

## Malawi

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### Executive Summary

In 2015, Malawi continued to face economic challenges due to the loss of budget support. Inflation was at over 24 per cent and the devaluation of the kwacha had a continued adverse impact on the estimated 74 per cent of the population who live below the income poverty line of US\$ 1.25 a day and the 90 per cent of the population who live below the US\$ 2 a day threshold.

Malawi experienced devastating flooding in January 2015 that affected 1.1 million people (230,000 in displacement sites), followed by the worst food insecurity crisis in over a decade that affected an estimated 2.8 million people. With 47 per cent of Malawian children already under-nourished, increased malnutrition rates and the likelihood of water-borne diseases further threatened the health and survival of children.

In response to the flooding, pre-positioning of supplies, standby agreements with partners and deployment of 40 staff to the field enabled a rapid response and life-saving interventions supported by UNICEF Malawi. As a result of the support by UNICEF Malawi with its partners, 20,830 children with severe acute malnutrition (SAM) received treatment in the OTPs and NRUs; 212,060 people were provided with sanitation facilities and temporary latrines; 280,240 people were supported with access to safe water; 342,383 were reached with promotional messages on hygiene and cholera prevention; 193,923 school children were provided with school supplies; 8,781 vulnerable children benefitted from community based child care centres Community Based Child Care Centres (CBCCs), and 11,574 vulnerable children benefitted from Children's Corners (CCs). UNICEF Malawi provided US\$ 3 million worth of emergency supplies in response to the floods, including an additional 4,465 cartons of Ready-to-Use Therapeutic Food (RUTF).

UNICEF Malawi's regular programme support resulted in 187,370 people had access to water with the construction of 750 new water points and rehabilitation of existing non-functional water points, in addition to water supply provided to 80 schools, health facilities and CBCCs. In line with the open defecation free (ODF) strategy, 343,853 people were reached with hygiene messages.

Eighty-five per cent of an estimated 13,317 pregnant women living with HIV in Malawi were on treatment, compared to 73 per cent in 2014; an additional 1,584 women initiated antiretroviral therapy (ART) during breastfeeding, a period when HIV transmission to infants can be high. Also, 95 per cent of HIV exposed infants received antiretroviral prophylaxis, decreasing the risk of HIV infection.

Continuing advocacy for legislation to support women and children's rights came to fruition with the enactment of the Marriage, Divorce and Family Relations Act (2015) and the Trafficking in Persons Act (2015) and also with the enforcement of the National Registration Act (2010). The completion of the first Violence Against Children (VAC) study led to the development of a National Plan of Action for Vulnerable Children (2015-2019) and 27 district plans.

Upstream efforts resulted in the development of an Early Childhood Development (ECD) policy supported by a budget allocation to the sector for the first time. Strategic partnerships with development partners for education helped develop common funding mechanisms to support the Education Sector Investment Plan II and leverage funding for Malawi from the Global Partnership amounting to US\$ 45 million.

UNICEF Malawi in partnership with World Food Programme (WFP) and United Nations Population Fund (UNFPA) launched a multi-sectoral school-based approach aimed at unifying quality education, child protection, social norms and sexual reproductive health programmes in one, comprehensive intervention to overcome the barriers to girls' attainment of quality education.

UNICEF Malawi continued to develop its private sector partnerships including with the Netball Association of Malawi. A strategic engagement with civil society and the Government was realised as part of the district health systems' strengthening approach in five districts.

Communities were engaged for social accountability with Civil Society Organisations (CSOs) to establish a constructive and institutionalized engagement with the district councils. This ensured that all development partners were active in district planning and in the coordination of services to ensure equitable access by all communities and give the communities a voice.

Malawi achieved the Millennium Development Goal (MDG) 4 target of reducing child mortality to 71 deaths per 1,000 live births, however new-born mortality rates were unacceptably high at 23 per 1,000 live births, and pre-term births the highest in the world. Reducing neonatal mortality will need to receive priority attention in the future.

Though the qualified teacher-to-pupil ratio registered progress and dropped to 1:75, the target of 1:70 was not attained. The availability of qualified teachers was addressed with the construction and opening of a new Teacher Training College.

## Humanitarian Assistance

In January 2015, Malawi witnessed devastating floods affecting 15 districts in the south and central regions and flooding 64,000 thousand hectares of land. Following the floods and the recovery, Malawi faced an acute food shortage situation for 2015 that will continue in 2016 and affect an estimated 2.8 million people. The emergency situation during the floods was exacerbated by an outbreak of cholera that affected three districts. Provision of cholera kits, health promotion, construction of sanitary facilities, establishment of 12 Cholera Treatment Units and a Communication for Development (C4D) campaign helped to contain the outbreak to eight districts. As a result, only 693 cases and 11 deaths were reported.

The Government's Flood Response Plan activated the clusters that UNICEF co-led (WASH, Education, Nutrition and Child Protection), and that UNICEF contributed to (the health cluster, including HIV/AIDs). As a result of robust emergency preparedness and readiness measures, demonstrated by reaching 100 per cent compliance to the Early Warning Early Action (EWEA) preparedness benchmarks, UNICEF Malawi was able to effectively respond to the flooding emergency.

To manage the cases of Severe Acute Malnutrition (SAM), 20,830 children were enrolled in Outpatient Therapeutic Units and Nutritional Rehabilitation Units and recovery rates were 93 per cent and 82 per cent respectively. Vitamin A supplementation and deworming campaigns during

Child Health and Nutrition Days helped sustain existing coverage at 90 per cent.

Essential health care services including immunisations were provided to 72,753 children surpassing the target of 72,000, and 268,840 women were reached with key health promotion messages against a target of 320,000. Supportive supervision and mentorship to Health Surveillance Assistants (HSAs) was strengthened for static and outreach services.

The provision of safe water supply to 212,060 community members and 280,240 people with access to sanitation and temporary latrines against a target of 235,000 for both interventions not only provided essential services but also were key to containing the cholera outbreak.

UNICEF Malawi response to protection issues, enabled 9,860 men and 9,650 women to receive protection promotion messages and 26,454 children to benefit from psychosocial support services with community-based child care centres and children's corners.

Education activities for 350,000 pupils were interrupted due to the floods. UNICEF Malawi provided 341 tents to be used for classrooms, shelters and CBCCs. In addition, the provision of School in a Box and recreation kits and the recruitment, training and deployment of 176 teachers ensured that 193,923 children were able to access education services.

UNICEF Malawi facilitated the provision of psychosocial support services (PSS) in flood-affected districts; 26,454 children benefitted from the real time monitoring mechanisms set up in early 2015 to respond and monitor the situation across the country in a timely manner. Teachers in affected schools provided rapid feedback on the situation via SMS to several situation rooms that captured the data and conducted analysis that enabled Government, UNICEF Malawi and other partners to respond quickly.

Integrated support to HSAs helped ensure continuity of support for HIV/ Reproductive Maternal New-born and Child Health (RMNCH)/Nutrition services. A total of 860 HIV-positive pregnant women continued receiving antiretroviral treatment for prevention of mother-to child-transmission of HIV against target of 1500. Surpassing the target of 100,000, HIV prevention information was provided to 210,847 people who were reached with multiple approaches.

Due to funding constraints, UNICEF Malawi was unable to reach its target for survival kits, leaving 5,780 families affected by floods without access to a number of essential household items. Due to inadequate funding, UNICEF Malawi's planned support to the Government's Social Cash Transfer Programme, that would have helped 350,000 most-vulnerable and labour-constrained families meet their daily basic needs, was not realized in 2015. Supply chain management also faced some challenges mainly with regard to distribution of supplies to the last mile as District Councils faced logistical and financial challenges.

Preparedness and response interventions, in response to the drought in the four food-insecure districts as well as for the flooding anticipated with the El Nino, were undertaken. These included a mass-scale nutritional screening of children 6-59 months in 25 districts. As of November 2015, UNICEF Malawi prepositioned and delivered a total of US\$ 4.2 million of supplies for the emergency response preparedness (ERP).

UNICEF Malawi developed a resilience strategy and worked with partners to develop a long-term approach that builds the resilience of families and communities to cope with external shocks in order to break the vicious cycle of annual droughts.

## Summary Notes and Acronyms

ART	Antiretroviral Therapy
BCP	Business Continuity Plan
BSC	Business Support Centre
C4D	Communications for Development
CBCCs	Community Based Childcare centres
CCC	Core Commitments for Children
CCD	Care for Child Development
CDC	Centres for Disease Control and Prevention
CIT	Cash in Transit
CLAN	Community Leaders Action for Nutrition
CLTS	Community Led Total Sanitation
CMAM	Community Management of Acute Malnutrition
CMT	Country Management Team
CP	Child Protection
CRC	Convention on the Rights of a Child
DCT	Direct Cash Transfer
DfID	Department for International Development
DHIS2	Digitised Health Information System version 2
DHPI	District Health Performance Improvement
DSA	Daily Subsistence Allowance
ECD	Early Childhood Development
EIA	Environmental Impact Assessment
EID	Early Infant Diagnosis
EMIS	Education Management Information System
EPI	Expanded Programme on Immunization
GEROS	Global Evaluation and Research Operating System
GSSC	Global Support Services Centre
HAC	Humanitarian Action for Children
HACT	Harmonized Approach to Cash Transfer
HSAs	Health Surveillance Assistants
IMEP	Integrated Monitoring and Evaluation Plan
IMF	International Monetary Fund
IRIN	Integrated Regional Information Network
KfW	Kreditanstalt für Wiederaufbau
LJCC	Local Joint Consultative Committee
LTA	Long Term Agreement
MDG	Millennium Development Goal
MIS	Management Information System
MNCH	Maternal Neonatal, and Child Health
MoEST	Ministry of Education Science and Technology
MoGCDSW	Ministry of Gender, Children Disability and Social Welfare
MoH	Ministry of Health
MoSS	Minimum Operating Security Standards
MOU	Memorandum of Understanding
MTL	Malawi Telecommunication Limited
MTR	Medium Term Review
NGOs	Non-Governmental Organizations
NRUs	Nutrition Rehabilitation Units
ODF	Open Defecation Free

OHTA	Optimizing HIV Treatment Access
OIAI	Office of Internal Audit and Investigations
OR	Other Resources
PCA	Programme Cooperation Agreements
PER	Public Expenditure Review
PMTCT	Prevention of Mother to Child Transmission
PRIME	Plan for Research, Impact Monitoring and Evaluation
RMNCH	Reproductive Maternal New-born and Child Health
RTM	Real Time Monitoring
RUTF	Ready-to-use Therapeutic Food
SAM	Severe Acute Malnutrition
SIDA	Swedish International Development Agency
SMS	Short Message Services
SOP	Standard Operating Procedures
SUN	Scaling up Nutrition
UN CRC	United Nations Convention on Rights of a Child
UN/OMT	United Nations Operations Management Team
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, Hygiene
WFP	World Food Programme
WHO	World Health Organization

## Capacity Development

Malawi was faced with capacity constraints in all sectors due to regular movement of staff, lack of participation in training and lack of mentorship when new skills are required. Capacity development, while an integral part of UNICEF Malawi's support, continued with challenges in its implementation. The UN carried out an evaluation in 2015 to evaluate capacity development methods and techniques employed by the UN in terms of effectiveness and efficiency and determine how the UN system in Malawi can improve its support to the capacity development of the Government and national institutions in Malawi. Malawi does not have a comprehensive capacity development strategy and capacity development support; and tends to be structured with individual development partner programmes and projects. Ministries face high vacancy rates and high levels of turnover with no recovery or retention systems. UNICEF Malawi focused its capacity development at the community and service delivery level.

Fifty sanitation entrepreneurs were trained in the maintenance of low cost toilets, to ensure improved sanitation to communities. 6,910 water points' committee members and 60 area mechanics were trained to manage and maintain respectively, water facilities. This ensured continued supply of water and sanitation services to communities.

Seventy-seven social workers upgraded their qualifications from diploma to degree level and 2,000 police officers were trained in case management.

Stand-by teachers (176) were trained and deployed during the emergency reaching 198,000 learners from 150 affected schools.

UNICEF supported on-the-job training of 996 clinical officers, nurses and midwives at facilities in 10 districts on life-saving skills and new-born care and management, and also upgraded the skills of more than 1,000 Health Surveillance Assistants (HSAs). In total, 475 health workers were supervised and mentored in HIV testing and counselling.

The 'Learning Lab' organised with Government and CSOs led to the implementation of C4D strategies addressing VAC and Girls' Education.

## Evidence Generation, Policy Dialogue and Advocacy

The Violence Against Children (VAC) Survey led by the Ministry of Gender and in partnership with Centres for Disease Control and Prevention (CDC), provided the first ever baseline on the situation of violence against young women and children in Malawi. The Government committed itself to a multi-sectoral Response Plan.

Using the District Health Performance Improvement (DHPI) approach: micro planning, studies, and analysis of bottlenecks helped strengthen the health system at district level and below and provided the evidence on national programme operations and that quality interventions will deliver the best health outcomes for children.

Anthrowatch (Real Time Monitoring mechanism) was institutionalised in Government providing data at district and national levels. The analysis revealed an increase in death rates in NRUs up to 13 per cent (Sphere standard 10 per cent), thus providing a solid basis for advocacy. Partners were mobilized and 60 per cent additional funding received for Scaling-up Nutrition (SUN).

A Youth Situation Analysis was undertaken to stimulate dialogue and consultations for the youth policy under development. The self-assessment of the Education Management Information System (EMIS) resulted in an action plan to improve education data and analysis. Edutrack RTM, piloted during the emergency, facilitated district level analysis, and dashboards introduced improved programmatic response to bottlenecks particularly on girls' dropouts.

Public Expenditure Tracking Surveys for health and education, supported by UNDP and UNICEF, and the 2014/15 midterm budget analysis and 2015/16 analysis helped advocate with Government and the IMF to protect social sector funding during public sector reform and additional allocation for ECD.

Mid-term and Endline surveys were conducted to assess the impact of the Social Cash Transfer Programme (SCTP) that created evidence on the graduation from ultra-poverty and building of resilience

MDG Endline survey was finalized and support provided to the Welfare Monitoring and the Demographic and Health surveys for the inclusion of child related modules.

## Partnerships

UNICEF Malawi strengthened existing partnerships and developed new ones with Government, CSOs, academic institutions and the private sector. UNICEF Malawi partners with over 50 CSOs across all programmatic areas. Most partnerships focus on implementation of programme goals, with capacity development and service delivery but increasingly partnerships, such as the Malawi Economic Justice Network and the NGO coalition on child rights, focused on advocacy

and movements for change.

The health section worked with NGO partners including PACHI for strengthening civil society engagement on social accountability in health advocacy. NGO networks were supported including the Network for Girls' Education in Malawi, comprising over 30 NGO members.

Partnerships were strengthened and coordinated with national and local Government, NGOs and the private sector around adolescent and youth development. Communication for Development (C4D) forged two partnerships with Development Communications Trust and Malawi Broadcasting Corporation (MBC) the Development Broadcasting Unit for a new approach to emergency recovery, strengthening voices of flood affected communities.

The private sector suffered with the economic downturn. UNICEF Malawi continued to develop its private sector partnerships, and succeeded in gaining free media space for the VAC campaign with the Malawi Netball team, with the Airtel partnership. New partnerships were signed with Standard Bank and MTL, the latter supporting UNICEF Malawi's Innovation Lab.

Academic partnerships continued with the Polytechnic (for child rights reporting and Innovation Hub); Mzuzu University (for WASH innovative design and sanitation marketing); and Magomero College (for Social Work training). In 2015 UNICEF Malawi widened its engagement with innovative partnerships including the well-established event organisers, Lake of Stars, to organise the first ever Children's Festival and the Lake of Stars youth mobilization event.

