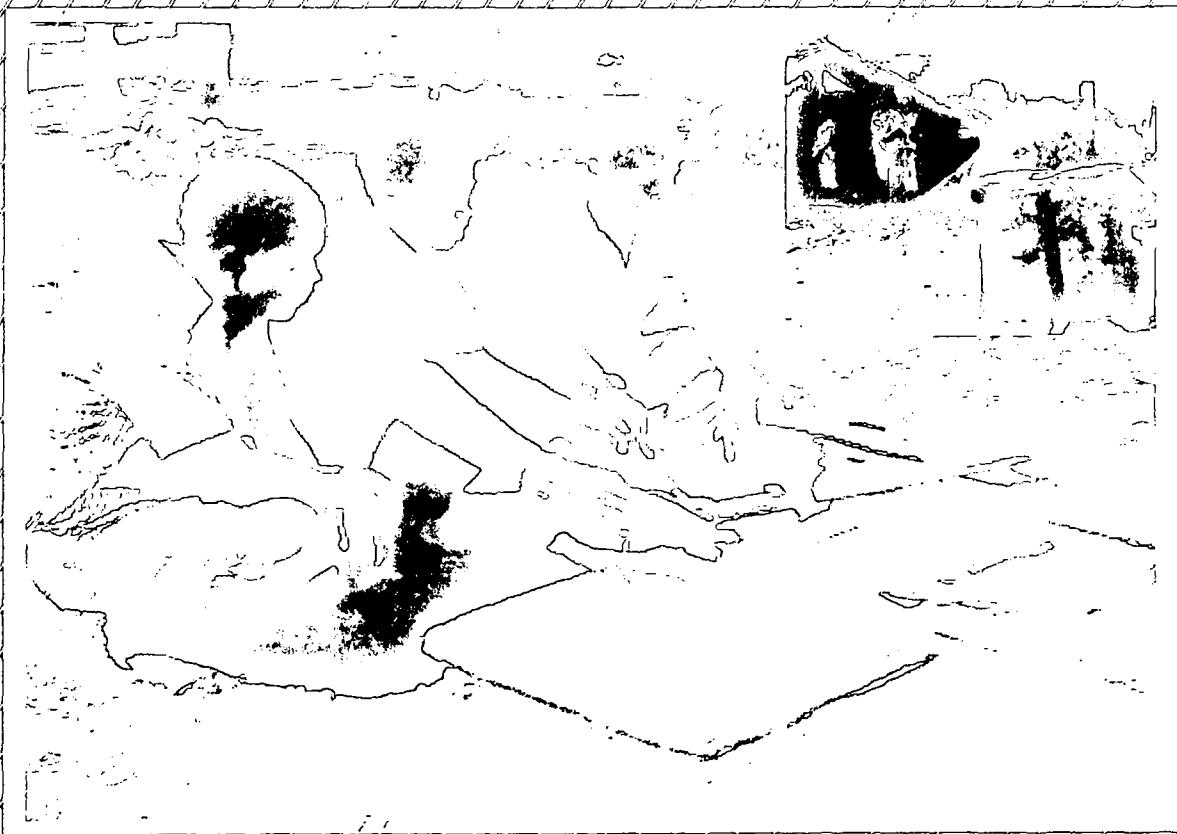


# PROGRAMME PLAN OF OPERATION



FOR WATER AND ENVIRONMENTAL  
SANITATION AND HYGIENE



2002-2006



024-MW02-10033

## 1. Executive Summary

The commendable achievements of the Government of Malawi since independence, in providing water supply to both rural and urban populations have unfortunately been devalued by the lack of attention and support to sanitation and hygiene. Today, approximately ninety percent of the population of Malawi has no access to adequate sanitation and approximately fifty percent do not have access to safe water supply. As well, the elevated incidence of diarrhoeal diseases contribute to high infant and under-five mortality rates of 104 and 189 per 1,000 live births, respectively, clearly indicate the need to improve sanitation and hygiene practices and to make safe water supply accessible to all.

Other factors that limit the benefits from earlier achievements are weak capacity and authority of communities to manage water systems themselves and the low status given to women and girls, especially in decision making and management of water and sanitation. The challenge to reach universal coverage in sanitation and hygiene education to bring about positive attitudes and safe behavioural practices still remains at arms reach. In recent years, several opportunities have emerged, in Malawi, that if strategically taken advantage of will provide a sound framework for accelerated and sustainable action to ensure that Human Rights to safe water and adequate sanitation and hygiene education are fulfilled. These include the government decentralisation process to district level, the United Nations Development Assistance Framework (UNDAF), a Sector Wide Approach (SWAP) involving all stakeholders, Sector Investment Programme (SIP) and the recognition and commitment by government to improve sector co-ordination.

Recent reviews of the Government of Malawi-UNICEF's Water and Environmental Sanitation programme indicate the necessity to shift from a needs-based to a rights-based approach to programming to ensure the realisation of human rights to water, sanitation and hygiene education (WES), with a special focus on women and children. The WES programme therefore aims to create capacities and a conducive policy environment for the full realisation of human rights to sustainable safe water and sanitation services, including the knowledge and life skills to protect against related diseases and for maintaining a safe hygienic physical living-environment for children.

UNICEF's WES assistance to the Government of Malawi over the next five years will be given within the above framework and strategies for Poverty Reduction, and will be executed in close partnership and alliance with other UN agencies, bilaterals, NGOs, civil society and the private sector. WES assistance will also be integrated with other UNICEF programmes for health, early child care, basic education and social policy, advocacy and communication. Assistance will be concentrated at district level with a focus on communities. Priority areas of UNICEF intervention include support, with partners, to:

- **National-level** policy development, sector reform, planning, co-ordination and monitoring.

This assistance is aimed at creating a conducive policy and strategy environment for accelerated action to realise Human Rights to adequate sanitation and hygiene education and to safe water supply.

- **District-level** integrated water, sanitation and hygiene education and community based management of water systems.

The aim of this assistance is to build capacities in planning, facilitation, management and co-ordination and for monitoring and evaluation of sector trends and impact.

- **School sanitation, hygiene education and life-skills development.**

The aim of this assistance is to ensure that primary school children acquire knowledge and skills on a few relevant key practices for sanitation and hygiene and water conservation and protection.

## 2. Situation Analysis & National Policies

Article 24 of the Convention on the Rights of the Child (CRC), ratified by Malawi in 1991 enshrines the right of children to adequate sanitation and safe water and a pollution free environment critical to their survival, protection and development. The Convention also stipulate the right to be informed and be given education in basic hygiene and sanitation practices. Article 12 of the CRC elaborates child rights to participation.

Recent developments in Malawi give rise for optimism in meeting these obligations in the future. Firstly, the decentralization process under way by government will facilitate capacity development to address local challenges and take advantage of opportunities at that level. Secondly, greater unity and convergence within the UN system, in Malawi, through UNDAF provides great potential for complementarity and synergy and the avoidance of duplication of activities. Thirdly, a sector wide approach to address challenges in the sector can now be done within a framework of true partnerships. Within this approach, UNICEF will strive to strengthen its current partnerships with key agencies such as UNDP, WHO, WFP, World Bank and EU and donors such as DFID, NORAD, CIDA, Sida, USAID, JICA and with NGOs such as Concern Universal, Plan International, SCF-US, SC UK, WaterAid, CPAR, WVI and AFRICARE. It will also reach out to widen that partnership to include the private sector, local and regional institutions such as IWSD, ITNs etc. And fourthly, a unified approach to sector investment planning, including the potential of building community capacity to access local resources for water and sanitation from such sources as the Malawi Social Action Fund bring new opportunities to the fore.

Although these recent developments give rise to greater hope for the future, unfortunately, the past has left challenges that must now be addressed if sustainable progress is to be made. The recent situation analysis of the water and sanitation sector had unearthed a myriad of problems which one government or many organisations or agencies could not tackle on their own. Future efforts to address the challenges mentioned below need the full commitment of everyone to work together within the context of the above framework. The challenges below are by no means all that constrains the sector, but they have come up time and again in analyses and reviews by others such as UNDP, CIDA, USAID the World Bank and others. There is a broad consensus among government and external support agencies and NGOs that if these problems are not addressed soon, future development in the sector will continue to be severely constrained. The key constraints are:

- Weak water policy, the absence of a coherent sanitation policy, outdated sector development guidelines and ineffective regulations and enforcement.
- Low profile of hygiene education, sanitation and life-skills development
- Poor hygiene practices at household (primary duty bearer) level
- Low access to potable water and adequate sanitation in communities, health centres and schools
- Poor participation, gender inequity and disparity, no sense of 'ownership' of water points and weak capacity of communities to operate and manage them (CBM).
- Weak planning, slow implementation rates, ineffective co-ordination, and weak monitoring & evaluation
- Rapid population growth, inadequate environmental management and unsafe disposal of solid and liquid wastes has lead to water contamination.
- Inadequate and ineffective training of extension workers, communities and families for improved hygiene and WES services promotion.

Past experiences in Malawi and elsewhere have shown us that fulfilling Child Rights will remain elusive if **women** are not brought to the center stage of the development process through an enabling environment that ensures and inextricable link between children's rights and women's rights. The Convention on the Elimination of All Forms of Discrimination against Women provides a platform for this linkage. Women at household level have, in the majority of cases, been the primary duty-bearer for the fulfillment of children's rights.

Men need to play a greater role in fulfilling these obligations. To date, they have not been very visible. A key inhibiting factor on water and sanitation awareness creation vis a vis the roles and obligations of the various duty bearers, especially at community and family level, has been poor communication. The articulation of the CRC and CEDAW, in Malawi, into understandable language for use at community and family level needs special attention. Men and other community level duty bearers need to be made aware of, and to better understand their obligations towards women and children if they are to fulfill them. Rights to water and sanitation and the hygiene aspects are key areas where men need to shoulder more responsibility.

