



Make hygiene your priority

## HYGIENE VILLAGE PROJECT (HVP)

### STRATEGIC PLAN

2021 - 2025



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Welford Roy Khonyongwa  
Executive Director  
Hygiene Village Project

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## **ABBREVIATIONS**

CLTS	Community led total sanitation
CONGOMA	Council for Non-Governmental Organizations in Malawi
CHAST	Child Hygiene and Sanitation Transformation
DHS	Demographic and Health Survey
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immuno-deficiency Syndrome
HVP	Hygiene Village Project
IEC	Information, Education and Communication
MGDSP	Malawi Growth and Development Strategy Paper
MoE	Ministry of Education
MoHP	Ministry of Health and Population
MoIWD	Ministry of Irrigation and Water Development
MoGCS	Ministry of Gender and Community Services
NGO	Non Governmental Organisation
PHAST	Participatory Hygiene and Sanitation Transformation
PSI	Population Services International
POP	Persistent Organic Pollutants
PTA	Parents and Teacher Association
SCT	Sanitation Core Team
SWOT	Strengths, Weaknesses, Opportunities, Threats
UNDP	United Nations Development Programme
UNICEF	United Nations International Children Education Fund
VHWC	Village Health Water Committees
WESNET	Water Environment and Sanitation Network

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## **1.0 EXECUTIVE SUMMARY**

This strategy was prepared through a participatory process led by Roy Khonyongwa the Executive Director of Hygiene Village Project (HVP) supported by project staff and other collaborating partners who were involved throughout the process. The process was characterized by meetings, discussions, research and analysis as well as a workshop conducted aimed at providing deeper insight and understanding of issues surrounding HVP activities. The strategic planning process has also been established by experiences and lessons learnt during the years HVP have been operating in Malawi.

The Strategic Plan represents an enormous challenge to the organization over the next five years. If realized, as evident through the achievement of the vision, then HVP feels that it will be able to demonstrate measurable impact towards the strengthening and consolidation of the water, sanitation, hygiene promotion, environment and food security issues in the country.

The strategic planning process involved two main stages. Initially an internal diagnosis of HVP was carried out through a desk study that involved literature review and consultations with relevant stakeholders. This mostly was done through interviews and discussions. It was followed by a workshop aimed at discussing and developing, in a participatory manner, HVP's strategic plans for its future operations. The workshop discussed key strategic issues that needed to be addressed by the organization. It then developed a Five-year strategic plan that would be ratified by relevant stakeholders. Apart from developing strategies for the organization for the second time, HVP was able to continue with its vision, goals and mission statements.

This document is the hallmark of these two processes which incorporates results from the two activities and presents them here as one strategic planning process in which one feeds into and breeds from the other. This strategic plan, 2021- 2025 illustrates:

- HVP's perspective
- Organizational Diagnosis
- The Strategic Directions
- Activity Planning.

## **2.0 THE NEED FOR STRATEGIC PLAN**

The advent of the Strategic Development Goals and Malawi's Growth and Development Strategy has enhanced the government and the private sector to steer towards the economic policy direction over the next five years. It is against this background that HVP prepared this comprehensive strategy document which is in line with the government of Malawi's social, economical and environmental policies. It will be part of a movement towards a sector-wide approach to water, sanitation, health and hygiene education including environmental issues in Malawi, together with similar projects supported by other development partners.

HVP would like to supplement the efforts of the Malawi government and other players in achieving the key priority area of Sustainable Development Goal #6 which is "Ensure availability and sustainable management of water and sanitation for all".

On broader terms the strategic plan will:

- help project staff to respond quickly to change while strategic planning provides management with techniques
- set an organization's long term course of action and developing plans
- help HVP management in undertaking appropriate action to reach set goals.

The strategic planning process began with the collection and consolidation of data which involved talking to staff members and other partners. It also included reviewing secondary information through reading various literatures available at The District Council, District Health Office, The Regional Water Department and the HVP Secretariat. The aim was to provide greater insight and depth to the overall strategic planning process. This was followed by the analysis of information as a means of answering the following questions:

- What is the establishment, performance and operational framework of HVP like?
- How do stakeholders perceive HVP?

The answers to these questions are summarized in the subsequent sections below.

HVP collaborates with the MoIWD, MoHP, MoE and MoGCS when implementing its activities. The organization also collaborates with other affiliates such as CONGOMA and the NGO Board and WESNET. Other partners include Water For People, Simavi, USAID, MSH, UNICEF, Counterpart International, Blantyre and Lilongwe Water Boards, District Councils in all Districts where Hygiene Village works or conducts its activities, target community. Some individuals and institutions are also involved in the activities of HVP for their special skills and expertise.