An MOU was also signed with Mayflower Creations and a joint UN film premiere held in November, for the powerful award-winning short film, 'Mercy's Blessings'.

## External Communication and Public Advocacy

With unprecedented floods affecting the country during the first half of the year, UNICEF Malawi's emergency communication plan ensured that information was disseminated to all stakeholders in a timely and efficient manner. From the onset and throughout the emergency 97 articles were published/broadcast in both local and international media. Content was generated with online platforms to keep both internal as well as external stakeholders informed on the emergency. Social Media – Twitter and Facebook -- were used to highlight the impact of the flooding and to give real time information on response and acknowledgement of donor support.

From the 97 articles published, seven were from TV such as Aljazeera, MBC TV, Hispan TV; four from news agencies such as Reuters, Malawi News Agency and Xinhua; 18 from online publications including Nyasa Times, BBC News, Bloomberg, local press 27; international publications such as The Guardian, The Telegraph, New York Times and Mail & Guardian 15; and 26 articles appeared on UN and partner sites such as IRIN and Relief Web. Analysis of the UNICEF-generated coverage versus UNICEF mentions revealed that UNICEF extended coverage by five weeks after the initial media attention ended, generating stories with news releases and video. The successful coverage ensured that development partners, national committees and supporters were kept abreast of the situation, recognising how UNICEF Malawi and partners were responding to the emergency.

In line with the UNICEF Communication and Advocacy strategy, focus was on promoting the VAC study launch with a suite of public advocacy products including a three minute infographic video; child survival advocacy with promotion of data, and a video that was picked up globally and promotion of girls education with on-going individual stories.

Online, the CO doubled its reach through Facebook and Twitter, with fans increasing from 2,893 to 4,934 and followers went from 1,376 to 3,297.

### **South-South Cooperation and Triangular Cooperation**

South-South Cooperation was fostered through exchange visits to Malawi and to countries in the region. UNICEF Malawi collaborated with UNICEF Tanzania in supporting a team from the Tanzanian MoH to promote knowledge exchange on HIV Monitoring and Evaluation (M&E) systems focusing on HIV-positive pregnant/breastfeeding women in care and treatment. In turn the delegation shared tools used by them to link mother-infant pairs.

The Ministry of Health (MoH) benefitted from sharing experience among the countries of the region on the introduction of an intramuscular Polio vaccination that will be included in the Expanded Programme on Immunization (EPI) programme in Malawi for the first time early next year.

Government officials from Ministry of Education (MoE) (secondary directorate) participated in a study tour to Kenya that provided insight on learners' councils and teachers' association mechanism and functions, and to Uganda to exchange knowledge on how a national continuous professional development framework that supports both pre- and in-service teacher training was developed. Finance officers from the Ministry of Youth participated in a regional conference of financial management associations.

In 2015 UNICEF Malawi supported its counterparts MoH, Ministry of Gender and World Relief to participate in a regional training on Care for Child Development (CCD). As a result Malawi adopted a global WHO and UNICEF CCD package that is an evidence-based intervention to support caregiving practices. CCD recommends local and simple play and communication activities selected for the child's age and abilities, thereby enabling caregivers to strengthen their skills of sensitivity and responsiveness to their child's needs and stimulating the child's learning.

### **Identification and Promotion of Innovation**

UNICEF Malawi continued to advance the use of innovation and technology for development to strengthen programme outcomes. In partnership with The Polytechnic of the University of Malawi, the Innovation Hub was set up and launched in October to promote active youth engagement and develop their capacities through technology interaction, skills enhancement, collaboration and entrepreneurship support.

Using SMS technology, over 500 health facilities received results and over 32,000 infants' results were delivered reducing the turnaround time from weeks to days or hours. UNICEF Malawi is also implementing a study on the feasibility of using Unmanned Aerial Vehicles to transport laboratory samples for HIV early infant diagnosis as well as the use of Point of Care technology reducing the turnaround time between testing and initiating treatment from an average of 30 days to one hour.

The RapidSMS platform was used to monitor the nutrition status of under-five children in 21 districts. Challenges in implementing the innovation at sub-national levels will be addressed in 2016.

The mobile case management monitoring system for child protection was used to report 4,632 abuse cases through its coverage of 85 community victim support units in eight districts.

The training of trainers was conducted to roll out the education real time monitoring system, using RapidPro to provide timely information on education indicators in 154 schools in 10 districts.

D-Tree helped develop an e-health solution converting the One Stop Centre (OSC) guidelines to guide service providers on the treatment of rape so that appropriate care, medication and procedures are identified. The application facilitates accurate data collection and allows for real time monitoring and online peer review of cases.

UNICEF Malawi advocacy resulted in the adoption of the Micronutrient Powder (MNP) by the Government to reduce stunting and is being scaled up at a national level.

### **Support to Integration and cross-sectoral linkages**

The Basic Education and Youth Development and CP sections, in collaboration with WFP and UNPFA implemented a joint UN programme on Girls' Education targeting multiple and cross-sectoral bottlenecks that impede girls' education in Malawi. The programme resulted in crucial collaboration and advocacy for girls' education at higher levels including four key ministries (Education, Youth, Agriculture and Health). The joint programme is important for harmonization and coordination at district levels focusing on holistic ways of improving overall access and quality of education for girls.

UNICEF Malawi continued to support HIV and Nutrition integration, including screening and testing children for HIV in Community Management of Acute Malnutrition (CMAM), Supplementary and Outpatient Feeding Programmes (39 per cent testing) and NRUs (57 per cent testing). Field assessment was conducted and early initiation of breastfeeding promoted for hospital-based deliveries to improve new-born care and survival.

WASH implemented an integrated approach to institutional WASH services beyond schools to include other institutions such as health facilities, community bases child care centres (CBCCs) and Nutrition Rehabilitation Units (NRUs to promote safe sanitation and hygiene practices in communities).

### **Service Delivery**

Investments by the child protection programme (reported through the real time monitoring mechanism) resulted in 45 per cent of children arrested by Malawi Police who were diverted before reaching court; 3,928 child victims of violence (774 boys; 3,154 girls) who were referred to Police Victim Support Units, and 42,465 vulnerable children who accessed child protection services through case management.

The WASH capacity development of district staff and collaboration with NGOs, Private Sector and the District Coordination Teams---who provide supervision, technical oversight and quality assurance--ensured Government engagement and programme sustainability. This contributed to a rapid response to the emergency with 125,000 people provided with access to sanitation and safe water and 342,383 reached with promotional messages on hygiene and cholera prevention.

CMAM Trainer of Trainers; the training of clinicians, nurses and health surveillance assistants on the revised CMAM guidelines; training on Rapid SMS technology; and training of District Nutrition Coordination Committees on Sun 1000 special days all contributed to the WHO Sphere standards with performance in the NRU's at 89.5 per cent and OTP at 96.4 per cent. UNICEF Malawi provided technical support in integrating CMAM reporting forms into the District Health Information System version 2 (DHIS 2) web-base to ensure ownership and sustainability of the programme. The strengthening of capacity and service delivery also ensured that 14,633 under-five children with SAM received treatment in the OTPs and NRUs during the flooding and subsequent recovery phase.

The floods impacted 350,000 pupils and disrupted education activities. UNICEF Malawi supported the recruitment, training and deployment of 176 teachers that resulted in 193,923 children accessing education services. Through the real time monitoring mechanism teachers in affected schools provided rapid feedback on the situation via SMS to several situation rooms that captured the data and conducted analysis enabling government, UNICEF Malawi and other partners to respond quickly.

### **Human Rights-Based Approach to Cooperation**

With technical and financial support from UNICEF Malawi, the Government of Malawi submitted a combined third, fourth and fifth periodic CRC State Party Report including the two optional protocols. UNICEF Malawi supported the process leading to submission of the initial States Party Progress Report against the African Charter on the Rights and Welfare of the Child. Preparation of the State Party Report on the Convention on the Rights of People with Disabilities was also supported and is awaiting approval prior to submission.

UNICEF Malawi provided inputs for the Shadow Report on CEDAW prepared by CSOs that was tabled along with the State Party report in November. UNICEF Malawi was supporting the development of shadow and alternative reports for all of these and will develop its own report to the pre-sessional working group for the UNCRC.

### **Gender Mainstreaming and Equality**

Through continued advocacy over the years, 2015 saw the enactment of the Marriage, Divorce and Family Relations Act (2015) and Trafficking in Persons Act (2015) and enforcement of the National Registration Act (2010). The budget was US\$ 100,000 with three staff working on the programme.

UNICEF Malawi aimed to provide adolescent males who have sex with males with correct information, peer support and services (condoms, lubricants, HIV testing and counselling, STI screening and treatment, antiretroviral treatment) in order to reduce their HIV risk and prevent HIV transmission. Training material for helpline counsellors and MSM peer educators were developed on working with adolescents, including a risk assessment tool for STI and HTC referrals. The budget was US\$ 70,000, with two staff working on the programme.

UNICEF Malawi carried out a Community Health Care Assessment. One gender-related barrier to community healthcare were the female Health Surveillance Assistants (HSAs): offered less qualification, females are less empowered. They cannot interact at the same level with village chiefs, and face discrimination with the misconception that they will not return to work after having children. Budget: US\$150,000 with three staff members working on the programme.

UNICEF Malawi supported a gender budget analysis of the education sector. The results highlight that the Ministry of Education Science and Technology (MoEST) made the effort to align its budget to the MoEST policy framework that advocates for gender mainstreaming in its programmes and projects. Sex disaggregated data in the output/targets that directly contribute to gender parity and equitable access to education was determined as inadequate. The budget was US\$ 30,000 with two staff working on the programme.

MOH was supported for the development of a Gender Equality Strategy that identified key priorities for promoting gender equality in CMAM; on guidelines for gender-focused planning; and with implementation and monitoring. The budget US\$ 18,000, one full time and one part time staff worked on this programme.

A gender analysis of childhood mortality was conducted using the national MDG Endline Survey data. Gender-responsive programmes and community engagement approaches were supported to empower women to demand and use quality RMNCH health information and services. UNICEF Malawi supported MOH to mainstream gender in the Health Sector Strategic Plan and include disaggregated data in routine health systems.

## Environmental Sustainability

Under education, there was use of onsite produced, compressed, stabilized soil blocks instead of fired bricks in the construction of a teacher training college and 11 child friendly schools (CFS) including latrine blocks. Use of fired bricks would have required the use of wood fuel and transport to the site. Buildings were designed to include rainwater harvesting and solar panels and oriented to facilitate the use of prevailing winds for cooling.

Disassembling, reusing and recycling educational facilities including tents during post-flood interventions, the section also supported installation of sustainable and safe solar pump systems in flood-affected schools. Facilitating the development of child-designed green learning pavilions to provide a conducive environment for learning using carbon-neutral, green or recycled building materials also included redesign of the schoolyards into landscapes with fruit trees, shading trees and flowers. These will be complemented with rich learning content on environmental issues available in the pavilions.

While siting the wells, boreholes and latrines, care was taken to ensure that water sources were not adversely affected. Impacts on stream morphology are not likely to take place because there was no blockage streams – indeed catchment management is expected to enhance the quantity and reliability of stream flows. As the programme was aligned to support existing infrastructure, it was anticipated that no major environmental disruption would be experienced. Most of the activities fell under prescribed projects that do not require a full environmental impact assessment. Overall, the programme will have a positive environmental impact as the open-defecation-free strategy for Malawi and for school sanitation support the safe disposal of excreta.

UNICEF Malawi established a Green Committee that issued guidelines and pledged for staff to contribute to Environmental Sustainability. The 2014 Environmental Footprint Assessment (EFA) was completed.

## Effective Leadership

In response to the drought emergency and preparation for possible flood emergency, UNICEF Malawi updated SOPs for the activation of the emergency coordination mechanism and the Situation Centre (SitCen). A new SOP for deployment of Rapid Response Teams was developed and rolled out.

The UNICEF Malawi 2014 Audit identified areas for improvement in relation to programme monitoring. A new field planning and monitoring tool, supply-end user system and new trip reporting templates were developed and rolled out. Integration of tools within VISION or new E tools globally will enhance the performance. The Audit was closed within the required time, and monitoring of recommendations integrated into SOPs, Country Management Team (CMT) and other monitoring tools. All SOPs were updated during 2015 and a new accountability framework designed and rolled out.

The CMT dashboard is the key tool for monitoring across key indicators including the AMP. A parallel dashboard and tracking system on Direct Cash Transfers (DCTs) launched in 2014 was operational with weekly reporting and monthly analysis during the CMT. UNICEF Malawi integrated monitoring of implementation of SOPs and adherence into the monthly CMT meetings.

Risk analysis was conducted and the risk profile updated. This was adopted by the CMT and is reviewed quarterly by the CMT.

In line with the rollout of the GSSC, UNICEF Malawi institutionalized a new Business Support Centre to centralize transactions and to allow programme staff to have adequate time for field monitoring and provision of technical support during project implementation.

Two Harmonized Approach to Cash Transfers (HACT) specialists were hired to oversee HACT compliance, training and addressing outstanding DCTs.

## Financial Resources Management

Financial resource management was conducted through the compilation of monthly indicators that are monitored by CMT; this included the timely receipt of grants and allocation; utilization of funds prior to grant expiry, invoice tracking for timely payments to Vendors and liquidation of cash transfers. Monitoring of DCTs through systematic monthly reviews resulted in a marked reduction of un-liquidated DCTs over nine months that was below 1 per cent compared to 7 per cent at the end of 2014. All bank reconciliations were successfully completed, uploaded and approved in Vision. Timely monthly financial closure and review of accounts was performed.

A reorganization involved the establishment of a Business Support Centre (BSC) streamlined requisitioning and payment processes. The BSC became the central point for processing transactions, namely parking invoices, payments, DCT liquidations and funds requisitions, and commitments.

UNICEF Malawi revised and updated 10 SOPs covering Payments, Cash in Transit (CIT), PCA, Supply, Local Travel, International Travel, HACT, Grant Management, Donor Reporting, and Small Scale Funding Agreements. The revised SOPs were aligned with the Accountability Framework and reflect the CO's preparedness towards the GSSC initiative.

The Internal Audit carried out by the Office of Internal Audit and Investigations in July 2014 was closed in September 2015 and the CO is currently sustaining the audit corrective actions.

UNICEF Malawi continued to strengthen risk management with HACT assurance activities in a challenging environment. Three special audits and 78 spot checks were conducted in addition to programmatic visits. Twenty scheduled audits (seven UNICEF specific and 13 UN joint audits), five joint spot-checks and 15 micro assessments were also done through the UN HACT Working Group utilising local audit firm Long Term Agreements (LTAs).

The throughput for local payments as of December 2015, totalled US\$ 54.4 million, 74 per cent increase from 2014.

## Fund-raising and Donor Relations

UNICEF Malawi worked closely with donors to raise and re-programme funds to effectively respond to emergency situations in the country. By November, over US\$ 4.7 million in new emergency funding had been raised and over US\$ 5.1 million from existing grants reprogrammed to implement the emergency response. The UNICEF Malawi Humanitarian Action for Children (HAC) amounted to US\$ 14,247,441 and of that US\$ 5,978,948 was received (42 per cent funded).

UNICEF Malawi hosted a number of field visits from National Committees and donors that highlighted the work being done with donor support. The UNICEF Malawi Representative undertook visits to the Swiss, German, Belgian and Finnish National Committees to strengthen linkages. UNICEF Malawi continued to champion the National Committee Donor Toolkits in Education, Child and Social Protection and HIV through the new online reporting platform with a total of 14 grants being channelled through toolkits.

The partnership with Airtel Malawi was rolled out, and planned to extend into 2016. A new agreement was signed with Standard Bank Malawi, to support the girl's education campaign, with scholarships and promotion of campaign actions.

