

**Scottish Government International Development Programme
End-Year Report**

General project information		
1.1	Project reference Number	MAL/18/02 – WA
1.2	Name of organisation	WaterAid
1.3	Lead partner(s) organisation	WaterAid
1.4	Project title	Deliver Life to Mothers, Girls and Children in the Southern Region of Malawi
1.5	Reporting period	From: 01/04/2020 To: 31/03/2021
1.6	Reporting year	YEAR 3
1.7	Project start date	01/04/2019
1.8	Project end date	31/03/2023
1.9	Total project budget*	£2,301,368
1.10	Total funding from Scottish Government*	£1,012,500
1.11	Provide a brief description of the project's aims, highlighting which of the Sustainable Development Goals (SDGs) your project is working towards? (200 words)	The project seeks to contribute to improved health outcomes for women, adolescent girls and under-five children living in the low income rural and peri-urban areas of Malawi. This will be achieved through increased access to sustainable water, sanitation, and hygiene (WASH) in communities, health care facilities (HCF) and early childhood development centers (ECDC). The project will contribute to achievement of SDG 3 on good health and well-being, SDG 4 on quality education and SDG 6 on ensuring availability and sustainable management of water and sanitation for all.

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Project progress and results

Please use this section to give an update on the progress the project has made during this reporting period.

2.1

Provide an update on the progress your project has made over the past 12 months. Use this space to update us on what has gone well and any challenges you have experienced, detailing how you have overcome these. (Max 500 words)

Despite challenges of the COVID-19 pandemic, the project has registered tremendous progress, **exceeding targets in 12 out of 19 project milestones due to:**

- Concentrated efforts on fewer activities that were possible to implement in the year,
- Collaboration and core-targeting with others leading to greater reach on advocacy with and sanitation and hygiene targets with increased voices on issues as well as pooling of resources.
- More opportunities to advocate for WASH because of COVID-19 pandemic,
- High population without access to water and limited government investment hence boreholes constructed are serving more people beyond government standard of 250 people per borehole.

Specific successes:

- **7,276 people (including women, girls and children) gained access to safe water** from 20 boreholes constructed in targeted villages. The project is also constructing reticulated water supply systems in 2 HCFs to serve a catchment population of 66,045.
- **143 women and 113 men** from 20 community waterpoint committees (WPCs) and 2 health centre Operation and maintenance (O&M) committees were **trained to monitor borehole construction**, troubleshoot and perform minor maintenance as well as resource mobilization which has enhanced sustainable management of the waterpoints and sanitation facilities.
- **Mentorship of 60 Women and 40 men from 10 waterpoints constructed in the previous year** helped to strengthen their skills on O&M.

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- An additional **28 women and 23 men** have been **trained as hygiene promoters and mentors** to scale up hygiene promotion activities in ECDCs and communities.
 - **92 bicycles were procured** and distributed to ease mobility of hygiene promoters in the project districts.
 - **34,667 people** were reached with hygiene messages, leading to construction of **6,306 latrines** and **16,247 handwashing facilities** in households.
 - **TA Chikowi and 213 villages in TA Kawinga** were declared Open Defecation Free (ODF) by the National Sanitation and Hygiene Technical Committee (NSHTC)
 - **78,365 people** gained access to sanitation.
- **Increased government responsiveness to WASH Prioritization in national budgets and sector plans advocacy** This was conducted through media and meetings with sector heads and parliamentary committees on Health, Finance and Education. This advocacy work led to the following changes:
 - budget increases for Early Childhood Development (ECD) from MK800 million in 2019-2020 to MK3billion in 2020-21
 - introduction of a WASH module in the ECD caregiver curriculum
 - WASH supplies for Healthcare Facilities (HCFs) included in the national COVID-19 resource mobilization plan
 - 17 advocacy materials were produced in the year
- **49 health workers from 4 HCFs gained knowledge on infection prevention and control (IPC)** integrated with COVID-19 aspects and applied this to improve healthcare quality in the facilities.
- **34,667 women and adolescent girls gained knowledge on WASH and Maternal, Neonatal and Child Health (MNCH) rights** through outreach initiatives while **214 gained skills** through workshops that enable them demand services from duty bearers through 4 interface meetings.
- **Raised awareness of community members in catchment of 6 health centres** in Zomba and Machinga on hospital ombudsman which they are using to provide feedback on quality of health care services offered.

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Challenges:

- Government restrictions on travel, public gatherings and a ban on non-COVID-19 related meetings all limited availability of stakeholders to support project activities.
- Misinformation about COVID-19 led to 29 babies being delivered at home in Zomba (which is against government policies) in the month of January. This was due to fear of a hospital delivery during the pandemic. In response, the project engaged duty-bearers through a community radio station's phone-in program; intensified dissemination of COVID-19 facts to Women Action Groups (WAGs), who would influence their peers.
- New government and shift in national priorities to focus on reforms in public service affected planned WASH sector-related policy reviews and budgeting processes, which the project planned to support.

The activities will be rescheduled to year 4.

Progress on activities carried over from Year Two:

Activity 5.1 WASH Nutrition and ECD integration policy assessment study was completed while implementation of activities 2.3, 2.4, 2.5, 2.6, 3.4, 3.5, 3.9, 3.10, 4.3, 5.4, 5.5, 5.6 & 5.7 is on-going.

