

# Reaching out to the excluded

Exclusion study on water, sanitation and hygiene delivery in Malawi



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## Acronyms

ADC	Area Development Committee
CCAP	Church of Central African Presbyterian
CCODE	Centre for Community Organisation and Development
Ecosan	Ecological sanitation
MATAMA	Mineral and Appropriate Technology Applicable in Malawi
MDGs	Millennium Development Goals
MPSRP	Malawi Poverty Strategy Reduction Paper
NGO	Non Governmental Organisation
TA	Traditional Authority
TANARD	Targeted National Relief and Development
ToR	Terms of Reference
TSP	Training Support for Partners
VDC	Village Development Committee
WESM	Wildlife and Environmental Society of Malawi
WRH	Work for Rural Health

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# Executive summary

## Introduction

Malawi is one of the poorest countries in the world with poverty affecting about 60% of the population. High mortality rates, household food insecurity, a high HIV/AIDS prevalence rate, low education levels, as well as environmental degradation all combine to make water supply and sanitation problems even more acute.

The Malawi Poverty Reduction Strategy Paper (MPRSP) acknowledges that rural infrastructure in Malawi is deficient and that the provision of, and equitable access to, water supplies and sanitation are central to poverty reduction because of their direct links to health and productivity.

WaterAid in Malawi is currently filling a critical gap in this provision of and access to sustainable safe domestic water, adequate sanitation and hygiene education for the poorest people in Malawi. In line with its goal of universal access to safe water and sanitation for all, WaterAid is working with partners to reach out to the excluded and most marginalised people through strategies and approaches that understand their different needs. WaterAid in Malawi's country strategy paper addresses issues of exclusion and equity by emphasising a pro-poor approach in all of its programming. However, there is still a need to develop a subsidies policy as the initiatives being carried out are not currently backed by a policy document.

The Government of Malawi also has a number of policies in place in their efforts to improve on equity and inclusion in water, sanitation and hygiene programmes. The Malawi National Water Policy (2005), the National Sanitation Policy (2008), the National Policy on Equalisation of Opportunities for Persons with Disabilities (2002), the National Gender Policy (2000), and the National HIV and AIDS Policy (2003) all agree on the elimination of all forms of discrimination and the need to promote equal access to facilities irrespective of the condition of a person.

The policies promote inclusion of all vulnerable groups of people and also recommend the development of technologies that are cost-effective and manageable by both rural and urban communities. However, these policies do not address how vulnerable groups should be incorporated into development programmes in order to benefit from the different facilities and services provided and this problem is made worse in low income areas where the services are offered on a cost recovery basis.

In its quest to ensure that the vulnerable are not excluded from their work, WaterAid has commissioned this study to investigate reasons for exclusion and how marginalised groups can be included. The study was conducted in all five districts in which WaterAid in Malawi currently supports projects – Mzimba, Nkhonkhotakota, Salima, Machinga and Lilongwe.

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## Findings

The results of this study indicate that WaterAid in Malawi is addressing the real needs of the people through community-driven activities and that their interventions do not deliberately discriminate against any group of people. It was found that communities are happy to contribute finance, labour and materials towards projects in order to have facilities – a good sign of their commitment. In some cases, communities are even provided with facilities prior to finishing their financial contribution, to ensure that they aren't excluded from the benefits.

The study also discovered that interaction with other development agencies can sometimes have an effect on communities' participation and in some cases is leading to self-exclusion.

In terms of community knowledge of the water and sanitation technologies available, it was found that the projects provide a range of technologies from which community members can choose according to their social and economic preferences. This means flexibility and choice for the beneficiaries.

With regards to social structure, local committees were found to be democratically elected and have equal numbers of male and female participants. However, other disadvantaged groups, such as disabled people and children, are either not in the committees or there is no formal way of hearing their voices and concerns.

The study found two types of exclusion – self-exclusion and forced exclusion. The reasons for both types varied from place to place but included:

- Social and cultural factors (class system, religion, envy, gender, occupation, cleanliness, respect, beliefs, mistrust)
- Economic factors (contributions and fees)
- Geographical factors (water table depth, type of soil, distances)
- Political factors (policies) and poor dissemination of information

Exclusion was found to predispose vulnerable people to a number of issues:

- Water-borne disease outbreaks, such as cholera, due to unsafe water
- High incidences of rape as women travel alone down dangerous paths to collect water
- Remaining in the poverty vicious circle as women have to travel long distances for water and cannot attend other developmental activities that might improve their situation
- Death resulting from crocodile attacks in some areas as people go in search of water from rivers and lakes
- Deforestation resulting from the overuse of trees for traditional toilets



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In order to ensure that the vulnerable are benefiting from the various water, sanitation and hygiene projects in place, the study recommends a number of measures:

- **Targeted subsidies**

Subsidies should be given to the poorest of the poor. There is a need to identify who falls into that category and to create a common understanding that allows the most vulnerable to derive benefits without financial contribution. In the low income areas of Lilongwe, it is suggested that a coupon system be put in place to ensure that the groups being targeted are indeed the beneficiaries.

- **Inclusion of the vulnerable in decision-making**

Communities must be sensitised to the need for participation of the vulnerable in management committees. A deliberate policy which ensures that a certain proportion of committee members represent the vulnerable is definitely worth pursuing and, in some cases, just having a mechanism to solicit the views of the vulnerable would be sufficient. This will help in adopting technologies that are user-friendly for vulnerable groups.

- **Enforcement of sanitation measures**

A mechanism to enforce sanitation measures should be developed. As some households in low income areas have to share a toilet, there is a need to establish a rule which states that each house should have its own toilet for hygiene purposes.

- **Development of water harvesting techniques**

In areas where boreholes and shallow wells may not be suitable, usage of water harvesting techniques may be a possible solution and should be developed.

- **Health education**

Health education should continue to enable those with doubts and concerns to understand the benefits of using safe water and hygienic sanitation facilities.

- **Management meetings involving WaterAid in Malawi, partners and local committees**

WaterAid in Malawi should attend meetings by local communities to get a feel for how they are managing and benefiting from projects. WaterAid in Malawi should organise its monitoring system to validate the reports they receive from partners.

- **Coordination with other development agencies**

It was found that there are differences in approach among different agencies, so it is suggested that coordination among the development agencies be enhanced to avoid conflicting efforts which might lead to self-exclusion.

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# 1 Introduction, objectives, Terms of Reference and methodology

## 1.1 Introduction

Malawi is one of the poorest countries in the world. Recent studies on poverty in the country, notably ‘Malawi growth through poverty reduction’ and ‘Situation analysis of poverty in Malawi’ have shown that poverty is a widespread problem, affecting about 60% of the population. The pervasiveness of poverty is reflected in social indicators such as high mortality rate, household food insecurity, a high HIV/AIDS prevalence rate, low education, as well as environmental degradation. Recently, Malawi was ranked 165 out of 177 on the Human Development Index (UNDP, 2005). The country also has an adult HIV prevalence rate of 12%. Malawi’s poverty, combined with its steady HIV prevalence, means that regular water and sanitation problems have become even more acute.

The Malawi Poverty Strategy Reduction Paper (MPRSP) acknowledges that rural infrastructure in Malawi is deficient and that there is a need to provide potable water supplies and reasonable sanitation facilities. It clearly recognises that the provision of, and equitable access to, water supplies and sanitation are central to poverty reduction due to their direct links to health and productivity. The paper’s preventative healthcare goals include an objective to improve the quality, access and equity of essential healthcare, which includes sanitation and safe water.

In line with the Malawi Government development agenda, WaterAid in Malawi fills a critical gap in the provision of and access to sustainable safe domestic water, sanitation and hygiene education to some of the world’s poorest people. WaterAid in Malawi initiatives are currently found in five districts of the country: Machinga, Salima, Nkhotakota, Mzimba and Lilongwe low income areas (Mgona and Kauma), working on the belief that safe water and sanitation are basic human rights and having access to them is the first essential step in overcoming poverty.

In line with this belief, WaterAid in Malawi is strongly committed to addressing the issue of exclusion, to ensure that the poorest and the most vulnerable and marginalised groups, including women and children, have access to clean water and sanitation.

## 1.2 Objective of the exclusion study

The main objective of this study is to explore the issue of exclusion in terms of who the excluded are, the multiple factors that cause exclusion, to outline some of the equity and inclusion initiatives being carried out, and to look at the means of addressing exclusion in the five districts of Machinga, Salima, Nkhotakota, Mzimba and Lilongwe (low income areas).

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## 1.3 Overall purpose of the study

WaterAid in Malawi commissioned this exclusion study in order to understand levels and factors of exclusion and thereby improve targeting of its resources. Recognising the underlying reasons for exclusion, its implications and how all groups within communities – particularly the poorest and marginalised – can benefit from its interventions, is essential for future designing and beneficiary targeting of its services.

The study was also designed to assess WaterAid’s implementing partners’ ability to ensure equity, inclusion and sustainability in all of their initiatives.

