWO) and overlooking Community Based Management processes. This makes it hard for the Water Office to monitor borehole compliance during installation thereby contributing to boreholes which have quality issues such as low yield.

3.3 Sanitation

Output 1.3.3: Open Defecation Free Malawi Strategy fully operational in 15 districts by 2018

Table 4: Results on sanitation

Output Indicator	Baseline 2012	Target 2018	Total Achieved by 2018	Total Achieved compared to Targets	Comments
Number of villages triggered using CLTS approach, including community participants	0	4,750	12,310	259%	Target Met
Number of districts fully implementing the ODF Malawi strategy	0	28	28	100%	Target Met
Number of villages attaining ODF status	0	3,000	7,748	258%	Met Target
Number of sanitation marketing entrepreneurs active selling sanitation services	0	120	682	568%	Met Target

Source: Sector Management Information System (SMIS)

Assessment of Results

UNICEF supported CLTS triggering of 1,795 villages in 2018. A total of 2,122 villages became ODF in the year and, 7,748 villages cumulatively since 2012. Because of a scaled-up CLTS implementation, over two million people now live in safer and cleaner environments free of faecal matter, thereby contributing to reducing the risk of diarrhoea and other WASH-related diseases. In 2018, NOTF also certified 27 additional TAs as being ODF (cumulatively reaching 112). 38 of all ODF TAs attained ODF with financial support from UNICEF Malawi. The whole of Ntchisi District was declared ODF in the reporting year bringing the total number of ODF districts in the country to 4²⁴. The ODF strategy is being implemented countrywide (in all the 28 districts) to achieve improved sanitation in their communities. Almost 50% of all ODF villages in Malawi are

²⁴ The other districts are Balaka, Dowa and Nkhosakota.

UNICEF supported. The CLTS programme was complemented with sanitation marketing where 140 additional sanitation entrepreneurs were enabled to develop various sanitation options, including the durable corbelled latrines for clay and sandy soil formations. The cumulative number of masons is now at 682 since the start of the country programme in 2012.

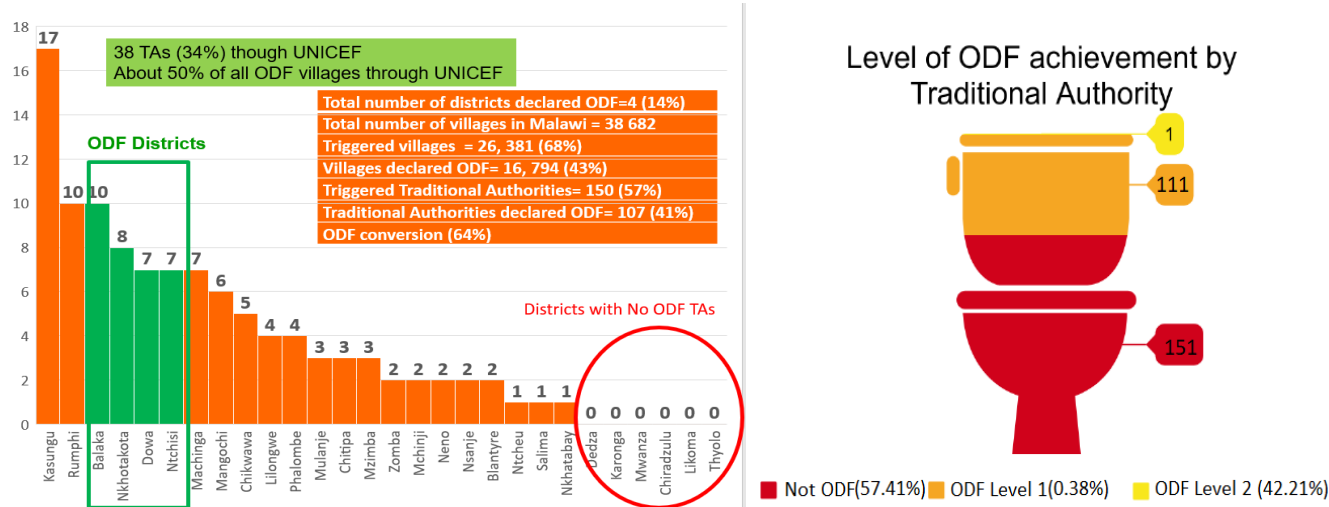


Figure 6: UNICEF contributions towards ODF results

Key bottlenecks and way forward

Sustainability of ODF status, movement to higher levels of sanitation services, and reaching the most vulnerable households are now the key challenges that face the sanitation sector. The high rate of toilet-sharing is also problematic for ODF sustainability, resulting in unclean toilets that contribute to households abandoning their toilets and reverting to OD. Vulnerable households also fall behind in accessing higher levels of sanitation service, as the poorest households are most likely to have poorly maintained latrines, or latrines more prone to collapse.

In line with the previous National ODF Strategy, the country has been emphasizing on attaining ODF “Level One” of the ODF defined criteria which permitted adoption of simple latrines to end open defecation. Little emphasis was placed at introducing new latrine options/technologies to move up the sanitation ladder and verifying urban/peri-urban areas and public institutions in line with the SDG concept of universal coverage of services (e.g. schools, hospitals, prisons, market places, churches, trading centres etc) within the TAs if they are ODF.

