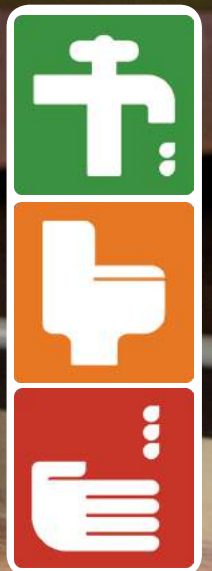




WaterAid

**Malawi Country
Programme
Annual Report
2018/19**

**Improving WASH
in Healthcare
Centres**







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Abbreviations and Acronyms

ART:	Anti-Retroviral Therapy	MOH:	Ministry of Health
CAI:	Citizens Action Initiative	NGO:	Non-Governmental Organization
CCIM:	Community Case Integrated Management	NICE:	National Initiative for Civic Education
CICOD:	Circle for Integrated Community Development	NTDs:	Neglected Tropical Diseases
CF:	Citizen Forum	ODF:	Open Defecation Free
CHWs:	Community Health Workers	PMTCT:	Prevention of Mother to Child Transmission
CLTS:	Community Led Total Support	SEI:	Sector Engagement and Influencing
CMT:	Community Midwife Technician	SHAP:	Sanitation and Hygiene Advancement and Prioritization
CRWB:	Central Region Water Board	SRHP:	Sexual and Reproductive Health Policy
DC:	District Commissioner	SLTS:	School Led Total Sanitation
DCA:	District Citizens' Assembly	SMC:	School Management Committee
DCSA:	Disease Control Surveillance Assistants	SPD:	Sustainable Programme Delivery
DFID:	Department for International Development	SSDI:	Support for Service Delivery Integration
DHO:	District Health Office	T/A:	Traditional Authority
ELDS:	Evangelical Lutheran Development Services	TSP:	Training Support For Partners
HCF:	Health Care Facilities	WA:	WaterAid
HSA:	Health Surveillance Assistant	WASH:	Water, Sanitation and Hygiene
IPC:	Infection Prevention and Control	WAG:	Women Action Groups
LWB:	Lilongwe Water Board	WESNET:	Water and Environmental Sanitation Network
LIA:	Low Income Area		
MDGs:	Millennium Development Goals		
MNH:	Maternal and Newborn Health		

Foreword

It is with great pleasure that we share with you this 2018/2019 Annual Report which summarizes the progress we have made in implementing various interventions, the exciting stories from the people we have served on the changes they have experienced with safe water, improved sanitation and good hygiene as well as the lessons we have learnt in the implementation processes.

Over the year, we have not only seen ourselves scaling up our work in WASH and Health, but have embarked on our WASH and Nutrition integration work in Early Childhood Development and primary school feeding programme as one way of contributing towards curbing malnutrition in Malawi.

Through our work on WASH in Health Care Facilities (HCFs), we have reached 19 Health Centres, in Kasungu, Nkhhotakota, Machinga and Ntchisi districts, serving a catchment population of 490,496 people, where we have registered incredibly life-changing stories, especially for our women, girls and children. Our engagement with the Nation Publication Limited Mother's Fun Run campaign has seen us making a long term commitment to support improvement of WASH in health care facilities in Ntchisi District, beginning with an initial support of MK40m to 3 HCFs.

A total of 14,763 people in communities and schools in Nkhhotakota, Kasungu and Machinga districts, and Mponela and Kasungu towns have accessed safe water, 39,360 people reached with hygiene behavior change messages and 5,012 have accessed basic and improved sanitation services.

We are also proud to have contributed towards Trachoma elimination in Malawi, and that we have managed to rehabilitate on-site sewer systems for Chayamba Secondary School and Kasungu District Hospital that were dysfunctional for a long time causing health risks to students and patients, respectively.

We have made great strides in raising the profile and building consensus among stakeholders around



sanitation and hygiene as public health issues. We have seen inclusion of sanitation and hygiene in the strategic documents such as the ODF strategy, School Health and Nutrition Strategy. We have proactively engaged with the review processes of Health Sector Strategic Plan and Sexual Reproductive Health and School Health and Nutrition Strategies where we have advocated for inclusion of sanitation and hygiene in these documents.

We have seen our ABCDE hygiene approach being included in the National Sanitation and Hygiene Strategy as a recommended approach for achieving hygiene behaviour change. The approach uses visual cues and less text, for a quick uptake of information for high illiterate population. This has been a huge shift from the business as usual processes in hygiene promotion.

As we look forward to 2019/20 with so much optimism, we remain greatly indebted to our donors and implementing partners, the Malawi government, the communities we work with and all supporters, for their unfaltering support in sharing our vision of ensuring that everyone, everywhere, has access to potable water, decent sanitation and good hygiene by the year 2030.

Mercy Masoo

Mercy Masoo

COUNTRY DIRECTOR

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 marginalized people by improving access to safe water, sanitation and hygiene

Our Values

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

RESPECT

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

COLLABORATION

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

ACCOUNTABILITY

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

COURAGE

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

INNOVATION

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

INTEGRITY

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



About WaterAid Malawi

It is our understanding that this can only be achieved when citizens are empowered and take responsibility and actively engage in the realisation of their rights to WASH; when sustainable, equitable and inclusive WASH services are delivered at scale; when sanitation and hygiene is recognised and prioritised across sectors as a public health concern and when the sector is well coordinated, responsive, accountable and creates an enabling environment for integrated delivery of equitable and sustainable WASH services.

Since 1999 WaterAid Malawi has been working towards ensuring that there is an increased focus on water, sanitation and hygiene at all levels and across all sectors.

WaterAid is an international non-governmental organisation dedicated to helping the poorest and most marginalised communities escape from suffering caused by lack of safe water, improved sanitation and hygiene.

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.

Since 1999 WaterAid has been working in Malawi to ensure that there is an increased focus on water, sanitation and hygiene at all levels and across all sectors. Working in partnership and collaboration with numerous stakeholders, WaterAid has made significant strides towards improving access to safe water, sanitation and hygiene through a variety of projects implemented in the districts of Nkhotakota, Mzimba, Machinga, Karonga, Rumphu, Balaka, Dedza, Ntcheu, Chikwawa, Zomba, Ntchisi, Kasungu, Lilongwe City, Kasungu Municipality and Mponela town.

WaterAid has modelled provision of WASH in schools, health centres, towns and communities through the construction and rehabilitation of boreholes, water kiosks, rehabilitation and expansion of gravity fed systems and construction of sanitation



WaterAid/ Dennis Lupenga

infrastructure in schools, urban markets and health centres.

