

Government of the Republic of Malawi

Ministry of Health and Population

NATIONAL SANITATION AND HYGIENE STRATEGY

2018 - 2024

Supporting Malawi to achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

November, 2018

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LIST OF ACRONYMS

LIST OF ACRONYMS

ADC	Area Development Committee
AEC	Area Executive committee
AMREF	African Medical and Research Foundation
ASHPP	Accelerated Sanitation and Hygiene Practices Programme
CHAG	Community Health Action Group
CLTS	Community Led Total Sanitation
CSOs	Civil Society Organisation
DCT	District Coordinating Team
DEM	District Education Manager
DSHC	District Sanitation and Hygiene Committee
DCTs	District Coordinating Teams
DEHOs	District Environmental Health Officers
EH	Environmental Health
GoM	Government of Malawi
GSF	Global Sanitation Fund
HESP	Hygiene Education and Sanitation Promotion
HSAs	Health Surveillance Assistants
HWWS	Hand Washing With Soap
JMP	Joint Monitoring Programme
MBS	Malawi Bureau of Standards
M&E	Monitoring and Evaluation
MEHA	Malawi Environmental Health Association
MDGs	Millennium Development Goals
MHM	Menstrual Hygiene Management
MoAIWD	Ministry of Agriculture, Irrigation and Water Development
MoEST	Ministry of Education, Science and Technology
MoGCDSW	Ministry of Gender, Community Development and Social Welfare
MoHP	Ministry of Health and Population
MoLG&RD	Ministry of Local Government and Rural Development
MOU	Memorandum of Understanding
NCST	National Commission of Science and Technology
NSA	Non-State Actors
NGO	Non-Governmental Organization
NOTF	National Open Defeacation Task Force
NSHCU	National Sanitation and Hygiene Coordinating Unit
NSHTC	National Sanitation and Hygiene Technical Committee
NSHS	National Sanitation and Hygiene Strategy
NSP	National Sanitation Policy
OD	Open Defeacation
ODF	Open Defeacation Free
PEA	Primary Education Advisor
PHAST	Participatory Hygiene and Sanitation Transformation
PHHE	Participatory Health and Hygiene Education
PTAs	Parents Teachers Associatio ns
SGDs	Sustainable Development Goals
SLTS	School Led Total Sanitation

LIST OF ACRONYMS

SWAps	Sector Wide Approaches
TAs	Traditional Authorities
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHC	Village Health Committee
WASH	Water, Sanitation and Hygiene
WASHTED	Centre for Water, Sanitation, Health and Appropriate Technology Development
WESNET	Water and Environmental Sanitation Network
WHO	World Health Organisation
WPCs	Water Points Committees
WSSCC	Water Supply and Sanitation Collaborative Council
WUA	Water Users Association

GLOSSARY

Sanitation: Is the hygienic means of preventing human contact from the hazards of waste to promote health and environmental integrity. It is generally used to refer the provision of facilities and services for safe management and disposal of human urine and faeces.

Safely managed sanitation: An improved sanitation facility which is not shared with other households, and where excreta (including infant and child faeces) are safely disposed in situ, or transported and treated off-site, and where a hand washing facility with soap and water is present.

Improved sanitation facilities: Those designed to hygienically separate excreta from human contact. These include wet sanitation technologies (flush and pour flush toilets connecting to sewers, septic tanks or pit latrines) and dry sanitation technologies (ventilated improved pit latrines; pit latrines; or composting toilets).

Pit Latrine: A latrine with a pit for collection and decomposition of excreta from which liquid infiltrates into the surrounding soil.

Hygiene: Encompasses the set of conditions and practices associated with the preservation of good health and healthy living. It consists of behaviours related to the safe management of human excreta such as hand washing with soap, or the safe disposal of children's feaces, menstrual hygiene management, and food hygiene.

Hand Washing Hygiene: The washing of hands with soap at critical times including:

- After defecation
- After cleaning child's bottom or changing diapers
- Before feeding a child
- Before and after eating,
- Before preparing food and during cooking

Open defecation: The practice of defecating outside and not into a designated toilet, leaving feces exposed.

Open defecation free (ODF): When no faeces are openly exposed to the air, that is ODF. A central term for community-led total sanitation (CLTS) programs and primarily means the eradication of open defecation in the entire community. It also includes the following additional criteria:

- Household latrines are hygienic, provide the safe containment of faeces, offer privacy, have a lid on the defecation hole or a water seal and a roof to protect the user
- All household members and all members of the community use these toilets
- A hand washing facility is nearby with water, soap and is used regularly

ODF Declaration Status level 1:

- 95% of the households must have latrines
- All available latrines must offer privacy, good state of repair, with good roof
- All latrines must show evidence of being used
- All households must properly dispose baby's faecal matter
- No sign of open defecation in the area

- 5% sharing of latrines is allowed

ODF Declaration Status level 2:

- 100% of the households must have latrines
- All latrines must offer privacy, good state of repair, with good roof
- All latrines must show evidence of being used
- All households must properly dispose baby's feacal matter
- No sign of open defeacation in the area
- No sharing of latrines is allowed
- All latrines must have hand washing facilities

Community-led total sanitation (CLTS): An integrated approach to achieving and sustaining open defecation free (ODF) status. It entails the facilitation of the community's analysis of their sanitation profile, their practices of defecation and the consequences, leading to collective action to become ODF.

GLOSSARY

Triggering: Refers to ways of initiating community interest in ending open defecation. The term "triggering" is central to the CLTS process. The aim is to have community-centred change that is spontaneous and long term.

CLTS Plus: Focuses on improving access to and adoption of improved sanitation with the aim to move households up the sanitation ladder sustainably. The "plus" (+) represents a focus that goes beyond the original CLTS interpretation that exclusively focuses on ending open defecation. The "+" always explicitly emphasizes hand washing with soap after defecation and installing a fixed-point. The "+" also often combines demand creation for sanitation with efforts to strengthen local availability of sanitation products and services, encouraging innovation with locally appropriate latrine designs using local materials to meet geophysical challenges and often involving small-scale materials suppliers and service providers.

Behaviour Change Communication: a multilevel, interactive processes with communities/segment of populations aimed at developing tailored messages and approaches using variety of communication channels (interpersonal, group and community dialogue and mass media) to adopt and engage in specific behaviors/set of behaviors to achieve specific outcomes that promotes their well-being or foster positive behavior, promote and sustain individual, community and societal behavioral changes and maintain appropriate behaviors.

FOREWORD

The Government of Malawi is committed to improving the health and livelihoods of all Malawians through effective sanitation and hygiene. Despite progress in these areas, there is still a long way to go to achieve access to adequate and equitable sanitation and hygiene for all and end open defaecation as defined by Sustainable Development Goal 6.2. This Goal also requires us to pay special attention to the needs of women and girls and those in vulnerable situations. The Ministries of Health and Agriculture, Irrigation and Water Development have, and will continue to lead in all efforts to ensure sustainable provision of safe sanitation and hygiene for all Malawians. This is best achieved through participatory efforts, involving community groups as key beneficiaries and owners of interventions and developing a demand driven sanitation and hygiene sector.

The National Sanitation and Hygiene Strategy builds on the lessons learnt from previous sanitation and hygiene related strategies and sets out the Government of Malawi approach to addressing the challenges of sanitation and hygiene. It aims to consolidate the gains of the previous Open Defaecation Free (ODF) and Hand Washing With Soap (HWWS) Strategies, and re-organises and repositions the country programme to ensure it is anchored on modeling and rights based approaches. Specifically, it will extend the national programme to include: sanitation and hygiene, waste management and menstrual hygiene management underpinned by effective financial, leadership, coordination and knowledge exchange systems. The Strategy builds on progress made to-date and lessons learnt from the 2011-2015 Malawi ODF and 2011-2012 HWWS Campaign strategies. Critically, it adjusts the previous strategic approaches in light of their implementation experiences. The strategy strengthens a shift from a supply-driven approach, with a strong emphasis on technologies; to a demand-management, sustainability approach, with emphasis on behaviour change and services responding to community and consumer demand.

The Government of Malawi assures the sector it will support and ensure effective coordination through the National Sanitation and Hygiene Coordination Unit and the associated Sanitation and Hygiene Technical Committee (formally National ODF Task Force). These bodies will ensure inter-sectoral and multidisciplinary membership to strengthen integration and implementation.

I commend this NSHS Strategy to all WASH Sector Policy makers, managers, practitioners and financiers as a guide to achieving the shared vision of sustainable access to sanitation and hygiene nationally, and eliminating open defaecation in Malawi. The Government of Malawi seriously and continuously commits to monitor and provide guidance to the implementation of this strategy.



Hon. Atupele Muluzi, MP
Minister of Health and Population

FOREWORD

ACKNOWLEDGEMENTS

This National Sanitation and Hygiene Strategy (NSHS) 2018 – 2024 builds on the rejuvenation and refocusing of the sanitation and hygiene sector. The objective of the Strategy is to provide a framework for improving and sustaining sanitation and hygiene service delivery for all Malawians, (including HWWS), eliminating of open defecation (reducing open defecation from 11% to under 0% by 2024), and making significant progress towards the attainment of the Sustainable Development Goals (SDG6). Such a strategy has therefore, included the input, collaboration, and support of an array of stakeholders.

The development process was led by Malawi Government through the Ministry of Health and Population who would like to extend their sincere gratitude to all individuals, groups and organizations who contributed to the development of this NSHS strategy; specifically World Vision International Malawi, ONSE (USAID) and WaterAid for sponsoring delegates from some districts to the national consultative meeting held at the Cross Roads Hotels in Lilongwe. So grateful that WaterAid had to finance the rigorous task of editing the first draft strategy

A special vote of thanks should go to UNICEF for largely financing the processes to this strategy review and development.

Many thanks also go to stakeholders that were involved in the consultation stages of the development of this strategy. These included local leaders, men, women, youths, sanitation entrepreneurs, hygiene promoters and the marginalized (elderly and physically challenged) who participated in focus group discussions.

Lastly I request all stakeholders to utilize this strategic document in implementing their activities.



Dr. Dan Namarika
Secretary for Health and Population

ACKNOWLEDGMENT

EXECUTIVE SUMMARY

The Government of Malawi is committed to end open defecation in the country by 2025 which is in line with the revised global target set by the United Nations. Presently around 11% of the Malawian population practice open defecation. Percentage of households with improved sanitation access is estimated at 13.8 while ODF coverage is at 41.7%. Evidence of actual hand washing practice is scanty but studies in rural areas suggest that the actual practice of HWWS at key times is between 6 – 18% but more likely on the lower end of this scale, as responses tend to exaggerate actual and regular practice. Besides, sanitation facilities need to be provided to numerous institutions such as schools, health centres, market centres and there is need for promotion of open defecation free in urban areas. In line with the current sustainable development goals, government places its priority on the following areas:

- Increase percentage of households with improved sanitation access (climbing sanitation ladder) from current 13.8% to 75% by 2030
- Increase ODF coverage from 41.7% to 90% by 2030
- Increase number of people accessing safe water supply from 83% to 90% by 2030
- Increase percentage of households using hand washing facilities with soap from 10.5% to 75% by 2030

In view of the above, the National Open Defaecation Free Task Force (NOTF) identified the need for a national review of the previous ODF (2011 – 2015) and HWWS (2010 – 2011) strategies to ensure they are aligned with the Malawi Growth and Development Plan and the Sustainable Development Goals and therefore, undertook the development of a road map for making Malawi an open-defecation free country by 2030.

The **vision** of the National Sanitation and Hygiene strategy (NSHS) is the realization of a healthy environment, for human dignity, privacy, rights, and improved quality of life for all always and everywhere in Malawi by 2030. The **mission** is to facilitate, with minimal negative impact on the environment, provision of acceptable, affordable, accessible and sustainable sanitation and hygiene services for both rural and urban households, institutions and public places .The NSHS aims to support Malawi to attain the SDGs and specifically contribute to national overarching policies and strategies.
The road map proposed in this report examines the justification for an open-defecation- free Malawi, assess the adequacy of the steps taken in the past and the strategies needed to achieve the goal. This has been done through a set of strategies and action points. These strategies, action points and targets are in seven key areas as follows:

1. **Rural Sanitation and Hygiene:** To increase sustained access and use of improved and appropriate sanitation and hygiene facilities for all in domestic rural settings through an integrated approach. ***Target: 29 districts, 263 traditional authorities and all 38,682 villages***

2. **Urban Sanitation and Hygiene:** To increase sustained access and use of improved and appropriate sanitation and hygiene facilities for all in domestic urban settings through an integrated approach. ***Target:*** *All cities (Mzuzu, Lilongwe, Zomba and Blantyre) , municipalities (Kasungu, Mangochi and Lunchenza), and 145 trading centres by 2024*

3. **Institutional Sanitation and Hygiene:** To increase access and use of improved and appropriate sanitation and hygiene facilities for all in institutional settings through an integrated approach. ***Target:*** *30 institutions per district use improved sanitation (870) by 2024*

4. **Behaviour Change and Communication:** To ensure that programmes incorporate promotive approaches that are cognizant of context, technology, behavioural science and economics for improved sanitation and hygiene. ***Target:*** *All 29 district councils incorporate BCC approaches in WASH promotion by 2024.*

5. **Waste Management:** To promote sustainable waste management practices and ensure a clean and healthy environment. ***Target:*** *All health care facilities, markets, schools, institutions, commercial and communities have desired waste management facilities by 2024.*

6. **Menstrual Hygiene Management:** To increase sustained access to quality and appropriate menstrual hygiene services. ***Target:*** *All WASH programmes include Menstrual Hygiene Management activities in all the 29 district councils by 2024.*

7. **Cross cutting issues:** To ensure effective financing, leadership, coordination and knowledge exchange to achieve targets in sanitation and hygiene for all. ***Target:*** *Establish a sanitation and hygiene department by 2024.*

The process of developing the 2018-2024 NSHS was highly participatory and drew lessons from previous strategy reviews. A technical team (NOTF) led by the Ministry of Health and Population, was constituted through which consultations were conducted with: Central Government Departments and Agencies; local councils; Civil Society Organizations (CSOs); development partners; Non-Governmental Organizations (NGOs); private sector; academic members of the public universities and other prominent stakeholders.

The NSHS has been developed to allow all stakeholders to participate in the development of the country. Its implementation will, therefore, involve all stakeholders. Issues of hygiene and sanitation practices will attract attention of a range of key stakeholders that include Ministry of Health and Population (MoHP), Ministry of Agriculture, Irrigation and Water Development (MoAIWD), Ministry of Education, Science and Technology (MoEST), Ministry of Gender, Children, Disability and Social Welfare Community (MoGCDSW), Ministry of Local government (MoLG&RD), Non State Actors (NSA), communities and households. The MoHP will lead the implementation process through technical coordination and a consolidated national budget. It is expected that all stakeholder institutions including donors, development and co-operating partners and the academia will align their activities and support to NSHS.

The road map has also worked out the indicative investment for making the country open-defecation free by 2024. The total investment estimated works out to US$79, 903, 000 for the period of 6 years (2018 to 2024) and this translates to less than US$1 per person per year and approx. US$4 per person for the period of the strategy. The Government of Malawi will have to increase funding and lobby local and international institutions that support the ODF campaign to continue offering the support.

The NSHS document is structured as follows: Chapter 1 gives a background and strategy rationale and Chapter 2 summarises the consultative process and its key findings. Chapter 3 gives a brief description of the strategy vision and mission, the guiding principles, the strategic themes and their objectives while Chapter 4 outlines the implementation modalities. The five year implementation plan as well as the resource planning and financing are presented in chapter 5. Chapter 6 provides the monitoring and evaluation frameworks. The annexes provide additional details on costed implementation, policy links and information on behavior change models for WASH sectors

ONE

CHAPTER ONE

CHAPTER 1

INTRODUCTION

1.1. Background

Malawi is a landlocked country with a population of nearly 17 million people – which is expected to surpass 20 million in the next five years[1]. Malawi has 28 administrative districts, which are further divided into traditional authorities (TA) and villages, the smallest administrative unit. Malawi's economy has expanded over the last 30 years, with the real GDP growth estimated to be 2.9% in 2016. It remains predominantly an agricultural country, with agriculture, forestry and fishing contributing 28% of GDP. Currently GDP per capita is approximately $380, and given that inflation and population growth currently outstrip economic growth, average living standards are falling. In 2010-11, 29% of households lived under the international poverty line of $2 per day. Poverty remains particularly prevalent in rural areas, where over 14 million people live – more than 80% of the population.

Morbidity and mortality from diarrhoeal disease continues to be a significant burden to the Malawian population. With the main burden falling on children under the age of 5, it has been estimated that 360, 000 deaths from diarrhoea per year can be attributed to environmental contamination and exposure. Infection could be caused through numerous environmental routes; however it is clear that following enteric pathogen excretion, effective sanitation and hygiene practices, including hand washing with soap, are integral to the reduction of disease transmission.

