

Malawi



Alixandra Fenton

Landlocked Malawi is among the world's poorest countries. Of its 12 million people only 16% live in urban areas mainly in the cities of Lilongwe and Blantyre and a handful of smaller towns. The remainder live in rural areas where the population density is one of the highest in Africa (six times that of neighbouring Zambia for example).

The official figures for water and sanitation coverage are erroneously high, as the definition for safe access in the country is confused and the statistics include many broken facilities. An ongoing national water point mapping project, in which WaterAid has been involved, indicates that only 57% of the rural population have access to safe water in comparison to 90% of the urban population. Access to sanitation is considerably lower with only 15% to 30% of the rural population having access to a latrine.

As a result water-related diseases, including cholera and typhoid, are common; a problem exacerbated by the rapid spread of HIV/AIDS which has affected 15% of the rural population and 30% of those in urban areas. Almost half of the population is under 15 years old and many of these are orphans.

WaterAid in Malawi



WaterAid began work in Malawi in November 1999 and projects are now under way in four rural areas: Salima, Machinga, Mzimba, and Nkhotakota, with one urban project in the capital Lilongwe. WaterAid works in partnership with district governments, a local non governmental organisation (NGO), a church based organisation and a public water utility company. Occasionally WaterAid also works with small scale private service providers.

The majority of WaterAid's work is in rural areas. Here most Malawians rely on subsistence farming, but food security is precarious and the country is increasingly prone to extreme weather patterns, from prolonged drought to heavy rainfall. This coupled with rapid population growth means that agricultural land is under severe pressure. Deforestation and pollution have resulted in large-scale erosion and consequently problems with water resources are increasing.

In Malawi WaterAid is concentrating on rehabilitating existing water systems rather than building new ones. WaterAid helps communities to set up water and sanitation committees which have responsibility for the overall management of water projects. In all projects these committees are taking the lead in planning, coordinating and monitoring the rehabilitation work and all community members contribute towards the ongoing running and maintenance costs. This means that the villagers have ownership of the systems and, after training, have the skills and motivation to

ensure that the water systems continue to work for the foreseeable future. Sustainability is a key factor in all WaterAid projects.

In order to ensure communities gain the maximum health benefits WaterAid's partners run hygiene education and sanitation activities alongside water projects.

A variety of latrines are promoted to ensure communities have options to suit them. One innovative approach is encouraging the construction of composting latrines in which human waste is mixed with soil and ash to form a rich compost. As the vast majority of Malawians derive their livelihoods from agriculture, the soil quality is poor and fertiliser very scarce, the impact on rural livelihoods of this initiative could be significant.

In 2002, WaterAid initiated a water point mapping project to determine the equity of distribution of water services to rural communities and the functionality and sustainability of these facilities. This project has been vital to planning and coordinating future work required nationally to meet the

Mwenyenguzu Alifa, 52, from Mazalule village, explains how WaterAid's composting latrines have benefited the community.



"These latrines have two pits where you let the contents of the first pit decompose whilst you use the second pit. By the time the second pit is full the first pit can be dug out and the compost used for our gardens. This means that you don't have to keep moving your latrine when it's full as you just switch between the two pits. I quickly saw the advantage of using compost from old pits as my plants would benefit. I have bought more seeds so that I can start growing more trees and fruits and I'm very hopeful the manure will help me start making a good income."

Millennium Development Goals (MDGs), targets agreed by all governments to halve the proportion of people without access to safe water and effective sanitation from 1990 to 2015.

Plans: 2005-2010

In its strategy for Malawi running from 2005 – 2010 WaterAid sets out its plans and activities.

The key aims are to:

- Directly help 136,000 people gain access to safe water and 131,000 people gain access to sanitation every year by 2010
- Support local partner organisations to raise their own funds, while keeping a strong advisory role on how these funds are spent to ensure a further 23,000 people gain access to water and 14,500 people to sanitation every year by 2010

By developing its links with government and building the capacity of its partners to plan, implement and monitor projects WaterAid aims to influence government and other organisations to allocate more resources to water, sanitation and hygiene as they are vital to poverty reduction.

This is crucial as the country faces significant challenges in achieving the MDGs. WaterAid has calculated that an extra \$16 million needs to be spent every year if the targets are to be achieved. However, water sector funds actually fell by 37% from 2001/2 to 2003/4 and this seems unlikely to change quickly as water and sanitation were not prioritised in the country's poverty reduction strategy paper. Overall, there are only a few donors supporting water and sanitation compared to education and health.

The responsibility for water and sanitation has been devolved to local district administrations from central government but as yet the institutions that are meant to be responsible for the work haven't been established, no district plans have been drawn up and funds are yet to be transferred. WaterAid will therefore work closely with local government to help build their capacity and coordinate plans to reach those most in need in the most appropriate ways.

This will be done by localising the MDGs

and working towards specific targets in each area. WaterAid's mapping work, (described over page), which highlights the areas most in need will greatly help in this. In future this mapping will be developed to show individuals in each community who are in the most need. This will ensure the poorest and most vulnerable, who are often excluded from water and sanitation services (for example the elderly, disabled and those with HIV/AIDS), gain access to these vital services.