WaterAid has worked with other sector players on policy and advocacy initiatives, focusing on enhancing sector coordination, integrated planning, resourcing and implementation at both national and decentralized levels, and sector performance monitoring and accountability. Access to clean water, improved sanitation and hygiene, through our work, has had a substantial impact, particularly at the household level. This has resulted in individuals and communities, saving more time for more productive activities, which helps to enhance their dignity and well-being.

In schools, improved sanitation facilities have influenced more learners to attend classes, as the environment is inviting but also numbers of sanitation-related diseases have significantly dropped. In health care centers, provision of clean water and sanitation infrastructure have had significant impact on infection prevention and enhancing dignity of pregnant women and mothers.

Our work is guided by our 2016-2021 country strategy - Towards WASH for All by 2030 - which reflects the sustainable development framework, especially SDG 6 and other related goals. WaterAid aims to contribute towards the achievement of universal access to safe water, improved sanitation and hygiene for all by 2030.

Our Programmes

Our Country Strategy is operationalized under three programmatic pillars:

- **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, planning and implementation 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 also champions citizen empowerment initiatives so that people understand their WASH rights and responsibilities and are able to claim their entitlements and safeguard them.

Sanitation and Hygiene Advancement and Prioritisation (SHAP)

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 will 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 looks towards ensuring that there is integrated and functional planning, implementation and accountability mechanisms for sanitation and hygiene as well as support 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.

Sector Engagement and Influencing (SEI) Programme

This programme aims at ensuring there is an enabling environment and an engaged and well-coordinated sector that recognises and promotes the realisations of WASH rights. The programme focusses 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 ensures that there is a well-coordinated sector that facilitates integrated planning, resourcing, and implementation, monitoring and reporting at national and decentralized levels. It also ensures that there is sustainable WASH infrastructure, services and a vibrant civil society that proactively engages in the WASH sector and championing WASH rights.



WaterAid aims to contribute towards the achievement of universal access to safe water, improved sanitation and hygiene for all by 2030.

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:

- **Amref Health Africa**
- **Central Region Water Board (CRWB)**
- **Evangelical Lutheran Development Services (ELDS)**
- **Lilongwe Water Board (LWB)**
- **Mineral Appropriate Technology Applicable in Malawi (MATAMA)**
- **National Initiative for Civic education (NICE)**
- **Circle for Integrated Community Development (CICOD)**
- **Lilongwe City Council**
- **District Councils (Kasungu, Machinga, Dowa, Ntchisi, Zomba and Nkhotakota)**
- **Kasungu Municipal Council**

WaterAid continues to collaborate with organizations and networks that will help the Country Programme achieve its strategic objectives. Our new approach of integration of WASH and health and nutrition, has also raised the need for further collaborative partnerships.

Where we work

WaterAid Malawi is currently operating in seven districts:

- **Dowa (Mponela)**
- **Kasungu**
- **Lilongwe City**
- **Machinga**
- **Nkhotakota**
- **Zomba**
- **Ntchisi**

2018/19

INCREASING ACCESS TO SAFE WATER, IMPROVED SANITATION AND HYGIENE

Under the implementation of Deliver Life 1&2, Trachoma Elimination, Thames Loves Malawi and Kubadwitsa Amoyo projects in Machinga, Kasungu, Ntchisi, Lilongwe Urban and Nkhotakota districts, WaterAid has reached the following people at both household and institutional level (Health Care Facilities and schools).



People with access to safe WATER

14,763



People with with improved SANITATION

5,012



People practicing good HYGIENE - USE

26,708

Highlights



WASH in Health Care Facilities

WaterAid's work in health care facilities was informed by rapid assessments of randomly selected health centers and consultations with key stakeholders which revealed that there are serious challenges with WASH provision in the Health Care Facilities in Malawi that are impacting negatively on HCF users, especially women and new-born babies.

The WHO reports and other studies also showed that WASH in Health Care Facilities is one of the neglected areas with negative implications on infection prevention efforts thereby contributing to increased maternal and neonatal deaths from sepsis.

In Malawi, studies showed that more than half of the Health Care Facilities lack sufficient WASH facilities for patients and guardians. About 56% of the HCFs have no hygiene facilities, 63% do not have adequate latrines and 17% do not have access to safe water.

Since 2015, WaterAid in Malawi is modelling the provision of WASH in health care facilities in Malawi. Starting with 16 Health care facilities in Kasungu, Machinga and Nkhosakota districts, with UKAid match

funding which ended in March 2019, WaterAid secured additional funding from Scottish Government (to run from October 2018 to March 2023) to scale up its work on WASH in health to 4 Health Centres in Machinga district. In response to the desperate need for water supply, WaterAid also supported improvement of water systems in three health centres in Ntchisi district, through the Nation Publication Limited Mothers Fun Run initiative.

Through these initiatives, WaterAid has reached a total of 19 Health Care Facilities where 675,414 people, 617,837 and 411,669 people have been able to access the water, sanitation and hygiene facilities and services respectively on annual basis. Through these projects, WaterAid is advocating that WASH provision be strengthened as a key



Mary Khobiri, nurse and midwife, holding the newborn baby of Dolophy Kinilosi, at Mangamba Health Centre in Machinga.

WaterAid/Dennis Lupenga

component of health service delivery and infection prevention.

WaterAid Malawi's WASH and Health work focuses on three distinct but related work streams:

- **Modelling provision of WASH infrastructure and services in health care facilities**
- **Strengthening the role of the health and water sectors in ensuring sustainable WASH services in HCFs**
- **Empowering citizens to play their role in ensuring that they are accessing adequate WASH**