Past analysis show that **women and girls** have traditionally taken the responsibility when it comes to water collection, sanitation improvements and in keeping the general household and child's living environment clean. Experience also shows that despite the central role that women and girls play in water and sanitation, they have been mostly excluded from participating in key decision making on these very issues. Men tended to make most decisions regarding water and sanitation services at family and community level, have generally excused themselves when it comes to work in developing these, thus leaving women and girls the responsibility. This exclusion of women and girls in the decision making process is another example of their rights been violated and therefore needs to change. Genuine participation of women as true partners, not just implementers, is key to fulfilling their rights to water and sanitation, but is equally critical to sustaining of such services and promoting safe hygiene practices. This does not mean that men should be excluded, the opposite is true, men need to facilitate women and girls involvement as equal members in this process. Equally important, to share the workload in delivering or developing WES services and in promoting safe hygiene behaviours to maximize health and socio-economic benefits from them.

Women and girls rights and opportunities in other areas such as **health and education** have also been seriously constrained by the non-fulfillment of rights to water and sanitation. Girls are particularly disadvantaged when it comes to education by being heavily responsible for water collection. This responsibility either takes away from their study and/or leisure time or tires them so much that they find it difficult to study. In extreme cases, where water supply is far from the household, this prevents girls from attending school because they are expected to stay at home to help with family chores such as collecting water.

Likewise, girls are disadvantaged when it comes to sanitation, especially in schools. Where sanitation facilities are lacking in schools, older girls may not attend during their menstrual cycle out of embarrassment. In extreme cases, girls **drop-out of school** because of embarrassment or risk of being sexually assaulted because of no protection or privacy when going to the toilet. It is estimated that as many as one schoolgirl in every ten, in sub-Saharan Africa, is negatively affected by the lack of sanitation in schools (Doyle and Mudege 1999), Malawi is probably high on that scale. This ratio may be slightly higher in Malawi due to current overcrowding in schools, which has unfortunately been a side effect of the recent laudable move by government towards universal free access to primary education.

Only about 20 percent of all primary schools have adequate sanitation and water supply facilities and are now struggling to cater for the **increased student enrollment** population. For those schools with sanitation facilities, latrine pits are filling up faster than authorities can empty them or build new ones, and resources for new ones are scarce. Similarly, the high demand for sanitation and hand washing facilities is fast outstripping the capacity to deliver such services. New innovative ways, including the use of the private sector and CBOs to address these challenges are desperately needed.

The nutrition status of women and girls is also compromised through the large energy expenditures in water collection. Typically, in sub-Saharan Africa, women and girls expend a third of their calorific intake on water collection, and equivalent energy of one meal per day (Lechtig and Doyle 1992).

Developing safe water sources closer to the home would contribute to reducing high-energy loss by girls and women. The dual potential of having water close to the home could help address **chronic and acute malnutrition** in Malawi, currently at 48 percent and 7 percent respectively, and would also help Poverty Alleviation efforts by enabling families to grow their own household food supply and possibly extra for sale.

Official data show that 30 percent of the population of Malawi have not yet had their rights to sanitation fulfilled. In reality, the majority of the population only has a very rudimentary facility. A more realistic estimate, from DHS 2000 show that in rural areas and urban slums, **almost 90 percent of the population do not have adequate toilet facilities**. Past programmes, including UNICEF's and others, did not place enough importance on sanitation, particularly key hygiene behaviour and practices and this is evident in the low profile given to sanitation from family level right up to national level. Poor hygiene practices underscore the exceptionally high incidence of diarrhoeal diseases, cholera, schistosomiasis, and other related infectious or opportunistic diseases caused by poor hygiene in the home or in the health services. It contributes to **the unacceptable high IMR and under-five mortality rates** of 104 and 189 per 1,000 live births, respectively. The unacceptable high maternal mortality rate of 620 maternal deaths per 100, 000 live births can also be partly attributed to poor hygiene practices both in the home and in obstetric care at health centres.

Poor hygiene and sanitation resulting in diarrhoeal diseases, ascariasis, giardiasis and schistosomiasis is known to increase the severity of other illnesses. For example, a child with one or more of the above diseases is less likely to absorb **micro-nutrients or energy** from food, thus sending them into a downward spiral of ill health and malnutrition leading to stunting, as well as more severe malaria and measles. In Malawi, the average child suffers six episodes of diarrhoea per year, a considerable drain on their already poor health and nutrition status. Children living close to lakeshores or swamps are particularly hard hit with an **almost 100 percent infection rate of schistosomiasis**, a sanitation related disease. The negative effects of schistosomiasis on children's health and nutrition are enormous, including long-term effects of the disease on the kidneys and bladder. Mothers are severely affected by poor sanitation and hygiene, maternal malnutrition from diarrhoea and helminthes contributes to low birth weight of children. Other examples include the strong linkage between poor sanitation and hygiene and polio, scabies, trachoma, hookworm and guinea-worm. Countless children are denied the right to a pollution free or 'a safe hygienic living environment' for child protection, survival and development. Where liquid and solid wastes, especially raw sewage are poorly managed this gives rise to mosquito breeding thus increasing children's risk exposure to malaria, polio and other water borne and sanitation related diseases.

Poor sanitation and hygiene and the lack of a close reliable water supply poses an increased risk of spreading **opportunistic diseases** among the weak or sick, especially those with HIV/AIDS. Increased diarrhoea coupled with poor access to a sanitary facility contributes to an increasing amount of pathogens in the environment thus widening the risks of diarrhoeal diseases to others, especially young children who crawl around on the ground. It also adds to the burden of caregivers by not giving them the means to maintain good hygiene.

The poor impact of past sanitation and hygiene efforts has been particularly acute in schools. Little attention has been given to find **innovative ways of involving school children** in sanitation and hygiene promotion both as potential agents of change in their families and communities, but also as an investment in future generations. The subject of sanitation and hygiene has generally been an add-on to the curriculum thus necessitating extra time to teach. Time, that many teachers do not have, especially as a result of increased enrolment due to universal access to primary education. With pressure on teachers to successfully ensure that students pass in examinable subjects such as mathematics, language and writing, little time is given to add-on subjects.

To overcome this challenge, innovative ways of mainstreaming sanitation and hygiene into the curriculum is needed. For example, well written articles on sanitation and hygiene could reinforce a language subject, or the mathematics of diarrhoeal pathogen multiplication or latrine design could easily compliment a mathematics subject, and so on.

At the national level, a key constraint to sanitation and hygiene promotion has been the **absence of a coherent sanitation policy** and guidelines, and confusion on who is the lead ministry.

Similar to sanitation, official statistics show that the right of **access to a safe water supply** is denied to approximately 50 percent of the population. Most of those without access are in the poor in peri-urban informal settlements and rural areas. Similarly, great differences occur across districts for example, coverage gaps range from approximately 95 percent to 33 percent. Another factor that increases the effective coverage gap in water supply is poor operations and maintenance of community water systems often resulting in long periods of break down. At any one time, **approximately 30 percent of all water systems are out of action** and the average time it takes to fix them is 10 days. This, in effect, increases the coverage gap by as much as 15 percent. When this happens, there is little option but to fetch water from an unprotected source.

Although current policy in the water sector indicates government's political will to transfer 'ownership' of water points to communities, the **articulation of policy** into reality has been marred by several constraints. Over several years, many agencies and NGOs working in Malawi have supported the concept of **Community Based Management** of water supply. Major constraints include legislation on community 'ownership', a lack of reliable spare parts delivery systems, difficulties with reimbursable procurement, poor training of communities and a non standardization of technologies, especially for hand-pumps continue to hinder progress.

furthermore, **national policy** for the water sector particularly for rural and peri-urban is **not well understood** at lower levels in government and is hardly understood at all at community level. The lack of a good communication strategy that articulates national policy into understandable language for the average non-technical person is a key constraint. Because the water policy is poorly understood, politicians and others often give conflicting messages to communities such as promising free water services and operation and maintenance support, including recurrent costs for upkeep. Many organizations, including UNICEF and NGOs use different criteria for water projects, often within the same communities, thus adding to the confusion.

**Co-ordination** in the water sector is also weak, the fact that water cuts across many ministries and public authorities has led to fragmentation of the sector and a struggle over limited resources. More needs to be done to reach a consensus on the lead ministry for coordination of support to community water supply. More needs to be done, collectively by partners, to help government build capacity for enhanced planning, coordination, management, regulation and monitoring in the sector.

**Partnerships** in the sector to date have had their weaknesses. Past general consensus on partnerships were reached, however, the approach to date has been adhoc and passive rather than proactive. In several cases, projects supported by various organizations, bilaterals and NGOs have either unwisely overlapped or have been planned or implemented in isolation of each other. Past UNICEF's programmes are no exception even though UNICEF has for many years been elected coordinator of external assistance to the water and sanitation sector in Malawi. Networking of experiences and best practices in the field has also been weak, this has hindered accelerated learning for scaling up. Malawi has had a fruitful experience with many NGOs and CBOs working in the sector; a lot of these have been very innovative in building community capacity and skills, introducing appropriate technologies and in helping communities to help themselves to overcome water and sanitation difficulties.

But unfortunately, these experiences have not been wisely tapped or used by others. A major inhibiting factor to this is poor intra-sectoral communication and the facilitation of NGOs and CBOs to genuinely participate in major decision-making processes in the sector. Unfortunately, many are seen as implementers of projects funded by others and not as equal partners.

As important as country **networking** is, regional and global networking is equally key to accelerating experience and problem solving. Not enough attention has been given to tap into key networks such as those for sanitation and hygiene (PHAST, Ecological Sanitation and GESI) and for water (regional ITNs IWSD, and the Handpump Technology Network). This would help in developing the new sanitation policy or in addressing pump standardization issues.

Recurrent **emergencies** have hampered development efforts in the water and sanitation and hygiene sector. Floods followed by long periods of drought have both contaminated existing water supplies or have led to them drying up or damaged. Because of weaknesses in emergency preparedness and reaction capability when emergencies occur, the development side tends to stop in order to try to react to the problem. More needs to be done to collaborate with existing early warning systems, like USAID supported FEWS, to draw on past local lessons, as well as those from other countries in the region, and especially to build local capacity for emergency preparedness and response.

