



# IMPROVING PUBLIC HEALTH AND ACCESS TO DRINKING WATER IN MALAWI SPECIAL HEALTH REPORT

DECEMBER 2015

## A BRIEF DESCRIPTION OF THE PROJECT

Canadian Physicians for Aid and Relief's (CPAR's) two-year Water, Sanitation and Hygiene (WASH) project is focussing on increasing access to water, sanitation and hygiene services, while building the capacity of schools and communities to manage WASH interventions at the local level. This project directly benefits 336,740 community members and 10,200 primary school students in three Districts of Malawi: Kasungu, Manochi and Nkhata Bay.

The project aims to encourage community members to adopt two key hygiene practices in order to reduce, and even eliminate water and sanitation related diseases:

- "One household, one latrine"(everyone owns and uses sanitary facilities);
- everyone washes their hands with soap at critical times (such as after working with animals, before and after eating or feeding babies, and after using the latrine).

This project is providing the construction of toilets or latrines and the provision of buckets with taps to promote hand washing at key community locations such as primary schools, health centres and community-based childcare centres.

Increasing access to water is a vital part of this project. The provision of safe water at schools and in communities will be achieved through drilling and refurbishing borehole wells, building shallow wells, and the construction of low cost gravity-fed schemes and rainwater harvesting tanks.

WASH friendly communities are where everyone carries out three essential hygiene practices to secure better health: washing hands with soap regularly at critical times; always using a latrine, and drinking safe water that has been collected, treated, and stored correctly.





Primary School Sanitation Club members during training.

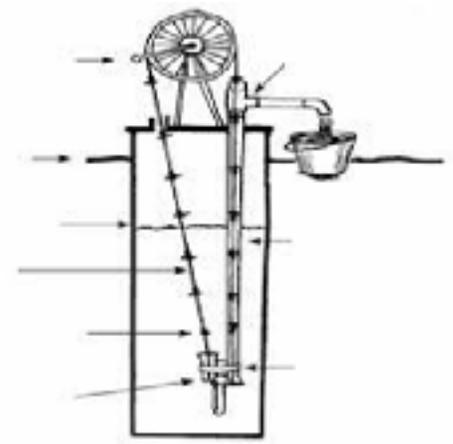


Illustration of a rope pump

## PROJECT INCEPTION ACTIVITIES

CPAR's projects begin with well planned and executed inception activities to ensure projects start strong. This creates an atmosphere of partnership and collaboration.

CPAR staff held meetings with various government bodies, including the District Coordinating Teams in the three Districts, to reach an agreement about project details and to determine the communities with the greatest needs. Project awareness and introduction meetings were held to make local authorities aware of the new project beginning in their Districts. Also in attendance during some of the meetings were reporters from various news outlets to help publicise the project to communities at large.

In coordination with the local government, CPAR hired and oriented WASH specialists, and deployed them to begin work in the project target areas. CPAR also offered train-the-trainer training to local extension officers who are mobilizing the communities to improve hygiene and sanitation.

District government partners – including the offices of Education, Health, Social Welfare, Community Development, Water, Agriculture and Forestry – willingly provided field staff to participate in training on conducting community and school led total sanitation campaigns. These trained staff are now the key personnel supporting community education and follow-up activities.

This project is introducing rope pumps for small-scale water supply. As this is a new approach in project targeted areas, CPAR is facilitating training for local artisans, welders and fabricators who will construct and sell rope pumps systems to community members who are interested in having their own water supply.

### What is a rope pump?

A rope pump is made up of a wheel, a rope onto which pistons or rubber washers are attached at regular intervals, a guide block located at the bottom of the well and a PVC pipe. On the way into the well, the rope runs through the guide block so that it is precisely positioned to travel freely. It then runs through the vertical PVC pipe as the rope rises back up to the surface, drawing water from the bottom of the well. A rope well can be pumped by hand, or can be driven by a motor, a horse, a windmill, a bicycle, etc.

The principle of this pump is a very old one – it was used by the Romans. Their rising popularity is attributed to their ease of use, construction and maintenance, their effectiveness, and their low cost. They can be made using locally available or recovered materials.



## IDENTIFYING THE GREATEST NEEDS

CPAR worked with local authorities to identify the communities and schools most in need of water and began planning next steps to introduce new water supplies.