### **3.0 BACKGROUND AND RATIONALE FOR THE STRATEGIC DOCUMENT**

Malawi is a landlocked country in Southern Africa. It is located along the Great Rift Valley, with a diverse geography of mountains and lakes, notably Lake Malawi (Africa's third-largest lake). The soils are generally poor for agriculture and the climate is harsh, consisting of a nine-month dry season and three-month rainy season. The rainy season is characterized by unpredictable rainfall failures or flooding. Man-made water storage capacity is limited. The rural population density is among the highest in Africa – not because the land and climate can sustain such a high population (as in the other places with similar densities) but because of historic migration away from brutal colonial rule in neighbouring Mozambique.

This unique combination of high population density and unfavourable living conditions has given rise to some of the worst and most intractable rural poverty on the planet. The 2004 UNDP Human Development report ranks Malawi as one of the poorest countries in the world, at 165 out of 177 countries. More than half of its population lives below the poverty line. Approximately 80 percent of the population lives in rural areas; many people are engaged in subsistence rain fed agriculture. Years of agriculture shortfalls and hardships are driving people to migrate from rural areas to urban and peri-urban centers. The national economy is too weak to generate employment for them. Malawi's main exports are agricultural commodities such as tobacco, sugar, tea and coffee. The manufacturing industry is just developing.

Malawi is a multi-party democracy with a democratically elected president and national Council. Since 1994, when the one-party rule ended, Malawians have enjoyed freedom of speech and association. Administratively, Malawi is divided into three regions (northern, central and southern) and into 32 Districts. The districts are becoming the important

implementation stage for public sector works. Each has an elected Council supported by a team of civil servants from various line ministries.

Malawi has a heterogeneous ethnic and religious composition in which the various groups live together with minimal tensions between them. It has a strong sense of national identity and a determination to avoid the ethnic and religious problems that have affected many African countries over recent years.

In Malawi, life expectancy at birth is 36 years. Health indicators, especially for mothers and children, are a cause for concern. For example the maternal mortality rate remains very high at 984/100,000 live births largely because of poor attendance for health facility delivery and postnatal checks. The child mortality rate is 133/1,000 live births and the main cause for child deaths are malaria, diarrhea diseases and acute respiratory infections. In both the 2004 DHS survey and a 2005 survey conducted by PSI, about 20 percent of children under-five suffered an episode of diarrhea in preceding two weeks. Cholera is a particular problem as it is endemic and typically attacks 2.5 persons out of 1,000 per year. The high prevalence (16 percent among adults population) of HIV infection makes all these health problems worse, due to opportunistic infections among people living with AIDS. This has led to increased death rates among adults, especially the productive age group. Consequently the number of orphans being cared for by poor families increases.

Use of improved sanitation facilities and safe drinking water is a fundamental right that safeguards health and human dignity. Poor hygiene, lack of sanitation, and low quality and quantity of drinking water all contribute to Malawi's poor health indicators for mothers and children. In helping their mothers, children, especially girls miss the opportunity to attend school and lose time for recreation and playing. Some 1.2 million women and 3 million children are directly affected by the poor water and sanitation coverage in Malawi.

The coming in Covid-19 has also impacted greatly to the nation of Malawi in case of education, economy, business, environment and society as a whole.

### **3.1 WATER, SANITATION AND HYGIENE INDICATOR FIGURES**

Regarding water, the national coverage figures vary from 58% in the 2004 DHS to 67 % in the 2004 JMP report and 72% in the 2005 Welfare Monitoring Survey (WMS). The MoIWD-led task force preparing the National Water Development Project Phase II studied the figures and agreed for planning purposes to use the JMP figure of 67 per cent for water supply (96 % for urban and 62 % rural).

Despite large investments in the water supply sector to date, access to safe drinking water is still a problem due to frequent breakdown, unavailability of spare parts and lack of trained water committees to maintain and repair the systems. The cumulative effect of these problems is that 38% of existing water facilities are not functioning. Other problems include the degradation of water resources, inadequate financing, increasing water demand as a result of increasing population, insufficient institutional capacity, climate change, inadequate mitigation measures for water related disasters and inadequate promotion of hygiene and sanitation. Commercial utilities are unable to supply sufficient quantities of good quality water to urban areas because of rapid, unplanned growth. Peri-urban slum areas also suffer from lack of land tenure, so the government is reluctant to provide water and sanitation services to these areas.

With regards to institutional coverage, of the 5,159 primary schools in the country 12% do not have access to safe drinking water (MoE planning 2004).

Regarding sanitation, the disparity that was there in latrine coverage was verified by the Sanitation Core Team (SCT) which found that sanitation coverage could drop to as low as 40% in some rural villages and reach as high as 95% where sanitation projects have been active in promoting sanitation and hygiene in an integrated manner (GoM/MoIWD, 2006). Other studies have also indicated that household access to improved sanitation is estimated at 46% with variations from 65% in urban areas to 46% in rural areas (UNICEF/WHO JMP 2005) – (Malawi Sanitation policy).