**Investments** in the sector have also been biased towards the urban better-off population and high-cost technologies thus improving the level of service to those already served at the expense of the poor. For example, of the total investment in the sector over the past five years x \$ went to urban proper water supply benefiting X population. Whereas, only x \$ was spent in peri-urban water supply for X population. Water charges are also biased in favour of the better off. In buying water from vendors, peri-urban slum dwellers pay up to five times more per unit than that paid by those in better-off urban areas. Future policy refinements need to address this disparity. Where proven low-cost appropriate technologies have been introduced such as hand auguring of wells for handpumps, the political or social status preference for costly machined-drilled boreholes far outweighs the wisdom of the former. The pressure to expend some grants and other funds in very limited timeframes such as the Malawi Social Action Fund has led, in some cases, to the drilling of new boreholes beside broken down shallow wells. And when deep boreholes eventually break down, communities seldom have the training, equipment and resources to repair them.

The **current management structure** in the Ministry of Water Development (is or) will need to be restructured in order to better support capacity development in the new decentralized system. The brain drain and losses of key managers and technical staff to HIV/AIDS has also had a devastating affect on the capacity in the water and sanitation sector both at national and sub-national levels. At district level, technical capacity for sector planning, coordination and especially for delivery of services and monitoring is mismatched to the challenges that many districts face. A typical district has one water monitoring assistant and no professional level water staff, and so there is no direct interface with communities. Even if they were tasked to work directly at community level, transportation and housing limitations would prohibit them from doing so. If local government were to act solely as facilitator of sector development, they would not have adequate technical staff to do so. This paucity of technical extension staff, NGOs and CBOs in many districts make it all that more challenging to reach remote communities. Likewise, the more remote the location of an areas, the less likely it is to find a private entrepreneur to deliver services because of high risks of investment and low profit margins.

The culmination of weak rural and peri-urban water policy, the absence of policy and a lead ministry for sanitation, sector fragmentation, low status of women's participation, weak planning and coordination, recurring emergencies, limited financial resources and limitations in existing capacities to deliver services combine to hinder efforts to accelerate service



delivery and hygiene promotion. These constraints along with population growth have resulted in a widening of the gap between those who have had their rights fulfilled and those who are neglected. In the section dealing with justification for the next programme period (2002-2006), more information can be found on the eight key challenges in bullet form earlier mentioned (which were identified in the recent mid-term review of the current programme and reviews by others such as CIDA, UNDP and the World Bank).

To further understand the **challenges and opportunities facing duty** to fulfill obligations towards women and children's rights, the following analysis looks at the various levels. These key roles and issues are analysed along cross cutting areas such as gender, and along the life cycle (early childhood, primary school-age and adolescence). The analysis is based on an agreed framework bringing a **Human Rights Approach to Programming** with respect to women and children's right to water and sanitation and survival, development, protection and participation. The following duty bearers are identified at various levels:

- Household Level: the primary care giver (mother, father, sibling, house worker, grandparent) and the rest of the household.
- Community Level: the village head person, traditional authority, and community members (village), institution (schools and clinics).
- District Assembly, District-level line-Ministries, NGOs.
- National Level: Office of the President and Cabinet (OPC) and Local Government; Parliament; Ministry of Water Development; Ministry of Health; Ministry of Gender, Youth and Community Services; Ministry of Forestry; Regional Water Boards; Donor and other External Support Agencies; NGOs.

**Household level**, the primary duty bearer is obligated to ensure access to safe drinking water and sanitation; hygienic care practices; basic hygiene education, ensure safe hygienic behaviour, maintain a safe hygienic living environment for children, and take precautionary measures against incidence of opportunistic (water and sanitation related) infections.

**Community level**, village head persons and traditional leaders are obligated to provide leadership and community mobilisation; enable and empower women and children to participate in WES programmes as equal partners; facilitate water and sanitation projects; be role models in hygiene practices and provide and use of sanitation facilities; disseminate information on sanitation, hygiene and for community management of water sources and ensure that the living environment for children is safe and hygienic.

**Other community members** (villagers) are obligated to support the roles and duties of the village head for WES; participate in water, sanitation and hygiene programmes; build and use latrines and hygiene facilities; contribute to the capital and recurrent cost for maintaining water systems and sanitation facilities; promote safe sanitation and hygiene practices and maintain a safe hygienic living environment for children.

**Institutions** (schools and health centres) are obligated to provide hygiene education to pupils, other children, guardians, patients and communities, promote safe hygiene behaviour and provide information on disease prevention, especially diarrhoeal. Institutions must also maintain their water and sanitation facilities and maintain a hygienic environment for children.

**District Assemblies** (including line ministries at district level) are obligated to mobilise communities for hygiene and sanitation promotion and the management of community water supplies; promote gender-sensitive planning and programme delivery systems; encourage communities to maintain an hygienic living environment for children, and protect water sources from pollution. They should also facilitate, and co-ordinate actions in the sector towards the realisation of universal coverage for water and sanitation; and ensure monitoring and evaluation of existing water and sanitation facilities and hygiene trends in order to identify those most in need.

**Non Governmental Organisations** are obligated to provide hygiene education to communities, address gender specific needs, train extension workers, TOT; test-pilot communication strategies on WES including for behavioural change; provide facilities for water supply and sanitation; and be role models in promoting of safe sanitation and hygiene practices.

**Central Government** line ministries (such as Ministry of Water Development; Ministry of Health) are obligated to develop facilitating water and sanitation policies, guidelines and strategies for the realisation of women and children's rights to water, sanitation and hygiene; ensure that legislation is rights based, curricula and national standards in hygiene education are used, including guidelines for safe behavioural practices in sanitation and hygiene. They also need to disseminate guidelines and policies to all appropriate levels of duty bearers; and ensure national coverage for hygiene education and universal access to safe water supply and adequate sanitation. They are responsible for national facilitation, co-ordination, regulating and overseeing sector development and mainstreaming gender and women and children's rights in the sector.

Inhibiting factors facing duty bearers in fulfilling their obligations need further analysis, but the following may serve as preliminary issues to consider.

**At household level**, most primary duty bearers do not always feel responsible or empowered or informed enough to provide safe water, hygienic care practices and basic hygiene education, gender disparity, women's heavy workload, a lack of priority for sanitation and hygiene or simply abject poverty. As well, they sometimes have gaps in knowledge and skills to prevent sanitation and hygiene related diseases or for providing water and sanitation services.

**At the community level**, the village head persons and traditional authorities do not always take responsibility or feel empowered for promoting rights, good hygiene practices, sanitation and water issues and many have gaps in knowledge and skills. And some tend to hold on to information as a means of control and power and this inhibits the dissemination of information on sanitation, hygiene and water issues.

**Other community members** (villagers), often lack access to information and have gaps in knowledge and skills for promoting sanitation and hygiene or for tackling water supply problems. They are often excluded, especially women from decision-making processes on water, sanitation and hygiene issues. They very often do not have the resources, financial, technical and other to address the fulfilling of obligations. Leadership roles in most villages is very often limited to men.

**Traditional authorities** are not always well informed on water, sanitation and hygiene issues and many do not have technical skills to address these challenges. Although an opportunity exists to use their leadership skills in favour of women and child rights to sanitation, water and hygiene, much more needs to be done to assess and strategically tap this resource.

**Institutions** (schools and health centres), most institutions do not have adequate access to information or training, or skills to promote sanitation, hygiene and water supply. Many also lack skills and tools for promoting gender-sensitive participation. In schools, teachers often lack teaching aids and time to teach about sanitation and hygiene and water conservation and protection. And many of these institutions may not have the physical facilities for sanitation, water and for hygiene to enable children put hygiene education into practice.

**District Assemblies** duty bearers can only fulfil their obligations effectively if they have the responsibility, a clear understanding of CRC/CEDAW with guidelines for water, sanitation and hygiene, the authority and the resources to do so.

Programming should therefore target the enhancement of capacities, and knowledge of duty bearers, and improve their access to resources at all levels to facilitate them fulfil their obligations. Some lack political will particularly for sanitation and hygiene promotion. Many have capacity and knowledge gaps and do not have good guidance or sufficient technical support from central ministries for water and sanitation. Weak planning, co-ordination, facilitation, technical capacity for delivery of services and for monitoring further constrains their ability to act in a responsible manner. Like at other levels, the lack of easy to understand translations of national policies for sanitation and hygiene and water further confused their ability to act. And the lack of guidelines on the roles and obligations of duty bearers, at all levels, adds to this confusion.

**National level**, duty bearers need to be better informed on their obligations for fulfilling women and children's rights as stipulated in the CRC and CEDAW. Weak water policy for rural and peri-urban areas and the absence of a sanitation policy is a challenge that they must face up to. They need to develop sound operational guidelines that are easy to understand at all levels, particularly at community level. Weaknesses in planning, coordination and monitoring further constrain them from upholding their obligations. The lack of priority to those most in need and the biases in resource allocations, technology choice and low commitment for sanitation and hygiene need to be addressed.

**Training institutions** such as the Malawi College of Health Sciences (who train health assistants); Magomero Community Development Training College (who train community development assistants) and the Ministry of Education often lack specific resources, as well as information, knowledge and skills to strategically promote sanitation and hygiene.

### 3. Justification

The Mid-term Review in 1999, the 2000 Common Country Assessment, the 2000 Situation Analysis and other sector reviews by partners such as NORAD, DFID, CIDA, UNDP and the World Bank all show a consensus on the key challenges facing the WES sector. Although UNICEF cannot, and does not intend to address all eight challenges below, it will however build on existing partnerships to strategically address these. UNICEF will continue to work within frameworks such as UNDAF, SIPS and SWAPS. Within the UNDAF, the WES programme will support such areas as:

- **Good Governance**, by supporting community level training in gender-sensitive participatory approaches for planning, managing and monitoring WES programmes. These skills are also useful for decision-making and problem solving in others areas such as leadership selection, accountability etc. at community level. Other linkages are capacity building in technical areas for management of local water resources and protecting the environment, which could be used in devolving power to community level.
- **Poverty Reduction**, WES programmes are a key input to improving the economic status of poor communities. Water supply close to the community can free up time previously spent in water collection from distant sources, to time that could be used for other productive means such as agriculture. Sanitation and hygiene programmes leading to a reduction in diseases such as diarrhoea, schistosomiasis and cholera will save families and government large expenditures in disease treatment, opportunity losses etc.
- **HIV/AIDS Reduction**, WES programmes are critical to ensuring a sanitary environment and water for hygiene, thus reducing risks of opportunistic diseases, saving time and energy etc. Behavioural change and life-skills development being used in the WES sector is a useful tools and strategy for addressing behavioural change for protection against HIV/AIDS.

