Malawi

Executive Summary

Weak economic performance, fiscal challenges, a humanitarian crisis and high levels of poverty among other macro-challenges worsened the situation of children in Malawi in 2016.

Overall inflation ranged from 20 to 25 per cent while food prices increased significantly (25 to 30 per cent), having a major impact on the poor. Flooding and drought exacerbated low crop production, resulting in a 0.716 million metric ton maize deficit. An estimated 39 per cent of the population (estimated 6.8 million people) were at risk of food insecurity. Child malnutrition worsened, with a 48 per cent increase in severe and acute malnutrition admissions from 30,445 in 2015 to 49,071 in 2016.

A severe depreciation of the Malawi Kwacha to the US from 469MWK (July 2015) to 725MWK (December 2016) increased the cost of living for poor children and their families. The Government faced serious fiscal space constraints evidenced by huge budget deficits (4.3 per cent of GDP in 2015/16), increasing debt service costs and reduced budget support. Fiscal challenges reflected the weak tax base, compounded by sluggish GDP growth (projected to be 3.1 per cent in 2016 compared to 6.2 per cent in 2014).

UNICEF Malawi scaled-up the nutrition emergency response in all 25 drought-affected districts, providing lifesaving commodities to all 707 community management of acute malnutrition (CMAM) sites, screening 1,004,743 children and improving the lives of 36,738 children under-five with severe acute malnutrition (SAM). Jointly with United Nations and civil society partners, UNICEF Malawi supported the roll out of the Accountability to Affected Populations initiative, monitoring the nine accountability commitments and providing communities an opportunity to voice preferences for nutritional support, cash and medicines.

With programming based on an informed understanding of existing and potential risks of vulnerable people, UNICEF Malawi identified districts with high food deficits and low maternal retention to HIV treatment. Three districts were supported with stronger integration of HIV, paediatric tuberculosis and nutrition service delivery. Early results indicated the benefits of integrated programming: 13 per cent of HIV-exposed children were malnourished and referred to CMAM; 14 per cent of children on ART tested positive for tuberculosis and enrolled in treatment.

Although donors funded service delivery, the poorest households still suffer from limited access to essential social services. UNICEF Malawi, in partnership with key budget-support partners, initiated a common funding mechanism for the education sector that pooled resources alongside sector reforms and strengthened fiduciary controls, thus constituting an intermediate step towards resumption of budget/sector support.

UNICEF Malawi heightened attention to early childhood development (ECD) by strengthening caregivers’ skills and enhancing transition to primary school. Access increased from 41 to 45 per cent, resulting in 1.5 million children accessing ECD services, mainly through 11,588 ECD centres. High-level advocacy conducted jointly with civil society brought increased Government funding for ECD.
In 18 districts, 320,500 people benefited from potable water supplied through constructing and rehabilitating 1,282 water points. With UNICEF Malawi’s support, over 1,000 villages became open defecation free (OFD) (41 per cent conversion rate) and nine traditional authorities received certification. A total of 150,830 people now can access hand washing facilities while 571,240 people were reached with communication for development. UNICEF Malawi and partners trained district environmental health teams in quality assurance to minimize repairs to or replacement of installations.

The Government’s Social Cash Transfer Programme (SCTP) is key to mitigating the impact of economic stress on the most poor and vulnerable households. However, rapid scale-up and constrained Government capacity delayed implementation. UNICEF Malawi successfully supported Government to include social case transfer beneficiaries in the 2016/17 humanitarian response.

UNICEF Malawi and UN partners reached 2,400 adolescent girls in 81 schools with life skills education and interventions to improve nutritional status, reduce HIV transmission and prevent gender-based violence (GBV). Teachers reported improved attendance and academic performance among girls. UNICEF Malawi lay the foundation for the Gender Equality and Reproductive Health Improve Initiative to influence the development of gender norms among younger adolescents to achieve better health, education and protection outcomes.

UNICEF Malawi worked with the National Child Justice Forum, Malawi Police Service and civil society partners to deliver rehabilitative justice to children in contact with the law; over 700 children benefited from diversion. Over 5,000 cases of violence and abuse were recorded and referred via Police Victim Support Units.

UNICEF Malawi’s innovation received global attention for exploring the use of drones to transport dried blood spots for early infant diagnosis of HIV between health facilities and laboratories. Support expanded to include a drone air corridor for humanitarian purposes and local academic partnerships to build local expertise.

### Humanitarian Assistance

Malawi continued to be impacted by disasters, including cholera, flooding and drought (El Niño). In 2016, late rains and prolonged dry spells exacerbated the low crop production of 2015/2016, resulting in a 0.716 million metric ton maize deficit. In October, the Malawi Vulnerability Assessment Committee (MVAC) revised previous estimates of 6.5 million upwards to an estimated 6.8 million people at risk of food insecurity in 24 of 28 districts, representing 39 per cent of the national population. A state of emergency was declared by the Government and the humanitarian response was extended to March 2017. UNICEF Malawi’s appeal for funding was revised upward due to the severity of the drought from a previous estimate of US$13 million to US$22.7 million in September, with a funding gap of US$15.35 million.

UNICEF Malawi worked with partners to respond to populations at risk in compliance with Early Warning/Early Action benchmarks. UNICEF Malawi successfully advocated for the inclusion of social cash transfer programme (SCTP) beneficiaries in the 2016/17 MVAC targeting.

UNICEF supported the nutrition emergency response in all 25 drought-affected districts by identifying and treating children under five years with severe acute malnutrition, immunizing children aged 6 to 59 months against measles, providing children with life-saving curative intervention and ensuring last-mile delivery of nutrition commodities to all 707 community management of acute malnutrition (CMAM) sites.
Integration with communication for development (C4D) enhanced uptake and increased demand for CMAM services for children, resulting in a 48 per cent increase in admissions for severe acute malnutrition from 30,445 children in 2015 to 49,071 children in 2016. Of the 49,071 children admitted into outpatient therapeutic programmes (OTPs) and nutrition rehabilitation units (NRUs) supported by UNICEF Malawi, 92 per cent were cured (exceeding the >75 per cent target), and the death rate fell from 9.7 per cent 2015 to 7.8 per cent in 2016, meeting the 2016 target.

Micronutrient interventions for children 6-59 months were delivered through two rounds of child health days. Also, 2,615,000 children were reached with vitamin A supplementation, and 2,428,000 children 12-59 months with de-worming.

UNICEF Malawi supplied potable water to 65,260 people out of the targeted 70,000 affected population through constructing and rehabilitating water points; 76 per cent of the targeted 38,750 affected population gained access to improved latrines and over 400,000 people were reached with hygiene promotion messages.

Emergency preparedness and response capacity was strengthened by training 189 child protection workers on real-time monitoring of children accessing psychosocial services and assisted through community victims support units and community outreach. Twenty senior police officers from 10 districts were trained on preventing sexual exploitation and abuse in emergency settings.

Seasonal cholera affected 14 districts, with 1,763 cases and 48 deaths, a case fatality rate of 2.6 per cent. UNICEF Malawi in addition to community mobilization activities provided drugs, chlorine, tents and other supplies to assist with the response. UNICEF in collaboration with the Ministry of Health (MOH) conducted a preventive mass oral cholera vaccination campaign in cholera prone areas, 93,457 people were vaccinated (43,669 male and 49,788 female). Among those vaccinated, 14,596 were children between one to four years, 37,668 were five to 15 years and 41,193 were older than 15 years.

UNICEF Malawi provided 100 schools with teaching and learning materials, and support for recruitment of volunteer teachers for 168 learning centres. Vulnerable adolescent mothers in adolescent-friendly youth centres received livelihood and nutrition education and a one-off supplementary maize flour distribution.

UNICEF Malawi encouraged risk-informed-programming, as demonstrated by using MVAC and HIV data to identify districts with high food deficits and low uptake of maternal HIV treatment services. Three districts were supported to implement an integrated HIV, TB and nutrition intervention, resulting in increased active TB, HIV and malnutrition case finding.

Over 11,600 Mozambicans sought refuge in Malawi. To ensure that the refugee children and women had access to safe water and sanitation, good nutrition status and psychosocial support, UNICEF Malawi responded with WASH, health, nutrition and psychosocial support interventions within the established camps.

UNICEF MALAWI responded to 700 households displaced by flooding in Karonga District with WASH and education interventions, providing safe water and sanitation and hygiene facilities, and access to safe and secure learning.

Malawi’s recurrent emergencies necessitated an inter-sectoral response. UNICEF Malawi worked with partners to design a comprehensive response to shocks that build household, community and local and national institutional capacity. UNICEF Malawi commenced work with the University of Zurich to identify research questions to inform the evidence on
strengthening resilience.

**Emerging Areas of Importance**

**Greater focus on the second decade of life.** Malawi’s child marriage and adolescent birth rates are among the highest in the world, and young women remain vulnerable to unplanned pregnancy and HIV infection due to socio-cultural practices. In addition to its on-going programming with adolescents, UNICEF Malawi expanded its multi-sectoral approach to adolescents, integrating education, health, protection and HIV.

A situation analysis of adolescents and youth led by the Ministry of Labour, Youth and Manpower Development supported by UNICEF Malawi and UNFPA provided an evidence base for interventions for the age range 10 to 29 years. The report recommended investment in protection from and prevention of exploitation, violence and abuse of adolescents. The Malawi Youth Status report served as the reference point for the emerging adolescent and youth response programme, leading to a joint Government and UN annual work plan 2016 and the establishment of a 13 Ministry inter-ministerial task force led by the Chief Secretary in the Office of the President and Cabinet.

UNICEF Malawi and the MoH conducted a data abstraction exercise in eight districts, which studied adolescents’ uptake of HIV and Sexual and Reproductive Health services. Preliminary data analysis confirmed that young women were less likely to access family planning, treatment for sexually transmitted infections, and prevention of mother-to-child transmission (PMTCT) of HIV services.

Drawing upon findings from the Global Early Adolescent Study led by Johns Hopkins Bloomberg School of Public Health and the University of Malawi College of Medicine, UNICEF Malawi lay the foundation for the Gender Equality and Reproductive Health Improvement Initiative to influence the development of gender norms among 10 to 14 year olds to achieve better health, HIV, education and protection outcomes.

The Joint Programme on Girls Education kept girls in school through a combined package of interventions. Integrating social protection and HIV, sexual and reproductive health and HIV outreach services were provided to 14,291 adolescents within household cash transfer catchment areas.

**Accelerate integrated early childhood development (ECD).** In line with the Strategic Plan 2014-2017, UNICEF Malawi increased attention to ECD, taking ECD to scale by strengthening families in their child care role and enhancing transition to primary school. The increased inter-sectoral coordination involved in this development led to the revision of the national ECD policy. Access increased from 41 to 45 per cent, resulting in 1.5 million children accessing ECD services, mainly through 11,588 ECD centres. High-level advocacy conducted jointly with Civil Society Organisations (CSOs) brought increased Government funding for ECD.

Malawi adopted the WHO/UNICEF Care for Child Development (CCD) strategy that spotlights the interactions of caregiver(s) with early infants as critical for healthy growth and development. A total of 198 facilitators were trained in four districts who then reached 5,000 adolescent mothers in functional literacy groups, addressing the of lack parenting skills which put children at risk of not attaining developmental milestones. The roll out of CCD strengthened programmatic convergence between ECD, adolescent girls and health, helping to break sectoral barriers and improve service delivery.

**Support “movements” to accelerate results for children.** The Malawi Demographic Health Survey (DHS) was completed in 2016 and disseminated by Government at national
level and to all key stakeholders. One highlight was declining stunting rates from 47.1 per cent in 2010 to 37.1 per cent in 2016. UNICEF conducted further analysis to determine the reasons for the decline and focus the nutrition-specific and nutrition-sensitive agenda for the country.

UNICEF Malawi built on the success of the Scaling Up Nutrition (SUN) movement, supporting the establishment of the National Multisectoral Committee for Nutrition that promoted cross-sector convergence of ‘nutrition-sensitive’ interventions (including food diversification) linking nutrition with agricultural activities. UNICEF also contributed to the ‘double dividend’ to build the evidence base for integrated HIV, EPI and nutrition service delivery.

Community-based nutrition service delivery was strengthened in four districts, including Phalombe district where UNICEF Malawi worked under the Joint UN Resilience Project with FAO. In addition to strengthening District Nutrition Coordination Committees, UNICEF Malawi supported care group members (462 male, 2,429 female) who reached 28,571 households with nutrition counselling and support. Over 21,000 children benefitted from community-based nutrition service delivery focussing on preventive nutrition services (growth monitoring and behaviour change communication on appropriate nutrition and WASH practices) through outreach sessions by trained frontline workers (161 males and 67 females).

### Summary Notes and Acronyms

- **AMP**: Annual Management Plan
- **CBCC**: Community Based Childcare Centre
- **CBM**: Community Based Management
- **CCD**: Care for Child Development
- **CEDEP**: Centre for the Development of People
- **CFM**: Common Funding Mechanism
- **CLTS**: Community Led Total Sanitation
- **CSO**: Civil Society Organisation
- **CMAM**: Community Management of Acute Malnutrition
- **CPIMS**: Child Protection Information Management System
- **DFID**: U.K. Department for International Development
- **DHS**: Demographic and Health Survey
- **ECD**: Early Childhood Development
- **EID**: Early Infant Diagnosis
- **EMIS**: Education Information Management System
- **EmONC**: Emergency Obstetric and Neonatal Care
- **EPI**: Expanded Programme of Immunisation
- **ERM**: Enterprise Risk Management
- **ERTME**: Education Real Time Monitoring System in Emergencies
- **ESARO**: Eastern and Southern Africa Regional Office
- **ESIP**: Education Sector Implementation Plan
- **GFATM**: Global Fund to Fight AIDS, Tuberculosis and Malaria
- **GSSC**: Global Shared Services Centre
- **iCCM**: integrated Community Case Management
- **IYCF**: Infant and Young Child Feeding
- **JMP**: Joint Monitoring Programme
- **MLYSMD**: Ministry of Labour, Youth, Sports & Manpower Development
- **MOEST**: Ministry of Education, Science and Technology
Capacity Development

UNICEF Malawi implemented an evidence-based strategic approach to C4D, addressing social and cultural norms and improving partner capacity through the C4D learning lab. C4D interventions contributed to an increased number of children screened for malnutrition in 16 districts, partnerships with 15 traditional authorities in three districts to review and adopt norms to stop violence against children, and increased household and community prioritization of girl’s education.

Using evidence from linkages of SCTP beneficiaries to village saving and loans’ groups and referral services, a system to refer and monitor SCTP beneficiaries’ access to essential services (health, education) and services contributing to their productive inclusion (agriculture, livestock, trade) was established in two districts.

UNICEF Malawi supported health facilities in five low-performing districts to conduct quality assurance analysis based on district health performance improvement dashboards. All facilities adopted and implemented quality improvement mechanisms to improve new-born and maternal care.

UNICEF Malawi supported the development of the National Nutrition Monitoring and Evaluation Framework ensuring alignment with the National Nutrition Policy, integrated information systems, operationalization of the Nutrition Surveillance system at sub-national levels and key nutrition indicators integrated into the MVAC, all of which contributed to Government capacity in disaster risk reduction.

Information management systems for health, HIV, education and nutrition were strengthened by placing technical experts in line ministries, resulting in improved data quality and targeting of interventions. UNICEF, USAID and CDC supported the National Statistical Office to complete the DHS. This included a micronutrient survey module for the first time that gave direction to Government and development partner to address the micronutrient status of vulnerable women and children.

Study tours to Uganda for lecturers from Teacher Training Colleges assisted the colleges on benefits of continued professional development courses, partly school and college-based.
Evidence Generation, Policy Dialogue and Advocacy

UNICEF Malawi supported the following research and evidence-generating activities, in partnership with line ministries.

Malawi Youth Status Report 2016: This comprehensive analysis of adolescents and youth provided an important baseline for policy dialogue on health, education and child protection.

The national Multiple Overlapping Deprivation Analysis report: The report highlighted the need to address children’s poverty inter-sectorally, beyond household income. Following the launch, the Government of Malawi has committed to addressing multiple child deprivation, including within the development of the new national plan.

Household Social Cash Transfer: The Endline Impact Survey provided critical results to Household Social Cash Transfer continuation and scale-up. Results indicated improved food security, food consumption, children’s material well-being, ownership of productive assets and school participation. Less significant were the effects on infant and young child health and adolescent sexual and reproductive health.

Acceptability and feasibility of early infant male circumcision: Results informed the development of early infant male circumcision protocols and leveraged funding for services.

Quality assurance and feasibility of point of care for early infant diagnosis of HIV: Results were disseminated at global forum and have informed increased funding for scale-up of Point of Care.

The SMART survey: The survey provided critical nutrition data for the emergency response.

The feasibility and cost of using unmanned aerial vehicles to transport laboratory samples for early infant diagnosis of HIV: This innovative study was the first globally to generate evidence on the use of unmanned aerial vehicles for HIV diagnostic supply chain systems. Results were used to develop national unmanned aerial vehicle regulation and led to expansion of the use in Malawi for humanitarian purposes.

Budget advocacy briefs (social welfare, health, WASH, education) and the youth sector budget analysis were developed as advocacy and accountability tools for increased allocation of resources for children in the 2017 budget.

Partnerships

UNICEF Malawi provided leadership in the development of the second Education Sector Implementation Plan (ESIP-II), however discreet funding had a negative impact on sector coherence and weakened governance. UNICEF Malawi, in partnership with budget support partners including DFID, the Government of Norway and the World Bank, led the establishment of a Common Funding Mechanism (CFM) to pool resources around sector reforms and strengthen fiduciary controls, an intermediate step in the resumption of budget-sector support.

Partnership with the University of Malawi Polytechnic introduced courses on child rights and journalism; 12 journalists were trained on reporting on malnutrition. Partnership continued with Mzuzu University’s SMART Centre in sanitation construction and training sanitation entrepreneurs.

UNICEF Malawi’s private sector partnership with the Standard Bank of Malawi introduced a mentorship programme where female bank employees in three districts mentored female
secondary school students, inspiring them to continue their education.

UNICEF Malawi’s partnership with faith-based organizations, civil society organisations (CSOs) and government contributed to the prevention and response to exploitation and abuse of women and children, including annulling 154 child marriages and returning 110 girls to school.

Partnership with the police services improved police response and reporting. Police Victim Support Units registered a 5 per cent increase from 2015 in the number of women and children accessing services. The new ‘Malawi Police Victim Support Units Data Digest’ issued monthly summaries of cases of violence and abuse across the country.

UNICEF Malawi, in partnership with the Paediatric and Child Health Association, supported the establishment of a ‘special newborn care unit’ in seven districts. This provided basic and special newborn care at the secondary level facility through a skilled workforce and focused on addressing the high neonatal mortality rates.

External Communication and Public Advocacy

UNICEF Malawi continued to use external communication to support public advocacy and raise awareness of the situation of children in Malawi through traditional media and new media channels. UNICEF engaged local and international media to promote the innovative use of unmanned aerial vehicles (UAVs) in transporting dried blood samples for HIV testing of infants. Covered by over 16 national and 25 international media and attracting 37,000 visitors to the UNICEF website, the launch was an opportunity to advocate for early infant diagnosis for HIV.

A declaration of a state of national disaster by the Government of Malawi due to the El Nino phenomenon increased media coverage of UNICEF Malawi. AFP, Al Jazeera, German Press Agency, German TV and CCTV Africa were among the media UNICEF Malawi hosted to cover the nutrition emergency.

The nutrition emergency raised the number of visits by National Committees, which brought international attention to the crisis and UNICEF’s advocacy.

