



# UNDERSTANDING THE WASH RESPONSE TO COVID-19 IN SUB- SAHARAN AFRICA

MALAWI CASE STUDY

October 2021

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## ACRONYMS AND ABBREVIATIONS

5W	Monitoring system: Who does What, Where, When and for Whom
ADB	African Development Bank
COVAX	The vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator led by the WHO
COVID-19	Coronavirus Disease 2019
DEHO	District Environmental Health Officers
DHSC	District Hygiene and Sanitation Coordinators
DoDMA	The Department of Disaster Management Affairs
ETU	Emergency Treatment Units
HCF	Healthcare Facilities
HMIS	Health Management Information System
HSA	Health Surveillance Assistants
KII	Key Informant Interviews
NGO	Non-Governmental Organization
NHSCU	National Hygiene and Sanitation Unit
SDG	Sustainable Development Goals
SWA	Sanitation and Water for All
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WALIS	Water for Africa through Leadership and Institutional Support
WASH	Water, Sanitation, and Hygiene
WMA	Water Monitoring Assistants

## SUMMARY

The COVID-19 pandemic is an unprecedented event in the present age that has raised questions about the national emergency Water, Sanitation, and Hygiene (WASH) response in Africa. In February 2020, the United States Agency for International Development (USAID) tasked the Water for Africa through Leadership and Institutional Support (WALIS) Program to understand how coordination, finance, monitoring, and organizational capacity influenced the WASH response to the COVID-19 pandemic. The study is meant to provide valuable information on the critical WASH responses that African country leaders have undertaken during the COVID-19 pandemic up to July 2021; how those decisions were reached; the degree to which evidence informed those decisions – or not; and what lessons can be drawn to inform a better response to future crises and to build back better.

Three broad research questions were used to guide the study. What “official acts” were effectively employed by governments and utilities to respond to the COVID-19 crisis? What other measures have governments, utilities, and other African WASH organizations used to respond to the COVID-19 crisis? And, why were these official acts and other measures effective or perceived to be effective in the response to the COVID-19 crisis and how could they be leveraged to support a better response to future crises and to build back better? As the study progressed, more detailed and nuanced questions were developed which further framed the study team’s analysis. These new questions were born out of not only the changing pandemic, but also the selection of target countries to further focus the study.

Starting with a subset of USAID’s high-priority WASH and strategy-aligned countries in sub-Saharan Africa, the study team conducted a literature review, a survey of WASH stakeholders in eight countries, and key informant interviews (KIIs) and a more focused literature review in three of the eight countries surveyed. The purpose of the interviews was to gather greater depth of qualitative information, triangulate information on the WASH response gathered from the literature review and survey, and understand the experience and opinions of the different stakeholders on the effectiveness of the response. The countries targeted for in-depth interviews and analysis for which individual case studies were developed were Liberia, Madagascar, and Malawi.

At the onset of the pandemic, the Government of Malawi was proactive with assembling the Presidential Task Force, closing schools and borders, limiting gatherings and public events, and activating their disaster response system before the first confirmed case of COVID-19 on April 2, 2020. Overall, the WASH-sector response worked within the institutional arrangements to best provide services and implement activities. Key informant responses under the study’s interviews aligned with the online survey where respondents rated both the overall WASH preparedness to COVID-19 and the preparedness of stakeholders to COVID-19 as somewhat-to-moderately prepared. The WASH cluster reportedly worked well with stakeholders to coordinate efforts.

However, the WASH cluster struggled with funding and could have coordinated better with the Presidential Task Force who eventually de-activated the cluster. Key areas identified to improve future WASH responses include coordination among ministries and higher-level coordinating bodies, funding for WASH, access to the national WASH database, data sharing, filling government vacancies in the Water Department, and strengthening district capacities.

## INTRODUCTION

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## RESEARCH LIMITATIONS

The study team encountered limitations associated with conducting research during a pandemic, while case study countries were faced with or preparing for future COVID-19 outbreaks and waves. “Global health emergencies by their nature are challenging environments in which to conduct research. They involve disruption and great health need, among multiple urgent needs, and may often be accompanied

by time pressure to act, competing lines of accountability, uncertainty, and distress.”<sup>1</sup> Acknowledging the specific context, the study team identified risks and mitigation strategies to adapt to changes as the pandemic evolved. Under these circumstances, the study’s limitations include:

- **An evolving situation:** The study captures the changes in the WASH response from the start of the pandemic to August 2021, however, the response can change rapidly depending on various factors such as case numbers and politics. Furthermore, the COVID-19 pandemic is still occurring at the time of the writing of this report.
- **Availability of key informants:** The number of interviews was lower than planned. It is with great understanding that the study team acknowledged the WASH sector’s urgent priorities responding to both the health and economic impact of the COVID-19 pandemic. The team is appreciative of the stakeholders who were able to participate in interviews.
- **Availability of resources online:** COVID-19 resources on WASH measures and decision-making were not systematically available online. Resources were sometimes shared by key informants or available on social media, but data gaps remained.
- **Opinion-based questions:** The survey and interviews asked participants to share their opinions on the effectiveness of the WASH response. The effectiveness of the WASH response sometimes varied depending on the stakeholder group and individuals.
- **Remote interviews:** Although remote interviews were the only option with lock-down measures in many countries and allowed for various advantages such as flexibility of schedule, they also have disadvantages in comparison to face-to-face interviews, such as less commitment (e.g., no-shows) and disrupted communication due to internet connection issues.
- **Disputed facts:** Dates and statistics often changed depending on sources.

## COVID-19 RESPONSE

On April 2, 2020, Malawi detected the first case of COVID-19 in Lilongwe<sup>2</sup>. Before the first case, the President of the Republic of Malawi created a multi-disciplinary Presidential Task Force (first referred to as Special Cabinet Committee on Coronavirus) on March 7, 2020, and declared a state of disaster on March 20, 2020<sup>3</sup>. The emergency cluster system was activated, and Malawians were urged to follow precautionary measures in anticipation of COVID-19, such as hand washing, social distancing, and seeking medical care when feeling unwell.

On April 14, 2020, a 21-day lockdown was declared to contain the spread of COVID-19.<sup>4</sup> However, on April 18, following nationwide demonstrations, an injunction stopped the 21-day lockdown due to the

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<sup>1</sup> Nuffield Council on Bioethics. 2020. Research in Global Health Emergencies: Ethical Issues. [Link](#).

<sup>2</sup> UNICEF. 2020. Malawi: COVID-19 Situation Report No. 2. [Link](#).

<sup>3</sup> President Peter Mutharika. 2020. Speech: Declaration of State of Disaster by Malawi President Peter Mutharika. March 20, 2020. [Link](#).

<sup>4</sup> The High Court of Malawi LDR. 2020. The state on application of Kathumba and others V president of Malawi and others (constitutional reference number I of 2020). [Link](#).

possible socio-economic side effects. The lockdown was later declared unconstitutional by the Malawi High Court in September, citing weaknesses in the current public health act of 1948.<sup>5</sup>

The Department of Disaster Management Affairs (DoDMA), a federal government agency, led in the development of the National COVID-19 Preparedness and Response Plan for March – June 2020<sup>6</sup>. This plan was followed by the National COVID-19 Preparedness and Response Plan July – December 2020 with a required budget of \$212.4 million and a funding gap of \$109.8 million<sup>7</sup>. As COVID-19 continues into a longer-term emergency, a new response plan was released for the time period of July 2021 – June 2022.<sup>8</sup> The new plan identifies a budget of \$421 million for implementation.

The latest Preparedness and Response Plan was developed in a collaborative and consultative process with government ministries, UN agencies, Non-Government Organizations (NGO), and other stakeholders. DoDMA is responsible for overall coordination, while the Ministry of Health (MoH) is the technical lead of the plan. The Presidential Task Force is a high-level coordination structure working with DoDMA. The Taskforce has a Secretariat, the National COVID-19 Office, in the Office of the President and Cabinet. The National Disaster Preparedness and Relief Committee, comprised of officers from all ministries, also provides policy guidance and leadership in implementing the plan.

Malawi's cluster system was initially comprised of 15 technical areas including but not limited to Health, Water, Sanitation and Hygiene (WASH), Education, Food Security, and Shelter and Camp Management. The subsequent plan decreased the number of operational clusters to nine, removing the WASH cluster. The new plan builds on the previous two plans and "realizes the need for the interventions to move from emergency mode handling of the epidemic and its associated short term investments to more long term interventions and semi-permanent to permanent adaptable infrastructure which can be used in subsequent waves of infections, if any, or other future infectious disease outbreaks." Each cluster is led by a government department and a development partner (e.g., World Health Organization, World Food Programme, UNICEF).

