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Item 9 (a) of the provisional agenda*

Draft country programme document****Malawi***Summary*

The draft country programme document (CPD) for Malawi is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$30,144,000 from regular resources, subject to the availability of funds, and \$94,032,000 in other resources, subject to the availability of specific purpose contributions, for the period 2008 to 2011.

* E/ICEF/2007/8.

** In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. It will then be approved by the Executive Board at its second regular session of 2007.

Basic data[†]
(2005 unless otherwise stated)

Child population (millions, under 18 years)	6.9
U5MR (per 1,000 live births)	125 ^a
Underweight (% moderate and severe, 2006)	19
Maternal mortality ratio (per 100,000 live births, 1998-2004)	980
Primary school attendance (% net, male/female, 2006)	77/80
Primary schoolchildren reaching grade 5 (% , 2004)	86
Use of improved drinking water sources (% , 2004)	73 ^b
Adult HIV prevalence rate (%)	14.1
Child labour (% , 5-14-year-olds, 2006)	29
GNP per capita (US\$)	160
One-year-olds immunized with DPT3 (%)	93 ^c
One-year-olds immunized with measles vaccine (%)	82 ^c

[†] More comprehensive country data on children and women are available at www.unicef.org.

^a MICS 2006: U5MR is 118 per 1,000 live births.

^b MICS 2006: Improved drinking water sources are 74 per cent.

^c MICS 2006: DPT3 is 86 per cent and measles is 85 per cent.

The situation of children and women

1. More than half of Malawi's population of 12.6 million is under the age of 18 years. Fifty-two per cent of the population live below the poverty line and the 83 per cent who live in rural areas are disproportionately affected by poverty. The per capita gross domestic product declined from \$210 in 2001 to \$160 in 2005. The annual national budget is approximately \$1 billion, and 90 per cent of Malawi's external debt of \$3 billion has been cancelled under the Highly Indebted Poor Countries Initiative.

2. In addition to deep and widespread poverty, the country's development challenges include high population growth, food insecurity, malnutrition, a high prevalence rate of HIV and high incidence of malaria and other diseases. However, in the face of these constraints, Malawi has made great progress in reducing infant and child mortality rates and is on track to achieve Millennium Development Goal 4.

3. The 2006 Malawi Multiple Indicator Cluster Survey (MICS) showed a sharp decline in the infant and under-five mortality rates, from 104 and 189 per 1,000 live births respectively in 2000 to 69 and 118 in 2006. Factors which contributed to the decline include sustained high coverage of immunization and vitamin A supplementation, elimination of neonatal tetanus, malaria control activities and increased rates of exclusive breastfeeding and access to safe drinking water. The immediate and most common causes of infant and child mortality and morbidity are neonatal causes, pneumonia, diarrhoea, malaria, AIDS and malnutrition.

4. Malawi's maternal mortality ratio remains one of the highest in the world. The main causes include haemorrhage, sepsis, pregnancy-induced hypertension, obstructed labour and complications of abortions; indirect causes include malaria and nutritional deficiencies. The underlying causes of children's and women's poor

health include inadequate knowledge and caring capacities on the part of caregivers and low access to and quality of health services. Less than 10 per cent of the national budget is allocated to the health sector.

5. The MICS showed little improvement in children's nutritional status since 1992: 46 per cent of children under age five years are stunted, 19 per cent are underweight, 3 per cent are wasted and micronutrient deficiencies are prevalent. The 2001 Micronutrient Survey by the Ministry of Health revealed that 60 per cent of children under age five years and 57 per cent of non-pregnant women have subclinical vitamin A deficiency. The causes of malnutrition include lack of knowledge about child-care practices, inadequate diet and frequent incidences of disease among young children, as well as the poor nutritional status of mothers. Up to 50 per cent of identified acute malnutrition is associated with HIV and AIDS.

6. The HIV prevalence rate among adults aged 15-49 years was 14 per cent in 2005 (Sentinel Surveillance Report, National AIDS Commission). An estimated 1 million people are living with HIV/AIDS. Mother-to-child transmission accounts for close to 30,000 infections among newborns annually, and fewer than 15 per cent of pregnant women attending antenatal clinics are accessing services to prevent transmission of the virus. There were an estimated 83,000 children living with HIV/AIDS in 2005, of which 50,000 require antiretroviral (ARV) treatment. A rapid roll-out of the national AIDS treatment programme helped to put 85,000 people on free ARV treatment by January 2007, reaching 50 per cent of all people in need of treatment. However, only 7 per cent of the children needing treatment are receiving it. Of Malawi's 1 million orphans, 500,000 have lost one or both parents to AIDS. Without parental protection, these children are exposed to neglect, abuse and exploitation and lack access to basic necessities and services.

7. Malawi has made significant progress in increasing access to safe water and sanitation. According to the 2006 MICS, the rates of access to safe water and improved sanitation were 74 and 88 per cent respectively, but only two thirds of community water points are operational at any given time; approximately 20 to 25 per cent of schools have no protected water supply and on average there is one school latrine for every 140-150 pupils. Poor hygiene, lack of sanitation and low quantity and quality of drinking water all contribute to Malawi's poor health indicators for mothers and children, and negatively affect their livelihood.

8. Despite the abolition of school fees in 1994, over 10 per cent of eligible children in Malawi do not attend school, and only 40 per cent of those who enrol in standard 1 reach standard 4. Net enrolment rates are high in grades one and two for both boys and girls, but completion rates are low (26 per cent), especially for girls (16 per cent). Class sizes are huge, with a teacher: pupil ratio of 1:107. Because of inadequate teaching and learning materials, the effectiveness of child-centred learning approaches is limited. Teachers' motivation is often low because of poor salaries and lack of incentives. Female teachers are often reluctant to serve in rural areas, making rural girls less likely to attend school. School environments are often unsafe, with cases of bullying, gender-based violence, abuse and corporal punishment on the increase, but seldom officially reported. Lack of any or separate sanitary facilities for boys and girls hinders attendance by girls and contributes to their dropping out of school.