## 1.4 Terms of Reference for the study

The Terms of Reference (ToR) to guide the study were as follows:

- Review relevant national policy documents on water, sanitation and hygiene and identifying how issues of exclusion and equity are addressed
- Review district development plans and other relevant district-based sector documents on water, sanitation and hygiene and identify how issues of targeting, exclusion and equity are addressed
- Review the ToRs for selected community-based structures (eg Area Development Committees (ADCs) and Village Development Committees (VDCs)) and identify how targeting, inclusion, exclusion and equity are addressed
- Identify groups and individuals who are excluded and why they are excluded within the study areas, through various methodologies
- Establish and document the social, economic, political, geographical and environmental factors that lead to exclusion in the selected study areas
- Identify and document the implications of exclusion for the identified groups
- Outline some of the social inclusion initiatives and methodologies that are being practiced in the study area
- Draw out recommendations on how to address issues of exclusion and strengthen existing inclusion initiatives across the various levels of water, sanitation and hygiene governance

## 1.5 Methodology

The study used a combination of primary and secondary sources of information to address the objectives and tasks as outlined in the ToR.

A literature review was carried out to capture information on the relevant national policies and how these have been applied to the implementation of water,

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sanitation and hygiene in Malawi. These documents provide the guiding principles for addressing issues of exclusion and equity in the water sector and show the different strategies and interventions that have been implemented and used in curbing the situation. Issues of targeting and inclusion in the district assembly were also reviewed.

Interviews with beneficiaries were conducted and provided insight into exclusion and equity in water, sanitation and hygiene projects. These interviews enabled the communities to express themselves and discuss their participation (or non-participation) in the projects. Focus group discussions were also held with local communities and local community management structures in Embangweni, Dwangwa, Salima, Machinga, and Mgoni and Kauma in Lilongwe.

In Mzimba, Focus group discussions were held with sanitation promoters at Embangweni, Vitumbiko Support Group, Dimi community, Mutowole village community, and Tovwirane Sanitation Club.

In Salima, interviews were held with the Water Committee and community in Esau village, the Traditional Authority (TA) Maganga, Maganga ADC, Mwanza ADC, Kanongola water point and health committees, and TA Mwanza herself.

In Machinga, interviews were held with the Nsanama Tap Committee and Juma village community, the Chagwa Cooperative Society and the Namikomia Gravity-fed Scheme Management Committee.

In Lilongwe, interviews were held with the Mgoni Water Management Committee and Kauma Water Management Committee.

The purpose of the focus group discussions was to collect enough qualitative data to understand community perceptions around issues of exclusion. The discussions also provided an opportunity to capture important qualitative information that was not household specific, such as cultural issues. They also highlighted issues of community participation and empowerment, as well as effectiveness of the projects.

Interviews with key informants were held to gather information that was relevant to the ToR. Among the key informants were the WaterAid Programme Officer for partner support and capacity building who was responsible for the Machinga and Church of Central African Presbyterian (CCAP) Livingstonia Synod (Mzimba) projects, and the project coordinators for Embangweni, the Wildlife and Environmental Society of Malawi (WESM) Dwangwa branch in Nkhotakota, Work for Rural Health (WRH) in Salima and Targeted National Relief and Development (TANARD) in Machinga.

Interviews with Government agencies (District Irrigation and Water Development Officer, District Assembly and District Environmental Officer), were carried out to discover their views on exclusion issues and on the operations of WaterAid and its partners with regards to exclusion and equity.

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## 2 Policy literature reviews and how they address issues of exclusion

### 2.1 Exclusion defined

Excluded people are those who have been **systematically discriminated against** for various reasons – with some factors beyond their control. These include women, disabled people, people living with HIV/AIDS, children and the elderly<sup>1</sup>. This definition was selected because of its encompassing nature and the fact that it covers examples of both short and long-term discrimination.

Despite all the advantages of development brought about by the 21<sup>st</sup> century and modern countries being committed to the Millennium Development Goals (MDGs), it is widely recognised that reaching the poorest, the excluded and the most disadvantaged people poses a big challenge. The extent of this problem and its impact on communities needs to be focused on in order to stimulate and energise players in the water and sanitation field into improving levels of inclusion of the vulnerable in their programmes. This needs to become a priority for all countries as failure to achieve the water and sanitation targets will negatively impact upon achieving all of the other MDGs – particularly those related to health and education.

### 2.2 Types of exclusion

Two types of exclusion exist in this study. They are self-exclusion and forced exclusion.

#### Self-exclusion

Under this type of exclusion, the conditions are all correct for an individual to benefit from a project but, of their own accord, they decide against participating. The extreme people in this group are those who, even after being offered free services, refuse to be a part of it because of personal beliefs.

#### Forced exclusion

Under this type of exclusion, an individual is willing to benefit from a project but other reasons, beyond their control, deprive them of the opportunity. Forced exclusion can also occur when a project has strict rules in place that bar an individual from using the facilities if they are unable to contribute financially at the start, even though they know they will be able to contribute in the future. This type of exclusion can escalate into a long-term and persistent occurrence as the excluded accept their situation as normal and find no compelling reason to join the group of beneficiaries in the future.

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<sup>1</sup> Adams, J et al (2007) *Reaching out to the excluded - towards equity and inclusion. A position paper*, WaterAid

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## 2.3 National Water Policy (2005) and issues of targeting and exclusion

The Malawi National Water Policy (2005) addresses all aspects of water, including resource management, development and service delivery. The policy has 'Water and sanitation for all' as its vision and has been developed to help in shaping the development of water interventions in line with the Malawi Growth and Development Strategy. The policy is also enhancing the capacity of the Malawi Government to meet its commitments to poverty reduction and economic prosperity and to attain the regional and global targets, as outlined by the United Nation's MDGs, of halving the number of people without access to basic sanitation by 2015.

On equity, the policy emphasises the need to achieve a sustainable provision of water supply and sanitation services that are equitably accessible and used by all individuals and entrepreneurs for socio-economic development at an affordable cost. It also promotes the empowerment of user communities to own, manage and invest in water resources development.

On technologies used in the provision of water services, the policy recommends options that are cost-effective and manageable by both the rural and urban communities. It strives to promote user-friendly technologies to enable easy access by all manner of people – indicating that the Government would like all of its citizens to benefit from water services without any form of discrimination.

The policy does not, however, address how vulnerable groups, who are also the poorest of the poor in society, would benefit from the facilities provided. Although the policy promotes the mainstreaming of HIV/AIDS and gender activities, the strategies in place do not clearly stipulate how the vulnerable groups would benefit from the services or how they can become actively involved in water development programmes. It is also not clear how the elderly and orphans (child-headed households) would benefit from water services, especially in low income areas where the facilities are offered on a cost recovery basis.

The study found that WaterAid-supported projects are in line with the National Water Policy in trying to ensure that all groups of people have access to water. The vulnerable groups (the elderly, orphans, disabled people and the sick) are allowed to access the water without any financial or material contribution.

## 2.4 National Sanitation Policy (2008) and exclusion

The overall objective of the National Sanitation Policy is to achieve universal access to improved sanitation and safe hygiene practices whilst ensuring sustainable environmental management for economic growth. It aims to ensure that all people in Malawi own or have access to improved sanitation facilities and that they practice safe hygiene and safe recycling of liquid and solid waste for sustainable environmental management and socio-economic development. The policy advocates the use of participatory methods in delivering health and hygiene interventions. Women, men and children are encouraged to participate effectively

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in policy, programme and project design and implementation in order to enhance their role in sanitation and hygiene management activities.

On sanitation and hygiene in rural areas, the policy's objective is to increase access to improved sanitation and to promote safe hygiene practices, new technologies, proper waste disposal and recycling of wastes. To achieve this, local artisans and sanitation promoters need to be trained in the production and marketing of sanitation hardware respectively. The policy recommends that there be provision and maintenance of improved sanitation facilities, which also cater for people with special needs, in all places. Targeted subsidies for the most vulnerable and disadvantaged persons in communities are also recommended.

On HIV/AIDS, the policy is in line with the National HIV and Aids Policy and Strategy and provides a platform for the mainstreaming of people living with HIV/AIDS into water and sanitation activities. It stipulates that HIV/AIDS status, whether suspected or actual, is not to be used as a reason for denying access to services.

On orphans, the policy encourages communities and extended families caring for orphans to be assisted and empowered with resources, services and skills to construct improved sanitation facilities.

On gender, the policy encourages the establishment of gender sensitive mechanisms when creating user committees. In other words, women should be incorporated into the decision-making process as well as the implementation of sanitation and hygiene activities. All women and girls, regardless of marital status or HIV sero status, should have equal access to and information on appropriate health education and health services.

On children and youths, the policy advocates early exposure to good sanitation and hygiene. This suggests that new technologies should be developed to include the needs of children and youths.

The National Sanitation Policy adequately addresses exclusion issues and promotes the inclusion of vulnerable and disadvantaged groups. It also advocates for the provision of services and facilities at a subsidised price to the poor. The study found that the projects being supported by WaterAid in Malawi are in line with this policy, although there is currently no written policy on subsidies.

## **2.5 National Policy on Orphans and Other Vulnerable Children (2005) and exclusion**

The overall goal of the policy is to facilitate support for the care, protection and development of orphans and other vulnerable children in a coordinated manner in order to provide them with an environment in which they realise their full rights and potential.