Regarding hygiene behavior there is no single indicator figure, but behaviors are clearly poor. For example in two recent surveys, proper hand washing after using a latrine ranged from 35 to 50 % and before feeding or cooking was less than 10 %. As it can be deduced from the surveys; water and sanitation coverage in Malawi is very low.

### **3.2 SECTOR AGENCIES, POLICES AND FUNDING – WATER AND SANITATION**

The government ministry responsible for water sanitation is the Ministry of Irrigation and Water Development (MoIWD). Its mission is to ensure that water is available and accessible at all times to everyone in Malawi for the sustainable socio-economic development of the country.

Originally, MoIWD fulfilled its mission by direct implementation managed mainly at the national level. Now, following the government's general policy on decentralization, MoIWD's role has changed from implementation to policy formulation and regulation. District Councils take the lead in implementation of water projects.

The sector has opportunity for successful implementation of its projects due to the availability of water resources and support from political leaders and donors. Also aiding success is the participation of private and public sectors, the existence of regional and international initiatives such as UNICEF, World Bank and other governments. These governments include Norway, German, Japan and Netherlands. The government's central focus continues to be poverty reduction and economic prosperity as addressed by the Malawi Growth and Development Strategy Paper (MGDSP).

According to 2017/2018 Wash budget brief published by UNICEF, there is virtually no dedicated budget line item for sanitation and hygiene in the 2017/18 Program Based Budget (PBB). WASH sector budgets reflect inequities, including by rural/urban divide, districts and programs. The majority of WASH resources in the 2017/18 budget have been allocated at the central level, mainly for development costs, with less than ten percent going to District Councils for other recurrent transactions.

The sanitation and hygiene situation is also improving, but still there are challenges with coverage and quality of services. The percentage of households with improved access to sanitation significantly increased from 8.2% in 2010 to 52% in 2016 (Figure 2).<sup>2</sup> The rate of open defecation (OD) in



Malawi has improved from 15.7% in 2000 to 6.5% in 2015.3 This is partly due to the introduction of Community Led Total Sanitation (CLTS) in 2008. Approximately 7% of households practising OD are in rural areas compared to 1% in urban areas. This mirrors the poverty situation in the country, which is heavily concentrated in rural areas (95%).4 The Southern Region has the highest percentage of households practising OD (5.7%), whilst the Northern Region has the lowest percentage (3.6%). Poor sanitation and hygiene account for approximately 4,500 under-five child deaths every year in Malawi due to diarrhoea and other waterborne diseases. The government provides 38% from its internal resources and obtains 62% from external support agencies for the water sector. Meanwhile a large number of non-state actors are actively involved in the implementation of water related projects in Malawi. Overall, the government directly controls only a small percentage of the expenditure in the water sector, which is a significant constraint to effective management and coordination.

#### **4.0. ORGANIZATIONAL BACKGROUND**

##### **4.1 HISTORY IN MALAWI**

Hygiene Village Project (HVP) is a local Non-Governmental Organization in the health and environmental sector, which was registered in October 2004 under the trustees act chap 5:03 of the laws of the Republic of Malawi. The organization is also a registered member of Council for Non-Governmental Organizations in Malawi (CONGOMA) and the NGO Board. HVP is also registered with Blantyre, Lilongwe, Mangochi and Nkhotakota District Councils.

HVP has a Board of trustees with six members and a management board comprised of three members. The organization was established in 2004 having headquarters in Blantyre. The thematic areas of interest are in water, sanitation, hygiene, environment and HIV/AIDS.

##### **4.2 NOTABLE ACHIEVEMENTS OF HVP**

Provision of boreholes and shallow wells

###### **Funding from Simavi 2012-2014**

Drilled 5 boreholes in 5 schools in TA Makata – Blantyre

###### **Funding from Water For People 2012**

Drilled 10 boreholes and rehabilitated 30 boreholes in 5 villages of group village headman Ntenje in T/A Machinjiri in Blantyre District..

###### **Funding from UNICEF 2014-2015**

Drilled 14 boreholes and rehabilitated 20 boreholes in TAs Chowe and Namabvi in Mangochi District.



### **Funding from Plan International – Canada 2015**

Drilled 7 boreholes at 5 primary schools in TA Mwadzama in Nkhotakoota District

### **Facilitate construction of water kiosks and formation of Water Users Associations – Funding from the EU/EIB/BWB 2015-2016**

Hygiene Village Project facilitated construction of 120 water kiosks and establishment of the following 9 Water Users Associations in Blantyre District

### **Management of Mbayani Water Kiosks as an Interim Private Operator 2015-2016**



Hygiene Village Project was mandated to manage the eighteen (18) newly constructed Mbayani kiosks in the interim period between commissioning and the handover to the Private Operator in order to ensure that communities immediately start benefiting from the project. Hygiene Village Project was therefore engaged and involved in the project by carrying out facilitation services such as community mobilization,

sensitization, and negotiations for access to land and promotion of sanitation and hygiene in Mbayani.