In 2015, there were large inflows of Other Resource (OR) funding as donors stopped budget support and direct support to Government systems. By November 2015, the UNICEF Malawi received US\$ 103,501,349 in OR funding representing 39 per cent of the OR ceiling. UNICEF Malawi's largest donors were the European Union, the United Kingdom and Northern Ireland through DFID, the Government of Germany through KfW and the Government of Norway.

Timely reporting was maintained with 100 per cent of all donor reports due in 2015 submitted on time after extensive quality assurance exercises. Regular grant management updates were provided during monthly Programme Management and Country Management Team meetings and grant utilisation was continually monitored to avoid unnecessary extension of grants and to avoid loss of funds in expiring and expired grants.

## Evaluation

SOPs and processes were streamlined in order to ensure high-quality and use of research and evaluation in 2015. The CO also recruited a full-time research and evaluation staff.

The management responses for the two evaluations conducted in 2014 were tracked with a good implementation rate in closing the actions. The independent assessment (GEROS) rated

these evaluations highly satisfactory and mostly satisfactory. The CMT reviews and tracks the implementation of the Integrated Monitoring and Evaluation Plan (IMEP) on a quarterly basis using PRIME.

In view of the emergency, the implementation of the IMEP was affected; an implementation rate of 20 per cent completed and 38 per cent being on track by the end of Q4.

In line with the programmatic shifts recommended during the MTR, four key strategic programmatic evaluations (WASH, Basic Education and Youth Development, Nutrition and Health) were being undertaken and will inform the new CP.

A full review of UNICEF Malawi's response to the devastating floods of 2015 was carried out. This review informed the planning and response to the drought emergency and the design and rollout of an updated SOPs for the activation of the emergency coordination mechanism and the Situation Centre.

A new SOP was developed to strengthen the research and evaluation function and all evaluations will be led by PM&E to ensure objectivity and impartiality. The new process includes systematic monitoring of evaluation management response at every CMT and sharing of knowledge generated through UNICEF Malawi IMEP and globally at programme team meetings and other fora.

Evaluations, research and studies included in Programme Cooperation Agreements presentations were reviewed to ensure that inclusion benefit to the overall project/programme and that the methodology was correct. Standardization of evaluations within PCAs was addressed and replaced with mid-term reviews, end of programme review and assessments.

## Efficiency Gains and Cost Savings

In 2015, efficiency gains and cost savings were achieved in the areas of procurement, transport management, transaction processing, shared premises and UN Delivering as One initiatives.

Long Term Agreements (LTAs) accounted for 80 per cent of local and international procurement for UNICEF Malawi programme supplies in 2015; the 82 LTAs that were in place reduced procurement transactional costs and lead times thereby ensuring supplies were received in a timely manner.

UNICEF Malawi also realized efficiencies through UN DaO initiatives. In 2015, a total of 74 consultants were recruited, of that 32 were sourced from the DaO Consultancy Database, thereby shortening the recruitment process up to six weeks for each case. Cost savings were also gained by the International Labour Organization sharing the office space in UNICEF house.

In 2015 UNICEF Malawi consolidated the VISION Transaction Processing Hub and the Finance Unit to form the Business Support Centre (BSC) to improve on the efficiency gains of the former VISION Hub in processing transactions and optimising transactions management. By centralizing transactions at the BSC, programme officers could concentrate on programming activities. As at 31 December 2015, the BSC processed 7,822 transactions, compared to 6,910 in 2014, an increase of 13 per cent.

Greening the environment initiative resulted in cost savings in the use of paper and electricity bills. The monthly travel plan provided information for sharing vehicles resulting in costs savings

in fuel, wear and tear of the vehicles and DSA for drivers. Implementing partners were required to do the same when travelling to trainings or workshops.

## Supply Management

Annual supply plan for 2015 was projected at US\$ 20.2 million (excluding Procurement Services) comprising US\$ 8.7 million for service contracts and US\$ 11.5 million for procurement of goods. Actual supply inputs for 2015 amounted to US\$ 51.7 million. Programme supplies consisted of US\$ 6.8 million local and US\$ 6.9 million for offshore (totalling US\$ 13.7 million), Procurement Services (transactions for Government) stood at US\$ 28 million (GAVI included) and institutional contracts at US\$ 9.4 million. LTAs comprised 80 per cent of total procurement thereby reducing the procurement processing time.

UNICEF Malawi responded with US\$4.2 million in emergency relief supplies for the emergencies during the year.

UNICEF Malawi continued to chair the UN Inter-Agency Procurement Group.

UNICEF Malawi continued to spearhead discussions in the country on the importance of strengthening the supply chain behind the CMAM programme and engaged consultants to provide professional assessments and expertise.

During the flood emergency there were two Logistics clusters, a) Government Department of Disaster Management Affairs (Chaired by Ministry of Transport) with Ministry of Defence (MDF) as a member providing air and road assets. MDF had three operational helicopters with a max payload of 3MT each.

b) The UN/NGO Logistics cluster was chaired by WFP. WFP provided air assets - two helicopters with a max payload of 4MT and boats for transport of staff and goods. UNICEF Malawi availed of these assets to bring supplies to inaccessible areas.

<b>UNICEF Malawi 2015</b>	<b>Value in US\$</b>
Programme supplies	13,700,000
Operational supplies	600,000
Services (contracts)	9,400,000
Procurement Services	GAVI – 23,000,000 Normal PS - 5,000,000
<b>Total</b>	<b>51,700,000</b>
<b>Inventory</b>	
Total Value of inventory	1,000,000
Total value of supplies issued in UNICEF Malawi warehouse	8,400,000

## Security for Staff and Premises

Throughout 2015, Malawi security was at Level 2. The country was relatively safe during the period. Food shortages due to heavy rains that hit the country in the last farming season were attributed to the increased incidence of petty crime. UNICEF Malawi received eight significant

security incident reports from staff in 2015 covering road traffic and residential break-ins. During the period, the MOSS compliance rate for UNICEF Malawi was above 85 per cent and there were no major security challenges. UNICEF Malawi enhanced and maintained security systems for staff and office property as explained below.

The UNICEF Malawi office security was enhanced through the installation of a heavy-duty manual boom gate, maintenance of an electronic fingerprint door access system and closed circuit Video surveillance (CCTV). In addition, the CO ensured good working conditions of the safe haven, bullet-proof main entrance and controlled entry and exit system at the main gate. UNICEF Malawi also replaced and serviced fire extinguishers to ensure functionality and maintained three emergency exits. UNICEF Malawi replaced 275KVA generator with a 300KVA generator that automatically takes over electric power supply when there is an outage.

UNICEF Malawi completed and simulated its Business Continuity Plan (BCP).

All staff were issued with radios to facilitate emergency communication. Monthly radio checks were conducted to ascertain radio communications between staff and UNDSS. VHF Radio network in Lilongwe covered all staff residences, except five who lived out of town.

In order to enhance programme delivery, all field vehicles were fully MOSS compliant. All vehicles had VHF/HF radios to facilitate communication with the CO and United Nations Department of Safety and Security (UNDSS). During field missions, all drivers were required to report their security status regularly, to UNDSS Radio room, complemented by periodic calls by UNICEF Malawi Radio room.

## Human Resources

UNICEF Malawi had 115 staff in 2015; 30 international. Among national staff, 42 were National Officers and 43 General Service staff. To respond to the flood emergency, 39 staff were deployed as stand-by partners, consultants, temporary appointments and staff on mission. UNICEF Malawi also hired 12 international staff and 11 national staff and operationalised the Business Support Centre as recommended by the MTR.

The Learning and Development Plan focused on strengthening the skills sets of current and new staff using both on-line and face-to face methodologies, including group training on Competency Based Interview in May and September; Results-Based Management in September; and Conflict Prevention and Communication in October.

Group orientation for all new staff was held in August and November 2015 and other knowledge sharing activities encouraged throughout the year. Eight staff members attended external training workshops.

Staff issues identified in the 2014 UNICEF and the Global UNICEF Staff Morale Survey were discussed and prioritized through all staff meetings and Local Joint Consultative Committee . Following the recommendations of the Staff Retreat in 2014, actions were underway for better intra/inter-section communication and team working, consultative decision-making and improved environment for better collaboration and participation in programme processes.

An Eight Point Plan was developed by Management and Staff Association to complement the Ten Point Plan developed in 2012 to further improve staff morale and foster management and staff collaboration. The LJCC monitors implementation and staff were updated at the monthly All

Staff Meetings.

Through close monitoring of the performance appraisal processes by the CMT, all 2014 PERs were completed by February 2015. Eighteen supervisors and 37 non-supervisors were trained on Managing People for Performance and Managing Performance for Results, respectively bringing the total trained to 33 and 62 respectively.

The UN Cares functions under the UN/OMT and conducts events for UN Staff.

## Effective Use of Information and Communication Technology

In 2015, the Information and Communication Technology (ICT) unit of UNICEF Malawi continued to enhance the efficiency and effectiveness of ICT systems and infrastructure to meet programme demands, especially during the floods emergency in the first half of 2015. Remote access to key ICT systems proved critical in provisions of ICT services during the flood emergency. Deployed staff relied on remote access to communicate and process transactions in VISION.

UNICEF Malawi actively promoted the use of online collaboration tools such as Skype for Business and other Office 365 applications to leverage its investments in Internet connectivity and improved ICT infrastructure. All ICT systems and interfaces were maintained within the prescribed corporate practices and policies. System availability of all core UNICEF Malawi systems and applications was sustained at more than 99.5 per cent for the entire year. Office business continuity requirements were well established and recovery procedures in place, supported by an up-to-date primary recovery site.

UNICEF Malawi streamlined IT data centre and implemented virtualization of servers that reduced server footprint from 15 physical servers to four. All staff used standard laptops in docking stations and the majority used shared network printers, thereby reducing desktop and printer footprint.

The ICT unit continued to support T4D initiatives, especially the scale up of RapidSMS in Health and HIV programmes. The innovation hub, a collaboration initiative between UNICEF and the University of Malawi was launched in 2015 and will be used to develop local capacity to come up with additional innovative solutions that will address unique challenges in the country.

The digital/social media presences of UNICEF Malawi was well maintained and grew substantially in 2015, with a 42 per cent per cent increase in social media followers compared to 2014.

## Programme Components from Results Assessment Module

### ANALYSIS BY OUTCOME AND OUTPUT RESULTS

**OUTCOME 1:** 80 per cent of pregnant women and children under five utilize quality high impact maternal, neonatal and young child survival services by 2016

**Analytical Statement of Progress:**

Significant improvements were recorded in reductions in under-5 mortality. However, gains in maternal and newborn health outcomes were suboptimal. Although antenatal care access and health facility deliveries increased dramatically, effective, high quality coverage of key interventions remained low and weaknesses in the health system, such as district level planning

and engagement of communities continued to hamper further progress for women and children. Access to health care services for women and children improved dramatically, while the quality of care still needed significant work, suggesting that further gains in maternal, newborn and child mortality can best be achieved through a model that focuses on interventions that move from adequate coverage to effective, high quality coverage. More emphasis must be placed on the quality of health services: clinical practice in facilities and the community, better governance and use of resources under decentralization and more community mobilization and social accountability of health services can help ensure quality improvement across the spectrum of care.

**Health Systems Bottlenecks: Governance/Structural Issues:** Efforts toward government decentralization, including in health care, while offering an opportunity to strengthen district-level health systems and promote local accountability, have not succeeded in empowering communities or improving health care implementation. This negatively impacted the access, utilization and quality of health services as districts struggle to develop systems and plans and find resources.

**Funding and Inequality:** The health system in Malawi is severely under-resourced and heavily reliant on external support. Funding is also inequitably distributed; districts with the highest disease burden do not necessarily receive commensurate funding, and support is not equally distributed across or within districts. Reductions in under-5 mortality have also ranged from 23 per cent in Blantyre to 57 per cent in Rumphi Districts.

**Supplies:** During the past few years, the supply statistics of essential commodities suffered due to the economic and financial challenges that faced the country. These challenges, as well as non-performance issues within key agencies involved in the supply chain, led a number of donors to move their financial support from the MoH supply chain to parallel systems managed by partners.

**Human Resources:** Despite task-shifting and the increase in HSAs and other staff over recent years, severe gaps still exist. The assessment of obstetric facilities in 2014 showed that only 23 per cent of health centers have the recommended two midwives and two medical assistants. Retention of community-based health staff is especially a problem in rural and hard-to-reach areas in Malawi. HSAs often do not live in the communities that they are designated to serve or are not present at their assigned village clinics at designated times, resulting in serious gaps in coverage. A commonly cited reason is the lack of local accommodation for HSAs or adequate village clinics sites. In spite of the wealth of global information on improving the quality of health care in countries at all levels of income and development, deciding what strategies to pursue to have the greatest impact remains a challenge. In resource-poor countries like Malawi, insufficient investment, fragmentation of health services, lack of trained personnel and poor quality care are considerable obstacles. In order to realize more substantial gains in maternal, newborn and child health (MNCH) in Malawi, a comprehensive approach is needed that focuses on high impact interventions – those that target areas of need to achieve the most significant improvements in health – in complementary areas of the health system to achieve sustainable improvements in the quality of MNCH care and reduced mortality.

Taking a systems perspective that is not only complemented by and integrated with existing initiatives, but also understands the lessons learned from past experience and is built on a foundation of the best available evidence is fundamental to progress. To this end, UNICEF Malawi invested in building the evidence base for determining that combination of quality

interventions will deliver the best outcomes and benefits. These included a commodities landscape analysis, a bottleneck analysis, a micro-planning exercise to help support planning and management decisions in the context of decentralization, and the use of a Quality of Care tool.

A combination of interventions impacting on these clinical and management functions between different parts of the health system is needed to improve quality of care for MNCH in Malawi at three key levels:

- At the structural level and in the context of decentralization, improvements at the district and sub-district levels are needed to ensure smooth functioning of the overall management of health care and implementation. This also requires coordination and support at the national and zonal levels to ensure that decentralization is supported.
- Promoting clinical care, both in the community and health facilities, ensures that the health care provided is high quality and results in measureable gains in health outcomes.
- In communities, support is needed to ensure that women and children understand when and where to seek care, and that the health services provided

Investments in these three levels will help ensure that efficient, effective and high-quality care can be delivered to mothers, newborns and children in Malawi

**OUTPUT 1:** Communities in selected marginalized districts are more aware of the importance of, and committed to, timely antenatal care and institutional delivery by 2016

#### **Analytical Statement of Progress:**

CSOs in Malawi are deeply involved in health service delivery at all levels. These organizations helped mobilize and educate communities and provided basic services where they are lacking. UNICEF Malawi supported the engagement of the communities, CSOs and the duty bearers to work together to increase mutual accountabilities and reduce delays in seeking maternal, newborn and child health care in the community through partnership with local stakeholders. The programme targeted five districts. In 2015, four IPs engaged with Village Health Committees and conducted orientation of the members to help them enhance their roles in advocating for and supporting women to avail health services at community and health facility level. Around 130,000 women were reached and sought timely antenatal and birth care.

In all five districts, CSOs developed data dash boards that are used to engage district councils, village chiefs and village health committees to enhance understanding of the local situation and also show the progress that is being made through their engagement. With these dash boards, key evidence on the functionality of health services such as timeliness of health care seeking practices, increase in ANC and deliveries, quality care indicators (e.g. number of asphyxiated babies etc.) were collated, synthesized, and shared in a user-friendly manner.

UNICEF Malawi also facilitated a forum of engagement between CSOs and district councils resulting in formalising the partnerships through MOUs that define the roles, relationships and accountability mechanisms for all in all the five districts.

In addition to social mobilization, the programme improved the accountability of district health committee in the use of ambulances. Work is on-going to produce and try out a tracking system to prevent misuse of ambulances.