On exclusion, it discourages the discrimination/segregation of orphans in the provision of care services on the basis of HIV sero status. Community-based approaches for the care of orphans and other vulnerable children are emphasised and institutional care, in the form of orphanages, is seen as the last resort. This



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suggests that the policy encourages the integration of orphans and other vulnerable groups into society – to become like any other person living in the community.

On provision of assistance, the policy promotes the inclusion of orphans and vulnerable children when planning, designing and implementing development and assistance programmes. Where relief assistance is provided to alleviate suffering, it recommends that efforts be made to ensure that it does not create and develop dependency syndrome.

The policy addresses issues of inclusion and targeting in water, sanitation and hygiene and should encourage WaterAid to devise a strategy for how orphans and vulnerable children can have inputs into its programmes. They may not necessarily be involved in management committees, but efforts should be made to solicit their views and needs in the development and implementation of programmes.

## **2.6 The National Policy on Equalisation of Opportunities for Persons with Disabilities (2002) and exclusion**

The National Policy on Equalisation of Opportunities for Persons with Disabilities was developed in order to promote the rights of disabled people and to allow them to play a fully integrated and participatory role in society. It aims to ensure that disabled people access the same fundamental rights and have the same responsibilities as any other citizen of Malawi and that they are included in all political, social and economic development initiatives. The policy recognises the need for disabled people to be involved in the development of national programmes, projects and services. It also advocates for the mainstreaming of disability issues on the social, economic and political agenda of development programmes.

One of the strategies to achieve inclusion is to promote the availability of useful equipment, skills and services to all persons with disabilities, which will enable them to achieve and maintain their optimum physical, sensory, intellectual and social functional level.

The study found that the technologies being promoted by WaterAid-supported projects are user-friendly to disabled people apart from the Sky-loo toilets and the hand washing basins. The Sky-loo toilets don't provide easy accessibility as they are too high and some of the hand washing basins are placed too high for children and disabled people to reach.

## **2.7 National Policy on Early Childhood Development (2003) and exclusion**

The National Policy on Early Childhood Development aims to promote the provision of high quality services to every Malawian child to ensure his/her survival, growth and development and ultimately lead to his/her active participation in national development. It encourages the provision of Early



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Childhood Development services without discrimination on the basis of age, sex, race, tribe, health status, economic status and religious or political affiliation.

On water, it promotes access to safe drinking water and adequate sanitation for all households. It aims to protect children from abuse and harmful cultural practices and it promotes and aims to protect children's rights (the right to basic needs, to participation, to choice and privacy, to health, to education, and to protection against all forms of discrimination, abuse and exploitation).

The study found that WaterAid-supported projects are contributing to the achievement of this policy by enabling children to access safe water and sanitation services through targeted families in various project areas. With Ecosan toilet projects, technologies specific to children have been provided to prevent them from being excluded. However, there is a need to record the number of children and vulnerable people that are actually benefiting from the projects.

## **2.8 National Gender Policy (2000) and exclusion**

The overall goal of the National Gender Policy is to mainstream gender issues in the national development process in order to enhance the participation of women and men, and girls and boys in sustainable and equitable development for poverty eradication.

On water, the policy empowers both women and men to invest in the management of their own water resources and services and encourages the establishment of gender sensitive mechanisms when creating beneficiary user committees. It also promotes the equal participation of women and men, and girls and boys in the planning, designing and management of water projects and water facilities.

The policy addresses issues of exclusion based on the gender of a person and also encourages the empowerment of women by including them in the management of water facilities. In line with this, the study found that in WaterAid-supported projects, women are included in the implementation and management of the schemes.

## **2.9 The National HIV/AIDS Policy (2003) and exclusion**

The goal of this policy is to prevent HIV infections, to reduce vulnerability to HIV, to improve the provision of treatment, care and support for people living with HIV/AIDS and to mitigate the socio-economic impact of HIV/AIDS on individuals, families, communities and the nation. It states that an effective response to the epidemic requires that the rights to equality before the law and freedom from discrimination are respected, protected and fulfilled, in particular with respect to gender relations between women and men, and girls and boys. It also states that a greater involvement of people living with HIV/AIDS at all levels is crucial for an effective response to the problem and encourages sectors to develop and implement sector specific HIV/AIDS policies.

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The study found that in WaterAid-supported projects, no individual is discriminated against based on their health status, gender, tribe and religious or political affiliation. In fact, the sick within communities are allowed access to facilities for free. For example, in Machinga, where those who are sick for a long time are allowed to draw water without making a financial contribution.

## 2.10 District Socio-Economic Profiles (Machinga, Salima and Nkhotakota districts)

According to the District Socio-Economic Profiles, limited access to potable water by rural communities is an area that needs the District Assemblies' attention in terms of development and it is therefore included in the District Development Plans. This is in line with the Malawi Government's goal of poverty alleviation which identifies water as a priority area for development.

In the District Development Plans, emphasis is on uplifting the lives of the poorest of the poor, so any development initiatives in the districts target poor communities. In water development, one of these strategies is to distribute water facilities evenly.

Although there are no specific strategies laid down for addressing issues of exclusion and equity, it is clear that deliberate efforts are being made to help vulnerable groups access safe water and sanitary services. Through the District Welfare Office, communities are encouraged to assist orphans, the elderly and female-headed households. The ADC, VDC and water point committees at community level also try to make sure that vulnerable groups benefit from project facilities by allowing them access to water and sanitation services at no cost.

## 2.11 WaterAid in Malawi (Country strategy: 2005 – 2010) and exclusion

WaterAid started its work in Malawi in early 2000, focusing on water, hygiene and sanitation issues. It currently operates in five districts: Mzimba, Nkhotakota, Salima, Machinga and Lilongwe low income areas (see Figure 1).



Figure 1 Map of Malawi indicating WaterAid project areas

WaterAid is working with partners in these five districts to provide safe water, hygiene and sanitation. Table 1 (below) shows the partners, geographical areas and the focus areas of the projects.

The operations of WaterAid in Malawi are guided by the Country Strategy Paper: 2005-2010. Implicit in WaterAid's goal of universal access to safe water and sustainable sanitation is an understanding that priority must be given to the poorest and un-served communities, and to the most vulnerable groups. For this reason, WaterAid works with its partners to reach out to the excluded and most marginalised people through strategies and approaches that recognise and respond effectively to the different needs of such people.

The Country Strategy Paper addresses issues of exclusion and equity by emphasising a pro-poor approach to all of its programmes. To support partners working in communities, it advocates for community-led and managed approaches to ensure that there are effective local solutions for local problems which can be managed through appropriate techno-managerial skills, thereby enhancing community capacity and confidence. It ensures that it maximises the impact of its interventions on the most poor and vulnerable people who are sometimes excluded from accessing water and sanitation services on the basis of economic or social factors.

**Table 1 WaterAid partners, project areas and their areas of focus**

Name of partner	Project areas	When it started	Area of focus
CCAP – Livingstonia Synod	Embangweni and Ekwendeni	2001	Sanitation, hygiene, capacity building and minimal support on water supply
WESM (Dwangwa Branch)	Dwangwa in Nkhotakota	2003	Water, hygiene and sanitation
Work for Rural Health (WRH)	Salima	2002 - handed to WRH in 2007	Water, hygiene and sanitation
TANARD	Machinga	Handed to TANARD in 2007	Water, hygiene and sanitation
Training Support for Partners (TSP)	Mgona, Senti and Kauma	2007	Sanitation and hygiene
Centre for Community Organisation and Development (CCODE)	Chinsapo and Mtandile	2007	Sanitation and hygiene
Mineral and Appropriate Technology Applicable in Malawi (MATAMA)	Area 24 (Ngwenya)	2007	Sanitation and hygiene
Lilongwe Water Board	In all low income areas of the city	2005	Water supply

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Although WaterAid has not yet developed a policy on subsidies for vulnerable groups in line with the National Sanitation Policy, it does support the provision of facilities to the vulnerable at a subsidised price. (eg water and toilet slabs in low income areas are both subsidised). It also incorporates gender analysis into all of its programmes to ensure equity of representation in the decision-making process. However, there is still a need to encourage communities to include other vulnerable groups such as orphans, the poor and disabled people, into management committees to present their needs and concerns.

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## 3 Overview of project implementation approaches

### 3.1 Project identification

Involvement of beneficiary communities in project formulation is vital if they are to actively participate in implementing and utilising the facilities. It is important to involve local communities in needs assessment in order to build ownership from project inception.

The study found that communities in WaterAid-supported projects are responsible for initiating schemes themselves. In other words, they are putting in requests to have the projects in the first place and WaterAid is responding to them. This suggests that the projects being implemented are addressing the real needs of the communities. This is important because one of the factors of successful community ownership of rural development projects is whether the project idea came from development agencies or from the communities themselves – if development agencies impose a project on a community and it fails to address their priorities, self-exclusion may result.