The WES programme will focus attention on the key constraints, earlier mentioned, that inhibit the realization of women and children's rights to water, sanitation and hygiene as enshrined in the CRC and CEDAW. In summary, these constraints are:

- Weak water policy, the absence of a sanitation policy, outdated sector development guidelines and ineffective regulations and enforcement.
- Low profile of hygiene education, sanitation and life-skills development.
- Poor hygiene practices at household level.
- Low access to potable water and adequate sanitation in communities, health centres and schools.
- Poor participation, gender inequity and disparity, no sense of 'ownership' of water systems and weak capacity of communities to operate and manage them (CBM).
- Weak planning, slow implementation rates, ineffective co-ordination, and weak monitoring and evaluation.
- Rapid population growth, inadequate environmental management and unsafe disposal of solid and liquid wastes leading to water contamination.
- Inadequate and ineffective training of extension workers, communities and families for improved hygiene and WES services promotion.

**Weak water policy, the absence of a sanitation policy**, outdated sector development guidelines and ineffective regulations and enforcement, including related laws in the sector are either inadequate (outdated) or incoherent and all do not reflect the CRC or CEDAW. This void, especially for rural and peri-urban areas, has not been conducive to sector development and potentially hinders the fulfillment of CRC and CEDAW. As a result, policy makers and "beneficiary " communities often prioritize water supply over sanitation and hygiene. Without integration of hygiene education and sanitation, water supply alone will not achieve the optimal impact on health in the user community. Communities need to understand the linkage between disease and infection and that of poor sanitation and hygiene, therefore making hygiene education for behaviour change paramount.

Related to the lack of a coherent sanitation policy and strategy, there is a general need to improve the legal and policy framework and to disseminate to all stakeholders relevant laws, policies and guidelines, especially CRC and CEDAW. Among the key issues to be resolved are:

- Clarification of the authority responsible for sanitation.
- Clarification of the Law/Act to facilitate Community Based management of water systems.
- Integration of water and sanitation policies.
- Revision of all WES legislation, policies, and guidelines for CRC/CEDAW compliance

**The low profile of hygiene education**, sanitation and life-skills development is another example. External support agents and implementing ministries and NGOs have tended, in the past, to ignore hygiene education at all levels. This has resulted in sanitation promotion falling far behind water activities on one hand, and to communities placing much higher priority on water supply compared to sanitation on the other hand. Resource allocation to sanitation and hygiene is proportionally dismal and yet hygiene education and life-skills training is an ideal entry point behaviour change.

Access to sanitation is hampered in part by poverty, illiteracy, low access to hygiene education and not enough information to communities on how they can get help to help themselves. Families need user-friendly information to help them better understand the linkages between diseases and poor sanitation and hygiene. The potential of using children and youth, as agents of change in their families and community have not been tapped, but should be. Thus a focus on school-based hygiene education and sanitation promotion would be an invaluable investment for hygiene and sanitation promotion and improvements. This focus would also increase schools' access to safe water and adequate sanitation that in turn would make them more girl-friendly and contribute to higher retention of girls in school. In the long term, these children will be able to use their knowledge and skills in sanitation and hygiene as future parents, thus further enhancing health status of the target communities and future generations.

**Poor hygiene practices at household level** and the continued high rates of diarrhoea infections in children living in unhygienic environments is an indication of the critical need for improved hygiene and sanitation. The lack of sufficient safe water and poor hygiene practices related to handling and storage of food and water, the management of waste including infant excreta disposal, needs greater attention. As seen in the situation analysis, women and girls suffer most from the burden of these problems. This adds to other responsibilities such as water and firewood collection from distant sources, caring for the sick, cooking, farming and so on. With rampant poverty and burden of domestic chores, mothers and girls are very often stressed for resources and time that they tend to compromise household hygiene and are unable to provide wholesome care to children, especially young children below the primary school going age. Poor sanitation and hygiene is especially hard on female-headed households. Sanitation and hygiene is a family matter, men need to understand its importance and be more involved in providing solutions. To this end, men need to be targeted with gender-sensitive participatory methodologies to make them aware of their key role as a duty-bearer in the family.

**Low access to potable water and adequate sanitation** in communities, health centres and schools are other key challenges. Overall, coverage falls well below the targets in the National Action Plan for safe water and adequate sanitation by the year 2005. More than 50% of the population still walk long distances to collect potable water. The growing bias towards machine drilled boreholes at the expense of other technologies such as protected dug wells, hand drilled tube wells, and the maintenance of existing gravity fed piped schemes is hindering progress. This bias and the limited use of various low-cost technology options such as hand dug/drilled wells, gravity piped-fed schemes, water harvesting, solar powered pumping, wind mills and poor maintenance of existing facilities hinders efforts to accelerate coverage.

**Poor participation, gender inequity and disparity** and no sense of 'ownership' of water points coupled with weak capacity of communities to operate and manage them (CBM) has led to low sustainability of services. Meaningful and effective participation of primary target groups is lacking. Many communities are not facilitated to fully participate in all key decision-making during the early stages of the project cycle (planning and design) and this has impeded overall efforts in O&M. Their involvement is often only limited to provision of unskilled labour during the implementation phase and for later operation and maintenance. Women are particularly left out in the decision making process throughout the project cycle. As well, many policy makers do not adequately appreciate the importance and benefits of community-based management and participatory approaches.

This intrinsic problem of conflicting interests among leaders, political pressure on implementers to meet unrealistic targets has resulted in poor targeting of new water and sanitation under the accelerated New Water Points Programme funded by the Government. This has also led to new installations being made next to existing ones that could have been rehabilitated at a fraction of the cost of the new installations. Duplication of service is occurring in some areas whilst others remain non-served.

**Lack of meaningful community involvement** is leading to ineffective community-based management of existing and new installations. The communities eventually lack a sense of 'ownership' of facilities, especially water supply installations. When the water-point breaks down, the communities expect the "planners" to come back and solve the problem. As a result an estimated 30 percent of facilities remain out of service because of ineffective community-based maintenance and support system. But, where community-based management structures are in place, communities do manage to sustain them. This calls for greater support for training and outfitting of committees for Community Based Management of water systems. If this is not done, more and more water points will become unsustainable.

**Weak planning, slow implementation rates,** ineffective co-ordination, and weak monitoring and evaluation is another challenge. The Ministry of Water Development has not been able to effectively co-ordinate the various stakeholders in the sector as reflected by the recent duplication of services in some areas while others are non-served. And weaknesses in monitoring and evaluation systems at all levels from community up to national is a serious constraint that needs to be overcome, especially through the new decentralized government system.

**Rapid population growth,** inadequate environmental management and unsafe disposal of solid and liquid wastes has led to an increased water contamination problem. In the recent past, protection of water catchments depended on maintaining forest reserves in these areas. However, the ever-increasing demand to find firewood has led to many communities harvesting these forests. This has in turn led to soil erosion, a decrease in water retention in the soil and pollution. Many water systems, especially gravity schemes have either run dry or have very limited flow rates. Communities must therefore be made aware of this problem and also facilitated to participate in efforts to preserve and protect water catchments.

The high population growth rate is not matched with service delivery resulting in an ever increasing gap between those served and the non-served population. This is especially acute in peri-urban areas. Similarly, waste management, both solid and liquid, is particularly challenging in peri-urban areas.

**Inadequate and ineffective training of extension workers,** communities and families for improved hygiene and WES services promotion continues to seriously constrain sector development. This calls for innovative actions to tackle the problem. The majority of government extension workers in the water and sanitation sector lack appropriate training in participatory and gender-sensitive methodologies. Although the sector has recently adopted the Demand Responsive Approach (DRA), and Participatory Hygiene and Sanitation Transformation (PHAST) and Participatory Rural Appraisal (PRA) methodologies there is still need to include such methods in the standard training curricula for extension workers. Without participatory skills, district level staff and extension workers will not be able to effectively train others, especially communities.

As earlier mentioned, UNICEF will not tackle all of these challenges, but it will continue to build upon existing partnerships to address many of the inhibiting factors in each of the above key challenges to ensure that women and children's rights (CRC and CEDAW) are upheld. To do this UNICEF will undertake three projects as follows:

- National-level Policy and Strategy Development, Sector Reform, Planning, Co-ordination and Monitoring.
- District-level Integrated Water, Sanitation and Hygiene Education Promotion and Community Based Management (CBM).
- School Sanitation, Hygiene Education & Life-Skills Development

#### **4. Past Co-operation and Lessons Learned**

UNICEF's past cooperation with government (Ministry of Water Development, Ministry of Health and Population, and Ministry of Gender, Youth & Community Services), other UN agencies such as UNDP, WHO, WFP and the World Bank, with donors and bilaterals NORAD, DANIDA, AUSAid, CIDA, USAID and with NGOs, Concern Universal, CPAR, ADRA, WVI and Africa have given it a rich experience to draw from. Future cooperation will build upon these experiences and future opportunities in order to improve upon the past. Recent opportunities presented under UNDAF, SIPS and SWAPS provide a conducive framework for strengthening cooperation, not only within the UN System, but equally important, among key donors and partners in the overall sector in Malawi. Over the past several years, UNICEF has been privileged by the role given it, by external support agencies, to chair the coordination of external support to the sector.

Although there are some weaknesses in that coordination, lessons have been learned to improve such coordination in future, even if the task is given to another agency.

The long relationship of UNICEF with government spans back almost 20 years (since 1982) and during that time UNICEF has established a sound and confident relationship with government, particularly with the Ministries of Water Development; Gender, Youth and Community Services; and Health. Government has on several occasions expressed its satisfaction with the key role UNICEF played, and continues to support, in the area of rural and peri-urban water and sanitation programmes. There are weaknesses in some areas such as planning, coordination and monitoring, however, the new UNDAF, SIPS and SWAPS framework will help all partners to government, better focus their support in overcoming capacity deficiencies in these key areas.