The partners such as PACHI (Parent and Child Health Initiative), Meykhana, PSI (Population Service International), MoH (Reproductive Health and Health Education Division) and the district councils contributed to achieving the output. UNICEF Malawi and partners has learnt lessons that the programme should also focus on engaging communities and service providers at the same time and in a more participatory approach.

**OUTPUT 2:** Capacity of health facilities in selected marginalized districts strengthened to provide a complete and integrated package for equitable maternal, new born, and child health services (Essential Health Package) by 2016

**Analytical Statement of Progress:**

UNICEF Malawi helped address supply-side barriers in selected low performing district health facilities in partnership with MoH, Save the Children, PSI, PACHI, Paediatrics Association, CHAI, Maikhanda, MEHN.

Although skilled attendant at birth rates improved from 71 per cent in 2010 to 87 per cent in 2014, quality of care is an issue as evidenced by high Maternal Mortality Ratio (MMR) at 475/100,000 live births. Bottlenecks such as availability of supplies, high staff turnover, geographic access and poor transportation availability persist.

The high staff turnover of trained skilled health workers who can perform all the seven signal functions and be available 24/7 is a major factor exacerbated by a lack of supervision and mentoring by senior health staff to assure quality of care.

UNICEF Malawi supported the training of 336 health workers in 11 target districts (using standard Integrated Maternal and Newborn health training package and the "skills and drills" approach), coupled with follow up supervisions. Mentoring continued to enhance the utilization of skills gained through the training and documented improvements such as completeness of registrations, data accuracy and inclusion of neonatal admissions in the registry. Whilst training covered all 11 low performing districts, due to resource constraints, the complete essential health package could only be delivered to 35 facilities in five low performing districts.

Inaccuracy of data that informs programme management and investment was a constraint; 143 health workers were trained on improving data quality and use. UNICEF Malawi also supported referral service by procurement and distribution of 60 ambulances, procurement of five obstetric surgical kits (for Caesarean sections) and 45 vacuum extractors for assisted deliveries and midwifery kits.

Newborn mortality at 29/1,000 live births remains high due to slow progress in newborn care and especially care of premature babies. UNICEF Malawi supported the establishment of special neonatal intensive care units (SNICUs) in 10 district hospitals that includes procurement of a full set of equipment, training and mentoring of health workers on the care of sick newborns, equipment handling data and conduct of death audits. A national guideline for the care of sick newborns and infants was produced and work is on-going to build capacity of health workers and establish a data management system for newborn care, including development of a newborn care register.

UNICEF Malawi supported strengthening routine immunization programme through procurement, skilled training, data management and logistics. Local Immunization days

(campaigns) were conducted for hard to reach areas in nine districts. Four hundred refrigerators including solar driven refrigerators were procured, 1400 health workers trained on data and stock management and 75 cold chain technicians on cold chain repair and maintenance.

UNICEF Malawi supported community management of Pneumonia, Diarrhoea, and Malaria through procurement of drugs, training HSAs on case management and referrals skills and data management. UNICEF Malawi procured anti-malaria, antibiotics, ORS for community case management. Over 600,000 cases under five was treated for various ailments mostly malaria and 60 per cent of health facilities have two HSAs to provide treatment and follow up home visits.

**OUTPUT 3:** Leveraging of Resources for RMNCH is strengthened and well coordinated at local level

**Analytical Statement of Progress:**

Over the years Malawi's total spending on health care had a decreasing trend. The gap is filled with donors and development partners and Out of Pocket Expenditure. During the period 2009/10, 2010/11, 2011/12, donor contributions accounted for an average of 65.4 per cent of the Total Health Expenditure (THE), followed by government contributions accounting for 20.5 per cent, household direct out-of-pocket (OOP) payments as 10.4 per cent and private sector inputs totalling 3.8 per cent. The scenario is similar in 2015 with only a 1 per cent increase in funding to the health sector. This donor dependence challenges Malawi's ability to improve health outcomes of the population and sustainability of interventions

In addition, the health expenditure allocation from both MoH and donors is also skewed toward three diseases fund and there is a big gap in providing essential health services for reproductive maternal, newborn and child care. The country urgently needs to have alternative and innovative sustainable financing mechanisms, and to improve private sector contributions in order to mobilize additional resources for better health outcomes.

The Reproductive Maternal, New born and Child Health (RMNCH) initiative awarded Malawi resources to support interventions related to Maternal, New Born and Child Health amounting to nearly US\$ 7 million, to be implemented up until 2016. UNICEF Malawi leveraged resources for MoH from the Global Fund for Vaccines Initiative for community based health system and received US\$ 7.2 Million for three years (2016-2018). An additional US\$ 1 million was mobilised as vaccine introduction grants for IPV and MSD for 2015. UNICEF Malawi mobilised US\$ 6.5 Million from KfW to strengthen Routine Immunization in Malawi.

UNICEF Malawi also supported five year costed action plans for new-born and under five children. These costed plans are used to mobilize resources from Ministry of Finance in Malawi as well as from oversea support. The action plan "Every New Born Action Plan (that includes CBMNH as one intervention area) was developed and is in print. The work on costing this plan is ongoing. The New born register is also under review. The CBMNH manual was revised and is being rolled out in 2016

**OUTPUT 4:** Evidence-based and gender sensitive national and district-level planning and monitoring for health is strengthened to reflect up- dated and disaggregated data and bottlenecks analysis.

**Analytical Statement of Progress:**

District level planning is essential to implement and monitor access to health services. Districts are encouraged to develop multiyear plans using the data that is collected and analysed at their district. UNICEF Malawi supported 11 districts in 2015 to implement the District Health Performance Improvement (DHPI) approach that undertook analysis of locally available HMIS data to identify bottlenecks and required interventions to be put in to the District Implementation Plans. This was achieved through building the capacity of champions and facilitators in applying DHPI, facilitate the planning, implementation and monitoring for results. DHPI aims at increasing accountability and transparency of district planning among stakeholders by monitoring programme or DIP reviews and develop District Performance Progress Report cards. Sharing of best practices and lessons learned to maximize DHPI effectiveness will be done through annual peer review sessions for knowledge sharing by zone, ensuring that the MoH has information on plans and can participate productively in decentralization efforts.

UNICEF Malawi is in the process of mapping all health facilities in Malawi to generate crucial evidence for planning. While health infrastructure such as hospitals were mapped using the Geographic Information System (GIS), the more numerous and accessible facilities like outreach services, Health Posts and Village Clinics were never mapped in Malawi, and therefore information on geographical accessibility of health services for most of the population is missing. This is especially important for populations such as pregnant women and young children, who are less able to travel long distances for health care and are reliant on accessible community-based health care. Mapping of services to the community level will also include an assessment of facilities that are currently not functional. The mapping showed that 80 per cent of the communities are still more than 8 km far away from the health facilities. The mapping has done 10 out of 29 districts in 2015 and the remaining districts are planned to be completed in 2016. Once the mapping is completed and a databank of all health facilities in Malawi is established, it will be used for mapping with different software packages (GIS and Google Earth). The data will also be uploaded to the online databank of the MoH (DHIS2) and the Department of Surveys (MASDAP).

**OUTCOME 2:** At least 60 per cent of children under 5 years equitably access quality promote, preventive and curative nutritional services by 2016

**Analytical Statement of Progress:**

The year was very challenging for the sector due to natural disasters of floods and drought emergencies. Emergency preparedness and response took major attention and time, though the lifesaving interventions proved essential for the children in the most deprived communities.

The programme registered progress in rolling-out Scaling-Up Nutrition (SUN) – Nutrition Education and Communication Strategy (NECS) in four districts (Neno, Nkhata-bay, Mulanje and Phalombe), where Community Leaders Action for Nutrition (CLAN) and community care groups were the conduit for behaviour change to adopting appropriate practices to improve maternal, infant and young child nutrition. Close to 8,000 CLAN (Neno 741, Mulanje 5,065 Nkhata Bay 1,471 and Phalombe 482) were equipped with skills and knowledge on the SUN intervention package. Slightly over 150,000 households were reached with messages on child and maternal care.

As part of the emergency response and recovery, communities in the flood-affected districts of Phalombe, Zomba, Blantyre, Chikwawa and Nsanje were engaged in feeding and care of women and children. Approximately 60,000 households were reached through community radios for key care communication. Through a comprehensive interpersonal communication

initiative in partnership with NGOs and district councils, an estimated 650,000 individuals were mobilized for key nutrition messages through social dialogue, theatre for development, peer education and other C4D interventions. In addition, a comprehensive communication plan is developed to revitalize SUN NECS interventions for 2016 and 2017.

Immunity of children was boosted with vitamin A supplementation during first round of Child Health Days that was conducted in June 2015. The coverage of vitamin A supplementation reached about 90 per cent (males 1,115,659 and females 1,212,383) for children aged 6 to 59 months, slightly above the target of 85 per cent and at least 92 per cent (males 966,291 and females 1,065,444) of children aged 12 to 59 months were dewormed. Significant number (males 348,153 and females 964,506) were reached with nutrition information messages.

National food fortification system for monitoring of salt on the market and sugar by MoH was strengthened with UNICEF Malawi technical support on quality control, quality assurances and provision of supplies resulted in regular reporting and access of quality fortified foods by all people in the country. Households are consuming adequately iodised salt (82 per cent (above 15mg/kg) of salt in the market adequately iodised—proxy indicator) based on the joint market surveillance that was conducted in 17 of the 28 districts in Malawi. The assessment showed more than 96 per cent of salt is iodised and 82 per cent was adequately iodised.

At least 20,283 lives were saved out of the 23,040 SAM children who were discharged from the CMAM programme during the year. Cure rates for SAM were maintained at both facility and community level within WHO SPHERE standards in all the 29 districts. Out of 23,040 SAM children discharged: 88 per cent (versus 75 per cent) cured, 4.1 per cent (versus 10 per cent) died, 5.4 per cent (versus 15 per cent) defaulted and 2 per cent no-response (referred for further clinical management). The CMAM programme admitted 47 per cent SAM children out of the expected burden 79,301 number. CMAM programme is implemented in 89 per cent (562 out of 632) health facilities. UNICEF Malawi provided technical support in integrating CMAM reporting forms into the District Health Information System version 2 (DHIS 2) web-based to ensure ownership and sustainability of the programme data with at least 21 out of 29 districts are reporting using the system.

UNICEF Malawi provided technical support for finalization of Nutrition Policy Document. The constant advocacy on Maternal Nutrition resulted readiness for Policy on Anaemia control in the country. Gender Policy was formulated and approved for the CMAM during the reporting period. UNICEF Malawi leveraged and supported incorporation of micronutrient component into 2015 Demographic Health Survey that is to be conducted concurrently from December 2015 to February 2016 to ensure sustainability.

The process of CMAM evaluation is going on, however the NRU gap assessment was done jointly with DNHA and partners led the CMAM and NRU operational plan. Process of realignment of treatment protocols and revision in capacity building plan are underway.

The section faced the challenge of gap in leadership positions that were vacant for nearly half of the year.

**OUTPUT 1:** The nutrition sector (DNHA) in Malawi has the capacity to coordinate evidence based, equitable gender sensitive legislations and costed strategic plans for scaling-up nutrition interventions by 2016

**Analytical Statement of Progress:**

UNICEF Malawi provided technical support in revising the Terms of References of seven Nutrition National Committees and Technical Working Groups to improve coordination by Department of Nutrition, HIV and AIDS (DNHA) in the Office of the President. The main challenge was shift in policy and coordination environment after the movement of DNHA to MoH such that there has not been clear roadmap on the coordination and leadership for nutrition. Leveraged advocacy on coordination by facilitating participation of DNHA in global and national advocacy for Scaling-Up Nutrition. The Advocacy with Minister Health for Nutrition agenda was assured specially for SUN coordination mechanism.

Slow progress was registered in strengthening the capacity of Department of Nutrition, HIV and AIDS (DNHA) under the MoH. Advocacy efforts at the Ministry level resulted in an agreement on the SUN coordination mechanism and to revitalise Monitoring and Evaluation through REACH support. Support was provided for the coordination of inputs for the development of the National Nutrition Policy to guide nutrition programmes from partners and Government. The policy was finalized and is ready for print and wider circulation. The CO facilitated development of gender strategy in CMAM programme ensured that gender concerns are addressed in CMAM programming. UNICEF Malawi also supported a study on CMAM Supply Chain management and the bottleneck analysis that informed the CMAM Operational Plan 2015-2020. Additionally, through UNICEF Malawi's advocacy and support the micronutrient module was included in the Demographic Health Survey 2015 that will be administered concurrently with the main survey from December 2015 to February 2016. This will contribute to ensure sustainability since it was previously a stand-alone survey. The inclusion of the module in the DHS aims at ensuring continuity and comparability of data across surveys. Previously, two stand-alone national surveys were conducted five years apart.

Nutrition interventions were mainstreamed in district implementation plans in Neno, Mulanje and Nkhatabay districts. Interface assured between district-based NGOs/partners and legislators to monitor District Implementation Plans. A national level team of Government and partners attended global and regional SUN Network meetings and provided inputs through global teleconferences as way of sharing experiences and learning on ways of strengthening the SUN movement.

The constant advocacy on maternal nutrition as part of stunting reduction resulted in a Policy on Anaemia Control in the country. Gender Policy was facilitated and approved for the CMAM during the reporting period. The process of CMAM evaluation is going on, however the NRU gap assessment was done jointly with DNHA and partners led the CMAM and NRU operational plan. Process of realignment of treatment protocols and revision in capacity building plan are underway.

**OUTPUT 2: Nutrition Surveillance System****Analytical Statement of Progress:**

CMAM database is mainstreamed in the health reporting system. Significant progress was achieved in integrating CMAM reporting forms into the District Health Information System version 2 (DHIS 2) to ensure ownership and sustainability of the programme data. At least 21 out of 28 districts are reporting the CMAM data through DHIS 2. With the migration of CMAM reporting forms into the MoH DHIS2 system, development of related comprehensive nutrition reports and a dashboard for nutrition surveillance in the web-based DHIS2 system will be

prioritized. Training and mentorship of all districts on the revised reporting mechanism to ensure timeliness and completeness of reports in the DHIS2 system is also a priority. The training and mentorship will include strategies for appropriate utilization of nutrition surveillance data at health facility, district and national levels.

The AnthroWatch (RapidSMS) system in Nutrition was reviewed and the findings revealed that gradually the design of the innovation did not suitably accommodate the growing demands on community health workers, as it was rolled-out without tools necessary for recording the children during growth monitoring and promotion sessions. This put pressure on the Health Surveillance, as they record the children during every monthly session and hence decreased reporting rates. This was resolved with the introduction of new under two and the two to five years registers; children will be tracked over five year period with different indicators and interventions. Information available to redesign/reprogram in 2016 to enhance the mobile system platform to report summary surveillance data and minimize indicators for reporting was identified.