When community needs and priorities are ranked, it is clear that water is the first priority. When asked why they chose water and sanitation projects, the communities responded that *“madzi ndi moyo”* (water is life) and a person with a good life can live and work well. The communities’ perception is that development of other social sectors (eg education, health, and security) is dependent upon water availability. Some of the problems the communities face and which prompted them to request water and sanitation projects include:

- High incidence of waterborne diseases
- Long distances to water points results in more time spent fetching water than other productive activities
- High incidence of accidents in traditional toilets, especially during the rainy season
- Crocodile attacks when washing in the river (Machinga)
- Social problems such as family disputes and rape
- Deforestation leading to trees, for the traditional toilets, becoming scarce

**Box 1**

Mrs Phiri – sanitation promoter from Emphangweni – reported that before the project many people did not have toilets and cases of cholera were high, especially in the rainy season.

“Kuno ikangoyamba mvula timadziwa kuti basi imfa ija yabweranso.” (“Once the rainy season starts, we know people will die of cholera.”)

She said that was the reason they chose a water and sanitation project - to address the cholera problem.

In order to have the projects, communities reported their problems to the ADC (Salima), the TA (Machinga), the church (Mzimba), the WESM Dwangwa branch (Nkhotakota) and Lilongwe city officials (low income areas of Lilongwe). These organisations and individuals took up the matter with WaterAid in collaboration with local governments. The study found that partners are using different local institutions in project identification and implementation (Table 2).

The study also found that in Salima the project uses the ADC as an institution to manage it while, in other areas, management committees have been established. In Mzimba and Machinga, the communities indicated that they are not willing to work with the ADC because of past experiences in which it was not transparent in its activities. It appears that WaterAid is flexible in terms of who it works with as long as they are developing and consciously promoting access to safe water, hygiene and sanitation. WaterAid should continue with this flexibility in terms of who coordinates the activities at community level, to allow more people to benefit from its initiatives.

**Table 2 Local level coordinating institutions**

<b>Partner</b>	<b>Local institution</b>
CCAP	Sanitation clubs
WESM	Management Committee
WRH	ADC
TANARD	Gravity Fed Scheme Management Committee
TSP	Water Users' Association
MATAMA	Water Users' Association

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## 4 Results and discussions

### 4.1 Results and discussion on community participation and exclusion

#### 4.1.1 Community knowledge of options for different technologies

The study found that not all project areas know about the different Ecosan toilet technologies that WaterAid-supported projects provide. In fact, in four out of six areas visited, the communities knew nothing about the Ecosan toilet technologies available and, in some areas, only one technology was being promoted. For example, in Mhabi area in Embangweni, only Arborloo toilets had been introduced and the later implementation of Ecosan toilets was subsequently affected because the communities held reservations about the Arborloo. This limited choice results in self-exclusion from Ecosan toilets by communities.

In Machinga, the implementing partner did not explain the benefits of Ecosan toilets when they started their operations. As a result, most people have simply improved traditional toilets. It is essential that implementing partners clearly explain the different technologies available, both for water and Ecosan toilets, to the communities involved and let them choose depending on their socio-economic status and preferences.

The study found that the Fossa Alterna latrine is far more widely adopted than the Arborloo – perhaps because Arborloos require holes to be dug every year which is quite labour intensive for communities.

On water, the study found that most communities cannot differentiate between a borehole and a shallow well and, for this reason, most requests for water are for boreholes. This preference is also encouraged because, since 1994, the Government has promoted the drilling of boreholes. Communities need to be sensitised to the differences between boreholes and shallow wells in order to understand their respective advantages and disadvantages.

#### 4.1.2 Eligibility criteria and community contribution

The study found that communities in all of the WaterAid-supported project areas know about the eligibility criteria for a borehole/shallow well. They said that a community is eligible for a shallow well or borehole if it mobilises sand, quarry stone and bricks. It is also expected to open a bank account and deposit some money for maintenance. Communities are supposed to contribute K15,000 for boreholes and K3,000 for shallow wells. The community contribution for the facilities (sand, quarry, bricks and labour) translates into the proportions outlined in Table 3.

Table 3 Proportions contributed by communities for facilities

Technology	Community contribution (%)
Fossa Alterna latrine	63.0
Shallow well with Malda pump	12.3
Shallow well with rope pump	11.5
Vonder drilled well with Afridev pump	7.5

Source: WaterAid, 2008

As can be seen from these figures, communities contribute more to Ecosan toilets than to water projects, which is contrary to the general perception that toilet slabs are given free of charge. It has been found that when communities make a contribution to facilities, as opposed to getting them free, they are more likely to put them to good use.

With gravity-fed schemes and communal water kiosk projects, communities were asked to dig the trenches and assist in laying the pipes. The study found that communities didn't have problems with these eligibility criteria and their contribution towards the projects. In areas where there was no quarry stone, the project assisted them in transporting stones to the site. The study also found that no community was denied a shallow well or borehole because it was unable to contribute the amount of money stipulated. For example, in TA Mwanza the project drilled a borehole before the community fulfilled the financial requirements but it was agreed that they would finish contributing money for their bank account **while** they were accessing water.

It was noted, however, that communities are not aware of the District Water Office's criteria regarding distances between water points and minimum number of households required to qualify for a water point. According to the District Water Office, a community is eligible for a borehole if it is over a 500m radius from the nearest safe water point and there are over 250 people. For a shallow well, the number of people per unit source is 120. Flexibility is needed on this requirement as some communities are isolated from others and this could lead to geographical exclusion.

With gravity-fed scheme and piped water supplies, communities were asked to dig the trenches, assist in laying the pipes and make a capital cash contribution for maintenance. Although it was hard work, the communities were committed to having potable water. The Secretary General for Namikomia gravity-fed scheme, Mr Nanyanga, said:



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*“Ngakhale kuti ntchitoyi inali yopweteka, ife sitinafooke chifukwa cholinga chathu chinali kupeza madzi abwino.”* (“Although digging trenches is a tough job, we never gave up because we wanted potable water”.)

In all of the project sites the communities were also responsible for choosing the location of the tap, shallow well or borehole.

In terms of civic education, the local leaders (Village Headman and TA) and Health Surveillance Assistants were found to play a crucial role in sensitising communities to the need for clean water and toilets in order to improve their well being. They encourage communities to actively take part in the projects. Local leaders should always be involved in sensitisation meetings as they command respect in society and the meetings they go to are heavily attended.

It was also observed that the success of projects hinges on the way the committees work – the management committee needs to be **democratically** elected by the community and formed before commencement of a project.

## **Fees**

To access water facilities, management committees have established a fee that each household must contribute towards maintenance. The fee is intended for repairs if the pump breaks down. In Dimi (Mzimba) each household pays K250 per year or a small bucket of maize, while in Nkhotakota each household contributes K20 per month. In Salima, each household pays K30 per month while in Machinga, Namikomia scheme, each household contributes K10 per month. If a household does not contribute for two months it is not allowed (exclusion) to draw water from the water point.

In Dimi (Embagweni) it was found that some community members cannot afford to pay the yearly fee of K250 all at once, so it was suggested that they pay on a monthly basis. This idea needs to be seriously considered as these community members were drawing water from unprotected wells. The idea of allowing households to pay in kind (a bucket of maize, or beans) should be tried in other areas where people can't make a cash contribution. In the low-income areas of Mgoni and Kauma, water is sold at K2.50 per pail and K1.50 is paid to clean the pail before drawing the water. Although this amount enables the Water Users' Association to pay the water bills to Lilongwe Water Board and enables them to run their offices, it is a source of exclusion as not everyone can afford to pay such amounts, particularly the elderly, female-headed households and orphans.

In rural areas, vulnerable groups are allowed to draw water without making a financial contribution if they qualify as underprivileged according to the community's assessment. In the low-income areas of Lilongwe, vulnerable groups are not allowed free access to safe water, thereby forcing them to continue using unsafe water. A mechanism needs to be developed whereby vulnerable groups can access the water freely. Coupons or identity cards could be introduced for vulnerable groups to draw a certain amount of water per day, free of charge.

On Ecosan toilets, the study found differences between projects in terms of household contributions and amounts of subsidies. In Mzimba, the project used to

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provide cement at a subsidised price of K900 to a mason for making toilet slabs and the masons sold them at K1,200 to the community members. Currently, they are providing cement on loan (five bags) as a pilot scheme to move towards the commercialisation of slab-making.

In Nkhotakota, two approaches are used. The first is called the ‘social marketing approach’ in which the project provides training and cement to the masons and the masons make toilet slabs and sell them at K350 each. The second approach is called the ‘concentrated approach’ in which the masons are provided with all the necessary materials and paid by the project. The communities are supposed to contribute sand and quarry stone to be used in the making of the slabs. Once made, the slabs are then distributed to community members who have contributed.

In Salima, they are using the ‘concentrated approach’ whereby slabs are given to community members who have made a contribution of sand and quarry. In Machinga, community members contribute sand, quarry stone and pay K70 to the mason as a lunch allowance. The project pays the mason K350 for each slab made and collected. In the low income areas of Kauma and Mgoni, the masons are provided with a loan for materials (cement and wire) at commercial prices and slabs are sold at K3,700 each to community members. The community said that WaterAid’s approach is good because, by involving the community in their projects, they gave them ownership of those projects. Involvement of communities is a prerequisite for the success of any project.