### **Provision and facilitation of construction of latrines**

#### **Funding from Simavi 2012-2014**

HVP constructed 100 latrine blocks, urinals and hand washing facilities for boys, girls and staff in 20 schools in TAs Machinjiri, Kapeni and Makata in Blantyre Rural.

HVP constructed 15 pit latrines with menstrual hygiene management components, urinals and hand washing facilities for boys, girls in 3 schools in TA Nkanda in Mulanje District.

Hygiene Village Project facilitated construction of a total of 3,411 latrines and facilitated declaration of 33 villages to have Open Defecation Free status in TAs Kapeni, Lundu, Makata and Chigaru in Blantyre District through CLTS.

### **Funding from Plant International – Canada - 2016**

Hygiene constructed 10 latrine blocks, urinals and hand washing facilities for boys and girls in TA Mwadzama in Nkhotakota District

### **Funding from the Global Sanitation Fund (GSF) 2015-2017**

Hygiene Village Project facilitated construction of a total of 9,551 basic latrines and 1,365 improved latrines in TAs Malengachanzi and Mwazama in Nkhotakota District through CLTS approach.

Hygiene Village Project facilitated TAs Mwazama and Malengachanzi in



Nkhotakota District to attain ODF status through CLTS

Hygiene Village Project facilitated establishment of village banks in all target Low income areas of Blantyre, Lilongwe and Nkhotakota with focus on sanitation and hygiene improvement. A total of 61 village banks were established in Blantyre, Lilongwe, Nkhotakota. Through the village bank model, 444 basic latrines in Blantyre and 207 basic latrines in Lilongwe were upgraded to improved latrine through sand cement screed.



#### **Funding from UNICEF 2017**

Hygiene Village Project facilitated T/As Lundu and Makata in Blantyre and T/As Chowe and Namavi to be declared ODF.

#### **Funding from USAID through Counterpart International – STEPS Project 2017 - 2019**

Hygiene Village Project facilitated T/A Kalumbu of Lilongwe to be declared ODF in 2017

#### **Funding from EU/EIB/BWB 2012-2017**

HVP facilitated construction of 10,211 modern latrines and 8,395 hand washing facilities in the following 11 Low income areas (LIA) of Blantyre peri-urban: Mbayani, Chemusa, Chilomoni, Chirimba, Zingwangwa, Chilobwe, Nancholi, Manase, Nancholi, Sigelege and , Kameza. Other activities included training of 55 masons and entrepreneurs from the 11 LIAs and hygiene promotions and campaigns.



#### **Funding from Water For People 2008**

Hygiene Village Project provided dome slabs to 400 households of GVH Ntenje in T/A Machinjiri in Blantyre District.

#### **Funding from World Bank 2012-2015**

Hygiene Village Project implemented a sanitation Marketing project in 5 low income areas in Blantyre and 7 low income areas of Lilongwe.

The targeted areas are Likuni/Chigwirizano/Ntchentche, Lumbadzi, Mchenzi, Area 38, Area 23, Chiuzira and Area 44 in Lilongwe and Nguludi/Bangwe, Mpemba/Chadzunda, Chileka/Lunzu, Chingumula/Bvumbwe and Pensulo in Blantyre. In this project HVP facilitated construction of 3,204 improved latrines, 2,074 hand washing facilities.

#### **Funding from USAID through MSH – Mulanje – Zomba ONSE project 2019**

Capacitated 82 masons to support construction of basic latrine in the Zomba and Mulanje Districts



Hygiene Village Project facilitated attainment of ODF status for TAs Chikumbu in Mulanje and Malemia in Zomba Districts

HVP managed to facilitate construction of 916 improved latrines in Zomba and 988 improved latrines in Mulanje.

**Funding from USAID through MSH – Community Based Management (CBM) ONSE project 2025**

**HVP trained 73 Trainer of Trainers (TOTs) in CBM and cost recovery mechanisms.**

HVP Build capacity of WPCs to manage their water infrastructure to the optimum use

A total of 218 Water Points

Committees (WPCs) 2,351 members from TAs Mkanda, Ndanga, Mthiramanja and Juma in Mulanje District were trained in Community Based Management for rural water supply.



**Funding from USAID through MSH – Zomba ONSE project 2025-2021**

Capacitated 83 masons to support construction of basic latrine in TA Chikowi - Zomba a District

Hygiene Village Project facilitated attainment of ODF status for TA Chikowi in Zomba Districts

HVP managed to facilitate construction of 1,503 improved latrines in TA Chikowi

191 vulnerable people (elderly, disabled) benefited from USG-supported social services by having improved latrines.