The visit to Malawi of the Special Representative to the Secretary-General on Violence Against Children, increased advocacy on violence against children and harmful traditional practices. The Special Representative engaged in high-level advocacy to promote multi-stakeholder, prevention-focused action.


Social media was strategically and actively used to support advocacy of child rights. UNICEF Malawi increased Facebook followers from 5,100 to 6,580 and Twitter from 3,900 to 5,100. Social media raised national and global awareness of the nutrition emergency.

South-South Cooperation and Triangular Cooperation

UNICEF Malawi facilitated a learning exchange for members of the Government of Malawi with partners in Rwanda and Zambia on the subject of reintegrating separated children into their communities. The delegation met to seek high-level political intervention to prevent admission of children into child care institutions and advocate for community-based care, both are priorities in 2017.
UNICEF Malawi supported education experts to visit Rwanda to learn from its secondary education strategy (a nine-year basic education programme) and catch-up programmes for out-of-school youth. Youth exchanges with Kenya informed Malawian youth about school councils. Study tours to Uganda for Teacher Training College lecturers resulted in new approaches to professional development courses. The Ministries of Education in Uganda and Malawi shared experiences in developing and refining real-time monitoring mechanisms, including EduTrac - a platform for quick and efficient data collection to inform programmes that will reduce teacher and student absenteeism. The exchange visit strengthened the knowledge of the Government of Malawi on the benefits and challenges of EduTrac in providing timely and regular data to stakeholders at national and district level, while enhancing communication between districts and schools.

UNICEF supported participation of MoH officials to attend Global Fund to Fight AIDS, Tuberculosis and Malaria regional meetings in Kenya and Uganda on integrated community case management (iCCM). Following the meetings, Malawi's iCCM programme partners conducted a budget gap analysis and identified areas of funding to advocate for inclusion in future GFATM concept notes.

UNICEF Malawi supported a multi-sector team from the Ministries of Transport, Defence, Justice and Health to South Africa to learn about UAV regulations. Subsequently, UAV regulations were drafted with UNICEF support. South Africa benefitted from learning about Malawi’s support to UAVs for development and humanitarian purposes.

**Identification and Promotion of Innovation**

The education response for the drought and food insecurity was guided by the Education Real Time Monitoring in Emergencies (ERTME) system, a new tool to monitor school performance and the impact of the emergency on school-age children. In cooperation with MLYSMD, the new system enabled the education cluster to track the effectiveness of youth clubs in mitigating the damaging effects of the crisis on children in 15 drought-affected districts. Preliminary qualitative data indicates that youth groups increased resilience, especially for rural out-of-school adolescents, against the negative impacts of drought and food insecurity.

UNICEF Malawi supported the Government’s pilot introduction of point of care testing for early infant diagnosis (EID) of HIV, resulting in same-day delivery of test results and immediate initiation of HIV-infected children onto treatment. In 2017, an additional 50 point of care machines will be procured and placed nationwide.

UNICEF Malawi conducted a study on the use of drones to transport dried blood spots for EID of HIV from health facilities to a laboratory. Drones successfully flew 93 autonomous, beyond line-of-sight flights, demonstrating the feasibility of introducing drones into a health system. C4D activities and wrap-around HIV services accompanied the study. UNICEF will expand its support to the use of UAVs for humanitarian purposes in 2017, including launching a UAV air corridor for humanitarian purposes and partnering with the Polytechnic to build local expertise.

UNICEF supported implementing and integrating adolescent protection, girls’ empowerment and self-defence, boys’ empowerment and transformation within the safe schools component, contributing to a safer learning environment.

Through UNICEF Malawi’s partnership with mHub and the Innovation Hub, youth were supported to develop and implement innovative solutions to problems facing communities. ‘Lilongwe Pitch Night’ provided a platform for 10 Malawians to share their innovations with
potential investors and mentors, contributing to a nascent culture of innovation and entrepreneurship.

Support to Integration and Cross-Sectoral Linkages

UNICEF supported the Action for Adolescents functional literacy programme that promoted learning skills, survival and life skills for adolescents in 12 districts, reaching 24,000 adolescents/children. A similar model that enhanced adolescent resilience in drought-affected communities reached 12,500 adolescents, most of whom were adolescent mothers.

Cross-sectoral solutions were pursued to convene the National Multisectoral Committee for Nutrition. UNICEF Malawi supported the 'Phalombe model' (a cross sectoral resilience programme in agriculture, health and nutrition) to deliver community-based nutrition services.

Given food insecurity, high HIV/Tuberculosis (TB) co-infection, and poor retention rates for mothers on ART, a mapping exercise linked women on ART treatment with MVAC data to identify districts with high food insecurity and low ART retention. UNICEF supported three districts to integrate HIV and nutrition service delivery. A total of 432 HIV-exposed children were screened for malnutrition, of whom 13 per cent were malnourished and referred to community management of acute malnutrition; 37 children on ART were screened for TB, of whom 14 per cent tested TB positive and all (100 per cent) were enrolled into TB treatment.

UNICEF Malawi constructed latrines in 114 schools, and constructed and rehabilitated 175 water points and taps in schools as part of a programme promoting girls’ retention in schools with safe and hygienic sanitary facilities. A total of 105,000 school children were provided with a safe water supply, and over 100 schools were supplied with latrines and urinals, serving about 68,400 pupils. To set a uniform approach to acceptable latrine construction, UNICEF Malawi supported the Ministry of Education, Science and Technology (MOEST) in establishing national construction standards.

The Gender Equality and Reproductive Health Improvement Initiative brought together HIV, health, protection and education experts to plan a longitudinal research study on influencing younger adolescents’ acquisition of harmful gender and social norms.

Service Delivery

With prolonged food insecurity, support to service delivery was essential to ensure that critical nutrition supplies reached the most vulnerable children. Timely referrals and treatment kept malnutrition related indicators within SPHERE standard limits. Recruitment of field-based monitors and a national coordinator boosted the capacity of national systems to respond to the emergency.

In 18 districts, 320,500 people benefited from potable water supplied through the construction and rehabilitation of 1,282 water points. The momentum for community-led total sanitation (CLTS) mounted steadily. With UNICEF Malawi support, over 1,000 villages became open defecation free (ODF) (41 per cent conversion rate) and nine traditional authorities received certification. About 150,830 people now have access to hand washing facilities while 571,240 people were reached with C4D and promotional messages. UNICEF Malawi and partners trained district environmental health teams in quality assurance, to minimize repairs and replacement of installations.

UNICEF worked with the National Child Justice Forum, Malawi Police Service and civil society partners to deliver rehabilitative justice to children in contact with the law. As a result, over 700 children benefited from the use of diversion in juvenile justice. Over 5,000 cases of
violence and abuse were recorded via the Police Victim Support Units and referred to appropriate service providers.

‘Champions’ in district health planning supported 13 districts to identify bottlenecks in reproductive, maternal, neonatal and child health (RMNCH), nutrition and HIV services. To address supply side barriers, UNICEF Malawi procured drugs and equipment for facilities and outreach and developed associated. Health surveillance assistants provided essential health services and conducted mass screening of 1.9 million children.

Approximately 460,000 infants received the recommended immunizations through the expanded programme on immunization (EPI). Much-needed support was provided for equipment and training health workers on cold chain maintenance and vaccine management. All health facilities successfully adopted the new recommended polio vaccine.

**Human Rights-Based Approach to Cooperation**

In the humanitarian response, jointly with the UN and civil society partners, the Accountability to Affected Populations initiative was rolled out to provide communities an opportunity to voice preferences for nutritional support, cash and medicines and monitor the nine accountability commitments. In 2017, this mechanism will address reporting on the prevention of sexual exploitation and abuse, including incidences associated with the food distribution channels.

UNICEF supported the implementation of a joint social accountability project to build checks and balances into the health delivery system, focusing on equitable services in reproductive, maternal, newborn, child and adolescent health (RMNCAH). UNICEF Malawi, through its partners, took village-level efforts to committees at district level, and a CSO task force ensured that issues were raised at Parliamentary and Cabinet levels.

Community-facility linkages were strengthened by using facility-level data dashboards in four districts. Community members, leaders and health staff met to discuss performance gaps and reach consensus on programme adjustments.

UNICEF led the preparation of the United Nations Country Team’s confidential submission to the Committee on the Rights of the Child (CRC) on implementing the Convention on the Rights of the Child and two protocols in Malawi. The Malawi Human Rights Commission was supported to develop the alternative report; the NGO Coalition on Child Rights produced shadow reports, one with children’s contributions.

Reporting systems for child victims of violence, exploitation and other abuse were refined and expanded to make it easier for children to seek services. Information flowed from schools where children reported anonymously, and between Community Victim Support Units and District Social Welfare Offices via SMS. The construction of a Children’s Court in Lilongwe with UNICEF support will lead to more cases involving children being heard.

Following consultations with adolescent men who have sex with men, UNICEF Malawi supported the Centre for Development of People to provide outreach HIV services to adolescent men and to finalize a training manual for service providers and Helpline counsellors on adolescents and sexual diversity.

**Gender Equality**

UNICEF Malawi conducted a gender audit to map gender mainstreaming in programmes, sensitise staff and emphasise gender disaggregated reporting. US$8,562,394 (12 per cent) of the UNICEF Malawi budget is allocated to gender-specific interventions.
A randomized control trial by John Hopkins University on UNICEF Malawi IMPOWER-supported interventions (self-empowerment, self-efficacy and self-defence) showed that the incidence of forced sex in the previous year dropped from 15 per cent to 9 per cent in the intervention group compared to no change in the control group. UNICEF in collaboration with WFP, UNAIDS, UN Women and UNFPA supported a whole-school approach in 81 schools, reaching 2,400 girls aged 10-24 years with life skills education. Both girls and boys benefited in the targeted schools through age-appropriate sexuality education, and interventions to improve nutritional status, reduce HIV transmission (Condomise, Protect the Goal, He4She) and prevent gender-based violence. Teachers reported improved attendance and better academic performance among girls through the programme.

UNICEF partnered with WFP, the food security cluster and the Agricultural Development and Marketing Corporation to address sexual and gender-based violence in the humanitarian response. A prevention of sexual exploitation and abuse feedback mechanism resulted in increased reporting of cases of gender-based violence at household level and reported cases of abuse of authority during the humanitarian response.

UNICEF Malawi’s Action for Adolescents and Youth project provided functional literacy programmes for 5,000 adolescent mothers.

Through UNICEF, 105,000 pupils benefited from safe water supply while 68,400 used gender-appropriate improved latrines and urinal facilities. A total of 941 gender equitable Water Point Committees were established with 4,705 women participating.

Male motivators have a dominant role in women’s access to health services. Over 7,000 male motivators encouraged peers to support women’s access to prevention of mother-to-child transmission of HIV (PMTCT) services, including participating in couples’ HIV testing and counselling. A total of 16,000 men per month received HIV information from 7,000 male motivators in eight districts. A total of 1,865 men were referred for HIV services through male study circles.

**Environmental Sustainability**

The Living Schools project partnership between Polytechnic architecture students and teachers and primary school students in Blantyre expanded to a second school in Lilongwe. Children were active participants in designing and building an ideal school environment. They designed environmentally-friendly ‘learning pavilions’ using carbon-neutral or recycled building materials, and landscaped their schoolyard with fruit trees, shade trees and flowers.

Thirteen UNICEF Malawi-supported solar water schemes gave health facilities a reticulated water supply, with supervision by a tap attendant to prevent vandalism. In communities, low-cost corbelled latrines were promoted, a locally appropriate design developed by Mzuzu University with UNICEF Malawi support, that are durable and do not use trees in the production of slabs.

To minimize environmental damage to trees, UNICEF Malawi used compressed stabilized soil blocks instead of fired bricks in constructing a teacher training college and 11 schools. UNICEF advocated with Government for the use of compressed stabilized soil blocks in the construction of sanitation facilities in all institutions, including health facilities and ECD centres. Other environmentally sustainable approaches promoted and used in school construction included rainwater harvesting, solar panels and orientation of buildings to allow cooling by prevailing winds.

UNICEF Malawi supported an assessment to identify potential environmental management
measures for Maternal, Newborn and Child Health (MNCH)/EPI programmes. The assessment recommended measures to be incorporated into national planning documents to enhance the resilience, economic and environmental sustainability of MNCH/EPI service delivery.

Environmental sustainability guidelines adopted by UNICEF Malawi in 2015 were progressively implemented and tracked. Staff signed the Greening UNICEF Pledge, and results of the CO assessment were used to identify areas to reduce environmental impact.

**Effective Leadership**

The country management team’s (CMT) integrated dashboard covered all programme and operations indicators, including risk assessment and emergency, annual management plan (AMP) indicators, programme management indicators and regional comparison monitoring. This formed the basis for the monthly CMT meetings. A direct cash transfers (DCT) tracking dashboard was shared bi-monthly with all staff for effective and efficient HACT monitoring and reviewed at country management team and programme management team meetings.

The enterprise risk management (ERM) underwent a comprehensive review and was updated with key mitigation measures and revised designated risk owners. The ERM reflects the current socio-economic situation in Malawi, with ongoing emergency crisis and lack of budget support. Due to weakened financial management capacity at district level, a district management framework was developed. As part of its risk management framework, UNICEF contracted a third party financial management agency to assist with direct payments to districts and provide districts with financial management training.

UNICEF Malawi’s risk management and efficiency and effectiveness committee monitored the annual management plan, accountability and risk management, ERM review and sustainability of audit recommendations.

UNICEF Malawi’s audit recommendations were closed in 2015 and an audit sustainability plan was put place to track progress.

All standard operating procedures (SOPs) were updated in 2015, and UNICEF Malawi monitored their implementation through 2016 with quarterly reports on adherence to the country management team.

The UNICEF Malawi emergency management team that includes all members of the CMT was activated following the declaration of emergency. A situation centre responsible for the coordination during the emergency was operationalized and staffed with cluster leads and emergency surge staff to respond to the drought. Emergency response plans for drought and cholera were updated, and a contingency plan was developed for floods with pre-positioning of supplies.

**Financial Resources Management**

Funding levels increased by seven per cent last year. The increase in the overall other resources (OR) ceiling enabled the CO to respond to the emergency and fund the extension of the Country Programme.

The monthly monitoring of financial performance at programme management team and country management team meetings tracked timeliness of receipts, allocation of grants, utilization and expiry of grants, avoiding unnecessary extension of grants and/or loss of funds in expiring and expired grants.
The invoice registry and tracking system ensured timely payment to vendors. At year-end regular resources (RR), OR and other resources for emergencies (ORE) expenditures stood at 99 per cent, 96 per cent and 99 per cent respectively.

UNICEF Malawi sustained audit recommendations and maintained its track record of keeping DCT over nine months under one per cent, barring those under review by the Office of Internal Audit and Investigations.

The business support centre facilitated a smooth transition to the Global Shared Services Centre (GSSC), providing support for parking invoices, processing payments, liquidations, funds requisitions and commitments. UNICEF complied with the requirements of the bank optimization project, preparing quarterly cash forecasts and replenished bank accounts, maintaining sufficient funds to meet programmatic/operational demands for payments. UNICEF ensured proper and timely month-end and mid-year closure of activities. Cash at Bank and Cash on Hand have been well safeguarded. Accurate, timely and up-to-date monthly bank reconciliation statements and Cash at Bank and Cash on Hand certifications were submitted to Division of Financial and Administrative Management for all accounts.

The throughput for local payments at the end of the year stands at US$50,512,726, representing 93 per cent of 2015 total local payments.

**Fundraising and Donor Relations**

UNICEF Malawi worked with donors to raise funds to respond to emergency situations in the country. A total of US$7.46 million in new emergency funding was raised against the UNICEF Malawi Humanitarian Action for Children (HAC) appeal of US$22,706,669 (32 per cent funded). UNICEF also raised around US$15 million for the nutrition emergency response.

Facilitating donor visits to view field results helped leverage resources and improve accountability and visibility. In 2016, UNICEF Malawi hosted 19 National Committee visits from Switzerland, the United Kingdom, USA, South Korea, Sweden, Finland, Germany, Belgium and Norway, and from representatives of the Governments of the United Kingdom, Scotland, Japan, and Norway.

UNICEF Malawi sustained other resources (OR) income, achieving 100 per cent cumulative funding for the funding period 2012-2016. UNICEF Malawi's largest government donors were the United Kingdom and Northern Ireland through DFID, the European Union, and the Government of Germany through the German Development Bank (KfW), the Government of Norway and the Government of Japan.

Timely reporting was maintained with 100 per cent of all donor reports due in 2016 submitted on time after extensive quality assurance exercises. In 2016, the UNICEF Eastern and Southern Africa Regional Office conducted a quality assessment of donor reports that reviewed a sample of reports. The assessment rated the overall quality of reports from UNICEF Malawi office as exemplary and cited several examples of best practices from UNICEF Malawi donor reports.

**Evaluation and Research**

UNICEF Malawi strengthened its research and evaluation function to enhance the quality of evidence generation. A newly-constituted research and evaluation committee provided guidance for an evidence generation agenda, maintaining oversight and providing technical support at key stages, especially for evaluations and major/thematic research and studies. The country management team maintained oversight and provided strategic guidance,
especially on management responses to evaluations, and recommendations for greater use of evidence in programmatic decision-making and advocacy.

The integrated monitoring, evaluation and research plan focused on finalizing the rolled-over activities from previous years and added activities, which resulted in a 40 per cent reduction from the previous year. The Plan’s implementation rate was 75 per cent that included 21 evaluations, research and studies concluded.

Four evaluations were assessed and rated ‘Satisfactory’ and ‘Fair’ according to the Global Evaluation Reports Oversight System. These included:
- WASH (rated satisfactory): The recommendations were endorsed by stakeholders including Government and an action plan was prepared. The evaluation highlighted the need to strengthen an information management system for programme monitoring. Agreement was reached to further streamline these aspects in the next national WASH sector strategic plan and the new UNICEF CPD.
- CMAM (rated satisfactory): Government endorsed recommendations that resulted in the finalization of the National CMAM Operational Plan to address key supply, demand and quality-related bottlenecks in service delivery and CMAM scale-up to all 28 districts.
- District Health Performance Improvement (rated fair): The MoH endorsed the recommendations, including the commitment for full integration of bottleneck analysis in multi-year district plans.
- Social Cash Transfer Programme (rated fair): A linkage and referral system was integrated in the SCTP to maximize impact of household cash transfers. Research was commissioned to explore graduation options from SCTP.

**Efficiency Gains and Cost Savings**

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 over 60 per cent of local and international procurement for programme supplies in 2016. The use of LTAs reduced transactional costs and lead times, ensuring supplies were received in a timely manner. In 2016, UNICEF Malawi benefited from efficiencies and costs savings through joint LTAs for hotels and conferencing, air travel, internet services and security. UNICEF Malawi participated in a UN joint mail delivery arrangement that improved use of transport resources.

An all-inclusive approach to individual consultancy fees was gradually rolled out during the year. With this approach, consultants are not paid a separate Daily Subsistence Allowance as in previous years. This approach aligned the office to current guidelines and best practice and resulted in reduced transaction costs and savings in consultancy engagements.

UNICEF Malawi continued to consolidate efficiencies that were realized from setting up a Business Support Centre for processing transactions and optimising transactions management. With transactions centralized at the business support centre, programme officers could concentrate on their primary programming activities. The Centre processed 7,408 transactions, compared to 7,832 in 2015. Cost-sharing of office premises with UNODC and ILO led to US$49,000 in savings. Further efficiency gains were anticipated from the recent migration of several transaction groups to GSSC; the full extent of these gains will be analysed in 2017.