In order to allow the poorest of the poor to benefit, masons assist vulnerable groups in building Ecosan toilets and let them pay in installments. In the event that the beneficiary is unable to pay in cash, the first fruits that are produced using the Ecosan manure are given to the mason as payment. This is called a ‘banana scheme’ in Mzimba.

#### **4.1.3 Institutional set-up and its effect on exclusion**

As a way of empowering communities and building capacity and ownership at community level, committees are formed to manage project activities. The members are democratically elected by community members in the villages and are perceived to have good manners and to be development conscious. Communities make sure all villages have a representative on the committee.

On gender, the study found that most committees include a good number of women, perhaps because, culturally speaking, issues of water and sanitation affect women more than any other group. This means that women are involved in decision-making processes which include locating water points and health education. In areas such as Salima in TA Mwanza, having an equal number of men and women in the ADC is strictly adhered to.

Communities feel that committees that include women perform better than those with men only. It is felt that men will not embezzle funds because the women would reveal them to the community.

Apart from gender, no other factors seem to be considered when selecting the management committees. There is a need to represent vulnerable groups (people

with disabilities, orphans, widows, etc) in these committees so that development activities are sensitive to their particular needs.



**Figure 2 Hygiene promoters in Mgona – showing a good gender balance**

#### **4.1.4 Role of local level committees and their effectiveness on inclusion**

Local level committees are put in place to run the day to day affairs of projects. They act as a link between communities and the implementing partner and are responsible for mobilising communities into making their contribution towards the projects. In gravity-fed schemes, tap committees facilitate monthly payments and management of the water points. Sectoral committees coordinate activities in each sector, including the collection of money from tap committees and maintenance. Sanitation clubs and health committees conduct civic education classes about the need for safe water and good sanitation.

Local committees are responsible for making sure that those perceived as underprivileged have access to the facilities. In Khofiman Kondowe village (Mzimba), the local committee assists the elderly and sick by constructing Ecosan toilets for them and, with water projects, the vulnerable are allowed free access. In Machinga, the management committee of the gravity-fed scheme also allows vulnerable groups to have access to water without asking them for a financial contribution.

#### **4.1.5 Benefits provided by the facilities**

Communities attribute several benefits to the water, hygiene and sanitation projects being funded by WaterAid. Two of these, mentioned in all of the project areas, are: clean houses and a reduced incidence of water-borne diseases. These improvements result in people being able to do economic activities instead of attending to the sick. As the water projects provide safe water at short distances, it has also given women more time to spend on other chores.



**Figure 3 Mrs Ester Bizwick in Wilson village, Machinga, drawing water from a tap close to her home**

Social benefits include a lower incidence of rape because women no longer need to travel long distances alone to fetch water, men trust their wives more than before when they had to spend long hours fetching water, and in Machinga, crocodile attacks have declined because people are using tap water rather than going to the river.

In terms of Ecosan toilets, the risk of people falling into the pits has disappeared because they no longer have wooden platforms and termites can't destroy them; manure from the toilets is now used for growing crops and fruits, thereby generating income; and people are eager to use Ecosan toilets because they don't have a bad smell or flies like their traditional toilets.

Communities are happy to be using clean toilets and even the elderly were found to be benefiting.



**Figure 4 Mrs Alice Mbewe outside her new latrine, Chikompulazi village**



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Overall, the study found that all groups of people derived benefits from the facilities provided by the projects and deliberate efforts are made to incorporate vulnerable groups. The vulnerable have support from committee members and the community at large in most project areas, except in low income areas of Lilongwe where they are expected to pay a financial contribution to access water and get latrine slabs.

#### **4.1.6 Interaction with other stakeholders and its effect on exclusion**

The study found that other development agencies in the project areas are carrying out similar activities to WaterAid and that interaction with these agencies can affect the implementation of projects and, in some cases, lead to self-exclusion. For example, in Dimi (Embangweni) UNICEF, through the Embangweni Mission Hospital, distributed latrine slabs for free while the WaterAid-supported project was selling them at a subsidised price of K1,200. This resulted in communities refusing to pay for the slabs provided by the project on loan and excluding themselves from participating in other project activities. It is important that development agencies always coordinate their activities if working in similar areas, to avoid being seen as competing rather than complementing. If not, it can have a big effect on project implementation and community participation.

#### **4.1.7 Effect of participation on capacity building and ownership**

WaterAid, through its partners, trains communities in group dynamics, conflict management, financial management and maintenance of facilities. The study found that, as a result, communities have become competent and manage projects with little support from the partners. Local committees manage the day to day affairs of schemes and only need partner support in the case of major repairs and expansion to the facilities. This suggests that communities have accepted the facilities as their own and that sustainability will be assured once the project phases out. It should be noted that this acceptance was seen more in water projects than sanitation projects, but, if communities get involved from project inception and understand how the project is run, self-exclusion should be minimal.

## **4.2 Results and discussion around exclusion**

### **4.2.1 Causes of exclusion**

The study found a number of factors which lead people to be excluded, discriminated against and driven to destitution. These were found to vary between the rural and low income set-ups. The following section highlights the key findings from the areas surveyed.

#### **Social and cultural factors**

##### **Class system**

The class system can impose social barriers and affect certain groups of people. The elite or rich can oppress and bully the poor so that they get water when they want it (rather than queuing at a water point, for example). This leads to self-exclusion whereby the poor opt to use alternative sources of water rather than be

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subjected to humiliation. Factors leading to this situation range from the use of derogatory remarks to forcing others to draw water on their behalf, especially those groups of people they give piece work to time and again (eg in Dwangwa, Nkhotakota district).

### **Occupation type**

The study found that people with occupations that require a lot of time spent away from home, such as fishing, are not interested in having a toilet. They will often use a lake as a toilet and self-exclude themselves from sanitation and hygiene activities promoted by WaterAid-funded projects. For example, in Salima district, along the lake, the majority of fishermen do not regard a toilet as useful and have not attempted to construct one for the rest of their families

### **Congestion resulting in long queues**

Queues at kiosks, boreholes and shallow wells caused by an increased number of water users may prompt some people to self-exclusion. People who are busy or in a hurry, hate having to stand in long water queues and will often resort to getting water from another source, regardless of its condition. Clear examples of this were found in the low income areas of Lilongwe (Mgona and Kauma), where people have to walk long distances to work and don't have time to queue for water.

### **Envy**

The study found that envy has driven some community members to self-exclusion. There are some people who, for their own reasons, don't agree that a borehole or shallow well should be installed close to the house of a certain member of the community. In Maganga in Salima and Mutowole village in Mzimba, this problem is making it difficult for the villages to acquire a water point.

### **Gender issues**

In most project areas visited, the study found that women believe the digging and construction of toilets to be a man's job and would not attempt it themselves. This belief has resulted in female-headed households lacking any form of toilet. It was also discovered that pregnant women are resorting to open defecation because they are not allowed to use toilets in some areas (eg Embangweni). No clear reasoning was given for this, but it could well be connected to unfounded beliefs about pregnancy.

### **Bad smell and houseflies**

The bad smell and houseflies coming from toilets near homes are upsetting for many people. The study found that due to a lack of adequate knowledge about Ecosan toilets, self-exclusion has occurred in some areas (eg in Embangweni, Mzimba). People prefer to defecate in the bush because they believe that this is the only way to rid themselves of the smell and housefly problems.

### **Respect**

Respect is very important in rural communities and the study found that it can ultimately lead to the exclusion of certain people. It was explained that elders feel ashamed and uncomfortable to be seen coming back from the toilet and, likewise,

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married women would dread an encounter with any of their in-laws on the way to the toilet. For this reason, both parties choose to defecate in the bush to avoid any disrespect issues. This problem was highlighted in Embangweni, Mzimba.

### **Religion and cleanliness**

Religion is an important determining factor in the adoption of certain technologies. Muslims, who form over a third of the population of Salima, do not like hu-manure technologies due to their perceived lack of cleanliness, and they fail to adopt hand-washing techniques in the recommended form. Both of these examples are contrary to their religious practices and, as a result, can lead to self-exclusion. Examples of this were found in TA Msosa and TA Kulunda in Salima.

Similarly, the Tonga tribe in Nkhotakota are considered ‘smart’ and would not consider touching hu-manure. This is an example of self exclusion as a result of poor dissemination of information on the technologies available.

### **Lack of interest**

The study found that some people are just not interested in using hu-manure and exclude themselves from projects because they prefer to use deep toilets which last for longer and don’t need emptying. Similarly, in places such as Maganga, Salima and Chagwa, Machinga, some people are simply not willing to pay for water services and chose to use unsafe water instead.

### **Economic factors**

#### **Contributions**

In rural communities, contributions vary from an initial maintenance fee required before the installation of the water point to a monthly/annual maintenance fee paid for everyday access to the services. Lack of these funds delays the installation of facilities and individuals who have not paid the stipulated fees are excluded (in all project sites visited). This is also true for gravity-fed water taps – failure by communities to pay monthly rental fees to access water points leads to exclusion. For example, some people in Mutowole village, Mzimba, were excluded from using a borehole because they could not afford the K250.00 annual contribution fee.