Malawi faced two more COVID-19 waves from January-April 2021 and June-September 2021. On January 12, 2021, the President declared another state of disaster after two ministers—Minister of Local Government Lingison Belekanyama and Minister of Transport Muhammad Sidik Mia—died of COVID-19 during the country's second wave. With this new declaration, the President appealed for more assistance for the COVID-19 response from the international



Figure 1: Immigration officers at Mwanza border welcoming buses carrying Malawi returnees. <sup>11</sup>

<sup>5</sup> The Malawi Gazette. August 7 2020. The public health (corona virus and COVID-19 prevention, containment and management). [Link](#).

<sup>6</sup> Republic of Malawi. 2020. National COVID-19 Preparedness and Response Plan, March – June 2020. [Link](#).

<sup>7</sup> Republic of Malawi. 2020. National COVID-19 Preparedness and Response Plan, July – December 2020. [Link](#).

<sup>8</sup> Republic of Malawi. 2021. National COVID-19 Preparedness and Response Plan, July 2021 – July 2022. [Link](#).

community.<sup>9</sup> On March 5, 2021, Malawi received its first shipment of vaccines through the COVAX program.<sup>10</sup> As of September 8, 2021, there have been over 60,000 confirmed cases and 2,229 confirmed deaths in the country.<sup>11</sup>

Of note, reportedly 40% of Malawi's case load are Malawians returning from work in South Africa.<sup>12</sup> Over the course of the pandemic, tens of thousands of Malawians working in South Africa returned home due to rising unemployment caused by lockdown conditions. Returnees are put under mandatory quarantine, tested for COVID-19, and provided supplies at reception centers. In January 2021, returnees protested poor living conditions at a reception center in Blantyre, and 20 returnees escaped without COVID-19 tests.<sup>13</sup>

Although the COVID-19 emergency cluster system was activated rapidly, the Government of Malawi faced various criticism including challenges with pivoting the cluster approach typically used to respond to natural disasters such as flooding, to respond to a country-wide health disaster, the over-turning of the original 21-day lockdown policy due to the outdated public health act of 1948<sup>14</sup>, and the political climate that may have affected public compliance to prevention measures as the Malawi High Court annulled the 2019 presidential election and held new elections on June 23, 2020.

## WASH RESPONSE TO COVID-19

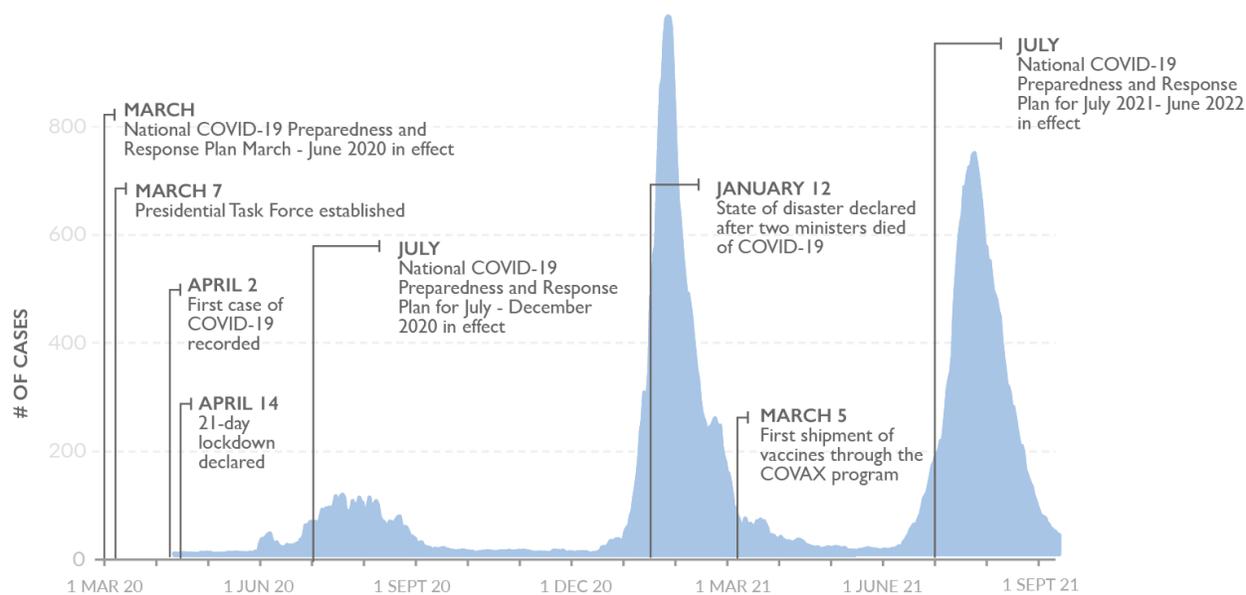


Figure 3: Timeline of COVID-19 cases and key dates

<sup>9</sup> Voa News. 2021. COVID-19 Kills Two Malawian Cabinet Members; President Declares State of National Disaster. [Link](#).

<sup>10</sup> Voa News. 2021. Malawi Receives First COVID Vaccine Shipment. [Link](#).

<sup>11</sup> Our World in Data. 2021. [Link](#).

<sup>12</sup> Voa News. 2021. Malawi Mandates Quarantine for Returnees from South Africa. [Link](#).

<sup>13</sup> Voa News. 2021. Malawian Migrant Workers, Back Home From South Africa, Riot in Quarantine. [Link](#).

<sup>14</sup> Mzumara GV, Chawani M, Sakala M, et al. The health policy response to COVID-19 in Malawi. *BMJ Global Health* 2021;6:e006035. doi:10.1136/bmjgh-2021-006035

The WASH response to COVID-19 in Malawi was led by the WASH Cluster, chaired by the Water Department within the Ministry of Forestry and Natural Resources, and co-led by UNICEF. The WASH component of the response plan targets a population of 9 million people, about 50% of the Malawi population. The WASH response focused on providing WASH services in strategic places like emergency treatment units (ETUs), schools, healthcare facilities (HCFs), transit centers, and targeting vulnerable communities. WASH interventions are also included in the Health Cluster and may be implemented by the Ministry of Education in schools. In March 2021, the Presidential Task Force deactivated the WASH cluster, as well as many other clusters, apart from the health cluster.

The following section includes an overview of WASH policies and measures implemented thus far in the pandemic and how they were coordinated, financed, monitored, and implemented. The sections below provide a description of what happened during the pandemic, what changed compared to pre-covid, and what lessons could improve future COVID-19 waves, epidemics, and other emergencies. The statements in the following sections were communicated by multiple key informants, and when possible, verified through the literature review. To improve the readability of the document and to maintain the anonymity of key informants, the study team only included referencing for quotes (type of organization only) or statements linked to a key source. A key limitation of this case study was the inability to interview the Water Department and DoDMA. The team was also not able to interview key informants from every organization within the WASH cluster or personnel with the Presidential Task Force.

## **POLICY AND MEASURES**

The WASH Cluster's overall objective, according to the national response plan, is as follows: "to ensure that the most vulnerable affected people (women, girls, boys and men) have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion, which will contribute to the reduction of morbidity and mortality caused by Coronavirus through providing timely, coordinated and appropriate preventive and response WASH services and activities".

Based on this objective, various WASH measures were implemented by partners throughout Malawi including:

- Water supply for a field hospital, including service to emergency treatment units and bladder tanks<sup>15</sup>
- Supporting Malawian returnees working in South Africa by distributing WASH supplies, water trucking and bladder tanks, installing prefabricated latrines, handwashing facilities, and waste bins, providing drinking water to individual returnees, and conducting water quality tests in reception centers<sup>16</sup>
- Procurement and distribution of handwashing facilities, soap, and disinfectants<sup>17</sup>
- Solar-powered water systems for healthcare facilities & schools<sup>18</sup>
- Rehabilitation/maintenance of water facilities in schools<sup>19</sup>
- Handwashing promotion campaigns in schools and communities surrounding schools

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<sup>15</sup> USAID WALIS, COVID-19 research study. August 2021. Interview with an individual from the Ministry of Health.

<sup>16</sup> United Purpose & WaterAid returnees response PowerPoint for WASH cluster. August 31 2020. [Link](#).