The Greening UNICEF initiative resulted in cost savings in the use of paper and electricity. The centralized monthly travel planning provided information for sharing vehicles, resulting in costs savings in fuel, wear and tear of the vehicles and Daily Subsistence Allowance for drivers.
## Supply Management

### CO Malawi 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Procurement</td>
<td>US$ 46.46 million</td>
</tr>
<tr>
<td>Programme supplies</td>
<td>US$ 13.5 million</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>US$ 0.51 million</td>
</tr>
<tr>
<td>Services (contracts)</td>
<td>US$ 5.58 million</td>
</tr>
<tr>
<td>Construction (contracts)</td>
<td>US$ 3.47 million</td>
</tr>
<tr>
<td>Procurement Services</td>
<td>US$ 23.4 million</td>
</tr>
<tr>
<td>Total Value of current inventory</td>
<td>US$ 1.57 million</td>
</tr>
<tr>
<td>Total value of supplies issued in UNICEF Malawi warehouse</td>
<td>US$ 5.33 million</td>
</tr>
</tbody>
</table>

Total supply inputs amounted to US$13.5 million. Local supply procurement was valued at US$5.9 million and off-shore procurement at US$7.6 million. Procurement services (transactions for Government) stood at US$23.4 million and institutional contracts at US$9.05 million.

During 2016, UNICEF responded to multiple crises by delivering emergency supplies worth US$4.1 million. These supplies provided invaluable humanitarian assistance (drought, food insecurity, refugees and cholera).

UNICEF prepared for the probability of floods resulting from La Niña by prepositioning emergency supplies for 50,000 people (US$400,000 worth of supplies) in warehouses across the country so that timely response can be assured.

In 2016 UNICEF continued to chair the UN Inter-Agency Procurement Group. This taskforce enables UN agencies to issue joint competitive tenders and to share vendor lists, LTAs, and specifications.

UNICEF spearheaded discussion in the country on strengthening the supply chain behind the CMAM programme. UNICEF actively participated in government forums and engaged consultants and staff to provide professional assessments and expertise.

Malawi continues to face challenges with the capacity of local manufacturers to supply goods (quality, volume and acceptable delivery dates). The continued depreciation of the Kwacha added uncertainty to vendor prices and the cost of manufacturers’ raw materials.

### Security for Staff and Premises

Malawi maintained a security level of 2. However, increased incidents of crime were reported. UNICEF Malawi received seven significant security incident reports from staff. The Minimum Operational Security Standards (MOSS) compliance rate for UNICEF Malawi was above 85 per cent as assessed by the UN Department of Safety and Security (UNDSS).
adviser.

The Country Office maintained full operation of its security equipment, i.e. a heavy-duty manual boom gate, electronic fingerprint door access system, bullet proof doors at the main entrance and closed circuit video surveillance. The office maintained itself as a safe haven and a controlled entry and exit for staff and visitors. Fire safety measures met the required standards as evidenced during the fire drill conducted by UNDSS. The office maintained two electricity generators that automatically take over supply of electric power during an outage, and an updated Security Plan was in place.

All staff were provided with VHF radios to facilitate emergency communication. A monthly radio check was conducted by UNDSS to test radio communications between staff and UNDSS. VHF Radio network in Lilongwe covered staff member residences except five who resided out of town. The CO ensured that new staff received a security briefing and completed the mandated trainings.

The communication tree was revised quarterly, tested and shared with all staff. To enhance programme delivery, all field vehicles were fully MOSS compliant, equipped with VHF/HF radios to facilitate communication with the CO and UNDSS. UNDSS guidance that all travel should be after daylight and before dusk was strictly monitored and enforced.

**Human Resources**

In 2016, the recruitments for 11 fixed term positions were completed, addressing competency gaps and organizational effectiveness. UNICEF Malawi continued to pursue gender and geographic diversity with 42 per cent (female) and 58 per cent (male) for the international professional category and 49 per cent female for the national officer category.

Standby partnerships were mobilised for the emergency response with eight staff deployed to support the WASH, health, education and nutrition sectors.

The skills of current and new staff were strengthened through monthly knowledge sharing sessions on human resource and operational policies, programme implementation and internal work processes. The Learning and Training Committee developed Guidelines on External and Internal Learning to ensure consistency in approach and lay out procedures for external learning. UNICEF Malawi met the global benchmark for training professional staff in results-based management.

ACHIEVE Performance Planning was monitored by the CMT and the Country Office attained a completion rate of 99 per cent, receiving global commendation.

A local counselling firm was retained for staff and families to provide free counselling services, to proactively identify and deal with issues in a timely and consistent manner. UNICEF Malawi worked with staff support structures to address staff welfare: staff association, joint consultative committee, and caring for us and peer support volunteers. Issues identified through the 2014 UNICEF Malawi and the Global UNICEF Staff Morale Survey were followed up in all staff meetings and with the Local Joint Consultative Committee. The staff association launched a survey to assess progress on the eight point action plan. The UN Cares under the UN Operations Management Team (UN/OMT) conducted trainings and organized a wellness event for UN Staff and their families.

**Effective Use of Information and Communication Technology**

UNICEF Malawi continued to enhance the efficiency and effectiveness of ICT systems and infrastructure to meet the demands of regular programmes and emergency response...
activities. UNICEF continued to promote the use of online collaboration tools to leverage investments in internet connectivity and improved ICT infrastructure. In 2016, UNICEF increased internet capacity by 150 per cent to improve access to cloud-based systems as well as other corporate systems hosted outside the country.

In 2016, the Country Office established a temporary site in Mwanza district to respond to the refugee emergency. Remote access to key corporate systems at this location proved critical to timely coordination of programmatic response. UNICEF Malawi developed a team site that will improve follow up of emergency action points.

All ICT systems and interfaces were maintained within the prescribed corporate practices and policies. Availability of core UNICEF Malawi systems and applications was sustained at more than 99.5 per cent for the entire year. All staff in the office used standard laptops in docking stations and the majority used shared network printers, reducing desktop and printer footprint.

The ICT unit continued to support innovations such as the scale up of RapidSMS in Health and HIV Programmes. Two new mobile applications were deployed in 2016: the real-time monitoring of education indicators and of lifesaving nutrition commodities. These initiatives were implemented on RapidPro, an open source platform supported by UNICEF at global level.

The digital/social media presence of UNICEF Malawi was well maintained and grew substantially in 2016, with a 32 per cent increase in social media followers compared to 2015. The Country Office used social media to build interactions with young people on issues of importance.

**Programme Components from RAM**

**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 in five districts by 2017.

**Analytical Statement of Progress:**
The utilization of health services by pregnant women and children under 5 years in Malawi has shown significant change. According to Demographic and Health Survey (DHS), 95 per cent of pregnant women received ANC from a skilled provider, although only 51 per cent received the recommended four visits. In addition, 90 per cent of women had their deliveries assisted by skilled attendants, a significant improvement from the 2010 rate of 71 per cent. Despite these successes, the high levels of mortality in mothers and new-borns were attributed to the poor quality of care delivered at service delivery points such as facilities, in addition to delayed care-seeking.

In response, health facilities in five identified low performing districts were supported to adopt quality improvement mechanisms to achieve overall effectiveness of the facility in providing quality care. UNICEF supported neonatal death audits that help staff increase the survival of sick new-borns. In the context of Malawi’s decentralized government and health system, through UNICEF support, district health planning processes were strengthened, enabling Government officials to plan services, allocate scarce resources and use their data to make informed decisions that improve services and promote positive health outcomes.

Services such as immunization, child health services and post-natal care provide an indication of community and home-based health service functioning. Immunisation coverage
declined particularly for measles vaccination which went from 86 per cent to 81 per cent, whereas the coverage for Diphtheria-Pertussis-Tetanus (DPT) vaccine showed improvement, with 84 per cent of children vaccinated with DPT against a baseline of 81 per cent and a target of 93 per cent. In terms of child health, access to pneumonia and diarrhoea was high, but effective and quality health care was poor, as some 30 per cent of children with acute respiratory illness and 42 per cent of children with diarrhoea or fever did not seek treatment from a health worker. And mothers and babies receiving postnatal care within two days of childbirth, already low at 54 per cent, fell to 39 per cent.

The downward trend of immunization can be seen in some antigens with widened geographical variations (with 66 per cent of districts achieving more than 80 per cent coverage compared to 83 per cent the previous year) was mostly due to inadequate fuel and transport support from MoH. Outreach sessions traditionally occurred once a month, fell to four times a year in 2016. In addition, prioritization of food and nutrition supplementation activities after the flooding and displacement disrupted substantial health service delivery. The accuracy and completion of administrative data contributed toward poor reporting of antigen coverage. The data reporting system was delayed about two months and the reported data is end of September.

In response, UNICEF, with the support of GAVI and KfW, conducted training of health workers, briefing local leaders, social mobilization and the official introduction of measles second dose into the routine EPI delivery system. UNICEF supported Periodic Intensified Routine Immunization in 10 low-performing districts to compensate for the declines which helped to sustain the national coverage of immunization above 80 per cent. However, these 10 represent only 36 per cent of all districts. Without having universal equitable coverage of immunization, it will be challenging to sustain high coverage which Malawi had attained for many years prior to 2015.

UNICEF worked with the MOH, Liverpool School of Tropical Medicine, Malaria Alert Centre at College of Medicine, Save the Children, Clinton Health Access Initiative, Mai-Khanda and Parent Child Health Initiative to support the Government both technical and financial in expanding and sustaining the reach and quality of essential health services of community and home-based care, as well as in facilities. The support included training health workers and provision of equipment/supplies, providing household visits and recording reporting. UNICEF leveraged Global Fund to support for community system strengthening.

Malawí’s health service delivery continues to be challenged by low health expenditure and limited availability of resources to RMNCAH services. Thirty to 40 per cent stock out of essential commodities, a high turnover and poor distribution of the health workforce were contributory factors to poor quality of care. The quality of care at health facilities and communities was negatively affected by lack of supervision and other technical support to lower level service provider’s (through supervision and mentoring) as well as poor accountability at different levels.

UNICEF worked to coordinate programmes with partners such UN Agencies, USAID, GIZ, and DFID that provide financial as well as technical support to tackle the challenges the health sector is currently facing. The Christian Health Association of Malawi is an important player in the health sector providing services in key areas and augmenting Government efforts to reach the population at large.

UNICEF, in coordination with partners, responded to health emergencies that followed flooding and the influx of Mozambican refugees, such as cholera outbreaks by providing essential interventions to the needy, including to host communities. The vaccination of 95,675 people in the high-risk corridors of three districts (Zomba, Machinga, Phalombe) and
containment of the Cholera Case Fatality Rate to less than three per cent from seven per cent was a result of this concerted effort of all stakeholders.

OUTPUT 1 Communities in selected marginalized districts are more aware of the importance of, and committed to, timely antenatal care and institutional delivery by 2017.

Analytical Statement of Progress:
According to HMIS, 21 per cent of women start ANC visits in the first three months of pregnancy, compared with 16 per cent a year previous. To improve early care seeking behaviour, key strategies supported by UNICEF included enabling the Health Surveillance Assistants to provide health promotion services at house hold level as well as engaging the community and civil societies. Working with MoH and through Implementing Partners (Save the Children, Maikhanda, PACHI), Health Surveillance Assistants were trained and worked on orienting family members on early detection of danger signs among pregnant women and children and the benefits of timely visits to the health facilities. These oriented community members supported Health Surveillance Assistants in identifying pregnant women and timely linking them with services. According to project reports by the Implementing Partner, 13,366 pregnant women were registered by Village Health Committee members and linked to health services for ANC in five UNICEF targeted districts. Orienting the community leaders and members to support.

The increased demand and utilization of health services by community resulted from a UNICEF supported engagement of the communities, CSOs and the district councils in five districts and established a constructive and institutionalized mechanism for engagement to improve social accountability and improved quality health services. Memoranda of Understanding signed between the CSO networks and district councils demonstrated a consensus on roles and expectations and ensured alignment of Government and CSO efforts. In all five districts, data dashboards were produced and are used to engage district councils, village chiefs and village health committees to enhance understanding of the local health situation and show how progress is being made. Through these dashboards, key evidence on the functionality of health services such as timeliness of health care seeking practices, increase in ANC and attended deliveries, quality care indicators were collated, synthesized, and shared in a user-friendly manner enabling community members to engage with local officials and advocate for their needs. This was particularly helpful in addressing deep rooted cultural bottlenecks delaying health seeking, especially initiation of early ANC still require more work to reach every woman with care on time.

Malawi was affected by a combination of emergencies that included drought, cholera outbreaks and influx of Mozambican refugees (4,520 hosted at Kapise camp alone). In response, District Health Offices were enabled to deliver key messages on water treatment and storage, proper sanitation and hygiene as well as control of communicable diseases, like the use of mosquito nets through various channels including the media. UNICEF provided technical and financial support for these activities, directly to the districts and through partners (Malawi Red cross, Population Services International) and worked with others like WHO and MSF.

Malawi was susceptible for health emergencies. Working with partners, preparatory activities have been completed to respond timely to health emergencies including cholera outbreaks and floods.
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 2017

Analytical Statement of Progress:
The country maintained a status of no-stock out for vaccines of the national immunization programme throughout the year through support by UNICEF procurement services and funding. By October 2016, a total of 473,871 and 465,448 children received the recommended doses of DPT containing and measles vaccines. This year the country switched to the new oral polio formulation by the global deadline. Cold chain management was ensured through the introduction of 480 solar refrigerators and freezers and through improved skills of health workers in vaccine and cold chain management. Periodic Immunizations campaigns to augment the reach of immunization in 10 low performing districts were supported by UNICEF.

Community health workers working in 1,500 villages (covering 1.6 million children) were enabled by UNICEF’s support to provide basic health services including immunization and detection, treatment and referral of children with diarrhoea, pneumonia and fever. Although the proportion of children who were treated with ORS came down this year, underreporting is a possible explanation, particularly given a situation where the proportion of children treated for pneumonia, which is delivered under the same platform, is on track.

The obstetric case fatality rate for 2016 was 1.14 per cent, with 578 maternal deaths recorded among the 50,626 managed for complications at health facilities: progress towards a target of <1 per cent as an indicator of quality of obstetric care. UNICEF responded to identified gaps in health facilities by equipping the health facilities with equipment and working through partners to build the capacity of health workers through trainings and mentorship on emergency obstetric and new-born care and care of the sick new-born, contributing to providing good quality of care to mothers and their new-borns.

The cholera outbreak this year was more severe than previous years recording 1,763 cases (compared to 693 for the same period previous year) challenging the response effectiveness. UNICEF worked with partners (MRCS, PSI, MSF) to minimize the loss of life from this larger outbreak by provision of technical support and drugs and supplies as well as vaccination of 95,675 people in the high-risk corridors of three districts (Zomba, Machinga, Phalombe). There were a total of 46 deaths with a cholera CFR of 2.6 per cent. The CFR in the initial months of the outbreak was as high as 7 per cent and required concerted effort of all stakeholders to reduce it to this level.

The gaps in the provision of quality services requires sustained support particularly the limited availability of human resources, supply stock outs and poor follow-ups. In addition focused on quality of services need to be scaled up. The ministry demonstrated commitment to address quality and established a Quality Management Directorate. UNICEF will be working with this directorate to institutionalize quality improvement mechanisms. Reversing the drop in immunization coverage as well as strengthening the HMIS to reflect the work undertaken will be another area of focus for UNICEF coming year to ensure every child is reached with essential interventions and reported accurately.

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

Analytical Statement of Progress:
In 2015/16, the health sector was allocated MK85.86 billion (US$11,841,124), about 9 per cent of the national budget of MK930 billion (US$1,282,581). The allocation is well below the
Abuja target of 15 per cent. Allocations to districts do not reflect a needs-based prioritization and the districts face challenges to provide quality health services. There were some key successful efforts to mobilize and leverage resources for key maternal and child health services.

The Government of Malawi leveraged a five-years funding through the cold chain equipment optimization platform (CCEOP). This was facilitated by the development of a comprehensive improvement plan for effective vaccine management with support by UNICEF and partners. The Global Fund grant for HIV was leveraged to provide more initial and refresher trainings of health surveillance assistants, as well as mentoring and coaching. The MoH benefitted from UNICEF technical support for this achievement as well as for oversight to Global Fund utilization. Improved coordination through national level quarterly coordination meetings bringing all partners working in community health together to ensure aid effectiveness and avoiding duplication was facilitated by UNICEF Malawi. The country secured US$6 million funding for a measles-rubella campaign and introduction of a second dose of measles vaccine in the routine immunization programme that will be implemented next year. UNICEF and WHO supported the development of work plan and budget for this GAVI funding. The MoH received support for a proposal on a multi-year health system strengthening support from GAVI, which is now submitted for funding.

Following UNICEF support in 2015 to the MoH for the development of a work plan for the RMNCH Trust Fund in the preceding year, which was funded for US$7.1 million and implementation finalized this year. UNICEF coordinated its implementation, including undertaking the oversight of programme implementation and fund management by partners, including the UN agencies. This includes entering agreements with implementing partners for funding for programme implementation, facilitating regular monthly meetings, follow up of programme implementation as well as monitoring of fund utilization.

A national cholera preparedness and response plan was prepared and submitted to donors for funding. UNICEF worked with other partners in the health cluster plan that proved successful in securing the resources needed to implement the plan with US$2.3 million from DFID. Other preparedness planning undertaken (and ongoing) with WHO and US Centres for Disease Control are on mapping the Aedes mosquito and preparation for related arbovirus diseases such as Dengue, Chikungunya, Yellow Fever and Zika. UNICEF together with WHO is working on mobilizing resources for preparedness and response.

UNICEF succeeded in mobilizing and availing funding for RMNCH, immunization and childhood tuberculosis, as well as health emergencies, providing needed gap filling support to improve quality of essential health services at the community and health facility levels. UNICEF will continue to work in mobilizing resources for strengthening health service delivery as well as leveraging available funds to expand the reach to vulnerable women and children with essential intervention.

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:
Reproductive maternal newborn and child health scorecard indicators are monitored every three months from analysis of data compiled from DHIS2 and published on quarterly basis by Central Monitoring and Evaluation Division. The scorecard measures progress towards implementation of the costed MNCH plans. The districts utilize these data to inform their response action and produced their District Implementation Plan accordingly. District Health Management Team members in 13 districts were enabled through UNICEF support to
identify bottlenecks to service uptake and utilization using the District Health Performance Improvement approach. Fourteen champions and facilitators supported the districts in this process. To effectively monitor reduction of bottlenecks, a simplified district performance progress reporting card was developed to track progress on quarterly basis, helping improve data quality and motivate district teams to meet quarterly targets to improve performance and reduce number of children and women dying.

Data from national health information system DHIS-1 was successfully migrated to DHIS-2 direct support through University of Oslo in this migration process, allowing for collection and analysis of real-time data. Mapping of all health facilities in Malawi (from hospital to outreach level) was completed, availing information for planning and implementation of health programmes. This was achieved through building skills of 17 members of the MoH Geographic Information System who went out to establish spatial distribution of health facilities and identified non-functional facilities. The Geographic Information System mapping provided an estimated geographic accessibility and identified underserved. The data shows that 80 per cent of communities are outside the 8 km catchment area of the health facility. This information supports district planning of health services to reach out for underserved populations.

In 2016, MOH costed its Every Newborn Action Plan (2016-2020), complementing the already existing costed plans for maternal and child health care. UNICEF provided direct technical support to the costing exercise. However, many of the costed implementation plans are finishing their time this year. UNICEF, in partnership with other stakeholders, is currently supporting development of a costed five-year health sector strategic plan by availing the lead consultant as well as taking part in various consultation forums. Other documents like the road map for maternal and newborn health are to be updated in the coming year. The Public Health Bill revision is still underway and expected to be completed in the coming year as well.