2.2 Has the focus or plans for delivery changed significantly during the last year? Please highlight what issues or challenges prompted this change and how you anticipate any changes in focus will impact on the previously agreed outcomes (Max 500 words)

Regardless of this being a difficult year, the project has exceeded targets for 12 out of 19 project milestones. However, due to the impact of COVID-19 pandemic, there have been some changes or delays on planned activities and corresponding project milestones as follows:

Capital investment

- **20 community boreholes were constructed against 10 planned for the year** to respond to increased demand for safe water as first line of defence against COVID-19.
- **Construction of sanitary facilities in 3 ECDCs were rescheduled** to next financial year as the centres were closed as a precautionary measure for preventing COVID-19.

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- There were delays in the procurement of a contractor for construction and rehabilitation of solar reticulated water supply systems in 2 HCFs due to non-responsiveness of prequalified contractors due to COVID-19 impacts on contractors, however the construction works are now in progress. These delays will not affect previously agreed outcomes.

Project Implementation activities

- **Rollout of hygiene promotion in ECDCs was rescheduled to year 3** due to unavailability of caregivers and learners as the centres were closed by government to manage the spread of Coronavirus.

Progress on Output 2.1 has been affected by the delay. With restrictions gradually being lifted, the project will catch-up on implementation and achieve agreed milestones as preparatory processes for hygiene promotion activities were finalized.

- **Periodic reviews of WASH district strategic investment plans and budget formulation could not happen** due to government ban of non COVID-19 related meetings, including consultation workshops on budget formulation.

This has impacted progress on milestones for Outcome 3.1 and 3.2 and Output 4.1. Nevertheless, the project advocated prioritization and increased financing for WASH at strategic national level and will leverage the advocacy gains to support district councils to operationalize commitments by government next year.

In addition, achievement of the milestone for output 4.1, over the life of grant, will be reduced because the funds for related activity were withheld by the Scottish Government following a request to carryover from the previous financial year.

- **4 interface meetings against planned 6 were conducted by communities and duty bearers, which delayed progress on output 4.2.** There was reduced engagement in the year due to government restrictions on gatherings. The project adopted innovative ways of using roundtable meetings and radio-phone in programmes on Chanco Community radio as platform for citizens to engage with duty bearers such as government officers from relevant departments and parliamentarians on WASH and other issues affected their communities.

Having adapted to new delivery approaches, the project will catch up on agreed outcomes in subsequent years.

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- **Progress on impact indicators 1.1 and 1.2 and outcome indicator 2.1** will be established by the mid-term project evaluation which is currently in progress albeit delays due to second wave of COVID-19.

The consultant for the evaluation could not travel and interact with project beneficiaries and district stakeholders as a precautionary measure for preventing the spread of the virus.

Therefore, the milestones will be reported during the mid-year report of year 4.

2.3 Taking into consideration what you have achieved during the last 12 months, along with any challenges you have experienced, please highlight to us what lessons you have learned, and how these will be applied in the project in the future. (Max 500 words)

- Attention has rightly been focussed on managing the COVID-19 pandemic, however, there is a need to continually profile other equally important issues affecting our country such as maternal health and malnutrition to maintain previous gains and ensure that we do not create a multitude of crises or "pandemics" while solving only one.

We will continue to develop and disseminate evidence-based advocacy materials through sector coordination platforms, targeted meetings with relevant decision makers and the media.

- Restrictions on gatherings have affected traditional community mobilization and engagement approaches. Therefore, to adapt to the new context, review of the budgeting for community mobilization/engagement activities is necessary to achieve greater impact. Use of community radio, mobile phones and door-to-door visits cost more but have great returns on reach and quality especially the home visits. We also need to invest in capacity building for implementing partners on how to design activities that will help them remain relevant in a changing context.
- Strengthening community leadership is vital in accelerating and achieving some of the project goals. For instance, at Kawinga HCF, the O&M committee is well supported by the chiefs and has motivated the O&M committee to be very active in implementing initiatives that are supporting WASH services at the health centre. On the other hand, at Nyambi HCF, the O&M committee seems not well supported by community leadership. This makes it hard for the O&M committee to effectively implement the planned activities because the committee members meet resistance from other community members. Moving forward, the project will facilitate a learning visit to Kawinga for the O&M committees together with traditional leaders from other targeted HCFs to motivate participation as well as deliberately including the leaders in activities such as trainings to ensure they understand the project objectives and interventions.

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- Integration of WASH and livelihood interventions is key to ensuring sustainability. Through implementation of this project, communities managed to identify alternative strategies for operation and maintenance committees to generate revenue that would not strain poor households. For example, community members can offer livestock or maize which is easier than paying cash and whose value can easily be computed and sell the same for income. Also, communities can have communal gardens whose produce can be sold to generate income. This has been seen to work well at Kawinga and Nyambi Health Centres in Machinga.

This approach will continue be promoted in the project, even for community water points.

3. Partnerships and collaboration

This section allows you to discuss how partnership working is progressing on the project, as well as wider collaboration and sharing of learning.

3.1

Provide an update on how partnership working has gone in the past 12 months. Let us know about any highlights, challenges or changes to roles and responsibilities. (Max 350 words)

We have implementation partnerships with NICE and Amref in this project.

We are delighted to report that the performance from NICE on quality of project activities, reporting and oversight by senior management was excellent this year.

However, our partner Amref reported that some expenses from previous financial year were unreported and a claim for the same was submitted to WaterAid.

Amref attributed to transitioning to a new financial management system which took place last July.

To manage the risk, WaterAid has taken the following actions:

- commissioned a detailed audit of partner financial records to reconcile the project account information.
- Suspension of direct project funding to enable the two organizations clear the outstanding issues
- Conduct a due diligence assessment to test partner system and mechanisms for financial controls and oversight on reporting to the donor.

