

WASH Infrastructure Rehabilitation and Health & Hygiene Promotion in Primary Schools in Central Malawi

(Project MWI 1002)

Mid-Term Evaluation on Behalf of Welthungerhilfe

Final Report

By Prof. Dr. Frank Bliss



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List of Abbreviations and Acronyms

AfDB	African Development Bank
c.	head
cf.	see, compare
d	day
est.	estimated
et al.	and other authors
f.	female
GDP	Gross Domestic Product
GNI	Gross National Income
HDI	Human Development Index (of UNDP)
HDR	Human Development Report (of UNDP)
hh	household/s
inh.	inhabitant/s
K	Malawian Kwacha (1 € = 540 K in October 2014)
KfW	Kreditanstalt für Wiederaufbau
KWh	Kilowatt hour
m	metre
m.	month
ma.	male
m ³	cubic metre
MDG	Millennium Development Goal
MG	Malawi Government
Mio	million
MoEST	Ministry of Education, Science and Technology
n.d.	not dated
NDS	National Development Strategy
O+M	Operation and Maintenance
p.	page
p.c.	per person
p.d.	per day
p.m.	per month
ppp	purchasing power parity
PRSP	Poverty Reduction Strategy Paper
PTA	Parent-Teachers Association
Q	question
s.a.	see above
s.b.	see below
SIG	School Improvement Grant
ToR	Terms of Reference
UN	United Nations
UNDP	United Nations Development Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
US\$	US Dollar
WB	World Bank
WHO	World Health Organization

1 Brief Description of the Project and Framework Conditions

With a GDP (ppp) of US\$ 900 (2013 est.) Malawi is one of the poorest countries in the world, ranking 174 out of 187 states listed in the UNDP Human Development Report of 2014). The country has a population of about 17.377 million with an annual growth rate of 3.33%. The median age is 16.3 years, the infant mortality rate 48/1000 live births. While 94.6% of the urban and 83.2% of the rural population have access to improved drinking water sources, only 22.3% of the urban and just 8% of the rural population have access to improved sanitation facilities. Preventable waterborne diseases continue to be major causes of sickness and death among children in Malawi. On average, a Malawian child will experience six cases of diarrhoea per year and consequently more than 4,000 children will die per year. The main causes of diarrhoea are the use of unsafe water, as well as unhygienic practices in food preparation and unsafe excreta disposal.

The WASH Infrastructure Rehabilitation and Health & Hygiene Promotion in 20 Primary Schools in Central Malawi is carried out by Welthungerhilfe in the Dedza District in close cooperation with the local administration. Funds are provided by Medicor, Water for all, Viva Con Agua (Austria), and Welthungerhilfe itself, with a total budget of EUR 448,480. The project aims at contributing to the reduction of morbidity and mortality amongst primary school children through the construction/rehabilitation of protected water sources, sanitation and hygiene facilities and behaviour change in health and hygiene practices.

2 Relevance

The project has a substantial relevance for the target groups, with regard to the national sector policies, and according to the policy of Welthungerhilfe. For instance, the Malawi Country Concept of Welthungerhilfe (2012) places a focus on Water, Sanitation and Hygiene (WASH) as an important field of intervention. In the national development strategies since 2008 water and sanitation has gained more and more relevance. Currently, there is a strong focus on closing the water and sanitation gaps in Malawian schools. From the prospective of the population (beneficiaries) all project components are important and useful, while there is no doubt that increase/stability in income and especially food security may rank higher than WASH. There is also some evidence that many villagers are expecting that with the new safe water supply of the schools there will also be a general improvement of their water supply.

From a statistical point of view and especially based on the results of the visits of the evaluators in the villages and schools there is certitude that the selection of the Dedza district instead of the southern region of Malawi as planned earlier was a good choice and that for the selected schools the project is of the highest importance.

3 Effectiveness

As the evaluation took part almost in the middle of the runtime of the project all statements regarding effectiveness have to be provisional. With this caveat, the evaluation shows that at least two of the three components have high effectiveness: result 1 "Access to rehabilitated or new safe water facilities" will be achieved for 17 out of 20 schools. For the remaining three schools even three drilling efforts could not exploit water resources. Result 2 "Participatory Health and Hygiene Promotion" has already been achieved to a considerable extent and more stakeholders have been targeted than scheduled.

Only result 3 “Access to and usage of ‘girl-child’ friendly safe excreta disposal and hand-washing facilities” will be achieved to a much lower extent than provided during project planning. Instead of 266 scheduled squat holes (i.e. improved ventilated latrines) only 98 can be constructed with the available budget. This distinct decrease in latrines results from the excessive standards for latrines imposed on the project by the Ministry of Education via the District Council. Although UNICEF, as the “godfather” of the standards, has already revoked its previous postulation in order to contribute better to the objective of having no more than 60 children using one latrine, Dedza district via its Department of Public Works insisted on the project’s acceptance of the much higher norms.