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:
Access to the CMAM programme was maintained at 100 per cent in 28 districts of Malawi. There are now 707 health facilities against a target of 731 providing CMAM services representing 97 per cent geographical coverage. The lives of 39,578 children under five years of age who recovered from SAM have been saved due to the scale up of CMAM Service provision in 2016. Integration with C4D resulted in implementation of a community mobilization strategy that enhanced uptake and increased demand for CMAM services for children with SAM and contributed to an overall 52 per cent per cent increase in SAM admissions from 34,521 children in 2015 to 52,439 (male 24,998; female 27,441) children in 2016.

UNICEF provided technical support at all levels of service delivery and ensured the provision of critical life-saving nutrition supplies to 100 per cent of CMAM sites across the country that resulted in a significant decrease in death rates within nutrition rehabilitation units (NRUs) and OTPs. Of the 52,439 (male 24,998; female 27,441) children admitted into OTPs and NRUs a 90 per cent cure rate was achieved which is above the >75 per cent target. Death rates decreased from 9.7 per cent January to October 2015 to 7.7 per cent January to October 2016 that met the target of <10 per cent death rate set for 2016.

In addition to the progress in improved CMAM outcomes, 85 per cent of CMAM facilities achieved Sphere standards against an annual target of 80 per cent. To address micronutrient deficiency disorders, micronutrient interventions for children 6-59 months were
successfully delivered through bi-annual CHDs conducted in March (Round 1) and November (Round 2) 2016. During the first round of CHDs, 1,224,006 boys and 1,391,631 girls were reached with vitamin A supplementation which was 97 per cent coverage exceeding the target of 90 per cent.

The target for de-worming in children 12-59 months was achieved in Round 1 CHDs at 100 per cent (1,154,084 boys; 1,273,989 girls) as compared to a target of 80 per cent. In 2016, notable progress was made in strengthening the National Nutrition Information Systems in Malawi as evidenced by timely availability of critical nutrition situation data and accurate reporting of CMAM programme data. Additionally, monitoring of the nutrition emergency was strengthened through partnership with LUANAR and DNHA, where UNICEF provided technical and financial support and successfully conducted a nutrition SMART survey in all seven livelihood zones in the country and showed deteriorating nutrition status in five out of the seven livelihood zones when compared to the same time period in 2015. An effective nutrition emergency response was scaled up in 28 drought-affected districts, where UNICEF ensured the pre-positioning of critical lifesaving nutrition commodities, delivery of therapeutic supplies to the last point of distribution in health facilities, capacity building of district health workers on CMAM service delivery from over 355 health facilities by 20 UNICEF supported field monitors.

**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:**
To support an enabling environment for nutrition, technical assistance for policy updating, updating of national communication strategy for nutrition and strengthening the national monitoring, evaluation and information systems was extended to the MoH in 2016. Together with PME section, the nutrition team extended support towards evaluation of the CMAM programme in Malawi. The CMAM programme evaluation, finalized in 2016, key findings and recommendations will inform CMAM programme planning and prioritization for 2017.

Uptake of the CMAM evaluation and CMAM bottleneck analysis recommendations resulted in the updating and finalization of the National CMAM Operational Plan that will address key supply, demand and quality related bottlenecks in CMAM service delivery. In partnership with WFP, FANTA and ACF UNICEF provided technical and financial support towards the updating of the National CMAM Protocol in line with latest WHO guidance that was adopted by Government and stakeholders for roll out in all districts in the country to remove the identified bottleneck of low health worker capacity for CMAM service delivery.

To operationalize the CMAM operational plan, a National CMAM training package that incorporated the updated CMAM guidelines was finalized and adopted resulting in enhanced capacity of a national pool of CMAM trainers who were trained in 2016 in partnership with ACF. The way forward in 2017 is for the national pool of trainers to roll out trainings to improve knowledge and skills to support quality of CMAM service delivery in all 707 CMAM sites in Malawi.

To address the challenge of stock outs of nutrition commodities in CMAM facilities, UNICEF provided technical support that resulted in the adoption of an innovative approach to CMAM commodities stock tracking on a weekly basis, which resulted in the availability of timely data on status of life saving nutrition commodities in all districts in the country. This system resulted in no stock outs of CMAM commodities in over 90 per cent of CMAM sites in all districts in the country. The next steps are to enhance the stock tracking system with use of Rapid Pro and integration into DHIS2 for reporting together with other CMAM indicators.
Through UNICEF technical leadership and financial support, National Guidelines for Micronutrient Powders (MNPs) were developed and finalized in 2016 to support the roll out of an innovative approach to improve complementary feeding practices in Malawi. Additionally, a training package to support the capacity building of District Nutrition coordination committees and District Health Teams was developed to ensure a standardized approach in the roll out of this intervention in select districts in Malawi. A roadmap was developed, for the roll out improving complementary feeding through provision of MNPS in 2017. Implementation begins in early 2017, using a systems-strengthening approach at facility and community levels for delivery, provision, monitoring and evaluation of the intervention as part of building resilience of households and the health systems.

OUTPUT 2 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:
A National Nutrition Monitoring and Evaluation Framework in line with the National Nutrition Strategic Plan was adopted by Government due to technical and financial support from UNICEF. UNICEF provided technical support in ensuring that the NNMEF was roll out to district level by improving the skills of 54 district officials from 16 districts who were trained on the revised framework to ensure use of data for nutrition programme planning and prioritization at district level. As part of the district engagement, an assessment of districts capacity for data collection, analysis and reporting was conducted with UNICEF technical support, which identified key bottlenecks in data management. To address the challenge of parallel data reporting systems, a plan for integration of information systems to have a single platform for all nutrition data was developed and roll out is underway in 11 planned districts for 2016, further roll out is planned in 8 additional districts in 2017.

To date the MoH and partners have relied on a parallel National CMAM database for reporting of CMAM programme admissions and outcomes. Through technical support to UNICEF, the CMAM programme data was integrated into the District Health Information System 2 (DHIS-2) and there is now availability of data disaggregated by age for Nutrition Rehabilitation Unit, OTP and Supplementary Feeding Programme reports and data disaggregated by sex (male and female) for new admissions with an online dashboard developed for easy visualization on progress of key indicators for the CMAM programme. To strengthen monitoring of the National food fortification programme, an online tool was developed for monitoring food fortification and integrated into the National Nutrition Information System (NNIS).

To complement MVAC data on food security, UNICEF supported integration of key nutrition indicators into the MVAC and a SMART survey was conducted in 2016 in all districts in the country. UNICEF ensured capacity strengthening of government counterparts from DNHA, MoH and Academia (LUANAR) for improved skills on SMART Survey Methodology. This resulted in implementation of a quality SMART survey in seven livelihood zones in the country which showed an overall prevalence of GAM estimated as 2.5 per cent and of SAM was estimated as 0.5 per cent and informed resource mobilization and scale up of CMAM service delivery. Though the GAM prevalence was considered acceptable according to the WHO Classification; the results showed significant difference in nutrition situation by livelihood zones when compared with 2015 SMART survey with Lower Shire livelihood zone recording the highest GAM prevalence of 6.6 per cent. A comparison in the GAM and SAM prevalence by gender showed no major difference in the estimates (GAM boys 2.8 per cent; GAM girls 2.3 per cent; SAM boys 0.5 per cent, SAM girls-0.6 per cent).
Results of the survey were used to inform the nutrition emergency response throughout 2016.

**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:**
Equitable access to CMAM services was increased in 2016, with 707 facilities now providing care for children with severe acute malnutrition against a target of 731 facilities and representing 97 per cent geographic access. The removal of supply and demand bottlenecks, namely low geographic access to CMAM services, stock out of lifesaving nutrition commodities and low uptake of services was achieved in 2016. UNICEF supported MoH in increasing CMAM sites from 638 in 2015 to 707 in 2016, and UNICEF ensured last mile delivery of nutrition commodities to all CMAM sites in all districts in the country to eliminate stock outs. Between 2011 and 2015 CMAM admissions had stagnated between 29,000 to 35,000 and for the first time in the five year period, the CMAM programme managed to admit over admitted 52,439 children which is 64 per cent of the 2016 target. A key demand-related bottleneck is that almost 50 per cent of the children identified to have SAM in the community uptake services at health facilities due to cultural and social beliefs.

For demand creation, UNICEF empowered community health workers in 28 districts on case finding and mass screening to identify children with acute malnutrition. Additionally, partnerships with ACF and C4D were established and the referral system was strengthened to identify children through mass screening to increase demand and uptake of SAM treatment services at health facilities. To address the challenge of data quality, UNICEF in 2016 in collaboration with the CMAM working group, supported revision of all CMAM programme data collection, monitoring and reporting tools to better capture children that are not presenting to health facilities for treatment, and follow up can be done at community level.

Plans for 2017 are to provide training, support and supervision of health workers to use the tools integrated with the trainings on the updated CMAM guidelines. As part of the humanitarian response, mass screening of children reached over 1.8 million children under five years in 2016. C4D contributed significantly during mass screening campaigns in mobilizing community members particularly mothers and caregivers of under-five children to have their children screened through community dialogues, social marketing campaigns and through community and faith based radio. Partnerships with NGO partners (World Vision, JPHEIGO, Concern Universal, Concern Worldwide, Story Workshop, Plan and Save the Children) were established as part of strengthening C4D, nutrition emergency monitoring and coordination. A total of 66,625 people were mobilized using experiential social marketing techniques in 14 districts spread throughout the country. An estimated audience of over seven million listeners were reached with key messages through interactive programmes on 11 radio stations i.e. national, faith based and community radios. Overall there is a 52 per cent per cent increase in SAM admissions from 34,521 children in 2015 to 52,439 (male 24,998; female 27,441) children in 2016 as compared to the same time period in 2015 and 39,578 lives of children who recovered from SAM were saved.

**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:
The 2015/16 DHS shows a decline in minimum acceptable diet in children 6-23 months from 19 per cent in 2010 to 8 per cent in 2015. To address this bottleneck in complementary feeding in children, UNICEF provided technical and financial support to Government to facilitate integration of use of Micronutrient Powders (MNPs) intervention with complementary feeding interventions for infant and young child feeding programme in select districts. Technical leadership from UNICEF and collaboration with key stakeholders from Ministries of Agriculture, Industry and Commerce, Health, Local Government and Social Services resulted in the development of a National strategy for MNPs, finalized guidelines and a roadmap for roll-out of MNPs for home fortification. The guidelines have been adopted by DNHA and this innovative intervention will be scaled up in 2017 for improving complementary feeding in children 6-23 months in 16 districts.

Financial and technical support was extended towards skills building of multi-sectoral structures for community based nutrition service delivery which resulted in resilience building in communities of Phalombe, Neno and Nkhata bay district. A total of 228 (161 male, 67 female) frontline workers were trained on IYCF against the total of 368 (62 per cent) achieving the 2016 target of 60 per cent. A total of 2,891 (462 male, and 2,429 female) (677 Nkhata bay, 1,470 Phalombe, 744 Neno).

Care group promoters were equipped with knowledge and skills for IYCF (optimal breastfeeding i.e. exclusive breastfeeding and continued breastfeeding up to two years, complementary feeding, maternal nutrition, dietary diversification and WASH) counselling reaching 28,571 households against a target of 26,563 reaching 108 per cent. Frontline workers with support of community care group promoters conducted growth monitoring sessions where 21,124 children were reached with community nutrition services which included the provision of behaviour change communication on appropriate nutrition and WASH practices.

A C4D nutrition strategic plan was developed and adopted to guide the implementation of C4D and IYCF interventions in emergencies. IYCF messaging was integrated into monthly nutrition mass screening drives promoting exclusive breastfeeding for children 0 to 6 months and appropriate complementary feeding using locally available foods from the 6 food groups. Finally, community members particularly caregivers of under-five children throughout the country were engaged to actively participate in community dialogues in 16 drought-affected districts promoting the uptake of nutrition screening of children by mothers and caregivers. To address the bottleneck of low uptake of IYCF and CMAM services, community members participated in 1,483 community dialogues which allowed for community feedback on nutrition service delivery as well as cultural and social beliefs related to IYCF practices which guided the scale up of the nutrition emergency response in 2016.

Community engagement resulted in village health committees being revived and mobilized to conduct follow up actions after nutrition mass screening and to ensure sustainability of health and nutrition service delivery at community levels. The village committees are community driven accountability mechanism to ensure mothers and caregivers uptake preventive and promote nutrition services.

OUTCOME 3 90 per cent of children, adolescents and pregnant and lactating women in 8 districts utilize equitable, gender-sensitive HIV prevention, care and treatment services by 2017 (as per national strategic plan).
Analytical Statement of Progress:
Malawi continued to be recognized globally in its public health approach to the HIV epidemic. Pragmatic leadership led to the development of lifelong ART for pregnant/lactating women (Option B+), now a WHO global recommendation and the precursor to Malawi’s current policy of ‘Test and Treat.’ Malawi was the first country to include the 90-90-90 objectives for epidemic control within its National Strategic Plan. Ninety per cent of the national HIV response is donor funded, particularly by PEPFAR and the Global Fund. In this context, UNICEF focused on being strategic, catalytic and leveraging resources.

The 2016 Malawi Population HIV Impact Assessment reported an adult (15-64 years) prevalence of 10.6 per cent while prevalence for 0-14 year olds is 2 per cent. Of all those identified as HIV positive, 73 per cent already knew their status. Of those who knew their status, 89 per cent reported being on ART and among those 91 per cent had VLS. A significant percentage of the 19 per cent of HIV-infected respondents who did not know their result had been previously tested, emphasising the need for repeat testing. Also, VLS was lower among men. Across the 90-90-90 cascade, adolescents performed worse, with lower rates of knowing their HIV status, treatment uptake and VLS. Regional differences imply the need for geographic focus, particularly in Blantyre.

The MPHIA reported incidence of HIV among adults (15 to 64 years) is 0.37 per cent: 0.48 per cent female and 0.25 per cent males, corresponding to approximately 28,000 new cases of HIV annually among adults. Most worrisome is the rate of new infections in young women (15-19) being nearly twice as high as males.

Sustaining Malawi’s success remains a major challenge in the context of a current fragile health system: Malawi has one of the highest health worker shortages in Africa, with only 28 nurses and two physicians per 100,000 population. While ART initiation for HIV positive pregnant women attending ANC is high (an estimated 83 per cent of HIV positive pregnant women were on ART in Quarter 2, 2016), retaining women in care and treatment remains a significant concern. Retention rates in the first half of 2016 were lower than the same period in 2015; 77 per cent, 71 per cent, 68 per cent and 66 per cent of pregnant and lactating women initiated on ART were retained in care at 6, 12, 24, and 36 months, respectively.

These figures differ by region, with districts in the southern part of the country having lower retention rates; these districts have the highest HIV prevalence. UNICEF’s programming in eight districts focused on improving service delivery quality and retaining women in care and treatment. Across a district level, there was little change, although some improvement can be found at facility level.

Early infant diagnosis of HIV-exposed infants remains a challenge, with low uptake and high turnaround times from sample collection to receive of results by a parent/guardian. At national level treatment coverage for children substantially increased from 53 per cent during Quarter 1 to 65 per cent in Quarter 3, comparable to adult ART coverage at 68 per cent.

Both coverage rates need to improve significantly if Malawi is to meet its goals of 90-90-90. Ensuring children are included in the 90-90-90 results, UNICEF contributed towards innovative approaches to early infant diagnosis through Point of Care testing, reduction in turnaround time through delivery of EID test results via SMS technology, retention in care, community and facility linkages and policy development.

Stigma and low male engagement (only 21 per cent of all people tested test as a couple) impact women’s willingness to adhere to treatment due to fear of disclosure, violence or abandonment. Progress is further impeded by structural challenges and social determinants. Girls are particularly at risk of acquiring HIV, due to early sexual debut, early pregnancy and early marriage. Adolescents living with HIV face stigma at home and in schools, impacting
their ability to adhere to treatment. At-risk populations, such as men who have sex with men and both male and female sex workers have high risk of HIV yet low access to specialised services.

UNICEF Malawi’s contributions to the national HIV response reflect the ESAR HIV Strategic Framework. The principles of evidence-driven, rights-based and multi-sector are evident in the range of studies supported, the inclusive programming, and integration with other sections, particularly health and nutrition. The CO focused on 1) locating and linking women and children to services; 2) retaining people living with HIV in care and treatment; and 3) preventing new HIV infections.

Given the larger contributions of other funding partners, UNICEF aimed to be catalytic throughout its support, focusing on comparative advantages. This entailed engaging partners in joint advocacy, such as for Point of Care for EID; convening stakeholders, such as for early infant male circumcision; leveraging resources; integrating programmes, especially health and nutrition; and supporting innovation, such as new technologies that will increase access to services. District health management teams were strengthened in the use of data for decision-making. Health workers received mentoring support for improved service delivery. Adolescents were supported with outreach services, psychosocial support for adolescents living with HIV, and peer support for adolescent men who have sex with men.

In 2017, UNICEF will focus on formative research, documenting promising practices, integrating programming to build resiliency and improve child survival, and supporting service delivery for difficult-to-reach groups. Adolescents will be a priority across the country office, recognizing the challenges of achieving the demographic dividend and girls’ specific vulnerability.

OUTPUT 1 National HIV-related policies, guidelines, plans incorporate priorities for children, adolescents and pregnant/lactating women by 2017.

Analytical Statement of Progress:
At national level, UNICEF advocated strongly for prioritization of children, adolescents and pregnant/breastfeeding women. Alongside the introduction of “Test and Treat”, UNICEF provided leadership in generating, analysing and using disaggregated data to understand bottlenecks and guide HIV programmes and interventions to improve timeliness of HIV test turnaround and treatment initiation.

Voluntary medical male circumcision is supported by PEPFAR and the World Bank as a high-impact HIV prevention strategy in Malawi. Early infant male circumcision, a long term HIV prevention measure, is more cost-effective and has fewer adverse effects than adult male medical circumcision. UNICEF’s study on Acceptability and Feasibility of Early Infant Male (Medical) Circumcision in Malawi laid the foundation for the implementation of the Early Infant Male Circumcision pilot funded by the World Bank. Following MoH endorsement of the results, Standard Operating Procedures were developed, in collaboration with WHO, CDC, USAID and others.

UNICEF supported the MoH to accelerate access to innovative Point of Care HIV diagnostics through operations research, mapping, market segmentation, product selection/approval and support for scale up. The Point of Care pilot study supported by UNICEF and CHAI tested 815 HIV-exposed children and demonstrated a reduction in turnaround time from an average of 30 days to one day, resulting in a 96 per cent same-day ART initiation in HIV infected children. The study found that different health cadres can be trained to use the Point of Care machine, and that the highest yield for HIV positive cases
was in paediatric wards. These findings influenced the decision to scale up Point of Care in 2017 and informed MoH on placement of Point of Care machines for optimal results.

Further addressing the need to reduce the turnaround time from specimen collection to paediatric treatment initiation, UNICEF’s study on ‘Cost and feasibility of using UAV to transport laboratory samples for EID of HIV received international attention as a ground-breaking use of new technology. With UNICEF support, the Government of Malawi developed a UAV regulatory framework and launched a UNICEF-managed UAV air corridor for humanitarian purposes – the first of its kind in Africa. The air corridor will become operational in 2017.

