

Malawi Country Programme Annual Report 2016/17



We are WaterAid

Our vision
is a world where everyone, everywhere has safe water,
sanitation and hygiene.

Our mission
is to transform the lives of the poorest and most
marginalised people by improving access to safe
water, sanitation and hygiene.

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

Respect

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

Collaboration

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

Accountability

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

Innovation

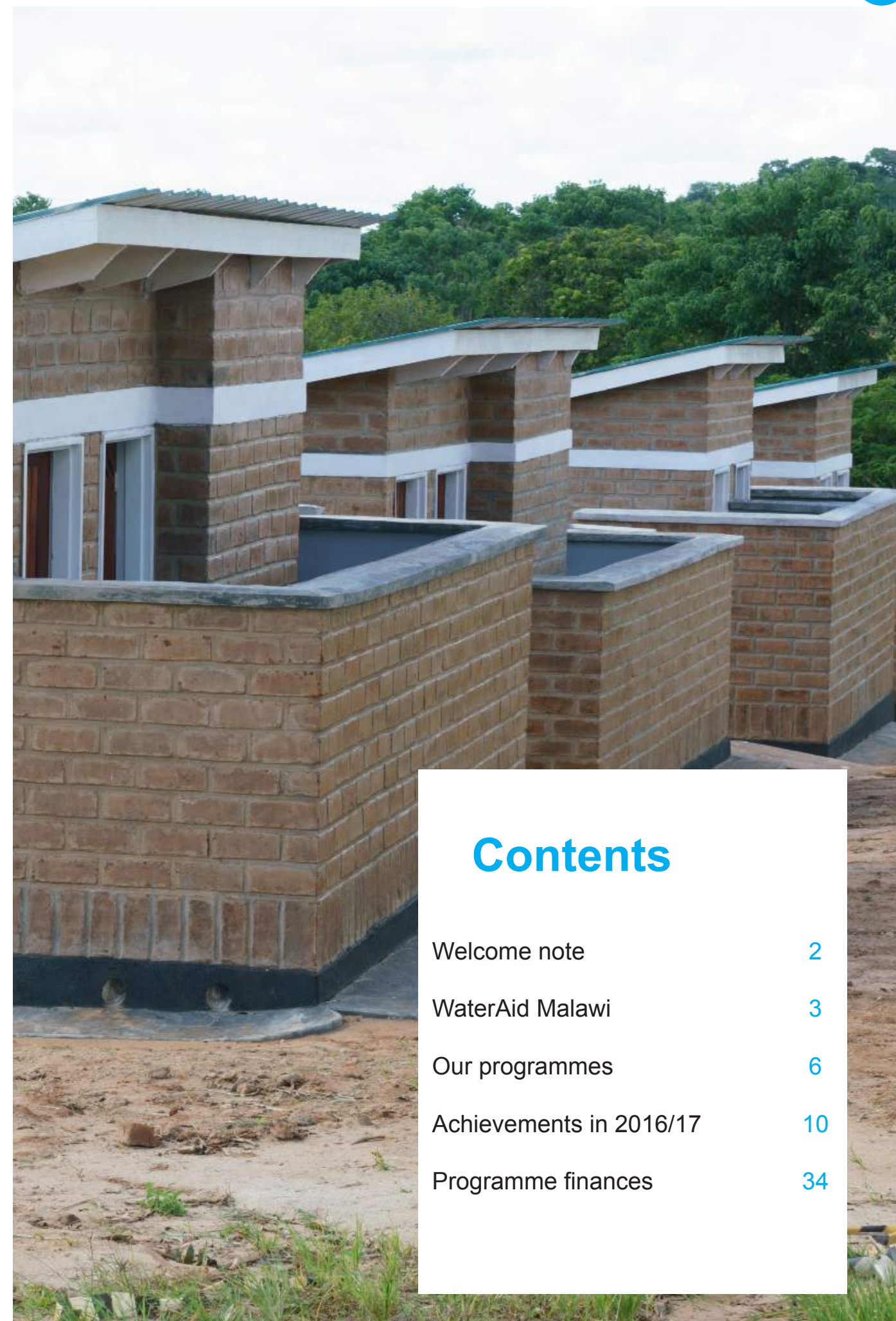
We are creative and agile, always
learning, and prepared to take risks
to accelerate change

Courage

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

Integrity

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



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List of Acronyms

CAI:	Citizens Action Initiative
CICOD:	Circle for Integrated Community Development
CLTS:	Community Led Total Sanitation
CRWB:	Central Region Water Board
DEM:	District Education Manager
DFID:	Department for International Development
ELDS:	Evangelical Lutheran Development Support
HCF:	Health Care Facilities
LCC:	Lilongwe City Council
LIA:	Low Income Area
MATAMA:	Mineral Appropriate Technology Applicable in Malawi
MNH:	Maternal and Newborn Health
NGO:	Non-Governmental Organization
NTD:	Neglected Tropical disease
NICE:	National Initiative for Civic Education
OWI:	Our World International
SEI:	Sector Engagement and Influencing
SHAP:	Sanitation and Hygiene Advancement and Prioritization
SLTS:	School Led Total Sanitation
SMC:	School Management Committee
SPD:	Sustainable Programme Delivery
SSPO:	Small Scale Private Operators
TSP:	Training Support for Partners
WA:	WaterAid
WASH:	Water, Sanitation and Hygiene
WAG:	Women Action Groups
WESNET:	Water and Environmental Sanitation Network
WHO:	World Health Organisation
WUA:	Water Users Association

Welcome Note

It is a great pleasure to share with you our 2016/17 Annual Report. The year has been full of growth, learning and optimism as we have just finished the first year of our new five-year country strategy (2016-2021).

Our work for the year continued to complement government's efforts in reducing poverty through water supply, sanitation promotion and influencing hygiene behavioral change. We are proud to share that because of our work, 21,276 more people have access to safe potable water and 22,503 more people have sanitation facilities.

Promoting equity in access to WASH has been our key priority. With increased access to water and sanitation facilities, people's lives have transformed especially those of women and girls. Women have more time to engage in productive activities, including involvement in WASH entrepreneurship. Adolescent girls are no longer missing classes due to lack of sanitation facilities and the disease burden on communities has been reduced.

Our work in health care facilities has been significant in improving health outcomes for mothers and children. In 2016/17, we have modelled WASH provision in four of 16 targeted health care facilities in three districts of Kasungu,

Nkhotakota and Machinga. Among the interventions is the provision of solar powered reticulated water supply systems, latrines and bath shelters. This has ensured sustainable water supply at the facilities, improved infection prevention and restored the dignity of pregnant women and new mothers who can now wash up within the walls of the facility.