9. Malawi faces serious challenges from child abuse, exploitation and violence. According to the 2006 MICS, 29 per cent of children aged 5-14 years are involved

in the worst forms of child labour. Sexual exploitation, abuse and trafficking of children are believed to be increasing, but more reliable statistics are needed. There is no birth registration system in the country. Lack of appropriate knowledge and skills, cultural practices, illiteracy, gender inequity and poor access to media all contribute to continued risky attitudes and practices at individual, household and community levels. Furthermore, legislation related to child care, protection, justice, adoption and inheritance is outdated and not in line with international standards.

Key results and lesson learned from previous cooperation, 2002-2007

10. Within the framework of the human rights-based approach to programming, government, community and family capacities to assess, analyse and address child rights were strengthened, thus contributing to the achievement of the country programme's overall objectives. UNICEF was instrumental in influencing policies and resource allocations for children, for example by supporting the development of sector-wide approaches (SWAp). In 2005, UNICEF, as a non-pool partner, signed both the memorandum of understanding between the Government and health partners on the health SWAp and the Education Sector Code of Conduct, the first step towards an education SWAp. UNICEF began shifting from project management to support to sector programmes through advocacy, policy advice and normative work, technical assistance for planning and systems development, monitoring and evaluation and procurement services where necessary. UNICEF has been a strong contributor to a business plan to accelerate United Nations reform, including through strengthening of joint programming and common services.

11. UNICEF and the World Health Organization (WHO) supported the Government in achieving routine immunization coverage of over 86 per cent, leading to a significant reduction of vaccine-preventable diseases among children (neonatal tetanus was eliminated and there has been no confirmed case of polio since 1992). Over 5 million insecticide-treated nets have been distributed since 2002, reaching over 50 per cent of households. Eighteen of the 28 districts in the country are now implementing the Integrated Management of Childhood Illnesses (IMCI) strategy: A policy to accelerate child survival and development through the delivery of a holistic package of high-impact, cost-effective interventions is being rolled out to all districts. Ninety per cent coverage of vitamin A supplementation in children under age five years has been maintained. Community therapeutic care, a new approach to treatment of severe malnutrition using Plumpynut, a ready-to-use therapeutic food, started as a pilot in two districts in 2002 and was scaled up to 119 centres in 50 per cent of all districts. More than 40 per cent of the hospitals are adhering to Baby-Friendly Hospital principles.

12. UNICEF, the United Nations Population Fund (UNFPA) and WHO supported the Government's development of a five-year national "road map" for the reduction of maternal mortality and resources have been raised for its implementation. Coverage of prevention of mother-to-child transmission of HIV (PMTCT) services increased from one pilot site in 2001 to 119 sites located in 26 of the country's 28 districts in 2006. However, only 6 per cent of confirmed HIV-positive pregnant women receive ARV drugs for PMTCT. In the target districts, 111 of 317 health facilities (35 per cent) provide youth-friendly health services, reaching more than 50 per cent of young people in those districts. In the new country programme, these services will be expanded to all districts. UNICEF has supported the Government by

procuring and distributing antiretroviral therapy (ART) drugs and other equipment worth over \$65 million on behalf of the Government since 2004, contributing to the rapid roll-out of the ARV treatment programme.

13. The construction, repair and rehabilitation of 2,000 water points helped over 500,000 people gain access to reliable water points; an additional 272,000 children gained access to safe drinking water sources. However, one third of water points in the country were not operational, so big challenges remain. Some 2.8 million children were provided with access to school sanitation facilities. Over 152,000 people in rural and peri-urban areas gained access to 30,500 family latrines and hand-washing facilities. Support was provided to the development of national water and sanitation policies and a sector plan, and capacities were developed at national and subnational levels for improved service delivery, community management of water supply systems and improved hygiene practices.

14. UNICEF promoted the child-friendly schools approach, referred to as “joyful learning” in Malawi. This package of interventions, comprising rehabilitation of schools and provision of teaching and learning materials, school furniture, safe water and separate sanitary facilities for boys and girls, has been extended to 1,020 schools (21 per cent of the primary schools) to enhance access, quality and equity in primary education. In-service training of teachers focused on child-centred, gender-sensitive methodologies and the teaching of life skills for HIV prevention, reaching all children in grades 1 to 4. Community mobilization addressed barriers for girls’ education and enhanced participation by community members in school management. School feeding was provided in collaboration with the World Food Programme (WFP) in the most food insecure areas.

15. A national policy on orphans and other children (OVCs) made vulnerable by HIV/AIDS was developed in 2004 and a five-year National Plan of Action launched in June 2005. UNICEF supported the Government’s successful applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria and other funding sources, and is supporting government efforts to strengthen national institutions to utilize these funds. Close to 1,000 community-based child-care centres received support and reached over 100,000 children under age five years with early childhood development opportunities in a protective environment. In addition, OVCs received psychosocial counselling through “children’s corners” where memory books and dramas are organized and child participation is promoted. UNICEF supported the Government with operations research on a social cash transfer scheme benefiting over 1,000 families in one district. This model and research are strongly influencing the formulation of a national social protection policy and programme, and in 2006 the Government decided to scale up the model.

16. Child-friendly services were strengthened in the police and court systems. Awareness of the rights of children and women was raised among influential decision and policy makers through partnerships with local human rights organizations. The juvenile justice system was reformed to make it more child-friendly and special protection measures were put in place to prevent abuse and exploitation of children. Together with other partners, UNICEF is advocating for the passing of the draft bill on birth registration. The Malawi Socio-Economic Database (MASEDA), the national version of DevInfo, was established with over 300 socio-economic indicators. The database is housed at the National Statistics Office and is

an important tool for monitoring progress of the Malawi Growth and Development Strategy (MGDS).