To ensure project progress, funding will be provided on activity basis and partner would be required to submit receipts and activity report before funding for another activity is released.

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Coordination with government at different levels continued with limitations.

- At national level, the project successfully supported a WASH cluster meeting where stakeholders mobilized funds to enable Zomba District Health Office (DHO) to conduct contact-tracing of COVID-19 patients and supportive monitoring visits to 3 COVID-19 isolation centres.
- The project also supported District Coordination Team (DCT) meetings in both Zomba and Machinga Districts to guide on communities requiring water points as informed by the waterpoint maps for the two districts.
- In Machinga, the project also supported establishment of a DCT taskforce to provide supportive monitoring and mentorship of health facility-based O&M committees as a strategy for ensuring sustainability.

WaterAid, Mary's meals and other implementing partners conducted two review meetings to share project progress, lessons learnt, areas of collaboration and experiences to help refine project delivery during the pandemic and strengthen coordination. Partners reassessed and redefined the strategies identified during the first meeting in October when ECDCs were closed, to enhance delivery of activities at the ECDCs.

WaterAid through its implementing partner Amref, collaborated with Hygiene Village to combine efforts and resources for intensified sanitation promotion in TA Chikowi leading to attainment of open defaecation free status for the TA. TA Chikowi area has a population of 78,365 people and 21,369 households who now have access to sanitation. The achievement would not have been registered if the organizations had worked independently.

Joint budget advocacy with ECD Coalition and Civil Society Education Coalition (CSEC) led to Parliamentary Committees on Education, Budget, and Social Welfare raising in Parliament concerns on the funding gaps for WASH identified in the 2020-2021 national budget estimates.

There is increased collaboration with Scotland Malawi Partnership (SMP) and Malawi Scotland Partnership (MaSP) forums.

The project shared best practices for remaining relevant in the COVID-19 context and benefited from updates and guidance provided by national taskforce on COVID-19 and other partners during meetings. These were used to adapt project activities and intensify provision of WASH services.

3.2

Have any Scotland-based staff visited the project in the past 12 months? Give details including key activities and outputs of these visits.

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	International visits to the project were not possible during the reporting period due to travel restrictions in the United Kingdom and Malawi.	
Date of visit	Key achievements / outputs of visit	Follow-up actions
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
3.3	Please tell us about any dissemination and learning throughout this reporting period. How have you promoted effective learning across the project? Please explain what processes you have used both internally and externally to share learning from the project so far, and how this learning is being used. (Max 500 words)	
	<p>District level learning</p> <p>The project conducted two virtual review meetings involving implementing partners, Mary's meals, district stakeholders and government key departments.</p> <p>The meetings aimed at sharing lessons, progress updates, experiences and exploring areas of collaboration to help refine project delivery during the pandemic and strengthen coordination.</p> <p>Partners reviewed and redefined the strategies identified during the midyear review meeting when ECDs were closed to reassess what is working and what is not to enhance delivery of activities at the ECDCs.</p> <p>Learning at National Level</p> <p>WaterAid shared experiences and status of WASH in HCFs during virtual WASH and Health cluster meetings and through Infection Prevention and Control (IPC) weekly coordination meetings organized by Quality management directorate.</p> <p>This has led to growing interest to learn more on WASH in HCFs programming by WASH cluster members who requested WaterAid to make a special presentation.</p> <p>WaterAid influenced IPC stakeholders working in different districts that supported government to conduct WASH assessments especially in COVID-19 treatment and isolation centres and the findings were used to lobby government to invest resources and improve WASH situation in the centres.</p>	

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	<p>Learning at Global Level</p> <p>WaterAid contributed to learning at global level by providing content and participated in the development of country level WASH in HCFs status report including sharing data on cost of delivering WASH in HCFs which was incorporated in the WHO/UNICEF global progress report on WASH in HCFs: Fundamentals First, launched in December 2020.</p>
3.4	<p>If the project has been able to complete a mid-term project evaluation in the past 12 months, please provide detail of the outcome of the evaluation. (Max 500 words).</p>
	<p>The midterm evaluation is in progress as such, findings will be shared in the mid-year 4 report.</p>
3.5	<p>Please highlight how you are maintaining an awareness of others working in this region, giving details of collaboration, joint working or partnerships with others. (Max 500 words)</p>
	<p>WaterAid entered into strategic collaborations with the Civil Society Education Coalition (CSEC), the Malawi Health Equity Network (MHEN) and Water and Environmental Sanitation Network WESNET primarily on policy and budget advocacy work.</p> <p>Through this collaboration, WaterAid has contributed to the following achievements in the year being reported:</p> <ul style="list-style-type: none"> • MK3 billion budget allocation for other recurrent transactions (ORT) for Early Childhood Development (ECD), up from MK800 million in 2019-2020. • Prior to change of government in the year, the previous government created a standalone ministry responsible for WASH after collaborative efforts with the WESNet in lobbying for the same. <p>The project collaborates with and maintains awareness of others working in the region by participating in Scotland Malawi Partnership (SMP) and Malawi Scotland Partnership (MaSP) forums. The project shared best practices relevant in the COVID-19 context and benefited from updates and guidance provided by national taskforce on COVID-19 and other partners during meetings. These were used to adapt project activities and intensify provision of WASH services.</p> <p>WaterAid Malawi has a website and social media platforms on Facebook and twitter where it provides regular progress updates on projects, programmes and stories of change. This has helped raise awareness in and</p>