Nine Health Facilities in TA Chikowi improved their facilities through the Clean Clinic approach where the clinics were implementing their action plans

100 Water Point Committees (WPCs) were encouraged and improved their boreholes to meet minimum criteria for clean surrounding (soak away pit, drainage channel, non-cracked apron and clean surrounding)

**USAID CERTIFICATION**

HVP participated successfully in and completed requirements of Counterpart International's Organizational Certification Process (OCP) to earn an Institutional Development Certificate under Support the Efforts of Partners (STEPS) program in June 2019. Funded by USAID. STEPS is an initiative by Counterpart International with the aim of strengthening civil Society Organization's standard capacity in leadership, strategic management and grant management among others. Through the OCD, HVP has currently policies in place

**4.3 MISSION STATEMENT**

To enable communities to live in total hygienic environment with reduced diseases and death rates.

#### **4.4 VISION**

A Malawi community that attains safe water, improved hygiene and sanitation and self sustained in food security through local available resources.

#### **4.5. GOALS BY THE YEAR 2025**

To improve health, sanitation environment of poor rural and peri-urban dwellers of Central, Southern and part of the Northern Regions of Malawi. HVP will generally provide cost-effective sustainable sanitation, waste disposal, and water supply technologies. To achieve this, three main goals falling under themes of water, sanitation and hygiene have been established and include:

- To increase the number of people who have access to portable water.
- To improve sanitation and hygiene for peri - urban and rural households, institutions and health facilities.
- To improve sustained use of improved hygiene practices.
- To achieve a sustainable waste management system.

#### **5.0 OBJECTIVES**

Specific objectives have been established under each main goal.

##### **5.1 To increase the number of people who have access to portable water.**

- To increase the percentage of schools having access to water from 35% to 60% through borehole drilling and rehabilitation.
- Training and sensitizing school committees on their responsibilities of their water systems
- train water point committees on community-based management (CBM) to enhance their oversight and management of their respective water points
- To enable communities to adopt technologies for water treatment (e .g Household water filters).
- To increase the percentage of rural communities having access to water (e.g. boreholes) from 62% to 80%.
- To partner with other organizations working in the same thematic area.
- Construction of solar powered systems which contributes to improving access to safe water to communities and institutions

##### **5.2 To improve sanitation and hygiene for peri - urban and rural households, institutions and health facilities**

By 2025 increase the percentage of households in target areas :

- Using safe latrines from an observed 6% to 90%.
- Properly maintaining their latrines from an observed 5% to 90%

- To increase the percentage of schools having access to sanitation from 50% to 80%
- HVP shall undertake a clean clinic approach that focus on assessment of WASH conditions and Infection Prevention Control (IPC) measures in district health care facilities (HCFs), identify WASH issues or gaps, develop an action plan highlighting what should be done – when and who shall do it and finally facilitating the implementation of the action plan to address the issues

### 5.3 To improve sustained use of improved hygiene practices.

- By 2025 increase the percentage of household members constantly washing their hands with soap from a reported 20% to an observed 60%.
  - (i). before eating from a reported 11% to an observed 60%.
  - (ii). after using latrine from a reported 18% to observed 60%.
- By 2025 increase the percentage of household members with knowledge and improved 3 key hygiene practices:
  - Proper use of the latrine and safe disposal of children’s faeces
  - Proper transport, storage and handling of drinking water
  - Correct method and frequency of hand washing.

### 5.4 To achieve a sustainable waste management system.

- By 2025, increase the percentage of households
  - (i). Having a place to discard their waste (liquid and solid (e.g. gardens).
  - (ii). To enable households to adopt compost technologies.
  - (iii). Sensitize community on Persistent Organic Pollutants (POPs).
  - (iv) Explore faecal sludge briquette initiative as a value addition product to disposed sludge in treatment plants.

## 6.0 PROJECT APPROACH STRATEGIES

### 6.1 Participation

Ensures total community participation, including gender consideration in decision-making, elected communities, planning and design, implementation and maintenance, choice of technology, monitoring and evaluation on all water, sanitation, hygiene and environmental projects.

### 6.2 Demand responsive

Use approaches that will strengthen latrine markets by stimulating demand for latrines while at the same time building capacity of the local private sector to better understand why people buy latrines, expand the range of products and services, increase quality and improve both value for money, consumer and profit margins for the entrepreneurs.

### 6.3 Gender sensitive and inclusion of the marginalized

Women play a vital role in household management of water, sanitation and hygiene. HVP will ensure women empowerment, participation and power to think and act freely, exercise choice, and fulfill their potential as full and equal members of their society.

HVP encourages all levels of citizen participation and influence in various governance processes with particular focus on the exclusion of some social groups.