Lessons learned

17. The major lessons learned are:

(a) UNICEF has been an effective development partner with the Government of Malawi because it has been successful in supporting the implementation of key, high-impact interventions (immunization, malaria prevention, water, sanitation and hygiene (WASH), girls' education, prevention of HIV in young people). These successes attract the interest of other partners and strengthen the credibility of UNICEF;

(b) The changes in both the international and local aid environments require that UNICEF strengthen its capacities to effectively engage at policy level in order to continue to influence the national development agenda and leverage resources for children;

(c) Good results in policy formulation and planning must be accompanied by capacity-building at all levels to overcome systemic bottlenecks to implementation;

(d) Consolidation of the human rights-based approach to programming is a way to strengthen child protection, redress inequities and confront harmful traditional practices;

(e) The acceleration of child survival and development depends on ensuring sustained high coverage of selected high-impact interventions and the availability of paid grassroots extension workers;

(f) Raising the profile of nutrition in the policy environment is necessary to promote an integrated and sustainable response to the underlying causes of very high and persistent child and maternal malnutrition rates;

(g) The powerful negative synergy between vulnerability, orphanhood, HIV/AIDS, chronic poverty and food insecurity requires scaling-up of comprehensive packages, which in turn require strengthened commitment, coordination and collaboration and increased resources;

(h) In order to increase school completion rates, barriers in the home environment require as much attention as those in schools.

The country programme, 2008-2011

Summary budget table[†]

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Programme total</i>
Health and nutrition	10 010 778	27 420 000	37 430 778
Basic education and youth development	3 491 602	24 232 000	27 723 602
Water, sanitation and hygiene	5 301 246	22 000 000	27 301 246
OVCs and child protection	2 981 214	19 400 000	22 381 214
Social policy, advocacy and communication	5 359 160	980 000	6 339 160
Cross-sectoral costs	3 000 000	—	3 000 000
Total	30 144 000	94 032 000	124 176 000

[†] Additional emergency funds may be received through consolidated appeals.

Preparation process

18. The country programme for 2008-2011 was developed in consultation with national government counterparts, non-governmental organizations and donors in the context of the formulation of the United Nations Development Assistance Framework (UNDAF). Extensive discussions took place during a four-day retreat to agree with key stakeholders on the priorities and ensure full alignment to the MGDS. The results matrices and monitoring and evaluation frameworks for each of the five pillars of the UNDAF were then developed jointly under a government and United Nations steering committee chaired by the Ministry of Finance. UNICEF chaired the UNDAF theme group on social services. Meetings were held periodically with development partners and civil society to review the UNDAF. UNICEF applied the same processes to discuss with its stakeholders the priorities and strategies of its country programme. The country programme was also developed in the light of the concluding observations of the Committee on the Rights of the Child, issued in 2003, and Malawi's second report to the Committee, which will be presented sometime in 2007.

Goals, key results and strategies

19. The overall goal of the country programme is to support national efforts to progressively realize children's and women's rights through improved child survival, development, protection and participation in the framework of the Convention of the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Millennium Development Goals and the Millennium Declaration. The following strategies will be key: (a) strengthening of partnerships for leveraging resources and advocating to position children in national programmes and processes; (b) improvement of the quality and coverage of basic social services to reach all children; and (c) strengthening family and community capacities to protect, nurture and care for children using participatory planning and communication approaches. Emergency preparedness and response capacities will be mainstreamed in the regular programmes.

20. The programme will achieve the following key results by 2011:
- (a) 95 per cent of infants fully immunized with all antigens;
 - (b) 60 per cent of children under five years and pregnant women sleep under insecticide-treated bednets;
 - (c) 80 per cent of newborns are monitored for life-threatening conditions during the first week of life;
 - (d) 80 per cent of infants are exclusively breastfed for at least six months;
 - (e) 98 per cent of children aged 6-59 months receive one dose of vitamin A every six months;
 - (f) 80 per cent of HIV-positive pregnant women identified through PMTCT services receive ARV prophylaxis;
 - (g) 80 per cent of children born of HIV-positive mothers recruited in PMTCT programmes receive cotrimoxazole preventive therapy;
 - (h) 80 per cent of children who have been tested and found to be HIV-positive access ART;
 - (i) 80 per cent of the population has sustained access to safe drinking water;
 - (j) 70 per cent of the population has access to sanitation facilities;
 - (k) Over 95 per cent of eligible girls enrol in school and 50 per cent complete the primary education cycle;
 - (l) 80 per cent of primary schools (standard 1-8) use the child-friendly schools approach, including life skills for HIV prevention;
 - (m) At least 50 per cent of OVCs access social protection assistance and comprehensive basic services;
 - (n) Legal frameworks and capacities strengthened at all levels and national birth registration in place so as to protect children from all forms of abuse, exploitation, discrimination and neglect.

Relationship to national priorities and the UNDAF

21. The new UNICEF programme is fully harmonized with the UNDAF, which aims to support national efforts to achieve the goals of the 2006-2007 — 2010-2011 MGDS. The country programme aims to contribute to the five themes of the 2008-2011 UNDAF. These are: (a) sustainable economic development and food security; (b) social protection and disaster reduction and management; (c) access to equitable basic social services; (d) HIV and AIDS prevention, care and treatment; and (e) good governance. The country programme has also integrated the four cross-cutting areas of the UNDAF — human rights, gender, disaster risk reduction and capacity development for programme implementation — in which the United Nations will consolidate and strengthen its partnership with the Government. As a follow up to the recommendations of the High-Level Panel on System-Wide United Nations Coherence, Malawi has been selected as a pilot for “One United Nations”, effective in 2008. The United Nations Country Team has developed a “road map” for implementation of the pilot.