The Integrated Water, Sanitation and Hygiene in Lilongwe's Low Income Areas (I-WILL) Project has for the last three years changed the lives of those living within the city of Lilongwe. The most innovative intervention under this project is the construction of two Waste Transfer Stations which will help to keep our city clean. In support of this work, we supported the Lilongwe City Council to develop, approve and adopt several documents that put in place the legal framework that creates a conducive enabling environment for sanitation players at all levels.

Our contribution to progress towards trachoma elimination in Malawi, through our work in facial cleanliness and environmental improvement interventions has been remarkable. Our work in small towns has continued to grow from strength to strength, the signing of a Technical Cooperation agreement between Central Region Water Board and Thames Water



being one the highlights in the programme.

We are greatly indebted to our donors for the success we have registered and the government for the support rendered in the year. All this would not have been possible if it were not for our implementing partners, the communities that we have worked with and the hardworking spirit and passion of the WaterAid Malawi Team. I look forward to 2017/18 which promises to be another good year.

Mercy Masoo
Country Director



Chifuniro Yambani the chairperson of Bwemba Water Kiosk Committee. She led her team and the community in the digging of a 3.2km trench for pipe extension to get water to her village. Since 2016 people of Bwemba and surrounding communities have had access to safe clean water.

WaterAid/ Dennis Lupenga

WaterAid Malawi

WaterAid is an international Non-Governmental Organisation dedicated to helping people escape from suffering caused by lack of safe water, improved sanitation and hygiene. WaterAid's mission is to transform lives of the poorest and most marginalized people by improving access to safe water, improved sanitation and hygiene in the country's poorest communities. To achieve this, WaterAid works with partners and stakeholders to help communities access safe water, sanitation and improved hygiene.

Since 1999, WaterAid has made significant contribution towards improving access to safe water, improved sanitation and hygiene through a range of projects implemented in Salima, Mzimba, Machinga, Nkhonkhotakota, Karonga, Rumphu, Balaka, Dedza, Ntcheu, Chikwawa and Kasungu districts; Lilongwe City and small towns of Kasungu and Mponela.

Working with local councils, local NGOs and utility companies WaterAid has supported the construction and rehabilitation of water points in various districts, rehabilitation and expansion of gravity fed systems in Nkhonkhotakota and Machinga and various sanitation and hygiene promotion interventions targeting households and public institutions including Health Care Facilities. Recently, WaterAid has modelled the provision of WASH in Health Centres in three districts of Kasungu, Nkhonkhotakota, Machinga where we have provided sanitation facilities, safe water, incinerators and placenta pits including community boreholes and training on infection prevention for health care workers. WaterAid has also been influential in shaping the policy and advocacy agenda of the WASH sector in Malawi. We have also contributed to sector learning and influenced the adoption of tested technologies and approaches by other players in the sector which include ecosan

latrine options and management models for urban water kiosks.

Increased access to safe water and improved sanitation facilities especially at household level has had significant impact in reducing infectious diseases as well as increasing the time for productive activities and enhancing people's dignity and well-being. Opportunities in sanitation businesses have significantly improved livelihoods of sanitation entrepreneurs. Improved sanitation facilities in schools have led to significant increases in the retention of learners, particularly girls, in schools.

Guided by the new Sustainable Development Framework, WaterAid will contribute towards the achievement of universal access to safe water, improved sanitation and hygiene for all by 2030. WaterAid believes that universal

access to safe water, improved sanitation and good hygiene will have a lasting impact in contributing towards eradication of extreme poverty among the poorest and marginalised groups and communities. It is our understanding that this can only be achieved when i) citizens are empowered and take responsibility and actively engage in the realisation of their rights to WASH; ii) sustainable, equitable and inclusive WASH services are delivered at scale; iii) sanitation and hygiene is recognised and prioritised across sectors as a public health concern; and, iv) the sector is well coordinated, responsive, accountable and creates an enabling environment for integrated delivery of equitable and sustainable WASH services.



Today, 1.7 million Malawians do not have access to water, leaving them poor and disease burdened. WaterAid will continue to work tirelessly until everyone, everywhere has access to water by 2030

WaterAid/ Dennis Lupenga

Our Programmes

From April 2016, we started implementing our new five-year country strategy “**Towards WASH for all by 2030**”, anchored on three programme pillars, namely:

- Sustainable Programme Delivery
- Sector Engagement and Influencing
- Sanitation and Hygiene Advancement and Prioritisation

Sustainable Programme Delivery

The programme aims to ensure that sustainable, equitable and inclusive WASH services are delivered at scale through strong local governance structures that prioritise WASH and enhance citizens’ participation. The programme enhances coordination, integration and planning mechanisms for WASH, supports local government leadership to be accountable, and promotes private sector participation. In addition, the programme facilitates the development and adoption of innovative technologies and strategies that supports effective delivery of sustainable, equitable and inclusive WASH services. It is also championing citizen empowerment initiatives so that people understand their WASH rights and responsibilities and are able to claim their entitlements and safeguard them.

Sector Engagement and Influencing

This programme aims at ensuring there is an enabling environment and an engaged and well-coordinated sector that recognises and promotes the realisation of WASH rights. The programme focuses on national level sector engagement initiatives (sector coordination, policy engagement, cross sector collaboration/ integration, sector performance monitoring accountability) and also anchors national-regional-global engagements. The programme contributes to sector efforts to ensure that there is a well- coordinated sector that facilitates integrated planning, resourcing, and implementation, monitoring and reporting at national and decentralized levels. It also supports civil society engagement in the WASH sector and championing WASH rights.

Sanitation and Hygiene Advancement and Prioritisation

The programme aims at ensuring increased focus on sanitation and hygiene at all levels, for sustained improved health and livelihoods. It focuses on interventions that facilitate prioritisation of sanitation and hygiene at all levels and across sectors. It advocates for the strengthening of leadership and coordination for sanitation and hygiene and increased funding and investment for sanitation and hygiene within and across sectors. It also promotes integrated and functional planning, implementation and accountability mechanisms for sanitation and hygiene as well as supporting the development and review of legal and policy frameworks that govern sanitation and hygiene. It also focuses on influencing behaviour change and practices and hence, supports the development and implementation of comprehensive and integrated hygiene behaviour change strategies and sanitation in community, school and health care settings.

Partnerships

WaterAid Malawi works in partnership with central and local government, water utility companies (Lilongwe and Central Region Water Boards), local organisations and civil society organisations which include:

- Evangelical Lutheran Development Support (ELDS)
- National Initiative for Civic Education (NICE)
- Mineral Appropriate Technology Applicable in Malawi (MATAMA)
- Training Support for Partners (TSP)
- Circle for Integrated Community Development (CICOD)
- Water and Environmental Sanitation Network (WESNET)
- Our World International (OWI)

In light of the new Country Strategy needs, WaterAid Malawi is in the process of identifying and developing new partnerships and collaborative relationships with organisations and networks that will help the Country Programme in achieving the specific strategic objectives. We would like to work more and strategically with other sectors where we view integration to be critical to achieving sustainable services at scale and greater impact beyond the sector.