The control of open defaecation is a primary public health concern in the reduction of diarrhoeal disease morbidity and mortality, and the spread of diseases such as cholera across vulnerable populations. In 2012, it was estimated that globally 280,000 people, mostly children under five years old, died from diarrhoea caused by lack of basic sanitation [2]. These deaths could be prevented in part, by improving access to safely managed sanitation and improved hygiene practices [3].

Hand washing with soap at critical moments, such as before eating and after defaecation, can also prevent infectious diseases by interrupting the transmission of infectious agents. Evidence suggests that handwashing with soap reduces the risk of diarrhea by 47% [4 5], acute lower respiratory infections by up to 34% [7], and soil-transmitted helminths[8], and it has been recognized as one of the most cost-effective health interventions to reduce the burden of disease. Yet, only 19% of the global population is estimated to wash their hands with soap after using sanitation facility or handling children's excreta [9].

Good hygiene is of vital importance in Malawi due to the lack of basic sanitation in the country. Evidence of actual hand washing practice is scanty but studies in rural areas suggest that the actual practice of HWWS at key times is between 3 – 18% but more likely on the low end of this scale, as responses tend to exaggerate actual and regular practice. Observations in Malawi show that HWWS promotion is undertaken as an ad hoc activity both at national and local level. Current efforts to promote good hygiene and HWWS in particular, have not been sufficient to bring about mass behaviour change

[1] All information in this section comes from the HSSP II, the ODF and HWWS Situation Analysis and Malawi Demographic Health Survey.
[2] Prüss-Ustün et al. 2014
[3] Brown et al. 2014
[4] Curtis and Cairncross, 2003
[5] Cairncross, 2010
[6] Luby et al., 2005
[7] Strunz et al, 2014
[8] Bartram and Cairncross, 2010
[9] Freman et al, 2014

on the scale that is needed. Efforts producing piecemeal village-by-village and pilot approaches have had some impact in Malawi but nothing on a large or national scale has been attempted (MoHP, 2015)

1.2 Rationale of the Strategic Plan

The 2018-2024 National Sanitation and Hygiene Strategy (NSHS) aims to re-align Malawi's efforts in attaining universal, sustainable, and equitable access to sanitation and hygiene, and the elimination of open defecation as reflected in the Sustainable Development Goals (SDG 6: Ensuring availability and sustainable management of Water, Sanitation for all). However these issues are also cross cutting and impact on several other SDGs including: sanitation and hygiene in education (SDG 4) and health care facilities (SDG 3); Menstrual Hygiene Management (MHM) and other interventions focusing on women and girls (SDGs 5 and 16); targeted sanitation and hygiene interventions in support of programmes to reduce malnutrition (SDG 2); and to end poverty (SDG 1). Improved sanitation and hygiene practices will also contribute to the achievement of other SDG goals and targets including: sustainable cities (SDG 11); reduced inequalities between and within countries (SDG 10); environmental protection and climate change (SDG 13); and decent working conditions (SDG 8).

The strategy consolidates achievements and learning of the earlier Malawi sanitation and hygiene related strategies (ODF 2011-2015 strategy and HWWS 2011-2012 campaign strategy) and moves the agenda forward. As such, this new Strategy outlines how sanitation sector players and development partners will work in support of government to meet the challenges of the ambitious sustainable development agenda in a rapidly changing world.

In order to facilitate attainment of the set goals and objectives the strategy has laid out key actions necessary to create a more scientifically and culturally acceptable, sustainable, integrated and efficient sanitation and hygiene system. Specifically, the NSHS seeks to:

- Build consensus on integrated sanitation and hygiene to unite stakeholders from multiple sectors around a unified plan. This consensus includes the vision and mission of sanitation and hygiene, the priority issues, solutions and activities and its role in achieving sector plans.
- Identify gaps in support for sanitation and hygiene so that Government of Malawi (GoM) and partners can target where further resources and support are needed. This includes examining existing guidelines and policies, knowledge and skills in the sanitation and hygiene sector, and other resources (e.g. human, infrastructure, etc.).
- Establish standards to ensure consistency and quality of all aspects of sanitation and hygiene – including processes and coordination, communication and implementation.
- Develop an integrated implementation plan in order to translate consensus, resources, and ideas into action that will lead to improved sanitation and hygiene. The integrated implementation plan aligns with national plans and the sustainable development goals. It maps key activities by responsible stakeholders and timelines to ensure ease of use for stakeholders at all levels.
- Build partnerships for effective implementation in order to foster high quality integrated services and performance improvements, continuous leverage of resources and minimal duplication.

As a key player in the Malawi WASH sector, in this strategy, the GoM will continue to play the role of catalysing transformative changes and championing solutions required to accelerate progress and achieve access to safe water, sanitation and hygiene for all by 2030.

Chapter 2

CONSULTATION PROCESS AND FINDINGS

2.1 Process of Developing the Strategic Plan

The National Open Defaecation Free Task Force (NOTF) identified the need for a national review of the previous ODF (2011 – 2015) and HWWS (2010 – 2011) strategies to ensure aligned with the Malawi Growth and Development Plan and the Sustainable Development Goals. It was important that the review took into consideration both the effectiveness and gaps of the previous strategies during the years of implementation. This consultative process took into consideration original assumptions, links to SDGs, integration with other sectors and policies, and cross cutting issues.

The process of developing the 2018-2024 NSHS was highly participatory and drew lessons from previous strategy reviews. A technical team (NOTF) led by the Ministries of Health and Agriculture, Irrigation and Water Development was constituted through which consultations were conducted with: Central Government Departments and Agencies; local councils; Civil Society Organizations (CSOs); development partners; Non-Governmental Organizations (NGOs); private sector; academia members of the public and other prominent stakeholders[10]. These consultations throughout the process supported the:

- Initial assessment of the Malawi sanitation and hygiene situation by identifying strengths and challenges (Situation Assessment).
- Identification and prioritization of key issues related to sanitation and hygiene
- Identification and prioritization of activities to address key issues.
- Recommendations related to key issues emerging from workshops
- Decisions about core components of the NSHS.
- Development of a five-year implementation plan

2.2 Key Findings

2.2.1 Effectiveness of the scope, mechanisms and actions applied in the implementation of the ODF/HWWS Strategies

The effectiveness of the scope of the strategies was based on the impact they have achieved since their implementation in 2011. The prevalence of OD in 2011, (National ODF Malawi 2011-2015 Strategy) was estimated at 11%; and in 2017 (JMP, 2017), was estimated at 6%, demonstrating significant reduction. By 2017, 43.18% of villages were both triggered and achieved ODF, 24.68% were triggered and 32.14% were not triggered.

These national figures, however, mask significant disparities between:

- Urban and rural areas, as urban areas have not been the focus of the previous ODF strategy implementation.
- The level of ODF coverage between districts varies from 0% to 100% coverage at Level 1.

[10] The eminent stakeholders are individuals that are considered to be experts in their areas of focus. This team included selected members of academia, Economics Association of Malawi, private sector and NGOs.

- The achievement of Level 1 ODF status in preference to Level 2 ODF, which requires the presence of improved sanitation and effective hand washing with soap facilities and practices.

The ODF status as of June 2018 in all the districts is shown in Table 1.

Table 1: Number of TAs declared ODF as of 29th June, 2018

District	TAs ODF	District	TAs ODF	District	TAs ODF
Chitipa	3	Karonga	0	Rumphi	10
Mzimba North	1	Mzimba South	0	Nkhata Bay	1
Likoma	0	Nkhotakota	6	Ntchisi	7
Dowa	7	Salima	1	Kasungu	18
Mchinji	2	Lilongwe	2	Dedza	0
Ntcheu	0	Balaka	10	Mangochi	6
Machinga	2	Zomba	1	Phalombe	3
Mulanje	3	Thyolo	0	Chiradzulu	0
Blantyre	2	Mwanza	0	Neno	2
Chikwawa	5	Nsanje	2		
Total **TAs ODF**					**94**

From Table 1 above, four districts were declared ODF as of 29th June, 2018 and these were Balaka, Nkhotakota, Ntchisi and Dowa. About 94 of the total 263 TAs were declared ODF representing 35%. Specifically, for the TAs declared ODF, there were no visible signs of human excreta signaling that community members disposed of their faecal matter in a pit-latrine. However, the available pit-latrines (i.e. traditional pit-latrines) were of poor quality, weak and could not withstand extreme weathers (e.g. heavy rains and winds), therefore often end up collapsing. All areas of the country are yet to attain Level 2 of ODF where more durable latrines (i.e. improved pit-latrines) should be constructed so as to sustain the ODF status. Apart from the poor quality of latrines in the TAs that were declared ODF, institutions (e.g. schools, hospitals, prisons, market places and trading centers) within the TAs had inadequate pit latrine coverage.

In terms of hand washing with soap, an increase of 10% from 24 – 34% coverage of hand washing was reported between 2011 and 2016 (Figure 1). However, this does not necessarily reflect the presence or use of soap. A key challenge to HWWS was the absence of durable hand washing facilities (HWF), which could withstand extreme weathers and cannot be vandalized. Our review revealed that the practice of hand washing is a challenge even to households that have HWF. Soap was considered as a scarce and/or expensive and valued commodity that was usually prioritized for other important uses e.g. for washing clothes and not for hand washing.

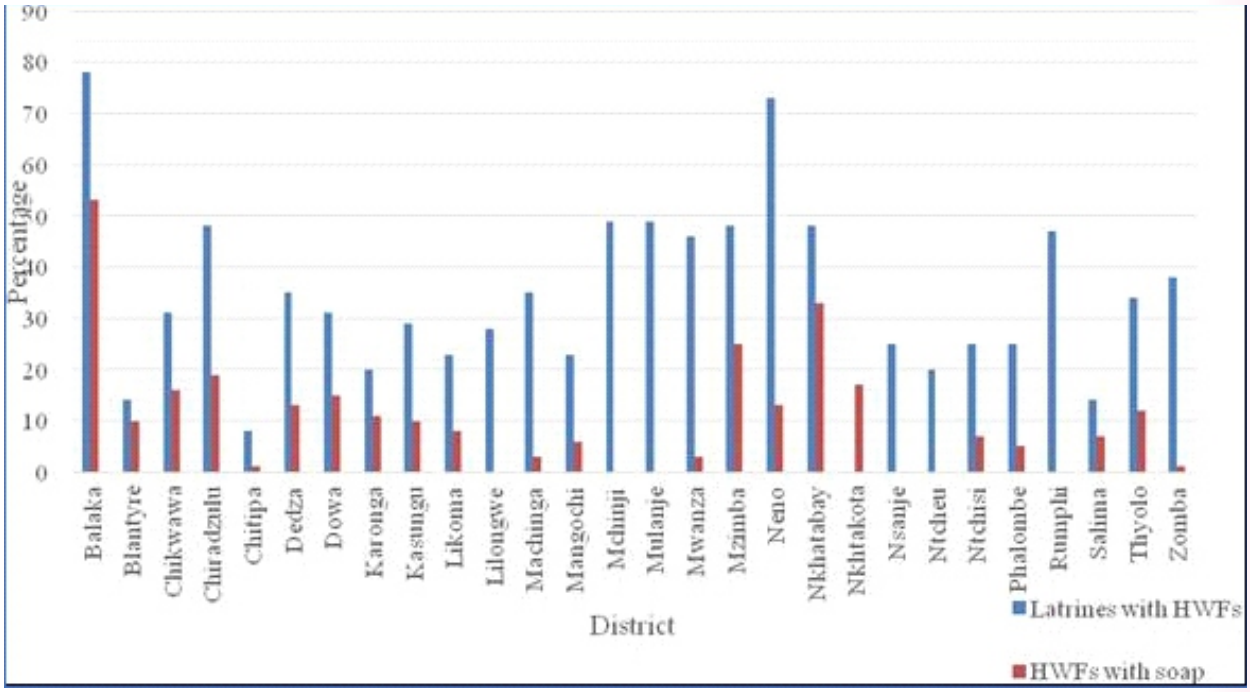


Figure 1: Percentage of latrines with a hand washing facility compared to those with soap

Approaches that facilitated the attainment of the above achievements over the last 10 years have included Hygiene Education and Sanitation Promotion (HESP); Participatory Hygiene and Sanitation Transformation (PHAST); Community Led Total Sanitation (CLTS); School Led Total Sanitation (SLTS) and Sanitation Marketing.

2.2.2 Scope, mechanism and action in current strategies

It was found that both the ODF and HWWS strategies did not provide specific definitions of latrines, hand washing facilities, etc. which led to variation in implementation. The ODF strategy focused only on the rural population, implementation focused on households with limited improvements in schools, and no action taken in other institutional settings. There was no reference or integration of ODF strategy with menstrual hygiene management and solid waste management. The strategy did not include support for vulnerable and marginalized groups and it did not consider the sanitation chain especially for those in urban and peri-urban areas. ODF strategy implementation was to be overseen by the National Open Defaecation Task Force (NOTF), which represented the Ministry of Health and the Ministry of Agriculture, Irrigation and Water Development with key development partners and civil society. However this excluded other ministries with a direct interest in sanitation and hygiene such as Education and Local Government. Although there was the inclusion of 2 levels of ODF status, there was little reference to the effective use of the sanitation ladder to achieve continued improvement and sustainability. The HWWS strategy was limited in terms of integration with other key strategies (e.g. Nutrition, mother and child health, immunizations, school health and nutrition, etc.) and relied largely on mass media rather than focused behavior change communication.

2.2.3 Review of ODF and HWWS strategies with emphasis on original assumptions

CLTS was deemed to be the most effective tool for achieving ODF over the 5-year strategy and was outlined as the only method to be adopted for scaling up. It was assumed that achievement of ODF Level 1 would automatically lead to a community striving to maintain the status and/or continue development to achieve Level 2. In order to accelerate implementation, the Strategy required the development of TA level teams who would identify and incorporate Natural Leaders to work with District extension staff. However, in the majority of cases the responsibility for CLTS has landed

specifically with the HSA in the area, with limited input from other extension workers. In terms of implementation by HSAs, CLTS was viewed as a 'project', with activities stopping when the funding from partners came to an end. There was also the intention to use schools as a platform to promote SLTS and subsequently CLTS, through teachers and youth. However neither schools nor youth were effectively involved to support uptake and sustainability.

The HWWS Campaign 2011 – 2012 made a number of key assumptions including: households wash hands with water only and do not see the value of using soap to improve this; participatory approaches such as PHAST can effectively promote HWWS behaviours; school children (including CBCCs) would provide an eager and willing resource that can be instrumental in bringing messages home, to friends/peers, family and relatives. In addition it was assumed that teachers would combine campaign activities with school lessons (e.g. poster competitions in art classes), and both schools and health facilities would promote good practice at home. An effective mix of communication channels would be used from mass media, to direct contact, and institutional settings such as churches, health facilities and schools would facilitate behaviour change communication. The public and private sector would work together using their skills to improve access to HWWS opportunities. The private sector would help with the development of low cost and effective HWF. The survey found that there was little involvement of the private sector. Small business people operating as mansions were present in some villages and their role was to construct low cost latrines at a fee for those who can afford in the communities.

2.2.4 The extent to which different programs, approaches and other cross cutting issues have contributed to the implementation of the ODF and HWWS strategies

Since the launch of the ODF Strategy and HWWS Campaign in 2011 and 2012, respectively, a number of sanitation and hygiene programmes have been implemented to support the Government of Malawi's efforts to meet its sanitation and hygiene goals both under the MDG and SDG frameworks. These include: Malawi National Health Policy (2012), Health Sector Strategic Plan I and II (2011-2016), National Water Policy, 2007, The National Sanitation Policy (2008), City Councils, Municipalities and district councils by-laws, National Household Water Treatment and Safe Storage Action (2016- 2021) Plan, Malawi National Health Promotion Policy, (2013), Infection Control and Waste Management Plan for Malawi, 2016 and Guidelines for Infection Prevention and Control for TB including MDR-TB and XDRTB. The supporting programmes included the Global Sanitation Fund, UNICEF, World Vision, African Development Bank and Australian Aid projects.