In the new Country Programme, UNICEF will support the rolling out of the National Sanitation and Hygiene Strategy 2018-2024 to scale up sanitation marketing and the raise sanitation profile in the urban/peri-urban and institutional level. UNICEF will work with government to ensure that greater priority is allocated to Post-ODF activities to ensure sustainable CLTS programme. UNICEF will also advocate for CLTS integration with the existing community structures and reflect those now agreed and adopted through the National Community Health Strategy (2017 – 2022). Although CLTS is a national programme, the Government’s limited financial and human resource capacity means external support continues to be required.

3.4 SCHOOL WASH

Output 2.2.5: At least 1,300 primary schools in the 15 WASH districts have child friendly sanitary and hygiene facilities, improved water source on school grounds and hygiene education incorporated in the teaching by 2018.

Table 5: Results for WASH in Institutions (WiNS)

Outcome Indicator	Baseline 2012	Target 2018	Total Achieved by 2018	Total Achieved compared to Targets	Comments
Number of girls and boys in primary schools, child care centers, nutrition and health facilities provided with child friendly sanitation services in target schools	0	300,000	607,400	202%	Target Met
Number of girls and boys in primary schools, child care centers, nutrition and health facilities with access to protected water sources	0	180,000	348,500	194%	Target Met
Number of girls and boys in primary schools, child care centers, nutrition and health facilities reached with hygiene messages	0	300,000	340,450	113%	Target Met

Source: Sector Management Information System (SMIS)

Assessment of Results

UNICEF Malawi has been supporting the government in the provision of WASH services in institutions (WinS) that mainly constitutes rural primary schools, health centres and CBCCs. This is done in partnership with District Councils, with NGOs and with the private sector. The current programme focuses on both provision of WASH infrastructure (water facilities and latrines) as well hygiene promotion which is expected to contribute to increased school enrolment and retention, especially for adolescent girls.

During the reporting period, 19 water reticulation systems were installed in institutions allowing approximately 190,000 people to have access to safe water. Cumulatively 348,500 people were reached with safe water since 2012 (194% of the planned programme target). Additionally, 100,800 pupils were provided with new sanitation facilities across institutions cumulatively reaching approximately 607,400 people (202% of the target). Hygiene activations were conducted in public facilities reaching approximately 47,450 people. Since 2012, 340,450 people have cumulatively been reached with hygiene messages under the institutional component (113% of the planned target).

UNICEF also spearheaded the School Led Total Sanitation (SLTS) interventions in 151 schools as part of institution hygiene promotion, which has proven to be an effective approach in promoting good operation and maintenance of sanitation facilities.

The results described above were achieved through partnership with district governments, NGOs and the private sector, using UNICEF Malawi funds. Entering into long-Term Agreements (LTAs) with private sector partners for the construction of institutional WASH infrastructure proved to be more effective. UNICEF Malawi continued to partner with the Ministry of Education at national- and district-level as well as with School Management Committees in the 18 districts. As part of hygiene promotion, the formation of School Sanitation and Hygiene Clubs, has proven to be an effective way of engaging the children.



Figure 7: Learners washing their mangoes at a solar powered reticulation system in Karonga

Key bottlenecks and way forward

Operation and maintenance of WASH facilities is a major challenge at the institutional level. Many schools lack a systematic way of addressing WASH operational needs at the school environment. These include cleaning and provision of soap/water to support effective handwashing. Secondly the schools lack resources to repair and maintain the facilities. Although the school improvement grant is an opportunity to address WASH operational issues, usually very limited resources are allocated to this area. There is also limited involvement of the surrounding community members who in most cases vandalize and mis-use school latrines when schools have closed for the day or during holidays. Greater involvement of school authorities such as Primary School Advisers, School Management Committees and surrounding communities will be strengthened to support the sustainability of these facilities.

District teams continue to face logistical challenges to effectively supervise, monitor and overall manage construction activities in institutions without complete reliance on external support. Therefore, UNICEF Malawi established a quality assurance team, which has been working collaboratively with district staff in the reporting period to strengthen the capacity of district teams. This is to ensure quality implementation and accountability.

Many schools are unable to replace handwashing bucket once they are worn out, this affect the ability of the school to sustain handwashing behaviors. Whilst the bucket with tap is the preferred option in the Malawian context at the institutional level, UNICEF will continue to engage government to explore other

alternative handwashing options which are durable and less labour intensive in the day to day operation at the institutional level.

UNICEF Malawi will continue to support WASH in institutions through provision of sustainable investments in line with the SDGs, such as desludging of latrines, use of solar powered reticulated water supply systems to bring water closer to the learners, and continued support for hygiene promotion amongst learners. UNICEF also plans to scale-up SLTS as a tool to promote sanitation in schools, working closely with other stakeholder, and aims to get Government buy-in for the endorsement of SLTS guidelines. Focus will also be put on the finalisation of the school sanitation standards to ensure better organization of the various roles and responsibilities at institutional-level.



