

Malawi

Water, Sanitation and Hygiene (WASH) Thematic Report

January –December 2016



Women from a village in Kasungu District, queuing up to collect water from a low cost water pump installed by a local entrepreneur under the Challenge Fund for Innovation in WASH. (© UNICEF Malawi, September 2016)

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March 2017

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List of Acronyms and Abbreviations

AM	Area Mechanic
BMGF	Bill and Melinda Gates Foundation
CB	Capacity Building
CBM	Community-Based Management
CLTS	Community-Led Total Sanitation
C4D	Communication for Development
CU	Concern Universal
EU	European Union
DFID	Department for International Development
DHS	Demographic Health Survey
DWDO	District Water Development Office
GOM	Government of Malawi
HWF	Handwashing Facilities
IEC	Information, Education and Communication
JICA	Japanese International Cooperation Agency
JSR	Joint Sector Reviews
LTA	Long term agreement
MGDS	Malawi Growth and Development Strategy
MICS	Multiple Indicator Cluster Survey
MoEST	Ministry of Education Science and Technology
MVAC	Malawi Vulnerability Assessment Committee
NGO	Non-Governmental Organization
O&M	Operation and Maintenance
OD	Open Defecation
ODF	Open Defecation Free
ORR	Other Regular Resources
QA	Quality Assurance
RR	Regular Resources
SanMark	Sanitation Marketing
SDGs	Sustainable Development Goals
SLTS	School-Led Total Sanitation
SPR	Sector Performance Reports
SWAP	Sector Wide Approaches
SWG	Sector Working Group
TA	Traditional Authority
UNDAF	United National Development Action Framework
UNICEF	United Nations Children's Fund
USAID	United States Aid for International Development
WASH	Water, Sanitation and Hygiene
WPC	Water Point Committee

1. Executive Summary

UNICEF is implementing the Malawi Country Programme (2012 – 2018)¹ which has a Water, Sanitation and Hygiene (WASH) component aimed at supporting national efforts to achieve the Millennium Development Goals (MDG), in particular MDG 7, target 7c, within the framework of the Malawi Growth and Development Strategy (MGDS) II. The programme now aligns itself with the newly agreed Sustainable Development Goal No 6.

The 2016 Malawi WASH Thematic Report provides an analysis of progress achieved in the year as well as key bottlenecks, lessons and recommendations for improving programme delivery as we move into 2017.

Overall, the year 2016 was the most successful year in terms of achieving, and even exceeding all the WASH targets both for regular programme and emergency response. UNICEF Malawi's contribution led to 320,500 people in 1,282 communities, benefitting from safe water supplied through boreholes and taps, thereby contributing to increased access to safe water across the targeted districts. UNICEF Malawi built capacity of 914 Water Point Committees (WPCs) and 219 Area Mechanics (AMs), who have gained improved skills in water supply Operations and Maintenance (O&M) at the community level to address sustainability of water supply systems. Women do not traditionally enjoy leadership roles in community water supply systems, however, through UNICEF Malawi support of the Community Based Management (CBM) approach, 4,705 women are playing a leading role in water point committees. By having equal representation of women in these committees, UNICEF Malawi is contributing to women's empowerment through their voice and visibility.

On sanitation, a total of 1,419 villages attained Open Defecation Free (ODF) status as a result of UNICEF support and 354,750 people are living in the ODF environment. A total of 69,586 households in communities accessed new improved sanitation facilities through UNICEF Malawi support; thereby reducing the risk of diarrhoea and other related diseases. This has been possible through the scaled up implementation of the Community Total Led Sanitation approach (CLTS) which has stimulated demand for improved sanitation facilities. A total of 25 Traditional Areas (TAs) in Malawi were verified and certified as ODF by the National ODF Taskforce, among which 9 were fully supported by the UNICEF Malawi WASH Programme.

The inclusion of hand-washing promotion within the CLTS approach has also had a significant impact, although there is still more to be done to improve hygiene behavior among the population in the ODF villages. CLTS has had a huge impact at the community level as it is owned and led by the local leadership who are working side by side with government and partner extension workers in order to end open defecation. The programme has greatly expanded to cover many communities including those in the peri-urban communities. However, more work needs to be done to develop new CLTS strategies that could be more effective in urban settings.

It is essential that the CLTS component in Malawi is comprehensively monitored even beyond communities attaining ODF and that the sustainability is fully integrated in the approach. In 2017, UNICEF will undertake studies to compare health outcomes among ODF and non-ODF villages in order to measure long-term impacts of CLTS on health.

¹ The 2012 -2016 country programme was extended to 2018

Through UNICEF support in 2016, a total of 105,000 learners benefited from safe water supply, while 68,400 had access to new gender-appropriate improved latrines and urinal facilities. Adolescent girls in Malawi, who are faced with consistent challenges in obtaining adequate access to appropriate sanitation, are now comfortably using the newly constructed improved sanitation facilities in the targeted areas.

At the national level, the Government led by the Ministry of Agriculture, Irrigation and Water Development (MoAIWD) continues providing leadership in the WASH sector. UNICEF has been elected by the Development Partner Group (donors) to co-lead sector coordination along with MoAIWD in the development and review of WASH policies, strategies and guidelines in the sector. UNICEF is also an active member of the National ODF and Hand Washing Taskforce led by the Ministry of Health. Joint sector reviews and sector working group meetings have been successfully conducted with high level representation both from sector ministries and donors. UNICEF provided both technical and financial support to the process. UNICEF is also an active member of the National ODF Taskforce, led by the Ministry of Health (MOH). UNICEF Malawi is currently supporting the Government of Malawi (GOM) in the review of the Open Defecation Free Strategy, which is planned to be completed in 2017. UNICEF Malawi further supported the GOM in drafting a road map on the Water Safety Plan, aimed at guiding the development of the National Water Safety Plan, in 2017.

During the year, a number of challenges were encountered. District partners continued to face financial and capacity challenges to supervise, monitor and manage the WASH programme. In order to mitigate this, district partners benefitted from UNICEF technical assistance in quality assurance and Harmonized Approach to Cash Transfers (HACT) which led to improved quality of services and accountability of resources. Furthermore, UNICEF Malawi continues to partner with NGOs and firms in the private sector that have demonstrated efficiency and effectiveness in delivery of services pertaining to safe water, sanitation services and hygiene promotion. Moving forward, UNICEF Malawi will take advantage of the Development Partner Group (donors) which it co-leads with MoAIWD, to advocate for the review of outdated policies, strategies and guidelines in the WASH sector, while taking into account the Sustainable Development Goals.

While there is significant progress in investments on construction of new water facilities, the sustainability of those facilities needs equal attention. According to the Sector Performance Report (SPR) of 2016, non-functionality of water points is still high at 77%. While this figure is above the average for sub-Saharan African countries, more work needs to be done to improve on the level of functionality, given the country is prone to drought and inadequate alternative sources of safe water. In 2017, UNICEF will continue the strengthening of Area Mechanics (AMs) and shops stocking borehole spare parts in addition to supporting Community Based Management (CBM) trainings. The sector will also be undertaking further assessments to understand the best ways of developing sustainable supply chain systems from the national to the local level.

The current drought that the country is experiencing affected ground water levels which caused water facilities like boreholes, shallow wells to dry up in some selected districts. The drought also exacerbated water borne diseases such as Cholera and diarrhoea diseases. UNICEF Malawi, as a

co-lead for WASH cluster, worked in close collaboration with Government and sector partners to respond to WASH related emergencies.

Finally, UNICEF WASH programme has put in place a strong programme management and quality assurance and monitoring system. To this end, a customized WASH-Dashboard has been developed and rolled out for the UNICEF supported WASH programme in Malawi. WASH results, especially infrastructural facilities, are entered with Global Positioning System (GPS) coordinates, names of facilities, and gender disaggregated beneficiaries, among others. There is now a more rigorous field verification and data entry process, also enabling a “one-stop center” for sourcing all types of WASH information for reporting, including donor reports. The system will be further strengthened to ensure better result monitoring and accountability

2. Strategic Context of 2016

Safe drinking water, sanitation, and hygiene (WASH) are fundamental to an improved standard of living, including the protection of health and the environment, improved educational outcomes, greater convenience and dignity. Improved WASH is central to reducing poverty, promoting equality, and supporting socioeconomic development. For these reasons, drinking water and sanitation were included as targets in the Millennium Development Goals (MDGs) and later under the Sustainable Development Goals (SDGs) to achieve universal access to WASH by 2030.

Children in developing countries, including Malawi, continue to suffer an average of four to five debilitating bouts of diarrhoea per year, which can cause and exacerbate malnutrition and result in long-term growth stunting. With a population of 16 million people, Malawi is amongst the 20 countries in the world who have the highest the infant, child and maternal mortality rates². The leading cause of morbidity in under five children are Malaria (29%), diarrhoea (22%) and Acute Respiratory Infections (ARI) (5%) (MDHS 2015).