**OUTPUT 3:** Institutions (national - MoH and selected district) are able to plan, manage, and monitor for improved quality CMAM, micronutrient and IYCF service delivery incorporating bottleneck analysis by 2016

**Analytical Statement of Progress:**

The CMAM programme maintained 100 per cent district coverage in all 29 districts with 89 per cent (534 out of 632 health facilities) Out- Patient Therapeutic Programme (OTP) and 100 per cent (100 facilities) Nutrition Rehabilitation Unit (NRU). SAM cure rates for the programme were maintained at both facility and community levels within World Health Organisation SPHERE standards (88 per cent versus more than 75 per cent) in all the 29 districts with the target of 70 per cent achieved. Programme reached 28,479 SAM children, that is 47 per cent of expected burden in the country indicating in active case identification and referrals for acute malnutrition. Priority is to improve case finding and management of SAM children. Supported joint NRU physical structure assessment in all 28 districts (100 NRUs) that identified key gaps with 59 per cent poor infrastructure require repairs and more than 50 per cent in need of equipment. Additionally, NRU assessment to 9 districts (36 NRUs) with high SAM prevalence revealed poor case management, late presentation of cases and lack of supervision affecting quality management. The NRU death action plan was developed that will be the focus in 2016 and 2017. During year, about 100 per cent (325 metric tons) of Ready-to use Therapeutic Food (RUTF) was procured, distributed and utilized in saving lives of severe acute malnourished children across the country

Under-five children immunity was partly boosted with vitamin A supplementation during first round of Child Health Days conducted in June 2015. In 2015, the coverage of vitamin A supplementation reached about 90 per cent (2,328,042: males -1,115,659 and females- 1,212,383) for children aged 6 to 59 months, slightly above target of 85 per cent. About 92 per cent (2,031,735: males -966,291 and females- 1,065,444) of children aged 12 to 59 months were dewormed. Significant number (1,312,659: males- 348,153 and females-964,506) were reached with nutrition information messages.

The sugar for local market continued to be fortified with vitamin A at two Illovo factories using their resources and UNICEF Malawi provided technical support for quality assurance and quality control for the fortified sugar meeting the standards. Illovo supplied 90 per cent of local market sugar with access to all markets in the country and the factory data on sugar produced showed 85 per cent of the sugar at factory had adequate vitamin A, a minimum of 8mg/kg in conformity with the Malawi Standards. The joint assessment revealed 90 per cent of sugar on the market is

fortified, but only 47 per cent is adequately fortified.

A national level team of Government and Malawi Bureau of Standards was sensitized by attending global food fortification summit with central message that food fortification should become a critical pillar of national food and nutrition security plans and emphasized linkage of rapid scale up of availability and consumption of fortified foods in countries and the achievement of some Sustainable Development Goals (SDGs) will be impossible.

The policy discussion on Multiple Micronutrient Powder was facilitated, as the result, MNP as the driver for promotion of complimentary food for children 6-59 months old is repackaged. The advocacy on using the MNP for improving the quality, quantity and frequency of complementary food was established and endorsed by Nutrition Technical Working Group.

**OUTPUT 4:** Capacities of implementing partners in selected districts enhanced to promote appropriate household behaviours and social change for maternal nutrition, infant and young child feeding and care practices\* to increase resilience in the community by 2016 WASH, Health, ECD and HIV/AIDS

**Analytical Statement of Progress:**

Households were reached on behaviour, social and communication change with strengthening the community structures. A total of 7,759 Community Leaders Action for Nutrition (CLAN) 7,759 (Neno 741, Mulanje 5,065 Nkhata Bay 1,471 and Phalombe 482) were established and equipped with knowledge that resulted in contacting more than 150,000 households with basic key nutrition messages. In addition, 30 District Nutrition Coordination Committee members and 102 frontline staff trained during the year improved skills and knowledge on facilitation of communication interventions to families. Community counselling cards are finalised and made available for facilitating the effective communication sessions in the family. They are on Breastfeeding; Complementary Feeding; Maternal Health and Nutrition and Hygiene and Sanitation.

Behaviour and social change activities mostly focused on emergency response and recovery where communities in the flood-affected districts of Phalombe, Zomba, Blantyre, Chikwawa and Nsanje were engaged. Key messages on infant and young child feeding were aired on national and community radios reaching households in the five districts for both displaced and surrounding communities. Through a comprehensive interpersonal communication initiative in partnership with NGOs and district councils, an estimated 650,000 men, women and children were mobilized and acquired knowledge and skills through social dialogue, theatre for development, peer education and other C4D interventions. In addition, a comprehensive communication plan was developed to guide SUN NECS interventions for 2016 and 2017.

Nutritional support for the most vulnerable communities was assured during the emergency by assuring mass communication and screening drive, to screen and refer children with SAM in health facilities. This initiative facilitated community participation and action for using the service platforms and improved the admission rate in NRU and OTPs of the country. December 2015 approximately 11,8000 children under 5 were screened and 700 found to be SAM and 4,000 MAM. A positive trend is observed in four districts in admission rates up to 21 per cent in NRUs and OTP. NGO and Government partnerships were expanded for empowering community networks for mass screening and sustainable referrals during the year. However breast feeding and complimentary feeding behaviours were difficult to track through the routine health MIS system. Efforts are made to mainstreaming Nutrition indicators in on behaviour change in to

Government monitoring system. REACH support is expanded in 2015 through availability of C4D and M&E professional for focus this in coming years.

**OUTCOME 3:** 90 per cent of children, adolescents and pregnant and lactating women utilize equitable, gender-sensitive HIV prevention, care and treatment services by 2020 (as per national strategic plan)

**Analytical Statement of Progress:**

The Government of Malawi has an ambitious plan of reaching 90:90:90 goals by 2020: 90 per cent of the population living with HIV (PLHIV) will know their HIV status; 90 per cent of PLHIV will be on antiretroviral treatment (ART); and 90 per cent of people on ART will have viral load suppression. The latter is particularly important for maintaining a healthy life and preventing further transmission.

Malawi made steady gains across all HIV indicators, although the gains were not distributed equally. The MoH conducts quarterly monitoring and supervision of all health facilities offering HIV services. The data below are sourced from these quarterly reports.

Between January and March 2015, the number of health facilities providing ART increased by 1 health facility (to 714 facilities) while the number of health facilities providing PMTCT increased by 5 facilities (to 620 facilities). Due to task-shifting and intensive training, all health facilities had at least two trained health personnel. However, task-shifting has also required increased monitoring and supervision to ensure quality of care.

Malawi pioneered initiating HIV positive pregnant and breastfeeding women onto ART; now 'Option B+' is a global guideline. In 2015, 11,583 (85 per cent) of an estimated 13,317 HIV infected pregnant women in Malawi were on ART as of March 2015, compared to 73 per cent in 2014. Of these, 6,266 (59 per cent) were already on ART when getting pregnant, a reflection of Malawi's high fertility rate and the maturity of the Option B+ programme, while 4,317 (41 per cent) started ART during pregnancy/delivery. An additional 1,584 women initiated ART during breastfeeding, a period when HIV transmission to infants can be high. In order to achieve the full benefits of treatment, it is important that people to adhere to lifelong ART. However, retention rates of women initiated on ART under Option B+ indicate a decline, following the breastfeeding period. Retention in care: 77 per cent, 72 per cent, 69 per cent and 70 per cent of women initiated on ART under Option B+ were retained on ART at 6, 12, 24 and 36 months after initiation, respectively. Data from selected facilities indicate that retention is lower in adolescent mothers.

Nearly half of HIV positive children will die before their second birthday if not on treatment. It is therefore imperative to test children early, preferably by two months, through early infant diagnosis (EID). Between January and September 2015, a total of 35,2529 HIV exposed children aged below 12 months (approximately 50 per cent for each sex) were tested for HIV using DNA PCR, representing an EID coverage of 66 per cent.

One of the problems with initiating children onto treatment is the long turnaround time (TAT) between DNA PCR testing and giving the results to caregivers. In order to reduce the TAT, UNICEF Malawi continued to support the national rapidSMS system; 8 national laboratories transmit test results to rapidSMS printers at 438 facilities. In addition, UNICEF Malawi is implementing a study on the cost effectiveness and feasibility of using Unmanned Aerial Vehicles to transport laboratory samples for EID as well as a study on the use of Point of Care for EID technology, both of that should reduce the TAT even further.

Treatment for children, while increasing, is still far behind the target. ART coverage for children aged below 14 years increased from 42 per cent (October – December 2014) to 48 per cent (January - March 2015).

UNICEF Malawi's contribution to the National HIV Response continued to focus on strategic policies and programmes that address the rights of children and adolescents. UNICEF Malawi worked with the MoH at the national and sub-national level and civil society organizations to strengthen the quality of, demand for, and equitable access to HIV prevention, care and treatment services. These partnerships include working directly with health workers and community members, particularly traditional leaders, to create an environment in that women have self-efficacy to adopt behaviours that reduce HIV acquisition and transmission, including seeking HIV services. UNICEF Malawi also worked with implementing partners (Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), mothers 2 mothers (M2M), University of North Carolina (UNC), Baylor College of Medicine Children's Foundation, Banja la Mtsogolo, the Center for Development for People (CEDEP), Pakachere, and Youth Network and Counselling (YONECO) to increase utilization of HIV services and improve quality of service delivery.

**OUTPUT 1:** National HIV-related policies, guidelines, plans incorporate priorities for children, adolescents and pregnant/lactating women by 2016

**Analytical Statement of Progress:**

Malawi's policy environment continued to be favourable, reflecting global and national priorities. Although social norms were identified as a bottleneck at the end of 2014, this constraint is no longer relevant at the policy level and will be changed in 2016.

UNICEF Malawi, funding and implementing partners provided technical support to the MoH for the Joint TB/HIV concept note to Global Fund (GF) and the revised HIV Testing and Counselling (HTC) Guidelines, with UNICEF Malawi ensuring the best interests of children and adolescents were well represented in each. The GF grant was signed for US\$ 600 million, the largest per capita grant to be made. UNICEF Malawi will leverage the GF grant's focus on treatment by supporting increased retention and paediatric uptake, as well as emphasis on primary HIV prevention, particularly among young women.

Continued support was provided to the Office of the First Lady to advocate against HIV stigma and promote children and adolescents' access to HIV services. Her Excellency was elected as Vice Chair of the Organization of African First Ladies on HIV/AIDS.

Contributing to global knowledge, UNICEF Malawi is leading three critical studies, documented its work, and supported south-south learning:

- Pilot study on use of Point of Care (PoC) for EID in six sites, in partnership with MoH and Clinton Health Access Initiative (CHAI). Results will inform national scale up of PoC for EID.
- Acceptability and Feasibility of Early Infant Male Circumcision. The results will inform piloting EIMC in the public sector. WHO will assist with developing protocols and World Bank has agreed to fund an EIMC pilot in 2017.
- Cost Effectiveness and Feasibility of Using Unmanned Aerial Vehicles for Transporting EID Laboratory Samples. This innovative study, approved by Ministry of Defence, Ministry of Home Affairs, Department of Civil Aviation in the Ministry of Works and Public

Works, Ministry of Foreign Affairs, and MoH, will provide important information for last-mile supply chain management.

- CO's PMTCT and PoC achievements were showcased at special sessions at the International Conference on AIDS and STIs in Africa; the CO's innovations, including in HIV service delivery, were shared at the Global Summit for Innovation and Children
- CO produced and disseminated three videos on PMTCT and PoC
- UNICEF Malawi supported the evaluation of Optimizing HIV Treatment Access (OHTA), focusing on its relevance, effectiveness in providing catalytic support and contribution to the sustainability of Option B+. This review was conducted in Cote d'Ivoire, Malawi, Uganda and the Democratic Republic of Congo, led by the South African Medical Research Council.
- In collaboration with the MoH, UNICEF Malawi organized and hosted a Tanzania delegation to learn from Malawi's monitoring of women on Option B+ and to share their best practices with the MoH
- UNICEF Malawi supported two officers from the Diagnostic Department to a Regional Conference on Quality Assurance and Quality Control for Point of Care testing for Early Infant Diagnosis (EID), CD4 and Viral Load (VL). The primary aim was to learn from other countries and share experiences on models of quality assurance and quality control in Point of Care testing

**OUTPUT 2:** District health and HIV management teams in selected districts have the necessary tools to plan and monitor HIV services by 2016

### **Analytical Statement of Progress:**

#### **District planning and review**

Accurate, reliable data are important for monitoring the effectiveness of interventions, and prioritizing efforts. UNICEF Malawi supported quarterly data collection and supervision of HIV services across the country. Supervision teams are composed of experienced HIV clinicians, nurses, M&E staff from health facilities, district and zonal HIV coordinators, and programme officers and technical staff from the MoH and implementing partners.

UNICEF Malawi's focus on strengthening district data management was highlighted in a Case Study, produced by the Medical Research Council of South Africa. With support from UNICEF Malawi, the MoH held 1 zonal review meeting (the other four zonal reviews will be held in early 2016). District management teams and implementing partners held monthly stakeholder review meetings in 7 districts. Participants reviewed district plans and progress in order to identify and address bottlenecks, including improved community-facility linkages. The review meetings were also an opportunity for different stakeholders to coordinate and collaborate on activities, in alignment with district plans, and to highlight the importance of leveraging funding.

The UNICEF Malawi-supported District Dashboard was an important tool used at district and health facility level. Using a simple red-amber-green colour-code, signifying whether a particular indicator shows poor, adequate or good performance, participants can easily track progress against selected indicators.

#### **Health Management Information System (HMIS)**

With UNICEF Malawi support, the MoH conducted Health Management Information System (HMIS) training of district health and HIV teams in order to build their capacity to manage data for evidence-based planning, advocacy and reporting. Participants (District HMIS Officers and District Coordinators for PMTCT/ART, HTC and Family planning) were trained in HIV/AIDS monitoring tools, data extraction and compilation of monthly reports and ART survival analysis.

Review of registers revealed gaps in data quality including completeness, missing data such as age and sex, and in some cases missing register pages. Participants also reviewed how to improve the effectiveness and efficiency of supervisory visits. The EID component was added to the supervision form in an attempt to improve facility performance. Other common issues discussed were lack of monitoring tools at community level and that all coordinators should conduct validate data before it is entered into the DHIS 2 data base.

**OUTPUT 3** Health facilities have appropriate technology and qualified human resources to provide equitable, gender-sensitive HIV prevention, care and treatment services by 2016

### **Analytical Statement of Progress:**

#### **Real-time outreach to pregnant/lactating women and caregivers**

UNICEF Malawi supported the use of rapidSMS to enhance access to HIV, maternal/child health and nutrition services. In 2015, 92 healthcare workers (HCWs) were trained to use rapidSMS. Facilities lacking connectivity will receive support in 2016 and UNICEF Malawi will transition responsibility for rapidSMS to the MoH. UNICEF Malawi is also discussing with Baylor Paediatric Center of Excellence adapting Anthrowatch, the rapidSMS Nutrition Assessment tool, for use with adolescents living with HIV.

Results: 68 per cent of sites (438 health facilities) received EID PCR results (32,578 results) using rapidSMS, reducing turn-around time from laboratories to clinics from 63 to 31 days.

RemindMi: 13,512 reminders were sent to pregnant/lactating women for antenatal care, HIV testing, skilled birth attendance, post-natal care, and EID.

#### **Point of Care for Early Infant Diagnosis, CD4 count and Viral Load**

UNICEF Malawi, in partnership with CHAI, continued to support the MoH Diagnostic Department. Six PoC machines were deployed to six health facilities as a pilot study to test for DNA PCR in HIV exposed children, using different models to ascertain optimal placement of PoC machines. In total, 31 HCWs and HIV testing counsellors were trained in using the PoC machine. To date, 197 children were tested; of the 11 HIV infected children, 91 per cent were initiated on ART the same day. The turnaround time was reduced from 30 days to 52 minutes, a significant achievement in advancing paediatric treatment. A video of the pilot study was produced in order to share the study with a wider audience.

#### **Health Worker Capacity**

HIV service coverage increased with task shifting; however, task shifting requires additional monitoring and supervision to ensure quality. UNICEF Malawi supported the following activities in 2015:

- 475 HCWs trained in HIV service delivery and tracing defaulters
- Over 600 monitoring and supervision visits conducted to improve service quality, focusing on retention and paediatric care/treatment
- Integrated HIV and Nutrition Care; 57 per cent of admissions at Nutrition Rehabilitation Units were tested for HIV (2744/4795), with a positivity of 14 per cent. HTC uptake in Supplementary Feeding and Outpatient Therapeutic Feeding Programmes was 30 per cent and 48 per cent, respectively, largely due to a shortage of HTC Counsellors. The introduction of HIV Diagnostic Assistants should address this gap.
- All 361 health facilities in eight UNICEF Malawi-supported districts offered HTC at ANC and provided ARVs to HIV positive pregnant women. No facilities had stock outs of drugs or HIV test kits, and there were sufficient trained nurses at all sites

UNICEF Malawi joined MoH and funding partners in successfully advocating for hiring an additional 1,200 newly-graduated nurses and clinical officers, using GF funding. The Government agreed to absorb the costs of the additional health workers in 2017.