Figure 7: One of the learners in Dowa District enjoying safe drinking water

3.5 Hygiene Promotion

Output 1.3.4: Effective interventions for the promotion of hygiene practices fully implemented in 15 districts by 2018

Table 6: Showing hygiene promotion results

Outcome Indicator	Baseline 2012	Target 2018	Total Achieved by 2018	Total Achieved compared to Targets	Comments
Number of people reached with messages on Hand Washing with Soap (HWWS) at critical times	0	1,000,000	1,624,748	162%	Target Met
Number of children in targeted CBCC's reached with hand washing with soap interventions	0	50,000	19,050	29%	Off-track

Outcome Indicator	Baseline 2012	Target 2018	Total Achieved by 2018	Total Achieved compared to Targets	Comments
Number of people reached with messages on Hand Washing with Soap (HWWS) at critical times	0	1,000,000	1,624,748	162%	Target Met
Number of households with hand washing facilities	0	100,000	380,664	381%	Target Met

Source: Sector Management Information System (SMIS)

Assessment of Results

In the reporting period, 194,420 people were reached with hygiene messages, cumulatively reaching to 1,624,748 people (162%) since 2012. At estimated 75,051 handwashing facilities (HWFs) were installed in communities in 2018 with an overall total of 380,664 (381%) achieved since 2012. UNICEF Malawi further supported 8,800 learners in CBCCs with appropriate hand washing facilities across the 15 districts. This component is off track as cumulative only 19,050 learners (28%) from CBCCs have been reached with hygiene interventions. This is due to low enrolment in most of the CBCCs that were targeted. In 2019, more hygiene promotion actions will be implemented in CBCCs to reach more learners at the institutions.

In 2018, UNICEF engaged three social marketing firms namely STEPS, EXP and FD communications to conduct a series of hygiene activations to promote appropriate sanitation and hygiene practices amongst communities. Through an “edutainment” approach, the firms developed a range of activities such as skit, interactive games, dances, music, and practical demonstrations to provide entertainment while communicating key messages related to handwashing with soap.



Figure 8: One of the hygiene activations in Karonga District

Malawi commemorated the Global Handwashing Day (GHW) at an event which was held in Chikwawa District and presided over by Minister of Health. Over 4,000 people attended the ceremony which included hygiene displays, traditional dances, drama, and speeches by various dignitaries. Overall the event provided an opportunity for people living in the area to appreciate the importance of hand washing with soap. This event also provided an advocacy platform for the promotion of Hand washing with soap in the country through the participation from the media. There was good participation from various NGOs such as WaterAid, Water for People, World Vision, United Purpose, Wesnet and others. Before the community event, a handwashing symposium was held at the Polytechnic where WASH practitioners had an opportunity to discuss key issues around handwashing with soap. The event was aired on MBC TV.

The international GHW theme was Clean Hands: Recipe for Success. The local theme was “Manja Aukhondo: Chiyambi cha Tsogolo Lopambana”. The Government of Malawi through the Minister of Health committed itself to making handwashing possible for everyone by ensuring availability of safe and adequate water as well as handwashing facilities in all public institutions, particularly in schools and health care facilities.



Figure 9: Some of the traditional dances held at the 2018 GHW day commemoration in Chikwawa District

Key bottlenecks and way forward

Despite strides made in the dissemination of hygiene messages, actual hand washing with soap practice remains low at 11% (MDHS, 2015). This is because of lack of motivation to practice the behaviour, lack of knowledge on the health benefits of handwashing with soap, and a failure to understand the connection between handwashing with soap and prevention of diarrhoea and cholera among other diseases. A recent evaluation of the national Handwashing Campaign Strategy noted that communities use tippy taps for

handwashing, which are not very durable; and noted that insufficient focus has been given to promoting hand washing with soap in urban, peri-urban and workplace settings.

UNICEF intends to scale-up the handwashing campaign, which will focus on habit formation and change of social norms among individuals, households, schools and communities on the importance and benefits of handwashing with soap. The campaign will also aim at motivating individuals towards uptake of handwashing with soap as an integral part of their everyday hygiene practices.

UNICEF will continue using multiple communication channels for behaviour change e.g. radio slots, television, newspapers, billboards, cell phone tones and messages, IEC materials (posters, leaflets, stickers, badges, T-shirts etc.), and face to face methods that includes door to door, community dialogue and Bwalos for Accountability.

UNICEF in close collaboration with GOM will look at the options and innovations on handwashing facilities to improve their sustainability and to reduce the workload in operating and maintaining the facilities at the household-level.

3.6 Emergency

Output 1.4.5 Emergency affected communities including children and women in IDPs and host communities, have protected and reliable access to sufficient, safe water, sanitation & hygiene facilities while in displacement camps and on their return.

Assessment of Results

The country experienced a severe cholera outbreak in the country, with 939 cases, including 32 fatalities. Men and women were equally affected, and approximately 10% of cases involved were children. Deaths centred on a number of 'hotspots' in the country in Salima and Dedza districts that have a history of cholera outbreaks. Additionally, flooding affected several districts including Lilongwe and Nkhatabay, Rumphu, Phalombe, Karonga and Salima with Karonga being the most affected.

The 2018 WASH response to emergency involved the provision of safe drinking water, promotion of sanitation and hygiene among cholera affected communities and some few areas that experienced some flood in 13 districts.