2.2.5 Issues suggested being included in the new ODF and HWWS strategies

Table 2: Summary of issues suggested being included in the new ODF and HWWS strategies

Focus	Action
ODF certification	Proper and strong criteria for declaring ODF. The following to be considered: • Update ODF criteria to reflect SDGs and other country developments • TAs that have a school, market or health facility without ODF should not be declared, • Households to have all requirements (latrine, drop hole cover, hand washing facility, water and soap for washing hands etc.), • Pay sudden visits in the communities to appreciate what is really happening. • Proper guidelines for sampling and certification; • Who to preside over if T/A attains ODF, the Minister need to come once to a district, that is if the whole district is ODF, otherwise for the T/As, NOTF can declare and the District Commissioner can preside over the celebrations

Integration	• ODF strategy should have clarity onhow it will further integrate with other relevant policies i.e. health, education and nutrition.
Funding	• Need to increase the percentage of funds in the national budget that goes towards WASH related activities. • Revisit the no subsidy notion on building of toilets in communities in relation to sustainability.
Sustainability	• Develop structured post ODF activities • Specifically recognize natural leaders, supervise and support them • Clearly define toilet standards to be used in CLTS – encourage the construction of durable facilities. • Engage more extension workers (other than HSAs) in ODF strategies.
Schools and institutions	• SLTS guidelines to be developed and disseminated effectively. • School toilet standards to be finalized and disseminated effectively. • Ensure adequate toilets in schools. Furthermore, cleanliness of toilets in schools needs to be emphasized in order to encourage usage. Some students resort to using the bush due to inadequate toilets. However, some pupils don't use the few available toilets for lack of cleanliness. • Minimum criteria for health facilities and public places to be developed and met.
Innovation	• Show a visible link between non-washing of hands and diseases • Develop more Behaviour Change techniques in the new strategies. • Develop better sanitation technologies that can withstand bad weather • Develop latrines suitable for the marginalized. • Improve privacy in the toilets especially for women. • Include the whole shit flow diagram in the new ODF strategies, what happens when the toilets are full, especially in schools? We may need to develop emptying strategies among others.
Advocacy	• Wide dissemination of the new strategies at all levels (national to local).

Although effective in the achievement of ODF status for many communities. The review of implementation has highlighted a number of concerns which must be considered in strategic planning as we go forward:

- Lack of planning and support for specific latrine construction to ensure sustainability in terms of infrastructure and use. It was reported that available pit-latrines (i.e. traditional pit-latrines) were of poor quality, weak and could not withstand extreme weathers (e.g. heavy rains and winds) and often end up collapsing
- Perception of CLTS at District level as a donor project with external funding and support. Once ODF status has been achieved the supervision and monitoring stops and slippage to open defaecation occurs.
- Lack of long term planning for monitoring and support to communities to maintain ODF status.
- Emphasis on hand washing facilities at the latrine only, with no drive to ensure hand washing with soap is also convenient at other critical times.

These challenges were compounded by the limited scope in the ODF and HWWS strategies for the inclusion of other participatory approaches or a strong integration of context specific behavior change methods.

The review also determined a number of cross cutting issues which affected the implementation of the previous ODF and HWWS strategies:

- Some areas of the strategies were fully implemented due to poor institutional arrangements,
- The ODF and HWWS strategies lacked synergy and leverage;
- The scope of the ODF strategy lacked flexibility within strategic themes to engage new thinking on current and emerging issues.
- The strategies did not address the impact of climate change and issues of the environment

2.3 Policy Environment

To achieve the SDG target to *achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations* by 2030, Malawi will need to ensure a multidisciplinary and multi-sectoral approach, including effective integration of sanitation and hygiene issues in other relevant strategies and programmes. As such, this strategy aligns with globally-validated international frameworks and national-level policies. Being a member of international and regional development frameworks, Malawi has aligned NSHS to these development frameworks. As such, by implementing strategic themes, the international development objectives shall be adhered to. While the implementation of all international development frameworks shall use the national plan, reporting shall be based on the requirements for specific commitments and protocols.

The international development frameworks that Malawi has committed to and are reflected in this strategy include the Alma Atta Declaration (1978) and Ottawa charter (WHO, 1986). The Alma Atta Declaration promoted a more realistic commitment to Public Health which underlines the importance of primary health care as the key to the attainment of 'Health for All'. The declaration committed countries to provide an adequate supply of safe water and basic sanitation among others. Since then, the Alma Atta Declaration has been the most useful resource for health promotion to WHO member countries (which Malawi subscribes to). Overtime the importance of health promotion has received global attention and the Ottawa Charter that was developed in 1986 provides five main priority areas (Annex 3). Subsequent international declarations which are directly related to sanitation and hygiene (Annex 3) have expanded on the themes of Alma Atta Declaration and Ottawa Charter. More recently, the Sustainable Development Goals (SDGs) 2030 Agenda provides for progressive and universal access to sanitation and hygiene. SDG 6 strives to ensure availability and sustainable management of Water and Sanitation for all. Sustainable development cannot be achieved in Malawi without the attainment of rights to water, sanitation and hygiene for all. These basic rights are at the core of inclusive human development. Through these, WHO member states have *reaffirmed their commitment* to implement all conventions and declarations that have a bearing on health and the environment.

National level policies such as the National Sanitation Policy, 2008 which helps to coordinate stakeholders in implementation of sanitation and hygiene in Malawi; the National Health Policy, 2018 which provides a comprehensive framework for achieving national health system that is well-functioning, improves health, prioritizes satisfaction and financial protection of patients, and contributes to Universal Health Care and; the National Health Promotion Policy, 2016 which harmonizes the dissemination of messages for health including sanitation and hygiene and many others (Annex C) have also been considered. The international frameworks and national-level policies, taken together, provide an excellent platform for the implementation of quality interventions which are specifically tailored to the needs of the country but also focusing on meeting global standards. The implementation of this strategy should ultimately direct its attention to fulfilling these declarations and policies which have influence in shaping the broader sanitation and hygiene vision and values stipulated in Chapter 3.

CHAPTER 3

NATIONAL SANITATION AND HYGIENE

3.1 Vision and Mission

The **vision** of the National Sanitation and Hygiene strategy (NSHS) is the realization of a healthy environment, for human dignity, privacy, rights, and improved quality of life for all always and everywhere in Malawi by 2030.

The **mission** is to facilitate, with minimal negative impact on the environment, provision of acceptable, affordable, accessible and sustainable sanitation and hygiene services for both rural and urban households, institutions and public places.

The NSHS aims to support Malawi to attain the SDGs and specifically contribute to national overarching policies and strategies:

Malawi Growth and Development Strategy III (2017 – 2022) Objective 6 *to improve health and quality of the population for sustainable socio-economic development* and specifically *improved hygienic and sanitation practices* through:

- *Providing and promoting use of improved and accessible sanitation facilities in all public places*
- *Promote adoption of safe water and sanitation practices at individual and household levels*
- *Improving management and disposal of both liquid and solid waste.*

National Health Sector Strategic Plan (2017 – 2022) Objective 2, to *reduce environmental and social risk factors that have an impact on health* with particular reference to *safe water and environmental health and sanitation*.

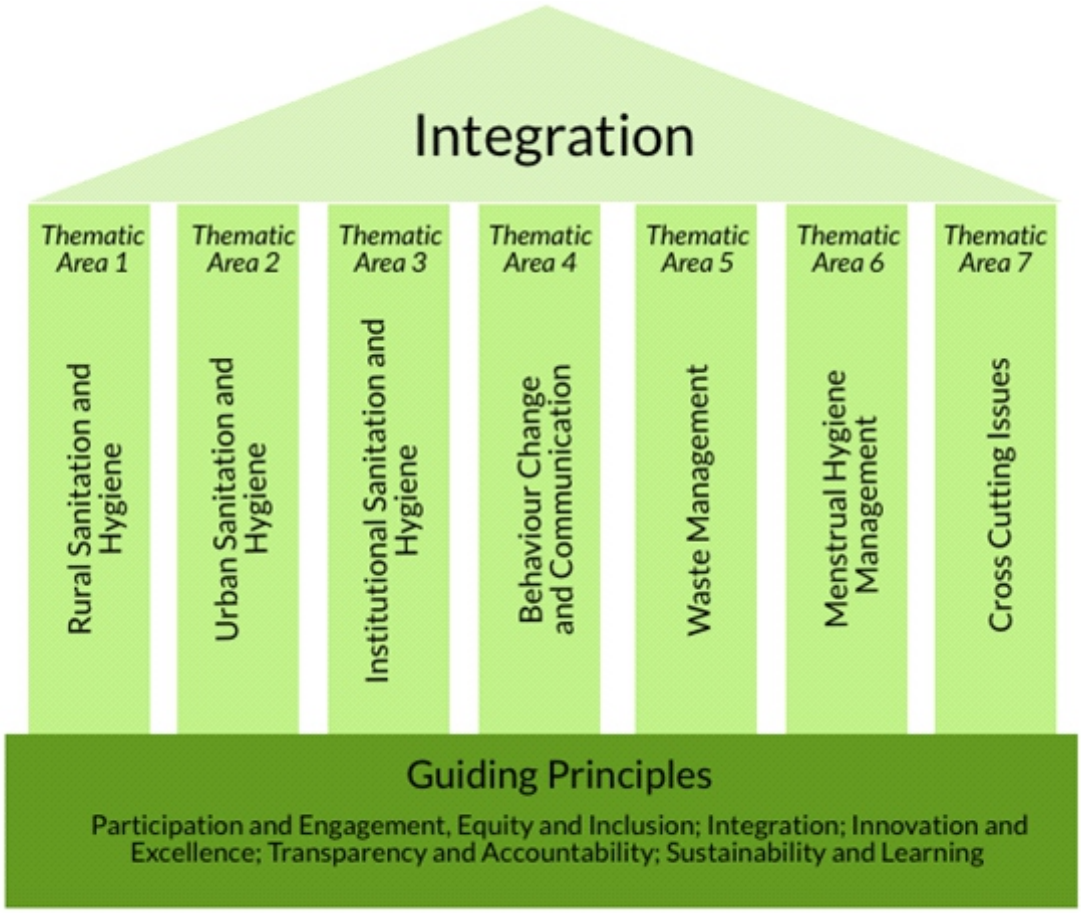
National Sanitation Policy (2008) vision *where all people have access to improved sanitation, where safe hygienic behavior is the norm, and where recycling of solid and liquid waste is widely practiced, leading to a better life of all the people in Malawi.*

National Health Policy (2018) to improve the health status of all people of Malawi by reducing the risk of ill health and the occurrence of premature deaths.

National Health Promotion Policy (2013) to *reduce preventable deaths and disability through effective health promotion interventions*.

The NSHS will be achieved through six guiding principles which are embedded within seven strategic areas (Figure 2).

Figure 2: Overview of strategic themes (green) and guiding principles of the NSHS.



CHAPTER THREE

3.2 Guiding Principles

To achieve the vision and mission, the NCHS has outlined 6 cross-cutting guiding principles that lay the foundation for a strong, well-functioning sanitation and hygiene sector in Malawi.

Participation and Engagement

Involvement of all stakeholders from the initial stages of implementation to enable full participation of partners and communities in the management of sanitation and hygiene activities. Ensure that programs address the needs and priorities of the Malawian people and those community members have ownership and remain accountable for the sanitation and hygiene of their communities.

Equity and Inclusion

All the people in Malawi including women, the vulnerable population, and residents of hard to reach areas receive high quality sanitation and hygiene services at the community level. The strategy shall also ensure that the sanitation and hygiene sector achieves gender equality at all levels.

Integration

Ensure that programs and initiatives related to sanitation and hygiene integrate seamlessly at national, district and community level through coordination of service delivery, supervision, training, and M&E. This integrated approach requires close partnership across communities, programs, partners and sectors as well as efforts to fully leverage existing resources.

Innovation and Excellence

The culture of excellence is based on the philosophy of continuous improvement, always stretching the performance boundaries to higher levels. Innovation is not just technology but also includes new programming models and management practice focusing on the imperative of scaling up and continued improvement of products and services at all levels.

Transparency and Accountability

Stakeholders shall discharge their respective mandates in a manner that is transparent and takes full responsibility for the decision they make

Learning and Sustainability

Promote continuous learning and correction based on strengthened monitoring and evaluation of the sanitation and hygiene activities

3.3 Strategic Goals

1. **Rural Sanitation and Hygiene:** To increase sustained access and use of improved and appropriate sanitation and hygiene facilities for all in domestic rural settings through an integrated approach.

   Target: 29 districts, 263 traditional authorities and all 38,682 villages by 2024

2. **Urban Sanitation and Hygiene:** To increase sustained access and use of improved and appropriate sanitation and hygiene facilities for all in domestic urban settings through an integrated approach and hygiene promotion models.

   Target: All cities (Mzuzu, Lilongwe, Zomba and Blantyre), municipalities (Kasungu, Mangochi and Lunchenza), and 145 trading centres by 2024

3. **Institutional Sanitation and Hygiene:** To increase access and use of improved and appropriate sanitation and hygiene facilities for all in institutional settings through and integrated approach.

Target: 30 institutions per district use improved sanitation (870) by 2024

4. **Behaviour Change and Communication:** To ensure that programmes incorporate promotive approaches that are cognizant of context, technology, behavioural science and economics for improved sanitation and hygiene.

   Target: All 29 district councils incorporate BCC approaches in WASH promotion by 2024

5. **Waste Management:** To promote sustainable waste management practices and ensure a clean and healthy environment.

   Target: All health care facilities, markets, schools, institutions, commercial and communities have desired waste management facilities by 2024

6. **Menstrual Hygiene Management:** To increase sustained access to quality and appropriate menstrual hygiene services.

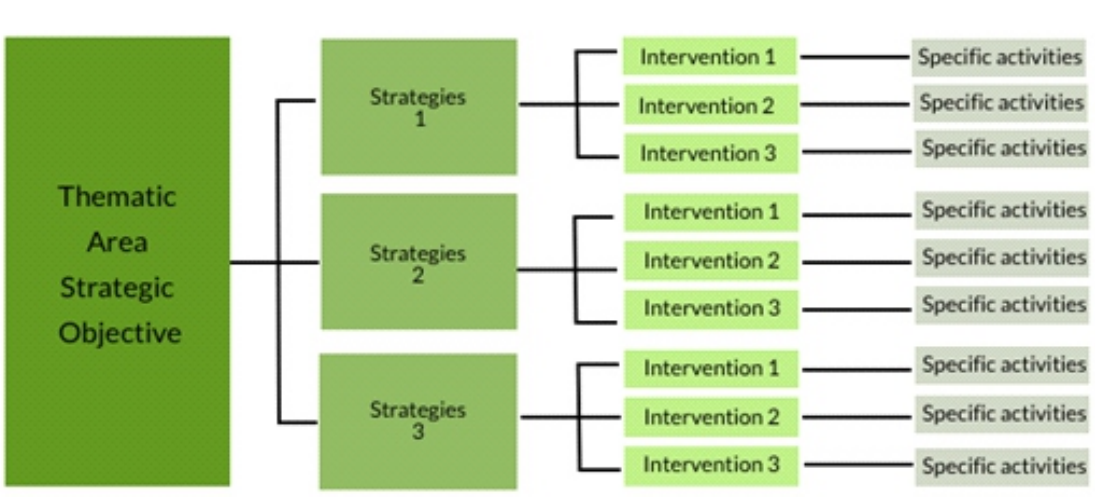
   Target: All WASH programmes include Menstrual Hygiene Management activities in all the 29 district councils by 2024

7. **Cross cutting issues:** To ensure effective financing, leadership, coordination and knowledge exchange to achieve targets in sanitation and hygiene for all.

   Target: Establish a sanitation and hygiene department for coordination of stakeholders and government agencies by 2024

The NSHS strategic objectives form the framework for recommendations, interventions, and activities that are the roadmap to achieving the vision, mission, and objectives of the NSHS (Figure 3). These strategic objectives and their targets stem from extensive consultations, and guide the recommendations in Sections 3.4 to 3.9 below. The detailed implementation plan in Annex A contains additional information on each NSHS activity.

Figure 3 – Relationships between NSHS strategic objectives, recommendations, interventions and activities.



3.4 Thematic Area 1: Rural Sanitation and Hygiene

Strategic Objective: To increase sustained access and use of improved and appropriate sanitation and hygiene facilities for all in domestic rural settings through an integrated approach.

Strategies:

- ***Continued promotion of standardised and context appropriate CLTS and associated innovative methods to achieve ODF status at scale.*** To build on the current successes in

achieving ODF status, we ensure the use of multidisciplinary approaches to promote effective sanitation and hygiene solutions for rural populations including the continued use of CLTS.

- ***Support maintenance of ODF status through district mechanisms.*** The achievement of sustained ODF needs buy in from the District health staff through effective management, supervision, monitoring and evaluation and embedding sanitation activities in routine work.
- ***Promote household progression up the sanitation and hygiene ladder through effective, context appropriate and innovative sanitation marketing.*** Integrated with behavior change and communication, all programmes to support rural sanitation and hygiene must ensure they encourage households to climb the sanitation ladder and improve upon basic and traditional latrine construction.
- ***Development and use of supporting tools to provide consistency in promoting and supporting sanitation and hygiene coverage and use in rural areas.*** Malawi currently uses a range of implementation tools for sanitation and hygiene programmes including CLTS. In order to achieve consistency in approach and sustainability these tools must be consolidated to form national guidance and toolkits.

Interventions and activities**:**

To strengthen rural sanitation and hygiene, the NSHS recommends the following strategic interventions. The activities for each intervention are outlined in Annex A.