According to the 2015 Update and Millennium Development Goal (MDG) Assessment Report under the Joint Monitoring Programme (JMP) by World Health Organization (WHO) and UNICEF, Malawi has met the MDG target on water supply, while making moderate progress towards achieving the sanitation MDG target. The JMP report indicates that 90% of the population in 2015 had access to improved water, compared to 42% in 1990 (JMP 2015).

On sanitation, 55% of the population in 2015 had access to improved sanitation when compared to 29% in 1990 (MDHS, 2015). Malawi is one of the 16 countries that reduced open defecation (OD) by 25 percentage points, during the MDG period, to 4% (JMP 2015). However, the country continues to register low coverage of handwashing practice. According to the 2014 MGD Endline Survey only 4.2% of Malawians wash their hands with soap.

The Government of Malawi is in the process of finalising the development of the Malawi Growth and Development Strategy (MDGS) III, to which the next UNICEF country programme will align itself. In addition to this, GOM is also started preliminary stages to develop the new Health Sector Strategic Plan which will have an impact on WASH implementation.

² According to the MDHS 2015, Under-5 mortality rates is 64 deaths per 1,000 live births; Infant mortality is 42 deaths per 1,000 live births; Child mortality is 23 deaths per 1,000 live births.

3. Results in the Outcome Area

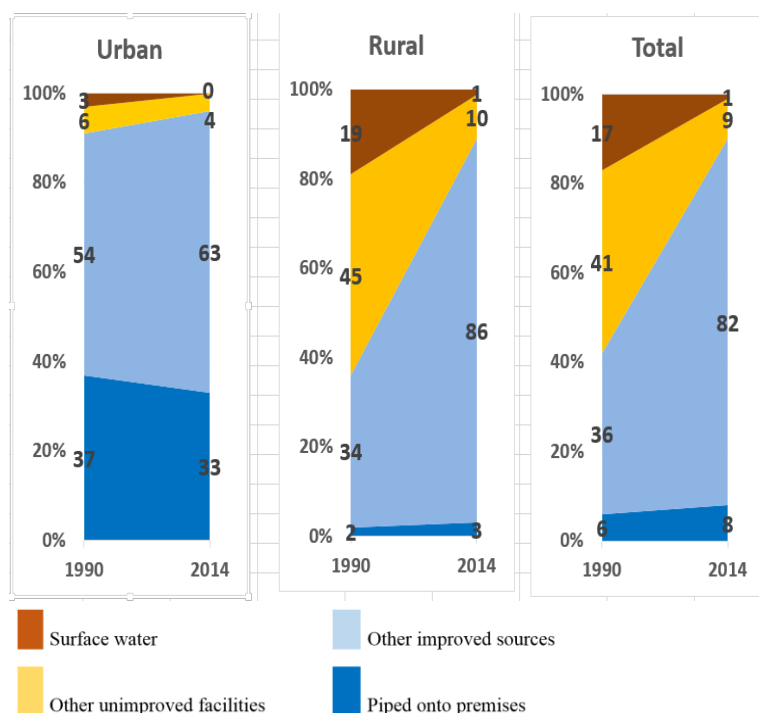
- **Outcome. 1.3. At least 85% of women and children access improved water supply facilities and 60% of households use improved sanitation and hygiene services, with a focus on vulnerable and disadvantaged communities, by end of 2018.**

Table 1: Results at the Outcome Level

Outcome Indicator	Baseline 2012	Target 2018	Total Achieved by 2016	Total Achieved compared to Targets	Comments
% of women and children in rural areas using improved water supply.	79%	86%	90%*	106%	Target Met
% of households in rural areas using improved latrines	51%	60%	55%***	92%	On-Track
% of communities/people with basic sanitation facilities (ODF).	88%	98%	95%	98%	On-track
% of women in 15 districts regularly hand washing with soap at critical times (Before feeding baby and eating, before preparing food, after using latrine and after cleaning the baby bottom).	0.01%	10%	4.2%**	42%	Off-Track

Source: *WHO/UNICEF Joint Monitoring Programme Report for 2015

MDG Endline Survey (2014), *MDHS 2015-2015



Source: WHO/UNICEF Joint Monitoring Programme Report for 2015

Figure 1: Water Supply Trends (Rural vs Urban)

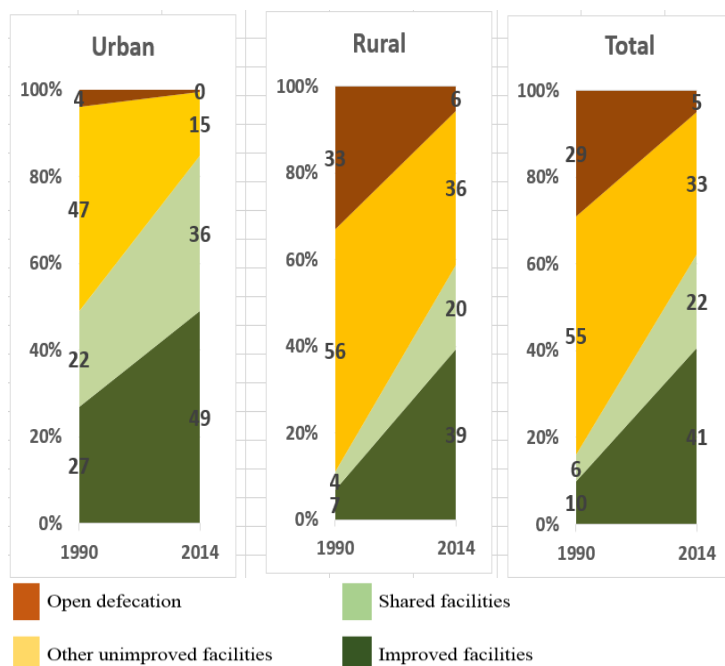


Figure 2: Sanitation Trends (Rural vs Urban)

Assessment of Results

According to JMP 2015, safe water supply coverage in Malawi is at 90% surpassing the MDG target on water supply which was set at 67%. The achievement is attributed to the huge investments that the sector has been making towards rural water supply through various players including the Government of Malawi (GOM), UNICEF, JICA, AfDB, DFID, EU, WaterAid, Concern Universal, World Vision and Water for People and many other sector players.

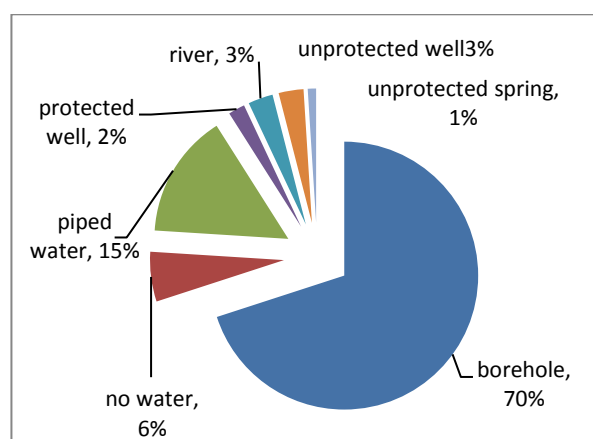
Whilst the national water supply coverage is high, there remains huge disparities between urban and rural settings. According to the MDHS 2015, the use of improved drinking water sources is more common among households in urban areas (98%) than among those in rural areas (85%). The most common source of drinking water in urban areas is water piped into the dwelling which is being used by 86 percent. In rural areas, the most common source of drinking water is a tube well or borehole (72%) (MDHS 2015-2016). National level statistics show that there are about 45,737 boreholes, 24,149 taps, 12,090 protected shallow wells, and 545 spring protection in the country.

On the time taken to access water facilities, overall, 15% of households have the source for their drinking water on their premises. 43% of households spend 30 minutes or longer to obtain their drinking water. In rural areas, nearly half of households (47%) spend 30 minutes or more to obtain their drinking water, as compared with only 19% of urban households (MDHS 2015-2016). On water treatment, 69% of the households do not treat their drinking water, and this is more common in urban (78%) than in rural (67%) areas. The most commonly used method of water treatment is adding bleach/chlorine (20%). Overall, only 26% of households use an appropriate water treatment method. (MDHS 2015-2016). UNICEF will continue to mobilize resources to ensure that the disparities on access to water supply are minimized.

