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**FROM COMMITMENT TO ACTION**

**WESNET POLICY BRIEF DECEMBER- 2019**

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**INTRODUCTION**

According to the World Health Organization (WHO), improving water supply & sanitation, along with better management of water resources, could alleviate almost a tenth of the global disease burden & could improve productivity in many countries. Loss of productivity to water & sanitation related diseases costs many countries up to 5% of their Gross Domestic Product (GDP)<sup>1</sup>. In contrast, for every \$1 invested in basic sanitation in urban areas, an average of \$2.5 is returned in saved medical costs & increased productivity. In rural areas, an average of \$5 is returned for every \$1 invested<sup>2</sup>.

Water, Sanitation & Hygiene (WASH) impact peoples health significantly & in various ways. Globally, inadequate sanitation is estimated to cause 432,000 diarrheal deaths every year & is a major factor in diseases such as intestinal worms, trachoma &

**Service Standards:** Malawi lacks comprehensive standards & guidelines for sanitation & hygiene in institutions

**Sanitation as a Right & Enforcement of Standards:** The 2008 policy does not recognize sanitation as a right nor does it emphasize enforcement of internationally or locally prescribed sanitation & hygiene standards in public institutions.

**Sanitation Sector Leadership:** In spite of intervention by the Office of the President & Cabinet, in practice, the issue of sanitation sector leadership continues to be contentious & needs long lasting resolution.

<sup>1</sup> WHO (2012): <https://www.who.int/en/news-room/fact-sheets/detail/drinking-water>

<sup>2</sup> Hutton (2015): Benefits and costs of the water and sanitation targets for the post-2015 development agenda: [https://www.copenhagenconsensus.com/sites/default/files/water\\_sanitation\\_assessment\\_-\\_hutton.pdf](https://www.copenhagenconsensus.com/sites/default/files/water_sanitation_assessment_-_hutton.pdf)

schistosomiasis.<sup>3</sup> A systematic review & meta-analysis reported in the International Journal of Hygiene & Environmental Health (18 May 2017) found effect of sanitation on nutrition in terms of height-for-age. In Malawi's emergency obstetric care facilities, sepsis is one of the direct causes of maternal & neo-natal deaths. It accounts for 5% of all neonatal deaths in Malawi<sup>4</sup>. Tragically, these are deaths that can be prevented through improving the status of WASH in institutions & homes.

The Joint Monitoring Program report<sup>5</sup> indicates that by 2015, Malawi had achieved 44% "improved" sanitation. At 10%, hygiene was notably lagging behind<sup>6</sup>. Although this was good progress, the 44% for sanitation was insufficient to meet the 2015 Millennium Development Goals (MDGs) target of 53% for improved sanitation. The achievement diminishes further when the aspiration of the Sustainable Development Goals (SDGs) is considered.

Some of the challenges in achieving set targets are:

- Low political prioritization of sanitation & hygiene
- Collapsing of sanitation & hygiene infrastructure due to adverse climatic conditions.
- Lack of comprehensive standards & guidelines for sanitation & hygiene in institutions such as health care facilities, Early Childhood Development Centres (ECDCs), schools, & markets. This challenge is compounded by lack of enforcement of available standards & low adoption of recommended hygiene behaviours.

## **MALAWI'S COMMITMENTS**

Malawi is party to a number of declarations, protocols & commitments including the Ngor, eThekwin, Sanitation & Water for All (SWA) commitments. These compel Malawi to progressively move towards universal WASH coverage.

## **BACKGROUND & RATIONALE FOR THE POLICY BRIEF**

Malawi plans to review its 2008 National Sanitation Policy. In responding to this policy review process, WESNET conducted an assessment in order to identify gaps in Malawi's National Sanitation Policy (2008) & to learn how other countries are developing their sanitation policies. The assessment looked at sanitation policies of South Africa, Zimbabwe, Mozambique, Zambia & Tanzania to identify principles that could apply to the Malawi

<sup>3</sup> WHO (2019): <https://www.who.int/en/news-room/fact-sheets/detail/sanitation>

<sup>4</sup> WaterAid in Malawi, "An Analysis of Integration of Water Sanitation and Hygiene in Policies, Implementation Frameworks and Monitoring Systems for Improving Maternal and Neonatal Health in Malawi," January 2017

<sup>5</sup> JMP Launch Version July 12 2017

<sup>6</sup> This is at "Basic" service level

setting. The assessment also looked at international protocols & commitments on sanitation that Malawi is party to; reviewed other cross-sector policies that relate to Malawi's sanitation policy; analyzed the SDGs; & reviewed the Malawi Growth & Development Strategy (MGDS) III in order to check how SDG 6 was translated into the MGDS III's priority area 5. Input was also generated from WESNET members through a survey. A full report on this assessment is available.