- ***Continue promotion of ODF status***. Key activities will include: Triggering of non-triggered communities at cluster level; Follow up; Coordinated supporting campaigns in OD areas to achieve ODF status, (e.g. exchange visits, open days, ODF champions);
- ***Support maintenance of ODF status***. Key activities include: Disseminate role clarity and job descriptions to relevant extension workers and development partners; Training of district and extension workers on the maintenance of ODF status; Training and mentoring of natural leaders and village health committees to support maintenance of ODF status; Continued follow-ups as part of routine work for verification after declared ODF; Promotion of concomitant incentives to encourage maintenance of ODF status; Mentoring and supervision programmes to promote maintenance of ODF status.
- ***Promote progression up the sanitation and hygiene ladder***. Key activities include: Develop effective communications campaign to increase desire to move up the sanitation and hygiene ladders; Develop and roll out of compendium of technological solutions (including climate resilient) supported by sanitation and hygiene marketing and entrepreneurs; Train and promote entrepreneurs for promoting sanitation marketing and enterprises; Establish demonstration sites within public institutions (e.g. schools, health facilities, churches, etc.) to promote technologies; Promote community finance systems to support construction and improvement of sanitation and hygiene facilities.
- ***Development and use of supporting tools***: Key activities include*:* Review and develop clear guidance and tools for the ODF verification process; Review, develop and disseminate training manual and tools for CLTS; Develop and disseminate guidance manuals for sanitation marketing.

3.5 Thematic Area 2: Urban Sanitation and Hygiene

Strategic Objective: To increase sustained access and use of improved and appropriate sanitation and hygiene facilities for all in domestic urban settings through an integrated approach and hygiene promotion models.

Strategies:

- ***Evaluate current legal requirements and standards for sanitation and hygiene across all city councils and develop consistency across all by-laws.*** Currently city councils are developing and implementing city specific by-laws and standards which need to be evaluated and aligned to ensure consistency of approach across the country.

  Increase awareness and understanding of the legal requirements and standards for sanitation and hygiene. Once by-laws and standards have been ratified then local councils and other stakeholders must ensure there is wide dissemination of the legal requirements to support compliance.
- ***Promote household progression up the sanitation and hygiene ladder through effective, context appropriate and innovative sanitation marketing.*** Integrated with behavior change and communication, all programmes to support rural sanitation and hygiene must ensure they encourage households to climb the sanitation ladder and improve upon basic and traditional latrine construction.
- ***Development and use of supporting tools to provide consistency in promoting and supporting sanitation and hygiene coverage and use in urban areas.*** Malawi has previously focused on rural ODF status and as such there is little consistent guidance for improving sanitation and hygiene practice in urban settings. In order to achieve consistency in approach and sustainability these tools must be developed and consolidated to form national guidance and toolkits.

Interventions and activities:
To strengthen urban sanitation and hygiene sector, the NSHS recommends the following strategic interventions. The activities for each intervention are outlined in Annex A

- **Review and development of legal requirements and standards.** Key activities: Work with city councils to review current legal requirements and standards for sanitation and hygiene; Standardise by-laws for sanitation and hygiene for all cities to be effective and realistic.
- **Awareness of legal requirements and standards.** Key activities: Develop and implement awareness campaign to highlight requirements of standardised by-laws.
- **Promote progression up the sanitation and hygiene ladder.** Key activities include: Develop effective communications campaign to increase desire to move up the sanitation and hygiene ladders; Develop and roll out of compendium of technological solutions (including climate resilient) supported by sanitation and hygiene marketing and entrepreneurs; Train and promote entrepreneurs for promoting sanitation marketing and enterprises; Establish demonstration sites within public institutions (e.g. schools, health facilities, churches, etc.) to promote technologies; Promote finance systems to support construction and improvement of sanitation and hygiene facilities; Develop and disseminate guidance manuals for sanitation marketing.

3.6 Thematic Area 3: Institutional Sanitation and Hygiene

Strategic Objective: To increase sustained access and use of improved and appropriate sanitation and hygiene facilities for all in institutional settings through an integrated approach.

Strategies:

- ***Scale up access to improved sanitation and hygiene in schools (including early childhood development centres).*** Despite receiving priority in the previous ODF and HWWS strategies progress to achieve sanitation and hygiene targets in schools has been limited. Priority needs to

be given to improving sanitation facilities in schools in terms of quality and quantity to impact attendance and health indicators. This includes facilities that allow the marginalized and vulnerable to attend school.

- ***Scale up adequate, safe and clean sanitation and hygiene facilities in health facilities.*** Health facilities should be educational centres of good practice for visiting clients. However facility sanitation and hygiene coverage is poor in many areas in terms of toilet and water access. Health facilities must comply with the Ministry of Health standards for these areas taking into consideration the needs of marginalized and vulnerable groups.
- ***Scale up adequate, safe and clean sanitation and hygiene facilities in markets.*** As sources of food, and venues for high volumes of customers, markets must maintain a high standard of sanitation and hygiene to reduce disease transmission and the health of the population. Facilities must also be accessible to the marginalized and vulnerable members of the community.
- ***Scale up adequate, safe and clean sanitation and hygiene facilities in other public institutions.*** Other public institutions such as prisons, offices, etc. also require meeting minimum standards of sanitation and hygiene to ensure inclusion and the health of their occupants and users.

Interventions and activities:

To strengthen sanitation and hygiene in institutional settings, the NSHS recommends the following strategic interventions. The activities for each intervention are outlined in Annex A.

- ***Improved sanitation and hygiene in schools (including early childhood development centres).*** Key activities include: Support review and revision of school standards (ensuring child friendly, and inclusive designs) with Ministry of Education, Science and Technology; Sensitisation and enforcement of school standards through PEA, DEM, SMC, PTA and other stakeholders using SLTS and other mechanisms; Support provision of appropriate sanitation and hygiene facilities within all schools; Management and maintenance of school sanitation and hygiene facilities by SMC; Establishment and sustained support of sanitation clubs; HSAs and PEA to provide hygiene promotion and education; Use of schools as a central hub for sanitation and hygiene education in the community; Develop mechanism for safe pit emptying
- ***Improved sanitation and hygiene in health facilities.*** Key activities include**:** Sensitisation and enforcement of health facilities standards through Director of Health and Social Services; Provide adequate sanitary facilities (with appropriate security) and resources to enhance and maintain hygiene practices; Manage and maintain sanitation and hygiene facilities through health facility management; Provide adequate resource allocation for the development, maintenance and cleaning of sanitary facilities; Use of health facilities as a central hub for sanitation and hygiene education in the community
- ***Improved sanitation and hygiene in markets.*** Key activities include: Support review and revision of market standards to standardise across the country in partnership with Ministry of Local Government; Sensitisation and enforcement of market standards through District and City Councils; Provide adequate sanitary facilities (with appropriate security) and resources to enhance and maintain hygiene practices; Manage and maintain sanitation and hygiene facilities through District and City Council; Provide adequate resource allocation for the development, maintenance and cleaning of sanitary facilities; Regular inspections by District and City Councils to ensure compliance with standards.
- ***Improved sanitation and hygiene in public institutions.*** Key activities include: Support review and revision of standards to standardise across the country in partnership with Ministry of Local Government; Sensitisation and enforcement of standards through appropriate

authorities**;** Provide adequate sanitary facilities (with appropriate security) and resources to enhance and maintain hygiene practices; Manage and maintain sanitation and hygiene facilities through appropriate authorities; Provide adequate resource allocation for the development, maintenance and cleaning of sanitary facilities; Regular inspections by appropriate authorities to ensure compliance with standards.

3.7 Thematic Area 4: Behaviour Change and Communication

Strategic Objective: To ensure that programs incorporate promotive approaches that is cognisant of context, technology, behavioural science and economics for improved sanitation and hygiene.

Strategies:

- ***Consolidate hygiene behaviours to be prioritised for behaviour change.*** There is a need to prioritise the areas to be targeted for behaviour change, and to ensure that this is achieved using a multidisciplinary approach.
- ***Develop communication messages and methods for prioritised hygiene behaviours using appropriate models of behaviour change communication based on behaviour centred design (Annex D).*** Behaviour change messages must be cognizant of the context in which they are being delivered and the effective triggers which may achieve sustained change in a population. With this in mind, behavioural science experts should be enlisted to support the development of messages to ensure they are both appropriate and effective.
- ***To implement a comprehensive behaviour change communication programme***. Once the programme has been developed a clear map on how it will be implemented in partnership with other stakeholders must be developed and implemented.

Interventions and activities:

To ensure effective integration of behavior change and communication in the sanitation and hygiene sector, the NSHS recommends the following strategic interventions. The activities for each intervention are outlined in Annex A .

- **Assessment of priority areas:** Key activities include: Review of current programmes and research; Consultation with stakeholders**.**
- **Development of communication programmes:** Key activities include: Co-design of communication programmes with beneficiaries; Consultation with stakeholders
- **Implementation of communication programmes:** Key activities include: Dissemination of developed programmes with stakeholders; Launch of communication programme through appropriate channels**.**

3.8 Thematic area 5: Waste Management

Strategic Objective: To promote sustainable waste management practices and ensure clean and healthy environment.

Strategic Recommendations:

- **Promote and ensure sustainable solid waste management practices.** Ensure an effective, timely and sustainable waste management chain - collection, storage, transportation and

disposal/recycling - for all types of waste at all levels

- ***Promote and ensure sustainable industrial and other hazardous waste management practices.*** Currently there is limited guidance on the management and disposal of industrial and hazardous waste. This will be undertaken in collaboration with Environmental Affairs to ensure consistency of approach and integration of regulation.
- ***Promote and ensure sustainable medical waste management***. Currently there are no finalized guidelines for the management and disposal of medical waste. Current standards will be consolidated to provide national guidance for regulation and management.
- ***Promote and ensure sustainable urban wastewater management.*** Currently wastewater management in urban settings is erratic and lacks maintenance and sustainability. As such this strategy will seek to increase the capacity of major urban authorities and utilities to effectively and efficiently manage wastewater and increase urban sewerage coverage.

Interventions and activities:

To ensure effective management of waste, the NSHS recommends the following strategic interventions. The activities for each intervention are outlined in Annex A.

- **Sustainable solid waste management.** Key activities include: Develop district based investment plan for refuse collection and disposal; Develop guidelines and standards ideal for managing solid waste; Promote private public partnership for solid waste management; Enforcement and inspection for solid waste management; Promote recycling of solid waste by the public and private sector; Public awareness of solid waste management techniques; Rehabilitate existing solid waste facilities.
- **Sustainable industrial and other hazardous waste management.** Key activities include: Develop guidelines and standards ideal for industrial and hazardous waste; promote industrial waste monitoring and surveillance systems; Enforcement and inspection for industrial and hazardous waste; Promote construction of incinerators for industrial waste handling; Public awareness of industrial and hazardous waste management.
- **Sustainable medical waste management practices.** Key activities include: Develop guidelines and standards ideal for medical waste; Promote medical waste monitoring and surveillance systems; Enforcement and inspection for medical waste; Promote construction of incinerators for medical waste handling; Public awareness of medical waste management; Develop colour coding system for medical waste at the point of generation.
- **Sustainable wastewater management practices**. Key activities include: Develop district and city based investment plan for waste water management; guidelines and standards ideal for waste water management; Promote waste water monitoring and surveillance systems; Enforcement and inspection for waste water; Promote an effective infrastructure for waste water handling; Public awareness of waste water management; Monitoring of waste water effluent; Rehabilitate existing waste water facilities; Promote reuse of waste water; Regulate pit emptying mechanisms.
- **Increase district and city authorities' capacity to management solid waste**. Key activities include: Training of appropriate personnel on guidelines; Provide support to maintain effective waste collection services where appropriate; Support and promote recycling industry; Increase access to recycling opportunities for households.

3.9 Thematic area 6: Menstrual Hygiene Management

Strategic Objective: To increase sustained access to quality and appropriate menstrual hygiene services

Strategies

- ***Improve menstrual health and hygiene practices.*** There are currently no national guidelines on the manufacture and sale/provision of absorbent materials or facilities. Coordination is needed across stakeholders to provide necessary standards and consistency of approach to ensure women and girls are provided with effective and appropriate support.
- ***Improve menstrual hygiene facilities.*** There are no national guidelines or requirements for the provision of MHM facilities in institutional settings. There need to be set standards to be met to support both women and girls to function normally during menses irrespective of their location or circumstances.
- ***Promote MHM awareness.*** National programmes for mass media and integration of MHM issues into national curricula can assist in reducing the stigma associated with menstruation.

Interventions and activities:

To ensure improved menstrual hygiene management, the NSHS recommends the following strategic interventions. The activities for each intervention are outlined in Annex A.

- **Promotion of the integration of MHM beyond sanitation and hygiene promotion.** Key activities include: Development of guidelines for the construction and provision of MHM facilities; Development of guidelines and standards for absorbent materials; Support the provision of MHM facilities and absorbent materials to girls and women; Coordinated campaigns to raise awareness and reduce stigma around menstrual hygiene issues; Inclusion of MHM in the new sanitation policy and other related policies; Development of checklist that is inclusive of all the sanitation standards including MHM; Fully functional commodity supply chain system; Advocacy for MHM; Awareness of MHM among both men and women in order to break the silence.
- **Update and integrate improved sanitation and hygiene curricula content at all levels.** Key activities include: Evaluation and update of school, higher education and training curricula.

3.10 Thematic area 7: Cross-cutting Issues

Strategic objective: To ensure effective financing, leadership, coordination and knowledge exchange to achieve targets in sanitation and hygiene for all.

Strategies:

Finance

- ***Increase budgetary allocations for sanitation and hygiene sector at the national and district level.*** Neither national nor local authorities have a budget line for sanitation and as such they have not been appropriately prioritised in local government budgets. Retaining and developing sanitation and hygiene services is critical issue, which requires effective financial planning. Traditional and innovative opportunities for funding both internally and externally must be constantly reviewed and consolidated.

- ***Increase financial support from development and research partners to achieve the NSHS objectives.*** Effective sanitation and hygiene programmes are dependent on support from development partners for targeted and national programmes to achieve the ambitious targets set by the SDGs and the NSHS.
- ***Increase public and private sector investment in sanitation and hygiene services.*** A major bottleneck to making improved sanitation and hygiene accessible to the majority of Malawians is low levels of public investment in the sanitation and hygiene sector. The prioritization of water supplies rather than sanitation and hygiene services has inculcated a strong dependency amongst consumers, especially rural households and created a focus on construction of new facilities, rather than on service sustainability.
- ***Increased financial support for the vulnerable and marginalised populations.*** It must be recognized that there are specific groups, including vulnerable, marginalized, disabled and hard to reach populations who need to be supported through alternative financing mechanisms to provide appropriate access to sanitation and hygiene.

Leadership and coordination

- ***Establish an enabling national institutional framework.*** This would ensure effective execution of the sanitation and hygiene functions and regulation throughout the districts, as there is currently an absence of a formally established institutional mechanism to promote vertical and horizontal collaboration at District level. A clear and agreed national institutional framework for sector coordination and regulation, would reduce the current challenges of disjointed, uncoordinated, duplicative and even contradictory interventions.
- ***Promote and entrench good governance practices and strengthen accountability at all levels.*** The National Sanitation Policy, 2008 and the Malawi Growth and Development Strategy 2018 envision a more ethical, fair and inclusive society guided by the values of good governance, integrity, fairness, social justice, equity and professional public service which is accountable for its administrative actions and demonstrates high professional and ethical standards. To this regard, good governance practices and accountable and ethical leadership are therefore critical ingredients for effective and efficient sanitation and hygiene service delivery.

Research and Knowledge Exchange

- ***Develop a clear research agenda for sanitation and hygiene sector.*** Research is currently poorly coordinated in the sector often leading to duplication of effort with little uptake of evidence to policy and programme development. This agenda will direct and ensure effective collaboration and progress.
- ***Increase the use of evidence based decision making in programme and policy development.*** This will require coordinated efforts and training of government, academic, and non-governmental staff to provide the capacity needed.
- ***Increase funding for research.*** This area requires sustained and appropriate support to ensure that operational research remains a core component of tacking the challenges faced by the sanitation and hygiene sector in Malawi.
- ***Forge effective relationships with academic and research institutions***. A more formalized arrangement should be developed to ensure regular engagement and support between the government and research institutions to support sanitation and hygiene progress.
- ***Promote dissemination of research and knowledge exchange across all sectors.*** A consistent approach to dissemination and coordination of dissemination events is needed to maximize the

impact of research and knowledge exchange in the sector.

Interventions and activities:

To ensure an effective and engaged sanitation and hygiene sector, the NSHS recommends the following strategic interventions. The activities for each intervention are outlined in Annex A.

Financing

- ***Development of a sector financing scheme.*** Key activities include: Financing of sector wide approach (SWAp) for sanitation and hygiene, with ring fenced funding secured to meet the objectives of the NSHS including support for NSHCU coordination at national and district level; Promote the use of innovative financing systems for sanitation and hygiene at community level; Promote the availability of funds for research to fulfil the sanitation and hygiene research agenda.
- ***Advocacy within government, donors and development partners to support the sector financing scheme.*** Key activities include: Development of an advocacy framework for increased financing with support from non-state actors; Delivery of advocacy framework in partnership with non-state actors.