**OUTPUT 4:** Community structures in selected districts equipped with knowledge and skills to promote equitable use of HIV prevention, care and treatment services, and referral to child protection and social protection services, by children, adolescents and pregnant/lactating women by 2016

**Analytical Statement of Progress:**

UNICEF Malawi strengthened community-facility linkages using multiple approaches that provided opportunities for interpersonal and community dialogue on key social and cultural issues that influence risk and vulnerability to HIV.

As UNICEF Malawi's Youth Development Office took a national approach to reaching adolescents with a range of information/services, including HIV, the HIV section focused on service delivery, particularly enrolling and retaining adolescents living with HIV (ALHIV) in care and treatment, providing youth-friendly services, and addressing adolescent key populations. This focus leveraged PEPFAR's support to strengthen clinical paediatric services and met a gap in community-based services for adolescents. Nonetheless, stigma remains a significant issue and will continue to be addressed through schools and community dialogue in 2016.

- New Teen Clubs for ALHIV in three districts reached 177 adolescents (49 per cent females, 51 per cent males) with psychosocial/adherence support, SRH information and services. Thirty teachers were trained on decreasing stigma in schools, and 45 facility-level mentors to increase support to ALHIV. Over 106 caregivers attended sessions on SRH, mental health, disclosure, care and treatment. Camp Hope sessions were conducted for 200 ALHIV, supported by 18 Leaders in Training.
- 5280 adolescents accessed free HTC; 4275 received family planning services; 1763 adolescents reached with HIV/SRH information; 174,409 condoms distributed to adolescents
- An analysis of the National Helpline was completed, indicating the need for improved counselling on SRH, including sexual orientation; peer educators for adolescent men who have sex with men (MSM) identified
- A post-disaster assessment of adolescents in 4 districts indicated high rates of transactional sex; response plan drafted

UNICEF Malawi's programme relies on leveraging funds; with PEPFAR's 'PIVOT,' implementing partners readjusted approaches and targets. UNICEF Malawi focused on strengthening PMTCT uptake and retention and promoting early infant diagnosis. .

- 82 facility-community PMTCT data review meetings, conducted with health workers, district HIV coordinators and community members, provided opportunities for citizen accountability and increased service uptake.
- Community-based educators conducted social mobilization, making approximately 6,098 referrals to HIV and reproductive health services.
- District teams supported 81 Health Advisory Committees (HACs) with work plans and 5 new HACs were formed. HACs participated in facility data review meetings, monitored supplies of drugs, and mobilized communities to utilize SRH/HIV services.

- Through interactions with 36,340 women, 173 mentor mothers enrolled 6,938 HIV-positive pregnant women. 374 support group sessions conducted with 42,171 women. 80 per cent of 4,873 women who missed appointments were returned in care. M2M-supported sites recorded that 2,481 men accompanied their wives for PMTCT education sessions.
- Seven community sensitization events, reaching nearly 2,000 people with HIV, SRH and maternal/child health messages.
- Male engagement in PMTCT increased across eight districts:
- 96 trainers were trained, also orienting over 500 District Executive Committee and District Health Management Team members and over 800 traditional leaders
- 3,587 male motivators trained in eight districts, reaching 170,017 individuals
- Male study circles implemented in three districts. The 188 study circle members distributed 4,350 condoms and made over 2,255 referrals to SRH/HIV services.

Communication materials, including print materials and radio spots, for increasing male involvement in PMTCT were finalized and 70,000 print materials distributed

**OUTCOME 4:** At least 85 per cent of women and children access improved water supply facilities and 60 per cent of households use improved sanitation and hygiene services, with a focus on vulnerable and disadvantaged communities, by end of 2016

**Analytical Statement of Progress:**

UNICEF Malawi was actively engaged in strategic dialogues with Government and donor partners to support WASH Programme. Joint sector reviews and sector working group meetings were successfully conducted with a high level representation both from sector ministries and donors. Key issues around decentralization, financial and technical capacity were discussed and way-forward agreed. UNICEF Malawi provided both technical and financial support to the process. UNICEF Malawi continues to be a major player in the sector in the country. In terms of national WASH coverage the UNICEF Malawi WASH programme has made contributions to current status of sector. According to the 2015 Update and MDG Assessment Report under the Joint Monitoring Programme (JMP) by WHO and UNICEF, Malawi was declared to have met MDG target on water, while made moderate progress towards achieving sanitation MDG target. The report indicates that 90 per cent of the population access clean water from 42 per cent in 1990, while only 41 per cent access improved sanitation from 29 per cent in 1990 with 4 per cent currently practicing open defecation in Malawi.

During the reporting period UNICEF Malawi contribution includes a total of 187,370 people in rural areas gaining access to safe water supply services from a construction and rehabilitation of 750 water points that is 117 per cent achievement against the 2015 target. A total of 259,250 people gained access to sanitation with 1,037 villages achieving open defecation free status during the year with an achievement rate of 106 per cent against 2015 target. In addition, a total of 343,853 people were reached with hygiene messages such as hand washing with soap, safe handling of water and proper latrine use; with 131 per cent of the 2015 target. UNICEF Malawi also continued to support sustainable strategies for wash facilities by training 691 water committees and 60 additional area mechanics. 39,000 children got access to safe water supply while 29,800 of them got access to sanitation facilities (63 per cent achievement against 2015 target); and a further 93,350 with hygiene messages, reaching 98 per cent against the 2015 target.

During the year UNICEF Malawi provided the required support for 235,000 and 212,064 flood emergency affected, vulnerable and internal displaced people with safe water supply and sanitation facilities respectively; and reached further 913,100 people of all flood affected population with hygiene messages. This effectively prevented widespread cholera outbreak that had surfaced in some Mozambique - Malawi boarder areas during the flood. As a result of these efforts none of the 202 camps of flood IDP were experienced cholera out breaks or major diarrhoea out break. UNICEF Malawi continued to partner with Government, WASH NGO's and private sector during the emergency response. UNICEF Malawi played a crucial role as a WASH cluster lead in coordinating the flood response.

The key lesson during the year was the benefits gained from actively involving traditional leaders in the successful implementation of WASH interventions, particularly those of behaviour change such as Community Led Total Sanitation and ODF attainment.

The main challenge during the year was the effect of the floods that diverted resource and staff from the regular programme to life-saving flood emergency responses. This stalled implementation of the regular programme activities for a period of about half a year (January to around May). In some of the affected districts, the floods destroyed some sanitation facilities, losing some of the gains realised before the floods. As soon as the floods were over UNICEF Malawi and partners embarked on recovery programme in the affected districts. Malawi had to do without the usual donor budgetary support that is normally up to 40 per cent of the national budget. This unfavourable economic environment for a developing country like Malawi means government structures for development programme implementation can not effectively undertake routine implementation support at field level as they can not easily meet logistical and related expenses expected as part of Government contribution. UNICEF Malawi took advantage of the opportunity of increased interest of private sector in WASH especially in hygiene promotion and was able to engage with up to four private sector firms who were engaged as part of the emergency response. The private sector in WASH had a willingness to work as part of the regular programme implementation.

**OUTPUT 1:** Effective mechanisms and strategies to strengthen resource mobilization and the harmonized approach (SWAP) for effective and efficient delivery of WASH services to underserved areas are in place by 2016

**Analytical Statement of Progress:**

The ODF Strategy and National Hand Washing Campaign (NHWC) were adopted by all players in the sector and rolled out to 28 districts for the promotion of house hold sanitation and hand washing. In addition, the development of a water quality strategy for the sector, is under way and development of the sector's Drinking Water Quality Safety Plan is at an advanced stage. UNICEF Malawi also supported the rolling out of the sector's M&E system that has just been developed and rolled out to all the 28 districts. The WASH Sector working group and donor sector working groups continue to provide the required forums for strategic sector dialogue and coordination.

UNICEF Malawi continued to actively participate in WASH sector policy dialogue through sector coordination structures and forums, and support to implementation of key national strategies. UNICEF Malawi is also an active members of the WASH donor coordination Group (that includes, among others; the World Bank, African Development Bank; EU, DFID, JICA, USAID); as well as the National ODF and hand washing Taskforce. In 2015 UNICEF Malawi supported the Task Force for the ODF Malawi 2015 Strategy that provides guidance to implementation of the ODF and hand washing strategies. UNICEF Malawi provided input and support to the 2015

## Government-led Joint WASH Sector Review.

UNICEF Malawi was instrumental in the development and review of WASH policies, strategies and guidelines in the sector. During the reporting period an initiative was taken to review the ODF strategy through the ODF national taskforce; that will be completed in 2016. A road map on the water safety plan was drawn up to guide the development of the national water safety plan in 2016.

The key challenge was on developing a workable SWAP given the current scenario where donors are reluctant to directly provide funding to government following the infamous cash gate scandal the country is faced with. UNICEF Malawi will continue to be engaged with other donor through the donor group to find workable solutions.

**OUTPUT 2:** Water supply and sanitation services are provided and sustained through gender sensitive, community management and community based (CLTS) approaches in 15 target districts by 2016

### **Analytical Statement of Progress:**

A total of 187,370 people were reached with clean water through construction of 750 new water points and rehabilitation of existing non-functional water points (a 117 per cent achievement against 2015 target). To ensure sustainability 6,910 WASH committee members from 691 committees were trained to manage and maintain facilities sustainably (104 per cent achievement against the 2015 target). Additional 60 area mechanics were also trained to support the water point committees to handle slightly more complicated repairs that communities cannot handle on their own. Each area mechanic is expected to handle up to 50 water points in the surrounding communities. UNICEF Malawi was also able to provide safe water supply to 212, 064 people who were displaced by floods that hit the country early this year. This was done through construction of new water points, rehabilitation old ones and water trucking and chlorination in severe situations. UNICEF Malawi continued to partner with government, WASH NGO's and private sector during the emergency response. UNICEF Malawi also played a crucial role as a WASH cluster lead in coordinating the flood response that took almost half a year.

UNICEF Malawi played a critical role to ensure that the coordination role of MOH over CLTS continued despite major staff turnover in the ministry, that for some months affected the operations of the National Task Force on ODF and hand washing campaign. The National ODF taskforce has proved to be very instrumental in guiding implementation of the CLTS and in verifying level ODF status at national level and in compiling national statistics for progress in CLTS and ODF. With UNICEF Malawi support a total of 259,250 people gained access to sanitation with 1,037 villages achieving ODF status during the year. Moreover, a total of 343,853 people were reached with hygiene messages. This was done through partnering with the government district councils, WASH NGOs and private sector firms that specialize in social marketing. The firms' engagement with UNICEF Malawi was an opportunity that was extended beyond the emergency into the recovery period and reached all 15 WASH districts. This has opened prospects for engagement to support the regular programme on hygiene promotion in 2016.

The key challenges during the reporting period was mainly the flood emergency that affected implementation of the regular programme. The rains destroyed some gains especially in sanitation. In heavily-affect districts some sanitation facilities like latrines and hand washing facilities were destroyed and had to be rebuild during recovery period when the floods were

over. Another main constraint was the financial challenges faced by the Government as it goes through economic hardships. Although in the 15 WASH district UNICEF Malawi funding was available, district teams continued to face logistical challenges to supervise, monitor and generally handle activities effectively without total reliance on external support.

**OUTPUT 3:** Construction of school sanitation facilities including toilets, urinals

**Analytical Statement of Progress:**

UNICEF Malawi was supporting Government in the provision of WASH services in institutions that mainly constitutes rural Primary School, Health Centre and Community Based Child Care Centres (CBCC'S). Through UNICEF Malawi support in 2015, the Water supply component of WinS (WASH in institutions) planned targets were fully met (with 119 per cent achievement rate), reaching 39,000 children with access to safe water in schools, CBCCs and health centres. However, the targets for sanitation were partially met reaching 28,800 children with access to improved sanitation (63 per cent achievement against the 2015 target), and 93,350 children were reached with hygiene messages (98 per cent achievement against the 2015 target). These results were achieved by supporting 80 institutions (mostly primary schools) with provision of water supply, and 179 schools were reached with school led total sanitation through District implementation as well as WASH NGO support engaged by UNICEF Malawi through Programme Cooperation agreements.

The main challenge in WinS implementation is the lack of capacity of district partners to contract out and manage the construction of school sanitation facilities. The option of UNICEF Malawi-managed contracts (LTAs) was pursued and necessary approvals were obtained to support district partners through LTA contracts for school infrastructure. The necessary documentation required for contracting is well underway. In the reporting year, the CO reprogrammed most of the construction budget for water supply, so that the bulk of the construction budget for 2016 will be used for construction of sanitation facilities in institutions.

For the future, UNICEF Malawi will continue to engage both the government structures, the private sector to complement government efforts as well as engaging WASH NGOs partners that demonstrated efficiency and effectiveness in service delivery as well and ability to strengthen government capacities.

**OUTPUT 4:** Communities in the Targeted districts have greater knowledge about and commitment for hand washing at critical times by 2016.

**Analytical Statement of Progress:**

As part of the package of WASH delivery in communities and institutions, hand washing promotion is a key service delivery component among community members and children in Community Based Child Care Centres. As a result of direct UNICEF Malawi support through its district and NGO partners; a total of 343,853 people were reached with hygiene messages reaching 132 per cent of the 2015 target. This included hygiene activations in a total of 1,889 villages; promotion of hand-washing with soap in communities and institutions during the 2015 flood response and cholera outbreak.

Hand washing promotion within the implementation of the Malawi ODF strategy has helped increase not only the construction of new latrines but also that of hand washing facilities alongside the latrines.

UNICEF Malawi has also championed the use of social marketing techniques for disseminating

key hygiene messages through private social marketing agencies such PSI and EXP in hygiene promotion; that has also assisted in reaching more people with appropriate hygiene messages in both communities and institutions. UNICEF Malawi drew up programme cooperation agreements with NGOs and contractual agreements with private social marketing firms to undertake agreed tasks.

Although all the 15 districts had plans for hand washing promotion, but the main bottleneck that districts encountered was the flooding that affected progress against this subcomponent in about half of the WASH target districts in early 2015.

Experience that the social marketing firms in conducting mass hygiene promotion during the flood was an opportunity that was further explored after the floods and applied to the regular programme as part of the recovery phase. This helped in reaching more people.

The plans for 2016 is to further engage the private firms in conducting hygiene activations as well as synchronizing the private sector efforts and those of the government-led district efforts to reach more people. The focus will not be just reaching out to people with hygiene messages (that may not always translate into tangible results) but also to work with the beneficiaries to come up with concrete steps that will lead to tangible hygiene behaviour changes such as hand washing with soap at critical times.

**OUTCOME 5:** Equitable access to quality early learning, care and development opportunities improved for 0-8 years olds

**Analytical Statement of Progress:**

Access to Early Childhood Development (ECD) opportunities improved considerably in the year of 2015 with enrolment into CBCCs moving from 38 per cent to 40 per cent. A strong focus on equity was maintained by focusing on ECD services in the rural areas of Malawi where the majority of children are generally deprived of quality ECD services and care. Major efforts were placed on improving the enabling environment for ECD to ensure increased access and quality. This included development and revision of ECD policies and Early Learning Development Standards where increased attention to issues of inclusiveness and special needs were addressed.