<sup>17</sup> Dedza WASH cluster Plan PowerPoint for WASH cluster. August 31 2020. [Link](#).

<sup>18</sup> UNICEF. February 12 2021. Water makes COVID-19 treatment sites safe. [Link](#).

<sup>19</sup> WASH cluster presentation. August 2020. [Link](#).

- Supporting schools with COVID-19 prevention measures like brochures, placards, and trainings<sup>19</sup>
- Support construction/rehabilitation of water points in all primary schools<sup>19</sup>
- Pilot construction of mass handwashing facilities in primary schools<sup>19</sup>
- COVID-19 prevention equipment to Mzuzu Prison including sanitary pads, pails with taps, N95 masks, liquid soaps, hand sanitizer, and HTH <sup>19, 20</sup>
- Small repairs of existing water supply system at hospitals in Tyholo and Chitipa<sup>20</sup>
- Installation of handwashing facilities in Kasungu<sup>2</sup>



Figure 4: Presidential Taskforce Warns Against Laxity in Adherence to Covid-19 Preventive Measures. Dept of Disaster MW. 2020. Twitter. December 3, 2020. [Link](#).

The Health Cluster contingency plan also includes WASH interventions as the MoH does “enforce laws related to sanitation and hygiene (CAP34:01 sections 59-114)”.<sup>21,22</sup> The MoH promotes household water treatment, sanitation, and hygiene throughout the country, provides leadership and oversight of sanitation and hygiene at all levels, formulates and revises sanitation and hygiene policies, and more. A key informant also responded that waste management is conducted by the MoH as part of infection prevention and control efforts. A donor responded that health programs have also procured the handwashing facilities for institutions. The Health cluster is generally better funded than the WASH sector and has greater resources and capacity to implement WASH measures.

Overall, results from the online survey confirmed that measures such as construction or rehabilitation of handwashing stations, sanitation facilities, or water points did occur as well as improved availability of soap and hand sanitizer.<sup>23</sup> Survey responses indicated that NGOs and national government supported local government to implement measures. NGOs also implemented WASH measures directly.

Stakeholders were faced with various challenges implementing these measures, including inadequate and mismanaged WASH supplies in returnee reception centers, lack of cleaning services in reception centers, inadequate security and cooperation by some returnees, intermittent water supply & non-

<sup>20</sup> WASH cluster presentation. September 2020. [Link](#).

<sup>21</sup> Government of Malawi. February 2020. Public Expenditure Review of the Water, Sanitation, and Hygiene Sector of Malawi. [Link](#).

<sup>22</sup> Malawi Legal Information Institute. Public Health Act. [Link](#).

<sup>23</sup> WALIS survey on the national COVID-19 response 2021.

functional sanitation facilities. Stakeholders identified solutions to overcome these challenges, such as continuing to engage with the WASH cluster to lobby for supplies, working with DoDMA to strengthen security, and continuing to provide services for returnees such as water trucks and prefabricated latrines.

In March 2021, as case numbers decreased, the Presidential Task Force deactivated the WASH cluster, as well as many other clusters.<sup>11</sup> The Nyasa Times reported that the deactivation of the WASH cluster was justified as the Ministry of Education was now drilling boreholes.<sup>24</sup> Specifically, the national government had reportedly allocated funds for the drilling of 600 boreholes at schools to the Ministry of Education. WASH stakeholders within the cluster have disapproved of the deactivation and argued for the continuation of the cluster, highlighting the narrow understanding of WASH and COVID-19 prevention. Key informants have responded that DoDMA also disapproved of the deactivation. Currently, the WASH cluster continues to meet regularly informally.



Figure 5: Emily Leston from rural Malawi teaching her children about COVID-19 preventive measures with support from Save the Children's Interactive Radio Instruction.<sup>25</sup>



Figure 6: Rose Kajawo cleans rooms, corridors, open spaces, and more at the Emergency Treatment Unit in Blantyre. During the pandemic, the ETU dealt with intermittent water and electricity supply. UNICEF, with funding from UK Aid, upgraded the ETU facilities, including two flush toilet blocks and a solar-powered water system with three handwashing stations and liquid soap dispensers.<sup>26</sup>

<sup>24</sup> Nyasa Times. March 17 2021. Taskforce on Covid plans to abolish WASH public programme. [Link](#).

<sup>25</sup> COVID-19 Hygiene Hub. September 22 2020. Interactive Radio Programme ensures children's educational continuity amid COVID-19. [Link](#).

<sup>26</sup> UNICEF. February 12, 2021 Water makes COVID-19 treatment sites safe. [Link](#).



Figure 7: Proper handwashing technique is demonstrated at a cash distribution site. UNICEF and UK Aid have worked with partners to deliver WASH supplies to better prepare communities.<sup>27</sup>



Figure 8: During the pandemic, lockdown conditions in countries such as South Africa and Zambia exacerbated employment opportunities causing thousands of returnees to return to Malawi via buses. Returnees are often brought to a centralized location such as a school or college to receive supplies and quarantine. DoDMA oversees the coordination of the returnees.<sup>27</sup>

## COORDINATION

The WASH response to COVID-19 was led by the WASH Cluster, chaired by the Water Department within the Ministry of Forestry and Natural Resources and co-led by UNICEF. The WASH cluster is comprised of various development and government actors such as WASAMA, WESNET, UNICEF, Welthungerhilfe, WaterAid, Water for People, USAID, ONSA, and more. The cluster reports to DoDMA who coordinates the overall response, including all the clusters, information management, funding, and planning. DoDMA reports to the Presidential Task Force, a high-level coordination structure co-led by the DoDMA Commissioner and comprised of members of Parliament, Cabinet Ministers, and civil society. The following section covers coordination between the WASH cluster and the national response, and other ministries, as well as coordination within the WASH cluster.

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<sup>27</sup> UN News. May 2 2020. COVID-19 impact could be 'disastrously high' in poverty-stricken Malawi. [Link](#).

<sup>27</sup> Twitter Dept of Disaster MW. July 11 2020. [Link](#).

**Water Department:** Lead of the WASH cluster. Responsible for WASH provision and services. Previously housed under the Ministry of Agriculture, Irrigation, and Water Development. After the 2020 Presidential election, the new administration moved the Water Department to the Ministry of Forestry and Natural Resources. Key informants also refer to this body as the “Ministry responsible for WASH”.

**WASH Cluster:** Formal body of organizations to improve coordination of the WASH sector. Led by the Water Department and co-led by UNICEF. Includes major actors such as the Water Department, Ministry of Health, UNICEF, USAID, Water for People, International Red Cross, Medicines sans Frontières, United Purpose, World Vision, Welthungerhilfe, and more.

**Ministry of Health:** Ministry responsible for health. Leads the health cluster. Also leads on some WASH provision and services such as sanitation and waste management.

**Department of Disaster Management Affairs:** A federal government agency who provides overall coordination during disasters. Oversees the cluster system and provides coordination to the Presidential Task Force.

**Presidential Task Force:** A High-level coordinating body who oversees the COVID-19 response. Created on March 7, 2020 and is comprised of members of Parliament, Cabinet Ministers, and civil society.

Figure 9: List of key stakeholders in Malawi's WASH response to the COVID-19 pandemic.

### Coordination with the National Response

The cluster's ability to implement the WASH response was in part dependent on receiving communications from DoDMA. Feedback on the relationship between the WASH cluster and DoDMA was generally satisfactory. At the beginning of the pandemic, meetings between the WASH cluster and DoDMA were weekly and later bi-weekly and then monthly. In general, DoDMA is receptive to the WASH cluster and understands the cluster's needs. However, there is room for improvement. A key informant from an NGO noted "where there was no information from DoDMA coming to us, then we wouldn't do anything."

DoDMA is also the direct link to the Presidential Task Force. In March 2021, the Task Force made the decision to deactivate the WASH cluster, as well as many other clusters. National government key informants responded that the Presidential Task Force lacks a technical focal person and may not fully understand the role of the WASH cluster. An individual from the Water Department noted that the decision to deactivate the cluster may represent "an information gap." One donor responded that "it's really very difficult for the WASH cluster to advance its interest because it's not even represented." Another key informant responded that the national government does not prioritize WASH activities. According to the WALIS survey, there was an unclear consensus as to whether the Water Department was part of the decision-making process to inform the national WASH response. Out of five government respondents, three said yes, the ministry responsible for WASH was involved and two said no.<sup>23</sup> A technical focal person for the Task Force provided by DoDMA would be beneficial, as DoDMA has a good understanding of WASH needs.