Leadership and coordination

- ***Development of a Sector Wide Approach (SWAp) for sanitation and hygiene.***
- ***Scale up and enhance coordination mechanisms at the national level***. Key activities include: Disseminate of NSHS at all levels; Brief stakeholders on sanitation and hygiene roles and responsibilities and governance structures; Sign Memorandums of Understanding with partners working in sanitation and hygiene; Lead regular coordination and sector strengthening meetings; Review the National Sanitation Policy to provide clear principles, norms and guidelines; Coordinate dissemination of findings of programs and research to national, district and development partners; Participation from high level national figures to raise the profile of sanitation and hygiene and lead advocacy of the NSHS objectives.
- ***Scale up and enhance coordination mechanisms at district level.*** Key activities include: Undertake sector strengthening assessments; Develop and implement sanitation and hygiene plans for each district that feed into the DIP; Lead regular coordination and sector strengthening meetings through DCT; Partner mapping and registers.
- ***Strengthen coordination linkages across national, district and community levels.*** Key activities include: Establish strong communication and reporting lines between the national EH section, District Coordination Team, health surveillance assistants, water monitoring officers and partners; Establish cross sector linkages and communication across national, district and community levels.

Research and Knowledge Exchange

- **Develop sanitation and hygiene agenda.** Key activities include: development of a research agenda with full stakeholder input in Year 1 and aligned with the key thematic areas of the NSHS.
- **Build capacity in stakeholders to develop, undertake, interpret and use evidence from research.** Key activities include: Training at national and district level in applied research and



evidence based decision-making,

- **Integrate operational research in current and future programmes**. Key activities include: All programmes to be submitted and approved by the NSHTC at National level; all programmes to be approved by the DCT at District level and ensure the inclusion of operational research to provide evidence of outcomes and impact.
- **Advocacy programme for sanitation and hygiene research funding**. Key activities include: Align advocacy programme with the research agenda to support and promote funding
- **Dissemination.** Key activities include: Support, develop and sustain programmes for regular academic and operational research dissemination through symposia, reports, technical working groups, joint sector reviews, etc.

3.11 Key Assumptions

Table 3 below shows key assumption proposed for the strategy

Table 3: key assumptions

ASPECT	ASSUMPTIONS
Toilet construction	• Households, schools, institutional settings and private institutions will construct appropriate and adequate sanitation facilities.
Latrine usage	• Latrines will be properly and consistently used by all
Latrine maintenance	• Latrines will be kept properly clean; • Facilities for pit emptying or relocation exist • Cost of emptying and relocation will be the responsibility by the owner
Hygiene facilities	• Households, schools, institutional settings and private institutions will provide appropriate and adequate facilities for hand washing with soap at critical times.
Hygiene behaviour	• Extension and education programmes will lead to sustained positive changes in behaviour
Availability of water	• Households, schools, institutional settings and private institutions will have sufficient water in terms of quality and quantity to undertake hygiene practices at critical times.
Health improvements	• Combination of increased and consistent usage of safe water for hygiene, other changes in hygiene behaviour, universal of latrine usage, will result in fewer faecal -oral infections.
Technology	• Technology will be affordable, maintainable, culturally acceptable and of resilient to adverse climatic conditions
Leadership	• Active leadership will be provided from all levels (community to national) to support achievement of sanitation and hygiene targets

Stakeholders and community	• Program should involve all stakeholders from the development stage, to enable communities to fully participate and take ownership.
Inclusiveness	• All gender, marginalized and vulnerable groups are actively involved in sanitation and hygiene programmes
Ownership	• A high degree of motivation will be achieved in target populations through education and capacity building
Stable funding	• There will be funding from collaborating partners and government
Advocacy and Support	• Government and stakeholders will continue to advocate for financing and support to meet sanitation and hygiene targets.

ASPECT	ASSUMPTIONS
	for financing and support to meet sanitation and hygiene targets.
Institutional framework	• Roles and responsibilities clear at national and district level • Adequate personnel in place at national and district level to implement programmes
Enabling environment	• Presence of necessary legal instruments and political will • Capacity in personnel to implement legal instruments
Proper monitoring and evaluations	• There will be an effective monitoring and evaluation at a specified period during the implementation
Effective sectoral and social protection programmes	• Designed to mitigate root causes of challenges of growth and development, including social and gender inequalities
Good governance is entrenched and institutionalized	• Transparency, accountability and zero tolerance for corruption at all levels and in all activities.

CHAPTER 4

IMPLEMENTATION ARRANGEMENTS

4.1 Implementation Modalities

The NSHS has been developed to allow all stakeholders to participate in the development of the country. Its implementation will, therefore, involve all stakeholders. Issues of hygiene and sanitation practices will attract attention of a range of key stakeholders that include Ministry of Health and Population (MoHP), Ministry of Agriculture, Irrigation and Water Development (MoAIWD), Ministry of Education, Science and Technology (MoEST), Ministry of Gender, Children, Disability and Social Welfare Community (MoGCDSW), Ministry of Local government (MoLG&RD), Non State Actors (NSA), communities and households.

The MoHP will lead the implementation process through technical coordination and a consolidated national budget. It is expected that all stakeholder institutions including donors, development and co-operating partners and the academia will align their activities and support to NSHS.

At national level, the **MoHP** is responsible for enforcement of sanitation and hygiene laws in Malawi (CAP34:01 sections 16, 17, 59-95, 106-112) and will lead and coordinate the implementation of NSHS at all levels. The **MoAIWD** is responsible for the implementation of sustainable management and utilization of water resources in order to ensure sustainable access of water.

The NSHCU with co-opted members from other government ministries and non-state actors (NSA) forms the National Sanitation and HygieneTechnical Committee (NSHTC). The **NSHTC** is responsible for coordination of sanitation and hygiene interventions at national level, oversight and advisory role at district level.

At district level the **MoEST** is responsible for ensuring that water and sanitation facilities are available in all schools including CBCCs. The **MoGCDSW** is responsible for coordinating with government and district Councils to ensure participation of men and women in promotion of sanitation and hygiene practices. The **MoLG&RD** is responsible for coordinating the sanitation and hygiene through the district coordinating committee (DCT) chaired by the District Environmental Health Officer (DEHO). **NSA** includes the Civil Society Organisations (CSO), Non-Governmental Organisations (NGO), Development Partners (DP), donors and the academia. These are responsible for proving financial and

CHAPTER FOUR

technical support to the implementation of sanitation and hygiene strategy and are part of the NSHTC and DCT committees.

At **Community** level, sanitation and hygiene activities are done collectively through established community structures. Community Health Action Group (CHAG) is responsible for coordinating sanitation and hygiene activities at group village headman level. The CHAG is part of the Area Development Committee (ADC) and Area Executive Committee (AEC) responsible for identifying sanitation and hygiene issues and takes them to the council. The CHAG supported by extension workers also works with Water Point Committees (WPC) and Village Health Committees (VHC) in planning, implementation, monitoring and evaluation of sanitation and hygiene activities in the community.

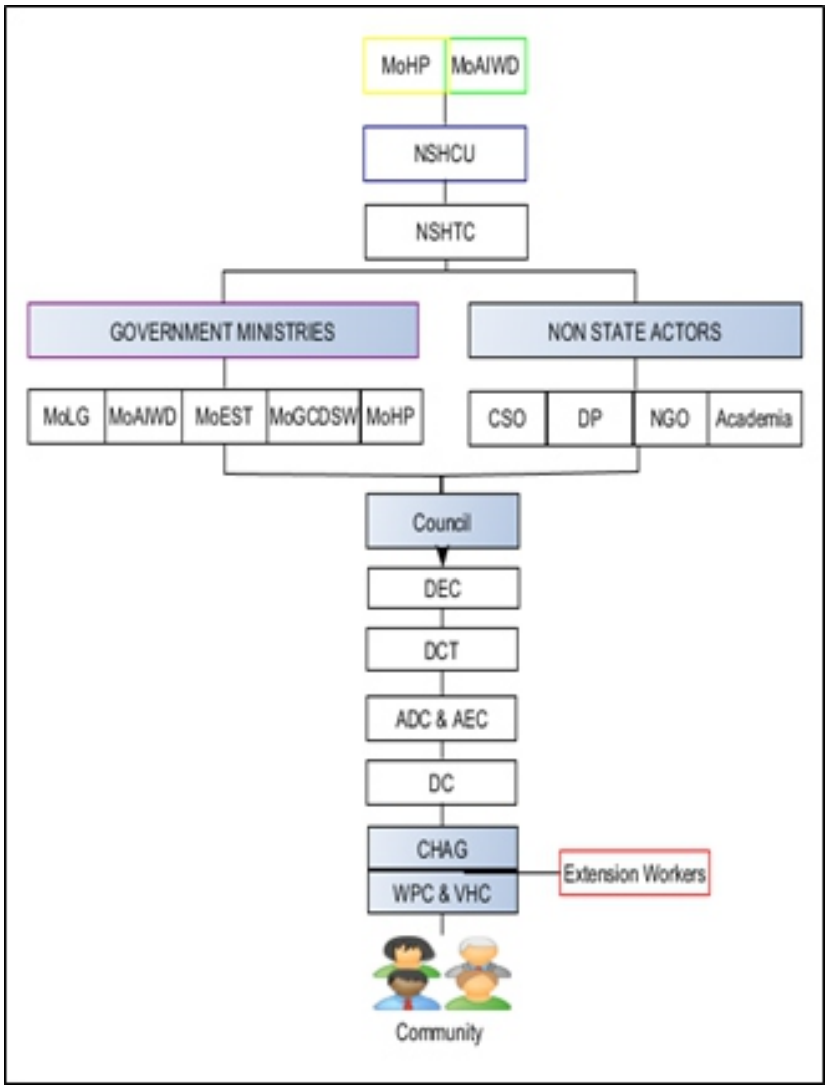


Figure 4: Stakeholders for NSHS Implementation

CHAPTER 5

IMPLEMETATION PLAN

5.1 Five Year Implementation Plan

In order to achieve this ambitious National Sanitation and Hygiene Strategy (2018 – 2023) Malawi will need buy in from all stakeholders in the sector. This will include central and local government, partners, and community members. Activities will take place at national, district and community level and will require designated stakeholders to work diligently to ensure effective implementation, integration and participation. Only then will Malawi succeed in achieving its targets for sanitation and hygiene by 2024.

The implementation plan aligns with current guidelines to decentralize services and promote ownership of planning and implementation at district and community level. This approach will build upon the previous success of the Open Defaecation Free and Hand Washing With Soap strategies. Planned activities also seek to build upon the successes achieved in those previous strategies while specifically addressing the gaps identified through consultations.

The NSHS will be continually assessed throughout the implementation plan to ensure efficacy of the programme is tracked. This will be achieved in line with the monitoring and evaluation framework (Chapter 6). Implementation is summarized in Annex A and B.

5.2 Resource Planning

Malawi loses 8.8 Billion Malawi Kwacha per year (1.1% of Gross Domestic Product) due to poor sanitation which translates to 3.3 USD per person per year[11]. In 2012, Malawi was estimated to spend 0.1 to 0.5% of its GDP on sanitation[12]. The total cost of implementing the NSHS is estimated at US$79, 903, 000 for the period of 6 years (2018 to 2024) and this translates to less than US$1 per person per year and approx. US$4 per person for the period of the strategy. The Government of Malawi will have to increase funding and lobby local and international institutions that support the ODF campaign to continue offering the support.

An estimated total of US$79, 903, 000 is needed for the full implementation of the NSHS over the six year period. Year by year costs are:

- Year 1: US$10, 471, 000
- Year 2: US$12. 290, 000
- Year 3: US$14, 399, 000
- Year 4: US$13, 488, 000
- Year 5: US$13, 559, 000
- Year 6: US$15, 697, 000

[11] Water and Sanitation Program. Water and Sanitation Programs Economic impacts of poor sanitation in Africa: Malawi [Internet]. WSP. 2012 [cited 2018 Jun 9]. Available from: http://www.wsp.org/sites/wsp.org/files/publications/WSP-ESI-Malawi.pdf Water and Sanitation Program.

[12] Water and Sanitation Programs Economic impacts of poor sanitation in Africa: Malawi [Internet]. WSP. 2012 [cited 2018 Jun 9]. Available from: http://www.wsp.org/sites/wsp.org/files/publications/WSP-ESI-Malawi.pdf

Overall the NSHS will also be supported from costs incurred within the National Community Health Strategy (NCHS) due to the funding of community health cadres being assigned to their programme. The aligned NCHS acknowledges that sanitation and hygiene are roles undertaken by the Ministry of Health's community health cadres, and also includes financing of infrastructure (HSA housing), supervision, transport (bicycles and motorbikes) and training, which will be of direct benefit to the success of the NSHS. Integration of services at community health as outlined in both the NCHS and NSHS will be essential to the achievement of sanitation and hygiene targets.

Estimated costs per population are in line with other African country strategies including, National ODF Kenya 2020 campaign framework (2016) [13] estimated the cost of the campaign for four years at 41.6 Kenyan Shillings (412, 256,000 USD) which translates to USD8 per person for the four years taking into account the total population of Kenya estimated at 51million. Nigeria's ODF 2016 to 2025 strategy is estimated to cost 159, 895 million Nigerian Naira (444,052,813 USD) for 10 years which is estimated at 2.3 USD per capita (Making Nigeria ODF by 2025)[14]. The Mozambique WASH programme is estimated to cost 44,000,000 USD with ODF campaign alone costing 18, 640, 000 USD. With a total population of **30,528,673, the a**ttainment of ODF from 2017 to 2020 was estimated at 0.6 USD per capita (Mozambique WASH programme 2017-2020)[15].

Table 4: Inflation rates for Malawi

	Year	Inflation (%)
1.	April, 2018	9.7
2.	April, 2017	14.6
3.	April, 2016	20.9
4.	April, 2015	18.8
5.	April, 2014	23.9
6.	April, 2013	35.8
7.	April, 2012	12.4

5.3 Financing

Implementation of the NSHS will require financing from national and district government, donors, and the private sector. Only with the support of all stakeholders will the country be able to achieve its vision to improve the livelihoods of all people in Malawi.

Central and district governments will be the first source for NSHS financing. The central government will continue to contribute resources towards sanitation and hygiene. Central government will lead programme management costs such as the NSHTC operational costs and policy and guideline development which will support broader mobilization of resources both domestically and internationally. The district governments will play a critical role especially with the continued transition to a decentralized system. District governments will be the primary source for district salaries and supervision while it is also expected that districts will provide significant support towards transport.

Communities will be expected to participate and contribute through work as volunteers, community groups such as VHCs, WPCs and WUAs and support in infrastructure especially with supplying materials and labour for the construction and maintenance of domestic, school and health facility sanitation and hygiene.

Stakeholders including donors, implementing partners and the private sector will be looked upon to fill critical gaps in NSHS financing requirements. Development partners, including multilateral donors, bilateral donors, foundations, development finance institutions, and NGOs are crucial for financing the

[13] https://www.washwatch.org/uploads/filer_public/2c/8f/2c8f15cb-70f7-4387-a648-0cb440a8df95/odf_open_defecation_free_2020_campaign_framework_kenya_2016.pdf
[14] https://www.unicef.org/nigeria/NATIONAL_ROAD_MAP_FOR_ELIMINATING_OPEN_DEFECATION_IN_NIGERIA.pdf
[15] http://files.unicef.org/transparency/documents/Mozambique%20CPD%20-%20%20WASH%20Strategy%20Note%20-%2028%20March%202016.pdf

successful implementation of the NSHS.

The NSHTC will track financing commitments and progress toward established targets throughout the implementation of the strategy. To do so, the NSHTC will develop a funding database with the Aid Coordination Unit of the MoHP to allow active management of funding for community health. To promote transparency and accountability, NHSTC will share updates with all stakeholders through quarterly and annual meetings at the national and district levels. The NSHTC will also be responsible for adjusting targets, supporting resource mobilisation, and prioritising resources – as necessary – based on year-to-year progress.

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CHAPTER 6

MONITORING AND EVALUATION FRAMEWORK

6.1 Overview

The monitoring and evaluation (M&E) plan will provide a national framework to measure and track progress of the implementation of the strategy at all levels. The strategy provides an overview of the M&E framework and a detailed M&E plan will be developed in the first phase of the NSHS implementation. M&E will take place at every stage of implementation and will allow the environmental health section to continuously improve current and future programme planning, implementation, and decision-making. The NSHS M&E framework is based on Results-Based Management (RBM) principles and a theory of change, with a clear results chain, indicators, targets, milestones, means of verification, frequency and responsible institution. A summary of monitoring and

6.2 Strategic Direction

Under the assessment of the strategic direction of the MoHP and MoAIWD, the check list would include such issues like:

1) Are we moving in the right direction?
2) Are key things or activities falling into place?
3) Are our assumptions or premises about major trends and changes still correct?
4) Are we doing the critical things that need to be done?
5) Should we adjust or abort the strategy or strategies that were formulated?