Relationship to international priorities

22. The country programme is guided by the priorities of the UNICEF medium-term strategic plan for 2006-2009 and is based on the provisions of the Convention of the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The objectives and strategic approach are consistent with the Millennium Development Goals and Millennium Declaration. The programme addresses the priority areas identified in the goals of the outcome document of the General Assembly Special Session on Children (*A World Fit for Children*); the African Union Resolution and Commitment to Accelerated Child Survival; Global Partnership on Maternal and Newborn Survival, with WHO; the Abuja Declaration, the UNICEF Core Commitments for Children (CCCs) in Emergencies; and the *United for Children, Unite against AIDS* campaign. The programme also takes into account the Paris Declaration on Aid Effectiveness and the Rome Declaration on Harmonization, through promoting national ownership and capacity-building, and using one national monitoring and evaluation system.

Programme components

23. **Health and nutrition:** The programme aims to support national efforts to reduce maternal, neonatal, infant and under-five morbidity, mortality and malnutrition. To help Malawi improve child survival and development and achieve the health-related Millennium Development Goals, the programme will support the scaling up of high-impact interventions in the context of the health SWAp, using the IMCI approach and promoting intersectoral linkages. Greater attention will be given to addressing the high child and maternal malnutrition rates through a more integrated response and strengthened capacities of communities and service providers to prevent and manage nutritional deficiencies. In collaboration with UNFPA and WHO, the national “road map” for maternal mortality reduction will be implemented by promoting access to skilled care, supporting community mobilization to increase uptake of services and increasing access to emergency obstetric care. Community-based newborn care will be a focus so that every newborn is closely monitored for sepsis, pneumonia and other neonatal conditions daily within the first week and up to 28 days of life. With UNFPA, the programme will also contribute to improved access and quality of sexual and reproductive health services for young people, including family planning services. In order to increase access to and utilization of PMTCT services, the programme will support the strengthening of capacities and systems at all levels, including supply and information systems, health worker training, quality HIV testing and counselling, community mobilization, post-natal care and rapid scaling-up of a more effective regimen for PMTCT. To scale up care and treatment of HIV-positive children, family models and empowerment of caregivers will be supported for improved follow-up of children exposed to HIV, early testing through the rationalization of existing laboratory technology and expanded outreach programmes linked to centres of excellence on paediatric care.

24. **Water, sanitation and hygiene promotion:** The WASH programme aims to support national efforts to achieve the Millennium Development Goal targets on safe water supply, sanitation and hygiene promotion. UNICEF support will focus on the provision of water supply and sanitation in rural areas and on improved sanitation and hygiene promotion in rural and peri-urban communities. It will also contribute to the child-friendly, rights-based school concept to ensure increased

access by pupils to safe water supply, hygiene promotion as part of comprehensive school health programme and gender-sensitive sanitation facilities. The strategy will include support to policy and systems development, guidelines and standards; strengthening of planning and implementation capacities at district and community levels for decentralized management of water supply and sanitation; acceleration of sectoral reform towards the development of a SWAp; mapping of water points; and partnership with the private sector.

25. Basic education and youth development: The programme aims to strengthen the Government's capacity to fulfil the right of every child to a quality education through comprehensive measures to enhance access, completion, gender equity and performance. The child-friendly schools concept will be institutionalized, with standards at each school defined around the following components: child health and nutrition; teachers trained in child-centered and gender-sensitive teaching approaches; safe, inclusive, protective learning environments with water and sanitation facilities; strong community partnerships; and relevant and gender-sensitive curricula and life skills. Through strong community partnerships and a participatory communication approach, persistent socio-cultural barriers to girls' education will be addressed. UNICEF will support the fight for HIV prevention among children and youth in and out of school through life skills and access to services, as well as promote access of teachers to HIV prevention, care and treatment. UNICEF will work with other partners to support the Ministry of Education and Vocational Training to manage the many changes that will be introduced as part of the drive towards the SWAp, the Primary Curriculum and Assessment Reform and decentralization. The capacities of the newly established monitoring and evaluation department will be strengthened, particularly in the development and institutionalization of the Education Management Information System. In case of emergency or disaster, all school-age children will benefit from at least temporary learning arrangements and school feeding, in partnership with WFP.

26. Orphans and other vulnerable children and child protection: The programme aims to strengthen national capacities to ensure that OVCs realize their rights to grow up in a loving, protective and nurturing environment, free from stigma and discrimination, with access to basic social services and on an equal basis with other children. It also will contribute to national efforts to protect children against all forms of violence, exploitation, neglect and discrimination. UNICEF will work to strengthen national capacities for the implementation and monitoring of the National Plan of Action for OVCs. Building on the lessons from the ongoing UNICEF-assisted pilot project on cash transfer, the programme will work with other partners to support the Government with the development and implementation of a national social protection policy targeting the ultra-poor, the plurality of whom are OVCs. The number of UNICEF-supported, community-based child-care centres will be increased from 1,000 in 2006 to 3,000 by 2011, reaching more than 300,000 children under the age of five years with early childhood care and development activities. Psychosocial care for OVCs will be provided through 450 additional Children's Corners, benefiting at least 50,000 vulnerable children. In order to provide a protective environment for all children, legislative and policy frameworks and partnership with civil society organizations will be strengthened. By training paralegals and setting up victim support units, child-friendly courts and diversion systems, children in conflict with the law and in danger of being abused, exploited

or dispossessed of their property will be provided with legal assistance and protection. UNICEF will work with other partners to support the establishment of a national birth registration system and intensify efforts to protect children from sexual and economic exploitation and trafficking. The number of community child protection workers will increase from 400 to 850, covering all districts, by the end of 2011.

27. Social policy, planning advocacy and communication: The programme aims to establish better linkages to national planning processes through greater involvement in the implementation and monitoring of the MGDS through influencing sectoral reforms, building capacities to decentralize and contributing to policy analysis, dialogue and planning. The programme will ensure that children's rights and issues are widely communicated, well-positioned and adequately resourced in national programmes. Awareness about child rights and gaps in the fulfilment of rights will be raised at all levels. Children's and young people's participation in advocacy will be promoted to ensure their meaningful participation in decision-making that affects them. The programme will continue to support children's parliaments and strengthen their linkages with adult parliamentarians. Community members, especially women and children, will be empowered to recognize and claim their rights to education and protection, using innovative, participatory and gender-sensitive methods of communication. Advocacy for partnerships for children will be enlarged with children's and young people's organizations, the media, private sector, United Nations agencies and civil society organizations.