Key informants did share that the WASH cluster attempted to justify their continued operations, including an individual with the Water Department noting "What happened two or three months ago when the cluster was deactivated, the WASH partners went to meet the members of parliament to explain the situation and also justify the need for the WASH cluster to continue being in the active mode to respond to the pandemic. So that [justification] has to be done often for people to appreciate

the importance of some clusters". A donor also shared that the WASH cluster wrote to DoDMA justifying their case but did not hear back from the Department.

### Coordination with other Ministries

At the national level, the WASH cluster works closely with the Health sector, as well as the Education sector. A majority of WASH actors also attend Health cluster meetings, and the WASH cluster meetings are attended by the Ministry of Health, although attendance may be variable.

One key informant recounted an example of collaboration between the WASH and Health clusters in providing water supply to a field hospital. The field hospital was in a stadium that had been disconnected from its water supply due to unpaid bills. The MoH conducted an assessment and engaged the Water Department for assistance. After negotiations, the MoH paid the bill, and the supply was reconnected. The Water Department also provided additional bladder tanks to store water for the ETUs in the case of intermittent supply.

Interviews revealed unclear roles and responsibilities for WASH services between the MoH and the Water Department, leading to duplication of efforts at times. A donor responded that the coordination between the WASH cluster and the Health cluster was "not very strong". Another donor suggested the unclear roles and responsibilities were due to the national government not addressing the Sanitation and Hygiene policy "for a long period of time". The 2020 Building Blocks study confirms that "Roles and responsibilities for various stakeholders including ministries on sanitation and hygiene are not clearly defined. This has resulted on the long outstanding misunderstanding between the Ministry responsible for WASH [Ministry of Forestry and Natural Resources] and the Ministry of Health as to where the Sanitation Policy should be housed."<sup>29</sup> The report also states that "Key WASH policies that's the National Water Policy 2005 and the National Sanitation Policy and the Water Works 1995 are outdated hence not addressing emerging issues and the review processes are taking a long time." This study was on-going as of December 2020 with funding from ADB through projects implemented by the Northern Region Water Board.

Overall, coordination with the MoH is especially challenging as it is unclear who should hold the mandate for the Sanitation Policy. The objectives of the 2006 Sanitation Policy are "1) achieving universal access to improved sanitation, 2) Improved health and hygiene behavior, 3) the common acceptance and use of recycling of human waste to protect the environment and create wealth."<sup>30</sup> An individual from a donor program, speaking on coordination in the WASH-response, shared that "those disagreements, that lead to some of the divisions that we see, they may be very visible [...] The government was supposed to make a decision [on the sanitation policy]". There appears to be a lack of political will in resolving the conflict, as the decision of who should hold the Sanitation Policy is reportedly dependent on the Office of the President and Cabinet.

There is also misalignment with the Ministry of Education. WASH funding was allocated to the Ministry of Education for schools to drill 600 boreholes without engaging the Water Department. Without the Water Department's involvement, there were reportedly issues such as missing facilities and water supply sources for handwashing.

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<sup>29</sup> Bawi Consultants for Water for People. December 2020. Malawi National WASH Building Blocks Assessment. [Link](#).

<sup>30</sup> Ministry of Irrigation and Water Development. May 2006. National Sanitation Policy. [Link](#).

## Coordination within the WASH Cluster

From the beginning of the pandemic the WASH Cluster has been meeting regularly. Coordination within the WASH cluster was stronger than with other ministries/the national response. However, there was inconsistent feedback on if duplication was an issue for the cluster. One key informant also reported the challenge of inconsistent attendance to the WASH cluster. For example, if junior employees are reporting to the cluster but may not be up to speed on previous cluster meetings.

## Coordination with Districts

The WASH cluster is largely organized by geography so that each partner is working in a specific district to better coordinate work. Key informants and the 2020 Building Blocks study both discussed the challenges with district level coordination with one key informant noting that at the district level, "WASH policies and strategies are not widely known."

## Future Emergencies

After discussing coordination during the pandemic, key informants were asked to reflect on what worked and what could be improved for future emergencies. The next table provides a summary of these reflections categorized by country. Overall, key informants were generally favorable to the coordination of the WASH response though noted there were challenges. There was varied feedback on the need to reduce duplication as well as to strengthen the case for WASH at the national level.

### What worked?

- Coordination between WASH cluster stakeholder
- Coordination between WASH cluster and DoDMA
- DoDMA's understanding of WASH cluster needs

### How to improve a future emergency response?

- Improve coordination between the WASH cluster and the Presidential Task Force (via DoDMA)
- Improve coordination and engagement with the Health cluster, especially in regards to the sanitation policy
- Reduce duplication efforts and improve attendance at virtual meetings
- Clarify roles and responsibilities between WASH, Health, and Education clusters from the government

## FINANCES

*"We [the Ministry of Health] had an advantage because we get more funding than that [Water] department. Sometimes we do a lot [more] interventions than them. But the way we feel, there is need for their input and their technical expertise. We always talk and agree what next actions should be implemented to ensure that we are serving the purpose." – An individual with the MoH*

Funding was a key challenge for the WASH sector. In general, the health sector received more funding than WASH. Key informants noted that differing lines of funding was a challenge to coordinate WASH activities. The following section covers the national budget and funding, WASH funding, and advocacy.

## National Budget and Funding

The National Preparedness and Response Plan for July – December 2020 estimated a budget of \$20.8 million for the WASH cluster with a funding gap of \$13.1 million.<sup>3</sup> The budget was developed with cluster members and partially funded by the national government via the Presidential Task Force and the Ministry of Finance, but with NGOs and donors taking the lead on funding. Key informants responded that the funding received was not enough and that the health cluster received more funding than the WASH cluster. Per the July – December 2020 National Preparedness and Response Plan, the WASH budget was estimated at \$20.8 million (funding gap: 63%) while the Health budget was estimated at \$58.1 million (funding gap: 51%). While WASH was not included in the new July 2021 – June 2022 plan, the required budget for the Health cluster was estimated at \$270 million with a funding gap of 71%.

Overall, it is unclear how much of the WASH response was funded by the national government. One donor responded that "the government did not provide funding towards the response when it comes to WASH activities. If they did, maybe it was a small amount." The recent deactivation of the cluster also reportedly affects the funding for the WASH response. One donor responded that "the activation also goes with funding. And if it is deactivated, it means literally there's no funding to adequately respond to the emergency." Key informants provided a range of perspectives with a common thread being that the health sector garnered the most resources while far fewer resources were allocated for WASH. Even within the Ministry of Health.

Separate lines of funding for the Health and Education clusters also complicates tracking WASH funding. One individual from DoDMA shared that the Global Partnership on Education allocated resources for WASH but only through the education sector as opposed to the WASH cluster. This contributed to how "we had these isolated WASH activities within education, and also having the same [activities] under the WASH."

## WASH Funding

Funding for the WASH response was complex. One key informant from an NGO noted how each organization is sourcing funding from different donors with their own schedule of implementation, noting "Each organization has got a different donor, so even reporting lines is still so different... Some of the internal compliance of those funds are also different."

Funding for WASH cluster meetings was also a challenge. One key informant suggested that allocating funding for the WASH cluster to meet regularly would improve attendance by stakeholders and the attendance of specific personnel within an organization.

Another recommendation was to ring-fence the budget for WASH services so that a portion of the government's budget can be set aside specifically for WASH. One key informant responded, "For every resource provided in government, why not take three or two percent towards WASH services."

*"The challenge is not just for the COVID response, but WASH sector in the country for the past few years has experienced lower inflows of external financing. WASH as a sector relies a lot on external financing. I mean, when you compare it to government allocation. Most donors having maybe switched priorities in general to WASH, maybe switching to education and health..." – An individual with a donor program*

## Advocacy

To improve WASH funding, key informants voiced a need to advocate for WASH at the national level, such as to the Presidential Task Force. Key informants shared that lobbying efforts by the WASH cluster

were positive. NGOs within Malawi appreciated the leadership that international donors on WASH issues and resources. Before the 2020 budget was approved, the WASH cluster produced a paper and met with the Finance Minister, the Minister of Water, and Minister of Health: "It was a very effective process. A very effective lobby group... It included the donors, USAID, the World Bank, UNICEF, Water for People, WESNET, WaterAid, United Purpose. All these organizations sitting together and coming up with clear issues, the action points and our requests" (an individual with an NGO). The lobbying was aided by the Finance Minister's Handbook produced by Sanitation and Water for All. This anecdote supports the survey responses that showed NGOs perceived WASH sector advocacy as an influential factor in decision-making.<sup>23</sup>

### Future Emergencies

After discussing financing during the pandemic, key informants were asked to reflect on what worked and what could be improved for future emergencies. The following table provides a summary of these reflections categorized by country.