**Figure 5 Mrs Selina Beza drawing unprotected water in Mutowole village about ten metres away from a borehole**

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Mrs Beza (previous page) said:

**“We cannot afford the lump sum but we could afford a monthly contribution of at least K20.00. Despite this plea we are still not accepted since they demand the minimum initial contribution of K150.00 or equivalent in kind contribution”**

In the low income areas of Lilongwe (Mgona and Kauma), the situation is similar except that fees there are commercial, despite being subsidised. Drawing water from kiosks is on a cash basis as opposed to monthly/annually. Those without money on a particular day don't have safe tap water on that day and will resort to using an unsafe water source despite their close proximity to kiosks – this is economic exclusion.

With regards to Ecosan toilets, a wide variability exists in all project areas in terms of costs and fees paid to masons by individuals who would like a latrine slab. Fees range from a contribution to the mason's food (K70.00) and a commercial value of K1200.00 per slab in some rural areas, to as high as K2500.00 – K6000.00 for a slab in low income areas.

In rural areas, individuals are expected to contribute sand and quarry for the slabs and offer water and labour on top of the food contribution if the slab is not sold at commercial value. Lack of money, in both rural and low income areas, leads to exclusion (people not having Ecosan toilets) and even to the type of situation outlined in Box 2, below:

**Box 2 Extent of exclusion on some committee members**

Mr Mwala – Chairman/Mason (Main Committee) of the Mgona Kioski Management Committee – said:

“There are some committee members here who are putting on these WaterAid t-shirts yet they have no toilet! One woman here requested me to make a slab for her but she couldn't pay up the whole amount at once. Worse still, she used to give very small instalments of MK100/month. I decided to remove the slab from her house and sell it elsewhere so that I could stay in business as a mason. That's why she has no toilet up to now”.

In the low income areas of Lilongwe, which are highly characterised by unplanned settlements, the study found that there is often poor infrastructure and people don't have access to the most basic services. Most people live in rented houses which lack basic facilities and, as they don't own the houses, they have no control over decisions to participate in sanitation programmes. As was found in Mgona and Kauma in Lilongwe, people are sometimes forced to share a single toilet and bathroom among several households.

## **Political factors**

**Policies** and **focus** have differed from government to government over the years in Malawi. During the single party government, most development programmes were free of charge. When multi-party government systems came into existence, free



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access to development facilities was condoned. Now, with government policy and donor community conditions changed, communities are required to contribute towards maintenance of their given facilities and this often meets with resistance and can result in self-exclusion.

A lot of convincing is required if people are to participate in developmental programmes that they now need to pay for. This was found to be a hindering factor in Machinga where the gravity-fed water system was accessed free of charge after it was installed and the maintenance cost was borne by the government.

Politicians can also contribute to self-exclusion by influencing where a water point should be located. This was found to be the case in Nkhotokota where a Member of Parliament paid the community a financial contribution to have boreholes in his area.

Politicising development issues in this way can lead to the perception that certain areas are being favoured because of their political affiliation. This, in turn, can lead some people to exclude themselves because of their own political preference.

## **Geographical factors**

### **The water table**

In Joseph village, Embangweni, the water table is below the level for conventional drilling techniques - making well-digging difficult. For this reason there are no boreholes in these parts and people are forced to use unprotected sources. In areas such as Salima and Nkhotakota, shallow wells cannot be developed because the water table is too low and only boreholes are therefore recommended. However, due to a lack of resources or delays in the provision of boreholes, communities often end up having to use unprotected sources – this is forced exclusion.

As well as issues with the water table, terrain – be it stony or mountainous - can also prevent the installation of boreholes as was demonstrated in Mutowole village, Mzimba.

### **Sandy soils**

Sandy soils create problems because toilet pits dug out of them are unstable and risk collapsing. The alternative in such areas is the adoption of Sky-loo toilets. However, these are expensive (not less than K20, 000) and as most of the rural communities live below the poverty line, they can't be afforded on top of the cost of living. This problem is common in some parts of Salima and Chagwa, Machinga.

### **Distance**

The study found that in some areas, such as Chagwa, Machinga, the long distances to taps and boreholes drive some people to use unsafe water which is closer to home. It is usually women who face the time and energy demands of fetching water, so using a source of water nearer to them buys them time to do other daily household chores.

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## Pressure/flow rates

It was found that unplanned expansion of water systems is affecting the flow and pressure of gravity-fed tap water in some areas. During the dry season there is a decline in water levels at water point sources and this, combined with unplanned expansion, results in the drying up of some taps. This affects the availability of clean water to some community members, leading to forced exclusion whereby people with limited options resort to the use of unsafe water that is nearby.

## Other factors

### Mistrust

The study found that mismanagement of financial contributions has led to mistrust in some places such as Mutowole village, Mzimba. Self exclusion is occurring for some members of the community who are afraid to contribute to safe water projects because, based on past experience, they are afraid that water point committees will embezzle their contributions.

#### **Box 3 Impact of mistrust of resource use and management**

Mr Telelini Banda – excluded member, Mutowole village

“I have a strong case to argue – there is a situation where a water point committee misplaced maize contributions from users. This did not go well with the users such that they stopped contributing and eventually the whole committee collapsed and the borehole eventually broke down completely as a result of lack of maintenance and local leadership”.

### Uncertainty

In all of the communities surveyed, the study found examples of self exclusion by people who are uncertain about newly introduced systems and any innovations in their area and prefer to wait until they see progress and benefits achieved by others before they make a decision. These people are always difficult to convince and may discourage others from participating.

### Poor dissemination of information

In certain areas, the study found a knowledge gap about how some of the Ecosan technologies work. This has led to misconceptions and, in turn, to self-exclusion by some people. In Salima and Machinga, people who are unaware of how the humanure Ecosan toilets work, are unsure of the system and have opted out. Other people believe that the shallow Ecosan toilets will lead to the spreading of diseases through contamination by house flies.

Textbook errors have been made in the projects by simply putting up Ecosan models for the communities without explaining how they work. Lack of this important information negatively affects communities and leads to acceptance of the status quo (self-exclusion) except for the few who use doom slabs for deep pits.

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## Accidents

In places such as Embangweni, Mzimba, fear of accidents was also found to be a factor for self-exclusion. Individuals who have previously witnessed toilets collapsing and people falling into them, have vowed not to use one themselves. These people have grown up without a toilet and, as a result, find it difficult to own one. Although in many cases these were genuine fears, some people were known to use 'fear' as an excuse for their self-exclusion.

## Broken pipe lines (faults)

The study found instances in which a pipe is broken but no action has been taken to try and mend it. Instead, people take advantage of the break and get their water free of charge – avoiding the kiosks. Although the water is no longer safe (as it's coming into contact with dirt), people don't seem to mind, as long as they aren't paying. This situation was also observed in the gravity-fed tap water schemes in rural areas where some people deliberately damage the pipes so that they can have water nearby and free of charge. All of these factors can lead to self-exclusion and expose people to risks of waterborne diseases.

## Delays to opening times of kiosks

In areas such as Mgoni and Kauma, Lilongwe, it was found that association water sellers sometimes open water points late. Because of these delays some people prefer to use other unsafe water sources. Continuing delays have prompted some community members to not even attempt going to the kiosks or water points and they are driven into long-term forced exclusion.

## Habits

Having always used the bush as a toilet, many people have become habituated to it – particularly the elderly. For this reason, some people don't want to own a toilet in their house and exclude themselves from the projects. This problem was highlighted in Embangweni, Mzimba.

## Inaccessibility

The study found that, whilst most sanitation technologies are user-friendly, the Sky-loos and some hand washing basins are inaccessible to certain groups, such as disabled people and children, because they are too high to reach.

## Targeting process

There are minimum requirements for a community to benefit from shallow wells or boreholes. Under these requirements, if another water point is **very close** to a proposed location, the water point will not be installed, even if the number of beneficiaries suffices the requirements. The study found that in places such as Maganga, Salima, this alone can lead to forced exclusion as refusal to build a point can create negative attitudes amongst beneficiaries.

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## 4.2.2 Implications of exclusion

There are a number of social difficulties experienced by people denied access to water points and health and sanitation programmes, which further marginalises them. These problems include:

### **Disease outbreaks**

People are often forced into using unsafe water, the consequences of which are that households become prone to water-related diseases such as cholera, diarrhea, dysentery and bilharzias – all of which can result in death – especially for infants.

In terms of sanitation, a lack of proper toilet facilities and general hygiene can result in an increase of houseflies around the home. This is not only unpleasant, but flies can also be carriers of disease-causing pathogens.

### **Rape cases**

Women become more vulnerable to rape as they are forced to travel long distances alone in order to fetch water. They often pass through unsafe places, usually by themselves, and are at risk from men who want to take advantage of their predicament.

### **Long distance**

People without access to safe water are forced to wake up early and travel long distances, often over hilly terrain, to fetch water. This is common in areas where people access water from open sources such as rivers and lakes. Water fetching takes much time and energy, and can be detrimental to other developmental activities.