28. The development and integration of MASEDA within the National Monitoring and Evaluation Road Map will provide a suitable platform to further promote the use of data in the districts, in line with the decentralization process and the capacity development intervention of the United Nations system at the district level. The Road Map will also create the basis for a national-level monitoring and evaluation system and UNICEF will continue to work closely with other United Nations agencies on the United Nations joint programme on monitoring and evaluation. During the country programme period, the Census of Malawi, a Demographic and Health Survey (DHS) and a MICS will address some of the basic data gaps for planning of UNICEF-supported government programmes. The third MICS (2006), which is currently being finalized, will provide the necessary baselines at national and district levels to monitor the programme interventions. Monitoring and evaluation support to the Government in tracking emergency-related information for the purpose of monitoring the CCCs will continue and will rely on joint field monitoring with government and other partners as a basic means of assessing field-based progress.

29. Cross-sectoral costs will cover office management costs that support the entire country programme, including security, vehicles and information and communication technology.

Major partnerships

30. The 2008-2011 country programme will continue its strong partnership with the Government, United Nations agencies, donors, civil society organizations, district assemblies and other decentralized bodies in the districts and will develop new partnerships with the private sector and faith-based organizations.

Monitoring, evaluation and programme management

31. The monitoring framework for the country programme results will be set out in the four year Integrated Monitoring and Evaluation Plan (IMEP), consistent with the UNDAF and MGDS monitoring matrices. The IMEP and country programme results matrix will include key child development indicators to assess progress against expected results. Information sources for tracking indicators will include major national surveys, such as the MICS, DHS, the Millennium Development Goals progress report, thematic studies and surveys, routine monitoring systems and field monitoring visits.

32. Periodic evaluations, undertaken jointly with United Nations and other partners where appropriate, will be built into the annual work plans and reflected in annual IMEPs. Evaluations with donors will be conducted as required.

33. The Ministry of Finance will continue to assume the overall coordination for the country programme. Regular mid- and end-year reviews will also be conducted to measure results. A joint United Nations mid-term review will take place early in 2010 to review progress under the UNDAF by all United Nations partners. The move towards "One United Nations" will involve stronger inter-agency collaboration and greater accountability for common results.

Summary results matrix: Government of Malawi — UNICEF 2008-2011 country programme

UNICEF MTSP focus area (1)	Key results expected in this focus area (2)	Key progress indicators (3)	Means of verification (4)	Major partners, partnership frameworks and cooperation programmes (5)	The expected key results in this focus area will contribute to (6)
Focus area 1: Young child survival & development	95 % of infants fully immunized with all antigens (2006 Baseline: 71%)	% of children under 1 yr. fully immunized with all antigens	<ul style="list-style-type: none"> Health Management Information System (HMIS) report DHS MICS 	Ministry of Health (MOH), health sector partners, Christian Health Assoc. of Malawi (CHAM,) NGOs Framework: SWAP/Essential Health Package (EHP), Accelerated Child Survival and Development (ACSD)/IMCI	<p>UNDAF CP Outcome: Equitable access to and utilization of quality child survival intervention increased by 2011</p> <p>WFFC Goal: Promote healthy lives</p> <p>MDGs:</p> <ol style="list-style-type: none"> Reduce child mortality Improve maternal health Combat HIV/AIDS, malaria and other diseases Ensure environmental sustainability
	80% of pregnant women receiving two doses of sulfadoxine-pyrimethamine (SP) for prevention of malaria achieved and maintained by 2011 (2004 Baseline: 47%)	% pregnant women received two doses of SP as IPT	<ul style="list-style-type: none"> HMIS reports DHS MICS 	MOH, WHO, CHAM, NGOs, health sector cooperating partners Framework: SWAP/EHP, ACSD/IMCI	
	60% children under 5 years of age sleeping under a treated mosquito net achieved by 2009 and maintained thereafter (2006 Baseline: 23%)	% of under-five children who slept under an ITN the previous night	<ul style="list-style-type: none"> National Malaria Survey DHS MICS 	MOH, WHO, UNICEF, National Statistical Office (NSO), CHAM, NGOs, health sector partners. Framework: SWAP/EHP, ACSD/IMCI	
	60% of pregnant women sleeping under a treated mosquito net achieved by 2009 and maintained thereafter (2004 Baseline: 15%)	% of pregnant women who slept under an ITN the previous night	<ul style="list-style-type: none"> National Malaria Survey DHS MICS 	MOH, WHO, UNICEF, NSO, CHAM, NGOs, health sector partners Framework: SWAP/EHP, ACSD/IMCI	
	80% of children under 5 years of age have access to prompt treatment of fever and ARI (2006 Baseline: 30%)	% of under five children who have access to antibiotic treatment within 24 hours of onset of fever and ARIs	<ul style="list-style-type: none"> HMIS DHS MICS 	MOH, WHO, UNICEF CHAM, NGOs, health sector partners Framework: SWAP/EHP, ACSD/IMCI	
	80% of newborns are monitored for life-threatening conditions during the first week of life (Baseline: TBD)	% of newborns monitored for life-threatening conditions during the first week of life	<ul style="list-style-type: none"> HMIS report DHS MICS 	MOH, WHO, UNFPA, Save the Children Fund (SCF)/Saving Newborn Lives (SNL), health sector partners Framework: SWAP/EHP, ACSD/IMCI, road map for MMR	
	Underweight (moderate and severe) among children under 5 years reduced to 11% (2006 Baseline 19%)	% under weight among children under 5 years	<ul style="list-style-type: none"> Periodic Nutrition Surveys Nutrition Surveillance DHS MICS 	MOH, WHO, UNICEF, CHAM, NGOs; health sector partners Framework: SWAP/EHP, ACSD/IMCI, food security and nutrition policies	