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

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

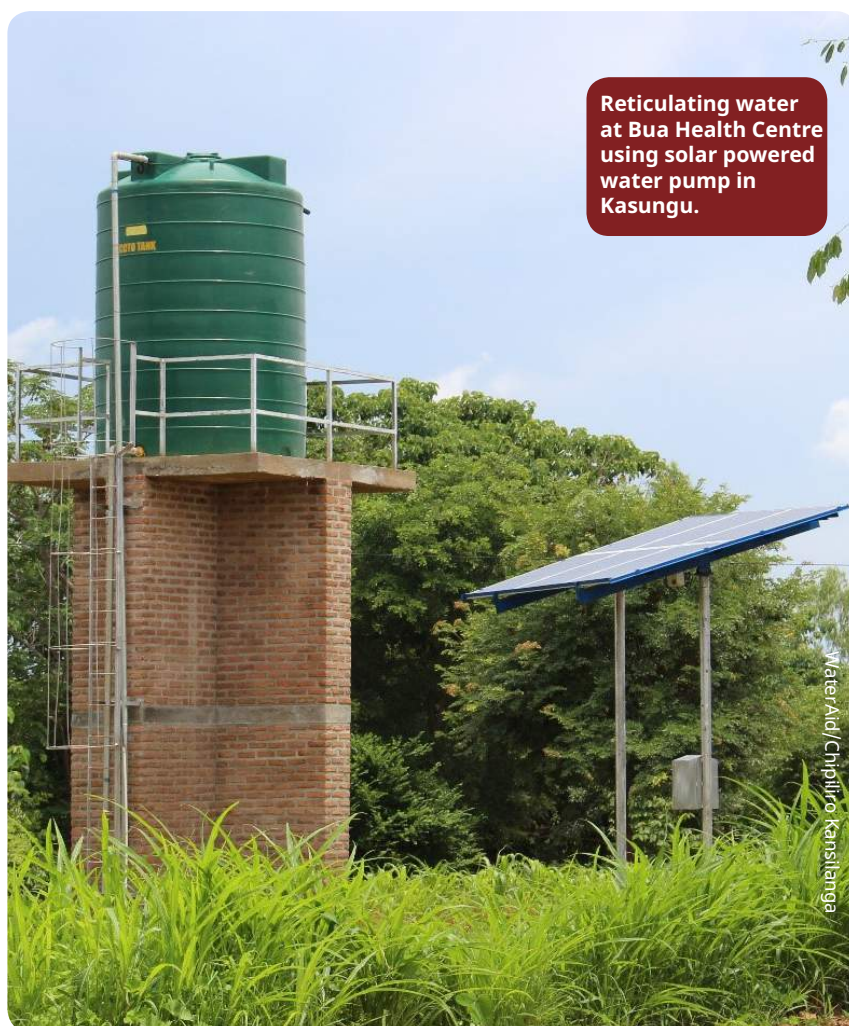
A total of 334 community facilitators and health facility staff (nurses, midwives and clinicians) have been trained on hygiene and Maternal and Neonatal Health (MNH) and infection prevention in the three districts of Kasungu, Machinga and Nkhotakota. At community level, WaterAid is providing inclusive boreholes and promoting household sanitation and hygiene using the new ABCDE approach for hygiene behaviour change which uses community aspirations as motivation and a positive reinforcement for sustained behaviour change.

A total of 19,301 people in communities in Nkhotakota, Kasungu and Machinga have accessed safe water, 74,849 people reached with hygiene behaviour change messages and 18,428 have accessed basic and improved sanitation services. A significant impact of these interventions has been the increase in number of pregnant women seeking maternity services in these Health Centers because of improved WASH facilities.



WaterAid/Dennis Lupenga

Annie Mtopa, happy to have running water at Bua Health Centre in Kasungu.



Reticulating water at Bua Health Centre using solar powered water pump in Kasungu.

WaterAid/Chiphiliro Kanjilanga



WaterAid/Dennis Lupenga

Improved toilet facilities at Kapyanga Health Centre in Kasungu.

The sector strengthening work focuses on WASH and maternal and new-born health policy integration. It aims at ensuring national policies, frameworks and coordination mechanisms are recognising WASH as a key component affecting MNH outcomes. In this respect, WaterAid has engaged with the review processes of Health Sector Strategic Plan and Sexual Reproductive Health Strategy where WaterAid's input on inclusion of sanitation and hygiene into these strategies have been taken into consideration.

WaterAid noted that the National Sexual and Reproductive Health Policy (SRHP), falls short in recognising WASH as a key component affecting MNH outcomes. It also established that key technical working groups in the Ministry of Health and MNH do not include key WASH sector actors.

WaterAid has built partnerships with health sector players at local, district national levels to ensure that the role of WASH in achieving universal health coverage is prioritised and is adequately financed.

WaterAid supported the establishment of an advocacy task force on WASH and MNH, a platform through which WaterAid is influencing other organisations to integrate WASH in their programming. Through the influencing work and frequent engagement with the Ministry of Health, WaterAid has established its position and is among the organisations that are considered to have thought leadership on WASH in Healthcare facilities and has been incorporated into the Quality Management, Anti- Microbial Resistance Technical working groups and Quality Control subcommittee of the Health Promotion TWG.

In order to ensure long term sustainability of the WASH infrastructure provided in HCFs and communities, WaterAid has engaged the Ministry of Agriculture, Irrigation and Water Development and Ministry



WaterAid/Chiphiliro Kansilanga

Modern incinerator at Mdunga Health Centre in Kasungu.

of Health to lead the planning and resourcing and implementation of O&M plans in collaboration with management teams and communities in the HCFs.

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

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

The WASH in Health work has been implemented in partnership with Evangelical Lutheran Development Services in Kasungu and Nkhotakota and Amref Health Africa in Machinga and the respective District Councils championed by District Health Offices.

Trachoma Elimination



School children lining up to wash both their hands and face as part of trachoma prevention in Mangochi.

WaterAid Malawi has been part of the national efforts to eliminate Trachoma in Malawi taking lead on the Facial and Environmental Cleanliness strategy in the Trachoma Elimination Project funded by the Queen Elizabeth Diamond Jubilee Trust which run from January 2016 to December 2018.

WaterAid coordinated the implementation and scaling up of good hygiene behaviours with a focus on facial cleanliness, general body hygiene and sanitation in schools and communities in 15 districts in Malawi.

The project was implemented by a consortium of 7 NGOs (Development Communications Trust, World Vision International, Sightsavers, Amref, WaterAid, MATAMA and CICOD).

WaterAid supported the integration of WASH as a key preventative measure in order to sustain the gains realized from implementing surgeries and antibiotics. This work was in line with the Ministry of Health's goal of eliminating Trachoma by 2019 through the WHO-recommended SAFE strategy.

WaterAid coordinated the implementation and scaling up of good hygiene behaviours with a focus on facial cleanliness, general body hygiene and sanitation in schools and communities in 15 districts in Malawi (Kasungu, Nkhosokota, Mchinji, Salima, Lilongwe, Ntchisi, Dowa, Mwanza, Neno, Nsanje, Mangochi, Ntcheu, Chikwawa, Zomba and Machinga).

According to the Ministry of Health and Population, Malawi has managed to meet the target of eliminating Trachoma as it is no longer a public health problem. As part of behavior change interventions for trachoma elimination, WaterAid facilitated the adaptation and adoption, by the Ministry of Health and WASH NGOs, of the Community Led Total Sanitation (CLTS) guidelines and behaviour change IEC materials that incorporated the prevention and elimination of Trachoma and other NTDs.

WaterAid also influenced the inclusion of trachoma in the National ODF and Hand Washing with Soap Strategy where trachoma issues have become prominent especially face washing with soap as well as sanitation considerations where proper disposal of animal dung have also been added beyond the proper disposal of human faecal matter.