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	beyond Malawi on the work that WaterAid is doing including funding sources for the work.
4. Safeguarding and fraud	
Please ensure you complete questions 4.1 and 4.2 even if you have no incidents to report.	
4.1	<p>Have there been any safeguarding incidents, either relating to staff/volunteers or beneficiaries of the Grant or the Project, in the last 12 months?</p> <p>As reported at midyear, Yes.</p> <p>At [redacted] Health Centre in [redacted] district seven expectant women were verbally insulted by a medical officer at the facility for failing to bring adequate bedding in readiness for their deliveries. One of the seven women who was referred to [redacted] was denied transport for failing to meet the travel deadline. The incident took place in August 2020.</p> <p>The medical officers work is not funded or linked to the funding from the Scottish Government or wider funders to this project.</p> <p>The incident was raised through a Women Action Group (WAG) that is funded by and set up by this project.</p> <p>It should be noted as a success that the incident was raised at all, thanks to the WAG. This is a forum set up by the project to empower women using the centre to realise their rights. In this context, they may not have seen the need to notify the partner (NICE) and thus WaterAid as they had acted to remedy themselves and felt empowered to do so.</p> <p>As the incident was raised through informal community action groups it has not been possible to produce a more detailed timeline of exactly when the incident took place.</p>
4.2	<p>Have these incidents reported at 4.1 been reported to relevant authorities, and if so, to whom?</p> <p>The ill treatment of the seven women was reported to the Hospital Advisory Committee by the WAG which escalated the complaint to the [redacted] District Health Management Committee (DHMT) for action.</p>
4.3	<p>Describe what action has been taken, and highlight any lessons learned.</p> <p>The lesson from this experience is that although the government launched the hospital ombudsman structure, there has not been deliberate effort to raise</p>

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	<p>awareness of the structure among community members. Therefore, communities are denied the opportunity to exercise their right to expression on the quality of healthcare services being provided.</p> <p>To address the information gap, the project has collaborated with Ministry of Health to strengthen the feedback mechanisms such as hospital ombudsman through supportive supervision and awareness creation initiatives among community members on the existence and role of hospital ombudsman. The awareness creation is being done using posters, community radios and through traditional leaders and other local governance structures at community level.</p> <p>There is also a lesson learned about the reporting mechanism and the timeframe for the process. The partner notified WaterAid in the quarterly report, rather than at the time of the incident. The partner has been reminded of the protocol for reporting and the need to share information at the time of an incident, even if an investigation or disciplinary procedure is ongoing. WaterAid programme staff have been reminded to actively ask about safeguarding cases as there is a concern that reactively waiting for reports meant that this was not picked up on until a quarterly reporting mechanism registered the incident.</p> <p>The safeguarding focal point in Malawi has reminded staff and cascaded a message to partners about timely reporting of incidents. The Global Safeguarding Team has followed up with the Country Programme to highlight the need for incidents to be reported on. The issue was raised in meetings to ensure programme staff understand their role and obligation and the support that is available from the Global Safeguarding Team.</p> <p><i>In this instance, the situation appears to have been well-managed by the structures put in place by the project to pick up exactly this type of issue. It is a success of the programme that this case, one that may not have been followed up on in such a way previously, reached a resolution that will ultimately keep women in this community using the health centre safer. The report should have reached WaterAid in a more timely manner but this has been picked up on with staff and partners and is seen as learning opportunity through the implementation of the project.</i></p>
4.4	<p>Have there been any incidents in the last 12 months of financial mismanagement, theft, fraud etc, either relating to the Grant or the Project or which affects the organisation?</p> <p>No incident was recorded.</p>
4.5	<p>Have these incidents reported at 4.1 been reported to relevant authorities, and if so, to whom?</p> <p>Not applicable</p>

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4.6	Describe what action has been taken, and highlight any lessons learned.
	Not applicable

5. Risk assessment	
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5.1	<p>Have any issues materialised during this reporting period? If so, how were they addressed?</p> <p>Please refer to risk assessment provided at application stage.</p>
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Assumption	Risk	Action taken	Was this included in the Risk Assessment Table in your application?
Staff turnover at WaterAid, partners and Government levels remain relatively stable	Project may be affected by disruptions in implementation due to staff turnover or transfers	<ul style="list-style-type: none"> - The technical specialist position at WaterAid was vacant for the first half of the year, however, as reported during the mid-year, a WASH technical advisor was recruited, and all technical issues are now well managed. - Project adopted participatory approach to implementation by engaging other functions within WaterAid, partner organisation including government to retain enough institutional memory in an invent of resignation of a project staff) - The project only experienced staff turnover at partner level in the last month of the year due to organization restructuring at NICE. The changes did not impact project implementation. However, there is need to monitor impact of the changes in the next financial year. 	Yes

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The water aquifer recharge in the targeted communities is adequate for borehole installation and reticulation	The project may not be able to reach the targeted number of beneficiaries and the cost of delivery may be high	<ul style="list-style-type: none"> - The project encountered 7 dry wells during drilling of 20 community boreholes in the year. This did not have financial implications to the project as contractual provisions do not make WaterAid liable for dry well. - Community members together with traditional leaders jointly identified alternative sites to drill the boreholes where the communities were also in dire need of water. 	Yes
COVID-19 pandemic prevalence slows down.	Government Covid-19 pandemic restrictions affects project progress and year's targets	<ul style="list-style-type: none"> - Activities were phased or staggered into several sessions to be within acceptable and manageable numbers of participants. - Implementation was not restricted to physical meetings but diversified to include use of alternative delivery approaches such as WhatsApp groups, loud hailing, door-to-door visits for message delivery on some WASH/MNCH issues. While for interface meetings, the project used special radio programmes on community radios. - The project integrated COVID-19 preventive measure in all its project intervention and covid-19 messaging to remain relevant in the changing context. 	No
Competing priorities with other things happening	WASH/MNCH issues were not featuring highly especially in a	<ul style="list-style-type: none"> - Project activities were adapted by integrating WASH, MNCH and Covid-19 issues and ensuring 	Yes