Districts of operations

Lilongwe

Machinga

Kasungu

Dowa (Mponela)

Nkhotakota



Achievements 2016/17

Increasing access to safe water and improved sanitation and hygiene

Through the implementation of Thames Water Project in small towns of Kasungu and Mponela; I-WILL project in Lilongwe Urban and Deliver Life project in Health Centres in Nkhotakota, Kasungu and Machinga, the Country Programme has supported:



WASH in Health Care Facilities

WaterAid recognises the impact that WASH has on the health outcomes. Over the past years, WaterAid focused on understanding the WASH situation in health care facilities in rural Malawi as well as the policy and institutional frameworks that are guiding the health sector in relation to WASH issues. The findings from formal and adhoc assessments have been used as evidence in profiling the importance of improved WASH healthcare facilities and surrounding communities.

Reports produced by WHO and others show that WASH in healthcare facilities is one of the neglected areas with negative implications on infection prevention efforts thereby contributing to increased maternal and neonatal deaths from sepsis. WaterAid developed and started implementing a project – Deliver Life - that responds to deficits in coordination, quality service provision, empowerment of citizens and an enabling environment that facilitates the realisation of the right to water and sanitation in Health Care Facilities.

Deliver Life Project is funded by UKAID and implemented in partnership with Evangelical Lutheran Development Service in Kasungu, Participatory Development Initiatives in Nkhotakota and Machinga, and respective District Councils, championed by District Health Offices To date, the project has modelled WASH provision in four of the sixteen targeted Health Care Facilities (HCFs) in three districts of Kasungu, Nkhotakota and Machinga. The interventions included construction of WASH infrastructures (solar powered reticulated water supply systems, latrines, and bath shelters, placenta pits and incinerators); and capacity building for infection prevention and control among health care workers as well as strengthening coordination mechanisms at district level. In addition, five (5) communities surrounding the HCFs have been provided with five boreholes. This has allowed 16,688 people to access safe water and 9439 people to access improved sanitation and 20, 035 people empowered with hygiene knowledge.

A total of 82 health care workers (nurses, midwives and clinicians) were also trained in infection prevention and control. This is realising that safety of the mothers and newborns to a greater extent depends on workers that have appropriate skills and practice good hygiene to avoid and control preventable infections of which a significant proportion are WASH related.

Our model of WASH provision in HCFs has been shared widely through local and international platforms. Co-Water, a Canadian NGO, will be implementing a similar model in the remaining health care facilities in Kasungu, and Chitipa districts. Through this model, we are aiming to influence others including NGOs, development partners, and government in order to achieve scale.

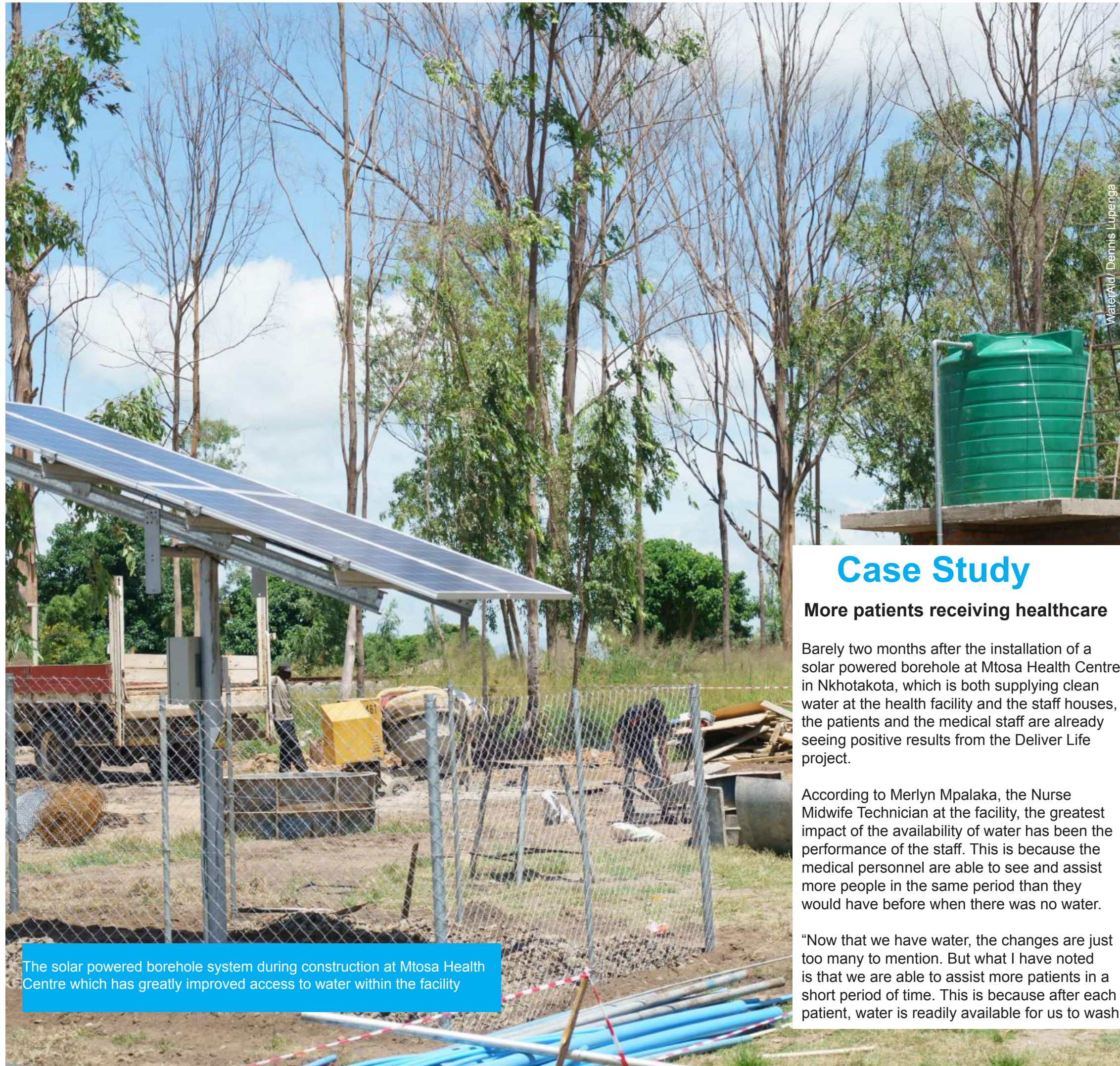
We are using the project as an opportunity for integrating WASH in MHNH policies. We are therefore targeting the review processes for the Sexual Reproductive Health Rights Policy, Quality Management Policy, Every Newborn Action Plan and the Health Strategic Plan as key policies that influence investment on WASH in HCFs and maternal and neonatal health outcomes.