While the project activities cover much ground there is a need to adapt the logframe. The project purpose is too ambitious while the current overall goal to which the project contributes (“healthy children”) would be more adequate as a project objective. In addition, some indicators require better specification.

4 Efficiency

At least two components out of the three show a good cost/benefit ratio. Comparing the costs for well drilling and the equipping of the boreholes with the improved India Mark-III (“Afridev”) hand pump with costs for India Mark-II equipped wells in other African countries, implementation of this part of the project is indeed efficient. Regarding the hand pumps the long-term costs for maintenance and repairs also seem to be low and favourable for sustainability, which makes the choice of this type of water lifting technology very efficient. However, the latrine construction component is far from efficient considering the initial objectives. Instead of 266 latrines only 98 can be built with the given budget in a situation where latrines are considerably lacking in three-quarters of all primary schools and, at short notice, other programmes will hardly close this gap. Currently one latrine will cost EUR 1,060, where simpler but fully functional private latrines in peri-urban areas cost about 200 EUR and the initially planned latrines for the school project no more than EUR 400 per unit (in a block of four latrines).

Reviewing the third component, i.e. training for various stakeholders, again high efficiency can be certified. In order to strengthen the motivation of the volunteers, expenditures could be handled a little less restrictively, which would not reduce efficiency. The cost/benefit ratio of the project would be better if the project worked in a higher number of schools (e.g. 40 instead of 20 schools) as investment, logistics, and even staff costs would be almost the same while only construction costs would accrue additionally.

5 Outcomes and Impacts

The direct target group of the project amounts to approximately 21,000 school children. A wider target group are their parents or the population of all villages in the 20 school catchment areas. During the evaluation neither latrines nor hand pumps were completely built or established so that no information can be provided e.g. with regard to the outcomes and in particular the intended health impacts on school children from these two project components. Only regarding the health and hygiene training components could some provisional conclusions be drawn: taking into account the statements of all reference groups contacted, there is a considerable change in public attitudes concerning hygiene. People speak about improvements and those

engaged within project activities (such as the Community Health Clubs) at least these days behave differently from the way in which they behaved before.

Apart from its (relatively low) impact on employment, which is limited to the drilling company, which also builds the head works of the hand pumps and installs the India Mark-III hand pumps, no economic influence of the project is perceivable. This will be all the more true for the impacts in future. An unexpected socio-cultural impact is also a certain change in the parent-children relation reported during many interviews: parents start to be willing to listen to their children when it comes to sanitation aspects such as washing hands before preparing and eating food and using a latrine.

6 Sustainability

In the case of ongoing projects, sustainability can usually only be examined in terms of "potential sustainability". Statements can mainly be made on the assessment of the organisational sustainability. The School Sanitation Clubs (also known as School Health Clubs) seem well-established and a part of the national long-term teaching programme. Regarding the Community Health Clubs it would be important to provide them with a long-term agenda after completion of the current programme. With regard to the water points, not the schools (on the part of the state) but only the concerned committee with support of the community itself may guarantee O+M and they can do this only if they succeed, in the long term, in establishing and refilling maintenance funds. Sustainable change in cultural behaviour, e.g. the acceptance of preventive health care methods and personal hygiene including the use of latrines, of hand washing facilities and with regard to safe water storage amongst the directly involved community members should be assessed as high.

7 Most Important Recommendations

It is recommended that in the logframe the overall objective and the project objective should be exchanged. Also major changes regarding indicators would be advisable in order to allow for a review of outcomes and impacts. In the context of project planning, the selection of partner communities/target groups for a project should always be carried out independently on the basis of a target group analysis. Proposals of partners should be revised carefully and rejected if they do not meet practical criteria.

The technical part of the monitoring should not be entirely handed over to the District staff. It would be better to have, in the short-term, a technical expert in the team who could do the follow-up of the quality of construction works and of the installation of the hand pumps. Such an expert would also be very helpful when it comes to the elaboration of a maintenance manual for the hand pumps.

As stimulation of changes and sustainability of activities depends much on meeting the felt needs of the target group and the methodology adapted to motivate these partners, provision of additional training, games for the pupils, illustrative material and other means which also strengthen the collective identity of the community members is one option which was often desired by the interview partners and which may outlast the project phase.

For the various concerned committees (mainly Water Point Committees and Community Health Clubs) the elaboration of manuals/hand-outs (with an introductory training of the committee members wherever possible) is recommended.