The policy and legislative environment for ECD in Malawi has improved significantly during the period of 2014 - 2015 as a result of enhanced sector coordination and planning; including inter-sectoral collaboration fostered by a robust technical working group on child development. Joint advocacy with relevant key ministries and Civil Society Organization effectively resulted in increased budgetary allocations to the sector. This was a crucial milestone for the sector that was allocated US\$ 1,038,000 as opposed to zero government funding in previous years. The funds will be used mainly to improve access and quality of existing ECD services by providing play and learning materials; honorarium and training to caregivers; and construction of new ECD centres.

The national ECD policy was revised during 2015. This has strengthened the coordination role of the Ministry of Gender, Children and Social Welfare (MGCSW) and improved implementation functions of other key ministries i.e. Health, Education and Youth; academia, and CSOs for an integrated and holistic ECD programme. The policy has prioritized the development of an ECD act whereas the sector is currently getting its mandate from other legislations like the Child, Care, Protection and Justice Act. There is now a national consensus to develop the act through the national law commission.

A key challenge the sector is faced with is lack of data and statistics on Early Childhood Development. Whereas the national mapping of ECD services was completed in 2015 a management information system is yet to be established to support planning and decision making policy. However, for the first time, few indicators on ECD were included in EMIS and the national MDG end line survey. Further inclusion in EMIS is under discussion with the MoE. Currently data provides evidence that 60 per cent of children aged 36-59 months are developmentally on track in at least three of the following four domains namely; literacy/numeracy, physical, social/emotional and learning. Overall, national early childhood targets on access to ECD services are on track with enrolment improving from 38 per cent in 2014 to 40 per cent in 2015.

#### **OUTPUT 1: Institutional framework for scale-up of ECD strengthened**

##### **Analytical Statement of Progress:**

Early Childhood Development institutional mechanisms were strengthened during the year of 2015 with joint efforts from government, development partners and civil society resulting in successful advocacy and increased budgetary support for the sector. In return it is expected that basic ECD services will be scaled up in line with reviewed and revised policies and strategies as early as 2016.

The national ECD policy and strategic plan (2009 -2014) were reviewed in the year of 2015. As a result a new ECD policy and a corresponding strategic plan (2015-2020) inclusive of an M&E framework was developed to guide implementation of the policy. The policy is currently at Principal Secretary level for approval. This will be followed by Presidential endorsement early 2016. Key priority areas in the new policy include; coordination, leadership, management and capacity building; care, stimulation, survival and development; child protection; Centre based ECD services; parenting education and support; transition to primary schools; human capacity building; research, monitoring and evaluation and resource mobilization.

Partnerships aimed at linking ECD and adolescent programmes were established with AGLIT and World Relief International. In addition, the country has adopted a global WHO and UNICEF Malawi Care for Child Development (CCD) package, that is an evidence based intervention to support parenting and caregiving practices. CCD recommends local and simple play and communication activities selected for the child's age and abilities, thereby enabling caregivers to strengthen their skills of sensitivity and responsiveness to their child's needs and stimulating the child's learning. A national team from Departments of Nutrition and IMCI in the MoH; UNICEF Malawi, World Relief International and WHO was trained in CCD to spearhead the roll out of the package.

A remaining challenge for scaling up of services is the persistent lack of the actual quality of the current and existing ECD infrastructure. Contributing to this challenge is the fact that caregivers are currently only recruited on a volunteer basis in the CBCCs making it hard to ensure adequate capacity in terms of necessary knowledge and skills for quality ECD provision.

#### **OUTPUT 2: Quality standards for early learning, care, and development in place**

##### **Analytical Statement of Progress:**

In 2015 the development of the national Early Learning Development Standards took final shape addressing a critical gap in the sector to improve quality of ECD services provided. The standards will ground all major policy and curriculum development, training of caregivers as well

as providing parents and caregivers of young children with critical knowledge on what constitutes and is of importance during the different developmental stages of young children.

A national ECD training strategy was developed in order to standardize delivery of trainings and professionalize the sector. In order to improve early care, learning and stimulation. Based on evidence that children learn better using local language and things available in their traditional setting, UNICEF Malawi supported the development of a local ECD kit consisting of traditional songs, games and stories books.

To enhance early care and stimulation; school readiness and transition to primary school, validation of Early Learning and Development Standards (ELDS) is approaching completion. Content validation was completed and age validation is underway. The process was slow partly because of limitations to identify relevant consultants especially for age validation. ELDS are statements of expectations that specify what young children should learn, know and do at a given age. Implementation of ELDS will improve the quality of ECD by providing a framework for quality assurance and measurement of progress based on concrete results. The standards will provide the basis for instructional improvement and caregiver training, programme evaluation, parenting education and transition programme from ECD centres to primary schools. In addition, they will also influence the review of the national ECD curriculum planned for in 2016.

Creating links between pre-primary and primary education to ensure an easier transition was a major challenge that UNICEF Malawi strives to continue to work on. This is of critical importance to ensure increased transition, a good start for children in the first classes of primary and to ensure both effectiveness and relevancy of the teaching and learning taking place during the first year of primary schooling. International research indeed provides evidence that children that accessed ECD services prior to entering into primary schools tend to do better both academically as well as socially. Malawi must look into the causal relation of this within its own system and act accordingly. In fact, one of the reforms in the new ECD policy is the mainstreaming of ECD in the teacher training curriculum. This is expected to equip primary school teachers especially for lower grades with ECD skills. This coupled with the review of pre-school and primary school curricula for lower grades will improve transition and quality of ECD services.

**OUTCOME 6:** Learning outcomes, completion in primary education and transition to post-primary education for all improved

**Analytical Statement of Progress:**

In 2015 Malawi witnessed increased emphasis on learning outcomes and completion of primary education. This reflected a growing policy dialogue at national level and in anticipation of planned GPE support that requires routine tracking of key education indicators including learning outcomes. However, learning outcomes and transition remain a challenge. Enrolment in primary education increased from 86 per cent to 88 per cent between 2011 and 2014 (WMS, 2014). Between 2013/14 and 2015/16 primary completion rates and transition to secondary schools remained static (EMIS 2015) However, efforts to reduce repetition rates and improve completion finally moved from policy dialogue to school level interventions and are expected to bear fruit in future.

The continued support and push for minimum standards led to the development and publication of National Education Standards (NES) in early 2015. The standards are fully aligned to the core elements of the child friendly education framework and focus on three key and interrelated outcome areas: Outcomes for students; the teaching process and leadership and management.

With the aim of improving quality and outcomes, UNICEF Malawi provided strategic support, to priority areas in ESIP II, including to the national school improvement programme utilizing the Child Friendly Schools (CFS) quality framework. During the year, ten schools in two districts were provided with a comprehensive CFS package benefiting approximately 8,000 students. Another 15 schools in another two districts benefitted from CFS activities initiated in 2014 with a particular focus on gender sensitive WASH facilities. In addition, a demonstration school was built in Chiradzulu to facilitate further dissemination of the approach. A teacher training college was completed and handed over to the Government by UNICEF Malawi in mid-2015.

UNICEF Malawi is supporting continuous professional development of teachers by institutionalizing it within policy and the national teacher training colleges. This is expected to provide improved mentoring and support for in service teachers at school level in addition to radically changing their career prospects through establishment of a teacher qualification framework. The framework will provide teachers with real in service opportunities enabling them to grow and develop professionally. This was a major gap in the teachers' education structure in Malawi leading to demoralization of teachers who, in the past, have not had a clear career development pathway. A key role was played by UNICEF Malawi in facilitating a policy dialogue to enhance institutional mechanisms and policy review for in-service and pre-service teacher training. This included a review of the curriculum for in-service professional teachers with the intention of contributing to improving quality.

In addition to facilitate analysis to support equitable access to quality education UNICEF Malawi was mobilizing support aimed at improving the education management information system (EMIS) at both national and district level. The support focused on improved data analysis, presentation and utilization. At district level, the introduction of "Edutrack" and the introduction of dashboards hold great promise for improving analysis and action in response to identified bottlenecks. In addition, UNICEF Malawi supported the EMIS unit to undertake a self-assessment exercise leading to recommendations on how to further enhance and improve the system in line with identified gaps and bottlenecks. The report with its recommendations will be used to advocate for additional financial resources to further improve the system.

Following the challenging political, economic and aid environment in 2014 that led to a declining share of the national budget for education, the sector moved to implement reforms. To this end, UNICEF Malawi is currently supporting the ministry and development partners to utilize results based budgeting. The use of results based budgeting is expected to inform the larger GPE programme and leverage additional resources in the coming year. UNICEF Malawi also played a pivotal role in establishing new common funding mechanisms (CFM) for the education sector that include the Royal Norwegian Embassy and the World Bank and was extended to include other donors in the sector. Through this collaboration sector wide priorities were established to facilitate a move from fragmented project based approaches and financing to more holistic programme based approaches accompanied by common funding modalities.

In the wake of a national emergency due to floods in January and February UNICEF Malawi provided critical facilitation and leadership supporting the education cluster to resume learning in the affected areas through restoration of temporary and safe learning spaces and continued provision of quality education in addition to psychosocial support for children affected by the floods. This included reconstruction of 150 schools in the 6 most severely affected districts to become CFS schools benefitting 120,000 students. The emergency response implemented by DAPP had three key objectives:

1. Increased capacity of district education sector to respond to the impact of floods on education

system especially concerning the teaching and learning processes

2. Increased capacity of teachers in the affected schools to reassume teaching and learning as well as provide psychosocial support to the children affected
3. The most affected schools supported by volunteer teachers resuming learning, providing leadership and building capacity of other teachers on the ground.

The programme included development of a training manual on resuming learning in emergencies, adopted by MoE, a total of 267 volunteer teachers were trained to resume quality learning and 14 districts officials were trained on monitoring and management. Additionally the teachers provided data on the situation through an SMS-based real time monitoring system set up with support from UNICEF Malawi. The data was aggregated and analysed by eight volunteer teachers placed at situation rooms across the country.

**OUTPUT 1:** Improved institutional mechanisms for planning, management, coordination and monitoring for quality primary education

**Analytical Statement of Progress:**

Despite improvements in the enabling environment, challenges of coordination, implementation and enforcement of policies and strategies including the repetition and re-admission policy remain. UNICEF Malawi worked closely with the MoE to strengthen institutional mechanisms focusing on education quality. Publication of the Malawi Learning Assessment (MLA) results in 2014 highlighted the dire state of academic achievement and stimulated a national debate on learning outcomes. In response UNICEF Malawi facilitated discussion and development of strategies for teacher education and school improvement.

To support teaching practices, UNICEF Malawi provided a technical advisor to work with the Ministry to explore how to strengthen the links between pre- and in-service teacher training as a means of improving skills and bolstering continuous professional development (CPD) of teachers. This included mapping of career pathways and opportunities for professional mentorship through the development of a comprehensive national CPD framework.

UNICEF Malawi supported the Ministry to review, develop and disseminate key policy documents including the Education Act, Inclusive Education Strategy, National EFA Report, and double class size and repetition policy. This included production and dissemination of National Education Standards (NES) aligned to the national development strategy, National Education Sector Plan (2008-2017) and the Child Friendly Education Framework. They specify minimum requirements and effective practice in educational provision and will be used to evaluate interventions at all levels and in a range of educational contexts. They provide a backbone to the national primary school improvement programme.

Capacity development on utilizing C4D as a strategy to support the achievement of improved learning outcomes and equitable and inclusive education was provided to counterparts. Following participation in a C4D in Education workshop held in Bangladesh, government decided to scale up C4D in Education Initiative in Malawi. UNICEF Malawi supported the Ministry to operationalize the national girls' education communication strategy including a communication for development framework and action plan to carry out National Girl's Education Campaign within joint UN Girls' Education Programme to improve access and quality of education for adolescent girls.

Public awareness on girls' education was strengthened by a number of high level events, including launching of a film entitled *Mercy's Blessing* and a National Girls' Forum that brought

together school aged girls from all over Malawi to raise their voices on issues affecting their education including child marriages and lack of bursaries. Outcomes of the Forum, including a “Communique” and an election of a Girls Forum Executive, were presented during a higher education policy development conference.

**OUTPUT 2** Learner centred and inclusive learning environments, teaching methodologies, and relevant curricula piloted, in 10 districts, evaluated and documented for replication by national government

**Analytical Statement of Progress:**

The MTR of UNICEF Malawi of support to improving teacher capacity to implement a Child Friendly Schools (CFS) indicated that 229 lecturers and 2,962 teacher-students had been equipped with additional knowledge and skills on CFS methods. The in-service training reached 472 female and 470 male practicing teachers in 192 primary schools. A total of 85 per cent of the trained teachers had improved significantly in the use of child-centred and gender responsive methods and active engagement of students in the classroom.

UNICEF Malawi supported the Ministry to implement a range of activities in 10 low performing focus districts with the aim of making the learning environment more inclusive, learner-centred and gender responsive. This included ongoing support to both pre- and in-service teacher training. Through UNICEF Malawi, VSO engaged educational advisors in five public teacher training colleges to incorporate child friendly education through capacity development of lecturers and student teachers.

Girls’ education programming was conducted through behaviour change communication and community mobilization using interpersonal channels of communication, edutainment and mass media implemented by various NGOs in selected schools in the focus districts. The impact of the project was seen at school levels where enrolment increased and drop-out rates in the 84 selected schools in four selected districts decreased by 2.4 per cent. As a result, girls became actively engaged in promoting their right to education, calling on chiefs and school management committees to fulfil their duties and ensure girls rights to education. Over 70 per cent of participating schools experienced increased overall participation and leadership of girls in school committees and functions with 50/50 participation rate between girls and boys in all events, committees and councils.

An awareness-raising campaign for menstrual hygiene through the Keeping Girls in School Programme was continued in 2015 with number of activities at community levels including development and dissemination of booklets answering key questions and concerns girls might have regarding menstruation and their physical and psychological development. UNICEF Malawi, WFP and UNFPA continued joint support through the UN Girls’ Education Programme (JPGGE) with the objective of improving access and quality of education for both in- and out-of-school girls within the catchment areas of 81 school communities in three districts.

By end of 2015, UNICEF Malawi supported the MoE to engage 250 schools across Malawi in a results-based financing project based on the national education standards and accountability at school level. The project operates within the national primary school improvement programme, enhancing capacity development of primary education advisors and inspectors to support schools on improving National Education Standards (NES) in learning outcomes, school management and accountability and safety of students. Initial findings from a baseline conducted in November shows that very few schools are currently meeting the NES.

**OUTCOME 7:** Adolescents and youth, particularly girls, have increased equitable access to quality youth-friendly basic social services

**Analytical Statement of Progress:**

Building on the successful move from project approach to national and sector wide approach initiated in 2014, UNICEF Malawi continued to support higher-level advocacy, planning and capacity building to ensure increased access to youth friendly social services. Currently 85 per cent of young (15 – 24 years) males and 81 per cent females are considered literate (WMS, 2014) that is a considerable improvement from the 2012 baseline. Overall, in the year of 2015, the sector has seen a considerable expansion of opportunities provided to young people, girls in particular, to access basic youth friendly social services.

In line with sector wide approach support to the sector, in 2015, was directed in particular to strengthening the overall sector assessment and provide consolidation of the previously fragmented provisions of youth friendly basic social services. This included substantives policy review and development, support to national planning and budgeting processes and improved cooperation and collaboration on youth matters including a successfully operating Joint UN TWG on youth and comprehensive collaboration between UNICEF Malawi and UN Women. UNICEF Malawi continued to provide direct technical and financial support to carry out programmes on livelihoods skills, functional literacy and complementary basic education that are now fully incorporated in the national Youth and Sports plan.