Over 300,000 people (about 153,000 women and 147,000 men) gained access to sanitation facilities in cholera hot spots during the period of cholera out breaks in the affected districts. Over 1,359,473 people from the same areas had improved awareness about sanitation and hygiene. Over 350,000 people were provided with safe water facilities and services through several means including drilling of 37 new water points, rehabilitation of 5 existing non-functional water points; undertaking trucking of water to some urban communities not served by water utilities as well as conducting house hold water treatment using HTH 1% stock solution and water guard at family level among 44,300 households in the various affected districts.

These direct UNICEF results were achieved through closely working together with other partners within WASH cluster where emergency information was shared. UNICEF was able to respond based on gaps

identified by the WASH cluster and even leverage other players to respond where UNICEF could not reach. This is a key lesson for future responses in the country. The second lesson relates to cholera outbreak in the urban fringes of Lilongwe City where people don't have piped water, live in high density settlement that rely on pit latrines for sanitation which are close to hand dug wells where they get drinking water. Even few boreholes in these areas most of which were found to be contaminated when tested did not provide alternative safe source of water.

The lesson that all stakeholders got during the response was the urgent nature of the need to provide lasting solution for the provision of safe water to these settlements. The water trucking that UNICEF funded and facilitated as a temporary measure during the cholera period had to be stopped because of its unsustainable costs; much to the displeasure of the beneficiaries. This triggered discussions with the city's water utility company (Water Board) and the ministry responsible who have promised the population to review their water supply needs as town dwellers and embark on sustainable solutions.



Figure 10: Unsafe water source (left) before a new borehole (right) was provided at Mndewe Village in Salima

UNICEF worked with several partners to respond to the cholera outbreak. These were in three categories including government ministries responsible for water and health; Water boards; NGO partners; Private social marketing firms; as well as local structures such as District Councils to contain the cholera outbreak that affected both rural and urban areas in 13 districts in Malawi. The Government and NGO partners concentrated on the service provision such as safe water provision including water treatment down to house hold level. The social marketing firms complemented efforts in hygiene promotion; the water board assisted in water trucking where it was required, and the district councils provided the much need frontline workers (extension field workers) to reach the beneficiaries. The WASH cluster provided the overall lead and coordination among all players.

Thematic funding assisted in providing capacity for UNICEF to deploy staff to respond to the cholera emergency by getting on board three temporary staff members in form of technical assistance, who worked on coordination with other partners. They conducted extensive and intensive follow up field visits much needed to urgently and effectively respond to emergencies like cholera and floods. As a result, the cholera outbreak was effectively brought to a halt. Coordination through the WASH cluster for which UNICEF co-led with Government assisted in leveraging efforts of others to intervene where UNICEF support could not reach as there were as many as many as 19 cholera affected districts during the year.

Key bottlenecks and way forward

The long-standing challenge is the weak capacity of sub-national government structures to effectively and timely respond to emergencies. This is mainly due to limited resources to enable districts to undertake rapid action and sustain efforts before emergencies, at the onset of emergencies; as well as during and after emergencies without or with little external support. In fact, most of the government response is mainly limited to distribution of initial requirements of food and other non-food items (maize, blankets pails- in times of floods). The disease prevention efforts such as WASH needs are often left to external support. The partners assisting government also face challenges of mobilising adequate resources specially to build resilient communities in known emergency prone districts; each year partners run around these prone areas when in fact most of the emergencies in Malawi are predictable.

In the new country programme, UNICEF will continue to provide comprehensive package of interventions including provision of life saving and preventive WASH interventions. Improving coverage of WASH services will be streamlined along with health interventions for preparedness and response.

Annex A: Malawi Thematic Contributions

Table 8: Thematic Contributions (US Dollars)

Outcome 3: WASH	Amount
Belgian Committee for UNICEF (SC1499030161)	31,523
Norwegian Committee for UNICEF (SC1499030055)	40,784
Total	72,307

Annex B: Financial Analysis

Table 9: Output planned by an Outcome Area (US Dollars)

Outcome Areas	Other Resources	Regular Resources	Total
Resource Mobilization for SWAP	349,458.76	221,510.36	570,969.12
Provision of Equitable WASH Services	826,351.73	316,796.26	1,143,147.99
Institutional WASH (Schools, CBCCs, health facilities)	3,596,780.82	102,442.16	3,699,222.98
Promotion of Hand Washing	206,124.98	77,675.37	283,800.35
Total	4,978,716.29	718,424.15	5,697,140.44

Table 10: Outcome Area 3: WASH (Malawi)-2018 Expenditures by Key Result Areas (US Dollars)

Organizational Targets	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme accounts
24-01 Water	-6,793	724,933	707,519	1,425,659
24-02 Sanitation	322,852	5,343,355	943,428	6,609,635
Total	316,059	6,068,288	1,650,947	8,035,295

Table 11: Thematic expenses by Programme Area

Programme Area	Expenses
24-01 Water	33,675
24-02 Sanitation	472,690
Total	506,365

Table 12: Expense by Specific Intervention Codes (US Dollars)

Specific Intervention Codes	Expenses
24-01-01 WASH - Enabling environment (policies/strategies, coordination, regulation,	118,788
24-01-05 Water supply - institutions (schools, health care facilities, ECD centres)	20,516
24-01-06 Water supply - rural communities service delivery	666,077
24-01-08 Water supply - safety/quality/treatment (including household treatment and	21,670
24-01-99 Technical assistance - Water	338,402
24-02-03 Hygiene promotion activities in communities	133,128
24-02-04 Sanitation and hygiene - eliminating open defecation in rural communities	983,170
24-02-08 Sanitation and hygiene - institutions (schools, health care facilities, ECD	3,636,316
24-02-09 Sanitation and hygiene - improving services in emergency communities	1,257,460
24-02-99 Technical assistance - Sanitation	339,958
26-01-01 Country programme process (including UNDAF planning and CCA)	17,378