Overall, the WASH cluster struggled with funding. Examples of positive lobbying efforts between cluster members highlight the importance of coordination for successful funding efforts as well as the role sector advocacy tools, like the Sanitation and Water for All's Finance Minister's Handbook, play. However, an individual from the health ministry shared that "even during the normal WASH implementation, as a country, I would say we struggle to get funding on WASH...if my memory serves me right, over the past seven years, our overall funding going towards WASH services has been less than 0.03% of the general government budget. Yet I am aware that of the 52% of diseases that are presenting in our [health] facilities across the country, [they] are related to poor WASH indicators."

<p>What worked?</p> <ul style="list-style-type: none"> <li>• Lobbying effort</li> <li>• The Sanitation and Water for All (SWA) Handbook</li> </ul>
<p>How to improve a future emergency response?</p> <ul style="list-style-type: none"> <li>• Advocate for WASH funding at the national level (Presidential Task Force)</li> <li>• Ring-fence budgeting</li> <li>• Funding for the WASH cluster to meet regularly</li> </ul>

## MONITORING

Data processes available during the COVID-19 response include the 5W dashboard as well as WASH data from the Ministry of Health. A national asset management dataset for WASH has been developed but has limited access to WASH stakeholders. Key informants stressed the importance to expand access to this dataset. The following section covers the 5W monitoring system, the national monitoring system, and the challenges with dissemination of data.

### 5W and the WASH Cluster

The WASH cluster made use of the UN 5W dashboard (Who does What, Where, When and for Whom) to track activities in each district. The dashboard lists the types of organizations present within

a district and the status of projects.<sup>31</sup> Key informants reported regularly filling out the 5W template. Each district has a point of contact in charge of collecting the data within their district for submission to the dashboard. However, the dashboard webpage notes that it was last refreshed on July 24, 2020.

### National Monitoring System

The Scottish government recently funded a national database for WASH data. The database reportedly contains the majority of Malawi's water points with detailed technical data.<sup>32</sup> As of June 2019, water point mapping was completed in approximately 70% of Malawi with more than 83,000 water points and 217,000 sanitation points mapped. Five remaining districts in the north and eight in the south were due to be completed over the summer 2019. The project worked with more than 150 government personnel in 13 districts. However, the national WASH database is currently still under the management of a project funded by the Scottish government. The data has therefore been under limited public use. Individuals may request access to data in the national WASH database. However, several key informants noted the challenge with limited access or that they do not access the database. Key informants also called for the government to provide access to the national WASH database while also maintaining proper security and regulation. The 2020 Building Blocks study also stated that "It would be extremely valuable if this data was actively used for tracking Sustainable Development Goal (SDG) progress as well as to inform sector investment decisions, and could be contributed to, and used by all stakeholders".<sup>29</sup>A strong monitoring framework would strengthen the financial strategies for acquiring resources for the sector.

Basic WASH data is collected by the Ministry of Health via the Health Management Information System (HMIS). The HMIS data is available for use to WASH stakeholders. However, the HMIS experiences IT

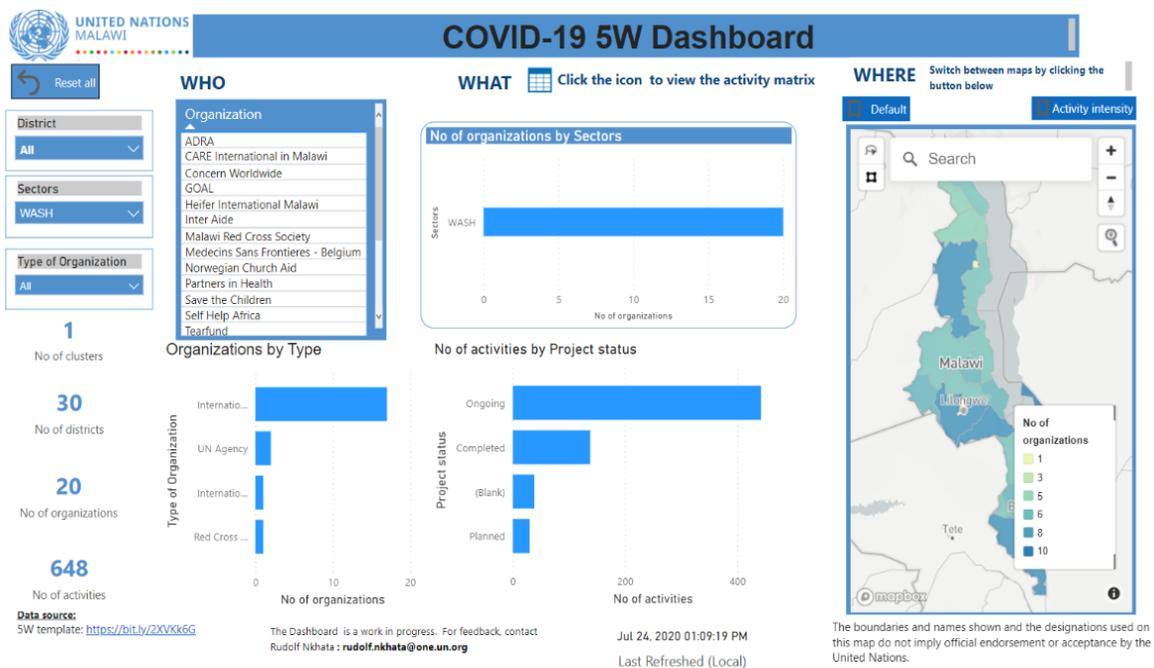


Figure 9: COVID-19 dashboard for Malawi

<sup>31</sup> COVID-19 5W, 2020. [Link](#).

challenges with limited abilities to hold many indicators. It is unclear if WASH stakeholders used this data for decision-making.

### District Level Monitoring

At the district level, the MoH employs Health Surveillance Assistants (HSAs) in communities who reportedly collect basic WASH data and may work with WASH stakeholders. The 2020 Government of Malawi Public Expenditure Report states that the Sanitation Policy originally envisioned the creation of a new cadre of government staff, District Sanitation and Hygiene Coordinators, to work on sanitation and hygiene promotion.<sup>21,30</sup> However, this was not realized and HSAs ultimately took on this responsibility.

One donor noted that data collection at the district level could be improved as that is the source of all national data. Data collection at the district level would require increased funding and capacity development. The online survey also suggests that there has been less support for monitoring than technical assistance thus far in the pandemic.

*"I think the starting point in terms of improving [data and information] is the strengthening of district capacities to capture data and report systematically for the WASH cluster. If we had that kind of systematic way of capturing that [data] at district level, I think at national level it would be easier then to consolidate all that into one... That's the area that would need strengthening. Especially at district level, which is the source of the data that we do have at national level." – An individual with a donor program*

### Dissemination of Data

Key informants varied in their feedback regarding how open WASH actors were with sharing data with one another, with some responding it as a challenge and others responding that it is not a problem. Two key informants suggested that organizations are hesitant to share data to keep a hold of their own resources and leverage their data for their own visibility, especially in the eyes of their donors. A key informant with DoDMA responded that "the other issue has been even bypassing the normal channels. You find that they're [WASH actors] not reporting to the cluster lead or government and maybe they're maintaining reporting to donors. So that sort of vertical and not horizontal reporting has also been an issue. Being more accountable to the donors, of course, is right. But also, we needed some more transparency and accountability to laws that we're serving, the communities, and especially the republic and the government." The key informant suggested the WASH cluster designate a specific person for monitoring who would push cluster members to provide data.

*"Yes, we have this challenge, which I really need to flag out. We really struggled. We've been struggling in the issues of information sharing and management. Yes, so as much as we could say, "OK, cluster leads, can you share with your cluster members the 5Ws, they ought to be viewed." Very few would provide that information. Yes, very few would report... very few are reporting in terms of their source of funding but also the interventions that they're implementing. So that also gives the challenge in terms of having a better picture of the response to say what the actual gaps are." – An individual with DoDMA*

### Future Emergencies

After discussing monitoring during the pandemic, key informants were asked to reflect on what worked and what could be improved for future emergencies. The next table provides a summary of these reflections categorized by country. Overall, monitoring can be improved in the WASH sector. The national WASH database would be an important tool for WASH stakeholders to access and use for decision-making, if available. Key informants stress the need to allow for more access to the national

WASH database. There is also feedback that the WASH cluster could do more to promote a culture of data sharing.