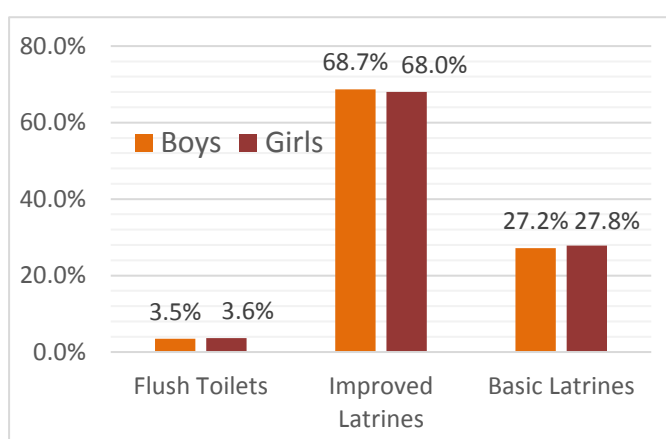
On sanitation, a total of 1,419 villages attained the ODF status as a result of UNICEF support and 354,750 people are living in an ODF environment. In 2016, the country also registered solid CLTS

progress at the largest community units as 25 Traditional Authorities (TA) were declared ODF (9 out of which were UNICEF supported) thereby increasing coverage of ODF TAs in Malawi to 9.5% (25 out of 263 TAs). Coverage on improved sanitation is on track as 55.1% of the households in Malawi have access to improved latrines (MDHS, 2015). Figure 2 above shows sanitation trends in Malawi since 1990 (JMP, 2015). On hygiene, 150,830 handwashing facilities were installed and a total of 478,253 people were reached with hygiene messages on hand washing with soap. Although more people were reached with messages, the handwashing component is off-track as only 4.2% of the population practices handwashing with soap (MGD Endline survey, 2014).

Through the support of UNICEF Malawi in 2016, a total of 105,000 learners benefited from safe water supply, while 68,400 benefited from gender appropriate improved latrines and urinal facilities. According to Education Monitoring Information System (EMIS2015), there are a total of 27,868 facilities for boys against an enrolment of 2,394,317 boys across the country. Out of these facilities 3.5% are flush toilets, 68.7% are improved latrines and 27% basic latrines. For Girls there are 31,843 facilities against an enrolment of 2,400,877 girls with 3.6% being flush toilets, 68% improved pit latrines and 27.8% basic latrines. On water supply, major water sources in schools ranges from boreholes, pipe water, and protected hand dug well with pump, unprotected springs, unprotected hand dug wells and rivers. The majority of primary schools (70%) have boreholes as their source of water, followed by 15% with piped water and 6% with no water source. (Figure 3 and 4 below).



Source: EMIS, 2015



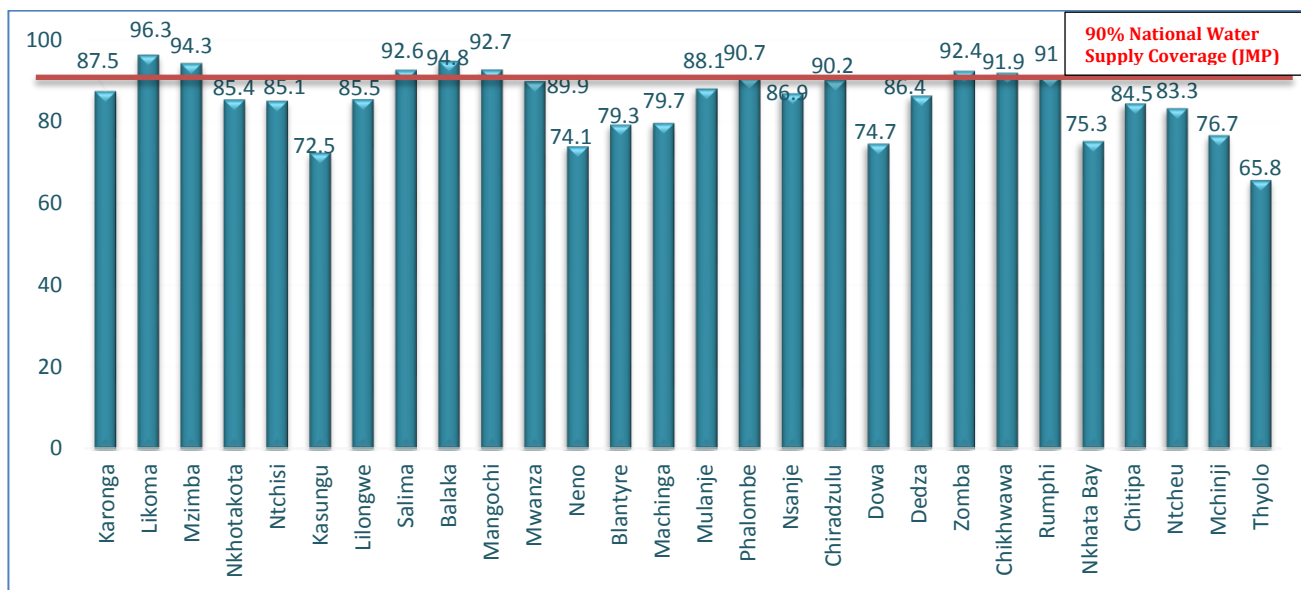
Source: EMIS 2015

Figure 3: Type of water facility for primary schools

Figure 4: Coverage of sanitation facilities in schools

Key bottlenecks and way forward

Accessibility of water services differs between regions and districts. On average, the Central Region has the lowest coverage of improved water supplies in the country, with 83.8% of the population accessing those services. The Northern Region has 90.2% coverage and the Southern Region has 87.1% coverage. However, these regional averages disregard some significant district variations. Figure 5 shows that in the Central Region, Lilongwe City has 98.1% access of improved water sources, which is substantially above the regional average, whereas access to improved water supplies in Dowa is reported to be just 74.7%. In the Northern Region, Mzimba has 94.3% access to improved water sources; whereas Nkhata Bay has 75.3%. In the Southern Region, Zomba City has 94.9% coverage, whereas Thyolo has 65.8%. UNICEF will work with GOM to ensure that disparities between regions and districts are minimized.



Data Source: SPR 2016

Figure 5: District Comparison of the Population with Access to Improved Water Source

The occurrence of drought in the 2015/2016 season greatly impacted the WASH sector. The sector was adversely affected due to the reduction of water availability as a number of shallow wells and boreholes dried up. According to the 2016 report by the Malawi Vulnerability Assessment Committee, the drought affected all districts in the country in Malawi except a few districts in the northern region. People affected by the drought also faced a number of social economic impacts (SPR, 2016). Walking long distances in search of clean water, a scenario which contributed to poor hygiene practices as people prioritized water for drinking purposes than personal and household hygiene therefore putting themselves at risk of diseases. The drought also had an effect on school attendance by girls as they spent more time searching for water for household use than in schools.

The Sustainable Development Goals (SDG) for the period 2015 to 2030 have broadened to include efficient water resource allocation and use, and integrated water resource management, as well as setting ambitious WASH-related targets of universal access to safe water, adequate sanitation and hygiene, and eliminating open defecation and reducing untreated wastewater. Within the overall aim of access for all, the language and spirit of the SDGs emphasizes the reduction of inequality and the provision of inclusive, quality and sustainable services—ensuring access for women and poor and vulnerable populations. The WASH sector in Malawi therefore requires additional investments to align itself with the SDG targets. In order to adequately address equity considerations around the SDGs, there is a need to understand the population which is underserved. Disaggregated data on the underserved—including slum populations, hard to reach areas, women, elderly, and persons with disabilities will be required. UNICEF and sector players need to allocate more resources to WASH services, especially to sanitation and hygiene which are performing low across the country.

3.1 Resource Mobilisation for SWAP

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

Table 2: Results at the policy level

Outcome Indicator	Baseline 2012	Target 2018	Total Achieved by 2016	Total Achieved compared to Targets	Comments
Number of Joint WASH Annual Sector Review carried out	0	5	5	100%	Met Target
Number of Annual Sector Performance Report developed	0	5	5	100%	Met Target
Number of Open Defecation Free Strategy fully operationalized	0	1	1	100%	Met Target
Global indicator: Percentage of communities supported by UNICEF to develop and/or a national strategy for elimination of OD	Tbd	50%	100%	200%	Met Target

Source: Sector Management Information System (SMIS)

Assessment of Results

UNICEF continues to play a key role within the WASH sector in the country by actively engaging in strategic dialogue with government and donor partners to support WASH service delivery. Joint Sector Reviews (JSR), Sector Working Group (SWG) meetings, compilation of Sector Performance Reports (SPR) have been successfully conducted during the reporting year with a high level representation from sector ministries, donors and other key stakeholders.

The Irrigation, Water and Sanitation (IWS) sector in Malawi has over the years been realigning itself to institutionalize the Sector Wide Approach (SWAp) which was formally adopted in December 2008. Since then, with support from the Development Partners (DPs), the sector has been preparing the prerequisite frameworks including Sector Investment Plan (SIP), Monitoring and Evaluation and Fiduciary (financial management and procurement) framework. However the Fiduciary framework is still outstanding. The key objective of SWAp is to enhance stakeholder coordination for efficiency and effectiveness in the sector. Although the ultimate goal of basket funding or sector budget support has not evolved yet, it is important to build on the momentum gained by strengthening the mechanism for sector dialogue and sector adjustment to lay the ground for improving the Water SWAp and the sector performance in delivering services. This was achieved through undertaking the JSRs and SPRs.