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<p>in the communities and country.</p>	<p>politically volatile environment where Covid-19 was the main message</p>	<p>continued engagement with duty bearers on financing for WASH/MNCH.</p>	
<p>Approaches defined in the design stage to be maintained throughout the project life.</p>	<p>Due to COVID-19 pandemic, project delivery approaches that required gatherings of more than 20 people could not be implemented and where activities were implemented, precautionary measures which included procurement of PPEs were undertaken leading to increased cost of implementation.</p>	<ul style="list-style-type: none"> - Activities were phased into several sessions to reach the targets while adhering to preventive measures. - Procurement utilised competitive processes to avoid budget over-runs. - Efforts were also made to explore more collaboration with community radios to integrate WASH and MNCH issues in their programmes. - Provision of increased and more frequent guidance by finance officers at Regional and National Offices on cost-saving. 	<p>Yes</p>
<p>Good reception and absorption of WASH/MNCH awareness messages</p>	<p>Community fatigue due to message overload during community awareness campaigns on Covid-19 which could threaten their reception of WASH/MNCH messages.</p>	<ul style="list-style-type: none"> - Implementing partners in both project districts embraced co-targeting in the spirit of partnership which was preceded by participation in joint planning and sector/thematic meetings. - Deliberate engagement of the critical community leaders such as the clergy and senior traditional leaders as avenues for delivering messages. - All offices were to invest a lot in creativity when it came to message delivery and encouraged to incorporate the element of surprise. 	<p>Yes</p>

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<p>Inflation and currency remain stable</p>	<p>Project may not be able to absorb funds adequately if inflation goes down or project funds may not be adequate to deliver outputs if inflation is higher</p>	<p>- Exchange losses experienced last reporting period due to donor currency fluctuations which- led to higher than planned cost of delivering project activities had a great impact on construction works. This is because the loss was projected before commencement of the construction works, some works deferred from last reporting period have been completed in this reporting period having hoped the currency would stabilize and cost of delivering the works would be within the allocated budget.</p>	<p>Yes</p>
<p>The political environment remains stable</p>	<p>The project may not be able to implement activities if there is tension</p>	<p>- Political unrest following disputed May 21 presidential elections coupled with advent of COVID-19 pandemic led to unavailability of government staff to support planned activities during the first half of the year extending into third quarter. Also, restrictions on staff movement due to safety concerns delayed activity implementation and failure to meet annual goals. Activities delayed include: 4.3 Establishment/ strengthening of feedback mechanisms, and 5.5 Engagement with budget formulation and review.</p> <p>- The political situation is now stable, project staff can interact with government staff</p>	<p>Yes</p>

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		implementing project activities.	
Some activities may not be feasible to be implemented, especially those that are to involve large groups of people.	Review project activities and re-schedule where necessary	<ul style="list-style-type: none"> - Re-program using other strategies and approaches. - Re-schedule project activities to any foreseeable period when they can be undertaken. 	No
Volunteers' lives may be put at risk in supporting project activities	<ul style="list-style-type: none"> - Provision of PPEs - Orientation on usage of PPEs - Provision of IEC materials or visual aids that have large print 	<ul style="list-style-type: none"> - Provision of PPEs - Orientation on usage of PPEs - Provision of visual aids or IEC materials that have large print to ensure observance of social distancing guidelines. - Limiting number of activities to be carried out by volunteers every week. - Rotation of volunteers to avoid and minimise exposure. 	No

6. Inclusion & accountability

Thinking specifically about the past 12 months, please use this section to tell us how you are mainstreaming through your project, ensuring that you are aware of and actively working to reach vulnerable and marginalised groups.

6.1 Is the project still relevant for the beneficiaries you are working with? Please highlight how you ensure accountability on the project, ensuring beneficiaries have the opportunity to feedback on the project and influence its development? (max 350 words)

The project remained relevant this year with the emergence of COVID-19 pandemic with WASH being considered the first line of defence against COVID-19 infections.

The pandemic also revealed gaps on WASH service provision in public institutions such as schools including ECDCs and health facilities as most of them were unable to continue providing services due to poor and inadequate WASH facilities. The project interventions were counted among COVID-19 response initiatives in the targeted districts and at national level.