WaterAid also facilitated the rolling out of a behavior change and communication strategy on F&E which was aimed at increasing knowledge about Trachoma in a language and through channels that people could understand and relate to; and was also meant to advocate for effective approaches to trachoma prevention among policy makers.

These interventions were aimed at providing an enabling environment for sustenance of good hygiene behaviors for Trachoma elimination but also elimination of open defecation in general.

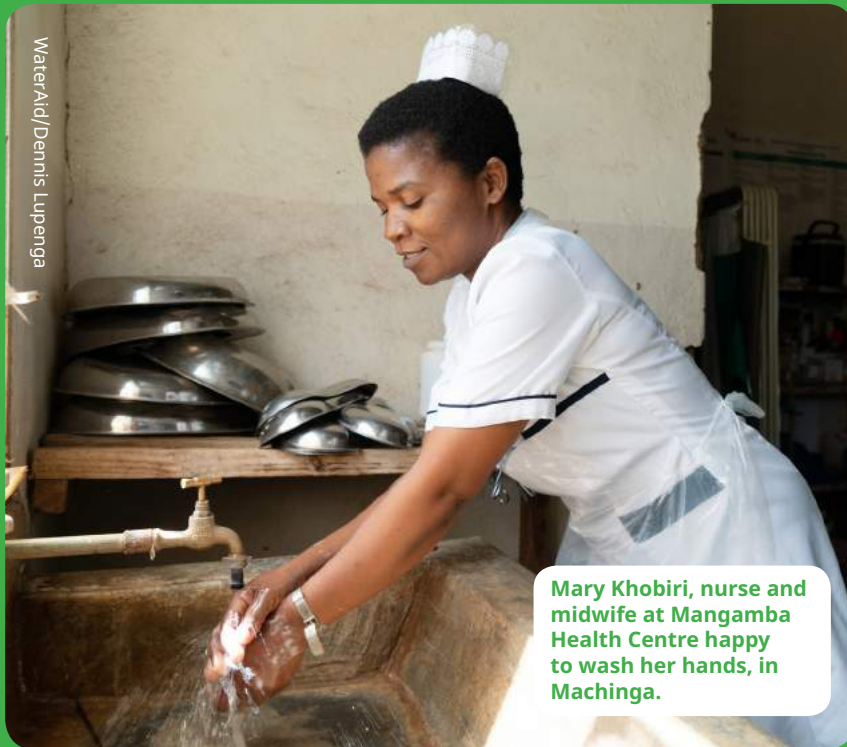
At community level, the project targeted schools and villages where it promoted hygiene behavior change interventions. As a result of these interventions, a total of 330 villages and 88 schools were declared and certified ODF across the 15 districts.

WaterAid worked and built capacity of various stakeholders including those from government (Disease Control Surveillance Assistants (DCSA), school sanitation patrons/matrons; Water Monitoring Assistants, Sanitation, Health and Nutrition coordinators, District Health Office staff) and NGO to be able to promote hygiene behavior change for trachoma elimination, and elimination of open defecation as well general body hygiene and related WASH issues. A total of 1419 health workers/ community volunteers 150 SHN teachers from model schools and 300 DCSA were trained.



1

CASE STUDY: WASH Brings Back Sanity at Mangamba Health Centre



“We had difficulty cleaning our delivery packs as well as we had to have them sterilised at Machinga District hospital, which is about 60km away. It would take more than a week to get the sterilised utensils back. It was difficult for us to observe hygiene practices without water.”

No-one believed that things could change at Mangamba Health Centre. The health facility has since time immemorial battled poor WASH conditions. The facility, situated in T/A Mangamba in Machinga, attends to over 30,000 outpatients every month.

Arriving at the health centre, one is greeted with an old tilted sign post labelled; ‘Mangamba Health Centre, Youth friendly health service’.

Facing over 55 deliveries every day, the health facility could not afford to provide enough water for all the women. As such, most of them had to walk to a distant Masanje river whose water is not safe. This posed a huge health risk to both the mother and the unborn child. In addition to that, the setup was not dignifying.

Apart from the water running wild, the river itself was a death trap, as many animals such as cattle, ducks, goats and dogs quench their thirst there as well. Surrounded by several villages, the meandering river is also highly polluted, as most people wash their clothes while

children from the surrounding villages also take their regular baths along the same river.

Mary Khobiri, who is a nurse-midwife testifies how difficult life was for both the patients and the medical personnel. “When I was posted here in September 2018, I immediately wanted to go back or be posted to a better place. There was no running water and sanitation was difficult to adhere to. I however decided to stay and face the challenges, since these are my fellow Malawians. They needed my help and service. I had to stay and help.

“The hospital had dilapidated toilets and bathrooms which were also inadequate. The bathrooms, for instance, had no proper doors. This was not dignifying for the pregnant women as they could be seen bathing from a distance.

“This prompted most women to use the bush as a bathroom or wash themselves in the open but under a cover of darkness. It was a dehumanising situation.

“Lack of clean water also compromised both my health and that of the pregnant women and newborn babies. I remember vividly this other time in October, when we had to take a woman who had just given birth to a nearby river - which normally is about 25 minutes away, but would take 45 minutes (one way), since the women would find it difficult to walk after child birth.

“As a medical practitioner, I felt sad and sorry for the women. Those who were lucky to have a guardian to fetch them water would find it easier to clean themselves after giving birth right here at the hospital. Unfortunately, other women had to go through this painful experience. Some women would collapse along the way.

“As a hospital, we always tried to reserve some water which we could use for emergency cases, but due to the high rate of births we had per day, it was difficult to manage the situation.

“There was this young lady who came here alone and wanted to avoid taking the long walk to the river after giving birth. She

opted to fetch her own water right before giving birth. Unfortunately, she ended up giving birth right at the river. We had to rush there and help save her baby and her life as well.

“In our maternity ward, we faced several challenges including: a lack of clean water; difficulty in sterilising delivery packs; and a lack of staff toilets. So, as child birth involves a woman losing blood (lochia rubra), it was always difficult for us to handle women with HIV/AIDS. Without clean water, it was a huge health risk for us and other women.

“We had difficulty cleaning our delivery packs as well as we had to have them sterilised at Machinga District hospital, which is about 60km away. It would take more than a week to get the sterilised utensils back. It was difficult for us to observe hygiene practices without water.” Bemoaned Mary.

In November, 2018, WaterAid through AMREF intervened at Mangamba by constructing new state of art toilets and bathrooms, placenta and ash pit, incinerator, and water tanks that greatly improved water, sanitation and hygiene.

“Now that we have clean water, the place feels like home again. We have running water both inside the maternity ward and other wards, including the staff houses,” explains Mary.