6.3 Strategic Performance

Under the assessment of the strategic performance of the MoHP and MoAIWD, the check list would include such issues as:

1) How well are we performing in our plans?
2) Are objectives being met?
3) Are responsible personnel doing their respective assignments?

While strategic control will attempt to steer the responsible ministries over an extended period, operational controls will provide post-action evaluation and control over short periods falling within one year. To be effective, operational control systems shall be based on the following four steps:

1) Set standards of performance
2) Measure actual performance quantitatively or qualitatively.
3) Identify deviations from targets
4) Initiate corrective action

ANNEXES

Annex A: Detailed costed Implementation Plan

Level	Responsible stakeholder	Interventions	Activities	2018 – 19 Year 1	2019 – 20 Year 2	2020 – 21 Year 3	2021 – 22 Year 4	2022 – 23 Year 5	2022 - 24 Year 6	Cost MWK (Million)	Cost US$ (Thous)
Thematic area 1: Rural Sanitation and Hygiene											
National and District	MoHP, MoAIWD, NSHTC and DCT	***Continue promotion of ODF status***	Triggering of non-triggered communities at cluster level.	50	100	100	50	50	50	400	544
			Follow ups	5	10	10	10	10	10	55	75
			Coordinated supporting campaigns in OD areas to achieve ODF status, (e.g. exchange visits, open days, ODF champions);	0	30	0	0	30	0	60	82
National and District	MoHP, MoAIWD, NSHTC and DCT	***Support maintenance of ODF status***	Disseminate role clarity and job descriptions to relevant extension workers and development partners	100	100	50	40	30	20	340	463
			Training of district and extension workers on the maintenance of ODF status;	100	50	50	30	30	20	280	381
			Training and mentoring of natural leaders and village health committees to support maintenance of ODF status.	10	5	5	5	5	5	35	48
			Continued follow-ups as part of routine work for verification after declared ODF	2	1	1	1	1	1	7	10
			Promotion of concomitant incentives to encourage maintenance of ODF status	2	2	2	2	2	2	12	16
			Mentoring and supervision programmes to promote maintenance of ODF status.	4	4	4	4	4	4	24	33
National and District	DCT, NSHTC	***Promote progression up the sanitation and hygiene ladder***	Develop effective communications campaign to increase desire to move up the sanitation and hygiene ladders;	4	3	0	0	0	0	7	10
			Develop and roll out of compendium of technological solutions (including climate resilient) supported by sanitation and hygiene marketing and entrepreneurs	5	4	0	0	0	0	9	12
			Train and promote entrepreneurs for promoting sanitation marketing and	3	3	3	3	2	2	16	22

Level	Responsible stakeholder	Interventions	Activities	2018 – 19 Year 1	2019 – 20 Year 2	2020 – 21 Year 3	2021 – 22 Year 4	2022 – 23 Year 5	2022 - 24 Year 6	Cost MWK (Million)	Cost US$ (Thous)
			enterprises.								
National and District	DCT, NSHTC		Establish demonstration sites within public institutions (e.g. schools, health facilities, churches, etc.) to promote technologies	5	4	1	1	0	0	11	15
			Promote community finance systems to support construction and improvement of sanitation and hygiene facilities.	2	1	0	0	0	1	4	5
National	NSHTC and partners	***Development and use of supporting tools***	Review and develop clear guidance and tools for the ODF verification process	20	0	0	0	0	0	20	27
			Review, develop and disseminate training manual and tools for CLTS	10	0	0	9	0	0	19	26
			Develop and disseminate guidance manuals for sanitation marketing	10	0	0	0	0	0	10	14
Thematic area 2: Urban Sanitation and Hygiene											
National, District and Council	NSHTC, MoHP, MoAIWD and partners	***Review and development of legal requirements and standards***	Work with city councils to review current legal requirements and standards for sanitation and hygiene.	100	150	0	0	0	0	250	340
			Standardise by-laws for sanitation and hygiene for all cities to be effective and realistic.	200	100	0	0	0	0	300	408
		Awareness of legal requirements and standards	Develop and implement awareness campaign to highlight requirements of standardised by-laws	0	299	100	50	50	30	529	720
		Promote progression up the sanitation and hygiene ladder	Develop and implement effective communications campaign to increase desire to move up the sanitation and hygiene ladders;	20	15	10	5	5	5	60	82
			Develop and roll out of compendium of technological solutions (including climate resilient) supported by sanitation and hygiene marketing and entrepreneurs.	10	10	10	5	5	5	45	61

Level	Responsible stakeholder	Interventions	Activities	2018 – 19 Year 1	2019 – 20 Year 2	2020 – 21 Year 3	2021 – 22 Year 4	2022 – 23 Year 5	2022 - 24 Year 6	Cost MWK (Million)	Cost US$ (Thous)
National, District and Council	NSHTC, MoHP, MoAIWD and partners		Train and promote entrepreneurs for promoting sanitation marketing and enterprises.	150	50	60	0	0	10	270	367
			Establish demonstration sites within public institutions (e.g. schools, health facilities, churches, etc.) to promote technologies.	5	5	5	5	5	5	30	41
			Promote finance systems to support construction and improvement of sanitation and hygiene facilities.	4	4	4	4	4	4	24	33
			Develop and disseminate guidance manuals for sanitation marketing	60	30	0	0	0	0	90	122
Thematic area 3: Institutional Sanitation and Hygiene											
National and District	MoEST, MoHP, MoLG&RD	***Improved sanitation and hygiene in schools (including early childhood development centres)***	Support review and revision of school standards (ensuring child friendly and inclusive designs) with Ministry of Education, Science and Technology.	25	20	0	0	0	0	45	61
			Sensitisation and enforcement of school standards through PEA, DEM, SMC, PTA and other stakeholders using SLTS and other mechanisms.	80	70	60	0	0	0	210	286
			Management and maintenance of school sanitation and hygiene facilities by SMC.	100	100	100	100	100	100	600	816
			Establishment and sustained support of sanitation clubs.	60	40	30	0	0	0	130	177
			HSAs and PEA to provide hygiene promotion and education	40	40	40	40	40	40	240	327
			Use of schools as a central hub for sanitation and hygiene education in the community	20	20	20	20	20	20	120	163
			Develop safe systems for pit emptying	60	0	0	0	0	0	60	82
National and District	MoHP, NSHTC and	***Improved sanitation and hygiene in***	Sensitisation and enforcement of health facilities standards through Director of Health and Social Services.	100	100	100	100	50	50	500	680

Level	Responsible stakeholder	Interventions	Activities	2018 – 19 Year 1	2019 – 20 Year 2	2020 – 21 Year 3	2021 – 22 Year 4	2022 – 23 Year 5	2022 - 24 Year 6	Cost MWK (Million)	Cost US$ (Thous)
	DCT	***health facilities***	Provide adequate sanitary facilities (with appropriate security) and resources to enhance and maintain hygiene practices.	100	100	100	100	100	100	600	816
			Manage and maintain sanitation and hygiene facilities through health facility management.	10	15	20	10	5	5	65	88
			Provide adequate resource allocation for the development, maintenance and cleaning of sanitary facilities.	200	200	200	200	300	350	1450	1973
			Use of health facilities as a central hub for sanitation and hygiene education in the community	50	50	50	50	50	50	300	408
National and District	MoHP, MoLG&RD, NSHTC, DCTs	***Improved sanitation and hygiene in markets***	Support review and revision of market standards to standardise across the country in partnership with Ministry of Local Government.	180	0	100	0	0	0	280	381
			Sensitisation and enforcement of market standards through District and City Councils	80	80	80	80	80	80	480	653
			Provide adequate sanitary facilities (with appropriate security) and resources to enhance and maintain hygiene practices.	100	200	300	300	400	500	1800	2449
			Manage and maintain sanitation and hygiene facilities through District and City Council.	100	100	100	200	300	400	1200	1633
			Provide adequate resource allocation for the development, maintenance and cleaning of sanitary facilities.	80	90	90	100	120	150	630	857
			Regular inspections by District and City Councils to ensure compliance with standards	100	100	80	70	60	50	460	626
National and	MoHP	***Improved sanitation and***	Support review and revision of standards to standardise across the country in	60	60	0	0	60	0	180	245

Level	Responsible stakeholder	Interventions	Activities	2018 – 19 Year 1	2019 – 20 Year 2	2020 – 21 Year 3	2021 – 22 Year 4	2022 – 23 Year 5	2022 - 24 Year 6	Cost MWK (Million)	Cost US$ (Thous)
District	(Directorate of Preventive Health, NSHTC	***hygiene in public institutions***	partnership with Ministry of Local Government.								
			Sensitisation and enforcement of standards through appropriate authorities	8	8	8	0	0	0	24	33
			Provide adequate sanitary facilities (with appropriate security) and resources to enhance and maintain hygiene practices.	200	200	200	200	200	300	1300	1769
			Manage and maintain sanitation and hygiene facilities through appropriate authorities.	200	200	200	200	200	300	1300	1769
			Provide adequate resource allocation for the development, maintenance and cleaning of sanitary facilities.	200	200	200	200	200	300	1300	1769
			Regular inspections by appropriate authorities to ensure compliance with standards	100	100	200	200	300	350	1250	1701
Thematic area 4: Behaviour Change and Communication											
National	MoHP, MoAIWD, NSHTC, DCT, Development partners	***Assessment of priority areas***	Review of current programmes and research	50	70	0	0	0	0	120	163
			Consultation with stakeholders	0	30	20	0	0	0	50	68
		Development communication programmes	Co-design of communication programmes with beneficiaries	0	40	20	0	0	0	60	82
			Consultation with stakeholders	0	0	60	0	0	0	60	82
		Implementation of communication programmes	Dissemination with stakeholders	0	0	100	100	0	0	200	272
			Launch of communication programme through appropriate channels	0	0	0	50	0	0	50	68
Thematic area 5: Waste management											

Level	Responsible stakeholder	Interventions	Activities	2018 – 19 Year 1	2019 – 20 Year 2	2020 – 21 Year 3	2021 – 22 Year 4	2022 – 23 Year 5	2022 - 24 Year 6	Cost MWK (Million)	Cost US$ (Thous)
National and Council	MoLG&RD, MoHP, Department of Environmental Affairs (EAD) NSHTC	***Sustainable solid waste management***	Develop district-based investment plan for refuse collection and disposal	0	0	0	60	0	0	60	82
			Develop guidelines and standards ideal for managing solid waste	0	0	0	70	40	0	110	150
			Promote private public partnership for solid waste management	50	50	50	50	50	50	300	408
			Enforcement and inspection for solid waste management	80	80	80	80	80	80	480	653
			Promote recycling of solid waste by the public and private sector	100	150	150	200	100	100	800	1088
			Public awareness of solid waste management techniques	150	150	90	100	110	100	700	952
			Rehabilitate existing solid waste facilities	200	200	200	200	300	300	1400	1905
National and Council	MoLG&RD, MoHP, MoAIWD, NSHTC, MBS, EAD	***Sustainable industrial and other hazardous waste management***	Develop guidelines and standards ideal for industrial and hazardous waste	0	0	150	0	0	0	150	204
			Promote industrial waste monitoring and surveillance systems	0	0	100	100	150	200	550	748
			Enforcement and inspection for industrial and hazardous waste	0	0	100	100	150	200	550	748
			Promote construction of incinerators for industrial waste handling	0	0	0	200	200	100	500	680
			Public awareness of industrial and hazardous waste management	0	0	200	250	300	300	1050	1429
	MoHP, MoLG&RD, MBS, MoAIWD, NSHTC, EAD	***Sustainable medical waste management practices***	Develop guidelines and standards ideal for medical waste	0	0	100	0	0	0	100	136
National and District			Promote medical waste monitoring and surveillance systems	0	0	50	50	50	50	200	272
			Enforcement and inspection for medical waste	0	0	60	60	60	70	250	340
			Promote construction of incinerators for medical waste handling	0	0	500	600	700	700	2500	3401

Level	Responsible stakeholder	Interventions	Activities	2018 – 19 Year 1	2019 – 20 Year 2	2020 – 21 Year 3	2021 – 22 Year 4	2022 – 23 Year 5	2022 - 24 Year 6	Cost MWK (Million)	Cost US$ (Thous)
			Public awareness of medical waste management	0	0	30	50	50	48	178	242
			Develop colour coding system for medical waste at the point of generation	0	0	40	0	0	0	40	54
National and District	MoLG&RD, MoHP , NSHTC	***Sustainable waste water management practices***	Develop district and city based investment plan for waste water management	0	200	0	200	0	0	400	544
			Develop guidelines and standards ideal for waste water management	0	60	0	0	0	0	60	82
			Promote waste water monitoring and surveillance systems	0	48	48	48	48	60	252	343
			Enforcement and inspection for waste water	0	100	100	100	100	100	500	680
			Promote an effective infrastructure for waste water handling	0	300	300	300	300	400	1600	2177
			Public awareness of waste water management	0	0	100	100	100	150	450	612
			Monitoring of waste water effluent	0	0	60	60	70	70	260	354
			Rehabilitate existing waste water facilities	0	0	400	500	600	700	2200	2993
			Promote reuse of waste water	0	0	500	350	400	700	1950	2653
			Regulate pit emptying mechanisms	100	100	100	100	150	150	700	952
National and District	MoLG&RD, MoHP, EAD, Development, Training Institutions	***Increase district and city authorities capacity to management solid waste***	Training of appropriate personnel on guidelines	300	300	400	400	500	600	2500	3401
			Provide support to maintain effective waste collection services where appropriate	100	100	150	150	200	300	1000	1361
			Support and promote recycling industry	100	100	100	80	90	70	540	735
			Increase access to recycling opportunities for households	50	50	50	50	60	60	320	435
National and District	MoLG&RD, MoHP, EAD, Development, Training	***Increase city authority capacity to manage urban wastewater***	Reduce discharge of untreated wastewater into water courses	60	60	60	60	90	100	430	585

Level	Responsible stakeholder	Interventions	Activities	2018 – 19 Year 1	2019 – 20 Year 2	2020 – 21 Year 3	2021 – 22 Year 4	2022 – 23 Year 5	2022 - 24 Year 6	Cost MWK (Million)	Cost US$ (Thous)
	Institutions		Repair and effectively manage wastewater treatment systems	300	500	400	100	200	100	1600	2177
			Expand and extend sewerage systems and wastewater treatment in urban areas	400	500	700	900	0	800	3300	4490
National and District	MoLG&RD, MoHP, EAD, Development, Training Institutions	***Increase public awareness of rights to clean and healthy environment***	Develop and launch campaign to improve living and public environments	70	0	0	90	0	0	160	218
			Increase civic responsibility and raise awareness on legal rights regarding waste management	140	140	140	140	140	140	840	1143
Thematic area 6: Menstrual Hygiene Management											
National and District	MoEST, MoHP, MoGCSW	***Promotion of the integration of MHM beyond sanitation and hygiene promotion***	Development of guidelines for the construction and provision of MHM facilities	0	100	100	0	0	0	200	272
			Development of guidelines and standards for absorbent materials;	0	50	60	0	0	0	110	150
			Support the provision of MHM facilities and absorbent materials to girls and women;	100	100	100	100	100	100	600	816
			Coordinated campaigns to raise awareness and reduce stigma around menstrual hygiene issues.	150	150	150	150	150	150	900	1224
			Inclusion of MHM in the new sanitation policy and other related policies	200	0	0	0	0	0	200	272
			Development of checklist that is inclusive of all sanitation standards including MHM	0	0	50	0	0	0	50	68
			Promote fully functional commodity supply chain system for MHM	30	30	30	30	40	40	200	272
			Advocate for MHM in institutions and households	50	50	50	50	50	50	300	408
			Awareness of MHM among both men and women in order to break the silence	50	50	50	50	50	50	300	408

Level	Responsible stakeholder	Interventions	Activities	2018 – 19 Year 1	2019 – 20 Year 2	2020 – 21 Year 3	2021 – 22 Year 4	2022 – 23 Year 5	2022 - 24 Year 6	Cost MWK (Million)	Cost US$ (Thous)
National and District	MoHP, MoEST, MoGCSW PTAs	***Update and integrate improved sanitation and hygiene curricula content at all levels***	Evaluation and update of school, higher education and training curricula	0	0	100	0	60	0	160	218
Thematic area 7: Cross Cutting Issues Sub-Theme (a): Financing											
National	MoHP	***Development of a sector financing scheme***	Financing of sector wide approach (SWAp) for sanitation and hygiene, with ring fenced funding secured to meet the objectives of the NSHS including support for NSHCU coordination at national and district level.	500	500	600	100	200	300	2200	2993
National and District	MoHP, MoAIWD, NSHCU, NSHTC		Promote the use of innovative financing systems for sanitation and hygiene at community level.	200	200	300	300	400	100	1500	2041
			Promote the availability of funds for research to fulfil the sanitation and hygiene research agenda	100	100	100	100	100	100	600	816
National and District	MoHP, MoAIWD, NSHCU, NSHTC	***Advocacy within government, donors and development partners to support the sector financing scheme***	Development of an advocacy framework for increased financing with support from non-state actors	0	60	0	0	0	0	60	82
			Delivery of advocacy framework in partnership with non-state actors	0	70	50	20	10	5	155	211
Sub-Theme (b): Leadership and coordination											