WaterAid has also endeavoured to establish some strategic partnerships with other organizations that are already in the health sector for learning purposes as well as to identify opportunities for working together.



WaterAid/ Dennis Lupenga

Yanjanani Mpalaka, Mtosa Health Centre Medical Assistant. According to him, since the availability of water within the facility he and the entire staff are able to wash their hands before and after seeing each patient which is critical in infection prevention.



The solar powered borehole system during construction at Mtosa Health Centre which has greatly improved access to water within the facility

Case Study

More patients receiving healthcare

Barely two months after the installation of a solar powered borehole at Mtosa Health Centre in Nkhotakota, which is both supplying clean water at the health facility and the staff houses, the patients and the medical staff are already seeing positive results from the Deliver Life project.

According to Merlyn Mpalaka, the Nurse Midwife Technician at the facility, the greatest impact of the availability of water has been the performance of the staff. This is because the medical personnel are able to see and assist more people in the same period than they would have before when there was no water.

“Now that we have water, the changes are just too many to mention. But what I have noted is that we are able to assist more patients in a short period of time. This is because after each patient, water is readily available for us to wash

our hands unlike before when we had to wait for either guardians or other well-wishers to collect water on our behalf.

The lack of water also affected the time we would spend at work. To make it worse, once getting home, we had to start thinking about where to fetch water for various household chores. This had an impact on our performance at work. The greatest impact has been at the maternity ward. Women are now able to bath within the premises and not walk outside to a few distant bathrooms located a hundred plus metres away. This was very dangerous as the facility was a breeding ground for infections plus we had very little control of what would happen to the women whilst outside. Our fears would be like; ‘what if she falls,’ or ‘what if something goes wrong’. But now, they bath within the facility where we have full control of the situation. Women clean themselves up fully and the women are given all the attention they need,” said Merlyn.

Agreeing with her, Yanjanani Mpalaka who is the Mtosa Health Centre Medical Assistant added that the number of newborn babies reported with high fever within the first seven days has greatly decreased.

“What we have noticed is that the number of newborn babies that we used to refer to the district hospital with high fevers within the first few days of birth has greatly reduced. This to us is a plus because it was just too much and we couldn’t really pin point what was the cause,” said Yanjanani.

The UKAID funded Deliver Life project aims at improving access to, and use of, sustainable water, sanitation and hygiene services in communities and health facilities in marginalised districts.

The project is doing this by installing piped water systems and sanitation facilities in 16 health care facilities in the three districts and providing one borehole to a community close to the health care facility.

WaterAid is implementing the project through Participatory Development Initiatives (PDI) in Nkhotakota and Machinga and Evangelical Lutheran Development Services in Kasungu.

WASH in Schools

WaterAid has been working with the Ministry of Education, Science and Technology to improve access to WASH in schools where there are inadequate numbers of toilets compared to their pupil enrolment. We have been supporting construction of improved latrines in schools in order to meet the recommended latrine to pupil ratio. During the reporting year, through the Integrated Water Sanitation and Hygiene in Lilongwe's Low Income Areas (I-WILL) project, 50 VIP latrines were constructed in eight schools in Lilongwe Urban/City namely M'buka, Nguluwe, Mtsiriza, Chipala, Msambeta, Kabwabwa, Ngwenya and M'bwetu) and have since been handed over to the school Management Committees.

We have also been working with school based structures such as Parent Teacher Associations; School Sanitation Clubs and Mother Groups to build their capacity in supporting sustainable implementation of school WASH programs. We have also mainstreamed menstrual hygiene management (MHM) activities in our school WASH programmes to ensure girls kept in school. In schools where we have constructed MHM facilities, enrolment and retention of girls in upper primary classes has improved

significantly.

In addition to this, we have been working with District Education Manager for Lilongwe Urban to put in place mechanisms that will enable all public primary schools in the city to be in a position to pay for their recurrent water bills throughout the year. This has resulted into the School Management Committees (SMCs) in collaboration with DEM's office to have a dedicated monthly budget for water bills payment. While this has been the case, some schools continued to face water challenges due to low water pressure. Through the I-WILL project, five (5) water tanks have been erected at Mlodza, Msambeta, Mtsiriza, M'buka, and Chipala primary schools. These tanks have eased water problems in these schools where there was no water during day time due to low pressure.

The Integrated Water, Sanitation and Hygiene in Lilongwe's Low Income Areas (I-WILL) Project is funded by the European Union and implemented in partnership with Lilongwe City Council, Training Support for Partners (TSP), Lilongwe Water Board (LWB) and Circle for Integrated Community Development (CICOD).

Toilets such as these with MHM facilities have been constructed in schools where we are working leading to increased retention rates of students, especially among adolescent girls.



WaterAid/ Dennis Lupenga

A girl from Mlodza Primary School demonstrates how they use the MHM facilities

Trachoma Elimination

Malawi is one of the trachoma-endemic countries in Southern Africa and a member of the Alliance for Global Elimination of Trachoma by 2020 (GET 2020). There are an estimated 8.18 million people living in trachoma endemic areas in Malawi. A mapping exercise carried out under the Global Trachoma Mapping Project (GTMP) showed that 15 districts require WASH interventions to achieve and maintain trachoma elimination status and these include Kasungu, Nkhonkhota, Mchinji, Salima, Lilongwe, Ntchisi, Dowa, Mwanza, Neno, Nsanje, Mangochi, Ntcheu, Chikwawa, Zomba and Machinga. The main risk factors for trachoma in these districts include: water shortage; existence of flies (*Musca sorbens*); poor hygiene and crowding. Existing environmental factors like dirty fomites and surroundings, poorly managed faeces and dung, children with eye discharges, and high population density are prevalent with primary agents for transmission of infection being flies, fingers and fomites.

With funding from the Queen Elizabeth Diamond Jubilee Trust, WaterAid is coordinating the Facial cleanliness and Environmental improvement (F&E) component of a Trachoma Elimination project implemented by a consortium of 7 NGOs (Development Communications Trust, World Vision International, Sightsavers, Amref, WaterAid, MATAMA and CICOD) since January 2016.