She added that it is now easy to wash hands before and after they assist any patient. “Our patients are now able to clean themselves after giving birth right here at the health facility. They no longer have to risk their lives and lose dignity by walking long distances. Women are happy.

“We also have functional toilets for our staff inside the maternity ward. It is easier for us to work there all day without having to leave the patients and go home to relieve yourself. My job is more enjoyable now. “Since January this year, we have seen a drastic reduction in sepsis cases. Previously, we could register 8-10 cases in a day but currently, we hardly register any cases.

“It is pleasing to see how happy the women are at the hospital. They are now proud to be called mothers. Many lives have been saved, women dignified, midwives protected from various infections.



Dilapidated bathrooms at Mangamba Health Centre in Machinga.

WaterAid/Dennis Lupenga



New bathrooms and toilets under the Deliver Life Project at Mangamba Health Centre in Machinga.

WaterAid/Dennis Lupenga



Part of the delivery pack awaiting sterilization process at Mzandu Health Centre in Ntchisi.

WaterAid/Dennis Lupenga



New Water tanks installed at Mangamba Health Centre in Machinga.

WaterAid/Dennis Lupenga

Our Work in Small Towns – Kasungu and Mponela

WaterAid's work in small towns dates back to 2013 and aims at addressing specific WASH challenges that are impacting negatively on the lives of the people. Poor sanitation, poor solid and liquid waste management, intermittent water supply and weak governance systems are the key challenges characterising these two small towns. Investments in small towns in Malawi are not keeping pace with the growing need for services and 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 has continued its work in the small towns of Kasungu and Mponela with support from Thames Water UK- a Utility Company in the UK since 2016. The support is aimed at increasing access to safe water, improved sanitation and hygiene; and improved urban management for effective WASH service delivery for Kasungu and Mponela towns.

The project, known as *"Thames Loves Malawi"* is a four year project (2016/2020) implemented in partnership

with a local NGO- Mineral and Appropriate Technology Applicable in Malawi (MATAMA) and a Water utility company-Central Region Water Board (CRWB) in collaboration with the local councils of Kasungu Municipality and Dowa District.

Through the project, WaterAid is supporting Central Region Water Board to provide sustainable water supply services in small towns of Kasungu and Mponela through installation of solar powered pumping systems, water tanks, water catchment protection, capacity building to Water Users Associations, support towards non-revenue water reduction through provision of prepaid water meters and technical support on water supply system improvements through peer to peer support between CRWB and Thames Water.

The project has to date reached 6,453 people with access to safer water through extension of pipe networks that have allowed for kiosk, institutional and individual connections in Kasungu and Mponela. A total of 19,323 people have gained access to improved sanitation services and 18,186 people have been reached with hygiene messages through hygiene promotion in households and institutions.

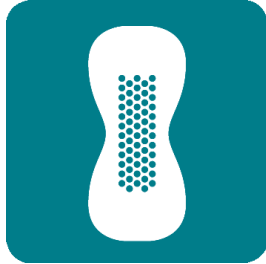
An outstanding achievement of the project has been the installation of a renewable energy for surface and submersible pumps of 2.2kw at Central Region Water Board (CRWB) Mponela water plant which has significantly improved the number of hours that CRWB is able to provide water during power outages and has consequently increased revenue, while at the same time, generating savings from a reduced electricity budget. The project has also facilitated the installation of 600 post-paid meters and replacement of stuck post-paid meters for CRWB which will go a long way in reducing the volume of non- revenue water and increase the billed volume of water.



WaterAid/Dennis Lupenga

School children happy to have improved toilet facilities, Kasungu LEA Primary School.

WaterAids work on small towns dates back to 2013 and aims at addressing specific WASH challenges that are impacting negatively on the lives of the people.



New water kiosk brought unimaginable joy - Moffat village, Kasungu.

WaterAid/Dennis Lupenga

A key highlight of the project is the official twinning and formalisation of the Framework of Cooperation between Thames Water of UK and CRWB which is aimed at providing peer-to-peer transfer of skills, knowledge, experiences and resources to CRWB in order to improve its efficiency in water service delivery.

delivery, which laid a foundation for the project's support in improving liquid and solid waste management in Kasungu Municipality. Major result of this work has been the rehabilitation of Chayamba Secondary School and Kasungu District Hospital on-site sewer systems that were dysfunctional for a long time causing health risks to students and patients respectively.

While the development of a capacity support programme for CRWB is underway, CRWB has already benefited from the learning visit it took to Thames Water UK as well as from the first capacity building and skills sharing support visit that Thames Water team made to CRWB which focussed on treatment plant works, water balance, district metering and leakage detection.

The project has also trained Small Scale Private Operators in pit emptying technologies to support pit emptying activities in the sanitation chain going beyond slab making and latrine construction; and has also facilitated formation of groups that are carrying out solid waste management activities and produce compost manure for sale.

As a result of these exchanges, CRWB has mapped their assets and created inventory for both Kasungu and Mponela, started installations of District Metering Areas for Mponela to aid the monitoring and analysis of non-revenue water reduction.

The project has also made significant strides in facilitating urban planning in the two towns. To this effect, Urban Structure Plan (USP) for Mponela was finalised and approved by Dowa District Council. This plan thoroughly covers WASH issues including mapping of existing and future water and waste management sites. Similarly, the Development of Urban Structure Plan for Kasungu Municipality has been completed and the proposed plan awaits approval by the Municipal Council.

The project also carried out the Kasungu Sanitation Study which was a comprehensive assessment of sanitation situation in Kasungu. The study report provided a thorough analysis of liquid and solid waste management including the drivers of sanitation service



WaterAid/Dennis Lupenga

Maggie Msowoya-Munthali, sanitation matron, inside the menstrual hygiene management facility at Kasungu LEA Primary School.



WaterAid/Dennis Lupenga

A learner washing his cup after taking his porridge, Kavunguti Primary School, Kasungu.



CASE STUDY:

Rehabilitation of Sewer Ponds Restores Healthy Living at Chayamba and Surrounding Communities

Imagine having 10 students getting sick every week and having to arrange transport for them to the nearest hospital. The butterfly effect of this enormous task was overwhelming, says Isaac Mwangomba, Deputy Head teacher at Chayamba Secondary school.

Due to frequent water woes, the boarding school heavily relied on using a school borehole. Much as the borehole was a reliable source of water, it was also the root of the problem as the water from there was contaminated.

For years, the teachers observed that most students would have waterborne diseases especially diarrhea and were not sure as to why this was the case. The teachers would spend a lot of time attending to students who were sick.