Level	Responsible stakeholder	Interventions	Activities	2018 – 19 Year 1	2019 – 20 Year 2	2020 – 21 Year 3	2021 – 22 Year 4	2022 – 23 Year 5	2022 - 24 Year 6	Cost MWK (Million)	Cost US$ (Thous)
National and District	MoHP, MoAIWD, NSHTC, NSHCU, DCT	***Development of a Sector Wide Approach (SWAp) for sanitation and hygiene***	Develop a Sector Wide Approach (SWAp) for sanitation and hygiene	100	100	0	0	0	0	200	272
		Scale up and enhance coordination mechanisms at the national level	Disseminate of NSHS at all levels	25	25	0	0	0	0	50	68
			Brief stakeholders on sanitation and hygiene roles and responsibilities and governance structures;	20	20		0	0	0	40	54
			Sign Memorandums of Understanding with partners working in sanitation and hygiene;	2	2	2	2	2	2	12	16
			Lead regular coordination and sector strengthening meetings;	12	12	12	12	12	12	72	98
			Advocate for revision of the National Sanitation Policy to provide clear principles, norms and guidelines.	70	60	0	0	0	0	130	177
			Coordinate dissemination of findings of programs and research to national, district and development partners.	100	150	100	200	300	200	1050	1429
			Participation from high level national figures to raise the profile of sanitation and hygiene and lead advocacy of the NSHS objectives.	15	20	10	10	10	15	80	109
National and District	MoHP, MoAIWD, NSHTC, NSHCU, DCT	***Scale up and enhance coordination mechanisms at district level***	Undertake sector strengthening assessments;	10	10	0	0	0	0	20	27
			Develop and implement sanitation and hygiene plans for each district that feed into the DIP;	0	100	100	100	18	18	336	457
			Lead regular coordination and sector strengthening meetings through DCT	112	112	112	112	112	112	672	914
			Partner mapping and registers	6	6	6	6	6	6	36	49

Level	Responsible stakeholder	Interventions	Activities	2018 – 19 Year 1	2019 – 20 Year 2	2020 – 21 Year 3	2021 – 22 Year 4	2022 – 23 Year 5	2022 - 24 Year 6	Cost MWK (Million)	Cost US$ (Thous)
National and District	MoHP, MoAIWD, DCTs, NSHCU	***Strengthen coordination linkages across national, district and community levels***	Establish strong communication and reporting lines between the national EH section, District Coordination Team, health surveillance assistants, water monitoring officers and partners.	300	400	0	0	0	0	700	952
			Establish cross sector linkages and communication across national, district and community levels	60	60	0	0	0	0	120	163
Sub-Theme 3: Research and Knowledge Exchange											
National and District	Research institutions, development partners, MoHP, MoAIWD, development partners	***Develop sanitation and hygiene agenda***	Form a sanitation and hygiene agenda with full stakeholder input in Year 1 and aligned with the key thematic areas of the NSHS	40	0	0	0	0	0	40	54
		Build capacity in stakeholders to develop, undertake, interpret and use evidence from research	Train personnel at national and district level in applied research and evidence-based decision-making	40	40	40	50	50	60	280	381
		Integrate operational research in current and future programmes	Integrate operational research in current and future programmes	10	10	10	15	15	15	75	102
			DCT to ensure inclusion of operational research in all programmes at District level to provide evidence of outcomes and impact	10	10	10	15	15	15	75	102
		Advocacy programme for sanitation and hygiene research funding	Align advocacy programme with the research agenda to support and promote funding	0	10	10	10	10	10	50	68
National	Research	***Dissemination***	Support, develop and sustain programmes	0	25	30	40	50	60	205	279

Level	Responsible stakeholder	Interventions	Activities	2018 – 19 Year 1	2019 – 20 Year 2	2020 – 21 Year 3	2021 – 22 Year 4	2022 – 23 Year 5	2022 - 24 Year 6	Cost MWK (Million)	Cost US$ (Thous)
and District	institutions, development partners, MoHP, MoAIWD, development partners		for regular academic and operational research dissemination through symposia, reports, technical working groups, joint sector reviews								
Total Cost				**7696**	**9033**	**10583**	**9914**	**9966**	**11537**	**58729**	**79903**

Annex B: Implementation Matrix

STRATEGIC THEME AREA 1: RURAL SANITATION AND HYGIENE						
Outcome: Increased sustained access and use of improved and appropriate sanitation and hygiene facilities for all in domestic rural settings by 2024						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible Office**
To increase sustained access and use of improved and appropriate sanitation and hygiene facilities for all in domestic rural settings through an integrated approach.	Continued promotion of ODF status.	% of triggered communities at cluster level	43		Annual reports	MoHP, MoAIWD, NSHTC
		Number of exchange visits,(Coordinated supporting campaigns in OD areas)			Visit reports	MoHP, MoAIWD, NSHTC
		Number of open days Coordinated supporting campaigns in OD areas			Reports, minutes	MoHP, MoAIWD, NSHTC
	Sustained ODF status in communities	% of communities maintaining ODF status months after certification		75%	NSHTC and DCT reports	MoHP, MoAIWD, NSHTC
		Number of DCTs trained and mentored to support the maintenance of ODF	0	28	Training reports	MoHP, MoAIWD, NSHTC
		Number of extension workers trained and mentored to support the maintenance of ODF		75%	Training reports	NSHCU, NSHTC, DCTs

STRATEGIC THEME AREA 1: RURAL SANITATION AND HYGIENE						
Outcome: Increased sustained access and use of improved and appropriate sanitation and hygiene facilities for all in domestic rural settings by 2024						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible Office**
		Number of natural leaders village health committees trained and mentored to support maintenance of ODF		All involved in ODF declared T/As	Training reports	MoHP, MoAIWD, NSHTC
		Number of village health committees trained and mentored to support maintenance of ODF		75% of VHYC in ODF declared areas	Training reports	MoHP, MoAIWD, NSHTC
		Number of continued follow-ups as part of routine work for verification after declared ODF;		80% of the declared areas	Reports from HSAs	NSHTC
	Promoted progression up the sanitation and hygiene ladder	Increased number of Households adopting new sanitation technologies		50%	District reports and meeting minutes	DCT, NSHTC
	Reviewed and used supporting tools	Number of reviewed and developed clear guidance and tools for the ODF verification process	1	1	Review meeting minutes and attendance list	NSHTC

STRATEGIC THEME AREA 1: RURAL SANITATION AND HYGIENE						
Outcome: Increased sustained access and use of improved and appropriate sanitation and hygiene facilities for all in domestic rural settings by 2024						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible Office**
		Number of reviewed, developed and disseminated training manuals and tools		1	Review meeting minutes and attendance list	NSHTC
		Number of disseminated guidance manuals for sanitation marketing		1	Review meeting minutes and attendance list	NSHTC

STRATEGIC THEME AREA 2: URBAN SANITATION AND HYGIENE						
Outcome: Increased sustained access and use of improved and appropriate sanitation and hygiene facilities for all in domestic urban settings in areas declared ODF						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
To increase sustained access and use of improved and appropriate sanitation and hygiene facilities for all in domestic urban settings through an integrated approach	Reviewed and developed legal requirements and standards	Number of developed/reviewed legal requirements and standards for sanitation and hygiene;		1	Review reports	NSHTC and partners
	Increased awareness and understanding of the legal requirements and standards for sanitation and hygiene	Number of developed and implemented awareness campaigns		10	Awareness campaign reports	MoHP, MoAIWD, partners
	Promoted household progression up the sanitation and hygiene ladder through effective, context appropriate and innovative sanitation marketing.	Number of developed effective communications campaigns		10	campaign reports	MoHP, MoAIWD,
		Number of developed and rolled out compendium of technological solutions (including climate resilient)		1	Reports from NSHTC	MoHP, MoAIWD,, Research institutions, masons
		Percentage of trained and promotes sanitation marketing and entrepreneurs		75% of masons/entreprenеurs	Memorandum of understanding, Reports from NSHTC	MoHP,NSHTC MoAIWD, Masons

STRATEGIC THEME AREA 2: URBAN SANITATION AND HYGIENE						
Outcome: Increased sustained access and use of improved and appropriate sanitation and hygiene facilities for all in domestic urban settings in areas declared ODF						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
		Number of established demonstration sites within public institutions to promote technologies		28 (at least one for each district)	Annual reports, minutes of meetings	MoLG&RD, MoHP
		Number of developed and disseminated guidance manuals for sanitation marketing.	0	1	Existence of manuals	NSHTC
	Developed and used supporting tools to provide consistency in promoting and supporting sanitation and hygiene coverage in urban areas	Number of developed and used supporting tools to promote and support sanitation and hygiene coverage		1	Existence of tools	NSHTC, NSHCU

STRATEGIC THEME AREA 3: INSTITUTIONAL SANITATION AND HYGIENE						
Outcome: Increased access and use of improved and appropriate sanitation and hygiene facilities for all in institutional settings IN ODF declared areas						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
To increase sustained access and use of improved and appropriate sanitation and hygiene facilities for all in institutional settings through an integrated approach	Improved sanitation and hygiene in schools (including early childhood development centres)	Number of reviewed and revised school standards (ensuring child friendly, and inclusive designs)	0	1	Available standards	MoEST, MoHP, MoLG&RD
		% of institutions provided with appropriate sanitation and hygiene facilities	45%	80%	Reports and minutes	MoEST, MoHP, MoLG&RD
		% of schools with proper management and maintenance of school sanitation and hygiene facilities	15%	75%	Reports and minutes	PTAs
		Proportion of schools with established school sanitation and hygiene clubs	65%	100%	Reports and minutes	PTAs, School, clubs
		Proportion of schools with developed mechanism for safe pit emptying	40%	80%	Reports and minutes	MoEST, MoHP, MoLG&RD
		% of sensitized and enforced school sanitation standards	65%	100%	Reports and minute Existence and use of standards	MoEST, PTA and other stakeholders

STRATEGIC THEME AREA 3: INSTITUTIONAL SANITATION AND HYGIENE						
Outcome: Increased access and use of improved and appropriate sanitation and hygiene facilities for all in institutional settings IN ODF declared areas						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
	Improved sanitation and hygiene in health facilities	% of health facilities sensitised and enforced with health facilities standards	55%	95%	Health facility reports and minutes of meetings	MoHP, NSHTC
		% of Health facilities provided with adequate sanitary facilities (with appropriate security) and resources	75%	90%	Health facility reports and minutes of meetings	MoHP, NSHTC
		% of health facilities with managed and maintained sanitation and hygiene facilities	75%	90%	Health facility reports and minutes of meetings	MoHP, NSHTC
		% of Health facilities allocated with adequate resource for the development, maintenance and cleaning of sanitary facilities	75%	90%	Health facility reports and minutes of meetings	MoHP, NSHTC
		% of Health facilities used as a central hub for sanitation and hygiene education in the community	75%	90%	Health facility reports and minutes of meetings	MoHP, NSHTC

STRATEGIC THEME AREA 3: INSTITUTIONAL SANITATION AND HYGIENE						
Outcome: Increased access and use of improved and appropriate sanitation and hygiene facilities for all in institutional settings IN ODF declared areas						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
	Improved sanitation and hygiene in markets	% of markets with reviewed and revised market standards across the country	35%	75%	Reports and minutes of meetings	MoHP, MoLG&RD, NSHTC, DCTs
		% of markets with sensitized staff and enforced market standards	35%	75%	Reports and minutes of meetings	MoHP, MoLG&RD, NSHTC, DCTs
		Number of markets allocated with adequate sanitary facilities (with appropriate security) and resources	35%	75%	Reports and minutes of meetings	MoHP, MoLG&RD, NSHTC, DCTs
		Proportion of markets with well managed and maintained sanitation and hygiene facilities	35%	75%	Reports and minutes of meetings	MoHP, MoLG&RD, NSHTC, DCTs
		Number of inspections conducted markets to ensure compliance with standards	35%	75%	Reports and minutes of meetings	MoHP, MoLG&RD, NSHTC, DCTs
	Improved sanitation and hygiene in public institutions	% of public institutions with reviewed and revised standards across the country	25%	70%	Existence and use of standards, reports	MoHP (Directorate of Preventive Health, NSHTC

STRATEGIC THEME AREA 3: INSTITUTIONAL SANITATION AND HYGIENE						
Outcome: Increased access and use of improved and appropriate sanitation and hygiene facilities for all in institutional settings IN ODF declared areas						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
		% of markets with sensitized staff and enforced market standards	35%	75%	Existence and use of standards, reports	MoHP (Directorate of Preventive Health, NSHTC
		Number of public institutions allocated with adequate sanitary facilities (with appropriate security) and resources	20%	70%	Survey and inspection reports	MoHP (Directorate of Preventive Health, NSHTC
		Proportion of public institutions with well managed and maintain end sanitation and hygiene facilities	20%	70%	Survey inspection and reports	MoHP (Directorate of Preventive Health, NSHTC)
		Number of inspections conducted public institutions to ensure compliance with standards	20%	70%	Inspection Reports	MoHP (Directorate of Preventive Health, NSHTC)

STRATEGIC THEME AREA 4: BEHAVIOUR CHANGE AND COMMUNICATION						
Outcome: Sensitised and raised public awareness on the benefits of improved environmental sanitation and hygiene practices sanitation and hygiene.						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
To ensure that programs incorporate promotive approaches that is cognisant of context, technology, behavioural science and economics for improved sanitation and hygiene.	Consolidated hygiene behaviours to be prioritised for behaviour change.	Frequency of reviewed current sanitation and hygiene programmes and research implemented by various stakeholders	N/A	5	Review meetings reports	MoHP, NSHTC
		Number of Consultation with stakeholders held.	NA	10	Minutes of consultative meetings	MoHP, NSHTC, Development partners
	Developed communication messages and methods for prioritised hygiene behaviours using appropriate models of behaviour change communication based on behaviour centred design (Annex X).	Number of co-designed communication programmes with beneficiaries	NA	8	Documented communication programmes	MoHP, NSHTC, Development partners

STRATEGIC THEME AREA 4: BEHAVIOUR CHANGE AND COMMUNICATION						
Outcome: Sensitised and raised public awareness on the benefits of improved environmental sanitation and hygiene practices sanitation and hygiene.						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
	Implemented comprehensive behaviour change communication programme	Number of dissemination programmes developed programmes with stakeholders	NA	29	Documented dissemination programmes	MoHP, NSHTC, Development partners
		Number of launched communication programmes through appropriate channels	0	1	Documented launched communication programmes	MoHP, NSHTC, Development partners
	Improved household and personal hygiene practices	% of households using appropriate HWFWS	36.7%	85%	Reports from extension workers	MoHP, NSHTC, Development partners

STRATEGIC THEME AREA 5: WASTE MANAGEMENT						
Outcome: Enhanced sustainable waste management practices and ensured and maintained clean and healthy environment.						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
To promote sustainable waste management practices and ensure clean and healthy environment.	Promoted and ensured sustainable solid waste management practices	Number of developed town, municipality, town councils district based investment plan for refuse collection and disposal		Total of districts, town assemblies, municipalities In Malawi	Reports and minutes of meetings	MoLG&RD, MoHP, NSHTC
		Number of developed guidelines and standards ideal for managing solid waste	1	1	Existence of the standards	MoLG&RD, MoHP, Department of Environmental Affairs NSHTC
		Number of private /public partnership involved in waste management;	0	2	MOUs	MoLG&RD, MoHP, NSHTC
		Number of inspection and cases brought for prosecution	0	5	Prosecuted cases or court files	MoHP, Department of Environmental Affairs, Judiciary
		Number of solid waste recycling centres owned by the public and private sector;	2	29	MOUs, reports	MoHP, MoLG&RD

STRATEGIC THEME AREA 5: WASTE MANAGEMENT						
Outcome: Enhanced sustainable waste management practices and ensured and maintained clean and healthy environment.						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
		Number of public awareness campaigns on solid waste management techniques;	0	29	Reports	MoHP (Health education section, Advocacy group
		Number or percentage of rehabilitated existing solid waste facilities	0	17	Rehabilitation reports	MoLG&RD, MoHP, MoAIWD
	Promoted and ensured sustainable industrial and other hazardous waste management practices	Number of developed guidelines and standards ideal for industrial and hazardous waste	0	2	Existence of guidelines	MoLG&RD, MoHP, MoAIWD, NSHTC, Department of Environmental Affairs
		Number of industrial waste monitoring and surveillance systems	0	1	Existing monitoring and surveillance systems	MBS, Department of Environmental Affairs, MoHP
		Number of inspection and prosecuted cases for industrial and hazardous waste mismanagement	NA	5	Inspection reports and documented court cases	MoHP, MBS. Department of Environmental Affairs