The decentralisation to district level provides new opportunities and impetus for forging stronger partnerships at that level. This will be especially important in addressing capacity constraints in planning, management, services delivery, coordination and monitor at the district and community levels. It also provides an effective platform to enhance implementation, ownership and accountability, especially for community based management of water and sanitation and hygiene development efforts.

**Key lessons learned** from past experience which present opportunities for the future include:

- The changing role of the Ministry of Water Development (MoWD) from implementers to regulator still requires the ministry to have professional staff at all levels (national, district and sub-district) who are experienced and conversant with implementation or construction. This is in order to ensure that the MOWD retains capacity to knowledgeable monitor the quality of construction work and community based management (CBM) training.
- Greater attention needs to be placed on sanitation, hygiene education and social mobilization in order to maximize the social and health benefits from water and sanitation programmes.
- NGOs can play an important role in the expansion of WES coverage, but UNICEF's partnerships with NGOs requires both sides to fully understand the operational procedures of the other to avoid implementation delays.
- Capacity building of government and NGO partners should be a continuous process due to the large turnover of personnel and deaths.
- The lack of flexibility (in some donor grants) for alternative technologies such as the provision of deep wells or the consideration of gravity fed systems where hand augured wells or hand-dug shallow wells are not appropriate has left some communities without water points, in augured-well projects.
- In order to go to scale with sanitation in a sustainable way, latrine models must be simple to construct and use, be low-cost and affordable, and be adaptable to local cultures. This also applies to latrines for schools and health centres.
- The standardized Afridev and MALDA handpumps must be systematically monitored to identify design and manufacturing weaknesses and to field test improvements/solutions.
- Training of sector personnel at the field level needs to be institutionalized with a large component of hands-on training.

## **5. Programme Objectives**

The overall goal for the Malawi WES programme is:

To ensure the full realization of Human Rights to sustainable safe water and sanitation services, including participation, knowledge and life-skills required for protection against related diseases and for maintaining a safe hygienic physical living-environment for children.

The above goal, will be pursued within the overall Country Programme through the use of synergistic and inter-sectoral programmatic efforts, especially with early childhood care and development, health, nutrition and education and social policy, advocacy and communication.

The WES Programme will follow five specific objectives (already approved in the Country Strategic Note) in order to reach the overall goal. These are:

1. To ensure universal access to hygiene education in all target areas, by the year 2006.
2. To ensure that every family in the target areas has access to a sanitary facility (latrine) by year 2006.
3. To ensure all schools and health centres in the target areas have access to adequate sanitation and safe drinking water by the year 2006.
4. To ensure that 80% of communities have access to safe drinking water and an effective community-based management (CBM) of WES facilities (in all target areas) by the year 2006.
5. To support capacity development at national and district levels for effective sector policy development and reform; planning and management; monitoring & evaluation; and key skills for sector development.

The table below shows the key relationship of each specific objective to the key challenges earlier discussed.

**Table 5.1: Table Showing Linkage of Specific Objectives to Key Challenges**

<b>Programme Specific Objective</b>	<b>Challenge/s to be Addressed</b>
Objective 1: To ensure universal access to hygiene education in all target areas, by the year 2006.	Key Challenge: Low profile of Hygiene Education Key Challenge: Poor hygiene knowledge, attitudes and practices at household level
Objective 2: To ensure that every family in the target areas has access to a sanitary facility (latrine) by year 2006	Key Challenge: High Population Growth, inadequate environmental management and lack of waste management leading to water contamination and pollution
Objective 3: To ensure all schools and health centres in the target areas have access to adequate sanitation and safe drinking water by the year 2006.	Key Challenge: Low access to potable water and adequate sanitation in communities, health centres and schools
Objective 4: To ensure that 80% of communities have access to safe drinking water and an effective community-based management of WES facilities (in target areas) by year 2006.	Key Challenge: Poor participation, ownership, and community-based management including gender disparity Key Challenge: Low access to potable water and adequate sanitation in communities, health centres and schools
Objective 5: To support capacity development at national and district levels for effective sector policy development and reform; planning and management; monitoring & evaluation; and key skills for sector development.	Key Challenge: Weak policy, regulation, enforcement of policy, absence of coherent national sanitation policy & strategy Key Challenge: Weak planning, programming and co-ordination; and weak monitoring & evaluation Key Challenge: Inadequate environmental management and lack of waste management leading to water contamination and pollution Key Challenge: Inadequate and ineffective training for extension workers and communities



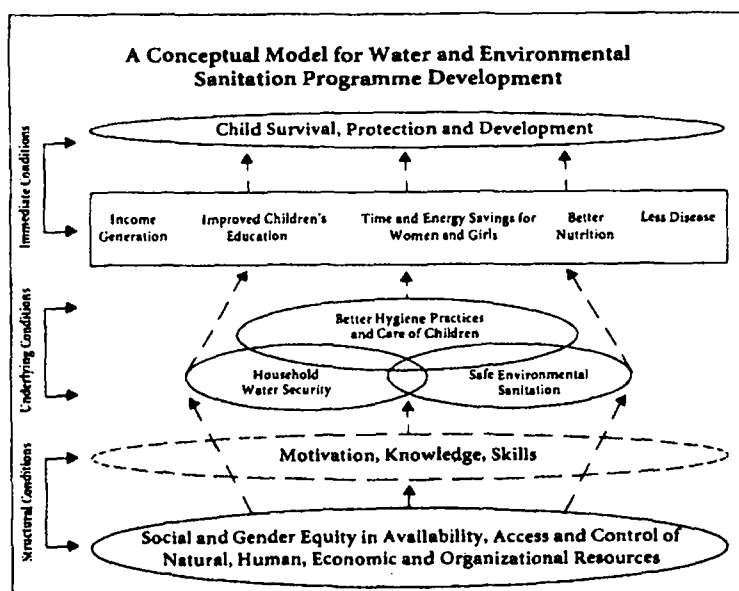
## 6. Programme Strategies

As seen in the sections dealing with the situation analysis and justification, the challenges facing future development of the WES sector are many and complex. Within its specific comparative advantage and limited resources, UNICEF will focus on three priority areas for intervention. This will be done in close collaboration with strategic partners. These are:

- National-level Policy and Strategy Development, Sector Reform, Planning, Co-ordination and Monitoring.
- District-level Integrated Water, Sanitation and Hygiene Education, and Community Based Management of Water Systems (CBM).
- School Sanitation, Hygiene Education & Life-Skills Development.

Strategies to address programme objectives will follow the Conceptual Framework (below), as well as, key guiding principles and guidelines elaborated upon in key documents approved by the UNICEF Executive Board and Programme Division, Headquarters. These are:

- 'UNICEF Strategies in Water and Environmental Sanitation' (document E/ICEF/1995/17, issued 13 April 1995);
- 'Better Sanitation Programming' – A UNICEF Handbook (1997).
- 'UNICEF Core Corporate Commitments in Emergencies' (E/ICEF/2000/12, 17 March 2000).
- 'Towards a New Global Agenda for Children in the 21<sup>st</sup> Century' (Tarrytown Working Paper Series No. 4, May 2000).
- 'Water, Environment and Sanitation Technical Guidelines – Towards better programming- A Water Handbook, ID No. PD/WES/99/1, 1999).
- 'Towards Better Programming – A Manual on School Sanitation and Hygiene, ID No. UNICEF/PD/WES/98-5, 1998
- A Human Rights Approach to UNICEF, Programming for Children and Women, April 1998.



### Strategy 1. Advocacy and Social Mobilisation for Child Rights to WES:

At national level, the WES programme will continue to use sector analyses studies, data from monitoring/surveys and stakeholder participatory consultations to formulate appropriate

policies and strategies that create awareness of, and commitments for women and children's rights to water and sanitation. See projects, Section 11 for strategy details.

### **Strategy 2. Catalytic Support to the Expansion of Services:**

The WES programme will continue to work with strategic partners (UN agencies, NGOs, the private sector etc.) to build district and community level capacities to accelerate the expansion of water and sanitation service coverage. It will also ensure that requisite training for safe behavioural practices is undertaken. Support will be given to national and local governments to reinforce their key roles as promoters, co-ordinators, regulators and facilitators of WES programmes. See projects, Section 11 for strategy details.

### **Strategy 3. Promotion of Intersectoral Linkages and Integrated Programme Delivery:**

The WES programme will continue to strengthen linkages and to co-ordinate and reinforce interventions that provide synergy. The WES programme will work closely with other key sectors such as early childhood care, health, nutrition and education, in order to maximize synergies for health and socio-economic improvements, and for improved cost-effectiveness in programme delivery. *WES interventions will strive to reduce time and energy spent in the collection of water as a means of making available extra time for girls and women to pursue other opportunities such as education.* As well, the WES programme will strive to reduce the risk of opportunistic diseases caused by poor sanitation and unhygienic practices that affect HIV/AIDS sufferers, caregivers and malnourished and susceptible children, by improving environmental sanitation and life skills for safe hygiene practices. The key components of this strategy can be seen under the three projects in Section 11.

### **Strategy 4. Capacity Building:**

The WES programme will continue to build capacities at the national, district, community and family levels as an essential pillar for accelerated delivery and community based management of water and environmental sanitation services. Over time, the WES programme will aim to incrementally reduce its support as capacities in self-reliance grow at various levels for service delivery and managing and sustaining such services. As well, as when competencies grow to sustain strategies for hygienic behavioural practices. The programme will also support efforts to enhance institutional decentralisation for focused development of community-based solutions to WES.

Other support will be given for sector studies to further assess the capacity of duty-bearers in fulfilling their WES responsibilities for Child Rights, as well as to identify constraints and opportunities, such as the need for sector reform or re-apportioning of budgets, in favour of achieving sector goals. Support will also be given to target groups, at various levels, for training on gender sensitive and balanced WES approaches, particularly for policy development, planning, service delivery and management. Furthermore, efforts will be made to make water and sanitation utilities more responsive and accountable to people's needs and budgets, especially the most disadvantaged segments of society in rural, peri-urban and slum areas.