UNICEF is also an active member of the National ODF and Hand Washing Taskforce, led by the Ministry of Health. UNICEF Malawi is playing a leading role in the review the Open Defecation Free (ODF) strategy through the ODF National Taskforce, which is planned to be completed in

2017. The Government rolled out the ODF strategy in all 28 districts and it is adopted by all players in the sector.

UNICEF Malawi further supported the Government in drafting a road map on the Water Safety Plan, aimed at guiding the development of the National Water Safety Plan, in 2017. According to the National Sector Performance Report 2016, UNICEF Malawi continues to be a major player in the sector, in the country, actively engaging in strategic dialogues with government and donor partners to support WASH Programme and supporting service delivery.

UNICEF Malawi's WASH programme has made significant contributions to maintaining/sustaining the current status of the national water sector coverage, especially in rural areas. UNICEF Malawi successfully mobilized financial resources to finance the WASH programme implemented in more than 70% of the districts, across all regions of Malawi. The combined funding of about US\$ 60 million, leveraged by UNICEF Malawi, resulted in the country becoming one of the largest WASH programmes in East and Southern Africa Region (ESAR). The programme was also recently identified by UNICEF to be among the top 14 UNICEF WASH country programmes globally. The programme is funded by multiple donors, including DFID, EU, Gates Foundation and UNICEF National Committees. Efforts to closely follow up on fund utilisation, and support results-based accounting, resulted in increased donor confidence, and a strong partnership with the strategic donors, who continue to regard UNICEF as a reliable partner in the implementation of WASH programmes, both in regular and emergency contexts.

Key bottlenecks and way forward

District partners continue to face capacity challenges, to supervise, monitor and manage the implementation of the WASH programme. In the reporting year, district partners benefitted from UNICEF technical assistance in quality assurance and HACT which led to improved quality of services and accountability of resources. Furthermore, UNICEF Malawi continues to partner with NGOs and firms in the private sector that have demonstrated efficiency and effectiveness in service delivery, to provide back up support and complement district efforts. UNICEF Malawi will also take advantage of the Development Partner Group (donors) to co-lead sector coordination along with MoAIWD, to advocate for the review of outdated policies, strategies and guidelines in the WASH sector, while taking into account the Sustainable Development Goals.

The other key challenge at national level is inadequate domestic financing allocated to WASH, given the current scenario where donors are not providing direct budget support. During the 2015/16 financial year, the total National Budget was about MK924billion and out of this amount the Water, Sanitation and Irrigation sector was allocated a budget estimate of around MK13.5 billion representing an allocation of 1.5% of the total national budget, a reduction from the 6.4% reported during the 2014/15 review (SPR 2016). UNICEF Malawi will continue to engage other donors through the donor group to find workable solutions such as Common Funding Mechanisms. Action research commissioned by UNICEF Malawi provided evidence on the status of treasury allocation at the District level, and is also being used for advocacy purposes. UNICEF Malawi also used its sector lead role to advocate for increased domestic/treasury funding to the WASH sector, especially at the District level. Mapping of WASH facilities proved effective in some districts where districts were able to advocate with politicians for equitable water point allocations to communities. These actions will continue in 2017.

3.2 Water Supply, Operations and Maintenance

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

Table 3: Water supply, operation and maintenance results

Outcome Indicator	Baseline 2012	Target 2018	Total Achieved by 2016	Total Achieved compared to Targets	Comments
Number of people accessing safe water in communities	0	600,000	915,340	153%	Met Target
Number of trained Area mechanics supporting water point committees	0	200	486	243%	Met Target
Number of water point committees trained and actively operating	0	2677	3946	147%	Met Target

Source: Sector Management Information System (SMIS)

Assessment of Results

In 2016, a total of 1,282 new and rehabilitated water points were provided in communities, reaching approximately 310,620 people across the targeted districts. The water supply component has met the target as cumulatively 3,743 new and rehabilitated water points have been provided since 2012 reaching to approximately 915,340 people (153% of the planned programme target).

UNICEF continued to work through districts, NGOs and Long-Term Agreements (LTAs) for construction of water facilities. All facilities constructed by these partners were thoroughly checked by UNICEF in coordination with the DWDOs in order to ensure correct and safe construction as per the national guidelines. This includes making sure that boreholes are of the correct depth, have proper sanitary seals, and have acceptable physical, chemical and biological standards.

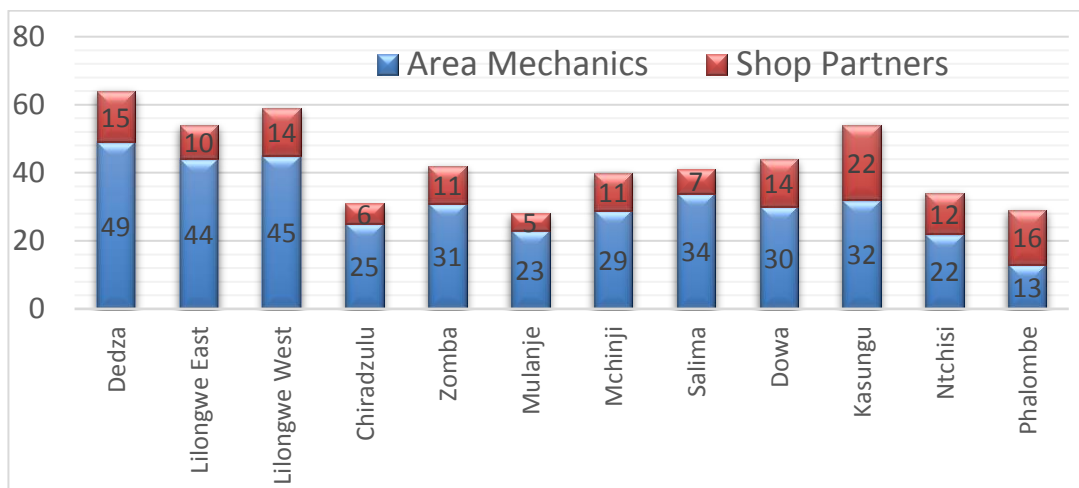


Figure 6: Newly commissioned Muonekera safe water piped scheme in Blantyre District

Regarding Operations and Maintenance (O&M) of water facilities, 941 water point committees were established and trained on how to operate and maintain the constructed water points; resulting in a total of 9,410 committee members gaining knowledge and skills in operation, maintenance and management of the water points. This component has already met the target as cumulatively 3946 committees (147%) are actively supporting O&M as compared to the target of 2677.

219 Area Mechanics (AM) were also trained in 2016 reaching a cumulative total of 486 (243% of the planned target). The component is on track as those deployed on the ground are actively assisting with repairs thereby improving functionality of water points in the communities.

The Area Mechanics (AMs) are responsible for repair and maintenance of a cluster of water points (hand pumps). According to the O&M framework, they handle repairs that are technically beyond the capacity of the water point committees (WPCs). The WPC enter into a service or maintenance contract or both with the AMs to provide service or maintenance work. In the cases where a water supply facility needs total rehabilitation or replacement, the mechanic will make a recommendation to the WPC for replacement or rehabilitation of the facility. If the WPC has insufficient financial resources and / or capacity for these services or new construction, the district shall be approached for support. This represents a shift from the traditional approach in which a WPC was entirely dependent on the district council's extension workers for repairs and maintenance of water supply facilities. Therefore, with this development the council's role is to monitor and evaluate the operation and maintenance of the facilities at the district level and also assist in sourcing financing for the rehabilitation of the facilities. Currently the availability of spare parts in the shops is unreliable and expensive for the rural communities to access. UNICEF will work with Government to improve the availability of spare parts in the shops so that functionality of the water facilities is increased from the current status. The number of AMs and spare parts supply chain retail shops have been established in the country as indicated in figure 7 below.