UNICEF MTSP focus area (1)	Key results expected in this focus area (2)	Key progress indicators (3)	Means of verification (4)	Major partners, partnership frameworks and cooperation programmes (5)	The expected key results in this focus area will contribute to (6)
	80% of infants are exclusively breastfed for \geq 6 months (2006 Baseline: 56%)	% of infants who are exclusively breastfed(\geq 6 months)	<ul style="list-style-type: none"> Periodic Nutrition Surveys Nutrition Surveillance DHS, MICS BFHI reports 	MOH, WHO, UNICEF, CHAM, health sector partners Framework: SWAP/EHP, ACSD/IMCI, nutrition policy	<ul style="list-style-type: none"> Govt. economic, food and nutrition policies improved to take into account population dynamics, employment, environment and gender and shocks/disaster risk <p>WFFC Goal: Promote healthy lives</p> <p>MDGs: 1. Eradication extreme poverty and hunger</p>
	98% of children aged 6-59 months receive one dose of Vitamin A every six months. (2005 Baseline: 95%)	% of children aged 6-59 months who receive one dose of Vitamin A in the last six months.	<ul style="list-style-type: none"> DHS, MICS, surveys 	MOH, WHO, UNICEF, CHAM, NGOs, health sector partners Framework: SWAP/EHP, ACSD/IMCI, nutrition policy	
	90% of children aged 6-59 months who have received a dose of anti-helminths drug for de-worming every 6 months. (2005 Baseline: 10%)	% of children aged 6-59 months who have received a dose of anti-helminths drug for de-worming in the last 6 months	<ul style="list-style-type: none"> HMIS Surveys Child health days' reports 	MOH, WHO, UNICEF, CHAM, NGOs, health sector partners Framework: SWAP/EHP, ACSD/IMCI,	
	90% of households with iodized salt (15 ppm) (2004 Baseline: 49%)	% of households with iodized salt (15 ppm)	<ul style="list-style-type: none"> HMIS DHS 	MOH, WHO, UNICEF, CHAM, NGOs, health sector partners Framework: SWAP/EHP, ACSD/IMCI	
	80% moderate and severe acute malnutrition cure rate in nutrition rehabilitation units (NRUs) & community-based therapeutic care (CTC) (2005 Baseline: 74%)	Cure rate in NRUs and CTC	<ul style="list-style-type: none"> Monitoring reports Coverage surveys 	MOH, WFP, WHO, UNICEF, CHAM, NGOs, health sector partners Framework: SWAP/EHP, ACSD/IMCI, food security and nutrition policies	
	80% population with sustained access to safe drinking water (2004 Baseline: 73% 35,376 water points)	% of population with access to safe water # of water points constructed and rehabilitated.	<ul style="list-style-type: none"> DHS MICS GIS Mapping of Water Points by Ministry of Water Project monitoring reports 	Ministry of Irrigation and Water Development, Water Aid, Ministry of Women and Child Development (MoWCD), NGOs, District Assemblies, UNDP, WHO, WES sector partners Frameworks: WES sector plan (National Water and Sanitation Programme II); WASH policies, ACSD/IMCI policy and strategic plan	
	70% population with access to sanitation facilities (2004 Baseline: 61%; 1,350,000 facilities)	% population with sustained access to safe drinking water within a radius of 500 meters			
		% population with access to improved sanitation			
		% of population with access to sanitation facilities # of sanitation facilities constructed			<p>UNDAF CP Outcome: Equitable access to and use of safe water supply, sanitation and hygiene in schools, rural and per-urban communities by 2011</p> <p>WFFC Goal: Promote healthy lives</p> <p>MDGs: 1. Eradicate extreme poverty & hunger 2. Achieve universal primary education 3. Promote gender equality & empower women 4. Reduce child mortality 7. Ensure environmental sustainability</p>

UNICEF MTSP focus area	Key results expected in this focus area	Key progress indicators	Means of verification	Major partners, partnership frameworks and cooperation programmes	The expected key results in this focus area will contribute to
(1)	(2)	(3)	(4)	(5)	(6)
Focus Area 2: Basic education and gender equality	Over 95% of eligible girls enrol in school and 50% complete the primary education cycle (2005 Baseline: NER 82% & Completion rate 16% NESP 2005)	Net Enrolment Ratio (NER)	<ul style="list-style-type: none"> EMIS DHS MICS 	Ministry of Education and Vocational Training (MOEVT), MOCWA, MoE, CIDA, DFID, World Bank, African Dev. Bank, GTZ, USAID and other education sector partners. NGOs, CSOs WFP, UNFPA, UNHCR, WHO UNESCO UNDAF Emerging SWAP	UNDAF CP Outcome: <ul style="list-style-type: none"> By 2011 the proportion of girls who enrol in school and complete primary education increased from 70% to 90% and from 16% to 50% respectively By 2011, the proportion of girls attaining the minimum nationally defined standard of performance increased WFFC Goal: Provide quality basic education MDGs: 2. Achieve universal primary education 3. Promote gender equality and empower women ILO Code of Conduct on HIV/AIDS Support implementation in education system
		Net Attendance Rate (NAR) by age and sex			
		Primary school completion rate by age and sex			
	80% of primary schools (standards 1-8) use Child Friendly School (CFS) approach, including life skills for HIV prevention. (2007 Baseline: TBD)	% of primary schools implementing CFS package % of school children reached through CFS CFS package as defined below: <ul style="list-style-type: none"> Child health and nutrition Teachers trained in child-centered and gender sensitive teaching approaches Safe, inclusive, protective learning environments with water and sanitation facilities Strong community partnerships Relevant & gender sensitive curricula and life skills 	<ul style="list-style-type: none"> Surveys District education managers' reports Review and monitoring reports School reports 		
FA 3 : HIV/AIDS and children	PMTCT				
	100% of health facilities offering comprehensive PMTCT services by 2011. (2005 Baseline: 20%)	% of health facilities offering comprehensive PMTCT services	<ul style="list-style-type: none"> HMIS Programme reports 	MoH, Nat'l AIDS Commission (NAC); Global Fund; USAID, CDC, MOH pool donors, University of North Carolina, CHAM, Baylor College NGOs & media Frameworks: National scale up programme on PMTCT	UNDAF CP Outcome: <ul style="list-style-type: none"> Improved equitable access to and uptake of preventive services Improved and equitable access to and uptake of AIDS treatment, care and support services by 2011 Equitable access to comprehensive sexual and reproductive health services increased by WFFC Goal: Combating HIV/AIDS MDG 6: 6. Combat HIV/AIDS, malaria and other diseases
	90% of pregnant women tested for HIV. (2005 Baseline: 35%)	% pregnant women tested for HIV.	<ul style="list-style-type: none"> HMIS Programme reports 		
	80% of HIV positive pregnant women identified through PMTCT receive antiretroviral drugs as prophylaxis for PMTC as per national guidelines (2005 Baseline: 45%)	% of HIV positive pregnant women receiving full course of prophylaxis for PMTC as per the national guidelines	<ul style="list-style-type: none"> HMIS Programme reports 		
80% children born of HIV-positive mothers get nevirapine for PMTC as per guidelines (2005 Baseline: 41%)	% children born of HIV positive mothers get nevirapine for PMTC as per the national guidelines	<ul style="list-style-type: none"> HMIS Programme reports 			