Through the project, WaterAid has influenced the adaptation of Trachoma in CLTS guidelines to incorporate tools that promote facial cleanliness and strengthen environmental improvement practices. A separate F&E picture code guide for extension workers has been developed as part of the adapted CLTS/SLTS guidelines to provide a step by step facilitation guide on how to trigger communities for face washing and environmental improvement. The CLTS/SLTS approach has over the years been proven to be effective in stopping people from practising open defecation and is widely used by WASH practitioners in Malawi. However, this focus has been within the context of preventing people from contracting diarrheal diseases with

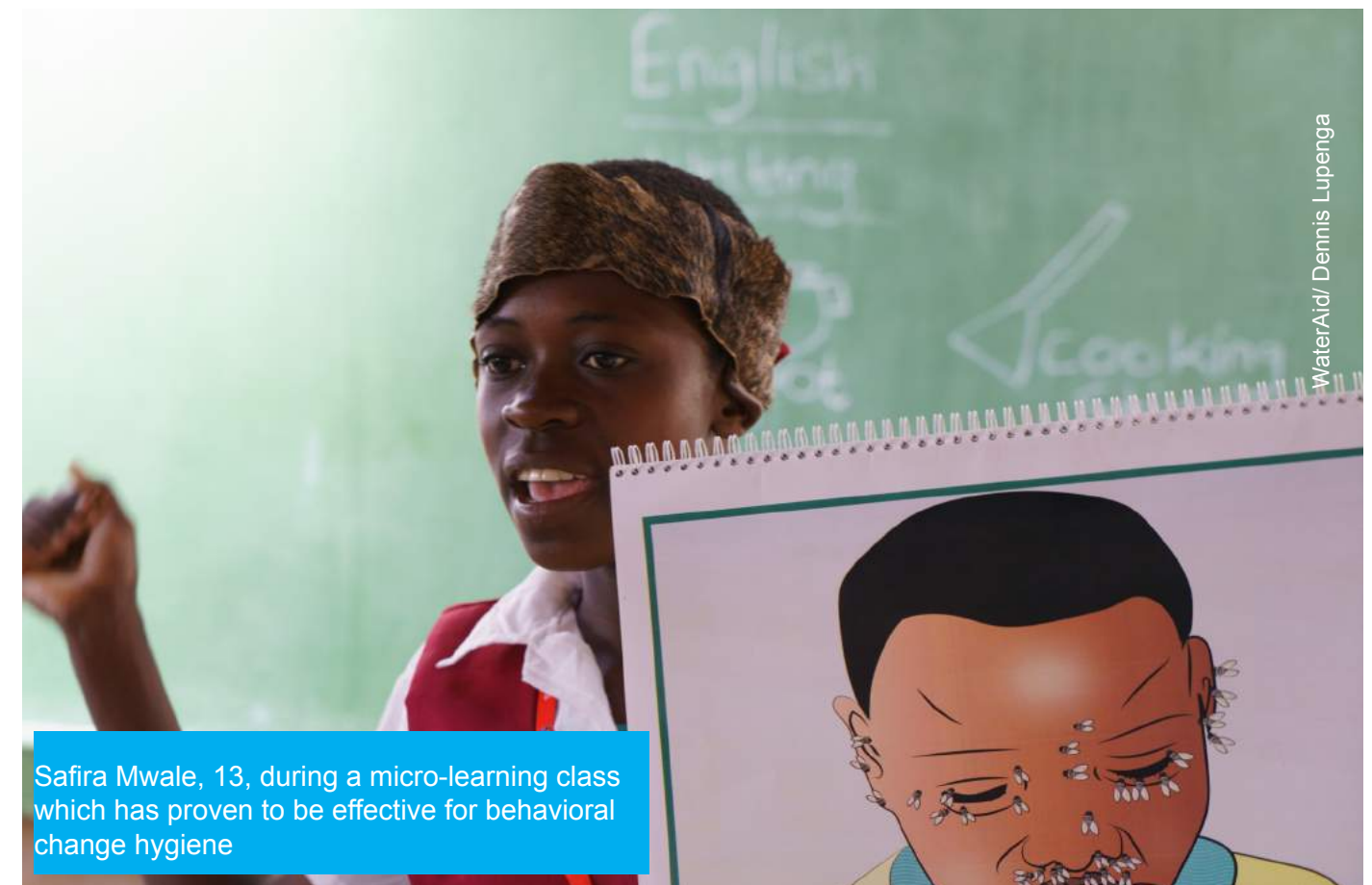
minimal emphasis being placed on prevention of neglected tropical diseases (NTDs), including trachoma.

Adapting existing CLTS guidelines therefore provides an opportunity to highlight the link between WASH and trachoma prevention and tools that could be used to achieve this.

Steven Chasowa, Field Facilitator for World Vision in Zomba had this to say regarding his experience of using adapted CLTS/SLTS guidelines. “The trachoma picture codes are a powerful tool to provoke a self-assessment of one’s and their immediate family behaviour in relation to chances of contracting trachoma. This self-reflection enables positive change in hygiene behaviour that has a bearing on overall health. However, in order for people to differentiate trachoma from other eye infections and seek proper medical attention, there is need to incorporate picture codes that show the different stages of trachoma disease progression.

Through the project 516 government extension workers, 726 community volunteers and school sanitation masters have been trained on the adapted CLTS/SLTS guidelines. A total of 363 villages and 90 schools have been triggered using the adapted guidelines in the 15 districts.

To facilitate behaviour change, a total of 80 schools have installed 681 hand/face washing facilities with soap and water present in or near sanitation facilities. Furthermore, 17,422 hand/face washing stations have been installed in households across the 15 districts.



Case Study

Sanitation and hygiene for trachoma free communities

The lack of access to safe water, sanitation and hygiene normally brings with it fear of contracting life threatening diseases like cholera. Little attention is paid to other equally traumatizing diseases like blinding trachoma that also thrive in situations of poor access to safe and adequate water, sanitation and poor hygiene practices. Perhaps, this is because the devastating effects of trachoma are not imminent compared to diseases such as cholera.

Trachoma is among the top 18 Neglected Tropical Diseases according to the World Health Organization that require special attention by national states and governments. Currently, more than 8 million Malawians live in trachoma endemic environments across 15 districts in Malawi and are therefore at risk of contracting the disease. The risk is especially high for those who also lack access to safe and adequate water, good sanitation and who do not practice good hygiene. Currently, less than half of Malawians have access to good sanitation and even less practice good hygiene. The risk of contracting trachoma is therefore imminent.

The International Coalition for Trachoma Control (ICTC) is a grouping of organizations that are implementing the WHO recommended SAFE (Surgical, Antibiotic, Facial Cleanliness and Environmental Improvements) strategy to

eliminate blinding trachoma in Malawi by 2019.

WaterAid Malawi and six other partners are implementing the F&E component of the SAFE strategy in the 15 districts with funding from the Queen Elizabeth Diamond Jubilee Trust. In this project the interventions are concentrated in model schools and villages that were selected following a set criteria that among others considered intra district trachoma prevalent rates to determine the geographical zones. The main emphasis is on facial cleanliness, general body hygiene and sanitation. WaterAid is implementing the F&E project in two districts of Kasungu and Nkhosachota. Katenje Village situated in Traditional Authority Chulu in Kasungu district is one of the model villages identified by the project.