What worked? Key informants did not share examples of what worked for monitoring
How to improve a future emergency response? <ul style="list-style-type: none"><li>• Increase access to the national WASH database</li><li>• Promote sharing of data</li><li>• Update 5W monitoring system</li><li>• Strengthen district capacity for monitoring</li><li>• Advocate for funding for monitoring</li><li>• Include a focal point for monitoring within the WASH cluster</li><li>• Improve donor accountability and internal processes for reporting/sharing data</li></ul>

## ORGANIZATIONAL CAPACITY

Key informants responded that the WASH sector is lacking in the area of frontline workers such as Water Monitoring Assistants (WMA) and community-level personnel for WASH services. Key informants at the national level noted that the recruitment of personnel has been devolved to the district level, but there are challenges with recruiting and retaining personnel at the districts. Nonetheless, the 2020 Building Blocks study stated that "the capacity at the high level such as directors and deputy directors is there."<sup>29</sup> The following section covers the capacity of WMAs, district-level capacity, vacancies in the Water Department, and training organizations.

### Water Monitoring Assistants (WMAs)

The WASH sector is missing frontline workers at the community level, such as WMAs. WMAs are comparable to the Health Surveillance Assistants for the MoH. WMAs often focus on repairs for pipes and drilling boreholes. One key informant from the Water Department noted that "we [the Water Department] have taken quite a lot of time to replace the frontline workers that we have recruited maybe way back in the 90s. Some of them have retired or passed on... We need to recruit some so that we can fill the gaps." Section 3.2 of the Sanitation Policy envisioned "the establishment of a new cadre of specially recruited district hygiene and sanitation coordinators (DHSC) at district assembly level, who will report to the district environmental health officers (DEHO) within the district assembly, and liaise directly with the National Hygiene and Sanitation Unit (NHSCU)."<sup>30</sup> However, as previously mentioned, this was not followed through and the HSAs ultimately took on this responsibility.<sup>22</sup>

### District Level Capacity

The capacity at the district level was also identified as a challenge. Frontline workers such as WMAs are recruited from the district level, not the national level. One donor noted "The government has said we have decentralized, but it seems it's not the case. Most of the districts are not even able to do their own recruitment." They mentioned that district water offices did not have enough funding to run their offices, let alone provide support to communities, while the health sector was more adequately funded. On the other hand, an individual with the Water Department responded that "We [national level] can

only give direction as to what we need to have on the ground. But the whole responsibility lies on the local government, and of course, with the support of the development partners." The individual provided an example of how partners overcome this recruitment challenge by working with districts to recruit staff as project staff and agree with the district that in the following two years they will be on government payroll.

However, a key informant from a NGO noted that this method by development partners to hire and train personnel to transfer them to the government has its own challenges. Even after development partners recruit and train staff, the government struggled to retain personnel: "it was also even a struggle to actually have them absorbed by the ministry... I think the main challenge was they did not have a proper system of how they would absorb them [new govt personnel]."

### Government Vacancies and Capacity

Several key informants noted the challenge with vacancies and capacity at the national and regional level of government within the Water Department. Vacancies in the Water Department have been reported at 67% with gaps in the middle- and lower-levels of staff, specifically, while the district of Thyolo, in the Southern Region saw only 7 positions filled out of 21.<sup>26</sup>

One donor talked about the capacity of government stating "most of them, they do not have a background training in WASH. Yet they are considered to be as district water officers or maybe water monitor assistants."

An individual with the DoDMA shared that capacity was especially challenging during the pandemic because of the country-wide impact of COVID-19, as opposed to natural disasters which are typically more localized. As WASH services were needed everywhere, "the sector was overwhelmed just like the other sectors. And that is in terms of even human resource, equipment wise or the other capacities. The capacity was there but in needed beefing up due to the increasing demand and the scope of the crisis."

### Training Institutions

The 2020 Building Blocks study stated that "Training institutions for WASH at all levels are not adequate and this has made an impact on the lack of capacity amongst WASH practitioners. The technical skills for lower level staff at both the ministry and water boards have been the most affected."

### Future Emergencies

After discussing organizational capacity during the pandemic, key informants were asked to reflect on what worked and what could be improved for future emergencies. The table on the next page provides a summary of these reflections categorized by country. Overall, the WASH sector requires more resources to improve capacity. Specifically, there is a lack of WMA at the community level, challenges with decentralization and hiring at the district level, and up-skilling personnel at the Water Department and water boards.

What worked?

- Capacity at higher-levels such as directors and deputy directors

How to improve a future emergency response?

- Recruit and retain personnel, specifically at the district level (district officers, water monitoring assistants)

## CONCLUSION

The WASH-sector response overall worked within the institutional arrangements to best provide services and implement activities. Key informant responses overall aligned with the online survey where respondents rated both the overall WASH preparedness to COVID-19 and the preparedness of stakeholders to COVID-19 as somewhat-to-moderately prepared.

At the onset of the pandemic, the Government of Malawi was proactive with assembling the Presidential Task Force, closing schools and borders, limiting gatherings and public events, and activating their disaster response system before the first confirmed case of COVID-19 on April 2, 2020. The WASH cluster reportedly worked well with stakeholders within the cluster to coordinate efforts. However, the WASH cluster struggled with funding and could have coordinated better with the Presidential Task Force who eventually de-activated the cluster. Key areas identified to improve future WASH responses include coordination among ministries and higher-level coordinating bodies, funding for WASH, access to the national WASH database, data sharing, filling government vacancies in the Water Department, and strengthening district capacities.

## REFERENCES

The study team used various sources to develop the case study. The details of the sources are found in the footnotes throughout the case study. Below is an overview of the resources categorized by type of resource (documents, key informants, research, social media and newspapers).

### Government Documents

- President Peter Mutharika. 2020. Speech: Declaration of State of Disaster by Malawi President Peter Mutharika. March 20, 2020. [Link](#).
- Republic of Malawi. 2020. National COVID-19 Preparedness and Response Plan, March – June 2020. [Link](#).
- Republic of Malawi. 2020. National COVID-19 Preparedness and Response Plan, July – December 2020. [Link](#).
- Republic of Malawi. 2021. National COVID-19 Preparedness and Response Plan, July 2021 – July 2022. [Link](#).
- The High Court of Malawi LDR. 2020. The state on application of Kathumba and others V president of Malawi and others (constitutional reference number 1 of 2020). [Link](#).
- Government of Malawi. 2020. Public Expenditure Review of the Water, Sanitation, and Hygiene Sector of Malawi. [Link](#).
- [Malawi Legal Information Institute. 2014. Public Health Act. Link](#).
- Ministry of Irrigation and Water Development. 2006. National Sanitation Policy. [Link](#).

### WASH Cluster Documents

- WASH Cluster. 2020. Dedza WASH Cluster Plan PowerPoint for WASH cluster. August 31 2020. [Link](#).
- UNICEF. 2021. Water makes COVID-19 treatment sites safe. February 12 2021. [Link](#).
- WASH cluster presentation. August 2020. [Link](#).
- WASH cluster presentation. September 2020. [Link](#).
- United Purpose & WaterAid returnees response PowerPoint for WASH cluster. August 31 2020. [Link](#).
- COVID-19 5W. 2020. [Link](#).

### Development Partner Documents

- USAID WALIS. 2021. Survey on the national COVID-19 response.
- COVID-19 Hygiene Hub. September 22 2020. Interactive Radio Programme ensures children's educational continuity amid COVID-19. [Link](#).
- UN News. 2020. COVID-19 impact could be 'disastrously high' in poverty-stricken Malawi. May 2 2020. [Link](#).
- Bawi Consultants for Water for People. December 2020. Malawi National WASH Building Blocks Assessment. [Link](#).
- Scottish Government. 2019. Contribution to international development report: 2018-2019. September 24 2019. [Link](#).
- UNICEF. 2020. Malawi: COVID-19 Situation Report No. 2. [Link](#).