UNICEF MTSP focus area (1)	Key results expected in this focus area (2)	Key progress indicators (3)	Means of verification (4)	Major partners, partnership frameworks and cooperation programmes (5)	The expected key results in this focus area will contribute to (6)
	90% of HIV-positive mothers staged for ART (2005 Baseline: 35%)	% of HIV positive mothers staged for ART	<ul style="list-style-type: none"> HMIS Programme reports 		
	90% of pregnant women who are staged & eligible for ART are on ART (2005 Baseline: TBD)	% of pregnant women who are staged & eligible for ART are on ART	<ul style="list-style-type: none"> HMIS Programme reports 		
	100% of PMTCT sites accredited with Baby Friendly Hospital Initiative to improve infant feeding practices (2006 Baseline: 18%)	% of hospital in PMTCT sites accredited as BFHI.	<ul style="list-style-type: none"> HMIS Programme reports 		
Paediatric Care					
	80% of children born of HIV-mothers recruited in PMTCT programme received Cotrimoxazole Preventive Therapy (CPT) (2005 Baseline: 35%)	% of children born of HIV mothers recruited in PMTCT programme received CPT	<ul style="list-style-type: none"> HMIS Programme reports NAC reports 	Ministry of Health, NAC, Baylor College, College of Medicine (COM), NGOs Framework: national ART programme; PMTCT Plus scale up plan	
	80% of HIV positive children staged for are on ART (2005 Baseline: TBD)	% of HIV positive children staged for are on ART	<ul style="list-style-type: none"> HMIS Programme reports 	Ministry of Health, NAC, Baylor College, COM, NGOs	
	80% children born to HIV positive mothers having access to PCR lab facilities (2005 Baseline: 2%; # of PCR)	% children born to HIV positive mothers having access to polymerase chain reactors (PCR) lab facilities # of PCR in the country and geographic distribution	<ul style="list-style-type: none"> HMIS Programme reports 	Ministry of Health, NAC, Baylor College, COM, NGOs	
Prevention among young people					
	80% of primary school pupils (standards 1-8) and 50% of out-of-school youth have correct knowledge and skills to reduce the risk of HIV transmission. (Baseline: TBD)	% of primary school pupils (standards 1-8) and out-of-school youth with correct knowledge with correct knowledge and skills to reduce the risk of HIV transmission	<ul style="list-style-type: none"> EMIS and district reports MOE, project monitoring reports 	Ministry of Education, Malawi Institute of Education (MIE), National Youth Council, NGOs, UNFPA	

UNICEF MTSP focus area	Key results expected in this focus area	Key progress indicators	Means of verification	Major partners, partnership frameworks and cooperation programmes	The expected key results in this focus area will contribute to
(1)	(2)	(3)	(4)	(5)	(6)
	80 % of young people 10-24 have access to gender sensitive Youth Friendly Health Services (2005 Baseline: TBD)	% of all health centres offering Youth Friendly Health Services & # YFHS % of adolescents (15-19) tested and receiving their sero-status % of young people tested positive and staged for ART receive treatment	<ul style="list-style-type: none"> • EMIS and district reports • MOE, project monitoring reports 	Ministry of Education, MIE, National Youth Council, NGOs, UNFPA	
Protection, Care and Support of orphans and other children made vulnerable by HIV/AIDS					UNDAF CP Outcome:
	Equal access of orphans and other vulnerable children with access to basic social services (2005 Baseline NAC: .34)	Ratio of orphaned children compared to non-orphaned children aged 10-14 who currently attending school disaggregated by single and double orphan	<ul style="list-style-type: none"> • DHS • MICS • Surveys 	MoWCD, NAC, Ministry of Poverty and Disaster Management Affairs (MOPDMA), line ministries, Global fund, NAC pool donors, other bilateral donors, NGOs Frameworks: National Plan of Action for OVCs	<ul style="list-style-type: none"> • Reduced social and economic impact of HIV and AIDS on families and communities by 2011 • Coping mechanisms and resilience of vulnerable communities have improved • Disaster risk reduction policies, systems and practices in place at all levels • Government will have adequate systems and practices for efficient emergency management
	Contribution to ensure social protection policy is developed and implemented as a national programme	% of targeted households receiving cash and other forms of assistance as part of a national social protection programme, by age, gender % of national budget allocated for social protection programme Operations research/pilot on cash transfer scheme consolidated and lessons learned documented and shared	<ul style="list-style-type: none"> • District Assemblies • MICS • Evaluation 	MOPDMA ,MoWCD, DFID, World Bank, EU, other bilaterals and United Nations agencies	<p>WFCC Goal: Combating HIV/AIDS</p> <p>MDG 6: 6. Combat HIV/AIDS, malaria and other diseases</p>
	50,000 Orphans and other Vulnerable Children receive psycho-social support through 450 children's corners and 1400 home-base care volunteers (Baseline: TBD)	Number of children (OVC) reached through PSS - through home visits and children's corners Number of children's corners established	<ul style="list-style-type: none"> • District Social Welfare Officers' reports • Other stakeholders' reports 	MoWCD, NGOs, District Assemblies	
	300,000 children under five benefit from early childhood care and learning through 3,000 community based child care centres (CBCC) (2006 Baseline: 1,500 CBCC)	# of children reached through CBCC by age, gender and family status # of registered CBCC and meeting minimum standards of quality	<ul style="list-style-type: none"> • District Social Welfare Officers' reports • Other stakeholders' reports 	MoWCD, Malawi Social Action Fund (MASAF), NAC, Association of Pre-school Playgroups of Malawi (APPM), Family Health International (FHI), SCF (US), NGOs, District Assemblies	