### **Suspicion**

Water issues can create tension in those families who are excluded. When women take a long time collecting water, the study found that husbands can become suspicious of being cheated on. This can create unrest in certain homes.

### **Deaths**

People living near the Shire river have suffered cases of crocodile attacks and those using unprotected wells have suffered cases of drowning – particularly of children.

### **Deforestation**

The study found two examples of deforestation occurring. The first was in the high quantities of firewood being used to boil unsafe drinking water in order to kill pathogens. The second was in the demand for poles to cover the pits of traditional toilets. Both cases were putting pressure on forest reserves.

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## Unsafe toilets

In most project areas, the traditional toilets used by excluded people were found to be structurally weak. This weakness was leading to toilets collapsing during the rainy season and putting people's lives at risk.

## Quarrels

The study found that women tend to quarrel at unsafe water points. As there are no systems in place at these locations - women often don't want to queue and cleanliness is difficult to control. Tension and fights often occur as a result.

### 4.2.3 Inclusion initiatives and strategies

As outlined above, owing to a variety of different factors, vulnerable groups across WaterAid-supported project areas are struggling to participate and benefit from new facilities and schemes. Efforts are being made to try and reduce exclusion but variation exists from place to place and from implementation strategy to strategy and differs between water and sanitation problems.

The following are examples of inclusion initiatives and strategies for water and sanitation:

#### Safe water accessibility

##### Free access for the vulnerable and in-kind contribution

Access to safe water in all of the project communities demands a monthly or annual contribution – failure to pay this excludes the beneficiaries. However, most of the water committees, once convinced that a vulnerable individual cannot secure any form of payment, will offer them **free access** to water. In some areas, such as Mzimba, the water committees have also developed a payment mode whereby those who cannot afford cash payment can pay '**in kind**'.

In the low income areas of Lilongwe where people buy water from kiosks, there is a need to develop a **targeted subsidy** whereby vulnerable people can benefit from a **coupon system**. However, extreme care would need to be taken to determine the poorest of the poor and the vulnerable groups.

##### Payment of maintenance fund in installments

WaterAid-supported projects allow communities to have access to boreholes and shallow wells before they have paid the full amount for a maintenance fund. This allows communities to have access to clean water as soon as possible and aims to stop exclusion on financial grounds.

#### Health education

Within project areas, health education meetings are conducted to assist people's understanding of the dangers of waterborne diseases and the need for safe water.

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## Involvement of local development structures such as ADCs

The project uses existing local structures in implementing its activities. These structures have a vast knowledge of the local conditions and are able to ensure that all areas have access to clean water. As all Group Village Headmen are represented in the ADCs, it usually assures local participation.

## Sanitation

The 'casting' of Ecosan slabs is usually carried out by a mason but there is a big variability from project to project in how the work is implemented – in some places it is on a commercial basis, in others it is a grossly subsidised programme.

The study found that in places such as Mgoni or Kauma, Lilongwe, where the programme is run on a commercial basis, the mason is limited as to what he can do to help the vulnerable. In contrast, where the programme is subsidised, the vulnerable are being helped to get a better Ecosan toilet in a number of ways. It was found that sanitation clubs assist with **the collection of materials required** (sand, quarry and water where possible) for the casting of slabs. They also **pay the contribution** for the mason's food and casting costs. The communities then get the bricks and assist with construction of the toilet. In addition, it was found that some masons assist vulnerable groups in the construction of toilets to ensure that they too benefit from the project.

The study found that the poor can get toilet slabs on loan and pay the money back in installments. This enables the poorest people to have Ecosan toilets and not be excluded from projects.

## Banana scheme

In Mzimba, Embagweni, a **banana scheme** has been introduced as a mode of payment for those who cannot afford to pay any cash to the mason. This prevents exclusion of the vulnerable and allows everyone access to Ecosan toilets.

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## 5 Conclusion and recommendations

### 5.1 Conclusion

The results of this study indicate that WaterAid-supported activities in Malawi are addressing the real needs of people and that efforts are being made to reach the vulnerable in communities and to ensure that even the poorest of the poor benefit from the facilities provided.

The study found that the project activities being implemented are in line with most of the Malawian Government's inclusion policies on water, sanitation and hygiene. It also found the programmes to be gender sensitive with high numbers of women taking part. However, there is a need to develop an input mechanism within the projects for disabled people and children and youths.

WaterAid in Malawi was found to work with its partners to provide a range of sanitation technologies that give households the opportunity to choose what suits them best both socially and economically. Toilet slabs for children even ensure that the youngest members of communities are benefiting from the facilities provided. However, there is a need to find out from disabled people whether the technologies in water and sanitation are user-friendly to them and where technologies need to be further developed.

In general, the study showed that communities appear to know the eligibility criteria needed for having and using facilities and do not have trouble meeting these requirements. It was also found that local management committees and local leadership play a vital role in ensuring that vulnerable groups also have access to these facilities.

However, from the study, two types of exclusion were found to exist. They were self-exclusion and forced exclusion and the reasons for them varied from place to place but included social and cultural, economic and geographical factors.

### 5.2 Recommendations

#### 5.2.1 To WaterAid

- **Mechanisms for giving the vulnerable a voice:** There is a need to develop mechanisms for getting the needs of the vulnerable heard and incorporated into projects, even if they are not part of management committees, ie hearing their concerns with regards to design and management.
- **Targeted subsidies:** In sandy soil dominated areas, the best sanitation solution is the Sky-loo – but this is very expensive for the rural poor. To reduce exclusion there is a need to develop targeted subsidies to allow the most vulnerable to access these toilets. In the low income areas of Lilongwe, it is suggested that a coupon system be put in place to ensure that the groups targeted are the beneficiaries.

- **Development of a policy on subsidies:** There is a need to have a written policy in place to guide the provision of subsidies. Although WaterAid in Malawi provides subsidies, there is no written policy on the subject.
- **Health education:** Health education needs to continue to ensure that everyone is aware of and understands the benefits of using safe water and hygienic sanitation facilities.
- **Technology advancement:** The study found that, for varying reasons, some sanitation technologies were not favoured by certain groups in the project areas. There is a need to further understand the specific needs of such groups and refine or re-design some of the technologies in order to promote its uptake and utilisation by the whole community. For example, developing different hand washing technologies for different groups of people such as Muslims, disabled people, children etc.
- **Geographical issues:** WaterAid needs to scale up its **installation of boreholes** in order to overcome problems of exclusion due to low water tables and difficult terrain in some project areas.
- **Development of water harvesting techniques:** In areas where boreholes and shallow wells may not be suitable, water harvesting techniques need to be developed. Other technologies whereby **dew or mist can be captured** and collected should also be studied and exploited.
- **Monitoring:** Management meetings should be attended by all parties - WaterAid in Malawi, its partners and local committees. WaterAid in Malawi should also attend local community meetings to get a feel for how they are managing and benefiting from the projects. WaterAid in Malawi should organise its monitoring system to validate the reports they receive from partners and check for embezzlement.

### 5.2.2 To partners (local NGOs)

- **Intensification of awareness campaigns:** The study discovered that some factors that can lead to exclusion are the result of a lack of knowledge (poor dissemination of technology information) and respect for others. These factors include: class system issues, envy, long queues, delays in kiosk opening, houseflies and bad smells, respect for others, and customs. The best way to reduce the effects of these factors is by intensification of awareness meetings, health and sanitation campaigns and even counselling for the parties concerned (ie conflicting groups) in order to create a conducive environment for the community members to co-exist, regardless of their social and economic differences.
- **Review of water point placement criteria:** Long distances from water points can lead to exclusion for some members of the community. To reduce these effects, implementing partners need to review the criteria for acquisition of a community water point on a case by case basis to make sure that there is a balance between the number of beneficiaries involved and the distances to be covered. In the low income areas of Lilongwe, there is a need to



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review the situation, in consultation with the water board, in order to increase the number of kiosks in places where they are needed.

- **Inclusion strategies:** There is a need for local partners to be innovative and develop more inclusion strategies in their areas. To promote the uptake of these by vulnerable groups, there is a need to consolidate inclusion strategies through civic education and health and sanitation campaigns. The excluded should be encouraged to participate in community activities and be empowered so that they develop confidence and the ability to stand on their own and fully integrate into the health and sanitation programmes.

### 5.2.3 To Government (local authorities, Ministry of Irrigation and Water Development)

- **Policy needs and enforcement of sanitation measures:** The study found that most of the communities value safe water over having the use of a toilet. Although they understand the importance of owning a better toilet with respect to good health and sanitation, most of the people feel they can make do without actually owning one. There is therefore a clear need for a specific policy enforcing ownership of a toilet – especially an Ecosan toilet. Serious cases of neglect were observed in the low income areas of Lilongwe where up to 15 households could be found using just one toilet.
- The **National Water Policy** needs to include strategies detailing how the policy objectives are to be realised.
- **Coordination of development agencies:** It is important to coordinate the varying approaches found between different development agencies in order to avoid conflicting efforts which might lead to self-exclusion – particularly with regards to pricing and subsidies for the poorest people.