Specific Intervention Codes	Expenses
26-02-01 Situation Analysis or Update on women and children	1,490
26-02-05 Administrative data, registers and non-MICS household surveys and censuses	104,888
26-02-07 Data dissemination	448
26-02-08 Programme monitoring	6,232
26-03-01 Advocacy and partnership-building for social behaviour change	8,081
26-03-02 Capacity and skills development for social behaviour change	8,031
26-03-03 Children, adolescent and youth engagement and participation	6,239
26-03-04 Community engagement, participation and accountability	3,519
26-03-06 Research, monitoring and evaluation and knowledge management for C4D	13,913
26-03-07 Strengthening C4D in Government systems including preparedness for	8,958
26-03-99 Technical assistance - Cross - sectoral communication for development	-364,744
26-04-01 CO/RO Supply - technical assistance and collaboration in supply chain,	40,879
26-05-03 Country Programme evaluations (including UNDAF evaluations)	8,957
26-06-02 Innovation activities	30,717
26-06-04 Leading advocate	7,510
26-06-05 Leading voice	16,647
26-06-06 Supporter engagement	18,938
26-06-07 Leading brand	35,223
26-06-08 Emergency preparedness (cross-sectoral)	168,096
26-06-11 Independent national child rights institution / ombudsperson	4
26-07-01 Operations support to programme delivery	291,105
27-01-06 HQ and RO technical support to multiple Goal Areas	960
27-01-16 CO advocacy and communication	72
28-07-04 Management and Operations support at CO	86,269
Grand Total	8,035,295

Table 13: Outcome Area 3: WASH (Malawi)-Planned budget and available resources (US Dollars)

Output	Planned Budget	Funded Budget	Shortfall
Policy	324,600	324,600	0
Water Supply and Sanitation	1,151,298	1,006,173	145,125
School WASH	3,400,727	3,400,727	-
Hygiene	94,000	94,000	-
Emergency	677,250	120,000	557,250
Total	5,647,875	4,945,500	702,375

Source: WASH RWP 2018

4. Future Work plan

WATER SUPPLY AND WATER RESOURCE MANAGEMENT

Demand Creation

- Promote the development of integrated and multi-purpose water supply systems for communities.
- Strengthen implementation of the Community Based Management (CBM) approach and other innovations to improve operation and maintenance and sustainability
- Engage government in research and development activities in groundwater development (e.g. mitigation of saline pockets in groundwater).

Supply Development

- Integrate community-based water resource/catchment management into existing and new programmes where feasible
- Increase water availability for productive uses through solar pump and other innovative, low-cost solutions.
- Model community-led climate & disaster resilient Water Safety Plans (WSP) and scale up effective models nationwide.

Enabling Environment

- Support MoAIWD to lead the national mapping of water points and groundwater resources mapping (hydrogeological maps); explore use of drones and satellite for mapping.
- Support government to develop a National Water Safety Framework and associated Water Safety Plans that integrate climate and disaster resilience considerations.
- Work with government to strengthen regulation and accountability of contractors and spare parts suppliers

SANITATION AND HYGIENE

Demand Creation

- a. Promote 'cluster behaviour changes', which includes access to safe water and hygienic sanitation facilities, hygiene promotion techniques to sustain the practice of improved hygiene behaviours
- b. Work with other sections in related programs including the Baby WASH Concept²⁵ and Care Group model.
- c. Model programmes that integrate WASH and health/nutrition, building on already existing programs and structures and delivery channels for health care facilities, communities, and households.
- d. Improve the effectiveness of Community Led Total Sanitation (CLTS) through intentional application of elements of social norms theory to programming, to enable sustained implementation at scale, and systematic inclusion of handwashing triggering tools
- e. Mainstream Communication for Development (C4D) approaches into sanitation and hygiene programmes.

²⁵ The Baby WASH concept involves integrating WASH into infant and child nutrition programmes.

Supply Development

- a. Undertake collaborative initiatives with the private sector to innovate on, promote, and make available, affordable sanitation and hygiene products
- b. Explore and implement alternative options to support households to upgrade to sustainable, improved toilets that are resilient against frequent collapse
- c. Develop distribution channels and social marketing initiatives for sanitation and hygiene products through community-based organisations (CBOs)

Enabling Environment

- a. Support the National ODF taskforce to undertake high level advocacy for sanitation and hygiene promotion, in association with various players.
- b. Increased resource allocation towards sanitation and hygiene will be a key point for advocacy.
- c. Institutionalise post-ODF activities as part of GoM's community health strategy, and sustainability monitoring through programme design and into national systems and structures.