#### **6.4 Capacity building**

Capacity development building is to be pursued at the organizational and at all other levels. This includes training of the project staff in Sanitation Marketing, CBM, PHAST CHAST, CLTS, SLTS, ecological sanitation and different options and other appropriate technologies.

The community to be trained shall include; natural leaders, masons, home owners associations, the area mechanics, VHWC, WPCs sanitation teachers and school sanitation clubs.

#### **6.5 Partnership**

Partnership and collaboration with government line ministries, international and local NGOs, and private sectors interested in WES.

### **7.0 ORGANIZATIONAL CAPACITY**

A distinction is made between the key resources which make up HVP namely staff skills, competencies, and resources (technical, financial and material). It mobilizes to implement its programmes and combines these to produce desired results (i.e. its strategies, structures, systems and procedures).

Financial, human and material resources at HVP have never kept pace with the demands of the office and this has resulted in inadequate staffing levels, materials and below capacity operations. The challenge therefore, is to ensure that adequate resources are available to capacitate the organization.

Management of HVP includes the Executive Director, 4 Programme Officers, the Finance and Administrative Officer, 14 Field officers, 2 Accounts Assistants, 2 drivers, 4 Office Assistants, 4 guards. Internees add to the core team. Overall the human capacity of HVP needs to be strengthened by provision of capacity building, trainings, recruitment of additional core staff with skills and experience. *(HVP organ gram is attached at the end of this document)*

### **8.0 ORGANIZATIONAL DIAGNOSIS**

As a way of assessing HVP's internal and external environment a SWOT analysis and an external environmental scan were commenced.

#### **8.1 STRENGTHS**

These arose from the resources and competencies available to HVP as presented below:

- Capacity to initiate programmes
- Ability to plan for its activities
- Manage to coordinate programmes involving member NGOs and other partners
- Maintenance of integrity and credibility
- Good track record
- Has developed a strategic plan

- Able to produce auditable financial reports - The books of accounts of HVP are audited by such credible organizations accredited by CONGOMA and approved and appointed by HVP Executive Committee. Auditing is conducted annually and at the end of specific projects
- Operates Current Bank Accounts with National Bank of Malawi
- Registered with: CONGOMA, NGO Board, WESNET, District Executive Committees (DEC) and District Coordinating Teams (DCT).
- Excellent working relationship with government line ministries, other stakeholders and donors
- Has spacious offices in Blantyre, Lilongwe, Nkhoskhota and Mangochi, has 5 vehicles including a minibus, 6 motor cycle, 6 sets of computers and printers, Office furniture and each Programme Officer has a laptop.

## **8.2 WEAKNESSES**

These were limitations or deficiencies in the resources that were responsible for hindering HVP's performance

- Inadequate key staff – staff work on contract basis
- Inadequate transport facility
- Inadequate computers
- Over reliance on donor funding
- Limited financial resource base

## **8.3 OPPORTUNITIES**

These were favorable situations available to HVP. Key trends were identified which are one major source of opportunities

- Synergy
- Availability of conducive ecological sanitation related issues in the Malawi sanitation policy.
- Availability of donor support
- Availability of private sectors that support marketing strategies
- High demand for water, sanitation and hygiene education programmes from the communities

## **8.4 THREATS**

Viewed as key impediment to HVP's current or desired position, the organization's threats were identified as:

- Vandalism of water and sanitation facilities
- Political interference in project implementation
- The impact of HIV/AIDS and Covid-19 on the human and financial resources of communities undermines the achievement of project results
- Weak community participation in implementation and monitoring
- Hindrance of project implementation plans by natural disasters such as floods and heavy rains and disease outbreaks
- Community male dominance in decision making which results to gender imbalance



The SWOT was adopted for its simplicity and it provided HVP's management with a quick overview of the organization's strategic situation. It is based on the premise that an effective strategy is derived from a perfect and sound "fit" between the organization's internal resources (strengths and weaknesses) and its external situation (opportunities and threats). HVP believes that accurate application of the SWOT analysis will provide for powerful implications for the design of a successful strategy.

## 8.5 ENVIRONMENTAL SCAN

Political, economic, social, technological and religious issues that affect HVP were identified. The external environmental scanning of HVP focused on forces and trends in these five categories. These are not particular to HVP's operating environment, rather they are global. These environmental factors and trends are captured in the following table and have been identified for strategic adaptation.