The water point functionality rate has been surveyed in 24 of Malawi's 28 districts where it was found that 68% of water points were functioning. Focus will therefore remain on rehabilitating broken facilities and ensuring a community management structure is in place to ensure their long term sustainability.

Work will also focus on the choices of technology that are available, to ensure that even the poorest can afford them. Sanitation projects in particular will also explore how technology choice can respond to people's own priorities like dignity, status, privacy and convenience as well as health.

In future all project work will also look at the sustainability of water resources and also the risk of pollution, notably through naturally occurring fluorides and sulphides that exist in groundwater in some areas.

Hawa Salimua, 18, lives in Mzalule village in the Salima District, where WaterAid's partner the Salima District Assembly installed a handpump.



WaterAid/Jon Spaul

"I collect water from this handpump three times a day. The water is much sweeter than it used to be when it was an open well. It was dirty then, but now it's clean. We used to have a bucket on a string that we pulled up from the well and debris used to fall in which caused people to have terrible stomach pains. I was always getting diarrhoea with extremely painful stomach ache. Now those pains have vanished and it feels so hygienic to be drinking this water. I feel that my children will be born into a much better future because of this clean water."



Malawi

Area: 118,480 km²

Capital: Lilongwe

Other main cities: Blantyre

Population **11.2 m**

Infant mortality **178/1000**

Life expectancy **39 yrs**

Water supply coverage **67%**

Sanitation coverage **46%**

Below poverty line **63.8%**

Human development index **165**

Adult literacy **64%**

Sources: Water and sanitation statistics taken from WaterAid's country strategy. Other statistics from the World Development Report 2005 and the Human Development Report 2005.

NB: Official statistics tend to understate the extent of water and sanitation problems, sometimes by a large factor. There are not sufficient resources available for accurate monitoring of either population or coverage. Varying definitions of water and sanitation coverage are used and national figures mask large regional differences in coverage.

Achievements to date

- *** Encouraged communities to evaluate their needs and express their demand for clean water and effective sanitation
- *** Revived old approaches to composting latrines and developed social marketing programmes to encourage take-up. Nearly 3000 latrines have been constructed
- *** Begun rehabilitating existing piped water systems in Machinga District. One scheme will provide nearly 15,000 poor people with access to a safe water supply
- *** Facilitated the construction of 203 hand-dug wells in the Salima District, bringing safe water to 26,177 poor people
- *** Initiated the water point mapping project to determine the equity of distribution of water services in rural communities. 24 out of 28 Malawi's districts have now been mapped and the scheme has received national and international interest
- *** Developed sustainable systems for managing water kiosks in the low income areas of Lilongwe City

£1 is the level of subsidy given on each composting latrine constructed in Mzimba

£4 pays for a latrine cover slab used by a family of up to five people in Salima District

£15 pays for the tools needed to construct a hand-dug well

£21 pays for a trained district team to investigate the impact of hygiene education

£350 pays for an improved hand-dug well in Salima fitted with a Malda direct action handpump



WaterAid – water for life

The UK's only major charity dedicated exclusively to the provision of safe domestic water, sanitation and hygiene education to the world's poorest people.

For further information about WaterAid:
WaterAid, 47-49 Durham Street, London, SE11 5JD

www.wateraid.org

T: 020 7793 4500 F: 020 7793 4545
E: wateraid@wateraid.org

Charity registration number 288701 January 2006



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Mr Machangwa, who is in charge of the Lifuwu Clinic in Salima District, explains how the lack of water, sanitation and good hygiene affects people in his area.



WaterAid/Jon Spaul

"In 1999 there was a terrible outbreak of cholera and we had hundreds of patients suffering in this area. Dysentery is another frequent problem amongst the 10,000 people in our catchment area; in fact there were 51 cases of dysentery just this last July. It costs us about 200 Kwacha (£2) to cure a patient and in every one of these cases dirty water and poor sanitation are to blame. We try to tell people to boil their water, use pit latrines and wash their hands as a prevention of these diseases, but it's not easy for them. Boiling water means using lots of fire wood which is scarce and expensive and pit latrines without cement linings tend to collapse because of sandy soil. Lots of people also don't understand good hygiene practices. Also some people round here still use the lake for drinking water, especially the communities of fisherman. You can see them defecating in the lake and then drinking the water. I wouldn't touch that water!"

Zeinabu Kayisi is the Chair Person of the Water Committee in Chiutila village.



WaterAid/Jon Spaul

"I had four children die and now only have one son left. I didn't have the time back then to spend with my children but now clean water has given me more time because we're not so sick any more. If people feel healthier then improving their lives feels like more of a possibility. Some people in this village are now starting to better their own lives by selling doughnuts or drying fish and selling it. I sell samosas and fish which is helping me to become very independent and strong. Just like being able to maintain the pump myself makes me feel independent and strong! My wish for the future is that our village is full of happy and healthy children and that we can all earn more money which will make us even more independent and pay for schools and decent food."