Although paediatric ART coverage increased from 49 per cent in 2015 to 63 per cent in 2016, it is still far from universal coverage. Recognizing the need for improved coverage, UNICEF and WHO supported development of a paediatric/adolescent framework that will guide integrated HIV and sexual and reproductive health service delivery. UNICEF provided technical guidance to the MoH in conducting a comprehensive review of the PMTCT strategy, including identifying opportunities for better integration with sexual and reproductive health, child health, and nutrition. In 2017 UNICEF will support the finalization of the PMTCT strategy, emphasizing the importance of an integrated package of services. UNICEF contributed to national-level monitoring and evaluation, including supporting the MoH/HIV Monitoring and Evaluation Unit and developing tools for monitoring community-based service delivery. UNICEF will continue to advocate for age-disaggregated data to better target services for adolescents.

OUTPUT 2 District health and HIV management teams in 8 districts have the necessary tools to plan and monitor HIV services by 2017.

Analytical Statement of Progress:

Malawi was decentralizing health services under the Government’s devolution policy. This is an opportunity to strengthen district health management, including the use of evidence to guide decision making so that limited resources can reach those most in need. The MoH, supported by UNICEF, led five zonal review meetings which took stock of district-level performance along key HIV indicators, including availability of trained health care workers, drug stock outs, HIV testing and ART coverage for pregnant and lactating women, retention in treatment, early infant diagnosis and children’s access to testing and treatment services.

Using the district HIV dashboard developed with UNICEF support, all 28 districts identified areas of poor performance, such as retention, and agreed on approaches for addressing constraints. The zonal review meetings were particularly of importance given the roll out of the new 'Test and Treat' guidelines, and the emphasis on the 90-90-90 goals. For example, because of quarterly HIV dashboards that showed dwindling trends of uptake of HIV diagnosis, care and treatment, the Nsanje District Council developed an integrated HIV/nutrition/health plan for 2016/2017 which takes in account the current food insecurity crisis. UNICEF is currently supporting that initiative. Also, collection and reporting of HIV-related data improved following IMIS officers and data clerks; 8 UNICEF-supported districts increased reporting rates from 80 per cent in 2015 to 95 per cent in Quarter 1, 2016.

Given the critical need for age-disaggregated data, UNICEF conducted a paediatric and adolescent data abstraction exercise in 63 facilities in 8 districts. Led by the MoH, with participation by UNAIDS, WHO and district-level and health facility staff, data was collected on paediatric and adolescent utilization of HIV and sexual and reproductive health services over the previous 6 months. The results of the data analysis will allow districts and implementing partners to have an evidence-based approach to delivering services to
children and adolescents. The results will serve as an important advocacy tool for age-disaggregated data to be included in the health management information system. The study adds to a growing body of evidence on the challenges facing adolescents, including data generated from PEPFAR and the MPHIA. Preliminary analysis indicates unreasonably high rates of sexually transmitted infections among young adolescents, data that was hidden in the current reporting of 0-19 year olds.

OUTPUT 3 Health facilities in 8 districts have appropriate technology and qualified human resources to provide equitable, gender-sensitive HIV prevention, care and treatment services by 2017

Analytical Statement of Progress:
A major emphasis of the HIV response, particularly by PEPFAR and the Global Fund, is to strengthen the availability of comprehensive HIV services. However, quality continues to be a concern. In Quarter 3, 2016, 737 health facilities were visited with supportive supervision; 50 per cent were awarded certificates of excellence while 9 per cent were identified in need of comprehensive mentoring.

Given the current food insecurity, UNICEF intensified efforts to understand the co-morbidities of HIV and malnutrition. In nutrition settings, HIV testing ranges from 32-65 per cent (supplementary feeding programmes), 50-70 per cent (outpatient therapeutic programmes), and 60-85 per cent (nutrition rehabilitation units/NRUs). HIV contributes to one-quarter of child deaths in NRUs. UNICEF is addressing increasing testing rates in nutrition programmes through setting district targets and supporting mentor-mothers to conduct active case finding and referrals.

At national level, 732 of 742 facilities offer ART. ART coverage was 65 per cent for children (0-14) and 68 per cent for adults. The lack of age-disaggregated data makes reporting on adolescents aged 10-19 difficult. UNICEF’s 2016 data abstraction exercise will yield important information for this age group.

UNICEF’s partner, Banja La Mtsogolo, reached 14,291 adolescents with HIV and sexual and reproductive health services. Services were linked to households receiving social cash transfers, strengthening HIV-sensitive social protection efforts.

Under the Optimizing HIV Treatment Access Initiative, UNICEF implementing partners (University of North Carolina and Elizabeth Glazer Pediatric AIDS Foundation) supported quality of service delivery through mentoring and supervision in 8 districts. In these districts, as of Quarter 2, 2016, 16,103 pregnant/breastfeeding women were initiated onto treatment, greatly reducing the risk of mother-to-child transmission of HIV and improving their own health. This represented slightly over half of the targeted 29,471 women to be reached by the end of 2016. Retention onto treatment averaged 77 per cent at 6 months; a figure that remained relatively static for the past 3 years. Bottlenecks to retention continue to be complex, including fear of disclosure to partner, misunderstanding of regimens, distance to facility, and stigma. Supporting health workers to understand the importance of quality consultation skills and follow up was a key aspect of partners’ work.

UNICEF supported technology for health through Results 160, a rapidSMS platform that communicates results from early infant diagnosis from laboratories to health facilities, reducing turnaround times from three months to one month. Originally viewed as an innovation, Results 160 is now part of the routine diagnostics system. In 2016, UNICEF began discussions with MoH and funding partners to assume responsibility for Results 160, particularly as maintaining electricity-based systems is challenging as health facilities
experience more frequent power cuts. A hand-over of Results 160 will be agreed upon in 2017.

In partnership with Clinton Health Access Initiative, UNICEF supported the introduction of Point of Care diagnostic technology for HIV. Through procurement of seven Point of Care machines and related supplies, operations research, and site mapping, UNICEF contributed to shaping the Point of Care landscape in Malawi. The importance of Point of Care cannot be over-emphasized, as long turnaround times between specimen collection and delivery of results to the patient results in large losses in follow-up.

OUTPUT 4 Community structures in 8 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 2017

Analytical Statement of Progress:
 Seventy-seven per cent, 71 per cent, 65 per cent and 65 per cent of women were retained on Option B+, 6, 12, 24, and 36 months after initiation, respectively. UNICEF Malawi’s partner, mothers-to-mothers, supported mentor mothers who provided defaulter tracing, counselling and screening for TB and HIV in pregnant women and children. A total of 1441 HIV-positive pregnant women who missed appointments were tracked; 92 per cent were successfully traced, increasing six-months retention in care and treatment. Mentor mothers conducted group counselling sessions; 99 per cent of mentor-mother pregnant clients had institutional deliveries and 17,584 pregnant clients tested for HIV. Mentor mothers screened 432 HIV-infected and HIV-exposed children for malnutrition, of whom 13 per cent were malnourished and referred to community management of acute malnutrition; and screened 37 children on ART for TB, of whom 14 per cent tested TB positive and all (100 per cent) were enrolled into TB treatment. This promising practice will be documented in 2017, and formative research carried out on supporting adolescent HIV-infected mothers to remain in care and treatment.

UNICEF’s partner EGPAF’s community-based educators referred 3807 clients and traced 121 defaulters based on missed appointments. Of the 96 who were successfully reached, 69 (72 per cent) returned to care. Thirty facilities in three districts were supported to conduct data reviews using facility-specific dashboards. These joint facility-community reviews, combined with strengthening 40 health advisory committees, demonstrated strong citizen accountability as consensus was reached on addressing poor progress on specific indicators.

A 2016 UNICEF Malawi review found that male engagement in HIV and sexual and reproductive health services was an important strategy to increase women’s access to health services. Male study circles supported by EGPAF, referred 1865 clients while 7,400 male motivators, supported by district health offices, conducted home visits to encourage men to attend HIV testing, early ANC, safe delivery, and EID. Building upon global, regional and national priorities, in 2017, UNICEF will model integrating early childhood development into the male engagement programme.

UNICEF’s support for adolescents focused on populations with high vulnerability and social marginalization. UNICEF partner Banja La Mtsogolo conducted targeted outreach to 14,291 adolescents for HIV and sexual and reproductive health services, particularly linked to households receiving social cash transfers. Forty per cent of those accessed family planning service and 50,585 male and 1,763 female condoms were distributed.
The Centre for Development for People, supported by UNICEF, increased access to HIV services by adolescent males, including young men engaged in same-sex relationships. 148 adolescent males were tested for HIV; 13 per cent (20) tested positive and were referred for treatment, and 20 adolescent males were screened and treated for sexually transmitted infections. Centre for Development for People trained peer educators in five districts who distributed 52,840 condoms and 47,240 lubricants to young men. In 2017, Centre for Development for People will train the national Child Helpline counsellors and health workers on providing ‘diversity-friendly’ services, utilizing a training package developed by UNICEF in 2016.

UNICEF partner, Baylor, supported adolescents living with HIV with psychosocial support and links to clinical care. Baylor trained service providers in disclosure, supported parents of ALHIV, and worked with teachers to eliminate HIV-related stigma in schools. (Programme data will be available January 2017).

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:
According to the 2015 Update and Millennium Development Goal (MDG) Assessment Report under the Joint Monitoring Programme by World Health Organization and UNICEF, Malawi has met the MDG target on water supply, while making moderate progress towards achieving the sanitation MDG target. Alongside the investment to increase coverage, there is a strong recognition in the sector to sustain coverage. However, it should be indicated that these coverage figures are unlikely to change on annual basis. The Joint Monitoring Programme report indicates that 90 per cent of the population had access to clean water when compared to 42 per cent in 1990; 41 per cent of the population in 2015 had access to improved sanitation when compared to 29 per cent in 1990. Malawi is one of the 16 countries that reduced open defecation by 25 percentage points, during the MDG period, to 4 per cent. Key players in the sector, apart from UNICEF, include the World Bank; African Development Bank, EU, DFID, USAID, Water Aid and JICA.

The Government led by Ministry of Agriculture, Irrigation and Water Development (MoAIWD) continued providing leadership and coordination in the WASH sector. The WASH sector working group and donor sector working groups provided the required forums for strategic sector dialogue and coordination.

UNICEF Malawi was an active member of the National ODF and Hand Washing Taskforce led by the MoH. UNICEF is playing a leading role in the review the Open Defecation Free strategy through the ODF national taskforce which is planned to be completed in 2017. The Government rolled out the ODF strategy in all 28 districts and is adopted by all players in the sector. UNICEF played a leading role in WASH sector policy dialogue through sector coordination structures and forums to support the implementation of ODF and National Hand Washing Strategy.

UNICEF Malawi further supported the Government in drafting a road map on the water safety plan aimed at guiding the development of the National Water Safety Plan in 2017. According to the National Sector Performance report, UNICEF continues to be a major player in the sector in the country, engaging in strategic dialogues with Government and donor partners to support WASH Programme and supporting service delivery. UNICEF Malawi’s WASH programme has made significant contributions to maintaining/sustaining the status of the National WASH sector coverage especially in rural areas pegged at 89 per
Cent. Communities in 15 districts of Malawi continued to benefit from access to improved water in 2016 which was sustained at 2015 levels through UNICEF’s contribution to the sector. During the reporting period, 320,500 people in 1,282 communities benefited from safe water supplied through boreholes and taps thereby contributing to the results at impact level. UNICEF in partnership with NGOs and District Councils provided safe water to children and women in most vulnerable communities to realize ensuring that access to water is a human right.

About 914 water committees and 219 area mechanics have improved skills in water supply operations and maintenance at community level to address sustainability of these systems. Women do not traditionally enjoy leadership roles in community organisations. However, through the community based management approach, at least 4,705 women are participating in water committees. By having women equally represented on water committees, UNICEF is contributing to changing gendered norms and empowering women to take on increased decision making roles.

During the year, a total of 69,586 households in communities accessed improved sanitation facilities; thereby resulting in cleaner environments and reducing the risk of diarrhoea and other related diseases. This was possible through the CLTS which stimulated demand for improved sanitation facilities. Twenty Traditional Areas were verified and certified as ODF by the National Taskforce among which nine were fully supported by UNICEF.

Through UNICEF support in 2016, a total of 105,000 pupils benefited from safe water supply while 68,400 used gender appropriate improved latrines and urinal facilities. Adolescent girls in Malawi, faced with consistent challenges in obtaining adequate access to WASH in schools’ facilities, are now comfortably using these improved sanitation facilities to contribute to increases in school enrolment and retention, especially among girls.

Despite making strides in most areas, District partners faced financial, logistical and capacity challenges to supervise, monitor and manage the programme. Another challenge was the low financial absorption capacity of district partners which ultimately has implications on achievement of results. District partners benefitted from a technical assistance that led to improved quality of services and accountability of resources. District teams better monitored their programme through financial support.

UNICEF engaged NGO and the private sector partners that have demonstrated efficiency and effectiveness in service delivery to provide back-up support and complement district efforts. UNICEF will take advantage of the Development Partner Group (donors) to co-lead sector coordination along with MoAIWD to advocate for the review of out-dated policies, strategies and guidelines in the WASH sector while taking in account the sustainable development goals. The evidence from the current drought shows that this has implications on the depleting water resource in selected districts. Therefore, UNICEF in partnership with the NGOs and private sector will support the exploration of deep wells.

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:
UNICEF Malawi successfully mobilized financial resources to finance the WASH programme implemented in more than 70 per cent of the districts, across all regions of Malawi. The combined funding of about US$60 million leveraged by UNICEF resulted in Malawi becoming one of the largest WASH programmes in ESARO. The programme was recently identified by UNICEF among the top 14 UNICEF Country Programmes in 2015. The
programme is funded by multiple donors in partnership with DFID, EU, Gates Foundation and NatComs. Efforts to closely follow-up on fund utilisation and support results-based accounting resulted in increased donor confidence and a strong partnership with the strategic donors who continue to regard UNICEF as a reliable partner in the implementation of WASH programme both in regular and emergency contexts.

The key challenge at national level was inadequate domestic financing and the development of an effective SWAP given that donors were reluctant to provide direct funding to Government following the Cashgate. UNICEF will engage other donors through the donor group to find workable solutions such as Common Funding Mechanisms. Action research commissioned by UNICEF provided the evidence on the status of treasury allocation at the district level and is being used for advocacy purposes.

UNICEF Malawi used its sector lead role to advocate for increased domestic/treasury funding to the WASH sector, especially at the District level. Mapping of WASH facilities proved effective in some districts where districts advocated with politicians for equitable water point allocations to communities. The District Coordination Team that oversees WASH activities at district level benefitted from UNICEF’s support, strengthening institutional capacity at local level.

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:

UNICEF Malawi provided technical and financial support to the WASH sector in order to increase access to safe drinking water, eliminate open defecation, and promote hand washing and good hygienic practices among children and families in remote and hard to reach communities, within the 15 districts. As a result of the direct support from UNICEF Malawi, a total of 1,282 water points were constructed and rehabilitated. Among these, 941 water point committees were established and trained on how to operate and maintain the constructed water points; resulting in a total of 9,410 committee members gaining knowledge and skills in operation, maintenance and management of the water points.

In addition, 219 community based area mechanics acquired skills to maintain boreholes to improve sustainability. UNICEF Malawi played a role in ensuring that the National CLTS coordination continued, despite major staff turnover in the MoH that affected operations of the National Task Force on ODF and hand washing strategy, in the 28 districts. In 2016, the National ODF task Force verified and certified more than 15 Traditional Areas as being ODF; nine attained ODF with financial support from UNICEF Malawi. To attain ODF status, a total of 3,298 villages were triggered (sensitized) using the CLTS approach, through partnering with NGOs. This resulted in 1,419 villages becoming ODF, representing a 43 per cent conversion rate. Over 354,750 people live in a safer environment, free of faecal matter, and thereby potentially reducing the risk of contracting diarrheal diseases.

In terms of the emergency response, 57,260 people were served with safe water supply through the construction and rehabilitation of water supply facilities, while 29,260 people were supported to gain access to sanitation facilities, and 403,029 people were reached with hygiene promotion messages through using C4D approaches. The emergency interventions contributed to effective containment of a widespread cholera. UNICEF Malawi, as co-lead for WASH cluster, ensured coordination of the emergency response among cluster partners.

The main challenge at sector level was the low financial absorption capacity of District Councils that had implications for district level implementation. UNICEF provided capacity
building support to districts and engaged NGOs and private sector to support and complement districts in the implementation of WASH interventions.

In 2017, the programme will strengthen the capacity of district partners, and that of the WASH Section, to ensure that works meet the required quality, whilst ensuring timely delivery, within budget. This will be achieved through the roll-out of a Quality Assurance framework that includes guidelines to manage the implementation of WASH infrastructure activities. Under this framework, training will strengthen the capacity of the staff responsible for monitoring and managing partners and partner officers delivering their projects.

OUTPUT 3  Schools, nutrition and health facilities, and child care centres provide adequate WASH services in 15 target districts by 2017

Analytical Statement of Progress:
UNICEF Malawi was supporting the Government in the provision of WASH services in institutions mainly rural primary schools, health centres and community based child care centres. UNICEF provided technical and financial support in the implementation of WASH interventions in the institutions, across the 15 districts. WASH services in institutions implementation was in partnership with District Councils and with NGOs through the Programme Cooperation Agreements. With UNICEF support, 105,000 children were served with safe water supply in 175 schools. In addition, 68,400 children were provided with gender-segregated improved latrines and urinals in 114 schools. This is likely to contribute to increased enrolment, especially for adolescent girls when compared to the status quo.

UNICEF supported nine health facilities and 20 community based child care centres with reticulated water systems and hand washing facilities, respectively. The main challenge in institutional implementation was the lack of capacity of district partners to contract out and manage the construction of school sanitation facilities. The option of UNICEF-managed Long Term Agreements was pursued, and necessary approvals were obtained to support district partners though contracts for school infrastructure.

Implementation of Long Term Agreements modality just started. District teams faced logistical challenges to supervise, monitor and generally handle activities without total reliance on external support. UNICEF Malawi established a quality assurance team that worked with district councils to strengthen the capacity of their teams to ensure that quality and accountability are ensured. In future, UNICEF Malawi will continue to engage Government and the private sector to complement Government efforts, as well as engaging NGO partners that have demonstrated efficiency and effectiveness in WASH service delivery, and the 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 UNICEF Malawi’s WASH package, hand-washing promotion was a key service delivery component among community members and children in schools and Community Based Child Care Centres. Hand washing promotion integrated within the Malawi ODF strategy increased construction and use of new latrines and hand washing facilities.

UNICEF Malawi provided technical and financial support in the implementation of hygiene promotion interventions in the 15 districts. Implementation was in partnership with district councils, NGOs and private firms. Because of the hygiene activations and CLTS approach, a total of 3,298 communities and 571,240 people acquired knowledge on hand washing, in the
15 districts. The hygiene promotion interventions resulted in installation of 150,830 hand washing facilities.

UNICEF supported 60,100 people in schools, community based child care centres and health facilities with appropriate hand washing facilities across the 15 districts. UNICEF championed the use of social marketing firms for disseminating key hygiene messages, through firms such as EXP Momentum and FACE2FACE. This assisted in reaching more people with appropriate hygiene messages in both communities and institutions.

Despite these interventions, behavioural change remains a challenge, as evidenced by only 4.2 per cent of Malawians washing their hands with soap. Going forward, the focus will be to reach out to people with hygiene messages (which may not always translate into tangible results) and mobilize families to come up with concrete steps that will lead to the expected behaviour change in the key hygienic practices, namely use of safe water, safe disposal of human waste and hand washing with soap at critical times. This will be coupled with rigorous studies to find out some of the bottlenecks to current and future programming.