- [Our World in Data. 2021. Link.](#)

#### Research

- Mzumara GW, Chawani M, Sakala M, et al. 2021. The health policy response to COVID-19 in Malawi. *BMJ Global Health* 2021;6:e006035. doi:10.1136/bmjgh-2021-006035

#### Key informants

- Water Department, Ministry of Forestry and Natural Resources
- Ministry of Health
- Department of Disaster Management Affairs
- UNICEF
- USAID
- Water for People
- Malawi Red Cross Society

#### Social Media

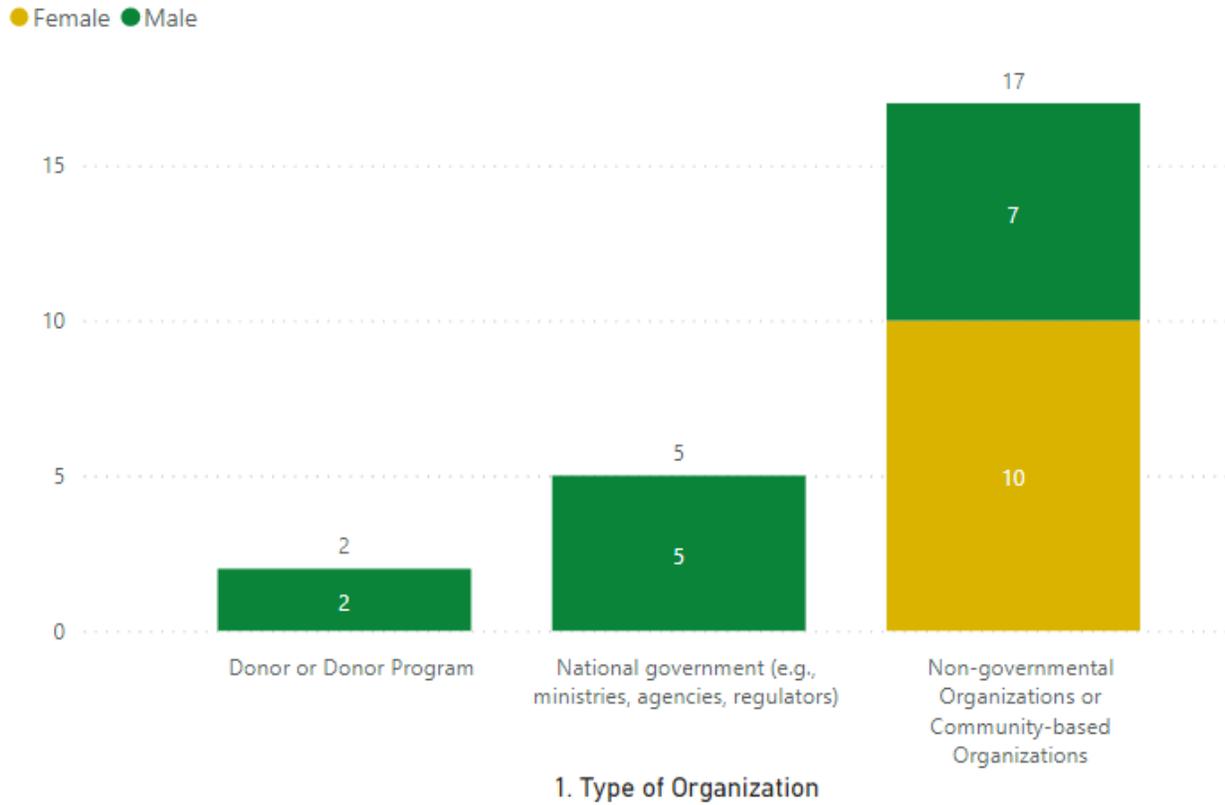
- Department of Disaster (@DisasterDept Twitter)

#### Newspapers

- The Malawi Gazette. [Link.](#)
- Voa News. [Link.](#)

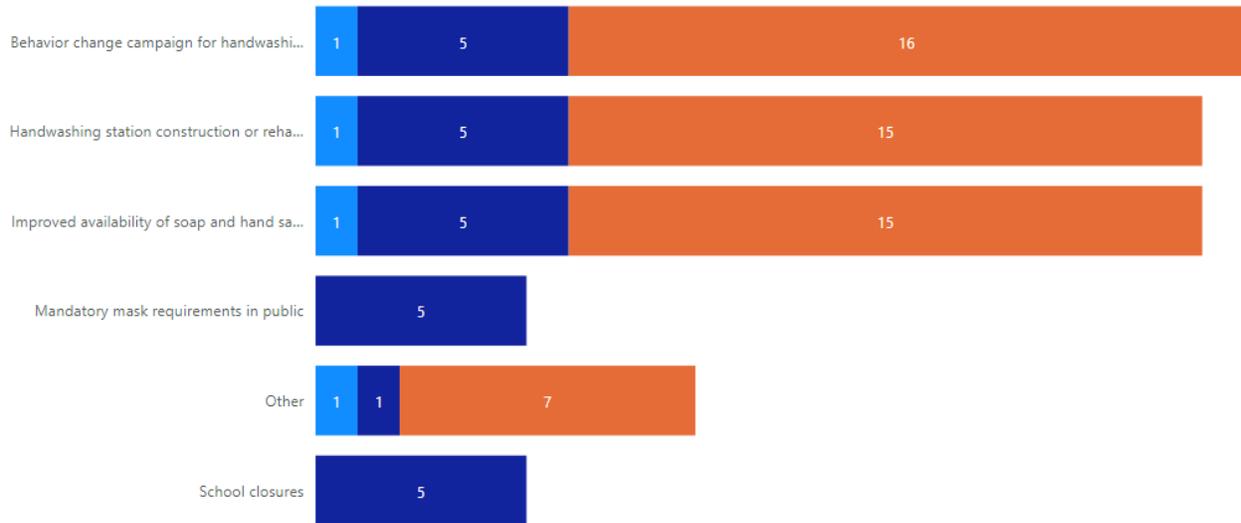
## ANNEX I: SURVEY RESULTS

More details on the methodology for the survey are located in the USAID technical report, “Understanding the WASH Response to COVID-19 in sub-Saharan Africa”. The most significant conclusions from the survey were included in this case study. It is important to note the limitations of the survey, including the number of respondents (24) and the higher number of respondents from NGOs and CBOs than government entities.



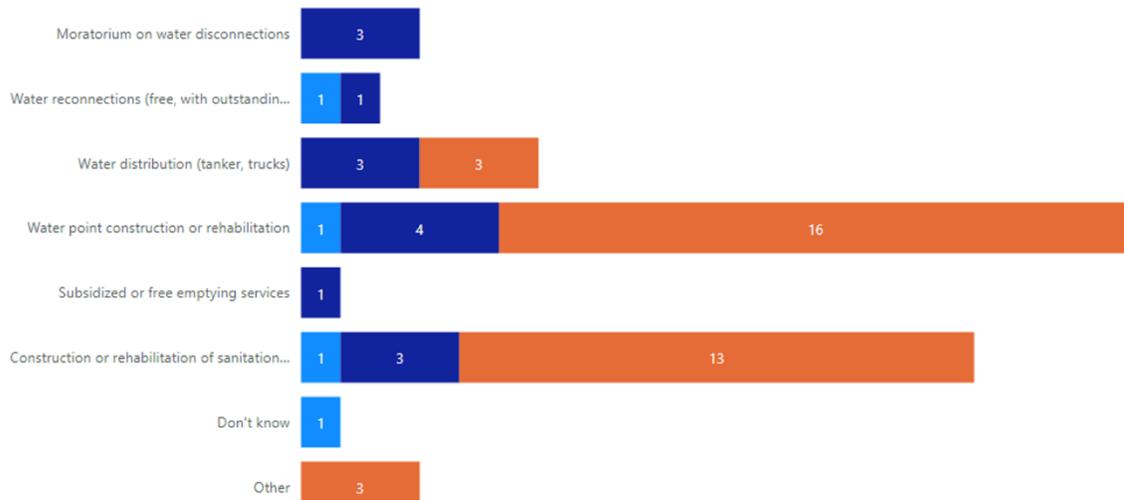
4. Which of the following measures has your government/ organization implemented thus far in response to the COVID-19 pandemic? Choose all that apply

Type of respondent ● Donor or Donor Program ● National government (e.g., ministries, agencies, regulators) ● Non-governmental Organizations or Community-b...