“It was a weekly trend to have sick students but had no idea as to what the source of the problem was. This affected class attendance and the overall performance was dwindling. I was not impressed with the trend and it was sad to have students who were always sick.” Said Mwangomba

In 2006, relief stepped on their door as WaterAid and MATAMA visited the school in order to test the water especially at the borehole. It was later revealed that the water had tested *Escherichia coli* positive. This was mainly due to faecal matter contamination deriving from the sewer ponds, which are located within the school premises. The sewer system was in a very poor state.

“The coming of WaterAid was a great relief as they had known the source of our suffering which also extended to the surrounding community who were also benefitting from the same school borehole. As we speak, everyone is excited due to the fact that currently, our sewer system is being rehabilitated. We see engineers laying pipes and fixing the sewer ponds. Everyone is hoping that soon all our problems will come to an end. I am mostly excited to see an end the suffering of our students. They deserve to be in class and not lying on a hospital bed. Once the sewer is fixed, I am sure that both class attendance and performance will greatly improve. On top of that, the surrounding place was always stinking which was a great burden to us and surrounding community members.” Said Mwangomba.

He indicated that the school did not have the capacity to rectify the sewer line on its own as their finances would not allow them. Every year, the school management sources funds from the students amounting to



Sewer rehabilitation works at Chayamba Secondary School, Kasungu.

WaterAid/Dennis Lupenga



A girl fetching water from a contaminated borehole, Chayamba Secondary school, Kasungu.

WaterAid/Dennis Lupenga

MWK7,000 for school maintenance works. However, the money collected is not near enough to cater for such a huge sewer pond maintenance cost.” Revealed Mwangomba.

In her remarks, Senior Group Village Headperson (Chief Chiteyeye) Estery Kalimanjira, who has the school in her village was lost in words. She thanked WaterAid and its partner MATAMA for doing a great service in her community.

“I am extremely happy that the students and my community will have clean water and will be less prone to catching any waterborne disease. Why should we have the future teachers, doctors and accountants sick? Thank you for the assistance”, said the chief.

The Thames Loves Malawi Project is also rehabilitating five sewer ponds at Kasungu District Hospital, four ponds at the Teachers Training College (TTC), and four ponds at the Agriculture Development Division (ADD).



WASH AND Nutrition Integration



The children of Ntondoko Early Childhood Development Centre enjoying their porridge, Zomba.

Recognising the importance of WASH in improving nutritional status of children under five years of age, WaterAid has identified integration of WASH into nutritional programmes and making WASH programmes more nutrition sensitive as one way of contributing towards curbing malnutrition. Malawi has high malnutrition levels evidenced by 37% stunting among children aged below five.

Immediate causes are diet and disease resulting from food insecurity, insufficient care and unhealthy environment compounded by prevailing social, cultural, economic, political and governmental circumstances. Specifically, limited access to safe water, poor sanitation and poor hygiene behaviour are among the leading causes which also account for about 52% of the disease burden.

In partnership with Mary Meals who delivers a feeding programme in primary schools and early child development centres in Malawi, WaterAid secured Scottish Government funding to implement water, sanitation and hygiene improvements in Early Childhood Development Centers in Zomba district.

WaterAid and Mary's Meals have agreed that without sufficient safe water, sanitation

and good hygiene, the food provided is at risk of biological, physical and chemical contamination as well as cross-contamination which could negatively affect the health of the children consuming it.

Furthermore, there is documented evidence that improved WASH leads to better nutrition outcomes. Additional funding has also been secured from Swedish Postcode Lottery to integrate WASH and nutrition in partnership with The Hunger Project targeting communities in the same Zomba district with a specific focus on promoting healthy behaviors.

In partnership with Mary Meals who delivers a primary school feeding and early child development programme in Malawi, WaterAid secured Scottish Government funding to implement water, sanitation and hygiene improvements in Early Childhood Development Centers in Zomba district.





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WaterAid and Mary's Meals have agreed that without sufficient safe water, sanitation and good hygiene, the food provided is at risk of biological, physical and chemical contamination which could negatively affect the health of the children consuming it.

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CASE STUDY:

Penniless passion just for children's well-being- The case of Ntondoko CBCC



WaterAid/Dennis Lupenga

Eneless Rabisoni and Kelina Rabisoni preparing porridge at Ntondoko Early Childhood Development Centre, Zomba.

Volunteerism has indisputably helped address a myriad of social problems in communities. But when one volunteers for an entire 7 years, just for the well-being of children, it can only be nothing but passion.

The big question however is; has that 7-year passion paid off? Has it been worth it? Will it not wear off at some point, especially if it's not recognized and appreciated?

This is the precise case of Ntondoko Child-Based Community Centre (CBCC), located in Traditional Authority Chikowi in Zomba district in Malawi. Established in 2012, Ntondoko exists to provide child-based care and education to children from the area. A centre which started with a handful of kids then, now caters for 112 children, between 3 and 5 years old.

On arrival at Ntondoko, one is greeted by this tiny structure whose cause can easily be identified with the artistic child drawings and cartoonistic characters on the wall. Without this, one could easily mistake it for an almost vetoed structure as it is surrounded by uncut long grass, making the area prone to mosquitoes and other environmental vulnerabilities.

Inside this structure is where the 112 children are taught. Charity Chinzete 32, Felista Phoso 35 and are two key caregivers who have volunteered for the centre for the entire 8 years of its existence. They get

no pay, no honorarium and no form of reward. Yet, they have to not only teach the children, but sometimes cook for them and feed them, every single day of the school days.

In a normal setting, these caregivers ought to concentrate on teaching the children while others help out with the other chores, but often, there is a shortage of women who are tasked to do this work.

Ntondoko is one of the beneficiaries of school-feeding programme run by Mary's Meals. The feeding programme, according to the caregivers, has significantly increased the centre's enrollment as parents prefer to send their children to school, shouldering themselves off from the burden of finding food at home.

Although the food is made available, the caregivers contend that lack of potable water close by hinders their ability to practice hygiene.

"We take four trips a day to the waterpoint because we don't have any close by. So every morning, we find

The big question however is; has that 7-year passion paid off? Has it been worth it? Will it not wear off at some point, especially if it's not recognized and appreciated?



women from the community who help us draw the water. We then use this water for cooking, washing the utensils and cleaning the place. It is not easy at all because in each of these trips, we use the 20-litre water buckets, for the water to suffice. We need over 60 litres everyday for the centre," said Charity.

One would think a sigh of relief is the close by borehole which is situation at the primary school compound, not very far away, but as Felitsa explains, even more challenges await them there.

"Most times that borehole does not function, and when it does, the water comes out unclean, and its dangerous for us to feed the children with that water. But even if the water is clean randomly, the place is always too full that we'd have our children waiting for the entire day, for us to draw water for them to eat porridge, so our option remains the other waterpoint which is 20 minutes away,".