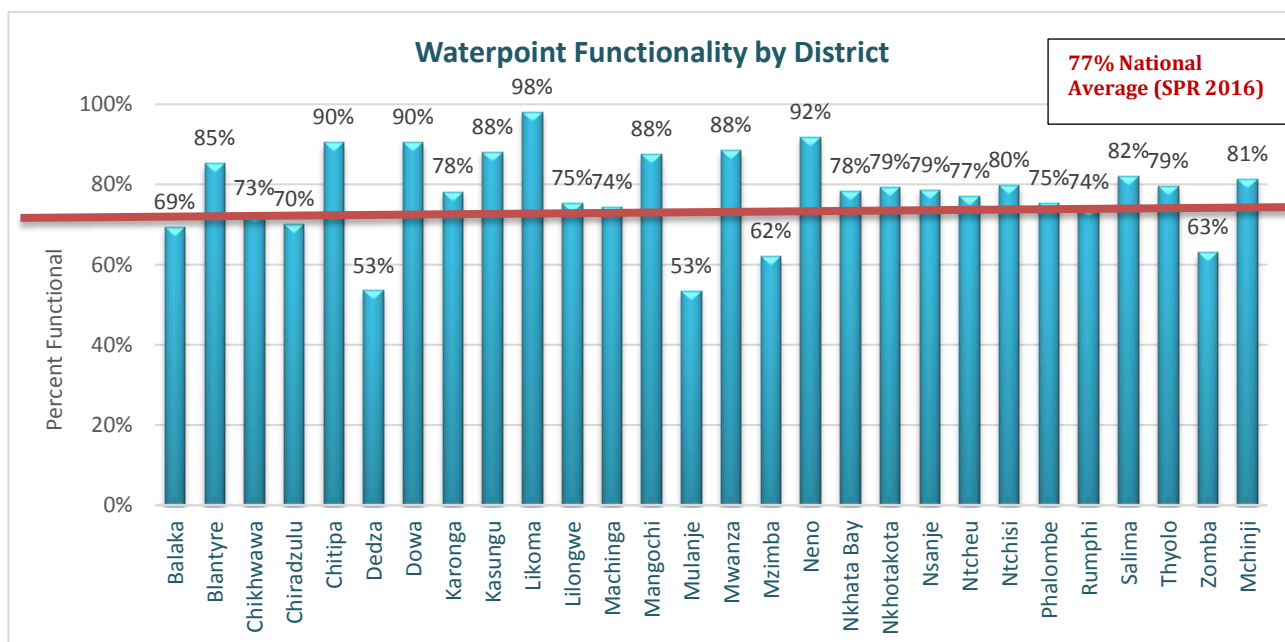


Source: SPR, 2016

Figure 7: Number of Area Mechanics and Spare Parts Retail Shops in selected districts

Key bottlenecks and way forward

Functionality of water points is a key factor which affects the actual use of an improved water source. If an improved source is not working or is not accessible at certain times of the day, then households are prone to using unimproved water sources thereby putting themselves at risk of water borne diseases. In 2016, functionality of rural water supply was at 77.0%³ on the national level. This figure considers piped water supply systems, boreholes, shallow wells and spring protection. Comparing the functionality across the districts, Likoma registered the highest functionality of about 98.0% followed by Neno District whose functionality rate was 92% (see figure 8 below). Mulanje had the lowest functionality rate of about 53%.



Source: SPR, 2016

Figure 8: Average District Functionality Rate of Water Supply Facilities in Malawi

³The figure was calculated from data submitted by the districts. Also note that by October 2016 only Karonga, Lilongwe, Ntchisi, Dowa, Mangochi, Salima, Mzimba, Chiradzulu, Mwanza and Thyolo had submitted data. The rest of the other data is of 2015.

Vandalism is another major challenge facing the water supply sector and contributing low functionality rate of water points especially in districts that border the big cities. The problem is rampant especially in areas where pumps are located in sites far away from houses. According to a study done in five districts in Central Region, 8% of the hand pumps (668) had been stolen (SPR 2016). The percentage of stolen pumps was higher in Ntchisi and Salima than in the three other districts (See Table 4 below). In response to this phenomenon, UNICEF has supported the installation of over security systems on hand pumps (See figure 9 and 10). UNICEF will continue to work with government and sector partners to come up with innovations on further reducing vandalism of boreholes. In 2017, UNICEF will also continue to work with its partners to identify new and innovative ways to increase functionality of water points.

Table 4: Reported Cases of Theft of Hand Pumps in 5 Districts of Central Region

District	Total Number of Pumps	Number of Stolen Pumps	% of Stolen Pumps
Dowa	1,921	122	6
Ntchisi	1,421	217	15
Mchinji	2,442	49	2
Kasungu	1,307	45	3
Salima	1,765	235	13
TOTAL	8,856	668	8

Source: SPR 2016



Figure 9: An industrial version of the pump guards



Figure 10: An improvised pump guard by local tinsmen

3.3 Sanitation

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

Table 5: Results on sanitation

Output Indicator	Baseline 2012	Target 2018	Total Achieved by 2016	Total Achieved compared to Targets	Comments
Number of villages triggered using CLTS approach, including community participants	0	4,750	8,048	169 %	Met Target
Number of districts fully implementing the ODF Malawi strategy	0	15	15	100%	Met Target

Output Indicator	Baseline 2012	Target 2018	Total Achieved by 2016	Total Achieved compared to Targets	Comments
Number of villages attaining ODF status	0	3,000	4,419	149%	Met Target
Number of sanitation marketing entrepreneurs active selling sanitation services	0	120	392	327%	Met Target

Source: Sector Management Information System (SMIS)

Assessment of Results

In order to attain ODF status, UNICEF supported the triggering of 3,298 villages using the CLTS approach, through partnering with districts and NGOs. Cumulatively 8,049 villages have so far been triggered since 2012. This has resulted in 1,419 villages becoming ODF this year alone and, 4,419 villages cumulatively becoming ODF. This represents a 43 % conversion rate which is higher than the national conversion rate of 33%. This means that approximately 1,104,750 people through UNICEF support live in a safer environment, free of faecal matter, and thereby potentially reducing the risk of contracting diarrheal diseases. As a result of CLTS, 69,586 new latrines were also constructed over the period in both triggered and ODF villages reaching a cumulative total of 214,709 latrines. Overall the program has therefore achieved its targets on triggering and ODF villages. In 2016, the National ODF task Force certified 25 Traditional Areas as being ODF; 9 of these attained ODF with financial support from UNICEF Malawi.

The target of rolling out of the ODF strategy countrywide was already met as all the 28 districts (100%) were actively using the strategy to achieve improved sanitation in their communities. UNICEF has been operating in 94 of the 160 TAs across the 15 districts. The new focus is to trigger the whole TA in order to accelerate ODF attainment at higher levels as opposed to early efforts which emphasized achieving ODF at village and Group Village Head (GVH) levels. In 2017, UNICEF will analyse this further to re-align the target TAs in view of the new strategy over ODF TAs.

In 2016, 272 masons were trained to support sanitation marketing in the targeted districts cumulatively reaching 392 masons. These are actively marketing durable and low cost latrine options across the districts. Mzuzu University, which is a public institution, continued to be actively involved in capacity building of masons through their smart center. The centre has been essential to the programme by ensuring the development of affordable, people-centred sanitation and sustainable technology designs and providing training in sanitation marketing and business development skills. In 2016, the institution finalized two additional latrines designs for unstable sandy soil formation. These included sand bag- corbelled and trapezium latrine designs.

Moving forward, UNICEF will support rolling out of these designs together with the corbelled designs developed in 2014 to ensure that more families are reached. UNICEF will also continue to work with the smart center to develop innovations in the sanitation sector.



Figure 11: The sand bag design recently accredited by Mzuzu University for weak sandy soils

The Ministry of Health (MOH) continues to take the lead in monitoring sanitation and hygiene promotion in all the districts in the country. The monitoring system is hosted at MOH and is updated on a quarterly basis. UNICEF supports district field personnel to collect data at the village and district levels on a monthly basis and report to the central level quarterly. The system has indicators which includes number of triggered villages, ODF villages, new latrines, and hand washing facilities with soap. While some districts are able to collect information of ODF slippage, this is not done systematically. Discussions are underway with MOH on how this can be streamlined and applied across the country.

UNICEF will continue to support MOH in ensuring that routine and quality data is collected across all the districts and reported to all relevant stakeholders on time.

Key bottlenecks and way forward

ODF sustainability is a key challenge facing CLTS in Malawi. Whilst a number of villages are transforming into ODF, a few others are going back to open defecation. UNICEF is minimizing this through the participation of key stakeholders at all stages of CLTS programme planning and implementation. Close follow ups at community level are done by field workers such as Health Surveillance Assistants (HSAs). Natural leaders also support follow up processes based on village-based action plans. The local leadership at village, Group Village Head (GVH) and Traditional Authority (TA) levels are responsible for the overall management and ownership of the triggered and ODF villages. In the health centres catchment areas, the Assistant Environmental Health Officers (AEHOs), together with other extension workers are responsible for further follow ups, reporting and verifications of villages that claim to have attained ODF status.

In 2017 UNICEF will support government in incorporating further strategies aimed at enhancing CLTS sustainability. Among other strategies UNICEF will also undertake a number of research and evaluation processes which will provide the much needed learning to address sustainability.



Figure 12: New improved latrines in Kasungu



Figure 13: Triggering in one of the villages in Kasungu

3.4 SCHOOL WASH

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

Table 6: Results for WASH in Institutions (WiNS)

Outcome Indicator	Baseline 2012	Target 2018	Total Achieved by 2016	Total Achieved compared to Targets	Comments
Number of girls and boys in primary schools, child care centers, nutrition and health facilities provided with child friendly sanitation services in target schools	0	300,000	424,300	141%	Target Met
Number of girls and boys in primary school s, child care centers, nutrition and health facilities with access to protected water sources	0	180,000	277,800	154%	Target Met
Number of girls and boys in primary schools, child care centers, nutrition and health facilities reached with hygiene messages	0	300,000	265,150	88%	On track
Global Indicator: Percentage of schools in targeted areas having access to WASH facilities meeting the minimum nationally defined standards	tbd	50%	n/a	n/a	n/a

Source: Sector Management Information System (SMIS)

Assessment of Results

Clearly, access to water, sanitation and hygiene (WASH) facilities at home is simply not enough to achieve complete behavioral change and sustainable impact for children. The availability of WASH facilities at schools for both students and teachers, is of critical importance so that they can work and learn effectively.