**OUTPUT 1:** Gender sensitive institutional framework for scaling-up services for adolescent friendly learning and transition to post-primary education in place and operationalized

**Analytical Statement of Progress:**

UNICEF Malawi continued to support the A4A Secretariat that is now fully operational and coordinated in 15 districts by Ministry district personnel. Key national policy processes were supported. These included National Budget Planning workshop on Education and Adolescence with a particular focus on 11 districts supported by UNICEF Malawi mobilizing additional resources for ongoing and planned activities. Moreover, on resource mobilization the ministry of Youth and Sports received technical support to lobby successfully for additional funding resulting in a 100 per cent increase of budget with investments in core UNICEF Malawi supported areas. UNICEF Malawi supported the National Youth Council in their annual strategic planning resulting in a comprehensive and quality plan feeding into the national strategic plan reviewed with UNICEF Malawi support. During this work UNICEF Malawi also initiated a review on the national sports policy that was revised to include a focus on sports on schools. UNICEF Malawi also supported a review of the policy of re-admitting girls in schools through the secondary directorate.

UNICEF Malawi, in partnership with UN Women, supported high level advocacy mitigating against socio-cultural factors against girls' empowerment. The partnership has resulted in a successful national advocacy programme targeting key decision makers and cultural leaders. This includes the "Let Girls Lead initiative" in moving forward the post-2015 development agenda and beyond in Malawi. The Girls Voices Initiative workshop, that took place in Lilongwe mid-year 2015 where 36 girl leaders from all over the country participated.

The Joint UN Working group on Youth formed earlier in 2015 has met successfully during the year with active membership of ILO, UNAIDS, UNCDF, UN Women, UNFPA, UNDP, UNV, FAO and UNICEF Malawi. The group was successful in lobbying and mobilizing resources up to US\$ 750,000 for a joint Youth Participation project. Furthermore, joint review and planning sessions

were held in November with increased level of coherency and convergence around key priority areas.

**OUTPUT 2:** Alternative learning pathways that provide functional literacy, life skills, and participation scaled-up or established.

**Analytical Statement of Progress:**

UNICEF Malawi supported the Ministry of Youth develop and implement a coherent annual capacity development plan for 70 of its district and national staff. So far 50 staff received one month training in China for the management of youth sports facilities with technical and financial (partial) support from UNICEF Malawi but funded by the Government of China. Additional three financial staff received training in Tanzania while all 70 ministry staff were facilitated in planning, budgeting and project management skills in a one week workshop supported by UNICEF Malawi. This has led to the replication of UNICEF Malawi programmes on literacy and life-skills with government funding (though limited) in 11 districts (A4A). In particular the formalization of an effective nine month literacy and numeracy programme that was implemented in Malawi since 2005. It aims to contribute to the reduction of illiteracy especially among adolescent girls and boys aged 9-19 years who dropped out of or missed school. UNICEF Malawi has successfully modelled the programme in five districts supported by the Joint UN Programme and advocated successfully for its adoption by the Ministry of Sports and Youth Development. To date the project is being implemented with the Ministry and the curriculum is under formal development. On top of this UNICEF Malawi is providing the MoE, department of basic education, with technical support to review the current CBE programme. The revised programme will be rolled out in four selected districts in the coming year.

Under the A4A partnership the functional literacy programme is currently being scaled up by 11 of the 34 districts in Malawi and directly linked to the 100 convergence schools to take up school drop outs. Moreover, through the A4A partnership, World Vision is rolling out a life skills based literacy boost programme for 250,000 adolescent learners in primary school to complement the national curriculum. The programme is covering 26 districts in select TAs in addition to covering the 100 convergence schools. Participation of youth in and out of school was introduced through a partnership with Action AID in 5 districts using the Reflect process and setting up of elected school councils.

The government has adopted the pilot youth multi-purpose centres programme in Bangwe and Thyolo. Both centres are now fully functional and reaching approximately 10,000 adolescents with alternative and non-formal learning opportunities and life skills trainings. Additionally and in line with the multi-purpose youth centre programme support by UNICEF Malawi the government has secured funding for the Kamuzu Institute of Sports refurbishment, Neno Youth Center and Mzuzu Youth Center.

**OUTPUT 3:** Mechanisms for providing information on adolescent friendly services and for promoting adolescents participation in decision-making and networking established

**Analytical Statement of Progress:**

An intensive situation analysis was undertaken in 2015 in collaboration with the UN Technical Working Group, in particular UNFPA and with the leadership of the Ministry of Youth. The SITAN developed an analytical framework for tracking and assessing provision of basic services to adolescents and youth. This adolescent and youth situation assessment focused on five key areas of young people's lives: health, education, economic opportunities, protection and participation. The study found out that data is insufficiently nuanced towards the different issues

faced by young people. Further, some sub-groups such as orphans, married adolescents out of school, children in conflict with the law, children without adequate family care, are simply unaccounted for in the statistics. Also, whilst much of the data is gender disaggregated, the complex links between gender and its differential impact on both girls and boys is not always fully explored. The study has provided in-depth status and key conclusions in the sector that will provide a basis of assessing actual progress made in the sector by 2017 in key indicators. Tracking progress in the sector was limited by the absence of an effective information management system and progress is annually in absolute numbers that do not co-relate to the major proportions.

UNICEF Malawi supported the Ministry of Youth to undertake a revision of the national TORs for youth networks. Subsequently, six youth districts networks were supported financially but more importantly in terms of enhanced capacity of network members to plan, programme and implement youth projects at the district level. This included monitoring and evaluation skills. Six district youth networks were revamped and operationalized with each district network developing a comprehensive Action Plan for 2016.

With UNICEF Malawi support the National Youth Council held an annual general meeting in April 2015 and also organized a first ever youth conference under the theme “Youth and Agriculture: Investments that last” was held under the A4A joint programme bringing together 358 youth from across the country. Also participating were two representatives from each district youth network, YCF members from across the country, university students unions, faith-based institutions, political parties and other invited guests from the government and development partners and donors. Following the conference and NYCOM AGA, a decision to develop the NYCOM strategic to inclusion and participation of most youth in Malawi was made. In the youth conference, it was generally agreed that the greatest need for greater engagement of young people in agriculture was advocacy at different levels.

A hugely successful national forum on girls education was set up in Lilongwe with UNICEF Malawi support bringing together 300 girls with the objective of raising their voices and opinions on the various and complex barriers that impede on their opportunities to access, complete and enjoy education. The forum developed a successful communiqué that was subsequently considered and discussed during a national girls’ education policy makers conference that adopted key priority areas to girls education.

## **OUTCOME 8: Programme Support**

### **Analytical Statement of Progress:**

After the CO completed the comprehensive risk review and improvement of mitigation measures especially in formulating risk-informed processes, we embarked on formulating the CO Accountability Framework and improving the SOPs through a participatory process. The comprehensive risk review has also covered new risks not originally included in our previous risk library (such as Funding and External Stakeholder relations, and Natural Disasters and Epidemics). These new risk areas were included to address the changing context in Malawi in terms of changes in the aid environment (implications of Malawi’s IMF programme being off track), the need to maintain strong capacity to respond rapidly to humanitarian needs in times of emergencies and the likely adverse effects of climate change and poor environmental management in the country.

The emphasis for the country CO is to employ risk-informed programming in all sectors. For instance, the HIV section is working closely with HQ on the HIV module of the global risk-

informed programming toolkit. We anticipate that this toolkit, together with our RCSA, will provide a systematic mechanism for the sections to undertake risk informed programming.

Considering that the ERM exercise was linked to our E&E efforts, in preparing for the GSSC GO LIVE, the CO rolled out a new Business Support Centre (BSC) in 2015 that has become the central point for processing payment transactions, DCT payments, liquidations, funds commitments, and general finance related processes. The BSC continues to improve on the efficiency gains of the former VISION Hub in transactions processing and optimization of transactions management. Centralizing transactions at the BSC has freed up time for programme officers to concentrate on programming activities.

The CO revised and updated 10 out of the 22 SOPs covering Payments, Cash in Transit (CIT), PCA, Supply, Local Travel, International Travel, HACT, Grant Management, Donor Reporting, and SSFAs. The revised SOPs were aligned with the Accountability Framework and also reflect the new Business Support Centre set up.

In 2015, efficiency gains and cost savings were achieved in the areas of procurement, transport management, transaction processing and through UN Delivering as One initiatives.

LTAs accounted for 80 per cent of local and international procurement for the CO programme supplies in 2015; the 82 LTAs that are currently in place significantly reduced procurement transactional costs and lead times thereby ensuring supplies were received in a timely manner. Malawi CO also realized efficiencies through UN DaO initiatives. In 2015, the CO recruited a total of 74 consultants. Out of these, 32 were sourced from the DaO Consultancy Database. Recruiting from the database shortened the recruitment process by up to 6 weeks for each case. UN Joint Procurement Taskforce issued a UNICEF Malawi specific PO for stationary in April 2015 for US\$ 90,070. An analysis by a Business Operating Strategy (BoS) consultant projected savings of 20 per cent by end 4th quarter, that is US\$ 23,000 for UNICEF Malawi.

In 2015 the annual supply plan was projected at US\$ 20.2 million, comprising US\$ 8.7 million for service contracts and US\$ 11.5 million for procurement of goods. As at 7<sup>th</sup> December 2015, supply inputs amounted to US\$ 35.84 million. Programme supplies consisted of US\$ 6.87 million local and US\$ 6.82 million for offshore (totalling 13.69 million), procurement services (transactions for government) stood at US\$ 13.2 million and institutional contracts at US\$ 8.95 million. UNICEF Malawi responded with US\$4.15 million in emergency relief supplies for the emergencies during the year. Pre-positioned stocks in 2015 for the food insecurity situation affecting 2.8 million persons

VISION Systems did not suffer any major downtimes in 2015. Access to VISION for Malawi CO was affected by a three hour power outage in August that was caused by faulty Mains wiring. The corporate ICT updates were implemented in time.

These achievements were directly linked to successful implementations of the operations work plans. The overall work plan achievement for Operations section was above 90 per cent.

## **OUTPUT 1: Governance and Systems**

### **Analytical Statement of Progress:**

The CO reviewed the TOA and SOD conflicts on quarterly basis to ensure timely updates and corrective actions. LJCC met regularly, the staff association is in place, statutory committees had capacity building session for members and met as per TOR and the CO had an all staff

meeting once a month for all the months of the year 2015. The Programme Management Team and Operations Unit heads also met regularly as well as two meetings of all Operations staff. The minutes of the meetings are shared and filed electronically. The July 2014 audit recommendations were all closed by OIAI in September 2015 and the CO is monitoring sustainability of the corrective actions. the CO staff were active in DaO activities and chairs some of the working groups; UN HACT, Supply and PMT.

The CO revised and updated 10 Standing Operating Procedures covering Payments, Cash in Transit (CIT), PCA, Supply, Local Travel, International Travel, HACT, Grant Management, Donor Reporting, and SSFAs. The revised SOPs were aligned with the Accountability Framework and also reflect the CO's preparedness towards the GSSC initiative. The SOPs and accountability framework were rolled out. The CO is now working on monitoring mechanisms at hierarchical levels from the Unit, Sections to CMT.

VISION Systems did not suffer any major downtimes in 2015. Access to VISION for Malawi CO was affected by a 3 hour power outage in August that was caused by faulty Mains wiring.

## **OUTPUT 2: Financial Resources and Stewardship**

### **Analytical Statement of Progress:**

The CO was able to minimize cash holdings and exposure to currency fluctuation by carefully monitoring replenishments and tracking expenditure. The variation between expenditure amounts and replenishment amounts exceeded targeted at 7 per cent for the period January to October 2015.

There were two incidences of stolen laptops. Two staff members lost their laptops when their respective cars was broken into and office laptops were stolen; PSB recommended that the staff replace the laptops by paying amounts equivalent to the calculated value of the laptops based on the age and purchase price.

Financial resource management was conducted through the compilation of monthly indicators that are monitored by CMT; this includes the timely receipt of grants and allocation; utilization of funds prior to grant expiry, invoice tracking for timely payments to Vendors and liquidation of cash transfers. Monitoring of DCTs through systematic monthly reviews has resulted in a marked reduction of un-liquidated DCTs over nine months that was 2 per cent compared to 11 per cent at the same time in 2014. All bank reconciliations were successfully completed, uploaded and approved in Vision. Timely monthly financial closure and review of accounts was performed.

The reorganization that involved the establishment of a Business Support Centre has streamlined requisitioning and payment processes. The BSC has become the central point for processing transactions, namely parking invoices, payments, DCT liquidations and funds requisitions and commitments. The CO revised and updated 10 Standing Operating Procedures covering Payments, Cash in Transit (CIT), PCA, Supply, Local Travel, International Travel, HACT, Grant Management, Donor Reporting, and SSFAs. The revised SOPs were aligned with the Accountability Framework and also reflect the CO's preparedness towards the GSSC initiative.

In response to the Internal Audit carried out by OIAI in July 2014, 100 per cent of recommendations were closed by September 2015 and the CO is currently working towards sustaining the audit corrective actions.

The CO continued to strengthen risk management through HACT assurance activities in an environment characterized by perceived high prevalence of fraud and misappropriation of funds. During 2015, two special audits and 57 Spot Checks were implemented in addition to programmatic visits, 8 scheduled audits, 5 joint spot-checks and 9 micro assessments were also performed through the UN HACT Working Group through local audit firm LTAs. The throughput for local payments as at October 2015 totalled US\$ 41.6 million, 34 per cent more than 2014.

### **OUTPUT 3: Human Capacity**

#### **Analytical Statement of Progress:**

The Malawi CO is comprised of a total of 115 staff, of that 30 are international and 85 are Malawian nationals (42 National Officers and 43 General Service staff). As part of the emergency response, the CO had 39 deployments that included stand-by partners, consultants, temporary appointments and staff on mission from other UNICEF COs. As part of the regular programme, the CO hired 12 international staff and 11 national staff during when the CO continued its commitment to pursue gender and geographical. Ten per cent of the recruitment cases were completed within the KPIs. The CO followed due process; however, the shortcomings for not meeting the KPI targets are mainly due to competing priorities. The post MTR posts were filled in the second half of the year because of the flood emergency during the end of the year and beginning of 2015

The CO continued to focus on strengthening the skill sets of current and new staff. The Learning Plan focused on building capacity and knowledge of staff on UNICEF Malawi programming and processes with special emphasis on results based management, human rights based approach to programming and knowledge management; as well as continuing to address the staff morale issues identified in the 2014 Global Staff Survey findings. Knowledge sharing initiatives were conducted through presentations at the monthly all-staff meetings, providing opportunities to expand staff knowledge on key human resource and operational policies, programme implementation, and internal work processes. The CO successfully implemented the following group trainings: CBI in May and September; RBM in September; and all staff were trained in Conflict Prevention and Communication in October. A group orientation for all new staff was held in August 2015, that covered both programme and operations topics. In 2015 8 staff members attended external training workshops.

The CO continued to address the staff issues identified in the 2014 the CO as well as Global UNICEF Malawi Staff Morale Survey. The emerging issues were discussed and prioritized through all staff meetings and LJCC. This led to the implementation of a Staff Retreat in 2014 that resulted in actions for better intra/inter-Section communication and team working. These actions led to greater efforts among staff and management to share information, broaden consultations in decision-making, and enhanced the environment for better collaboration and participation in Programme processes. In addition, Management and Staff Association developed an 8 Points Plan, that complemented the achievements of the 10 points Plan developed in 2012. The LJCC monitors the implementation and staff were updated at the All Staff Meeting.

The completion of the individual work plans and performance appraisal processes were closely monitored by the CMT and managers reminded to uphold the quality of these critical HR Management processes. The rate of completion of 2014 PERs was 100 per cent by February 2015. 18 supervisors and 37 non-supervisors were trained on Managing People for Performance and Managing Performance for Results, respectively bringing the totalled trained to-date to 33 and 62 respectively.