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

**Analytical Statement of Progress:**
Expansion of access to ECD is on track with NER improvement from 39 per cent to 44 per cent, and a total of 1.5 million children accessed to quality ECD services. Actual number of ECD centres increased from 11,105 in 2015 to 11,588. This was attributed to the establishment of an enabling policy environment for expanding access on one hand and improvement in the quality of ECD on the other. For the subsector policy environment, two key milestones were attained during the reporting period: i) the national ECD policy (2003) and Strategic Plan (2009 - 2014) were reviewed and updated with UNICEF support in partnership with the ECD thematic working group members Save the Children, World Vision, Action Aid, Association of ECD in Malawi and key government ministries of health and education. Initially, the policy environment was constrained by poor inter-sectoral coordination in which there was over-emphasis on a provision of centre based ECD services for children (3-5 years). The major reform in the new policy is the creation of platforms for other sectors especially education and health/nutrition to actively and effectively take part in the sector. While it is pending cabinet approval and subsequent endorsement by the State President, the revised policy already promoted inter-sectoral integration and expanded stakeholder participation; ii) increased awareness which resulted in the increased budgetary allocation to ECD of 95 per cent compared to the previous year.

It is noteworthy that 59 per cent of children 36 to 59 months are developmentally on track in at least three of the following domains: literacy and numeracy, physical, social-emotional and learning. To build on this success, UNICEF Malawi identified ECD as the area of sectoral convergence with focus on parenting in the subsequent years to ensure that more children attain their holistic developmental milestones, are prepared for school and thrive in life.

For the 0-3 year age group, an inter-sectoral parenting strategy Care for Child Development was launched to fill a gap in early learning and development which is critical for brain development. Care for Child Development created demand for ECD services, especially at a household level. Parents/caregivers are providing early stimulation and learning services to children using simple play and communication recommendations outlined in CCD strategy. In 2017, in addition to rolling out the parenting programme, the quality focus will be on the revision of the curriculum and setting up training resource centres to address school preparedness.
Concerning low demand for ECD, inadequate knowledge and information in the subsector to inform policy, planning and programme reviews has been a challenge. Hence in 2016: i) a national indigenous study on traditional child-caring practices was completed. The study generated traditional knowledge to inform the review of the national parenting programme which was based on studies and parenting practices especially from the west; ii) a comprehensive ECD subsector analysis commenced.

In addition to in-depth analysis of the quality of ECD services, the sector analysis will provide data on the cost of investing in early learning and stimulation and the corresponding returns essential for advocacy.

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

**Analytical Statement of Progress:**
The environment for expanding access and implementing quality ECD services in Malawi improved in 2016 following the revision of the national policy.

Three key milestones were achieved during the reporting period: i) UNICEF and partners advocated for increased Government funding towards ECD. Specifically, two advocacy sessions were held with Members of Parliament involving committees responsible for Budget and Finance, Social Welfare, Women, Decentralisation and Education. This resulted in government allocation of US$1.4 million to the sub-sector, an increase of 95 per cent from the 2015 funding; ii) adoption of Care for Child Development created demand for ECD services and strengthened coordination between ECD; and adolescent girls, nutrition and health programmes. This helped break sectoral barriers that limited provision of ECD services in the country. A national task force was established to coordinate implementation of Care for Child Development. Key sectors included maternal and child health, nutrition, HIV and AIDS, education, and social welfare. The strategy opened a new window for providing early child care, stimulation and learning services through health facilities and community nutrition, maternal and child health structures. This is a shift from the traditional practice of providing ECD services through community-based ECD centres (3–5 years). ECD service provision is thus extending to the first three years of life where brain development is rapid; and iii) a road map for developing an ECD legislation was developed. This will guide the development of an ECD act through the Malawi Law Commission. Members of Parliament who were engaged during advocacy sessions made a commitment to pass the bill once presented in Parliament. Currently, the sub-sector draws its mandate from the policy. This limits progress in the sector hence the need to support the development of the act in 2017.

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

**Analytical Statement of Progress:**
Thirty-two per cent of children enrol in primary school with prior ECD experience to ensure Malawi maintains 59 per cent of its children are developmentally on track. The programme extended gains in 2016 in three ways: i) the national ECD capacity building strategy was completed which will help professionalise the sub-sector; ii) the establishment of early care models including home-based parenting for best practice development, capacity building and scale up; and iii) continuation with support to both the quantity and quality of caregivers in line with national/subsector objective of increasing the number of trained caregivers. This was increased from 50 per cent to 51 per cent against the target of 60 per cent by the end of 2017.

Progress was twofold in modelling ‘best practice’ development in community-based early care at both the centre and home level: i) twelve community ECD centres in four districts
were identified for transformation into resource centres for training and are on track showcasing good caregiver practices; and ii) as part of strengthening parenting, 13 officers from health, education, HIV and AIDS and nutrition sectors were trained as trainers in CCD. The trainers are at the centre of inter-sectoral integration and holistic development of children in which 5,000 adolescent girls/teen mothers in complementary education programmes, CBCCs, and adolescent friendly centres are undergoing parenting education through functional literacy. The mothers are young and lack parenting skills thereby putting their children at risk of not attaining their potential developmental milestones. It is projected that through this initiative/approach a minimum of 15,000 children (0-3 years) will receive early care and stimulation services at home by 2017. This is vital especially for younger children who are at the peak of their brain development. Home-based care is cost effective compared to institutional care and is anticipated to rapidly expand the coverage of early child care in the coming years.

The overall framework for improving the quality of ECD lies in the completion of the Early Learning and Development Standards initiated in 2013 and in the final phase. With the completion of content validation, now only age validation remains to move to the next stage of curriculum review planned for second half of 2017. However, age validation was constrained due to delays in finding a competent institution to lead the process. As such, Early Learning and Development Standards will be finalised in 2017. The standards will inform the review of the national ECD curriculum.

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

Analytical Statement of Progress:
Access to basic education remained high with the primary education net enrolment rate of 98 per cent (girls 99 per cent and boys 97 per cent) and the pass rate of Primary School Leaving Certificate of Education that went up from 68 per cent to 77 per cent despite severe economic handicaps, constrained sector funding and a rapid population growth that caused deterioration in a quality of education services. This contrasted with stagnated improvement in survival rate to standard 8 of 33 per cent up from 32 per cent last year (boys 36 per cent and girls 29 per cent) in 2016 and the repetition rate deteriorated from 22 per cent to 23 per cent. For the secondary subsector, there was a stagnated improvement in the transition rate from 35 per cent to 36 per cent and net enrolment at 15 per cent with girls 15 per cent, and boys 15 per cent. These results are attributed to a severely constrained macroeconomic situation in which the share of Government expenditure for education was maintained for two years running at 17 per cent still below the desired target of 20 per cent.

There were severe fiscal constraints in the implementation of key policy reforms in teacher education, school improvement and development as 80 per cent of the government budget goes to teacher wages and emoluments. UNICEF technical and financial contribution to both the achievements and efforts to reversing declining education outcomes focused on: i) strengthening an enabling sector policy environment and specifically, ensuring predictable funding and implementation of key policy reforms; ii) strengthening of quality of education through school improvement and teacher curriculum reforms; and iii) mobilisation of community demand for education for especially the most vulnerable groups and girls in particular.

Towards the provision of an enabling policy environment, successful sector dialogue, and resource mobilisation resulted into significant progress towards more predictable sector financing and therefore progress on critical policy reforms in ESIP II. First, at least three key policies reforms areas were initiated and or completed including the national reading programme, the repetition policy and the inclusive education policy. Secondly and towards a
predictable sector funding, at least US$45 million was allocated to Malawi in the year 2016-2017 after a successfully coordinated application process to the Global Partnership for Education. Also, intensive budget advocacy efforts ensured 17 per cent of the budget expenditure was maintained.

Furthermore, steps were taken with UNICEF leadership to develop a CFM with the potential to leverage an additional US$45 million in coordinated bilateral support. Key partners in the CFM are DFID, Norway, Germany and the World Bank. UNICEF is specifically recruiting a Fiduciary Agent to address financial and procurement management challenges. Thirdly, through a south to south partnership facilitated by UNICEF, sector policy dialogues were initiated in the key areas of EMIS, secondary education and Continuous Professional Development. Finally, a milestone was achieved in strengthening sector information management systems and tracking of results for children. An EMIS validation survey was conducted, which identified key bottlenecks to quality data to be addressed in 2017. In the process, the quality and reliability of EMIS as a data source for sector analysis and reporting improved significantly.

Towards ensuring the quality of education services and particularly improvement in learning outcomes, the UNICEF/Government of Malawi programme contributes to two key sector goals: i) ensuring 50 per cent of children attain literacy and numeracy by 2017, and ii) improved school efficiency focussed on capping repetition at not more than 10 per cent. In the reporting period, considerable progress was made in efforts to reverse poor learning outcomes, and the pass rate of Primary School Leaving Certificate of Education rose from 68 per cent to 77 per cent. Regarding improving school effectiveness aimed at reducing wastage and cap repetition and drop out, there was a slight improvement in the survival rate from 32 per cent to 33 per cent in 2017, but indicators remained off target.

UNICEF contribution to the above results in 2016 was provided within the context of systems and institutional strengthening and specifically involved technical support to two critical processes: i) the commencement of a review of the Initial Primary Teacher Education curriculum to address critical reform in teacher practice and; ii) the development of a continuous professional development framework to address the current critical gap in teacher mentorship and professional career growth pathways. Both actions will be completed in 2017.

UNICEF contributed to efforts in reducing the pupil-textbook ratio by assisting the decentralized procurement of teaching and learning materials procurement process. Towards improving school effectiveness aimed at reversing dropout and survival rates, a pilot performance-based financing system for school improvement initiated in 2015 demonstrated encouraging results in 2016. Preliminary assessments indicate that at least 55 per cent of the 256 schools participating in the programme have met at least 6 of the national education standards. This in effect means these schools improved protection, child participation in class, student attainment across the school, teacher effectiveness and retention rates in selected schools. Strategically, the performance-based financing initiative will provide lessons for improving the current national school improvement financing mechanism.

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

Analytical Statement of Progress:
There were three achievements in providing an enabling environment: i) the completion of three sector reform policies; ii) ensuring predictable funding in the short and medium term, and iii) building capacity in information management and a framework for monitoring of
learning outcomes.

Major target areas of sector policy reform are i) reducing repetition rates to less than 10 per cent; ii) ensuring that 50 per cent learners reach literacy and numeracy by standard 4 and iii) implementation of an inclusive strategy. The national reading policy was launched to improve key learning outcomes. The draft inclusive strategy was validated by the Government. The policy review for post-primary education was undertaken to address equity concerns. Exchange visits to Rwanda and Uganda benefitted the Government to develop strategies for secondary and complementary education.

Predictable funding was a key goal of Government and stakeholders. A key annual target/commitment of Government noted in the application to the GPE is 20 per cent national budget allocation to education. The Government maintained the 17 per cent of its allocation to education due to severe economic constraints. With intense advocacy, UNICEF will continue to urge the Government to stay the course of 20 per cent allocation and to work with donors for increased ODA.

There were two major achievements towards securing more predictable sector funding in 2016. First, the Government secured a GPE allocation of US$45 million in which UNICEF facilitated the application process. Secondly, Government and partners commenced the establishment of a common funding mechanism to ensure funding is on budget and coordinated around key sector reforms. UNICEF led the development of this initiative. The contracting of a fiduciary agent commenced ensuring coordination, financial management, and procurement services on behalf of DPs. The CFM will ensure a doubling sector funding and more predictable funding estimated at an additional US$ 40 million to the sector for the coming three years.

The reliability of data and a monitoring system of learning outcomes have been a concern for the education sector. Also, real-time monitoring is now necessary given recurring emergencies impacts on education outcomes. The Government undertook three actions with UNICEF support; i) an EMIS validation survey and the introduction of web-based EMIS designed to identify bottlenecks and to enable better data utilization for education planning at all levels; ii) introduction of an real-time monitoring system in 154 pilot schools. UNICEF provided technical assistance in the application and utilisation of the globally designed Rapidpro and Edutrac system and its integration into the EMIS process, and iii) Government initiated the second study to monitor learning achievement in four learning areas as well as commenced national discussions/dialogue on having one national assessment framework. In a contribution to a national assessment framework, UNICEF supported a collaboration of multiple government institutions to analyse and publish the results. These included the University of Malawi, the Malawi National Examination Board, the inspectorate, and EMIS.

**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:**
To ensure the quality of education services and particularly improvement in learning outcomes, the UNICEF/Government of Malawi programme contributed to two key sector goals: i) ensuring 50 per cent of children attain literacy and numeracy with a focus on improving teacher effectiveness, and ii) improved school efficiency and effectiveness focussed on capping repetition at not more than 10 per cent.

In 2016, considerable progress was made in efforts to reverse poor learning outcomes. The examination pass rate at primary level improved from 68 per cent to 77 per cent. For
improving school effectiveness aimed at reducing wastage and cap repetition and drop out, there was a slight improvement in the survival rate from 32 per cent to 33 per cent in 2016, but indicators remain off target.

To improve learning, the Government launched the national reading strategy and embarked on a complementary three-pronged process in 2016: first, a review of the Teacher Training curriculum; secondly, the development of the framework and thirdly, commencement of a pilot in-service teacher training programme. Currently, there is no systematic in-service system or CPD while the teacher training curriculum is not aligned to the primary curriculum nor linked to in-service training.

UNICEF provided technical support to three outputs: towards the review of the Initial Primary Teacher Education curriculum including conceptualization, quality assurance, and syllabus development. This support addresses critical reforms in teacher practices with a focus on improved pedagogical capacity and creating practical/reflective teachers; ii) provided technical support for policy dialogue and the conduct of a pilot programme to link in-service and pre-service teacher education. As a result, a continuous professional development framework that provides the link was completed in 2016. The continuous professional development elaborates policy gaps on teacher mentorship and professional career growth through established teacher qualification and teacher competency framework; iii) following the continuous professional development framework, an involvement of Teacher Training Colleges in-service teacher education was initiated.

Practical support was provided to conceptualise a pilot programme through e-learning/digital technology focusing on literacy and numeracy based at one Teacher Training College. The pilot project just commenced. In the interim, UNICEF continued supporting pre-service teacher training for 3,000 student-teachers and 300 lecturers in six government Teacher Training Colleges on practical-child centred learning methodologies. Ninety-one per cent schools with student placement have developed Teachers Resource Centres that emphasise the utilisation and development of local resources in teaching and learning.

The National School Improvement Programme is a government intervention aimed at improving school effectiveness and therefore improve repetition and retention rates. National Education Standards based on the CFS framework launched in 2015 with UNICEF support are the key measures of school improvement now implemented nationwide. In the 2015/2016 period the Government began piloting a performance-based financing system for school improvement with UNICEF support. Assessments in 2016 indicate 55 per cent of the 255 targeted schools met at least six National Education Standards which in effect means improvements in protection, child participation in class, reduced pupil, and teacher, absenteeism, student attainment across the school teacher effectiveness and retention rates in selected schools.

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

Analytical Statement of Progress:

The expansion of the youth and adolescent sector saw a notable increase in youth literacy rate (from 75 per cent to 80 per cent), while the lower secondary education NER and percentage of out-of-school children were maintained as last year. This achievement was attributed to a revitalization of the Joint Sector Strategic Plan for the Youth Sector and an establishment of the Youth-SWAP under UNICEF’s leadership as co-chair with UNFPA and in partnership with other UN agencies and the Government. Expanded partnership for youth- and adolescent-friendly services (including alternative education/development pathways for out of school groups and the provision of information and participation opportunities for
The youth bulge and limited opportunities for education and training pose a serious challenge to the Government of Malawi. An average of 13 per cent of youth has access to adolescent friendly services. To respond to growing numbers of school children, the Government with UNICEF technical support prioritized the youth subsector policies and development of this nascent SWAP under the framework of the Joint Sector Strategic Plan:

i) Revitalisation and implementation of the national youth policy leading to the provision of new inter-ministerial guidelines on comprehensive and holistic services to young people which was informed by a review of the MDGs, medium sector strategic plan and completion of an intensive national adolescents and youth study;

ii) Increased budgetary allocation and resource mobilisation. Though the budget allocation the youth sector remained comparatively lower than other sub-sectors, advocacy efforts resulted in an increased allocation rise from 0.3 per cent in 2012 of the national budget to 0.6 in 2015/16. This enabled sector-wide initiatives and programmes: the National Action 4 Adolescents platform, the Girls’ Education Forum, and the National Youth Council. To leverage resources for poor girls in secondary, a Girls’ Education Trust Fund was launched.

iii) Government widened strategic partnership development with the framework of the Action for Adolescents and Youth platform. This now includes strategic implementing NGOs modelling youth interventions, private sector, a Joint UN Girls Education Project and UN Technical Working Group.

A mere 13 per cent of secondary school-aged youth attended secondary school. The NER for secondary (15 per cent) gives an indication that many adolescents and youth in Malawi need quality youth-friendly services as well as post-primary education.

Through a mapping and mobilisation of 9,000 of youth organisations projected that a total of 4,300 youth friendly spaces are required over the coming few years if all youth and adolescents are to be reached. On quality of services, while the literacy rate improved from 78 per cent (M) 72 per cent (G) in 2012 to 82 per cent (M) and 81 per cent (G) by 2015, a more integrated approach to knowledge and lifelong skills is necessary for holistic development. This is because the challenges faced by adolescents are cross-sectoral which include poor health and HIV/AIDS, Sexual Reproductive Health, economic, employability, and lack of post-primary/secondary education. Pregnancy and early marriage are common causes for upper primary and secondary level drop outs. The above was compounded by the drought emergency that accentuated the vulnerability for adolescent mothers in 15 districts.

In response, UNICEF marshalled the sector to address the qualitative and quantitative provision of services to adolescents and youth. Functional literacy and complementary education were facilitated in 12 districts reaching 24,000 adolescents in a cost-effective model in partnership with the Government. On the other hand, a model for enhancing adolescent’s resilience in drought-affected communities was implemented reaching 12,500 adolescent mothers.

To sustain the cost effective provision of education to out of school adolescents, South to South capacity building learning exchanges were undertaken leading to policy dialogue to a revised basic education policy which integrates and expands secondary chance to education in Malawi.

The provision of information and participation opportunities is critical for the empowerment of young people faced with diverse challenges. The lack of voice and participation has in many ways led to ineffective and irrelevant programming for youth and adolescents. The facilitation of young people’s participation was limited to small groups of adolescents to take part in
one-off meetings or events, promoting the young people’s parliament and establishing children's committees or clubs within communities. Young people organisations were rarely managed by adolescents.

In 2016 three steps taken by Government and partners to redress this issue: First, a participatory assessment facilitated by UNICEF and UNFPA was completed early 2016 and launched in a high-level national youth conference that provided a better analysis of youth and adolescents issues in Malawi. Secondly young people participation forums were established which increased the voice of adolescents and youth. In addition to strengthening the National Youth Council, UNICEF supported the Ministry of Education to establish a Girls’ Education Forum. Finally, a girl’s education campaign was launched in conjunction with the C4D unit to support increased access to services and to change both individual and social behaviours that impact negatively on girls’ education.

**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:**
Malawi has about six million young people: one million youth lack literacy and numeracy skills and 12 per cent of lower secondary school age children are out-of-school. Also, 13 per cent of young people are neither in employment, education nor training. In 2016, the Government and partners prioritized the development of institutions and systems and capacity enhancement in youth subsector with a focus on budget advocacy, policies and the development of a partnership around a SWAP structure.