The project interventions have had an impact on targeted communities beyond COVID-19:

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	<ul style="list-style-type: none"> • There is improved quality of care in targeted health facilities and standard of early childhood development services provided in the ECDCs. For instance, women within the catchment area for Kawinga health centre have their right to health met as the facility is now providing maternity healthcare because of availability of running water. • The strengthened feedback mechanisms in healthcare facilities and empowerment of women and adolescent girls on their rights is helping to alleviate problems mothers go through during deliveries. There is improvement on timely referrals to district hospital for pregnant women with complications. In addition, the communities can now engage their duty bearers, both elected and public officials, to discuss and agree actions on various developmental issues including WASH and Maternal Neonatal and Child Health (MNCH). <p>The project ensured accountability by:</p> <ul style="list-style-type: none"> • Organizing review meetings with the community groups supported by the project provides feedback on quality and benefits of interventions and suggests areas for improvements. • Sharing water quality test results with targeted communities for the boreholes drilled through the project. • Submitting progress reports to Ministry of Economic Planning and Development which has the mandate to provide oversight on all Scottish government grants recipients. • Due to COVID-19 situation, it was not possible to conduct the quarterly community feedback sessions. The project is exploring alternative ways for generating feedback without requiring physical meetings.
<p>6.2</p>	<p>Do you have an awareness of particularly vulnerable or marginalised groups within the community in which your project is working? Please give details on how you are disaggregating data to recognise these groups across the project. (Max 350 words)</p>
	<p>The project design integrated vulnerability analysis, awareness raising and implementation of action plans to reduce the vulnerabilities as previously reported.</p> <p>At baseline, the project conducted a Vulnerability Mapping study followed by community-based participatory WASH vulnerabilities analysis by the community</p>

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	<p>members themselves with support from selected volunteers who were trained on how to use the participatory vulnerability analysis approach.</p> <p>From both exercises, the following vulnerable groups were identified:</p> <ul style="list-style-type: none"> • people with disabilities • the elderly • children (boys and girls) • women • people living with HIV • adolescent mothers. <p>These vulnerable groups are already included in the project's priority target of women, adolescent girls, teen mothers, children and those with disabilities.</p> <p>Reporting data is disaggregated by women, adolescent girls, men, under-five children and people with disabilities.</p> <p><i>The deliberate involvement of women, adolescent girls and teen mothers is one sure way of promoting equity and inclusion in the implementation of the project in a male-dominated environment.</i></p>
6.3	<p>How is your project working to actively meet the needs of these vulnerable and marginalised groups, ensuring they are benefiting from the project? Please outline any mechanisms you are using. (Max 350 words)</p>
	<p>The main categories of vulnerable groups we are working with are women, adolescent girls, teen mothers, children and people with disabilities.</p> <p>These groups of people have been deliberately targeted with rights messages and mobilized into women action groups (WAGs) to empower them for active participation and amplified voice in social-political life.</p> <p>There is increased active engagement with elected duty bearers on WASH and MNCH issues in the project impact areas. With efforts from WAGs there is improvement in the reception of patients/clients when accessing medical services. The WAGs are also working with teen mothers who dropped out of school to return and still pursue their right to education.</p> <p>The project targets under five children by ensuring access to critical WASH services which contributes to their development.</p> <p>The project has ensured involvement and participation of women, adolescent girls and people with disabilities in decision-making processes by providing guidance on inclusivity when selecting committees and volunteers to</p>

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	<p>facilitate community-level project activities. This has led to women taking up leadership positions in WPCs, CFs and as hygiene promoters.</p> <p>The project continued to use inclusive and accessible designs for WASH infrastructure that have facilities to cater for needs of targeted vulnerable groups:</p> <ul style="list-style-type: none"> • menstrual hygiene management for women and adolescent girls • disability and child-friendly latrines • handwashing facilities • waterpoints. <p>The facilities are also constructed in sites that are easily accessible and ensure privacy.</p> <p>WaterAid is also providing financial and technical support to a network of women in water professional. This is a structure that was established to empower female professionals in a male dominated WASH sector. The project is supporting mentorship and coaching for the leadership for the network to ably manage the membership and drive the advocacy agenda for the network.</p>
<p>6.4</p>	<p>Taking into consideration some of the challenges of mainstreaming, please describe any challenges you have faced in reaching vulnerable and marginalised groups, how you have overcome these or plans you have developed to support inclusion on the project. (Max 350 words)</p>
	<p>The project is implemented in communities characterised by cultural and religious beliefs that limit participation of women in decision-making on issues that affect them. As such, their capacity to speak out for themselves and meaningfully engage in civic spaces is limited.</p> <p>The communities are also characterised by high poverty levels that disproportionately affect women; a culture of silence due to a political history that leads to power imbalances with those in positions of authority; and high illiteracy levels.</p> <p>Additionally, at professional level, the WASH sector is male dominated. In some instances, the community groups fail to protect rights the of the vulnerable and hold those who are infringing those rights accountable due to conflicting cultural norms and stereotypes.</p> <p>For instance, older women can blame girls for being sexually abused by men because of the way the dress, while girls accessing youth-friendly reproductive health services are considered promiscuous. Consequently, there are more teen pregnancies and girls dropping out of school. The project is supporting capacity building of these women’s groups on rights through coaching, mentorship and exposure so that they understand the rights issues and how to provide the necessary support to the adolescent girls.</p>

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To address these challenges, the project encourages the involvement of men as champions of safe motherhood. The project is targeting men in other existing local governance structures and community groups such as Village Development Committees, Area Development Committees and Citizen Forums and traditional leaders; orienting them on MNCH issues that affect women and encouraging them to take up the role of champions whilst in their groups.

Through the engagement with Women in the Water network, it was realized that the leadership has largely accepted the status quo. As a result, they are unable to drive the agenda for the network.

The project planned to support restructuring of the leadership whose tenure ended however, due to COVID-19, the annual general meeting was rescheduled to year 4.

7. information

This section will be reviewed alongside your budget report, which should be included alongside your narrative and logframe. Please ensure this spreadsheet is completed with both a detailed breakdown of expenditure for this financial year, along with your projected spend for the next financial year.