The programme will place special emphasis on creating capacity and competencies at pertinent key levels, in planning for, and implementing of, WES strategies to protect children by mitigating the effects of emergencies. These will include such areas as drought/flood monitoring and early warning systems; the development of preparedness/contingency plans; specialized technical training; the identification of easily to access/procure of essential supplies such as water purification chemicals, water containers, latrine building materials and hygiene materials and communication plans etc. The key components of this strategy can be seen under the three projects in Section 11.

### **Strategy 5. Empowerment of Communities and Households, Especially Women, through Participatory and Gender Sensitive Approaches:**

The WES programme will continue to place paramount importance on, and provide support to, empowering of communities and householders, especially women, with the requisite knowledge, skills, tools and pertinent supportive measures to help them identify, overcome and manage WES problems. This strategy will place special emphasis on enhancing WES related, organizational, financial, management and technical skills of target communities and households to help them make informed choices and decisions for appropriate actions. The key components of this strategy can be seen under the three projects in Section 11.

### **Strategy 6. Emergency Preparedness, Contingency Planning and Response:**

The WES programme will support the development of a National & District Emergency Preparedness & Contingency Plans to preserve women and children's Rights to safe water and sanitation and to minimize their risk to related diseases, including building the necessary capacities to ensure that the plan is operational.

### **Strategy 7. Resource Mobilisation:**

The WES programme will advocate for greater political-will in prioritizing and financing and/or re-apportioning of resources for basic water supply and sanitation services for the unserved and under-served populations of marginalised rural and poor urban areas.

UNICEF will continue to mobilize external funding for the WES sector, especially if the domestic economic situation cannot fully cover the initial capital investment cost. As well, UNICEF will advocate for prudent cost sharing and cost-recovery in the programme, and the restructuring of national budgets (20/20 concept) to increase local resources for developing and sustaining of WES services. Opportunities to build capacity of communities in the target districts to tap into such funds as the Malawi Social Action Fund will be explored.

UNICEF will also explore potential to involve the private sector in WES service delivery, capacity building, and research and funding or investment. The key components of this strategy can be seen under the three projects in Section 11.

## **7. Geographical Coverage**

The new WES programme is a component of an overall integrated programme bringing together health, early child care, basic education and social policy, advocacy and communication for greater convergence and synergy under the broader Integrated District Development Plans in each target district. In eight of the ten districts where UNICEF will support WES projects, the WES programme will be fully integrated with other UNICEF supported programmes in health, early child development, basic education and social policy, advocacy and communication. The eight districts are: Blantyre, Chitipa, Kasungu, Likoma, Lilongwe, Mchinji, Mwanza, and Mzimba. The WES programme will integrate with programmes of other agencies and NGOs. And all programmes will be implemented under the respective District Integrated Plan. The other two districts to be targeted by the WES programme are Dowa and Nkhatabay.

## 8. Indicative Budget (US\$ thousands)

Year Total	ALL	1,957.0	1,957.0	1,957.0	1,957.0
<b>Allocation by Projects</b>					
Sector Policy Development	RR	314.0	314.0	314.0	314.0
Planning, Co-ordination and Monitoring	OR	139.2	139.2	139.2	139.2
	GOM	4.0	4.0	4.0	4.0
<b>Project Subtotal</b>	<b>ALL</b>	<b>457.2</b>	<b>457.2</b>	<b>457.2</b>	<b>457.2</b>
Integrated Hygiene Promotion Education, Sanitation	RR	502.4	502.4	502.4	502.4
	OR	278.4	278.4	278.4	278.4
Promotion and Water Supply	GOM	0.5	0.5	0.5	0.5
<b>Project Subtotal</b>	<b>ALL</b>	<b>781.3</b>	<b>781.3</b>	<b>781.3</b>	<b>781.3</b>
School Sanitation,	RR	439.6	439.6	439.6	439.6
Hygiene Education and Lifeskills Development	OR	278.4	278.4	278.4	278.4
	GOM	0.5	0.5	0.5	0.5
<b>Project Subtotal</b>	<b>ALL</b>	<b>718.5</b>	<b>718.5</b>	<b>718.5</b>	<b>718.5</b>
<b>WES Programme Total</b>		<b>1,957.0</b>	<b>1,957.0</b>	<b>1,957.0</b>	<b>1,957.0</b>

## 9. Major Partnerships and Alliances

The WES programme has in the past collaborated with various development partners. NORAD, UNICEF Australia and AUSAID, the German National Committee for UNICEF and DFID contributed to funding the programme; the World Bank Water and Sanitation Programme (Africa), CIDA collaborated with UNICEF in supporting community-based management of the sector and in strengthening sector collaboration. The programme has also developed partnerships with NGOs, notably CPAR, World Vision International, ADRA, Africare and recently Plan International.

UNICEF will continue to seek-out, encourage and build partnerships that lead to: enhanced sector co-ordination and management; greater efficiencies; cost-effectiveness; synergy, and avoidance of duplication of activities. Partnerships with sister UN agencies, under UNDAF, SIPS and SWAPS will be forged, as well as with bilaterals, NGOs, specialized institutions, civil society and the private sector to achieve the above goal. UNICEF will continue to support and work with partner NGOs that work with communities to address water, sanitation and environmental protection challenges and with research institutions on key sector studies. As well, UNICEF will strengthen regional and global networking with ITN's, the PHAST and Ecological Sanitation networks, GESI and others in order to accelerate learning and the uptake of best practices in the sector.

UNICEF will continue to emphasize and support country-level collaboration among the various donors and partners, with the Government of Malawi as co-ordinator, facilitator and promoter of the sector. The good relationship and credibility with Government places UNICEF in a position to continue to facilitate external co-ordination of sector support.

## 10. Programme Management

In UNICEF, the Head of the WES Section will manage the WES Programme with assistance from three project officers and a senior secretary. The section head will act as key adviser to Government on WES related policy development, as focal point for UN/Donor collaboration in the sector, and for Capacity Building for Strengthening of CBM and Sector Monitoring. The incumbent will also be responsible for monitoring the performance of the existing technologies and the water supply situation in the country. The three other officers will respectively be responsible for

- the implementation of the integrated water supply, hygiene education and sanitation project, including the design of projects, research and application of appropriate technologies for water abstraction and treatment and liaison with government counterparts responsible for drawing up specifications and standards.
- Management of a school-focused sanitation development initiative that will enhance pupil improved health, hygiene behavior, knowledge and life skills. While the purpose of the programme is to improve the sanitation of school children, the longer-term goal is to use the school to influence the health of communities through school-based activities including demonstration latrines and community-based sanitation and hygiene promotion
- hygiene education, community training and sanitation promotion. He will also act as the WES focal point for programme communication including HIV/AIDS.

External to UNICEF, the Government of Malawi will be responsible for overall programme management. This will be sub-divided by project as follows:

1. National-level Sector Policy Development, Planning, Co-ordination and Monitoring. This project will be managed by the Ministry of Finance and will be linked to projects 2 and 3 to facilitate national learning and dialogue with districts and communities for policy and strategy development. This project will also work closely with the Social Policy, Advocacy and Communication programme by UNICEF in order to streamline policy development for CRC/CEDAW and develop communication and advocacy strategies within the overall programme framework.
2. District-level Integrated Hygiene Education, Sanitation Promotion and Community Based Management of Water Supply. The Department of Local Government will manage this project at national level and the District Assemblies in target districts within the Integrated District Development Plan.
3. School Sanitation, Hygiene Education and Life-Skills Development. The Ministry of Education will manage this project at national level and by the District Assemblies in target districts within the Integrated District Development Plan.

UNICEF staff will also make site visits, participate in coordination and management meetings, prepare progress and utilization reports and monitor progress of the programme. This will be done in partnership with district and national counterparts in government and in collaboration with key partners to the programme.

At district level, UNICEF will seek to forge strong partnerships and alliances with and between other projects to enhance convergence and synergy. This will be especially true for health, early child care and basic education, and particularly with other water and sanitation projects being supported by other UN agencies, bilateral donors, NGOs and others.

Linkages will also be made SPAC, especially in the development of policy, communication strategies and for advocacy of the sector. As well, collaboration will be forged between other related development within the district development plans, UNDAF, SIPS and SWAPS, in order to maximize potential for synergy.

## 11. Programme Components: Projects

To achieve the overall WES programme goal and specific objectives, three projects will be implemented in collaboration with other partners under a Sector Wide Approach. These are:

- National-level Sector Policy Development, Planning, Co-ordination and Monitoring.
- District-level Integrated Hygiene Education, Sanitation Promotion and Community Based Management of Water Supply.
- School Sanitation, Hygiene Education and Life-Skills Development

Table Showing the relationship between projects, challenges and linkages with other UNICEF programmes.