Gloria Chirwa, a mother of three, is one of the natural leaders from Katenje village that the project identified to champion F&E initiatives in the village because of the interest and enthusiasm that she showed when the interventions were first introduced to the community.

As a natural leader, she is responsible for ensuring that all the households have the basic facilities such as improved toilets that have a drop-hole cover and handwashing facilities, and kitchens and rubbish pits among other things. According to Chirwa, the interventions have come with more benefits other than just preventing trachoma.

She said: "While trying to prevent trachoma we have noticed reduced cases in diarrhea. Our families are healthier and happier. All the households in the village now have improved toilets that are well covered."

Chirwa, who is also a member of Chisuwe Primary School Mother Group, where WaterAid is facilitating similar hygiene behaviour change interventions, said she is fighting for improved sanitation from many fronts. As a mother group member she is responsible for ensuring that the school has enough toilets for learners, that water is available at the school, and that issues of sanitation and hygiene are adhered to.

"The water is important because it is used for menstrual hygiene management by the adolescent girls but also so that if learners don't wash their faces at home, they can do it at school," said Chirwa.

With improved sanitation and hygiene Malawi is on track to be the first country to achieve full elimination of blinding trachoma despite being one of poorest.

Gloria Chirwa washing her face with soap

Our Work in Small Towns - Kasungu and Mponela

WaterAid started work in the small towns of Kasungu and Mponela in 2013 after noting serious WASH issues in these areas. Investments in small towns in Malawi have simply not kept pace with the growing need for services. Small towns tend to be diverse, dynamic and constantly evolving and normally attract people from rural areas. However, people living in small towns are amongst the worst served for basic services such as access to water and sanitation which has an impact on hygiene standards and overall health status.

WaterAid with match funding from UKAid successfully implemented a WASH project in Kasungu and Mponela for 2 years between 2013 and 2015. This laid a foundation for improving access to WASH services and supporting the creation of an enabling environment for the delivery of WASH services. Through the project, the Central Region Water Board was supported to set up Water Users Association (WUAs) for Kasungu and Mponela, to replace the underperforming private operators system which was managing the water kiosks. In addition, the project also laid foundation for provision of inclusive sanitation and hygiene in households and public institutions while also building the capacity of the local councils in WASH service delivery.

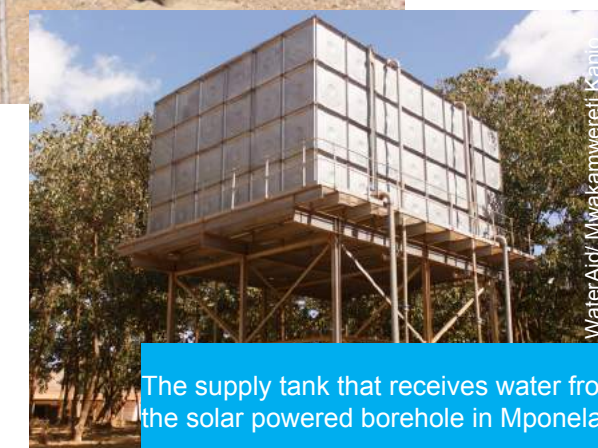
From 2015/16, WaterAid secured financial support from Thames Water UK, and is implementing a project aimed at increasing access to safe water, improved sanitation and hygiene in the Small Towns of Kasungu and Mponela. Through the project, 1465 people have been supported with access to safe water in Bwemba and Moffat villages in Kasungu through construction of new kiosks. In addition, CRWB is replacing the old archaic and worn out asbestos pipes with new pipes to reduce non-revenue water in Kasungu which will go a long way in improving water supply within the town.

Water kiosk in Moffat Village, Kasungu constructed under the Thames Water funded Project

The project is also supporting CRWB to migrate to prepaid metering system which will improve its efficiency in revenue collection.

Through the project we are also piloting and modelling the use of renewable energy to pump and supply water. To this effect, the project has installed a back-up solar PV power station for submersible and surface pumps of 2.2 Kwp capacity at Mponela pump station to improve water supply in Mponela which was heavily affected by the intermittent power supply experienced in the country. In terms of sanitation, the project has facilitated construction of 908 improved latrines in Kasungu, benefitting 5,328 people besides supporting local small-scale private operators in sanitation business entrepreneurial skills.

Working with Dowa District Council and the department of Physical Planning in the Ministry of Lands, Housing and Urban Development, we have facilitated the development of a draft urban structure plan for Mponela Town to guide the land uses permitted in each part of the town which is the first step to regulated planning for the town. Detailed lay out plans are expected to be done in the 2017-2018 financial year.





Our work in Lilongwe City

WaterAid began to implement an urban programme in Lilongwe City in 2004 with interventions to improve management of communal water kiosks in the low income areas in order to address issues of mismanagement of finances by community leaders who had been entrusted with managing the communal water supply systems. Non-payment of water bills had left Lilongwe Water Board with no other option than to disconnect water supply to some communal water kiosks.

In the last six years, the programme implemented two major projects with funding from DFID, EIB, AusAid and EU in Lilongwe urban targeting Low Income Areas and institutional strengthening support for service providers. The Programme registered a number of successes including modelling the provision of safe water in LIAs through kiosks where it facilitated the establishment of a Kiosk Management Unit within Lilongwe Water Board which was initially co-financed with WaterAid the establishment of over seven Water Users' Associations (WUAs) in Mgoni, Area 50, Chinsapo, Chimutu, Kauma, Mtandire and Mloza to manage the water kiosks. The WUAs have created salaried employment to over 350

people, 90 percent of whom are women. With support from the Kiosk Management Unit, the WUAs managed to offset their arrears which were at K31million in January 2006.

The urban work is now being implemented in over 15 unplanned settlements of Chinsapo (Area 57), Ngwenya (Area 24), Mtandire and Mtsiriza (Area 56), Mgoni (Area 50) Senti and Chimoka (Area 51), Kauma (Area 41), Mchezi and Chatata (Area 29), Area 23/Chiuzira, Lumbadzi (Area 53), Magwelo, Mchesi (Area 8), Biwi (Area 7) Chilinde (Area 21) Area 44 and Area 36.

The programme has developed sanitation entrepreneurship; it has set up sanitation and latrine demonstration centres and a pool of 24 trained sanitation entrepreneurs.

In the 2016/17 reporting period, with support from the European Union (EU), WaterAid has been implementing the Integrated Water, Sanitation and Hygiene in Lilongwe (I-WILL) project under the theme, Achieving Millenium Development Goal 7c: Water and Sanitation since June 2014. The project is being

implemented in partnership with Lilongwe City Council (LCC), Lilongwe Water Board (LWB), and Circle for Integrated Community Development (CICOD) and Training Support for Partners (TSP). The I-WILL project aims to contribute towards reducing poverty in Malawi by achieving sustainable water supply and sanitation access for vulnerable peri-urban populations of Lilongwe City. The project is targeting both institutions and communities.