The youth subsector systems and institutions at national and subnational levels in Malawi are underdeveloped. UNICEF supported the Government and sector to revitalize the implementation of the youth policy and a medium-term sector strategic plan which comprehensively and holistically addresses adolescent and youth issues for the first time. The overall sub-sector reorganization and prioritization were accelerated by the first-ever national youth conference that provided a policy framework to address issues from the Malawi Youth Status Report 2016.

Given the nascent youth SWAP, a challenge to sector expansion and increasing access of youth to adolescent friendly services was limited resources. Advocacy undertaken in 2016, including a sector budget analysis, ensured increased budgetary allocation and resource mobilisation. Funding to the ministry was inadequate to implement all the desired youth and sports initiatives in Malawi. The allocations have been disproportionate compared to the youth population, only 0.6 per cent of the Government budget. Consequently, at least US$4 million was leveraged from other UN agencies in 2016.

Also, the partnership for girls' education with bi-laterals including DFID was strengthened. This represented a doubling of budgetary allocation which enabled important sector-wide initiatives to commence including the National Action 4 Adolescents platform, the Girls’ Education Forum, and the National Youth Council. The National Youth Council alone had its budget tripled (300 per cent) from US$70,000 to US$210,000. A major resource mobilisation strategy undertaken to leverage resources on a larger scale and ensure sustainable institutional framework, the Girls Education Trust Fund, was launched to manage scholarships for very poor children but more especially girls in secondary education. This fund was designed to address children who need special protection measures. The Trust leverages support for 24,000 beneficiaries but targets to reach 60,000 once fully operationalized.
A strategy to mobilise partners under the Government leadership on the Action for Adolescents and Youth national platform saw the development of:

i) A joint work plan with the Inter-Agency UN Group on Youth in 2016;
ii) National forum for modelling effective adolescent and youth interventions that include functional literacy, nutrition and care and protection;
iii) A secretariat to coordinate diverse girls’ education efforts guided by the national girls’ education conference recommendations (2015) and the Joint Programme on Girls Education.

Under Keeping Girls in School that increased access to education through the provision of safe spaces for girl learners during their menstruation cycle, 300 toilets were constructed to benefit 100,000 girls.

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

**Analytical Statement of Progress:**
In 2016, cumulative sector results witnessed major improvements since 2012 in literacy rates for youth (from 75 per cent to 80 per cent). This belied the remaining challenges of reaching all youths and adolescents. (In the lower secondary education, NER is 14 per cent and percentage of out-of-school is 29 per cent based on EMIS 2016) with optimal/quality youth-friendly services and post-primary education in Malawi. The current Government strategic plan is three-pronged focusing on: i) expanding model/services to increase access to adolescent friendly services; ii) improving quality/content of learning and; iii) addressing the development of post-primary options including secondary education:

The youth subsector embarked on an expansion of youth and adolescent friendly services including the development of alternative education pathways for out of school groups. Based on a mapping of youth organisations conducted in 2012, there were about 10,000 youth organisations and groups with an estimated reach of 1,000,000 out of school youth.

The National Youth Council and its district mobilised 100 youth organization and a network of about 2,000 youth leaders in 32 districts ensuring close to 9,000 youth participation. Overall, 25,350 adolescents were reached with adolescent services including integrated functional literacy programmes and complementary education. UNICEF supported district councils within a framework of district capacity enhancement and institutional building. UNICEF provided technical support to model a nine-month functional literacy programme in four districts with an enrolment of 6,500 out of school adolescent girls. UNICEF supported MOEST implemented a cost-effective CBE programme model that reached 18,850 learners (10,850 females, and 8,000 males) in 540 learning centres.

While the literacy rate improved by 5 per cent, it was clear that a more integrated approach to knowledge and lifelong skills is necessary for holistic development. Challenges faced by adolescents range from poor health and HIV/AIDS, sexual and reproductive health in which pregnancy and early marriage are common causes for upper primary and secondary level drop outs to economic/employable skills and lack of post-primary/secondary education.

The subsector addressed the challenges of development of adolescents that impact literacy rates in two ways: i) a promotion of multi-sectoral integrated approaches, and ii) a functional literacy curriculum. Functional literacy and complementary education groups were set up in 12 districts in which 24,000 adolescents/children were reached. UNICEF contributed to the above developments by expanding with partners adolescent friendly services that use functional literacy in four districts. A model for enhancing adolescent’s resilience in drought-affected communities was implemented for 12,500 of adolescents, mainly teen mothers.
In 2016, the Ministry of Education renewed its focus on expansion of secondary education given the current enrolment. One major investment was the construction of girl’s hostels to reduce the distance to school and gender-based violence. UNICEF contribution to this sector is pool support and policy dialogue. Advocacy for increased funding has borne fruit. In 2016, policy makers were facilitated to share experienced from Rwanda to enable share the experiences of the Rwandan nine year basic education policy which includes lower secondary schooling.

**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:**

The full participation and consequently systematic empowerment through the participation of children and girls particularly, is dependent on perceptions and social norms. Such perceptions and social norms are not particularly supportive in Malawi. According to a C4D baseline (2016), only 67 per cent of household’s and 62 per cent of communities’ value and or support girl’s education. Turning around such perceptions is dependent on sharing information and improving participation.

In 2016, efforts to increase awareness including advocacy and sharing of the adolescent assessment study (2015) resulted in setting up an inter-ministerial committee at the Permanent Secretary and Cabinet level to implement key report recommendations as well as the championship of the youth agenda by the President. The national youth policy conference chaired by the President was witnessed by over 2,000 policy and stakeholders.

To ensure participation as well as empowerment of youth and adolescents, major developments in 2016 included the establishment of at least two key youth and adolescent participation forums; 2,000 student leaders were established with a reach of 9,000. This was based on the observation that youth and adolescent in Malawi are not invited to participate in decision making and programmes were nonresponsive to needs of young people. Also, critical lifelong skills for participation in social development were not developed.

UNICEF provided institutional and technical support to the Girls’ Education Forum and the National Youth Council, which resulted into increased strategic inclusion of youth friendly voices in national planning and strengthened adolescents’ participation. For example, the National Girls’ Network included a youth board to ensure that voices of young people were taken on board. The youths now conduct regular mobilization meeting in their respective areas.

The Government embarked on establishing a functional Youth Information Management System. UNICEF in partnership with UNFPA successfully supported the development of a nascent and functional YOSMIS to be completed in 2017.

Finally, towards influencing community/household and individual social norms and practices that impact negatively on girls’ participation, the Government made strides in implementing both the national girls’ education strategy and the Girls’ communication strategy. In utilising multimedia communication strategies (C4D), 85 per cent of selected communities were reached, in which behaviour change is now observable: first in the targeted communities, 60 per cent chiefs took effective action towards improving access and quality of education for girls, and a total of 19 bi-laws have been established of which 13 have already been implemented including a key one on utilizing the re-admission policy to send girls back to school. Secondly, in schools, action plans are now in place incorporating commitments of teachers, parents, and children to improve girl’s education.
OUTCOME 8 A child protection system in place, for improved and equitable prevention of and response to violence, abuse, exploitation, neglect of children and impact of HIV and AIDS by 2016.

Analytical Statement of Progress:
The girl child in Malawi is at frequent risk of harmful cultural practices in the communities. At least 50 per cent of girls in Malawi are married before the age of 18 years. To address the deep-rooted causes of such practices, there is a need for strategic collaboration at all levels. During this year, Government officials, parliamentarians, paramount chiefs, civil society and donors were engaged in high-level advocacy towards preventing and responding against harmful cultural practices including child marriage. The Special Representative to the UN Secretary General on Violence against Children followed up on progress since the launch of the Violence against Children Survey and Response in March 2015, with a focus on harmful traditional practices. UNICEF facilitated the visit in collaboration with the UN Resident Coordinator’s Office.

Child protection systems were strengthened to capably prevent, detect and respond to all forms of violence, abuse, exploitation and neglect of vulnerable groups in the country. 17,325 children (7,927 boys and 9,398 girls) benefitted from case management services in 10 districts through front-line government social workers. This represented a 58 per cent increase of children benefitting from the service; 12 per cent of the children (1,343 boys and 737 girls) were effectively referred to other service providers such as police, hospitals and schools. UNICEF accomplished this through support of the development, adoption and funding of 10 district implementation plans.

Girls benefited from a 40 per cent reduction in the incidence of forcible rape in 74 schools from three districts through a partnership with the CSO Ujaama Pamodzi on a boys’ and girls’ empowerment programme called IMpower. The programme teaches girls empowerment, violence avoidance and self-defence at schools; it was evaluated by John Hopkins University.

Pupils reported 567 grievances in three districts (Salima, Dedza and Mangochi) using confidential complaint boxes established through UNICEF partnerships with Plan Malawi, Action Aid and the Malawi Police. Thirty-nine of the cases were taken to the police, including defilement and a teacher convicted and sentenced. The other complaints were teasing, bullying, corporal punishment and failure of teachers to turn up to class and were handled at school level.

Only 6 per cent of under-five children in Malawi have birth records. During the year, 40,395 under-5 children (20,293 boys, 20,102 girls) were registered by National Registration Bureau, representing a registration rate of just over 2500 records per month. Since the enforcement of the National Registration Act in 2015, significant funding from various donors (including UNICEF) was channelled into the operationalization of a National Civil Registration System. UNICEF was providing technical backstopping to the MoH and the National Registration Bureau to ensure that birth registration remains a key component of this system. The National ID initiative was launched in October and it aims to issue identification to nearly half the population by the end of 2017. The initiative will serve as an opportunity for UNICEF and partners to continue lobbying for an integrated approach to CRVS.

A total of 13,265 (10,379 female, 2,886 male) survivors of violence received care and support through Police Victim Support Units across the country; a 10 per cent increase in the number of women and children accessing the service. An estimate of 22,164 women and children survivors of violence were assisted by Government Community Child Protection
Workers through UNICEF support indicating a 26 per cent caseload increase over the year. Part of the strategy used to achieve this was the implementation of an end violence against children campaign led by UNICEF C4D to improve demand for child protection services and influence positive social and cultural practices in the country.

On the other hand, 25 per cent fewer women and children survivors of sexual abuse accessed support services at One Stop Centres. Women and children continue to struggle with long distances to access the services. UNICEF recognises the need to bring the services closer to the community through strengthened coordination and partnership with Government, CSOs and other health service providers. UNICEF will partner with CSO Fountain of Life to strengthen the linkages between community structures and OSCs.

By 2013, over 10,000 children in Malawi were living in childcare institutions. In 2015, a re-integration framework was developed and established by the Ministry of Gender with UNICEF support. This year, 202 children (97 girls, 105 boys) were re-integrated into their respective communities (86 in Lilongwe, 53 in Blantyre, 58 in Mangochi and 5 in Dedza). This was achieved after the identification and assessment of 18 residential care institutions (three in Mangochi, one in Dedza, seven in Lilongwe and seven in Blantyre).

In order to systematically document and monitor child protection issues on violence, abuse, exploitation and neglect, to inform critical decision making leading to effective prevention and protection policies for children, UNICEF supported the roll-out of an integrated Information Management System (IIMS – referred to as the CPIMS) for the Ministry of Gender in eight districts Blantyre, Mangochi, Dedza, Nkhotakata, Mzimba, Mchinji, Salima, Zomba; 3,924 vulnerable children (1,877 girls, 2,047 boys) registered into the system received case management services through the social welfare offices.

**OUTPUT 1** Key national actors have the technical capacity and evidence to develop and implement appropriate regulatory and accountability.

**Analytical Statement of Progress:**
One key challenge faced by women and children in Malawi was the lack of adequate skilled social workers. There are currently 126 professional social service workers in the Ministry of Gender, Children, Disability and Social welfare. The programme aims to increase this by at least 50 per cent in 5 years. To achieve this, 73 social workers continued to pursue a Bachelor of Social Work Degree programme at Magomero Institute through UNICEF support. An Institutional capacity assessment for Magomero was conducted during this period. Draft curricula for Certificate and Diploma programmes in Social Work were developed.

A total of 40,395 under-five children (20,293 boys, 20,102 girls) were registered by National Registration Bureau, representing a registration rate of just over 2500 records per month.

Over 700 survivors of sexual abuse were supported through One Stop Centres. Access for survivors of sexual violence to support services was increased through the constructed of an additional One Stop Centre in Mzuzu through UNICEF funding; 26 per cent more women and children were supported by Government Child Protection Workers at C-VSUs through UNICEF support. This was achieved through a partnership with Save the Children and Centre for Human Rights and Rehabilitation aimed at improving capacities and infrastructure of C-VSUs in the country.

Significant progress was made on expanding women and children’s access to referral and counselling services through the national Child Helpline. A total of 9,737 beneficiaries called the Child Helpline during the first three quarters of 2016. This represents a 10 per cent
increase against 2015 in the same period. A 44 per cent increase in calls from Q2 to Q3 was observed (a possible result of additional toll-free telecommunication operators). All four major telecommunication operators (Airtel, TNM, MTL, and Access) activated the 116 number for toll-free calling across Malawi; 26 per cent of all completed calls were violence related. This is in line with the target of 15 per cent by the end of the year. An MOU was signed between the Ministry of Gender and CSOs for the operation of three regional call centres. A National Hub for the helpline was operationalized. It is however still unlikely that the 50,000 completed calls target can be met by December 2016. In the absence of concrete commitment from the Malawi Government, YONECO with UNICEF support continues to provide leadership in the provision of helpline service in the country.

A total of 177,580 children (81,699 boys, 95,881 girls) availed psychosocial support services from 1,929 Children’s Corners supported by UNICEF through the Ministry of Gender. This translated to a 66 per cent increase in the number of children benefiting from the service.

An integrated Information Management System was rolled out by the Ministry of Gender, Children, Disability and Social Welfare in eight districts Blantyre, Mangochi, Dedza, Nkhatabay, Mzimba, Mchinji, Salima, Zomba with support from UNICEF; 3,924 vulnerable children (1,877 girls, 2,047 boys) registered into the system are receiving case management services through the social welfare offices.

**OUTPUT 2** Communities in selected districts have enhanced knowledge and understanding of how to recognize and eliminate practices and behaviours harmful to children, and how to access child protection services by 2016

**Analytical Statement of Progress:**
Ten per cent more women and children (10,379 female, 2,886 male) accessed services from Police Victim Support Units during the year. Eleven CSOs including Ujamaa, Save the Children, Plan Malawi, Action Aid and seven community radios were mobilized for the VAC campaign; 23,728 people (11,389 male, 12,339 female) were informed on how to address harmful practices in 10 districts. An estimated 7.7 million radio listeners were reached on VAC. The programme achieved a 40 per cent reduction in the incidence of forcible rape in 74 schools from three districts through a partnership with Ujaama Pamodzi on a boys and girls empowerment programme called IMpower.

A total of 567 school complaints were reported in three districts (Salima, Dedza and Mangochi); 39 of the cases were taken to the police which included defilement and a teacher convicted and sentenced. The other complaints were teasing, bullying, corporal punishment, and failure of teachers to turn up to class and were handled at school level.

Government officials, parliamentarians, paramount chiefs, civil society and donors were engaged in high-level advocacy by the Special Representative to the Secretary General on VAC towards preventing and responding against harmful cultural practices including child marriage.

Despite the progress made over the years, child marriage remains a common practice in Malawian communities fuelled by cultural practice. Almost 40 per cent of girls are married before the age of 18. UNICEF will continue to address harmful cultural practices including child marriage through partnerships with the Government, UN Agencies, CSOs and the donor community. The SRSGs visit was opportunity for UNICEF to continue engaging Government and CSOs at high level on addressing issues of harmful cultural practices. The involvement of the Resident Coordinator’s Office and other UN counterparts will serve as an opportunity for joint programming towards the same.
OUTPUT 3 A child protection model established in 3 districts and documented to inform a child protection system by 2016

Analytical Statement of Progress:
Over 3,000 children were arrested by the Malawi Police Service. Sixty per cent of these children were diverted at police level; 719 diverted children participated in formal diversion programmes in the last year, covering 30 per cent of diverted children. This was achieved through a UNICEF partnership with four NGOs (Byounique, CEYCA, YOWSO and Chisomo) to implement diversion programmes.

Fifty-eight per cent more vulnerable children (7,927 boys and 9,398 girls) were reached through case management services in the 10 districts through front-line government social workers of which 12 per cent of the children (1343 boys and 737 girls) were referred to other service providers, such as police, hospitals and schools. Fifty-seven per cent more children accessed child justice services compared to the same period in 2015. This constituted 3,408 cases registered in child. However, a 13 per cent reduction in tried cases for both children in conflict with the law (criminal) and children in need of care and protection cases (child maintenance, child custody) was observed. This could be a result of increased caseloads against an unchanged capacity of magistrates.

UNICEF contributed to an increase in access to child justice through the construction and launch of an additional state-of-the-art Child Justice Court in Lilongwe. A key challenge faced during the year was the hunger crisis that fuelled child susceptibility to crime and abuse. The MVAC projects that 39 per cent of the total population is at risk of food insecurity and require food assistance until March 2017. UNICEF will continue to mobilize funds to respond to the situation.

OUTCOME 9 An integrated child sensitive social protection system targeting the most vulnerable households implemented by 2017

Analytical Statement of Progress:
The number of children aged 0-17 years reached by the SCTP increased from 428,641 in 2015 to 447,076, (225,176 boys and 221,891 girls).

A comprehensive plan to scale up the SCTP from 18 districts to 28 districts was developed by the Ministry of Finance, Economic Planning and Development (MoFEPD) in collaboration with UNICEF, ILO and GIZ.

The National Social Support Framework review was undertaken by the MoFEPD with support from UNICEF. Evidence generated from the review process was utilised by the Government to critically review the existing social protection framework as well decide on the necessary adjustments for the successor programme of the National Social Support Programme (NSSP) to be launched in mid-2017. A comprehensive linkages and referral strategy within the SCTP was developed and piloted in two SCTP districts of Dedza and Mangochi, the system is expected to be scaled to six more SCTP districts in 2017.

Through the referral and linkages programme, SCTP beneficiaries were linked to health financing and Village Savings and Loans Schemes in Balaka district. This innovative pilot will provide relevant evidence for the scale up of the linkages and referral system. As of December 2016, 7,704 cases were referred to other social services from the SCTP. However, only nine referred cases have accessed services. UNICEF will facilitate discussions with the MoGCDSW and other stakeholders to determine why.
A three-year longitudinal impact evaluation study of the SCTP was completed. Evidence generated from the study showed positive outcomes of social protection in promoting the full realization of child rights, reduced poverty, improved food security and adoption of positive sexual and reproductive health behaviours amongst young people. School Meals improve enrolment and retention of children in schools. Public works programme contributed to food security and assets accumulation of participating households.

A Strategic Document of the SCTP was developed. The document will inform the ongoing review of the NSSP and will serve as a useful tool to advocate for financial commitment at higher government levels.

There are several bottlenecks and challenges. Although data is collected on a regular basis, there is limited analysis of the data to inform learning and programme adjustments.

Another observable weakness in the results under this outcome is that the current indicators are quantitative in nature based on the scale of the SCTP and the implementation of the linkages and referral system. These indicators are not adequate to reflect UNICEF’s efforts towards technical support to the SCTP particularly considering that the scale up and linkages depend on factors beyond UNICEF’s control.

Going forward, it will be critical to consider developing capacity and creating time for data analysis and learning for evidence based programme adjustments. Identifying/developing appropriate indicators for the NSSP that reflects the nature of UNICEF support (which is technical) will be useful in better reflecting investment and effort.