Water woes aside, the centre is faced with a challenge of a clean and safe toilet. The tiny, grass-thatched toilet can be seen through a peep to the backside of the centre's only block. It is not only dilapidated, but dangerous. It is a make-shift squat toilet, the drop holes are not child-friendly as they are designed for adults (big holes), and present a risk of a child falling inside if left unattended. However, the caregivers state that they always escort the children to the toilet every time.

"We just make sure to be there when they want to visit the toilet. The challenge comes when it's a number of them wanting to answer the call of nature at once, for example during a healthy break. Another challenge is that because the toilet is at the very back of the structure, there is a potential risk of any reptiles attacking them. Of course we've never had such a case but it's a situation we cannot prevent by ourselves,".

"The worst situation we have encountered is children

soiling on themselves because they couldn't hold it any longer, as they waited for the queue since all the 112 use the same toilet".

The safety of the toilet is also in question.

"The first toilet was run down by heavy rains so this one is the one we have used for a while, but it can also tumble anytime. But we have no choice but to use this one since it's the only one, whatelse can we do? Laments Felitsa.

Another challenge flares up when it's raining, as this means that the make-shift toilet is not the safest to use, and children would also soak in water if they have to visit.

But in all these difficult moments, the children still have to visit the centre to learn as they wait for the porridge, while in it all, Charity and Felitsa have remained resilient, saving and serving the Ntondoko children as their own. Most importantly, all this they do on voluntary basis. Asked to share their motivation, Charity says;

"We don't get paid, we never have. We used to be more than 10 but our colleagues left, for us we have accepted this as a calling, just to ensure that these children end up productive one day".

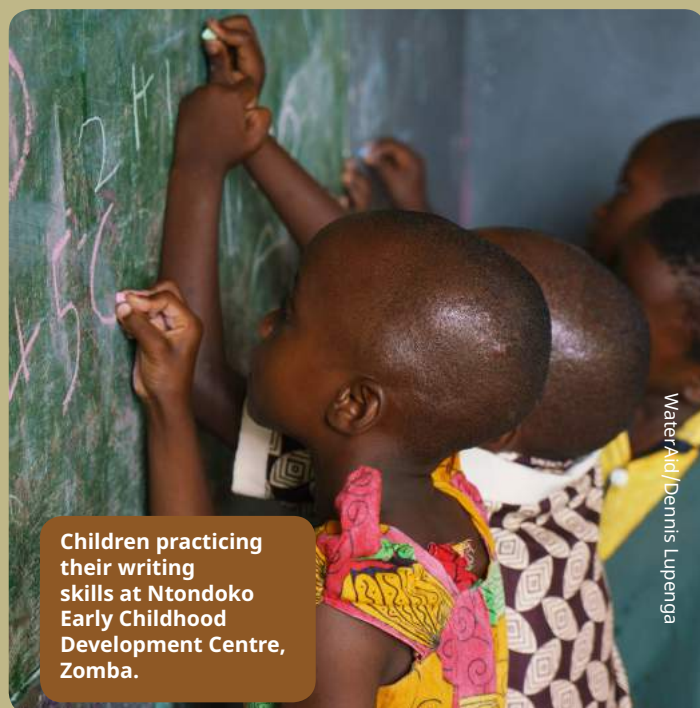
Grace Chatha, 53 is Chairperson for the School Management Committee and admits that due to the water challenges, the Centre hardly practices hygiene and that even the times it wants to, the situation is too frustrating.

She says although the school committee engages parents through a well-developed roster to come and help the cooking and feeding the porridge to the children, sometimes they don't turn up and the burden automatically shifts to the caregivers.

She wishes more was done and extra attention was given to child-based community centres, including Ntondoko.



Children drinking water from a water bucket at Ntondoko Early Childhood Development Centre, Zomba.



Children practicing their writing skills at Ntondoko Early Childhood Development Centre, Zomba.

Citizen Empowerment



Geoffrey Dickson Chimphako, Chairperson of Kasungu Water Users Association, interacting with community members at a water kiosk in Kasungu.

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

WaterAid applies the human rights-based approach in its programming which is aimed at promoting and securing people's rights to access improved water and sanitation.

Working with the National Initiative for Civic Education, and building on the existing structures established through previous DFID-supported work on Citizen Empowerment, WaterAid has continued to strengthen its citizen engagement initiatives in the districts it is currently working.

Through the Deliver Life Project (implemented in Kasungu, Nkhotakota and Machinga) and Thames Loves Malawi project (implemented in Kasungu and Mponela), WaterAid has been strengthening citizen's engagement with health care

facilities and in the urban settings, respectively.

Through Deliver Life project, 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.

This has empowered them to effectively engage with duty bearers which have resulted into fulfilment of commitments towards construction of health facilities, among other things. Citizen Forums and WAGs are key in monitoring and holding the duty bearers accountable on issues of O&M in the health care facilities.

In Mponela and Kasungu, the Thames Loves Malawi project embarked on strengthening governance systems with initial action targeted at the civil society. Through this action, there has been increased engagement of CSOs with the Central Region Water Board on water issues which has led to improvements in the number of hours that water is available to the citizens as well as improved governance systems in Water Users Association.



Citizen Forums and WAGs are key in monitoring and holding the duty bearers accountable on issues of O&M in the health care facilities.



HAC, WAG, and Citizen Forum members, Ngokwe Health Centre, Machinga.

“

WaterAid applies the human rights-based approach in its programming which is aimed at promoting and securing people’s rights to access improved water and sanitation.

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Sanitation and hygiene prioritisation



Clean campaign launch graced by the then Minister of Health – Atupele Muluzi and other stakeholders.

Through its various projects, WaterAid Malawi has been raising the profile and building consensus among stakeholders around sanitation and hygiene as public health issues. Through the Deliver Life Project that aimed at modelling WASH provision in Health Care Facilities, WaterAid has amplified the role of WASH in Health.

Through the current projects on WASH and nutrition, WaterAid is amplifying the role of WASH in nutrition and education. This far, the conversations around 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, education and nutrition outcomes.

WaterAid's approach has been to demonstrate a comprehensive package for improving health, education and nutrition outcomes and has prioritised integration and engagement with the other sectors (health, education, and nutrition) to ensure WASH is recognised as a critical component of a strengthened public health system and early childhood development.

WaterAid has also broadened partnerships and platforms for engagement in the health, nutrition and education sectors including membership to key civil society networks. Through this, WaterAid has influenced the prioritisation of sanitation and hygiene including menstrual hygiene management in the Integrated School Health and Nutrition Strategic Plan, School Health and Nutrition guidelines and the Sexual Reproductive Health strategy.

Through the current projects on WASH and nutrition, WaterAid is amplifying the role of WASH in nutrition and education.