Through the I-WILL Project, WaterAid has rehabilitated 70 water kiosks serving over 17,500 residents in LIAs including areas 51, 23, 22, 24, 38, 46, 7. A total of 38.1km pipe network has been laid so far, thereby improving water supply for 25,500 residents of peri-urban low income areas of Lilongwe. With the laying of these pipes, the project has enabled the Lilongwe Water Board (LWB) to connect 46 water kiosks to the water supply. These kiosks have given an estimated 6,500 people access to potable water.

About 2448 new household latrines have been constructed, benefiting 14 635 people in total. This was achieved through hygiene promotion activities, which promoted demand; and the work with masons and other Small Scale Private Operators (SSPOs) who provided the hardware in response to the demand created. In addition, fifty (50) four holed Ventilated Improved Pit latrines (VIP), twenty (25) of which have Menstrual Hygiene (MHM) facilities for adolescent girls to support themselves during menstruation period have been constructed in eight schools in Lilongwe Urban/City namely M'buka, Nguluwe, Mtsiriza, Chipala, Msambeta, Kabwabwa, Ngwenya and M'bwetu) and have since been handed over to the school Management Committees. Similarly, five (5) tanks were constructed at Mlodza, Msambeta, Mtsiriza, M'buka, and Chipala primary schools. This is a huge relief to the schools who used to get water during the night only due to low pressure during the day. The tanks will therefore keep water collected during the night for use by learners during the day.

Working with Lilongwe City Council, WaterAid has constructed waste transfer stations that will go a long way in contributing towards solid waste management in the city. The stations

are aimed at encouraging proper disposal of waste as well as recycling as they will act as temporary disposal sites to allow for sorting and recycling. This will reduce the amount of waste that needs to be dumped at the designated sites.

Through the I-WILL project, we have facilitated the development, approval and adoption of Solid waste guidelines and bye laws, public toilet guidelines, and solid waste policy by the City Council. These legal frameworks have been endorsed by the Ministry of Local Government and will regulate private operators in liquid and solid waste management in the Lilongwe City. With the approval of solid waste guidelines, private operator guidelines and solid waste bye laws Lilongwe city council will now be able to privatise waste collection services through private operators.

Citizen Empowerment



Rhoda Chikanda, whose story prompted the community through CAI in Kapyanga to demand for a health facility. Rhoda delivered her baby on the way to the hospital and she almost lost her baby due to sepsis

WaterAid understands that increased access to inclusive, equitable and sustainable WASH for all, can happen when citizens/communities understand their rights, responsibilities and entitlements and are able to claim their entitlements from duty bearers and take responsibility to change their conditions.

Over the past nine years WaterAid has been implementing a Sector Policy and Governance project funded by the UK Department for International Development (DFID) where we implemented the Citizens Action Initiative. Through this initiative citizens demonstrated strong ability to demand for services and engage in on-going dialogue with duty bearers. Through this three-year project, over 124,000 people gained access to water while over 187,000 gained access to sanitation. Citizens also continued to demonstrate empowerment beyond their immediate WASH needs where they were able to demand for clinics, Health Care Facilities, school blocks, teachers houses among others which they have been provided by the duty bearers.

With the phasing out of the Sector Policy and Governance project in 2016, WaterAid, during the reporting period, focused on consolidating work on Citizen Action Initiative (CAI) in the areas where we exited. In these areas the CAI

has been a success and there is increasing evidence that interventions related to CAI have continued. Through the Deliver Life project, we have built on the gains from this project and have successfully consolidated citizen's voices and deepened engagement with parliamentarians, councillors and the media at community level which has resulted in fulfilment of commitments towards the construction of health facilities in Linyangwa, Kapyanga and Hanyezi in Kasungu district. Citizens have been mobilised and democratically organized into Citizen Forums and Women Action Groups (WAGs) who have had their capacity strengthened through training and orientation on WASH and Health related rights and responsibilities and advocacy. As a result, citizens have been able to demand for services from their elected representatives who are the primary duty bearers.

In our Urban work, community engagement with Lilongwe Water Board, through interface meetings was also heightened which led to improved water supply in the targeted Low Income Areas. For instance, 26 kiosks in Chatata and Mchenzi LIAs that were not connected with water have been connected and LWB had to construct a 650,000liters tank to connect areas that were experiencing low water pressure.



Case Study

Citizen action wins the hearts of parliamentarians

Member of Parliament for Kasungu East, Honourable Madalitso Kazombo is synonymous with the name Kapyanga in parliament. Apparently, this is because he does not leave parliament without mentioning the name Kapyanga. It is at the center of his heart. Kapyanga is an area in Kasungu, within his constituency, where WaterAid with a match grant fund from UKAid is implementing the Deliver Life Project.

The relationship between Kazombo and WaterAid dates back to 2014 when WaterAid Malawi, through Citizen Action Initiative, empowered communities to hold aspirant Members of Parliament and Councillors accountable under a campaign called Keep Your Election Promise.

Kazombo promised to construct a health centre if elected to office and indeed, two years down the line the health facility is almost completed. After learning of the Deliver Life Project he approached WaterAid to upgrade the facility by ensuring that it has flowing water within and adequate sanitation facilities. WaterAid has since constructed, toilets, bathrooms, incinerators, placenta pits and installed solar powered boreholes to ensure that there is water all the time.

The pride that Kazombo has in Kapyanga Health Facility prompted the Joint Committee of Parliament to visit the place and learn from the community how it all came to be.

During the visit, Rhoda Chikanda shared with the parliamentarians that her story, which is just one of many in the area, is what prompted the community to demand for a health facility. Five years ago, on the way to the hospital, Rhoda delivered her baby on the way. She and her newborn baby were exposed to risk of infection not to mention to shame and loss of dignity that she had to face after this ordeal. The nearest health facility from Kapyanga is 45km away.

Rhoda's testimony: " My experience, giving birth on the way to the hospital was the last straw that made us to demand for this health centre. It was a frightening experience. We told the Member of Parliament that we were tired of empty promises. It was time to deliver. We thank God that he listened.

"Thanks to him and WaterAid we are now drinking clean water that has been installed at the facility even before it is operational. We had not known clean water before then but today our story is different. Neighboring village look on to us with envy, they come to collect water here. I hope that what you have done for us, you can also do the same for them."

Chairperson of the Joint Parliamentary Committee Honourable George Kamwanja, said his biggest take home is the community involvement and ownership on issues of development. He said this is one of the tactics that parliamentarians have to take on board to ensure sustainability.