Project # and Name	To Address Key Challenge/s	Linkages with other UNICEF Programmes	Partnerships
<p><b>1. National Level:</b></p> <p><b>Policy and Strategy Development and Sector Reform</b></p> <p>Goal: Develop/update national WES policies and guidelines to include CRC and CEDAW and to promote a sector-wide approach to planning, co-ordination, management and monitoring.</p>	<ul style="list-style-type: none"> <li>• Lack of a Sanitation Policy with Implementation Guidelines</li> <li>• Non reflection of CRC and CEDAW in Water Policy and Implementation Guidelines</li> <li>• Weak Sector Planning, Coordination, Management, Regulation and Monitoring</li> <li>• High incidence of Infant Morbidity and Mortality from Diarrhoeal Diseases, nation-wide.</li> <li>• Insufficient/Ineffective Transfer of Capacity to new De-Centralized Government System at district level</li> <li>• Large Coverage Gaps and Low Implementation Rates in Services Delivery Nation-wide</li> <li>• Poor Knowledge, Attitudes and Practices Towards Sanitation &amp; Hygiene Nation-wide</li> <li>• Weak Community Based management of water systems (CBM).</li> </ul>	<p>Social Policy, Advocacy &amp; Communication (SPAC)) for WES policy development and review of legislation, as well as for communication and advocacy strategy development for WES.</p> <p>With Education for revision of the School Curriculum for Hygiene Education and Skills development in schools.</p> <p>With SPAC and Basic Education for School Sanitation Policy development.</p> <p>With SPAC on M&amp;E</p>	<ul style="list-style-type: none"> <li>• UNDP</li> <li>• World Bank</li> <li>• WHO</li> <li>• DFID</li> <li>• NORAD</li> <li>• CIDA</li> </ul>
<p><b>2. District-level:</b></p> <p><b>Integrated Water, Sanitation and Hygiene Education</b></p> <p>Goal: Build capacity at District-level for planning, facilitation, management, coordination and monitoring for sector development within each target district.</p>	<ul style="list-style-type: none"> <li>• Low profile of sanitation and hygiene</li> <li>• High Incidence of Diarrhoeal Disease In Target Districts</li> <li>• High Infant Morbidity and Mortality from Diarrhoeal Diseases</li> <li>• Weak District-Level Capacity under new De-Centralized Government System</li> <li>• Large Coverage Gap and Low Implementation Rates of Services Delivery</li> <li>• Scarcity of Water Resources in many parts of Target Districts</li> <li>• Gaps in Knowledge and poor Attitudes and Practices Towards Sanitation &amp; Hygiene</li> </ul>	<p>With Health and Early Childhood Development and SPAC in strategy, communication and advocacy development for safe behaviour practices regarding sanitation and hygiene. And for water and sanitation services delivery.</p> <p>With SPAC on M&amp;E.</p>	<ul style="list-style-type: none"> <li>• UNDP</li> <li>• WFP</li> <li>• EU</li> <li>• Dfid</li> <li>• CIDA</li> <li>• NORAD</li> <li>• USAID</li> <li>• Concern</li> <li>• SCF (US)</li> <li>• World Vision</li> <li>• CPAR</li> <li>• WVI</li> <li>• Africare</li> </ul>

	<ul style="list-style-type: none"> <li>• Poor Participation of Stakeholders and Weak Co-ordination</li> <li>• Low coverage of sanitation and water in health centres.</li> <li>• Weak Support to Community Based Management of WES programmes.</li> <li>• Weak Monitoring and Evaluation Mechanisms</li> </ul>		
<p><b>3. School Sanitation, Hygiene Education &amp; Life-Skills Development</b></p> <p>Goal: Support (with partners) school sanitation and hygiene programme to ensure that primary school children acquire knowledge and skills on a few relevant key practices for sanitation and hygiene and water conservation and protection.</p>	<ul style="list-style-type: none"> <li>• Gaps in Knowledge of Relationship between Poor Sanitation &amp; Hygiene and Disease</li> <li>• Poor Attitudes and Practices Towards Sanitation &amp; Hygiene</li> <li>• Inadequate Life-Skills for Protection against Sanitation &amp; Water Related Diseases</li> <li>• Low Level of Life-Skills for Water Protection and Conservation</li> <li>• Lack of Participation of Children in WES Decision-Making and Action</li> <li>• Absence of Sanitation &amp; Hygiene in School Curriculum</li> <li>• Lack of Teaching Materials for Sanitation &amp; Hygiene</li> <li>• Lack of Water and Sanitation Facilities, especially for Girls, in Schools.</li> <li>• Weak Monitoring and Evaluation</li> </ul>	<p>With Basic Education for strategy development on school hygiene education and skills development and for the development of teaching and learning materials.</p> <p>With SPAC on communication strategy advocacy and M&amp;E.</p>	<ul style="list-style-type: none"> <li>• WFP</li> <li>• WHO</li> <li>• UNESCO?</li> <li>• DFID</li> <li>• NORAD</li> <li>• CPAR</li> <li>• Concern Universal</li> <li>• WVI</li> <li>• SCF (US)</li> </ul>

### 1. Policy and Strategy Development, and Sector Reform:

This project will support (with partners) the development and/or updating of national WES policies and guidelines to include CRC and CEDAW and to promote a sector-wide approach to planning, co-ordination, management and monitoring. The project will draw on the experiences gained in part programmes as well as the new programmes in the target districts. Provision will be made to enable community dialogue to feed into district and national level decisions on policies and strategies.

#### Project Objective:

Develop/update national WES policies and guidelines to include CRC and CEDAW and to promote a sector-wide approach to planning, co-ordination, management and monitoring.

#### Project Key Strategies:

Advocacy and Social Mobilisation for Child Rights to WES (also see strategy, Section?).

- Create awareness and commitments at all levels of government and civil society of the respective responsibilities as duty bearers in fulfilling Women and Children's Rights to water and environmental sanitation services. And also ensure that appropriate training programmes are designed and delivered that lead to essential behavioural change to fully realize the benefits from WES.
- Support to government (and partners) to develop national guidelines for the fulfillment of Women and Children's Rights to WES, including the identification, assessment and formulation of critical roles and responsibilities of the various duty bearers in pursuit of this goal.

- Support to government in updating of existing national policies, legislation and technical guidelines for community water supply and sanitation to ensure that they include Women and Children's Rights to WES, as well as current best practices and policies.

#### Catalytic Support to the Expansion of Services (also see strategy, Section 6)

- Support WES interventions (nation-wide) to reduce violations of Women and Children's Rights to safe water and sanitation services and a safe hygienic living-environment for children (WES) by supporting efforts to decrease the national access coverage-gap to safe water supply from 50 percent to 35 percent and for sanitation services from 90 percent to 63 percent.
- Support to government (and partners) for identification of innovative WES approaches by others (bilaterals, NGOs, CBOs, the private sector etc.) in Malawi, as a basis for overall sector learning, reform and enhanced coordination and management
- Support to government (and partners) to enhance regional and global networking (such as PHAST, GESI, Ecological Sanitation etc.) for accelerated learning and the uptake of best practices in the WES sector.

#### Promotion of Intersectoral Linkages and Integrated Programme Delivery (also see strategy, Section 6)

- Coordination of WES support together with other health, nutrition, early childhood care and education interventions, to improve child health by reducing morbidity and mortality rates caused by diarrhoeal diseases from x % to x%? and x% to x%, respectively.

#### Capacity Building (also see strategy, Section 6)

- The strengthening of national-level government capacity for integrated (Women and Child Right's based) WES planning and policy development. Including, the strengthening of their respective roles as duty bearers, facilitators, co-ordinators, regulators and overseers of such programmes.
- The development of a National & District Emergency Preparedness & Contingency Plans to preserve women and children's Rights to safe water and sanitation and to minimize their risk to related diseases, including building the necessary capacities to ensure that the plan is operational.
- The development of effective WES sector monitoring mechanisms for informed decision making in policy/strategy development, programme refinement, services quality assurance, targeting of disadvantaged populations, resource allocations, emergency preparedness/contingency planning etc.

#### Resource Mobilisation (also see strategy, Section 6)

The designing of WES programmes that promote the mobilization of financial resources for the initial capital investment, and that allow operations and maintenance to be managed and sustained by the communities themselves. In this case, for Community Based Management (CBM).

The building of capacity in government (and partners) for effective mobilization of resources (financial, technical, supply and other) to fully realize national efforts for Women and Children's Rights to WES.

#### Project Activities:

- Contribute (with other stakeholders) to the development, printing and dissemination of national sanitation policy and implementation guidelines.
- Ditto for water policy update.
- Continue to act as coordinator of external support agencies to the WES sector.



- Contribute (with partners) to the summarization, translation and dissemination of national policy/guidelines into simple to understand language and disseminate to community leaders.
- Support (with partners) the development of WES advocacy strategy.
- Support (with partners) national cross-cut KAP study.
- Support (with partners) government staff training for enhanced overall sector planning, coordination, management and regulation and monitoring (gender-sensitive and in context of CRC/CEDAW).
- Support (with partners) sector study and workshops for development of a sanitation policy & implementation guidelines.
- Develop set of guidelines (handbook) on WES obligations for all high level sector policy makers and decision makers.
- Follow-up monitoring and evaluation

## **Project 2. Integrated Water, Sanitation and Hygiene Education Promotion.**

Specific Objective: Build capacity at District-level for planning, facilitation, management, co-ordination and monitoring for sector development within each target district.

Project Key Strategies:

Advocacy and Social Mobilisation for Child Rights to WES (also see strategy, Section 6)

At family, community and district levels, the WES programme will build upon past efforts and experiences to mobilize duty bearers at all levels. These include parents, traditional, religious and community leaders, government extension staff, NGOs and others to prioritise and support interventions that lead to the fulfillment of women and children's Rights to WES. This will also include the provision of pertinent information (and training) for safe behavioural practices of child duty bearers, youth and adolescents to maximize the benefits from such services. Strategic partnerships will be built upon at all levels to reach the WES programme goals.

Catalytic Support to the Expansion of Services (also see strategy, Section 6)

- WES interventions (district-wide) to reduce violations of Women and Children's Rights to safe water and sanitation services and a safe hygienic living-environment for children (WES) by supporting efforts to decrease the national access coverage-gap to safe water supply from 50 % to 35%, and for sanitation services from 90 % to 63 %.
- Support to district-level Assemblies (and partners) for identification of innovative WES approaches by others (bilaterals, NGOs, CBOs, the private sector etc.) in Malawi, as a basis for overall sector learning, reform and enhanced coordination and management
- Support (with partners) enhanced country-wide, regional and global networking (such as PHAST, GESI, Ecological Sanitation etc.) for accelerated learning and the uptake of best practices in the WES sector.

Promotion of Intersectoral Linkages and Integrated Programme Delivery (also see strategy, Section 6)

- Coordination of WES support together with other health, nutrition, early childhood care and education interventions, to improve child health by reducing morbidity and mortality rates caused by diarrhoeal diseases from x % to x%? and x% to x%, respectively.
- Provision of water, sanitation and hygiene facilities in all schools (100) and health centres (x ?), of target districts.
- The development of school hygiene and sanitation educational materials for life-skills development. This will be done jointly with the education programme to ensure that it is streamlined in the curriculum. This support will also include the provision of essential supplies to facilitate teaching and learning in (x?) primary schools in the target districts.