STRATEGIC THEME AREA 5: WASTE MANAGEMENT						
Outcome: Enhanced sustainable waste management practices and ensured and maintained clean and healthy environment.						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
		Number of incinerators constructed and put into use for incinerators of industrial waste handling	9	58	Existence of working incinerators	MoHP, MoLG&RD
		Number of Public awareness campaigns conducted for industrial and hazardous waste management	NA	29	Awareness campaign reports	MoHP (Health education unit), development partners, advocacy groups
	Promoted and ensured sustainable medical waste management	Number of developed guidelines and standards ideal for medical waste;	0	1	Existence of guidelines	MoLG&RD, MoHP, MoAIWD, NSHTC, Department of Environmental Affairs
		Number of medical waste monitoring and surveillance systems;	0	1	Existing monitoring and surveillance systems	MBS, Department of Environmental Affairs, MoHP
		Number of inspection and prosecuted court cases for medical waste	NA	5	Inspection reports and documented court cases	MoHP, MBS. Department of Environmental Affairs

STRATEGIC THEME AREA 5: WASTE MANAGEMENT						
Outcome: Enhanced sustainable waste management practices and ensured and maintained clean and healthy environment.						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
		Number of constructed incinerators for medical waste handling	9	58	Existence of working incinerators	MoHP, MoLG&RD
		%r of waste handlers using colour coding for medical waste at the point of generation.	5%	80%	Medical waste handling reports Existence of infection prevention committee at the health facility	MoHP, NSHTC
	Promoted and ensured sustainable urban wastewater management.	Number of developed district and city based investment plan for waste water management; guidelines and standards ideal for waste water management	0	One for district and city councils	Existence of investment plans	MoLG&RD
		Percentage of inspections carried out and number of cases prosecuted for waste water		50% of the cases reported and recorded	Inspection reports	MoLG&RD, MoHP , NSHTC

STRATEGIC THEME AREA 5: WASTE MANAGEMENT						
Outcome: Enhanced sustainable waste management practices and ensured and maintained clean and healthy environment.						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
		Number of infrastructure for waste water handling	9	58	Available infrastructures, survey reports	MoG&RD, MoHP
		Number of public awareness campaigns conducted for waste water management	NA	29	Awareness campaigns reports survey reports	MoHP (Health Education section)
		Number of rehabilitated existing waste water facilities	NA	17	Reports from DCTs and councils, survey reports	MoLG&RD, MoHP
		Number of waste water recyclers	NA	84	MOUs	MoLG&RD, MoHP
		Number of regulated pit emptying mechanisms. adopted	5	29	Existence of newly adopted pit emptying facilities	MoHP, Department of Environmental Affairs, MBS
	Increase district and city authorities' capacity management solid waste.	Number of trainings of appropriate personnel on guidelines	NA	200	Training reports, Certificates of attendance	MoLG&RD, MoHP, Training institutions
		% increase in financial support provided to maintain effective waste collection services where	3%	50%	MOUs, Financial reports, grants proposal funded	MoLG&RD, MoHP, Department of

STRATEGIC THEME AREA 5: WASTE MANAGEMENT						
Outcome: Enhanced sustainable waste management practices and ensured and maintained clean and healthy environment.						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
		appropriate				Environmental Affairs, Development partners
		Number of training private industries on waste recycling	3	29	Training reports, Certificates of attendance	MoHP, Department of Environmental Affairs, Training institutions
		% Increase of access to recycling opportunities for households.	10%	60%	Waste recycling reports	MoHP, MoLG&RD, Department of Environmental Affairs

STRATEGIC THEME AREA 6: MENSTRUAL HYGIENE MANAGEMENT						
Outcome: Improved sustained access to quality and appropriate menstrual hygiene services						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
To increase sustained access to quality and appropriate menstrual hygiene services	Improved menstrual health and hygiene practices	Number of developed guidelines and standards for absorbent materials	0	1	Existing and used guidelines	MoEST, MoGCSW, MoHP
		Number of developed checklist that is inclusive of all the sanitation standards including MHM	0	1	Existing and used, checklist	MoEST, MoGCSW, MoHP
		% of Primary & Higher education institutions with MHM included in the curriculum	58	80%	Availability of curriculum incorporating MHM	MoEST, MoGCSW MoHP
	Improved menstrual hygiene facilities	Number of existence of Fully functional commodity supply chain system	0	1	Availability of distribution centres in rural and urban centres for sanitary pads and towels supply (buying)	MoEST MoGCSW MoHP
		Number of centres established to support the provision of MHM facilities and absorbent materials	58	300	Availability of distribution centres in rural and urban	MoEST, MoGCSW MoHP

STRATEGIC THEME AREA 6: MENSTRUAL HYGIENE MANAGEMENT						
Outcome: Improved sustained access to quality and appropriate menstrual hygiene services						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
		to girls and women			centres for sanitary pads and towels supply (buying)	
		% of public schools with regularly supplied with sanitary towels/pads	58	80%	Availability of distribution centers around schools and in schools themselves	MoEST, MoHP, MoGCSW
	Promoted MHM awareness	Number of coordinate campaigns conducted to raise awareness and reduce stigma around menstrual hygiene issues	0	300	Campaigns report, survey reports	MoHP, MoEST, MoGCSW PTAs
		Number of advocacy meetings held for MHM	0	58	Advocacy meeting reports, survey reports	MoHP, MoEST, MoGCSW Advocacy groups

STRATEGIC THEME AREA 7: CROSS CUTTING ISSUES (Financing. Leadership, Coordination and Research and knowledge exchange						
Outcome 1.1ncreased mobilization of financial resources and enhanced efficient management of financial resources by 2024 for sanitation and hygiene						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
To ensure effective financing, leadership, coordination and knowledge exchange to achieve targets in sanitation and hygiene for all.	Increased domestic tax-based financing for the health sector	% of government expenditure on sanitation and hygiene as percentage of total Government expenditure	0.03% from ORT	5%	NHA Report	MoHP
	Project grant proposals development enhanced	Number of project grant proposal funded	NA	29	Grant proposals written	MoHP, MoAIWD, NSHCU, NSHTC
	Public private partnerships established	Percentage of private expenditure as a percentage of total Sanitation and hygiene expenditure	11%	46%	NHA Report	MoHP
	Donor and partner coordination enhanced to ensure alignment to national, and local authority priorities	Proportion of donors and partners with approved MOUs	NA	75%	Aid Coordination unit database s	MoHP (Aid Coordinating unit), Donor partners

STRATEGIC THEME AREA 7: CROSS CUTTING ISSUES (Financing. Leadership, Coordination and Research and knowledge exchange						
Outcome 1.1ncreased mobilization of financial resources and enhanced efficient management of financial resources by 2024 for sanitation and hygiene						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
	Pooling and management of local and external sector resources strengthened	Percentage reduction of fragmented pools of health resources	11%	46%	NHA Report	MoHP (Aid Coordinating unit), MoAIWD, Donor partners
	Pro-active mechanisms for mobilizing external resources promoted	Percentage increase in number of Sanitation and hygiene grants mobilized from external resources	0%	100%	Department of Health Research annual reports	MoHP (Department of Health Research
	Prudence, efficiency, transparency and accountability in the use of sanitation and hygiene financial resources promoted	Percentage reduction in sanitation and hygiene financial and procurement audit queries	**0%**	**100%**	Financial and Procurement Audit Reports	MoHP., MoAIWD
	Mechanisms for equitable and efficient allocation of sanitation and hygiene related	Percentage of revised allocation formula in place	NA	80%	Department of Planning and Policy Development reports	Department of Planning and Policy Development

STRATEGIC THEME AREA 7: CROSS CUTTING ISSUES (Financing. Leadership, Coordination and Research and knowledge exchange						
Outcome 1.1ncreased mobilization of financial resources and enhanced efficient management of financial resources by 2024 for sanitation and hygiene						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
	resources strengthened					
	Investment plan developed	Number of investment plans developed by the cities, municipalities, towns and districts	23	35	Development plans put in place	Ministry of Economic planning
	Increased financial support for the vulnerable and marginalised populations	% of vulnerable and marginilised accessing funding or given subsidy	NA	30%	Availability of funding for the vulnerable and marginilised	MoHP, MoGCSW, Development partners

STRATEGIC THEME AREA 7: CROSS CUTTING ISSUES (Financing. Leadership, Coordination and Research and knowledge exchange						
Outcome 2: Improved leadership and coordination to support strategy activities implementation at all levels by 2024						
Objective	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
To improve leadership and coordination to support strategy activities implementation at all levels	Established strong communication and reporting lines between the national EH section	Number of communication reports written	**29**	29	Communication reports and memos and reports	MoHP (NSHCU)
	Established enabling national institutional framework	Number of established enabling institutional framework	0	1	NSHTC reports and minutes	MoHP, MoAIWD, NSHCU
	Strengthened DCT in all districts	% of DCT strengthened in all districts	**0**	**29**	DCT reports and minutes	MoHP, DCTs
	Established enabling national institutional framework	Number of established enabling national institutional framework	**0**	**1**	Existence /availability of frameworks	MoHP, MoAIWD, NSHCU, Judiciary
	Scaled up and enhanced coordination mechanisms at the national and district levels	Number of NSHS dissemination meetings conducted at all levels;	**1**	**2**	I or monthly reports Dissemination forums	MoHP, MoAIWD, NSHTC, NSHCU

STRATEGIC THEME AREA 7: CROSS CUTTING ISSUES (Financing. Leadership, Coordination and Research and knowledge exchange						
Outcome 2: Improved leadership and coordination to support strategy activities implementation at all levels by 2024						
Objective	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
		Number of signed Memorandums of Understanding with partners working in sanitation and hygiene	**NA**	**3**	MOUs	MoHP, MoAIWD, NSHTC, NSHCU
		Number of lead regular coordination and sector strengthening meetings;	**4**	**12**	Coordination meeting minutes and reports	MoHP (Directorate of Preventive Health)
	Strengthened coordination linkages across national, district and community levels	Number of established strong communication and reporting lines between the national EH section, District Coordination Team, health surveillance assistants, water monitoring officers and partners;	**All districts**	**All districts**	Communication reports Established reporting lines	MoHP, DCTs, NSHCU
		Number of established strong communication and reporting lines between the national EH section, District Coordination Team, health surveillance assistants, water monitoring officers and partners;	**All districts**	**All districts**	Communication reports Established reporting lines	MoHP, MoAIWD, NSHCU

STRATEGIC THEME AREA 7: CROSS CUTTING ISSUES (Financing. Leadership, Coordination and Research and knowledge exchange						
Outcome 3: Enhanced research capacity and knowledge exchange, and *Improved collaborative links by 2024*						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
To enhance research capacity, knowledge exchange and improve collaborative links	Increased use of evidence based decision making in programme and policy development	Number of guidelines for Health Policy Development revised and in place	**N/A**	4	Policy Development Unit reports	Policy Development Unit
	Research data-base established	Number of data base or repositories created	**0**	1	National Health Accounts Report	MoHP (Department of Research)
	Local capacity to carry out policy relevant health research strengthened	Percentage of sanitation and hygiene expenditure allocated to research activities	2%	15%	National Health Accounts Report	MoHP (Department of Research)
	A developed clear research agenda for sanitation and hygiene sector.	Percentage of research conducted in line with national sanitation and hygiene research agenda	2%	15%	Health Research Department reports	MoHP (Department of Research)
	Mechanisms for monitoring implementation of sanitation and hygiene research generated policies, strategies and	Number of tools for monitoring implementation of policies, strategies, plans put in place	**0**	**1**	Research reports and minutes of research meetings	MoHP (Department of Research)

STRATEGIC THEME AREA 7: CROSS CUTTING ISSUES (Financing. Leadership, Coordination and Research and knowledge exchange						
Outcome 3: Enhanced research capacity and knowledge exchange, and *Improved collaborative links by 2024*						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
	plans institutionalized					
	Mechanisms for Knowledge translation strengthened	Number of knowledge translation platform put in place	**0**	**1**	Health Research Department reports	MoHP (Department of Research)
	Increased access to appropriate Sanitation and Hygiene technology options especially for the vulnerable and the poor	Number of developed sanitation technology options	**2**	**4**	existing and adopted new technologies	Research Institutions, Masons, MoHP, Development partners
		% increase in access to products and services for the vulnerable and marginalized	**20%**	**45%**	Existence of subsidies to the vulnerable and marginalised	MoGCSW, MoHP
		% of marginilised benefitting from user friendly technologies	**NA**	**90%**	existing and adopted new technologies	MoGCSW, MoHP

STRATEGIC THEME AREA 7: CROSS CUTTING ISSUES (Financing. Leadership, Coordination and Research and knowledge exchange						
Outcome 3: Enhanced research capacity and knowledge exchange, and *Improved collaborative links by 2024*						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Responsible office**
	Improved collaborative links	Number of collaborative research agreements made	**2**	**15**	Collaborative research meetings, MOUs	Research institutions, development partners, MoHP, MoAIWD
		Number of collaborative projects	**2**	**15**	MOUs	Research institutions, partners, MoHP, MoAIWD
		Number of contract research enhanced	**2**	**15**	Existence of contracts, MOUs	Research institutions, development partners, MoHP, MoAIWD, development partners

NB: Key assumptions made to this implementation and implementation matrix are presented in Table 3 above

Annex C: Policy Linkages

Declaration/Policy	What it stipulates
Alma Atta Declaration	An International Conference of Primary Health Care which was held on 12th September, 1978, expressed the need for urgent action by all governments, all health and development workers and the world community to protect and promote health for all people of the world. Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and county can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination Social determinant of health were also recognized including adequate supply of safe water and basic sanitation as important for Primary Health Care
Ottawa Charter	An international conference of health promotion was held in Ottawa-Canada in 1986. The outcome of this conference was a creation of the Ottawa Charter which has five main priority areas as follows: • **Building Public Policy:** enables a healthy choice to be an easy choice • **Strengthening Community Action**: to empower communities • **Developing Personal Skills**: to make healthy decisions people need information and education • **Reorienting Health services**: the health system must go beyond clinical and curative services and needs to also focus on promoting health and preventing disease • **Creating Supportive Environments**: Living and working conditions should promote health
EThekwini Declaration	**Declaration on Sanitation and Hygiene, 2008,** Made at the AfricaSan conference on Sanitation and Hygiene, 2008 during the international Year of Sanitation by the Ministers and Heads of Delegation responsible for sanitation and hygiene from 32 African countries, together with senior civil servants, local government officials, professionals from sector institutions, academia, civil society, development partners, and the private sector under the auspices of the African Ministers' Council on Water and Sanitation (AMCOW), and the other co-hosts of AfricanSan at the second African Conference on Hygiene and Sanitation in Durban, South Africa , 2008.

Declaration/Policy	What it stipulates
Libreville Declaration, 2008 & NGOR Declaration, 2014	**Declarations on Health and Environment which commit countries to provide resources for sanitation and hygiene.** African ministers responsible for health and the environment, meeting from 28 to 29 August 2008 in Libreville, Gabon; *Reaffirmed their commitment* to implement all conventions and Declarations that bear on health and environment linkages.
The Constitution of Malawi	The strategy is aligned with the Constitution under CAP. 34:01. The section provides for the enforcement of sanitation and hygiene in Malawi.
Malawi Vision 2020	Vision 2020 is an overarching Policy document for the Government of Malawi. It outlines key strategic options for improving the health status of Malawians.
Malawi Growth and Development Strategy III	An overarching strategic document identifies Health as one of the national priorities. The MGDS recognizes that a healthy and educated population is essential if Malawi is to achieve sustainable socio-economic growth
National Sanitation Policy, 2008	Helps to coordinate stakeholders in implementation of sanitation and hygiene in Malawi
National Health Policy, 2018	Provides a comprehensive framework for achieving national health system that is well-functioning, improves health, prioritizes satisfaction and financial protection of patients, and contributes to UHC
National Health Promotion Policy, 2016	Harmonizes the dissemination of messages for health including sanitation and hygiene
National Environmental Health Policy, 1997	Promotes the protection of environmental pollution
National Community Health Strategy, 2017-2022,	Defines a new community health system for Malawi, including the package of essential health services to be delivered at the community-level by community health workers

Declaration/Policy	What it stipulates
Decentralization Policy, 1997	Spells out the responsibilities of government departments and agents at district and local levels
National Water Policy, 2005	Regulates the provision of safe water supply
Policy on Equalization of Opportunities on People with Disability, 2006	Strives to make water and sanitation services and facilities more inclusive and accessible for Persons with Disability.