WASH in schools aims to make a visible impact on the health and hygiene of children through improvement in their health and hygiene practices, and those of their families and communities. It also aims at promoting hygiene practices and community ownership of water and sanitation facilities within schools. It is based on the belief that children are far more receptive to new ideas because they are of an age when they can be influenced to cultivate the habits of good personal hygiene. The promotion of personal hygiene and environmental sanitation within schools can help children to adopt good habits during the formative years of their childhood.

UNICEF Malawi has been supporting the government in the provision of WASH services in institutions (WinS) that mainly constitutes rural primary schools, health centres and community based child care centres (CBCCs). UNICEF Malawi provided technical and financial support in the implementation of WASH interventions in the institutions, across the 15 districts. This was done in partnership with District Councils and with NGOs through the Programme Cooperation Agreements (PCAs). The current programme focuses on both provision of WASH infrastructure (water facilities and latrines) as well hygiene promotion. Impact is determined by the sustainability of the facilities, proper usage and institutionalizing appropriate health behaviour practices.

During the reporting period, 175 water points have been installed or rehabilitated at schools, allowing approximately 68,400 pupils to have access to water. Cumulatively 463 water facilities have been installed/rehabilitated since 2012 reaching to 277,800 people (154% of the planned target). This component is therefore already achieved. Additionally 68,400 pupils were provided with new sanitation facilities across 114 schools, which included latrines and urinals. Cumulatively 310 facilities have been installed in schools reaching to approximately 424,300 (141% of the target).

On handwashing, 99 schools, 20 CBCCs and 15 health facilities were provided with handwashing facilities in 2016. Hygiene activations were conducted in 248 schools, 63 CBCCs and 30 health facilities reaching approximately 157,050 people. Since 2012, 217 facilities have received handwashing facilities and 265,150 people have cumulatively been reached with hygiene messages under the institutional component.

During the reporting period, UNICEF also provided 800 vinyl posters with messages on handwashing with soap at the four critical times to schools and health facilities. The posters were displayed in strategic areas in schools to remind learners of when they should wash their hands with soap (see figure 14 and 15 below). The programme also finalized the development and printing of 23,000 comic books in order to support hygiene promotion in schools. The comic books will be distributed in the schools to support the ongoing efforts in School-Led Total Sanitation (SLTS). Moving forward UNICEF will continue to identify innovative strategies on enhancing actual handwashing behaviours in schools.



Figure 14: Handwashing bucket and stand at Chiutsi School



Figure 15: Vinyl Poster at Kazyozo School

Key bottlenecks and way forward

One of the main challenges facing WinS implementation is limited capacity of district partners to contract out and manage the construction of school sanitation facilities. The option of UNICEF-managed Long Term Agreements (LTAs) was pursued, and necessary approvals were obtained to support district partners through LTA contracts for school infrastructure. Implementation through the LTA modality just started in late 2016. District teams continued to face logistical challenges to supervise, monitor and generally handle activities effectively without total reliance on external support. Therefore, UNICEF Malawi quality assurance team, will be working with district councils to strengthen their capacity to ensure that quality and accountability are ensured. Understaffing and staff turnover in some of districts to contract out and manage construction of facilities (poor contractors, slow delivery, inadequate supervision, low quality, etc.) is adversely affecting the pace of implementation. As a result some districts have requested UNICEF to undertake procurement of construction contracts on their behalf. UNICEF has engaged more technical assistants to step up capacity building support to district partners.

3.5 Hygiene Promotion

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

Table 7: Showing hygiene promotion results

Outcome Indicator	Baseline 2012	Target 2016	Total Achieved by 2018	Total Achieved compared to Targets	Comments
Number of people reached with messages on Hand Washing with Soap (HWS) at critical times	0	1,000,000	1,430,328	143%	Target Met
Number of children in targeted CBCC's reached with hand washing with soap interventions	0	50,000	10,250	21%	Off-track

Outcome Indicator	Baseline 2012	Target 2016	Total Achieved by 2018	Total Achieved compared to Targets	Comments
Number of people reached with messages on Hand Washing with Soap (HWWS) at critical times	0	1,000,000	1,430,328	143%	Target Met
Number of households with hand washing facilities	0	100,000	305,593	306%	Target Met

Source: Sector Management Information System (SMIS)

Assessment of Results

Since the start of the programme, the hygiene component has been employing a number of C4D methodologies at the local level, with the active involvement of local and national agencies. The approach has consisted of identifying priority behaviours (primarily HWWS and hygienic usage), developing skills in formative research, development of C4D strategies and messages and, finally, monitoring effectiveness.

Hand washing promotion is integrated within the Malawi Open Defecation Free (ODF) strategy and has helped increase not only the construction and use of new latrines, but also that of hand washing facilities. UNICEF Malawi provided technical and financial support in the implementation of hygiene promotion interventions in the 15 districts. Implementation is done in partnership with District councils and NGOs. In the reporting period, 3,298 villages have received hand washing promotion. A total of 571,240 people were reached with hygiene messages, cumulatively reaching to 1,430,328 people (143%) since 2012. At least 150,830 handwashing facilities (HWFs) were installed in communities in 2016 alone with an overall total of 305,593 (306%) achieved since 2012. Installation of handwashing facilities and reaching people with handwashing messages is therefore on track. UNICEF Malawi further supported 3250 learners in 20 CBCCs with appropriate hand washing facilities across the 15 districts. This component is off track as cumulative only 10,250 children (21%) from CBCCs have been reached with hygiene interventions. The component will therefore require further strengthening in 2017.

Key bottlenecks and way forward

Despite the implementation of the above processes, behavioural change remains a challenge, as evidenced by only 4.2% of Malawians washing their hands with soap (2014 MDG Endline survey). Going forward, the focus will not be just reaching out to people with hygiene messages (which may not always translate into tangible results) but also to mobilize families to come up with concrete steps that will lead to the expected behaviour change in the key hygienic practices, namely use of safe water, safe disposal of human waste and hand washing with soap at critical times. This will be coupled with rigorous studies to find out some of the bottlenecks to current hygiene promotion programming. UNICEF will also foster linkages between marketing agencies involved in hygiene activations and district councils, in order that councils acquire knowledge and skills to conduct specialised hygiene campaigns in schools and communities. This will be in line with the decentralised approach in Malawi, as the districts will eventually take over the responsibility of conducting hygiene promotion. The involvement of councils will therefore ensure continuity and sustainability in hygiene promotion.

Another constraint that has been observed during implementation is lack of safe water to support effective handwashing. Some communities have been mobilized and have constricted handwashing facilities. However the water being used is from unsafe water sources which can predispose them to disease causing pathogens. UNICEF will continue to mobilize resources to ensure that safe water is available in villages to support handwashing efforts.



Figure 16: Ensuring that the next generation – the children- learn and internalise hand washing with soap through motherly guidance and daily practice.

3.6 Emergency

Assessment of Results

In 2016, Malawi faced multiple shocks arising from drought and cholera requiring a concerted humanitarian response. The MVAC⁴ assessment report of July 2016, indicated that about 6.5 million people, or 39% of the population were unable to meet their annual food requirements during the 2016/17 consumption period. The President of Malawi declared a state of national disaster on 12th April 2016, highlighting the projected deficit in maize stockpiles and appealed for further humanitarian relief assistance from the international community. The MVAC report also showed a total of 15 out of 28 districts nationwide, out of which 70% are EU/UNICEF target districts, were severely affected by the drought.

In addition, there were security related incidences in Mozambique which resulted in the influx of asylum seekers into Kapise village in Mwanza district of Malawi. As of 14 May 2016, UNHCR had officially registered about 11,612 people, including 9,381 at Kapise, 723 in Luwani and the remaining 1,508 registered at other locations in Chikwawa, Nsanje and Thambani.

UNICEF with its implementing partners focused on the various emergency responses. The experience gained through the 2015 floods and cholera responses, and the resultant strengthening of the emergency coordination mechanisms that are in place, have ensured

⁴MVAC- Malawi Vulnerability Assessment Committee

partners are better equipped should a repeat of the disaster occur. This includes a National WASH Sector Contingency Plan, and coordination meetings of the WASH cluster, which is co-led by UNICEF and the Ministry of Agriculture, Irrigation and Water Development (MoAIWD) with support provided by other key government ministries and NGO partners. The contingency plan splits sector support into three distinct categories, namely: emergency preparedness and capacity building activities; emergency response activities; and early recovery activities. Under each, key activities have been identified in addition to specifying responsible agencies to lead on the activity, and when indicating activities should be carried out, including frequency. The plan also lists key WASH supplies that should be in place for quick deployment in the event of an emergency.