In addition, WaterAid has influenced the prioritisation of sanitation in the Quality Management Policy in the Ministry of Health. WaterAid also influenced the inclusion of sanitation and hygiene in the Health Sector Strategic Plan and in the national ODF strategy which has now been renamed the “National Sanitation and Hygiene Strategy”.

WaterAid is also amplifying the role of hygiene behavior change as a pillar for sustainable health outcomes resulting from improved WASH services. As such hygiene behavior change is an integral part of all service delivery and influencing work to ensure that hygiene is receiving the appropriate prominence in WASH programmes.

WaterAid is using and promoting the new ABCDE approach to delivering hygiene transformation, which has moved beyond providing hygiene information. The ABCDE hygiene approach has been included in the National Sanitation and Hygiene Strategy as a recommended approach for achieving hygiene behaviour change.

The approach involves appealing to people’s motives and aspirations for sustained behaviour change. WaterAid is collaborating with the Ministry of Health through the Health Education Services Department in promoting hygiene behaviour change interventions.



WaterAid/Dennis Lupenga

Handwashing with soap realised after provision of clean water in health care facilities.



WaterAid/Dennis Lupenga

Reticulated water system using solar energy in health care facilities.



WaterAid/Dennis Lupenga

Well protected incinerator as part of the WASH package in health care centres.

WaterAid has influenced the prioritisation of sanitation in the Quality Management Policy in the Ministry of Health and inclusion of sanitation and hygiene in the Health Sector Strategic Plan.



WaterAid/Dennis Lupenga

Improved toilet facilities in health care centres.



Sector strengthening



Jolly Kenan making a presentation on WaterAid's work in Malawi during the World Toilet Day celebrations in Blantyre.

WaterAid Malawi recognizes that a strong WASH sector that is well coordinated, responsive, accountable and creates an enabling environment for integrated delivery of equitable and sustainable WASH services is fundamental in achieving sustainable universal WASH access.

WaterAid therefore works with the government so that it plays an effective leadership role in planning, coordination, resourcing and monitoring. WaterAid also supports policy formulation and strategy processes that are aimed at prioritizing WASH.

In its current work, WaterAid has facilitated the development and approval of the Joint Sector Review process improvement roadmap by the Sector Working Group where significant progress has been made on areas such as JSR financing arrangements and commitments; Sector Performance Reporting; linking JSR with other sector initiatives such as SWA collaborative behaviours;

demonstration of the ministry's ownership of the JSR process through commitment of resources; sector players requirement to submit plans and report on progress and; commitment to review sector indicators to align with SDGs. The M&E framework and indicator handbooks are also under review to comply with SDGs.

WaterAid also successfully engaged with review processes of Health Sector Strategic Plan and Sexual Reproductive Health and School Health and Nutrition Strategies where WaterAid's input on inclusion of sanitation and hygiene have been taken into consideration.

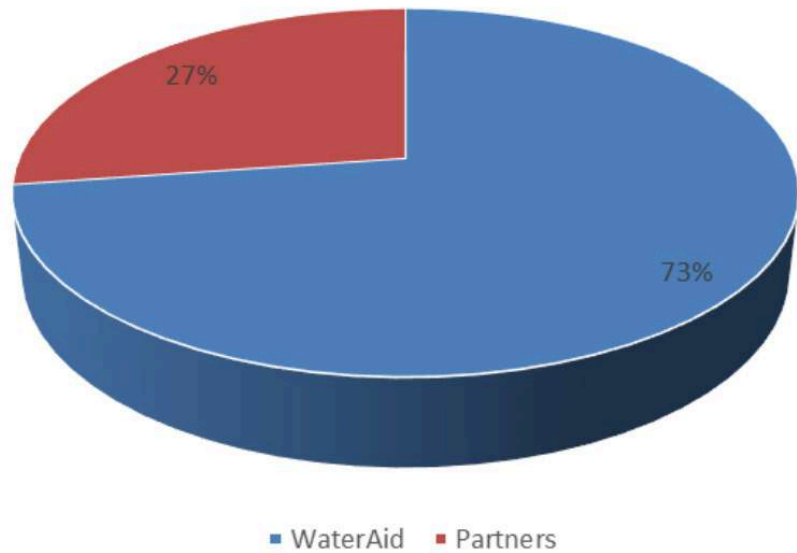


WaterAid works with the government to ensure that it takes lead for effective planning, coordination, resourcing and monitoring but also supports policy formulation and strategy processes that are aimed at prioritizing WASH.

Programme Finances

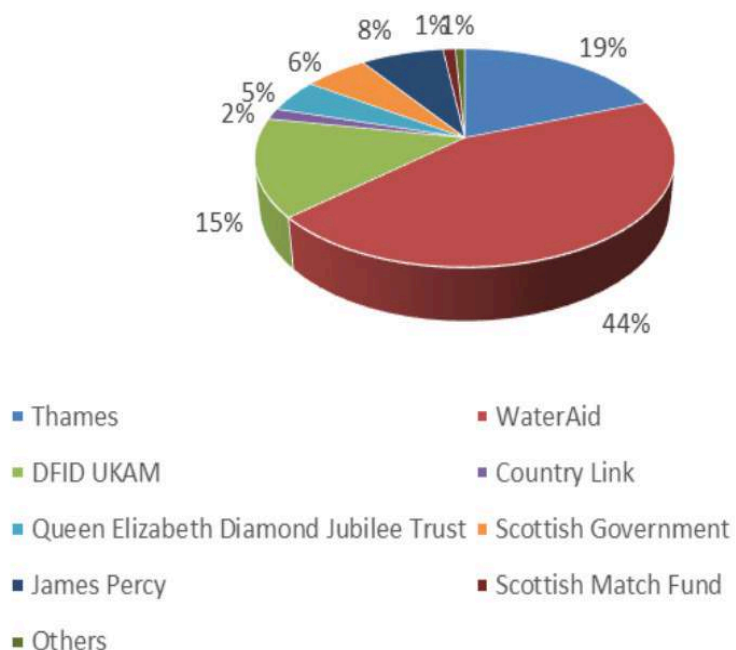
Overall, Malawi Country Programme recorded a total annual expenditure of MWK2.243 billion against an annual reforecast budget of MWK2.287 billion, representing an annual burn rate of 98%. Of the reported expenditure, MWK612 million was spent by partners while MWK1.631 billion was spent by WaterAid as depicted in the chart below.

Expenditure by Implementing Organisations



Major financing sources in the year included DFID, WaterAid, Thames Water, Scottish Government, Queen Elizabeth Jubilee Trust and James Percy as summarised in the chart below.

Expenditure by Funding Sources







Help us reach
everyone
everywhere
with safe water,
sanitation and
hygiene by 2030

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