## KEY ISSUES & POLICY RECOMMENDATIONS

- a. **Sanitation & Hygiene Sector Leadership, Coordination & Prioritization:** Although the sanitation policy clearly states who the policy holder is & in spite of intervention by the Office of the President & Cabinet, in practice, the issue of sanitation sector leadership continues to be contentious & needs long lasting resolution. Compounding the situation is the merging of the Ministry of Irrigation & Water Development with the Ministry of Agriculture since 2014. Since the merger, water supply, sanitation & hygiene issues have not been prioritized with more focus on agriculture & irrigation which are considered more populist in the public space. Public funding to the WASH sector has been inadequate to meet sector investment targets & has decreased over the years (7.82% of the total national budget in 2011/2012 fiscal year to 1% in 2018/19 fiscal year)<sup>7</sup>. The general trend is that disbursements have been lower than approved budget allocation.

In the long term, Malawi should consider going back to having a Ministry of Irrigation & Water Development as was the case before. The new Sanitation Policy should, therefore, further clarify coordination arrangements & structures from district to national level, long-term financing arrangements, & sanctions for non-compliance. A clear & agreed upon national institutional framework for sector accountability, coordination & regulation would reduce the current challenges of disjointed, uncoordinated, duplicative and even contradictory interventions.

- b. **SWAp Arrangements:** Sector Wide Approach (SWAp) arrangements are not fully operationalized, including a joint financing arrangement. This is impeding successful implementation of the sanitation policy. Consequently, Malawi needs to develop & commit to one government-led implementation plan & financing mechanism for WASH, to which everyone subscribes in order to optimize investments.
- c. **Sanitation as a Right, Prominence of Hygiene & Enforcement of Standards:** The 2008 sanitation policy does not recognize sanitation as a right nor does it emphasize facilitation of enforcement to internationally or locally prescribed standards for sanitation & hygiene in public institutions. The new policy should recognize sanitation as a right in all public institutions thus creating an environment for enforcement/adherence to relevant obligations by all stakeholders. Similarly, the new policy should give prominence to hygiene whose progress has always lagged. Prominence of Hygiene will also harmonize the policy with the National Sanitation & Hygiene Strategy (2018 – 2024). A resolution by the National Sanitation & Hygiene

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<sup>7</sup> The figures exclude capital investments & overhead costs for WASH

Coordination Unit (NSHCU) to rename the sanitation policy to National Sanitation & Hygiene Policy is a positive development.

- d. **Equity & Inclusion Considerations:** The policy lacks visibility of sanitation & hygiene inequalities. This is evidenced by, for example, lack of fully-developed national checklists, guidelines & standards for the provision of Menstrual Hygiene Management (MHM) -friendly sanitation services in institutional settings in Malawi. There is a need to set standards to be met to support both women & girls to function normally during menses irrespective of their location or circumstances. The visibility of inequalities in the policy should start with the definition of hygiene.
- e. **Sanitation Technologies & Hygiene Approaches:** The Policy needs to provide for accreditation of sanitation technologies & be explicit in recognizing effective hygiene behavior change approaches complimentary to the generic community/school led total sanitation (CLTS / SLTS) approach. This should be in addition to promoting research on & development of sanitation & hygiene technologies. Among others, such accreditation will greatly reduce the hazards & public health risks associated with manual pit emptying, especially in the informal settlements. The policy should also guide the sector on formalizing the linkage of research to policy & practice by stating specific responsibilities & clear procedures for adoption of research findings into implementation practice or into policies. Entry point could be National Sanitation & Hygiene Technical Committee (NSHTC), for appropriate guidance or referral.
- f. **Supporting Maintenance of ODF Status:** The policy's implementation plan should ensure role clarity on formal & informal leadership & development partners on the sustainability of Open Defecation Free (ODF) status. This is critical particularly for areas prone to natural disasters. In addition, hygiene should be prominent in ODF verification tools & should be a determinant if an area is to be certified ODF.
- g. **Clarity on Subsidies:** The sector needs to agree on the rationale for subsidies & situations under which subsidies are permissible. This should be reflected in the policy & enforced. In some contexts, "subsidies" employed by NGOs & politicians undermined sustainability, in other contexts subsidies were necessary but against policy. Subsidies should aim to ensure that those most in need & who cannot afford should be targeted. Subsidies applied should not result in perpetuating inequalities.
- h. **Sanitation Marketing:** The new Sanitation Policy should aim to progress households up the sanitation service ladder through effective, context appropriate & innovative sanitation marketing, integrated with hygiene behavior change promotion & communication.
- i. **Private Sector Involvement:** The policy or its supporting master plan needs to provide a clear framework for the involvement of the private sector throughout the whole sanitation value chain & solid waste management.

## **CONCLUSION**

If Malawi is to accelerate & sustain sanitation & hygiene access, the issues above need to be resolved with utmost urgency. If the issues are responded to in the new Sanitation

Policy, the policy will provide a framework that steers sanitation & hygiene investments towards the achievement of the SDGs.

## **ABOUT WESNET**

WESNET is a member-organization bringing together NGOs in the water, environment & sanitation related-areas striving to promote standard service delivery for sustainable water & environmental sanitation in the country. For more information about WESNET visit

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