UNICEF closely monitored the emergency situation on the ground, in all Districts, including conducting field monitoring missions to conduct rapid needs assessments and discuss the situation on the ground in the respective districts, which included supporting both districts and NGOs. Although the absence of significant flooding in the 2015/2016 wet season offered much needed relief to Malawians, it also served to highlight the increasing unpredictability of rains, which were delayed and severely diminished in volume, largely induced by the 2016 El Nino, which continues to severely impact Malawi, along with other Southern African countries.

UNICEF with financial support its partners supported 57,260 people with safe water supply through the construction and rehabilitation of water supply facilities, while 29,260 people were supported to gain access to sanitation facilities, and 403,029 people were reached with hygiene promotion messages through using Community for Development (C4D) approaches. UNICEF, as a co-lead for WASH cluster coordination, is working with cluster partners to re-align WASH support to the worst affected areas. This includes additional support to Nutritional Rehabilitation Units (NRUs) and health centers to strengthen their WASH capacity should they experience increased admissions of affected people as a result of the drought and potential disease outbreak.



Figure 17: Hygiene Promotion at Kapise Camp in Mwanza District

4. Financial Analysis

In 2016, the WASH programme had a total planned budget of 20,151,325 USD. The table below shows planned budget per outcome area.

Table 8: Outcome Area 3: WASH (Malawi)-Planned budget by Outcome Area (US Dollars)

Intermediate Result	Funding Type ¹	Planned Budget ²
03-06-02 WASH social policy (social safety nets)	RR	0
	ORR	0
03-06-03 WASH # General	RR	0
	ORR	560,343
03-01-01 Rural water supply	RR	0
	ORR	10,049,987
03-01-03 Water safety (including Household Water Treatment and Safe Storage)	RR	0
	ORR	0
03-01-04 Water Supply Sustainability	RR	0
	ORR	0
03-04-01 WASH in Schools (general)	RR	0
	ORR	6,836,974
03-04-02 WASH in Schools hygiene promotion	RR	0
	ORR	0
03-03-01 Hand-washing with soap	RR	0
	ORR	2,704,021
03-03-02 Other hygiene promotion	RR	0
	ORR	0
Sub-total Regular Resources		0
Sub-total Other Resources - Regular		20,151,325
Total for 2016		20,151,325

¹ RR: Regular Resources, ORR: Other Resources - Regular

² Planned budget for ORR does not include estimated recovery cost.

In total, 1 national committee supported the WASH programme through thematic funds. Table 9 shows the country-level thematic contribution to the WASH programme in 2016.

Table 9: Outcome Area 3: WASH Malawi-Country-level WASH thematic contributions to outcome area received in 2016 (US Dollars)

Donor	Contribution Amount	Programmable Amount
United Kingdom Committee for UNICEF SC1499030133	7,359	7,359
Grand Total	7,359	7,359

The WASH programme has six key results areas including WASH and emergencies. The table below outlines the expenditure during 2016 per results area, regular resources, other resources - regular, and other

resources-emergency. While the largest amount was spent on water supply a considerable amount was spent on WASH in schools and ECD and WASH and emergencies.

Table 10: Outcome Area 3: WASH (Malawi)-2016 Expenditures by Key-Results Areas (US Dollars)

Organizational Targets	Expenditure Amount			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme accounts
03-01 Water supply		7,450,381	600,005	8,050,386
03-02 Sanitation				0
03-03 Hygiene		305,500		305,500
03-04 WASH in Schools and ECD centres		2,521,510		2,521,510
03-05 WASH and emergencies	110,216	1,474,506	196,897	1,781,619
03-06 WASH # General		341,928	394,198	736,126
Total	110,216	12,093,824	1,191,101	13,395,141

Thematic expenses per programme area are outlined in table 12 below.

Table 12: Outcome Area 3: WASH (Malawi)-2016 Expenses by programme area

Fund Category	All Programme Accounts
Year	2016
Business Area	Malawi - 2690
Prorated Outcome Area	03 WASH
Donor Class Level2	Thematic
Row Labels	Expense
Other Resources - Regular	64
03-03 Hygiene	64
Grand Total	64

For an in-depth understanding of the expenses by intervention it is helpful to look at table 13 which outlines the expense by intervention areas.

Table 13: Outcome Area 3: WASH (Malawi)-2016 Expenses by specific intervention codes

Fund Category	All Programme Accounts
Year	2016
Business Area	Malawi - 2690
Prorated Outcome Area	03 WASH
Row Labels	Expense
03-01-01 Rural water supply	6,691,385
03-01-03 Water safety (including Household Water Treatment and Safe Storage)	413,607
03-01-04 Water Supply Sustainability	532,223
03-03-01 Hand-washing with soap	275,480

03-03-02 Other hygiene promotion	16,027
03-04-01 WASH in Schools (general)	2,244,050
03-04-02 WASH in Schools hygiene promotion	94,381
03-05-04 WASH emergency response # Sanitation	7,096
03-05-05 WASH emergency response - Hygiene	1,672,728
03-06-02 WASH social policy (social safety nets)	23,921
03-06-03 WASH # General	515,582
08-01-01 Country programme process	58,958
08-01-06 Planning # General	3,368
08-02-05 Other multi-sectoral household surveys and data collection activities	37,569
08-02-08 Monitoring # General	6,632
08-03-01 Cross-sectoral Communication for Development	26,961
08-04-02 Community based child care	4,640
08-09-06 Other # non-classifiable cross-sectoral activities	507,341
08-09-07 Public Advocacy	4,280
08-09-08 Engagement through media and campaigns	1,572
08-09-10 Brand building and visibility	23,707
08-09-11 Emergency preparedness and response (General)	42,629
10-07-12 Management and Operations support at CO	121,595
10-07-13 ICT capacity in CO	28,082
1103 WASH Policies, plans and budgets	5
1122 Capacity building for Hygiene promotion (excluding schools)	1,417
2072 School sanitation, water supply and hygiene education	2,429
6901 Staff costs (includes specialists, managers, TAs and consultancies) for multiple Focus Areas of the MTSP	36,190
7921 Operations # financial and administration	1,283
7971 Communication (DOC)	3
Grand Total	13,395,141

The planned budget for 2016 is broken down into planned and funded from RR and ORR funds in table 14 below.

Table 14: Outcome Area 3: WASH (Malawi)-Planned budget and available resources for 2016

Intermediate Result	Funding Type	Planned Budget ¹	Funded Budget ¹	Shortfall ²
03-06-02 WASH social policy (social safety nets)	RR	0	0	0
	ORR	0	22,294	0
03-06-03 WASH # General	RR	0	218,424	0
	ORR	560,343	277,649	282,695
03-01-01 Rural water supply	RR	0	214,240	0
	ORR	10,049,987	3,735,749	6,314,238
	RR	0	770	0

03-01-03 Water safety (including Household Water Treatment and Safe Storage)	ORR	0	220,525	0
03-01-04 Water Supply Sustainability	RR	0	99,245	0
	ORR	0	401,978	0
03-04-01 WASH in Schools (general)	RR	0	0	0
	ORR	6,836,974	1,128,912	5,708,062
03-04-02 WASH in Schools hygiene promotion	RR	0	0	0
	ORR	0	77,781	0
03-03-01 Hand-washing with soap	RR	0	0	0
	ORR	2,704,021	245,738	2,458,283
03-03-02 Other hygiene promotion	RR	0	0	0
	ORR	0	14,978	0
Sub-total Regular Resources		0	532,678	0
Sub-total Other Resources - Regular		20,151,325	6,125,604	14,025,721
Total for 2016		20,151,325	6,658,282	13,493,043

¹ Planned and funded budget for ORR excludes recovery cost.

² Other resources shortfall represents ORR funding required for the achievement of results in 2016.

5. Future Work plan

a) Resource mobilization for SWAP:

- Finalize water safety plans.
- Undertake the annual joint sector reviews.
- Strengthen the WASH M&E systems at the national level.

b) Water supply and O&M:

- Finalize GIS mapping for programme boreholes.
- Rolling out of quality assurance for boreholes.
- Pilot deep boreholes.
- Support the borehole supply chain.
- Work with government on developing solutions in communities with salty aquifers.

c) Sanitation

- Carry out a ODF sustainability Study
- Conduct research of ODF impact on health outcomes
- Review of the National ODF and Handwashing Strategies.
- Sanitation marketing scaled up to compliment CLTS.
- Rolling of the TA Champion strategy.
- ODF verification and celebration in declared TAs.

d) Hygiene Promotion:

- Expand the hygiene activations across the country.
- Improve triggering for handwashing during CLTS.
- Improve on data capturing for the hygiene promotion component.

e) WASH in institutions:

- Finalise school sanitation standards at the national level.
- Scale up latrine construction through school latrine construction LTA.
- Review the SLTS strategy and develop recommendations for strengthening it.
- Advocate with government on provision of resources for O&M of school infrastructure.
- Scale up WASH implementation at CBCCs.