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## Bibliography

Adams, J et al (2007) *Reaching out to the excluded – Towards equity and inclusion. A position paper*, WaterAid

Menon G (2007) *Reaching the excluded: Towards equity and inclusion*, WaterAid

Ministry of Irrigation and Water Development (2005) *Malawi National Water Policy*, Malawi Government

Ministry of Irrigation and Water Development (2008) *The National Sanitation Policy*, Malawi Government

WaterAid (2005) *Malawi WaterAid country strategy: 2005-2010*

Malawi Government (2005) *National Policy on Orphans and Other Vulnerable Children*

Ministry of Gender and Community Services (2003) *National Policy on Early Childhood Development*, Malawi Government

Ministry of Gender, Youth and Community Services (2000) *National Gender Policy* Malawi Government

Malawi Government (2003) *National HIV and Aids Policy*

Ministry of Local Government (2007) *Machinga socio-economic profile 2007-2012* Malawi Government

MEJN and WaterAid (2006) *An analysis of the water supply and sanitation sector financing in Malawi*

Sugden S (2003) *One step to sustainable sanitation: Experiences of an ecological sanitation project in Malawi*, WaterAid

WaterAid (2008) *Malawi country programme annual report 2007-2008*

WaterAid in Bangladesh (2008) *Piloting of appropriate sanitation options for differently abled people*, WaterAid

WaterAid in Bangladesh (2008) *Reaching the poorest and vulnerable*, WaterAid

Wildlife and Environmental Society of Malawi, Dwangwa (2008) *Water users' day monitoring report*

WaterAid in Malawi (undated) *Managing communal water kiosks in Malawi: Experiences in water supply management in poor urban settlements in Lilongwe*

WaterAid in Malawi (2007) *Transitions in community management of Chagwa gravity flow system in Malawi*, Issue 1

WaterAid (2007) *Water users' day report, Mgoni – Lilongwe city*

WaterAid (2007) *Water users' day report, Machinga district report*

WaterAid (2007) *Water users' day report, Salima district*

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## Appendix one: List of people interviewed

<b>Name</b>	<b>Organisation</b>
Alex Makwinja	District Water Officer, Machinga
Arlington Chadzuma	Programme Coordinator, TANARD
Bibi Chalo Mwanza	TA Mwanza, Salima
Bisiwiki Mlaviwa	DEO, Machinga
Catherine Chiwowa	Intern, WESM Nkhota-kota
Chagwa Water Cooperative Committee	
Charity Mgwadira	Intern, WRH Salima
Chipiliro Mbendera	Intern, WRH Salima
Ecosan Promoters	Embangweni CCAP Project, Mzimba
George Maimba	WRH, Salima
Mr. Hauli	Sanitation Coordinator, Livingstonia (CCAP)
James Longwe	WaterAid Programme Officer for Machinga and Ekwendeni
Julia Zgambo	Marketing Officer, WESM
Kanongola Water Point Committee	Kanongola, TA Mwanza, Salima
Kauma Water User's Association	Kauma, Lilongwe
Kondwani Chavula	Intern, WESM Nkhota-kota
Mgona Water Users' Association	Mgona, Kauma Lilongwe
Mwanza ADC	TA Mwanza, Salima
Namikomia Gravity fed Scheme Committee	
Nsanama Tap Water Committee	STA Nsanama, Machinga
Ockens Chipeta	Branch Manager, WESM Nkhota-kota
Tovwirane Sanitation Club	Khofiman Khondowe village, Mzimba
Vitumbiko Support Organisation	Mtowole Village, T.A. Mzukuzuku

## Appendix two: Data/information needs, sources and collection methods

Specific task	Data/information needs	Data/information sources	Collection methods
Review relevant national policy documents on water, sanitation and hygiene and identify how issues of exclusion and equity are addressed	Look at the policy stipulations on the provision of portable safe water, sanitation and hygiene. Review cases or examples of exclusion and equity	Documents (national policy and related documents)	Literature review
Review District Development Plans and other relevant district-based sector documents on water, sanitation and hygiene and identify how issues of targeting, exclusion and equity are addressed	Look at the available district plans with respect to water, sanitation and hygiene and review how these deal with issues of targeting, exclusion and equity	Documents (District Development Plans, district sector documentation)	Literature review
Review ToRs for selected community-based structures (such as ADC and VDC) and identify how targeting, inclusion, exclusion and equity are addressed	ToRs and how they affect the targeting, inclusion, exclusion and equity of the water, sanitation project	ADC	Focus group discussions
Identify the groups and individuals who are excluded; look at why they are excluded within the study areas through various methodologies	Number of people and groups excluded in different areas; factors and reasons contributing to their exclusion	Key informants, beneficiaries, implementing partners' staff, community members, ADC	Key informant interviews Focus group discussions Literature review

Specific task	Data/information needs	Data/information sources	Collection methods
Establish and document social, economic, political, geographical and environmental factors that lead to exclusion in the selected study areas and its implications	Diverse factors contributing to exclusion in project areas; effects of exclusion on society	Key informants, beneficiaries, implementing partners' staff,	Key informant interviews Focus group discussions Observations
Outline some of the social inclusion initiatives and methodologies that are being practiced in the study area	Identification of the measures put in place for inclusion purposes, and their effect	Key informants, beneficiaries, implementing partners' staff, ADC, District Assembly	Key informant interviews Focus group discussions
Identify lessons learnt and provide recommendations for future interventions for exclusion and strengthen existing inclusion initiatives	Best practices or models Experiences Lessons and recommendations	Documents, key informants, partners, other NGOs	Literature review Key informant interviews Focus group discussions Expertise/insights and experience

## Appendix three: Checklist for community members

Issues to cover	Methods	Target group
<p><b>Project identification</b></p> <p>What were the needs and priorities of the community?            Why did they choose the project?            What process did they go through to ensure equity and inclusion?            Who was involved in the development of the project? (Needs assessment)            What was their contribution in the implementation?            What was their role in the project?</p>	<p>Semi-structured interviews            Baseline data (Needs assessment report)            Direct matrix and pair-wise ranking</p>	<p>Community members by gender</p>
<p><b>Benefit incidence of facilities</b></p> <p>What immediate benefits have the communities realised from the project?            Are the benefits equally shared among all the beneficiaries?            What unintended benefits have been realised?            What negative social impacts has the project brought?            How have women, the elderly and vulnerable groups benefited from the project?</p>	<p>Semi-structured interviews            Baseline data (Needs assessment report)            Direct matrix and pair-wise ranking</p>	
<p><b>Inclusion and exclusion</b></p> <p>How is a community member allowed to participate in the project (including deriving the benefits)?            Is exclusion by choice or being forced?</p>	<p>Focus group discussions</p>	<p>Promoters (CCAP)            Water Point Committee            Gravity-Fed Scheme            Management Committees            ADC (Salima)</p>

Issues to cover	Methods	Target group
<p>For those excluded, what are the reasons?            Are those reasons cultural, political, economic, geographical (document them)?            What effects do beliefs/practices have on specific groups of community members? Which groups are vulnerable?            For those excluded or not participating, what are the reasons?            How do the excluded cope? (implications of exclusion)            What should be done to make sure all groups benefit from the projects and take an active part?            Have there been any interventions to minimise negative beliefs/practices? What have been the successes/challenges of such interventions?</p>		
<p><b>Interaction with other stakeholders</b></p> <p>Who are the other stakeholders in the area and what is their role? (services they provide)            How do they coordinate on equity and inclusion?</p>	<p>Semi-structured interviews            Venn diagrams            Network diagrams            Casual flow</p>	<p>Community members</p>



## Appendix four: Field schedule for the study

Date	Activity
15 October 2008	10:00 Leave for Mzimba 4:00 Orientation for field staff 6:00 Confirmation of logistics
16 October 2008	8:00 Depart Embangweni 9:30 Meet Management Committee 11:00 Meet promoters 2:00 Meet Dimi Water Point Committee and community 4:00 Meet Sanitation Club at Khofiman Khondowe
17 October 2008	6:00 Depart for Salima via Khofiman Khondowe 10:00 Meet WESM staff 12:00 Depart for Salima 3:00 Meet WRH staff and District Coordinating Team
18 October 2008	8:00 Maganga ADC and one water point 2:00 Mwanza ADC and one water point 4:00 Visit Kanongola village
19 October 2008	8:00 Off to Machinga 2:00 Review and planning meeting
20 October 2008	9:00 District Coordinating Team courtesy call 9:30 Meet TANARD and the District Coordinating Team 1:30 Meet Chagwa Gravity-Fed Scheme management 4:00 Meet Namikomkia Gravity-Fed Scheme Committee
21 October 2008	8:00 Meet Juma committee and community 10:00 Meet section committee 14:00 Depart for Lilongwe
22 October	8:00 Meet Mgona Water Users' Association 2:00 Meet Kauma Water Users' Association
23 October 2008	2:00 Meet WaterAid Programme Officer
24 October 2008	2:00 Depart for Salima 4:00 Meet MATAMA, TANARD and TSP staff



WaterAid's mission is to overcome poverty by enabling the world's poorest people to gain access to safe water, sanitation and hygiene education.

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