CPAR staff and local government representatives also worked together to identify child care centres most in need of sanitary facilities (toilets/latrines). To qualify, the centre must have physical structures, be registered with the government and have significant sanitation and hygiene gaps.

The lack of sanitary facilities at schools in the program areas is dire. For example, one school has 1,546 students and only eight latrines plus two latrines for staff. Another school has 536 students and three latrines with no special facilities for staff. Statistics were gathered at each school to determine which schools have the greatest need to prioritize schools that receive new or updated sanitation facilities. The selected schools and communities are preparing for the construction, and sourcing bricks, sand and labour. As an immediate boost to improve hygiene, buckets with taps and soap were provided to schools so that handwashing training could take place immediately.

## PROJECT ACHIEVEMENTS TO-DATE

During the first six months of the project, efforts concentrated on launching community and school led total sanitation activities. These activities had an immediate positive impact on the health and hygiene practices of community members and students.

### *School Led Total Sanitation*

One of the approaches to achieve Open Defecation Free (ODF) status is through the use of school led total sanitation campaigns. To launch this component of the project, CPAR reached 48 people with train-the-trainer training on school led total sanitation campaigns.

Sanitation clubs were formed at 14 primary schools and club members participated in a two-day training session. The goal of this training and approach is to enable children to become agents of change at school and at home. Sanitation club members help facilitate the transfer of good water, sanitation and hygiene messages to other students at their schools and to other people living in their village. Their efforts help create WASH friendly schools where everyone – students, teachers and the wider community - carry out three essential hygiene practices to secure better health: washing hands with soap regularly at critical times; always using a latrine (no open defecation), and drinking safe water that has been collected, treated, and stored correctly.

Through this approach children, who are often excluded from developmental activities, have the opportunity to become catalysts of change. During the school led total sanitation training and sensitization sessions in the primary schools, many students quickly emerged as leaders. The students became actively involved and created action plans inclusive of parents and children alike depending on the nature of the given activity.

### **School Led Total Sanitation Changes the Mind-Set of School Children and Their Communities**

This new WASH program has come as an eye-opener for students and teachers at seven primary schools. Through the approach of school led total sanitation, students and community members saw how easily food and water can become contaminated and why so many people in their villages are suffering from diarrhea and other related illnesses. Students and community members walked together on school grounds and through nearby villages to see for themselves the connection between open defecation, improperly built latrines and the spread of disease. The effects of poor hygiene habits were also demonstrated.

In response to increased awareness around hygiene and sanitation, students have developed and begun implementing action plans to tackle preventable illnesses. Household members have dug pit latrines and schools will soon begin construction of latrine structures. Children and their families have learned the critical times for hand washing and how to do so properly using soap or ash to fight germs.



Pictured above: Current sanitary facilities: A urinal at one school (left) and a temporary pit latrine at another school (right).

### **Community Led Total Sanitation**

CPAR carried out train-the-trainer training on community led total sanitation for 81 district facilitators who are responsible to roll out the project in the three targeted Districts. The training equipped extension workers with the skills and the knowledge required to successfully trigger communities to begin working towards achieving Open Defecation Free (ODF) status. The goal is “one household, one latrine,” complete with a drop hole cover, a door for privacy and a hand washing facility nearby.

After the training, the facilitators carried out community education campaigns in 114 villages. The concept caught on quickly, providing positive indicators that community members are willing and motivated to improve their sanitation conditions and become ODF within a short time period. Extensive follow-up visits were carried out to encourage immediate adoption of new hygiene and sanitation habits. This and the support of village leaders led to quick changes. For example, in Kasungu District just two weeks after the community education campaign there were 20 ODF villages ready to have their ODF status verified by government authorities.

During the community work, it was observed that some women, especially those whose husbands were away working elsewhere, did not believe they could dig a pit latrine themselves. CPAR staff carried out extra activities, working with women to help them recognize their capacity to construct a latrine, which has resulted in the emergence of a number of women as natural leaders in their communities, supporting others in their endeavours.

*At the beginning of this new project, in coordination with the local government, CPAR offered train-the-trainer training to local extension officers who are working with CPAR on this project. The training, facilitated by District WASH specialists, has vastly increased local knowledge on WASH issues and possible interventions. In the first six months of this new project, I have already seen a change. This project has already had an enormous impact on the health of community members.”* - Dennis Nyasulu, CPAR Project Officer, Kasungu District, Malawi.

**“Zikomo” (thank you) for supporting this project and for all that you have helped us achieve.**

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