6. Expression of Thanks

The assistance from European Union, UK-AID (DFID), the Bill and Melinda Gates Foundation and National Committees from Norway and the United Kingdom have provided vital support to the WASH sector in Malawi to contribute to the improvement of the lives of Malawians through improved household and communal sanitary and environmental conditions and increasing the accessibility and availability of safe drinking water. The support has contributed to the progress seen not only in the field but also in Government systems. In this reporting period DFID's enthusiastic encouragement and support for close collaboration between UNICEF and NGO implementing partners with the districts and ministries has also fostered a more collaborative environment that ensures all stakeholders are engaged in the programme, which in turn fosters a more inclusive environment that is essential to improve the sustainability of WASH services in Malawi.

Annex A: Human Interest Stories

Figure 1a: Human Interest Story on Pump Aid's Self-Supply Project – Part 1

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Malawi, 7 November 2016: Delivering clean water through innovative community water supply solutions

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Brighton demonstrating how his pump works.

By Rebecca Phwitiko

KASUNGU, Malawi, 7 November 2016 – To the untrained eye it looks like a regular pump. But it isn't. The rope pump, placed on a 10 metre deep well, can draw 20 litres of water in just 30 seconds. This is more than other pumps on the market can do, and more importantly, the rope pump is made of low cost locally available materials.

Thirty-nine (39) year old Brighton Kanike is making these pumps straight out of his workshop in Kasungu. A former bicycle repairman, Brighton says he has always been good with his hands and decided to make the most out of this to earn a living. He perfected his skill at Mzuzu University's Smart Centre, a UNICEF partner, which works with local entrepreneurs to construct low cost, high quality wells.

Brighton is now running a profitable business manufacturing pumps for human consumption and irrigation. A UNICEF water, sanitation and hygiene programme, implemented by Pump Aid in Kasungu, has linked him to a chain of customers and other service providers in the WASH sector. With funding from UK Aid, the programme offers innovative community water supply solutions by providing communities with the option to set up their own water points for consumption and irrigation in a non-subsidized approach known as self-supply. The programme has researched, tested and documented findings and recommendations to support the possibility of scaling up of self-supply in Malawi.

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Figure 1b: Human Interest Story on Pump Aid's Self-Supply Project – Part 2



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Phillip and Sellina can now access safe water within their premises.

One of Brighton's customers is Phillip Chintolo of Chinyanga Village Traditional Authority Njombwa. He and his wife Sellina used to have a well but it dried up years ago. Sellina was forced to draw water from a borehole 1.5 kilometres away. "My wife is sick and she isn't so

young anymore so it was hard for her to make that trip to the borehole back and forth," says Phillip. He was happy to hear about this option to have a new and improved well by his house. UNICEF's partner, Pump Aid linked him to a well digger who was trained within the same programme. Later on, a mason came and lined the well before referring him to Brighton who supplied the pump. All this at a total cost of about US\$230, which he was able to meet in phases. Phillip, like many others in the area is a tobacco farmer so he could afford to put up a well at a pace he is comfortable with, given the appropriate information and linkages.

Not too far from the Chintolos, in Nkhondokwao Village Charles Majamanda has had one of Brighton's pumps installed on a community well. He covered the entire cost of the well but now allows 15 other households to use it for about half a dollar per household every month. This money is set aside for repairs and general maintenance of the well. An area mechanic came by two weeks before for some minor repairs. These mechanics have received some technical training on maintenance of all kinds of pumps as well as some business training so that they are able to market themselves and make a living out of it.

Twenty (20) kilometres away, 71 year old Otaniel Banda is able to grow vegetables, tomatoes and onions all year round, as well as water his tobacco nursery and fruit trees. He says this pump is easy to use and is not as labour intensive as other pumps he has used before.

A chain of happy customers and service providers is what this programme has yielded in Kasungu. The programme has trained 25 WASH entrepreneurs who include 15 well diggers, eight area mechanics, one mason and one pump manufacturer. Between May 2015 and March 2016, 346 services and products were sold. These include well digging, deepening and lining as well as pump maintenance and pump sales.

Kasungu is largely sparsely populated and the water point coverage has been less than ideal. The Government of Malawi plans to reach 98 per cent water coverage by 2025 at national level and one of the strategies for achieving this is low cost drilling and private investment, similar to the self-supply model that UNICEF and its partners are piloting in Kasungu.

24 Oct 2016: Over 300,000 children under five died from diarrhoeal diseases linked to limited access to safe water, sanitation and hygiene

14 Oct 2016: In Angola, one hand washes the other...for better health

https://www.unicef.org/esaro/5440_mlw2016_delivering-water.html

https://www.unicef.org/malawi/reallives_18897.html

Figure 2a: Human Interest Story on TA Level ODF Attainment (Concern Universal) – Part 1

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Making traditional leadership work for sanitation

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Senior Chief Dzoole is proof that traditional leaders are not just custodians of culture, but potential drivers of change.

By Rebecca Phwitiko

DOWA, November 2016 - "Not too long ago people of this area had the idea that toilets were a privilege, to be used only by the rich in society," says Senior Group Village Headman (GVH) Chimanda of Traditional Authority (TA) Chakhaza in Dowa. Each village has some 30-50 households but it was quite normal to find only three or four latrines in a village. It is no wonder therefore that the fields were full of feces, lying in the open.

Senior GVH Chimanda says diarrhea and even cholera were persistent problems that the people failed to link to their unsanitary practices. A UK Aid-funded Water, Sanitation and Hygiene (WASH) programme, managed by UNICEF Malawi, partnered with Concern Universal to promote good hygiene practices and improve the water and sanitation facilities coverage in Dowa and other districts. The UK Aid programme covers 10 districts across the country.

"When they came, they told us latrines were a requirement for every household, that it is important not just to have a latrine but that we use it and cover it after use. We took it up as our responsibility to bring this message to our people" says Senior GVH Chimanda. When UNICEF's partner Concern Universal began the implementation in Dowa there was some resistance in the beginning but the chiefs developed by-laws to enforce good hygiene practices. Each chief was responsible for the behavior of his subjects and would go around the villages to ensure that each household had a latrine. In some cases a chief would actually start digging a pit latrine just to shame the household into getting one done quickly.

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Figure 2a: Human Interest Story on TA Level ODF Attainment (Concern Universal) – Part 2

At the start of the DFID funded programme there were only 7,489 latrines in the area of TA Chakhaza. But now there are 18,567 latrines, and the programme has constructed 95 new water points and rehabilitated 119. Through its partnership with Government of Malawi, UNICEF has supported the promotion of Community Led Total Sanitation, triggering communities in 15 TAs across the country to adopt good sanitation and hygiene practices.



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Abigail and other members of the village sanitation committee sensitize the community on the importance of having a latrine, using it and making sure it is well covered.

influence to bring about positive changes. Diarrhea affected the productivity of the people. There were funerals all over the place, people dying of preventable diseases that were caused by poor sanitation and hygiene. This programme has changed the situation completely and it has taken the joint commitment of community leaders and the people themselves to be able to have a latrine in each household.

Senior Chief Dzoole's area attained ODF status in July 2016. When the programme was introduced in his area, he gave his people three months to construct latrines in their households. A committee was set up to ensure that this regulation was respected. This encouraged the people to do the work quickly as no one wanted to go against chief's orders.

They used the culture and perceptions of the people to get results. "Anyone who didn't have a latrine in their household was forbidden from attending funerals. This became a motivating factor since people don't want to stay away from a funeral because they believe it is a bad omen," says Senior Chief Dzoole.

Abigail Kaomba is a member of one of the village sanitation committees in the area of Senior Chief Dzoole and she says apart from the sanitation considerations the latrine gives them some dignity. "It's embarrassing if you are defecating out in the open and then you meet your neighbors, or even your children out there in the bushes. Everyone needs a latrine."

In April 2016, TAs Chakhaza and Kayembe celebrated a newly attained Open Defecation Free (ODF) status. In the 690 villages within these two TAs every household now has a latrine that they use. "We can see the evidence that people are actually using the latrines, the fields are free of feces and we no longer hear of people dying of preventable diarrhea", says GVH Chimanda.

About 20km away from senior GVH Chimanda's area, Senior Chief Dzoole tells a similar tale of how community leaders can use their

ANNEX B: REPORT FEEDBACK FORM

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

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

Name: Roisin De Burca

Email: rdeburca@unicef.org

**

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

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

5	4	3	2	1	0

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

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

5	4	3	2	1	0

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

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

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

5

4

3

2

1

0

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

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

5

4

3

2

1

0

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

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

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

Thank you for filling this form!