WASH IN SCHOOL AND HEALTH INSTITUTIONS

Demand Creation

- a. Promote MHM facility designs as well as designs for persons with disabilities.
- b. Conduct hygiene promotion activities focused on caregivers and children, to develop handwashing habits at an early age, using existing innovative approaches (e.g. group handwashing in schools)
- c. Strengthen operation and maintenance and community ownership to improve sustainability and governance of WASH facilities.
- d. Undertake hygiene activations and other key hygiene promotion initiatives in health facilities and schools.
- e. Promote use of hand pumps and solar powered reticulation systems.

Supply Development

- f. Support construction of safe water and sanitation facilities that promotes faecal sludge management and operation and maintenance.
- g. Support environmental conservation and tree planting interventions as part of management of wastewater runoff in schools
- h. Work with mother groups and adolescent girls to develop innovative and appropriate approaches for MHM.

Enabling Environment

- i. Support government to establish national school sanitation standards that consider equity and inclusion.
- j. Establish guidelines for maintenance and use of WASH facilities in schools.

5. Expression of Thanks

The assistance from European Union, UK-AID (DFID), the Bill and Melinda Gates Foundation and National Committees from Norway, Belgian, Switzerland and the United Kingdom have provided vital support to the WASH sector to contribute to the improvement of the welfare of Malawians through improved household and communal sanitary and environmental conditions and increasing the accessibility and availability of safe drinking water. UNICEF Malawi would like to express profound gratitude for the financial support received from these partners.

A lot of lessons have been learned throughout the implementation process that will inform future efforts to meet the Sustainable Development Goals.

In the new Country Programme, UNICEF will continue to work in close collaboration with the Government of Malawi and district counterparts, to fulfil the rights of children in Malawi.

Annex C: Human Interest Stories

Story 1: Water for all is health for all

In Mndewe Village in Salima, all footpaths lead one way—to a new borehole Mdeka Nyongani, 35, terms “a well of life” in a cholera-prone rural setting. On June 6, 2018, the mother of three suffered the disease, which left her bedridden at Khombedza Health Centre for four days. Giving flashbacks of the outbreak, which changed the way the village perceives water, sanitation and hygiene, she said: “It was a good Tuesday morning, but everything changed around 8am when I suddenly felt weak and experienced profuse diarrhoea.



A cholera camp where patients are retreated

“When they looked at my whitish stools, my neighbours knew it was nothing but cholera. They put me on a bicycle and sped off to Khombedza for treatment. By the time I got there, my body was drained and dehydrated. I needed six drips to regain my energy.” According to Nyongani, the borehole offers the rural, densely populated community along the shoreline of Lake Malawi a lifeline out of outbreaks of waterborne diseases.

She counts herself lucky to have survived the disease. However, nothing visibly excites her more than the realisation that nearly 250 households that once relied on a borehole that produced salty water and a river dotted by unprotected wells and stagnant pools finally has a source of safe drinking water.



Open wells are a common sight in Malawi, threatening to spread cholera

She commends Unicef Malawi for coming to their rescue, saying there is no way the diarrhoea infection would have vanished from the lakeshore setting if they continued drinking unsafe water from Lipimbi River.

“The boreholes have liberated us from waterborne diseases, especially cholera and diarrhoea. For many years, we were at risk of cholera infections because we were using dirty water from Lipimbi. Now we have a borehole which produces clean, salt-less water, which is good for cooking and drinking,” she stated in an interview in the depth of the river mostly blamed for fuelling the cholera attack.

Nyongani was the village’s first person to get attacked by the bacterial disease which thrives in unsanitary conditions, especially where people defecate in the open. When the rains come, runoffs wash away the human waste into waterways the size of Lipimbi where thousands of Mndewere residents used to draw drinking water.

However, Mndewere villagers squarely blame the milky water from shallow wells that dot the river that pours into Lake Malawi, Africa’s third largest freshwater lake, for the disease outbreak which brought untold misery to the rural population.

During a visit, women were seen returning from the borehole which has emancipated them from what an aide of group village head Mndewere considers the worst crisis faced by the village amid a global push to ensure everyone has access to safe water, sanitation and hygiene.

In 2015, world leaders adopted the Sustainable Development Goals (SDGs) to end poverty by 2030. SDG6, which requires countries to ensure everyone uses safe water and sanitation, offers a boon to ending preventable diseases such as cholera.

“Before UNICEF drilled the new borehole, we were left behind. Before the borehole came, there was a huge water problem. The whole village used to convene at the river. If you came last year, you would have found a huge crowd drawing water as if there was a rally or free music show,” said Phiri. The borehole, which is supposed to serve 250 people in line with the Government of Malawi’s standards, serves all 247 households harbouring a population of almost 2 000 people.

This leaves the water point overwhelmed, with queues of buckets taking shape as early as 4am. Those who cannot stand the long hours in the queue and incessant scrambles for water still use the river.

During the visit, women were seen drawing water, washing clothes and cleaning kitchen utensils in wells that dot the river district water officer described as “heavily contaminated”.

“We are happy that UNICEF has given us a borehole, but this is just the start of the war on cholera. To make waterborne diseases, we need more boreholes. It is a pity that women and children waste a lot of hours stuck in the queue. Therefore, many still use contaminated water from Lipimbi. The good news is that many have started boiling or treating drinking water with chemicals to kill germs,” he said.

When cholera erupted, the district health officer Khombedza ordered the villagers to stop drinking water from the river as tests by Unicef Malawi in partnership with the department of water development showed it was contaminated from the source. Correspondingly, group village headman Mndewere deployed patrol teams to ensure no one fetches water from the river.