Please note carry-over of funds to the next financial year should have been agreed with the Scottish Government by January 31st of the current financial year.

7.1

With reference to your budget spreadsheet, please give a detailed explanation of any variances between planned and actual expenditure, including reasons for the variances and whether these are as a result of COVID-19, timing issues, price achieved, quantity etc. If these are temporary variances, please outline plans for expenditure. (Max 500 words)

The annual budget for 20/21 was **£267,417** and total expenditure is **£166,064.44**.

The project has a total underspend of **£101,352.56** of which **£63,250.36 is delayed spend** and **£38,102.2 is true underspend**.

The true underspend is due to staff cost savings which are calculated based on time spent on the project and from activities that were not going to be implemented and the funds were refiled at midyear.

The project overspent on four activities with a value of **£4,671**, which was caused by increased cost of implementation on activity 2.3, 2.8, 3.4 and 3.9. This is because the project incorporated procurement of handwashing soap, face masks, hand sanitizer and disinfectants for cleaning surfaces which were

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used during the activities in adherence to government recommendations on covid-19 prevention.

Running Costs:

£820 true underspend because of exchange gains.

In-country Travel and Subsistence:

£2583 spent against **£7,925**. **£5342** is delayed spend as travel in the year was restricted due to Covid-19 pandemic. The project reprofiled **£2000 at midyear** and is requesting to carryover **£3342** to use on the same activities in Year 4.

Output 1:

No activities planned for output 1 during Year 3.

Output 2

£71,185 spent against **£94,616** budget. **£23,431** delayed spend is for activities 2.6 and 2.7 which were partly implemented due to suspension of services in ECDCs to manage the spread of COVID-19 and project is requesting to carryover and use the funds on the same activities in year 4.

Output 3

£30,024 spent against **£35,050**. **£5026** is delayed spend with following details:

- Activities 3.6, 3.8 and 3.10 which were not or partly implemented due to disruptions government restrictions on group gatherings and travel to prevent spread of COVID-19.
- Activities 3.5, 3.11 and 3.12 actual cost at implementation was lower than planned but are continuing in year 4.

Output 4

£2,873 spent against **£8,698**. **£5,825** is delayed underspend on activities 4.2, 4.4 and 4.5 which were not implemented due to unavailability of stakeholders to conduct the activity caused by a ban on non-COVID-19 related meetings by government while Activity 4.3 was partly implemented.

The project is requesting carryover the delayed spend of **£5,825** which will be used on the e same activities in year 4.

Output 5

£3,850 spent against **£26,962**. **£13,171** is true underspend on activities 5.9 which could not be implemented due to covid-19 and 5.1,5.4 and 5.8 which are savings from completed activities and those that involved collaboration and cost

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sharing with other stakeholders. **£5,507** from the true underspend was reprofiled at midyear.

£9,941 is delayed underspend as follows:

- Activities 5.2 was not implemented due government ban of non-COVID-19 related and physical meetings as the activity is sensitive and required face-to-face interactions.
- Activities 5.5 and 5.7 which were supposed to be workshops did not happen because of government restrictions on gatherings.
- Activity 5.6 was not implemented due to changes in priority of the new government and policy review was shifted to next year.

The project is requesting to carryover and use the funds on same activity in year 4.

Output 6:

No expenditure on planned activity with **£6,389**. The delayed underspend is due to unavailability of government stakeholders resulting from covid-19 restrictions.

The project is requesting to carryover the funds and use of same activity in year 4.

Monitoring, Evaluation and Learning

£3,796 spent against £16,534 budget, leaving **£12,738** delayed underspend

Delayed spend is due to postponed physical project review meeting, monitoring and documentation field trips to reduce risks of getting infected with covid-19. In addition, mid-term project evaluation was not completed as it started late because of escalation of COVID-19 cases.

The project is requesting to carryover and use the funds on same activities in Year 4.

International Travel and subsistence

True underspend of **£1867** due to a ban on international travel in United Kingdom. The funds were reprofiled at midyear.

Staff Costs

True underspend of **£17,583** as the claimable time spent on the project for all the project staff was lower than planned.

The project requests approval for the following:

- to carryover the delayed spend amounting to £72,543 for implementation of the same activities in Year 4.

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- To use true underspend amounting to £3000 on activity 5.9 (Capacity support to women in water network) to support the same activity in year 4.
- to reprofile the remaining true underspend amounting to £27,255 to capital cost for construction of 5 additional community boreholes in Zomba and Machinga districts which increases the total number of boreholes constructed by the project to 45. The additional boreholes would further support our COVID-19 response.

Proposal to Reprofile Funds

The project is requesting to reprofile £27255 to capital cost on construction of 5 additional community boreholes as part of our COVID-19 response.

This will increase the cost of capital to 4.3% of the grant budget which is still within the 20% donor threshold for infrastructure development.

The intervention is important as it will increase access to safe and adequate water in targeted communities so that they can practice regular handwashing with soap as it is considered the first line of defence in preventing coronavirus infections.