Sector strengthening

In our Sector strengthening work, we successfully phased out the DFID-funded Sector Policy and Governance II Project where we also carried out the end of project evaluation. We widely disseminated this evaluation report for learning and it has been a reference point on sector governance among stakeholders including DFID.

While processes to conclude on the Programmes of Work and Fiduciary Framework are underway, through supporting sector performance monitoring processes in the JSR and the Sanitation and Water for All Platform, we have been able to influence consensus among development partners for a resolution to review the Joint Sector Review process. Using the SWA taskforce we have led the development of country level profile on WASH (financing and policy environment) focussed on assessing the readiness of the country for implementation of SDGs. This has also helped us to engage with Deputy Minister in the Ministry of Agriculture and the Chief of Health Services in the Ministry of Health on the key actions to be undertaken on policy and financing on WASH.

Through the Trachoma Elimination and Deliver Life projects, we have strengthened coordination efforts at district level which have resulted in the incorporation of Neglected Tropical Diseases task force and Safe Motherhood Coordinators into the District Coordination Team for WASH. In addition, we are supporting Kasungu and Machinga districts to develop their District Sector Investment Plans with clear targets on cross-sector coordination as part of strengthening sector coordination at district level.

Through the institutional and technical support we provided to WESNET in the development of their strategic plan and the first ever CSO performance monitoring frameworks, it has raised WESNET profile and some Development Partners are now willing to support WESNET on the development of a joint advocacy plan for CSOs. In addition, WESNET has now received formal delegation by the Government to generate information on CSO performance for Joint Sector Reviews which will increase accountability among NGOs.



WaterAid has brought together different players on the table to improve collaboration and strengthen the voice of WASH partners

Sanitation and hygiene prioritisation

Through its different programmes, the Country Programme has been raising the profile and building consensus among stakeholders around sanitation and hygiene as public health issues. Generally, the conversations on sanitation and hygiene has shifted from just talking about numbers reached with access to water and sanitation to that of contributing to learning and dialogue on the impact of sanitation and hygiene on health outcomes and to attained sustained behaviour change, for instance. In this regard, we have carried out analyses of integration of WASH in MNH policy through a study and engaged the Joint Committee of Parliament and the Women Caucus on issues of WASH and health.

We have also facilitated the formation of a task force of key CSOs in the name of Malawi Health Equity Network, Malawi Economic Justice Network, Water and Environmental Sanitation Network, National Organisation of Nurses and Midwives and Malawi Environmental Health Association with aim to influence prioritisation of WASH in Health Sector Strategic Plan, Sexual Reproductive Health Policy, Every New-born Action Plan and Quality Management Policy review processes.

WaterAid has also engaged civil society organisations and academic institutions and have formed partnerships aimed at influencing policy direction on sanitation and hygiene. Through the Sanitation and Water for All platform, we have generated dialogue for sector strengthening initiatives which have also heightened the drive to have a resolution on leadership for sanitation and hygiene influencing a decision by the development partners to engage with the Chief Secretary in the Office of the President and Cabinet on the same.



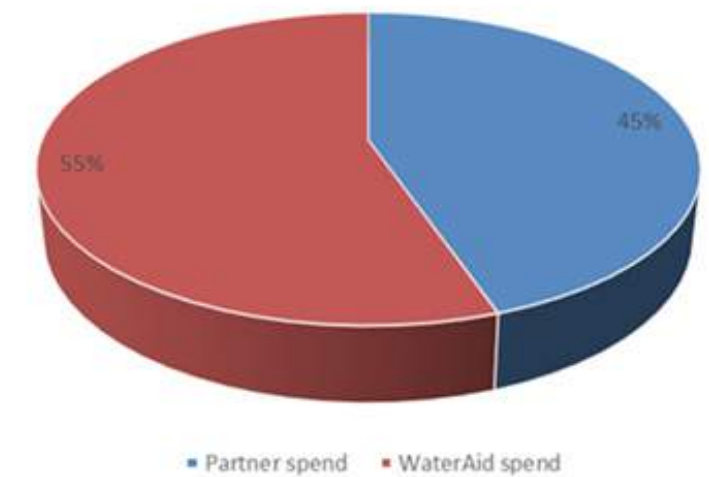
WaterAid supported Central Region Water Board with solar powered boreholes as a back up to hydro- electricity which is very erratic in Mponela. The system costed K42 million supported by Thames Water in the UK.

WaterAid/ Mwakamwereti-Kano

Programme Finances

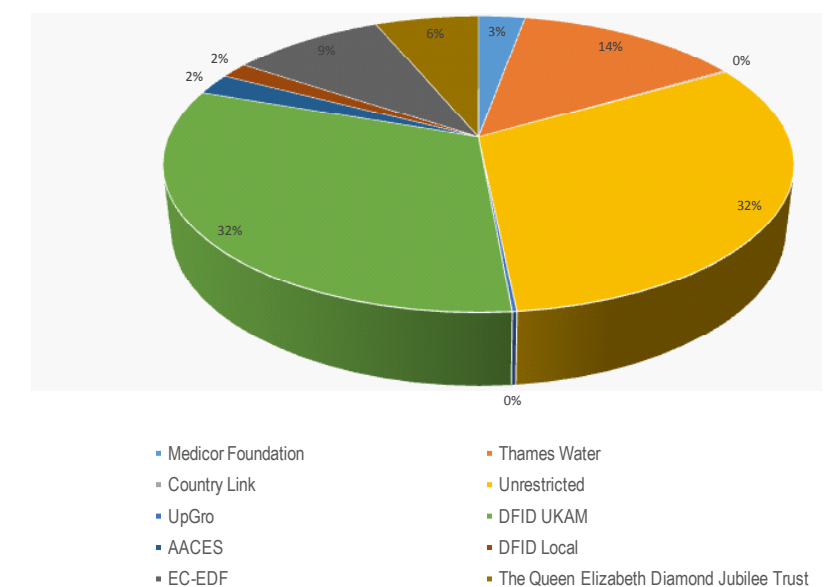
Overall, Malawi programme registered an annual expenditure of MWK1.612 billion against a reforecast annual budget of MWK1.983 billion. This represents 81% burn rate. Of the MWK1.612 billion, MWK720 million was the total partner spend as depicted below:

Annual Expenditure



Major financing sources included WaterAid, DFID, EU, Medicor Foundation, Thames Water and the Queen Elizabeth Diamond Jubilee Trust.

Expenditure by Funding Sources





Sanitation Clubs like this one at Mlodza Primary School have been formed in all the schools where we are working. The learners have been trained solid waste management and make ornaments as well as reusable pads from pieces of cloth.



WaterAid exists to transform the lives of the poorest and most marginalised people by improving access to water, sanitation and hygiene

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