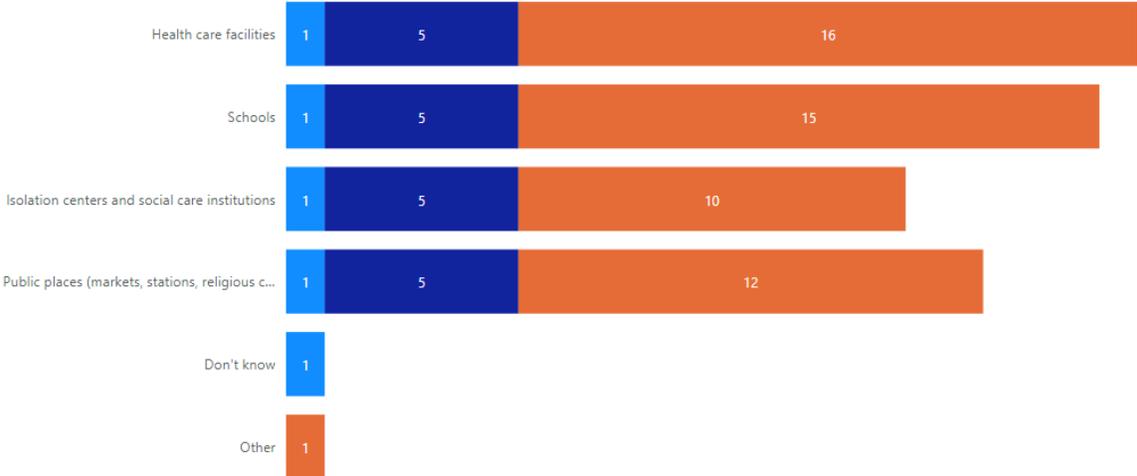
5. Which of the following measures has your government/ organization implemented thus far to ensure the continuous provision of water and sanitation services to all? Choose all that apply

Type of respondent ● Donor or Donor Program ● National government (e.g., ministries, agencies, regulators) ● Non-governmental Organizations or Community-b...



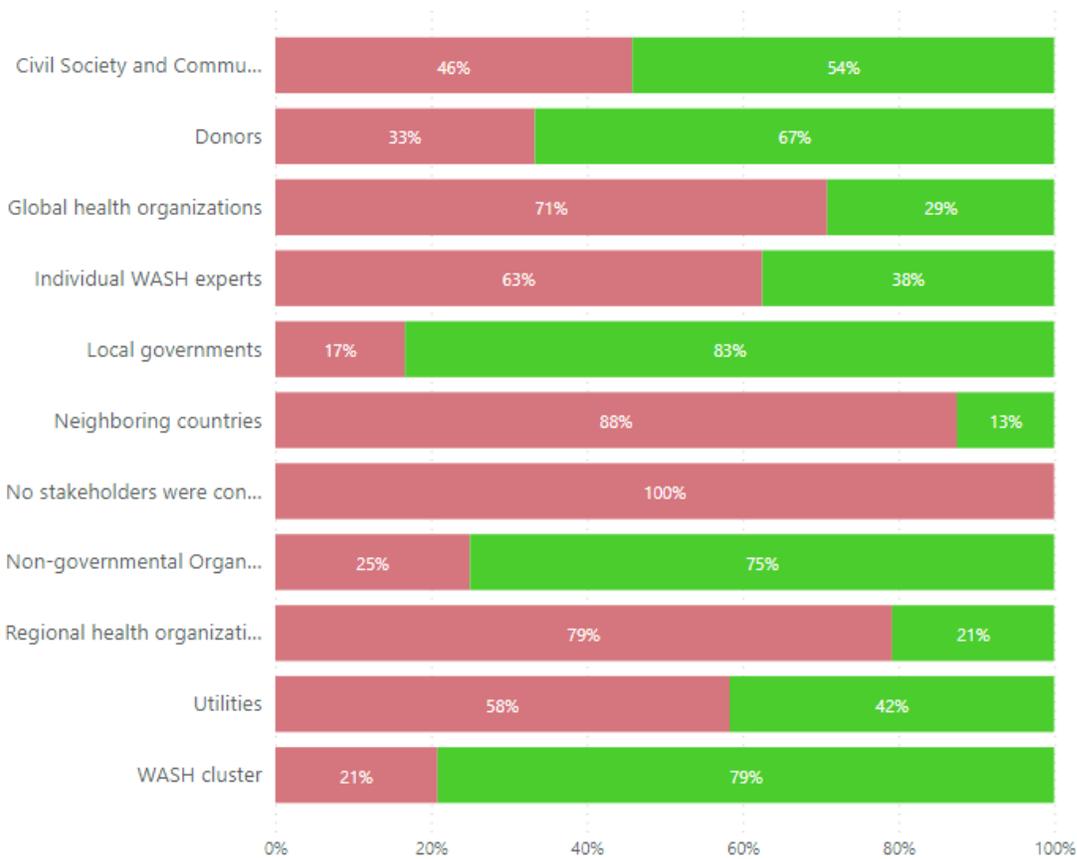
6. To which public institutions and places has your government / organization provided WASH services to prevent the spread of COVID-19? Choose all that apply.

Type of respondent ● Donor or Donor Program ● National government (e.g., ministries, agencies, regulators) ● Non-governmental Organizations or Community-b...



Were these stakeholders a part of the decision-making process to inform the national WASH response to the COVID-19 pandemic? Choose all that apply.

● No ● Yes



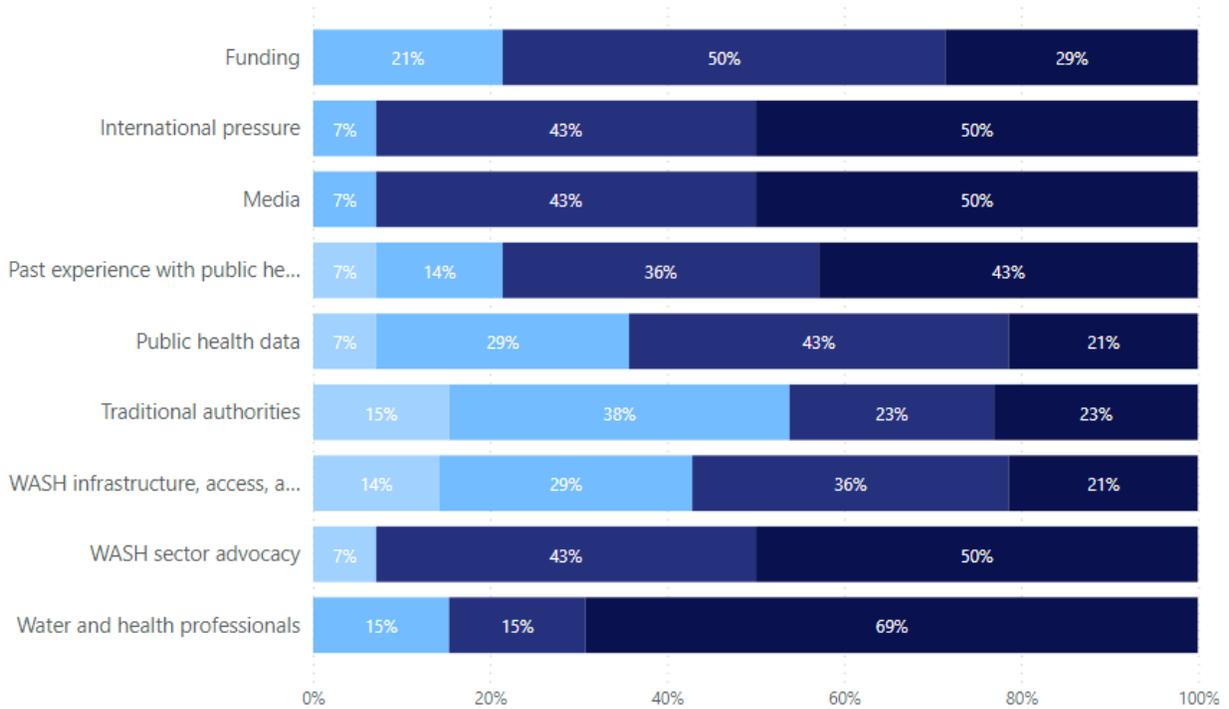
### From your perspective, how effective was the decision-making process?

● Donor or Donor Program ● National government (e.g., ministries, agencies, re... ● Non-governmental Organiza...



### To what extent did the following factors influence the WASH response?

● 1 - none ● 2 ● 3 ● 4 - high



## From your perspective, how prepared were these stakeholders for a WASH response to the COVID-19 pandemic?