The targeted communities still have limited access to safe water as the average number of users for boreholes constructed by the project is 393 people exceeding the recommended 250 people per borehole. Details of activities where the true underspend will be realized are:

- £5,507 on activity 5.9 Capacity Support to Women in Water network as annual general meeting has been postponed due to COVID-19.
- £2,000 on In-country travel whose frequency has been reduced.
- £1,867 on International travel which will not happen due to COVID-19 travel restrictions.
- £298 on completed activity 5.1
- £17,583 on national staff costs

Budget breakdown for construction of 5 additional boreholes

Item	Cost (GBP)
Construction of 5 boreholes @£4,500 each	22,500
Capacity building on operation and maintenance for 2 waterpoint committees with a total of 20 members.	2500
Supervision of construction works	2255
Total	27,255

7.2 Please give details of any capital expenditure in this reporting period. (Max 350 words)

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	<p>The Scottish Government budget did not incur any capital expenditure in the year. The planned expenditure on capital cost investment in the year was on reprofiled funds which were delayed spend due to prolonged procurement process.</p> <p>The capital investment cost for the project were incurred by match funders for the grant.</p> <p>There was a delay in recruitment of construction contractor to construct 2 additional community boreholes using the funds that were reprofiled at midyear amounting to £9,672. The construction work is in progress and will be completed in Year 4 Quarter 1. Therefore, the expenditure will be reported in the midyear report for year 4.</p>
7.3	<p>Please explain how you have worked to ensure cost effectiveness on the project in the past 12 months, whilst maintaining the quality of delivery. (Max 350 words)</p> <p>The following measures were taken to ensure cost effectiveness;</p> <ul style="list-style-type: none">• The project used a competitive process to procure good and services which ensure quality and value for money.• Where possible, trainings for community structures were community-based. This reduced logistical on hiring of venue and cost of accommodation and ensured value for money.• NICE has a pool of volunteers who are based at community level. The project has been working with them from onset of the project. This approach is effective for wider outreach with minimal resources as NICE encourages the spirit of volunteerism at community level.• The project invested in strengthening and capacity building of community-based structures through trainings and orientation on project objectives at an early stage. Citizen Forums, Women Action Groups (WAGs), Health Advisory Committees (HACs) and Village Development Committees (VDCs) are supporting project implementation and replicate-what they were trained on across their communities. This ensures that project activities including monitoring of construction works do not only rely on project officers for continued implementation and/or supervision. The community structures the project has supported can monitor construction works and conduct community awareness meetings on citizens' rights to WASH and MNCH.

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- Cooperation with other key players at district and national levels also helped in implementing project activities in a cost-effective manner through utilizing expertise within strategically positioned networks at national and district levels. The project managed to obtain support from relevant ministries and government departments at no or low cost while ensuring that activities such as trainings were meeting required standards.
- WaterAid also works in collaboration with CSO networks on cost sharing basis and WASH media forum to profile the work being done under this project in their programmes and normal reporting for those in print media. As a result, minimal cost was incurred on advocacy meetings while there were no costs incurred for airing project content on radio and television stations where members of WASH media forum work.

8. Any other information

Use this section to tell us any other relevant information regarding your project, including any information relevant to COVID-19 and how that has impacted project activities and/or budget. (Max 500 words)

In the period under review, the project faced notable setbacks that slowed down the projects progress.

In the first quarter, the project was affected by political unrest due to public protests following nullification of the presidential election results. The political unrest lasted for over 5 months followed by the advent of the COVID-19 pandemic. These two main challenges have affected project progress and achievement of year end targets as described in this report.

More broadly in Malawi, we are supporting the efforts of the government in the fight against COVID-19. The response has mainly focussed on preventative measures, aimed at stopping the fast spread of the disease in the country.

Our team has been working hard to distribute supplies and messages about good hygiene across seven regions of Malawi, including the project districts Zomba and Machinga.

We are collaborating with stakeholders including the Ministry of Health and Population, Lilongwe City Assembly, the District Health Offices in Dowa, Kasungu, Ntchisi, Zomba and Machinga, and their partners.

So far, we have done the following:

Equipment and supplies

Provided equipment and supplies to support good hygiene practices, especially hand washing, in public places and hospitals. This includes hands-free handwashing stations, soap and sanitiser, disinfectant and personal protective equipment.

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Posters and leaflets

Intensified messaging about COVID-19 and good hygiene and supported the printing of posters and leaflets in English and Chichewa for Ministry of Health and Population. These are being placed in health care facilities and markets.

Public service broadcasts

Produced radio jingles, radio slots and public service announcements in Chichewa to be broadcast for 30 days on public and private radio stations (Malawi Broadcasting Corporation, Times Radio and Zodiak Broadcasting Station) with a national reach.

Media coverage

Intensified sensitisation on COVID-19 and hygiene behaviour change through social media platforms, public address system, posters, leaflets, including extensive coverage of the activities in the local media (both electronic and print).

National response plan

Contributed to the development of a national-level WASH Cluster preparedness and response plan, which is guiding the operations of the government, various NGOs and other bodies in their response to COVID-19.

Training to medical and non-medical staff

WaterAid Malawi been conducting training to medical staff and 30 non-medical staff on infection prevention & control/WASH under the GIZ COVID19 Project

Match funding

So far, we have secured £700,000 of our total £1.28m match fund which is an excellent position at this stage of the project. Scottish Water and Northern Ireland Water will continue to support the project with employee fundraising.

COVID-19 has had an impact on our water industry supporter's ability to hold in person events to support the project. However, we continue to be amazed with their ability to adapt and in the reporting period they have held the first ever virtual WaterAid fundraising balls to support this and our Scottish Government funded project in Rwanda.

In year 4 plans include the resumption of the postponed Munro Challenge mass participation fundraising event, including a commitment from a Scottish Water employee to conquer 40 of Scotland's Munros to mark WaterAid's 40th year this year.

We will also continue to pursue other funding opportunities to ensure the project is not reliant on the easing of COVID-19 restrictions in Scotland to raise funds.