He was part of the squads that used to work from as early as 4am to as late as 11pm to drive away people. He reckons every person using water from Lipimbi personifies the major setback to the battle to end cholera.

He states: “Unicef has done its part to reduce water problems, but the village will never be free from the risk of cholera until everyone uses safe water. “We request government and other well-wishers to do something about this. To change the situation, we need at least three boreholes.”

Weaving mats in the shade of their glass-thatched house, Tiabalire Kubuwa and her husband Ekileni Wayisoni counted the loss they encountered when their five-year-old daughter was taken ill in June.

“We had a peaceful night until Matilda came out of the house in the middle of the night and started opening bowels. She was excreting some whitish stuff. We had no time to waste because cholera was already in our midst. I put her on a bicycle and started off for Khombedza Health Centre. In the middle of the journey, she started vomiting. At the hospital, we found some cholera patients. Some had died whilst others were still on treatment,” said the man.

Tiabalire is happy that people in her village no longer have to choose between a borehole, which produces bitter water and a river contaminated by open defecation. “Since we started using the new borehole, cases of diarrhoea have gone down. Now, we feel safe. When cholera struck, we couldn’t make mats for sale nor work in our fields on the river banks of Lipimbi. We stopped making bricks for sale. We couldn’t do any income generating activity.

But her neighbour has a word: “The borehole has shown us the importance of safe water to overcoming deadly diseases. What is happening in the village is playing with lives. One borehole is not enough. We need some more to reduce pressure on the new borehole which frustrates efforts to stop people from going to Lipimbi which puts them at risk of dying of cholera. Providing of water for all is safeguarding the well-being of all”

Story Link: <https://mwnation.com/water-for-all-is-health-for-all/>

Story 2: Chimpololo village: a shining example of open defecation free status

Kasungu, Malawi: The winding road to Chimpololo Village in Kasungu District can easily mislead someone as to what they will see. The meandering earth road through markets and a primary school is a busy site, but one thing that stands out in this community is how clean it is, and the community members are still basking in the glory of its open defecation free status.

Chimpololo Village, with about 132 households, is among the communities that have maintained their Open Defecation Free (ODF) status and good hygiene and sanitation practices since being declared ODF in 2016.

Group Village Head Chimpololo — with 4 chiefs under him — was among the leaders that joined Senior Traditional Authority (TA) Mphomwa at an ODF declaration ceremony where three TAs from Kasungu had their areas declared ODF.

A walk through Chimpololo Village confirms this status. Every household has a well-built latrine and is roofed with either grass or iron sheets (for those who can afford). The black soil smeared shiny floors are impermeable with a drop-hole cover in all the latrines visited. Outside the latrines are tippy tap hand washing facilities with water and soap while a few had ash which is used as a substitute for soap in poorer households.



Chimpololo drama group in action with messages on good hygiene during a community meeting
UNICEF/Malawi/2018/Matonga

Mobilizing the community to achieve ODF

With funding from the EU, UNICEF supported the Kasungu District Health office to trigger the community using the Community Led Total Sanitation Approach (CLTS). Through the triggering, a process of awareness on water, sanitation and hygiene behaviors; the community came to realize that they were a conduit for spreading diseases since the community had very few toilet facilities and majority of the people were either sharing the available toilets or practicing open defecation in the nearby thickets.

In May 2016, the Health Surveillance Assistant (HSA) for the area, Wezi Gausi together with her fellow HSAs from the Kasungu District Health Office mobilized the community to realize the sanitation and hygiene situation in their areas and collectively decide on their future. At the end of the triggering session the community developed an action plan and by the end of June 2016, every household had a latrine and a hand washing facility. The community also realized that they needed to treat their drinking water before consumption and each of the households now have a trash disposal site. Although the community has achieved the ODF status, the hygiene and sanitation committee in the village remains active working together with the local leaders doing household visits to ensure households are practicing good hygiene practices and there is no slippage back to open defecation. The community also has a drama group which continues to remind people of the importance of good sanitation and hygiene practices during community meetings.



Hand washing with soap in Chimpololo village has become a life style for both the young and the old
UNICEF/Malawi/2018/Matonga

Since the area was declared ODF in 2016, it is a common sight to see both the young and the old wash hands with soap after visiting the toilet. This practice and other improved sanitation and hygiene practices have led to an influx of people from across the country visiting this community to learn how they managed to achieve ODF within a short time but also how they are sustaining the behavior and the new norms acquired. Recently the village through the district Health Office hosted three TA's from Thyolo District. The visitors toured Chimpololo village to see what the chiefs do and how the chiefs support the community to sustain ODF status. This is in the wake of some communities slipping back to open defecation in some districts.

Motivation towards good hygiene and sanitation practices

According to Group Village Head (GVH) Chimpololo, the community knows the ugly face of Cholera which hit a nearby village some years ago and left one-person dead. "We decided to utilize and learn from every opportunity because every time we had diarrhea we were scared that it could be the case that happened in a nearby community some years ago, however we did not know the direct connection of open defecation, treatment of water and increase in diarrhea cases," says GVH Chimpololo.