- Information and training for child primary-caregivers in key hygiene and sanitation skills such as: safe handling and disposal of infant faeces, washing of hands before handling food, cooking or feeding infants or young children, and safe handling and storage of drinking water.
- Water point development closer to target communities to reduce time and energy spent collecting water by women and girls. And making more water available for personal/patient hygiene when caring for the sick with diarrhoea, HIV/AIDS and other diseases. .

#### Capacity Building (also see strategy, Section 6)

- The strengthening of district-level government capacity for integrated (Women and Child Right's based) WES planning and policy development. Including, the strengthening of their respective roles as duty bearers, facilitators, co-ordinators, regulators and overseers of such programmes.
- Capacity building of district-level government (in target districts) for de-centralized, integrated WES programme planning, services delivery, community capacity building, co-ordination and monitoring and evaluation of WES activities
- The development of District Emergency Preparedness & Contingency Plans to preserve women and children's Rights to safe water and sanitation and to minimize their risk to related diseases, including building the necessary capacities to ensure that the plan is operational.
- Empowerment of all communities and households, especially women (in target districts) with skills, tools and pertinent supportive measures to help them identify, overcome and manage WES problems (technical, gender, legal, resource mobilization and others) through the use of participatory and gender sensitive approaches and the 'Triple A' process.
- Capacity building in all communities (in target districts) to ensure that they can operate, manage and sustain their water and sanitation services (i.e. CBM community based management).
- Capacity building of all government WES extension staff and community committees (VHWC's), in target districts, in participatory and gender sensitive skills methodologies for sanitation and hygiene promotion (such as PHAST).
- Promotion of essential behavioural changes and building of *life-skills* capacity in sanitation and hygiene, especially for child-caregivers and schoolchildren, to improve child welfare and to realize the full benefits from water and sanitation services.
- Advocacy for, and building capacities of, local government (its partners) and the target communities for the effective mobilization of resources (financial, technical and other) to fully realize Women and Child Rights to WES.
- The development of effective WES sector monitoring mechanisms for informed decision making in policy/strategy development, programme refinement, services quality assurance, targeting of disadvantaged populations, resource allocations, emergency preparedness/contingency planning etc.
- The development of effective monitoring and evaluation mechanisms for use by families, communities and district technical staff in assessing WES related trends and impact of projects. This would also include the assessment of children's physical living environments, and evaluating people's knowledge and behavioural practices regarding sanitation and hygiene

#### Project Activities:

- Contribute (with other stakeholders) to the development, printing and dissemination of national sanitation policy and implementation guidelines.
- Ditto for water policy update.
- Contribute (with partners) to the summarization, translation and dissemination of national policy/guidelines into simple to understand language and disseminate to community leaders.
- Support (with partners) the development of WES advocacy strategy.

- Support (with partners) district crosscut KAP study.
- Support (with partners) government staff training for enhanced overall sector planning, coordination, management and regulation and monitoring (gender-sensitive and in context of CRC/CEDAW).
- Support (with partners) sector study and workshops for development of a sanitation policy & implementation guidelines.
- Develop set of guidelines (handbook) on WES obligations for all high level sector policy makers and decision-makers.
- Develop training package for CBM
- Support handpump/s standardization policy.
- Train and equip all target District CBM Support Units
- Support government (with partners) to establish reimbursable system for 'Chipiku' stores and private entrepreneurs to buy and sell pump spare parts.
- Support government training of private entrepreneurs for back-up support to CBM.
- Support development of a handbook for CBM.
- Support training of VHWC's for CBM.
- Follow-up monitoring and evaluation

Empowerment of Communities and households, Especially Women, through Gender Sensitive Approaches

The WES programme will continue to place paramount importance on, and provide support to, empowering of communities and householders, especially women, with the requisite knowledge, skills, tools and pertinent supportive measures to help them identify, overcome and manage WES problems. This strategy will place special emphasis on enhancing WES related, organizational, financial, management and technical skills of target communities and households to help them make informed choices and decisions for appropriate actions.

- Promotion of gender-sensitive and balanced community participation, ensuring that women are fully involved in all decision-making for WES planning, implementation, management and operation and maintenance.

### **Project 3. School Sanitation, Hygiene Education & Life-Skills Development**

Objective: Support (with partners) school sanitation and hygiene programme to ensure that primary school children acquire knowledge and skills on a few relevant key practices for sanitation and hygiene and water conservation. Revise (with education programme) school curriculum to include S&H, and water conservation and protection.

Activities:

- Revise (with Education programme) school curriculum to include S&H, and water conservation and protection following a life-skills approach.
- Develop student learning kits for S&H and water conservation and protection following a life-skills based approach.
- Review sanitation facilities design and make modifications of implementation in schools.
- Train teachers in gender sensitive participatory and life-skills methodologies for WES.
- Train teachers in S&H and water conservation and protection.
- Support construction of hand-washing facilities, latrines, urinals and water points
- Support the development and adoption of national standards and guidelines for SSH in primary schools.
- Monitor and evaluate programme.

Project key Strategies:

**Advocacy and Social Mobilization for Child Rights to WES (also see strategy, Section 6)**

At community and district levels, the WES programme will build upon past efforts and experiences in school sanitation to mobilize duty bearers at all levels in support of this. Special focus will be given to girls to get them into school and keep them there through advocating for sanitation and hygiene facilities and water supply development in schools.

Parents, traditional, religious and community leaders, government extension staff, NGOs and others will be mobilized to prioritise and support these interventions. This will also include the provision of pertinent information (and training) for safe behavioural practices.

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Promotion of Intersectoral Linkages and Integrated Programme Delivery (also see strategy, Section 6)

- Provision of water, sanitation and hygiene facilities in all schools (x ?) and health centres (x ?), of target districts.
- The development of school hygiene and sanitation educational materials for life-skills development. This will be done jointly with the education programme to ensure that it is streamlined in the curriculum. This support will also include the provision of essential supplies to facilitate teaching and learning in (x?) primary schools in the target districts.

Capacity Building (also see strategy, Section 6)

- The strengthening of district-level schools system in WES planning and policy development. Including, the strengthening of their respective roles as duty bearers, facilitators, co-ordinators, regulators and overseers of such programmes.
- Capacity building of district-level government (in target districts) for de-centralized, integrated WES programme planning, services delivery, community capacity building, co-ordination and monitoring and evaluation of WES activities
- The development of District Emergency Preparedness & Contingency Plans to preserve women and children's Rights to safe water and sanitation and to minimize their risk to related diseases, including building the necessary capacities to ensure that the plan is operational.
- Empowerment of all communities and households, especially women (in target districts) with skills, tools and pertinent supportive measures to help them identify, overcome and manage WES problems (technical, gender, legal, resource mobilization and others) through the use of participatory and gender sensitive approaches and the 'Triple A' process.
- Capacity building in all communities (in target districts) to ensure that they can operate, manage and sustain their water and sanitation services (i.e. CBM community based management).
- Capacity building of all government WES extension staff and community committees (VHWC's), in target districts, in participatory and gender sensitive skills methodologies for sanitation and hygiene promotion (such as PHAST).
- Promotion of essential behavioural changes and building of *life-skills* capacity in sanitation and hygiene, especially for child-caregivers and schoolchildren, to improve child welfare and to realize the full benefits from water and sanitation services.
- Advocacy for, and building capacities of, local government (its partners) and the target communities for the effective mobilization of resources (financial, technical and other) to fully realize Women and Child Rights to WES.
- The development of effective WES sector monitoring mechanisms for informed decision making in policy/strategy development, programme refinement, services quality assurance, targeting of disadvantaged populations, resource allocations, emergency preparedness/contingency planning etc.
- The development of effective monitoring and evaluation mechanisms for use by families, communities and district technical staff in assessing WES related trends and impact of projects. This would also include the assessment of children's physical living environments, and evaluating people's knowledge and behavioural practices regarding sanitation and hygiene

### Programme Monitoring and Evaluation Plan:

Project #	Indicators	Data Source	Dis-aggregation	Frequency of Data Collection
<b>Project 1.</b>  <b>Policy and Strategy Development and Sector Reform</b>	<ul style="list-style-type: none"> <li>• A new sanitation policy with implementation guidelines</li> <li># Printed and disseminated to district level.</li> <li>• An updated water policy with implementation guidelines.</li> <li># of coordination meetings.</li> <li># of key national-level government WES managers who have undergone 1 week training in planning, management and monitoring.</li> <li># of water policy documents printed and disseminated</li> <li># of sanitation policy documents printed and disseminated.</li> <li>• National monitoring unit established (See project LFA for more detail)</li> </ul>	Monthly M&E Reports (by govt.)  Annual and periodic reports by UNICEF  DHS		Monthly Yearly
<b>Project 2.</b>  <b>Integrated water, sanitation and Hygiene Education Promotion</b>	<ul style="list-style-type: none"> <li># of district integrated WES plans developed.</li> <li># of government staff trained in planning, management and monitoring.</li> <li># of district staff trained in gender-sensitive participatory methodologies.</li> <li># of KAP studies done.</li> <li># of health centres with water and sanitation facilities.</li> <li># of district co-ordination meetings. (see project LFA for more detail).</li> </ul>	Ditto		Monthly Yearly
<b>Project 3.</b>  <b>School Sanitation, Hygiene Education and Life-Skills Development.</b>	<ul style="list-style-type: none"> <li># of school children with knowledge and skills in key practices in sanitation and hygiene and water conservation and protection.</li> <li># of teachers trained in sanitation and hygiene, and water conservation and protection teaching methods.</li> <li># (at least one) teacher in each school who can demonstrate how life-skills hygiene education is taught.</li> <li># of S&amp;H lessons mainstreamed in curriculum.</li> <li># of student learning kits for S&amp;H in schools.</li> <li># of students who can identify an important learning in hygiene education, as similarly defined in the learning kit.</li> <li># of hand-washing facilities in school.</li> <li># of latrines in school (girls, boys, teachers)</li> <li># of safe water supply points. (see project LFA for other indicators)</li> </ul>	Ditto		Monthly Yearly