UNICEF MTSP focus area (1)	Key results expected in this focus area (2)	Key progress indicators (3)	Means of verification (4)	Major partners, partnership frameworks and cooperation programmes (5)	The expected key results in this focus area will contribute to (6)
FA 4: Child protection from violence, exploitation & abuse	Contribution to ensure the establishment of a national registration and identity system	% of births registered at birth and by school entry age	<ul style="list-style-type: none"> • Reports • Surveys 	MOH, NSO, Civil Society	<p>UNDAF CP Outcome Strengthened institutions and mechanisms protecting the rights of vulnerable groups in particular women and children</p> <p>WFFC: Protecting against abuse, exploitation & violence</p> <p>Millennium Declaration (Chapter VI)</p>
		% population above 16 yrs. issued National Identification cards (IDs)			
	Child Protection, Care and Justice Bill passed and enforced	Bill passed and capacity strengthened at all level for its enforcement	<ul style="list-style-type: none"> • Report 	Ministry of Justice (MOJ), MoWCW, NGOs	
	100% of districts have trained community child protection workers	# of districts (and TAs) with trained and active Community Child Protection Workers	<ul style="list-style-type: none"> • Reports • Surveys 	MoWCW, NGOs	
	100% of schools adopting measures to protect children from abuse and exploitation	% of schools with trained guidance and counselling teachers	<ul style="list-style-type: none"> • EMIS • Surveys 	MOE	
		% of schools using the “Trolley Full of Rights” as a tools for rights awareness			
	50 % reduction in number of children involved in the worst forms of Child Labour (5-14 yrs) (2006 baseline: 29%)	% of children involved in child labour as defined by ILO 182 (by age, gender and district)			
Formal and informal justice systems strengthened through adherence to the Constitution and applicable international law	% of children in contact with law (offenders & victims) provided legal assistance	<ul style="list-style-type: none"> • Police • MOJ reports 	MOJ, MoWCW		
	% of children given custodial sentence (out of those convicted) or diverted to pre-sentence diversion scheme				
	% of child offenders and witnesses covered by child-friendly courts				
FA 5: Policy advocacy & partnerships for children's rights	Increased political commitment and resources leveraged for children through active involvement at policy level (2006/07 Baseline: 35%)	% of national budget allocated for social sectors.	<ul style="list-style-type: none"> • Govt. budgets • Policy docs 	Government, donors, UN agencies and civil society. Ministry of Finance and line ministries working on children's issues.	<p>UNDAF CP Outcome: Strengthened institutions and mechanism protecting the rights of vulnerable groups in particular to women and children by 2011.</p> <p>MDGs: 3. Promote gender equality & empower women 8. Develop a global partnership for development</p>
		National policies articulated to reflect children's issues			
	CRC reporting, CEDAW reporting, MDG reporting, Africa Charter for children reporting submitted on time	All outstanding reports prepared, published, distributed, and used for advocacy and planning	<ul style="list-style-type: none"> • Reports 	Respective line ministries Ministry of Information; MOWCD, UNFPA and other UN agencies	
Public awareness increased on Child Rights issues	Depth of understanding of CRC and CEDAW among government, civil society organization/human rights organization & media, as measured by public perception and awareness survey (measurement tool to be developed)	<ul style="list-style-type: none"> • Report • Surveys 	MoWCD, Min. of Information and other line ministries, media, CSOs, UN agencies		

UNICEF MTSP focus area	Key results expected in this focus area	Key progress indicators	Means of verification	Major partners, partnership frameworks and cooperation programmes	The expected key results in this focus area will contribute to
(1)	(2)	(3)	(4)	(5)	(6)
	Child participation promoted through Child Parliaments	# of regions and districts with active Child Parliaments	<ul style="list-style-type: none"> • Reports on the outcomes of the children's parliament 	MoWCD National Parliament	
	The Malawi Socio-Economic Database (MASEDA) used to monitor the Malawi Growth and Development Strategy	MGDS indicators fully integrated into MASEDA and used to monitor progress	<ul style="list-style-type: none"> • MASEDA 	NSO MEPD, UNDP, donors	UNDAF CP Outcome: Increased availability and utilization of disaggregated data for monitoring and evaluation of national and sub-national development plans and international instruments by 2011
	Contribution to ensure the implementation of the national Monitoring and Evaluation Road Map implemented	Monitoring and Evaluation Road Map fully implemented	<ul style="list-style-type: none"> • Road Map reports & reviews 	Ministry of Economic Planning and Development, NSO, UN agencies, donors	