### External Environmental Scanning

Political	Economic	Social	Technological	Religious
Democracy has provided enabling environment for donor support towards water, sanitation, hygiene and environment programme	<ul style="list-style-type: none"> <li>Lean staff (Most work on contract)</li> <li>Inability to procure Essential resources e.g. vehicles and motor cycles</li> </ul>	<ul style="list-style-type: none"> <li>Cultural barriers in some cultures hand washing facility outside a latrine is not readily accepted</li> <li>Men dominance in decision-making</li> <li>Low illiteracy levels</li> <li>Poverty and HIV/Aids</li> </ul>	<ul style="list-style-type: none"> <li>Lack of Website</li> <li>Lack of computer operational skills by staff</li> </ul>	<ul style="list-style-type: none"> <li>Different religious beliefs</li> <li>Sectarian mentality e.g. no hospital treatment for some sects.</li> </ul> <p>(Some of these conflict with HVP area of focus)</p>

## 8.6 SYSTEMS AND PROCEDURES

HVP has sound systems and procedures for its operations. For these to be effective and efficient there is a need to strengthen the capacity of key positions in the organization. HVP desists from aligning itself with particular political interests without derogating its right to take a stand. The HVP code of conduct is always strictly adhered to.

## 9.0 TARGET AREAS

All districts in the Southern  
 All districts in the Central Region  
 Some districts in the Northern Region

## **10.0 PROGRAMME OUTCOMES IN THE NEXT FIVE YEARS**

- 20,000 latrines constructed by households through different strategies such as sanitation marketing, CLTS, sanitation and hygiene promotions PHAST and other strategies using different latrine technologies
- 130,000 learners having improved access to hygiene and sanitation facilities at schools
- Use of shared knowledge among stakeholders in marketing sanitation delivery methods applicable in low income areas
- 420,000 people having access to safe drinking water through the provision of boreholes, shallow wells and the introduction of household filtration technologies
- Improvement in the community environment by the reduction and elimination of persistent organic pollutants (POPs)
- 75% reduced incidences of diseases as a result of improved hygiene and sanitation

## **11.0 ACTIVITIES UNDER EACH GOAL**

### **11.1 GOAL 1**

To improve access to and sustained use of safe water supply from 62% to 80% in target areas by 2025.

#### **11.1.1 RURAL SCHOOLS**

- Construction of boreholes in the rural schools
- Rehabilitation of boreholes at schools
- Construction of solar-powered water systems
- Provision of drinking buckets
- Training of teachers and learners 3-key hygiene practices

#### **11.1.2 PERI-URBAN SCHOOLS**

- Facilitate construction of water pipes and storage tanks
- Rehabilitation of water points
- Provision of drinking buckets
- Training of teachers and learners 3-key hygiene practices

#### **11.1.3 COMMUNITY – RURAL**

- Mapping and sensitization
- Drilling of boreholes
- Rehabilitation of unfunctional boreholes
- Construction of solar-powered water systems
- Construction of gravity fed water schemes
- Construction of rope pumps. Play pumps and other technologies
- Construction and protection of shallow wells
- Training water committees, VHWC and mechanics
- Production and distribution of IEC materials

#### **11.1.4 COMMUNITY – URBAN**

- Kiosk location siting and negotiations
- Community sensitization and water users association establishment
- Hygiene education and training to users of community water kiosks

### **11.2 GOAL 2**

To improve access to and sustained use of adequate sanitation facilities and hygiene from 11% to 85% in target areas by 2025.

#### **11.2.1 SCHOOLS – RURAL AND PERI-URBAN**

- Construction of standard VIP latrine and boys’ and girls’ urinals using different technologies
- Construction of hand washing facilities and demonstrate on different hand washing technologies and sensitization of community on hand washing times
- Training school sanitation teachers, School management committees and school sanitation clubs
- Training of teachers and learners 3-key hygiene practices
- Establishment of village banks a financial mechanism

#### **11.2.2 RURAL COMMUNITIES**

- Mapping
- Sensitization, mobilizing and training on sanitation marketing and ecological sanitation
- Facilitate construction of latrines with more emphasis on ecological sanitation latrines
- Conduct CLTS and PHAST methodologies
- Construction of demonstration latrines at selected households
- Training of masons and sanitation promoters
- Establishment of village banks a financial mechanism

#### **11.2.3 PERI-URBAN**

- Mapping
- Improve sanitation through use of sanitation marketing strategy in peri-urban set up by creating demand for sanitation products, services and practices
- Develop innovative communication and advocacy programmes to stimulate demand for sanitation services
- Develop a core group of sanitation entrepreneurs to cover the target low income areas
- Establishment of village banks a financial mechanism
- Offer sanitation technology choices (skyloo, VIP, Fossa arterna, child slab etc) to households
- Facilitate construction of standard latrines (VIP and eco-san latrines)
- Construction of demonstration latrines at selected households
- Identification of microfinance bank and facilitation of loan scheme to low income landlords for them to purchase sanitation facilities (e.g. latrines, slabs and hand washing facilities)
- Sensitization, mobilizing and training to entrepreneurs and home owners on sanitation marketing and ecological sanitation
- Dialogue with private sectors i.e. plastic and soap manufactures

- Production of eco-sanitation booklet in vernacular on sanitation marketing and ecological sanitation
- Designing production and distribution of IEC materials
- Organization of meetings with shop owners
- Enhance safe household latrine construction and pit emptying service uptake through Voucher system
- Disseminate knowledge on key hygiene practices (maintain and use a latrine, proper supply, storage and use of drinking water and improved hand washing with soap) to communities through change agents (Pupils, PTA and school sanitation clubs)
- Provide hygiene education to water users (water kiosk users) in the communities benefiting from Water User Associations

### **11.3 GOAL 3**

To achieve a sustainable waste management system in peri-urban Blantyre.