"Through the support of the Health Office, the people here understand that diarrhea is preventable through good sanitation practices and handwashing with soap. Since water is still a challenge in our community, our women boil water or treat it to ensure it is safe for use. We want to continue on that path to ensure everyone is safe from diseases and has good health."

Kasungu District Health Office and the health surveillance assistant (has) for the area Wezi Gausi, are happy with the progress made by the community. "This is one of the communities in Sub Traditional Authority Mphomwa that achieved open defecation free (ODF) very quickly. The repeated cases of diarrhea in the past years motivated the people to change very quickly," says Gausi.

Story Link: https://medium.com/@unicef_malawi/basking-in-odf-glory-chimpololo-village-a-shining-example-among-the-many-66fdbac89379

Story 3: Solar energy powers dying health centre



Solar panel and treatment house at Nthungwa Health Centre (UNICEF Malawi 2018)

Nthungwa health center serves 59 villages with a population of close to 30, 000 people but instead of saving lives, the health centre degenerated into a hub of infectious diseases due to lack of water. Nthungwa Health Centre is in Nkhata Bay west, within Viphya Plantation, 40 km from Mzuzu City and 87 km away from Nkhata Bay District Hospital.

The closest referral hospital from Nthungwa is Mzuzu Central Hospital, situated over 40 kilometres away. Without good access roads, the health centre had been a lifesaving facility until a few years ago when gravity-fed taps that came with it ran dry. The health centre caters for three villages from Nkhata Bay with a population of 4 280 and 56 villages from Mzimba side with a population of 24 000 people.

When the gravity-fed system dried up, water woes became severe to the effect that patients and guardians who patronized the hospital ended up contracting infectious diseases due to lack of water.

Guardians and health workers were drawing water in buckets from long distances in unprotected sources. To this effect, some people could spend days without taking a bath leading to skin diseases like scabies.

“As a result, instead of the health centre being a place where patients would get healed of their ailments, it became a hub of infectious diseases,” says the facility’s officer-in-charge Raphael Chambuluka.

But now all that is history as United Nations Children’s Fund (UNICEF) recently pumped in K37 million towards installation of solar powered water supply system at the health centre.

Also known as Grundfos 200, the submersible water pump, is powered by a 340-kilowatt solar panel and the system includes a water treatment house plus a 10,000-litre tank. “The environment is now conducive to provision of health care; we have treated water source that runs throughout. We are really enjoying our work unlike in the past,” says excited Chambuluka. He says, in the past, the water problems were particularly worse in the maternity ward. “The problems were severe in our maternity ward, which needs more water, and this affected the safe motherhood programme being promoted by different stakeholders,” he says.

His sentiments are echoed by Nolenji Mphande of Katazuka Village in the Traditional Authority of Kapingo Sibande, in Mzimba. Mphande, who is awaiting delivery of her first child at the health centre, says the new solar powered taps have put a smile on people's faces. "Guardians no longer walk long distances to fetch water. Since I came here three weeks ago, the water taps have not gone dry. "We thank UNICEF for giving us this safe drinking water. This is good development. We are living in rural area but drinking safe water," she says.

According to UNICEF website, better water, sanitation and hygiene practices are catalysts for the survival of children and women. Apart from disease prevention, improved water supply services have direct impact on the lives of women and girls by, among others, reducing the burden of carrying buckets of water from long distances.

Nkhata Bay District Director of Health and Social Services Dr Mwatikonda Mbendela says there is need to have solar powered water systems in all health facilities. "Unlike gravity-fed water system which dries up during dry season, solar powered water supply runs throughout the year. We are grateful to UNICEF. "If we can have this kind of water system in all health centers in the district and all over country, there will no longer be water problems," Dr Mbendela says.

Sustainable Development Goal number six states that many people still lack access to safely managed water supply and sanitation facilities hence the need to ensure efficient and improved water management to meet growing demand. As one way of achieving the goal, government and other stakeholders have been drilling boreholes and installing gravity-fed piped water in rural areas.

However, drilling of boreholes in mountainous areas like some parts of Nkhata Bay has been a challenge. Gravity-fed water systems have also suffered environmental degradation leading to drying up of water sources because of deforestation in the mountainous areas. Again, according to UNICEF, it is estimated that about 30 percent of boreholes and 50 percent of gravity-fed water schemes in Malawi do not function.

To this effect, Nkhata Bay District Water Development Officer Alex Mwanjasi Mwakikunga says the council has plans to install solar powered water systems at Kambuni Health Centre before the end of this year. "Next year, we will implement the same at Chitheka and Chesamu health centres. "It is the wish of the council to have solar powered water supply systems in all the health centres in the district," Mwakikunga says.

Story Link: <http://www.manaonline.gov.mw/index.php/sports/item/10823-solar-energy-powers-dying-health-centre>

VIDEO LINKS

<https://www.youtube.com/watch?v=LHRZLIHkY7c>

<https://www.youtube.com/watch?v=Dwi6uRbPT0M>

<https://www.youtube.com/watch?v=EweCCVA56IU>

ANNEX D: REPORT FEEDBACK FORM

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Roisin De Burca
Email: rdeburca@unicef.org

**

SCORING: 5 indicates “highest level of satisfaction” while 0 indicates “complete dissatisfaction”

1. To what extent did the narrative content of the report conform to your reporting expectations?
(For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

**SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”**

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!