- Find waste management technologies by doing a study, mapping out the community and finding what other organizations have done on waste management
- Sensitization on composting and decomposition
- Mobilization and training on reduction, reuse and recycling of wastes
- Procure of training materials
- Demonstrate composting
- Provision of waste bins
- Facilitate reduction or elimination of persistent organic pollutants by sensitizing and mobilizing the community of Persistent Organic pollutants
- Production and distribution of IEC materials on POPs

### **11.4 MONITORING AND EVALUATION**

- HVP will develop systematic and practical monitoring and evaluation procedures (project tracking) that will ensure efficient and effective implementation of high level water, sanitation, hygiene and environmental programmes with measurable and sustainable impact. HVP shall conduct frequent monitoring, midterm and end-of-year project evaluation. HVP will concentrate on ending the programmes smoothly so that its approaches and activities continue as indicated in the implementation plan of action. It will include an internal monitoring, reporting and formal external final evaluation to assess the impact and project performance.
- Programmes of HVP will have a strong component of independent, concurrent, evaluation and auditing by third-party organizations. This will ensure regular collection of data for interpretation and the use of information for programme assessment and guidance in addition to the internal monitoring and reporting systems. The programme focus will be on process and input, immediate output; gradually it will focus on demonstrating output and purpose related results. The logical framework will be the determinant influencing the overall monitoring work on all programmes.

### **11.5 GENERAL**

- Stakeholder and community programme/project sensitization and mobilization
- Lobby for funds
- Establish and lobby for partnership national and international
- Write proposals

- Conduct a baseline survey to verify coverage of knowledge, attitude and practices related to sanitation and hygiene that need to be addressed by the programme

## **12.0 RESOURCE MOBILIZATION**

HVP shall arrange for fund-raising activities to be done in order to raise funds for the organization's overhead costs and other activities. To manage the project activities, the organization shall prepare and submit proposals to different donors within Malawi and beyond. Community members shall contribute through their participation in the implementation of HVP's activities.

HVP will set up Hygiene Investment – a separate arm of the organization whose main role will be to mobilize resources (money) through sanitation as a business.

HVP lobby for partnership with other International Organizations and development partners within the country and beyond.

### 13.0 TENTATIVE - OVERALL BUDGET – CASH FLOW FOR 6 YEARS (2021 - 2025)

ACTIVITY	TOTAL	2021	2022	2023	2024	2025
	BUDGET	25%	25%	20%	18%	12%
Water supply in schools - rural	50,000,000	12,500,000	12,500,000	10,000,000	9,000,000	6,000,000
Water supply in schools - peri-urban	30,000,000	7,500,000	7,500,000	6,000,000	5,400,000	3,600,000
Water Supply - community rural	100,000,000	25,000,000	25,000,000	20,000,000	18,000,000	12,000,000
Sanitation in schools – rural	120,000,000	30,000,000	30,000,000	24,000,000	21,600,000	14,400,000
Sanitation in schools - peri-urban	120,000,000	30,000,000	30,000,000	24,000,000	21,600,000	14,400,000
Sanitation in community –rural	200,000,000	50,000,000	50,000,000	40,000,000	36,000,000	24,000,000
Sanitation in community -peri-urban	100,000,000	25,000,000	25,000,000	20,000,000	18,000,000	12,000,000
Environment - waste management	90,000,000	22,500,000	22,500,000	18,000,000	16,200,000	10,800,000
Environment – POPs	60,000,000	15,000,000	15,000,000	12,000,000	10,800,000	7,200,000
Capacity building	90,000,000	22,500,000	22,500,000	18,000,000	16,200,000	10,800,000
Monitoring & evaluation	50,000,000	12,500,000	12,500,000	10,000,000	9,000,000	6,000,000
Logistics support	150,000,000	37,500,000	37,500,000	30,000,000	27,000,000	18,000,000
Administration	30,000,000	7,500,000	7,500,000	6,000,000	5,400,000	3,600,000
<b>GRAND TOTAL</b>	<b>1,190,000,000</b>	<b>297,500,000</b>	<b>297,500,000</b>	<b>238,000,000</b>	<b>214,200,000</b>	<b>142,800,000</b>

# HVP ORGANOGRAM