OUTPUT 1 The Poverty Reduction and Social Protection Division has enhanced capacity to implement a social protection system that is equitable, integrated and child sensitive by December 2016.

Analytical Statement of Progress:
The National Social Support Programme (NSSP) review was completed by MoFEPD in 2016 with financial and technical support from UNICEF, which is a member of the task force that spearheaded the process. Consultative workshops aimed at ensuring that crucial NSSP stakeholders were involved in the review process were carried out. An in-depth review and analysis of existing challenges of the NSSP was conducted by review taskforces for the different components of the programme to ensure that the successor programme responds to and takes in account the challenges of the current programme. Evidence from the review process showed different priorities for various stakeholders in terms of interests, needs and demands. Hence adequate time and effort was needed to comply with different stakeholders’ priorities. UNICEF will support the Government of Malawi in establishing and maintaining an effective and efficient coordination mechanism to facilitate knowledge exchange and avoid existence of a heterogeneous social protection landscape with different stakeholders pursuing different interests. The design of the successor programme is planned for the first half of 2017 and UNICEF will continue to be a key player through the provision of both financial and technical support.

An integrated M&E system for SCTP was developed by the MoFEPD. The system enables tracking of selected key indicators of each component of the programme. Capacity of PRSPD staff and M&E officers from 18 districts has been enhanced to monitor data for public works, school meal provision, Village Savings and Loans and microfinance components. The Poverty Reduction and Social Protection division of the MoFEPD benefitted from technical expertise provided by the social protection specialists based at UNICEF and technical assistants at the Ministry level.
Although NSSP was designed as a comprehensive social protection programme, a challenge was that implementation of the components remained fragmented. Looking ahead, the design of the new NSSP is an opportunity to ensure better coherence of social protection interventions.

Another key bottleneck was Government leadership for social protection remained weak. Buy-in and commitment to social protection was not achieved at the highest levels of Government. This was reflected in low national budget allocation to social protection. In 2017 UNICEF, together partners and stakeholders, needs to continue advocacy for investing in social protection and consider innovative approaches to increasing government commitment.

**OUTPUT 2** Ministry of Gender has enhanced capacity to scale-up SCTP that integrates a functioning linkages and referral systems by December 2016

**Analytical Statement of Progress:**
An extensive capacity development plan and communication strategy aimed at influencing government commitment to various elements of the SCTP was developed and rolled out with support from UNICEF. As reports from the implementation of the SCTP show lack of commitment of the Government to various elements of the programme, dialogue and information sharing meetings mobilized support from various stakeholders to improve the effectiveness and efficiency of the SCTP.

Innovative approaches aimed at complementing the pure cash provision with the provision of complementary social services in the area of linkages creation have been implemented. The interventions will lead to increased level of resilience of the beneficiaries as well as an increased level of sustainability of the programme as a whole. Considerable work has gone into rolling out the linkages and referral system. The service providers’ capacity was assessed and the Information Management System module was designed and will be piloted in two districts of Dedza and Mangochi.

A key bottleneck was Government’s low capacity, especially at district level, which regularly slowed down the progress of main activities supported by UNICEF. This was particularly acute in efforts to establish the linkages and referral system within the SCTP, which required extensive government support at the district level. Extensive involvement of UNICEF staff was needed and will continue to be required to facilitate the district support.

Further, while the programme focused on building skills and expertise of Government capacities, it was become increasingly clear that the sufficiency of human resources is a critical issue. The consequence is that existing Government personnel are overwhelmed with programmes, resulting in some of their functions suffering at the expense of others. Moving forward, it will be critical to clearly specify the nature and form of capacity enhancement and resources required at the central and district levels for the NSSP. The design of the new programme creates that opportunity for UNICEF to pursue this.

**OUTCOME 10** Social exclusion is addressed through evidence based, equitable and child focused policies and budgets that reflect the views of children and youth by December 2016

**Analytical Statement of Progress:**
Budget briefs for social sectors (Health, Education, WASH, and Nutrition) were produced.
Analysis done at the beginning of the financial year and at mid-year indicated the allocations to the social sectors and the implications of these allocations on the delivery of basic social services. Opportunities were pursued to use this analysis for advocacy on social inclusion. The analysis informed UNICEF Malawi as well as overall UN engagement with Government, development partners including the World Bank and the IMF (including the March 2016 IMF mission). Advocacy meetings on implications of the social sector budget analysis were carried out with key Government ministries, such as the Ministries of Education, Health and Social Welfare. Parallel meetings were convened with parliamentary committees. Stakeholders engaged during the advocacy meetings reported increased understanding of the national budget and requested for district analyses of the same.

However, there remained challenges. Despite progress being registered in terms of advocacy for increased resources allocation to social sectors, there was not increases in the budget share to education and health. This is due to the extreme fiscal limitations the Government is facing. Since 2011/12, the budget share to health declined from 12 per cent to about 9 per cent in the 2015/16 budget. Public expenditure in education as a share of the national budget has declined from 20 per cent in the 2011/12 budget to about 17 per cent in the 2015/16 budget.

Furthermore, the indicators related to resource allocation to health and education may not be appropriate for social policy as they do not reflect the nature of social policy intervention and are dependent on health and education section, who are directly engaging with the sectors prioritizing and focusing on the indicator. Considering the importance of Government resource allocation in the overall work of UNICEF, it will be necessary to improve and clearly define coordination amongst UNICEF sections in Public Finance for Children work.

The Child Poverty report launched by the Ministry of Finance, Economic Planning and Development introduced a multi-dimensional definition and an operational measure of child poverty based upon deprivation of basic needs. The indicators are measured at the level of individual child, follow a lifecycle approach, are age-specific and are rooted in the Convention on the Rights of the Child. The findings show that many more Malawian children live in poverty than those indicated by household-based measures of income: child monetary poverty is estimated at 43 per cent while multidimensional poverty is at 63 per cent. The findings of the study mean that social programmes which target children who live in households with low income miss a large number of vulnerable children in Malawi.

The report will generate debate around child poverty and influence change in the approach to child poverty eradication so as not to leave any child behind. The report has been finalized at an opportune time when Malawi is developing its successor national development strategy and is reflecting on how to localize the Sustainable Development Goals. This report will therefore support thinking and strategies on addressing child poverty holistically in the future national strategy.

**OUTPUT 1**

Government at national and district-level has increased capacity and accountability mechanisms for child rights-based planning, policy formulation, budgeting and reporting by December 2016

**Analytical Statement of Progress:**

UNICEF Malawi in partnership with the Office of Research (Innocenti) and the Ministry of Finance, Economic Planning and Development completed the Child Poverty Report that was launched in August 2016. The report is one of the tools that UNICEF Malawi identified to be used to inform child rights based planning, policy formulation, budgeting and reporting. The report introduces a multi-dimensional definition and operational measure of child poverty
based upon deprivation of basic needs. Indicators are measured at the individual child level, follow a life cycle approach, are age specific and are rooted in the CRC.

Findings show that more Malawian children live in poverty than indicated by household-based measures of income. The production of this report is timely in that the SDGs now include a specific target related to multidimensional child poverty (Goal 1.2). The Multi-dimensional Child Poverty Indicator constructed through the study would be ideal to serve as the Malawi national indicator to track this target, and could be routinely reported in the Integrated Household Survey in the future.

At the national level, the study report will influence Government strategy to address child poverty as it is in the process of defining its next growth and development strategy following the expiry of MGDS II. Opportunities pursued in 2016 to raise awareness of the report included dissemination in the four regions of the country. Looking ahead, a plan was developed that will guide UNICEF/MoFEPD engagement with key stakeholders to place child poverty as a national priority.

UNICEF through its partnership with Timveni Child and Media Organization implemented a follow up programme aimed at ensuring that the President of the Republic of Malawi accounts for the 10 Commitments he made to youth and children of Malawi in the run-up to the 2014 elections. The commitments cover issues in health, nutrition, education, protection and disability among others. The programme with Timveni involves following up on the implementation of the commitments two years since they were first made.

UNICEF partnered with Malawi Economic Justice Network, a civil society network, on budget analysis and advocacy. The partnership helped profile the role of civil society in the budget process to enhance demand for accountability. UNICEF collaborated with INGOs such as Plan International and SOS in supporting the Government to develop a comprehensive child policy.

However, there was a key barrier to work. Although it was planned that a comprehensive child policy would be in place at the end of the reporting year, limited Government commitment, lack of leadership and the high workload for the Ministry of Gender, Children, Disability and Social Welfare affected progress in the development of the policy. Looking ahead, high-level advocacy and prioritization of the policy in the coming year would help to finalise the policy.

**OUTPUT 2** Children and youth effectively participate in decision-making at national and district-level by December 2016

**Analytical Statement of Progress:**
The Youth Parliament of Malawi was reconstituted with a plan to conduct the sitting in March 2017, once schools go on recess to enhance children’s participation in decision-making both at the national and district levels, with Government and private sector enhance we would have achieved our target of 2016.

A costed implementation plan for the recommendations of the review of the first youth parliament was developed by the National Assembly with support from UNICEF. Two key opportunities for advocacy to improve the status of the Youth Parliament arose during the first half of the year: the development of the successor strategic plan for the National Assembly and the review of the Parliamentary Service Act, a law that governs the operation of the National Assembly.
UNICEF used its interaction and collaboration with the National Assembly to advocate for further profiling of the Youth Parliament through recognition in these strategic documents. UNICEF will continue to support the National Assembly with resource mobilization to ensure that this important children's participation platform is fully functional. Although opportunities were identified by UNICEF for the Youth Parliament to raise funds and hold its sitting in December 2016, there were severe bottlenecks encountered in terms of National Assembly capacity and workload. As a result, the sitting was delayed until 2017.

A children's festival raised awareness of the 10 commitments and protection of children with albinism with support from UNICEF; 2,690 children participated in this festival.

The Malawi Government was technically supported to clear the backlog of mandatory reports on the implementation of the UNCRC. The support enabled Government to submit all outstanding reports on the implementation of the CRC since ratification in 1991 and is up to date in as far as reporting is concerned. Additionally, the Malawi Human Rights Commission attended the pre-sessional working group before the Committee on the Rights of a Child.

The UNCT confidential report was again prepared and submitted to the Committee on the Rights of the Child. The pre-sessional working group assisted the Committee to generate a list of issues that was submitted to the State party and will be the basis for the review/dialogue scheduled for 30-31 January 2017. The reporting process creates an independent mechanism for assessing Government's fulfilment of its obligation under the CRC including ensuring children's right to participate.

**OUTCOME 11** Effective and efficient Programme management and operations support to Programme delivery

**Analytical Statement of Progress:**
The CMT has an integrated dashboard that covers all programme and operations indicators, including risk assessment and emergency, AMP indicators, programme management indicators and regional comparison monitoring.

UNICEF Malawi has in place a Risk Management and Efficiency and Effectiveness Committee that monitors the AMP, accountability and risk management, ERM review and sustainability of Audit recommendations.

The UNICEF Malawi Emergency Management Team included all members of the CMT and was activated following the declaration of emergency. The Situation Centre responsible for the coordination during the emergency, was operationalized and staffed with Cluster Leads and emergency surge staff to respond to the drought. Emergency response plans for drought and cholera were updated, new contingency plan developed for flooding with pre-positioning of supplies.

Cross cutting issues for programmes were funded and staff made available to ensure that all priorities were addressed during the course of programme implementation. The affordability analysis was conducted to ensure the adequacy of funds for these key functions.

In 2017, efforts to ensure better and more coordinated planning and monitoring of programmes at district level in selected districts will be pursued to not only address convergence and synergies but maximise efficiency of costs to support programmes.
OUTPUT 1 Communication for Development (C4D).

**Analytical Statement of Progress:**
Social and cultural norms affecting child’s health, protection and development remain a critical determining factor in improving attitudes and practices towards children’s rights in Malawi. Progress was made with the evidence based strategic approach to C4D programming adopted by C4D partners, three central and two local government agencies, 12 NGOs, 11 community radio partners, two social marketing agencies to address gaps in knowledge. They acquired skills to plan, implement, monitor and evaluate strategic communication for behaviour and social change programmes, delivering behavioural results on child survival and growth, protection, development and participation. A C4D learning lab – a learning, knowledge management and sharing forum of C4D practitioners with Government, NGO, media, academic institution and private sector was established through UNICEF support to move from ad hoc project approach into more strategic and systematic evidence based approach.

C4D guidelines and five strategies for WASH, nutrition, emergency, violence against children and girls’ education programming were developed and are being implemented by two local government agencies, 12 NGOs, 11 community radio partners, two social marketing agencies to address social cultural barriers on child survival, development and protection in Malawi. These projects mobilized communities particularly mothers and caregivers of under five children to screen for malnutrition, reaching over 7 million listeners with key messages on 11 community, national and faith based radio.

A total of 598,034 community members out of which 141,308 were parents and caregivers in 1,483 community dialogues and mobilization of 51 village health committees were mobilized to conduct follow up actions and use of a mix of communication channels at household and community level in 16 drought-affected districts; reached 230,000 school children through sanitation clubs with hygiene promotion comic books and children in 600 schools with key hand-washing messages through banners. The C4D district implementation unit on girls’ education, consisting of three NGOs, two community radios, two local government agency was established in Dedza, Mangochi and Salima, contributing to the implementation of joint UN Girls’ Education Programme in 79 schools.

The units launched social advocacy and mobilization campaign on girls’ education reaching parents and caretakers, teachers and school administration and established partnership with 15 traditional authorities to address harmful practices on violence against children by establishing ‘Violence Free Family, Violence Free Community, Violence Free Nation’ under the ‘Protect and Care: Violence is not Solution’ campaign.

Gaps in knowledge and practices in C4D programming, including delivering, reporting and documentation of quality results were observed and created challenges to manage and coordinate C4D programmes. Although slow progress was observed toward the re-establishing National Social Mobilization Committee to start functioning at institutional level, due to changes at Ministry of Information and Communication Technologies, process laid foundation to continue interaction and engagement of high – level officials in C4D programmes in 2017.

Evidence-based approach to programming saw slow progress in generating data to inform C4D programming at national level in 2016. Out of planned two studies, only national study on preferred channels of communication among young people is underway.
OUTPUT 2 Supply and Logistics

Analytical Statement of Progress:
Total Supply inputs amounted to US$13.5 million. Local supply procurement was valued at US$5.9 million and offshore procurement at US$7.6 million. In addition to the procurement services (transactions for Government) were US$23.4 million and institutional contracts at US$9.05 million.

As of 30th December 2016 UNICEF Malawi warehoused inventory supplies worth US$ 1.73 million of which US$ 1.46 million related to emergency supplies and the remainder of US$ 270,000 related to ongoing programme supplies. No supplies held in UNICEF warehouses exceeded 18 months (i.e. regular distribution turnover).

During 2016 UNICEF Malawi responded to multiple crises by delivering emergency supplies worth US$ 4.1 million. These supplies provided invaluable humanitarian assistance (drought, food insecurity, refugees and cholera).

UNICEF Malawi prepared for the probability of floods resulting from La Niña by prepositioning emergency supplies for 50,000 people (US$ 400,000 worth of supplies) in six prepositioned warehouses across the country so that a timely response can be assured.

In 2016 UNICEF Malawi continued to chair the UN Inter-Agency Procurement Group. This taskforce enables UN agencies to issue joint competitive tenders and to share vendor lists, LTAs, and specifications. There were significant cost savings shared by UN inter agencies due to economy of scale procurement savings.

UNICEF Malawi continues to spearhead discussions in the country on the importance of strengthening the supply chain behind the CMAM programme. UNICEF Malawi has actively participated in various government forums and have engaged consultants and staff to provide professional assessments and expertise.

Significant quantities (73,756 cartons) of life saving Ready to Use Therapeutic Food (RUTF) were procured and distributed to SAM children throughout 2016. A new distribution strategy called ‘last mile’ distribution was introduced in 2016 whereby RUTF was distributed directly to all 593 OTPs country-wide ensuring that all SAM children had access to RUTF. Despite higher distribution costs being incurred by UNICEF the ‘last mile’ strategy proved to be extremely successful UNICEF Malawi intends to continue this new distribution strategy for RUTF in 2017.

UNICEF Malawi experienced challenges with the capacity of local manufacturers to supply goods (quality, volume and acceptable delivery dates). The continued depreciation of the Kwacha added uncertainty to vendor prices and the cost of manufacturers' raw materials. Also, compounding local production capacity are the almost daily electricity blackouts due to insufficient power generation. To ensure supply pipelines were not broken UNICEF Malawi was importing supplies from Supply Division Copenhagen and on occasions from South Africa. Importing supplies does have freight cost implications and ideally local production is preferred but unfortunately not always possible.

OUTPUT 3 Implementation of HACT in accordance with HACT Working Group.

Analytical Statement of Progress:
The HACT Working Group draws, coordinates and implements the UN HACT Annual Work Plan and advises and trains all participating agencies on the HACT framework. HACT Working Group comprises representatives from Resident Coordinator’s Office, participating
agencies (UNICEF, UNDP, UNFPA, WFP, UNAIDS, FAO and UNW) and Government (National Local Government Finance Committee, National Audit Office and Ministry of Finance). The group is co-chaired by UNICEF and UNDP. The 2016 HACT AWEP was signed by the Resident Coordinator and heads of participating agencies.

The HACT Working Group organized all the 12 planned monthly meetings during the period under review. During these meetings, participants shared information pertaining to risk mitigation in the environment that is characterized by perceived high prevalence of fraud and misappropriation of resources. During the period a macro assessment, 17 micro assessments and 10 joint HACT spot checks were conducted by utilizing the local audit firms with LTAs. Twelve trainings in HACT, FACE Form, and finance management to non-finance managers reached 277 participants.

HACT Working Group undertook the Impact evaluation of HACT past trainings. This assisted in developing new capacity development needs and strategies that will assist in strengthening finance management and internal control systems of partners. The grouping sensitized and circulated the HACT and FACE Form e-courses to UN staff and implementing partners as a self-learning tool. This ensured the achievement of HACT objectives of managing risk. In addition, UN HACT provided feedback on performance to LTA holders (audit firms). The audit firms were oriented on the revised micro assessment, HACT Audit and Spot Check TORs and tools. In turn, auditors provided feedback on their performance, quality control processes and procedures that are applied within their firms.

OUTPUT 4 Implementation of HACT in accordance with HACT Working Group

Analytical Statement of Progress:
All HACT targets set for the year were met. Twenty-one of the 28 districts were spot checked with an emphasis on re-defining financial risks in district councils. UNICEF Malawi developed a strategy to manage risk and cash transfers, strengthened with the secondment of accountants to district councils in 2017. The Malawi Macro Assessment was concluded through the UN HACT Technical Working Group. Overall, the macro assessment, nine micro assessments, three simplified assessments, 66 spot checks and 34 audits were conducted. A total of 929 programme visits and field monitoring visits were undertaken to support programme implementation and DCT monitoring. These visits included follow-up on emergency preparedness planning and monitoring of implementing partners.

UNICEF Malawi continued to use third-party assurance providers but the challenges in managing the general quality of reporting by these slowed down follow-on actions.

The lessons learnt from 2016 HACT audit and spot check reports indicated the continued need to closely monitor the use of cash transfers to all Government partners and some CSOs. Further focus should shift to hands-on capacity building rather than workshop based trainings. These recommendations have already been taken on board in the HACT strategy for further action in 2017.

OUTCOME 12 Programme Support

Analytical Statement of Progress:
Through the Risk and Efficiency and Effectiveness Committee, UNICEF monitored AMP management priorities, accountability and risk management. An audit sustainability plan tracked progress of the 2015 audit recommendations. All SOPs were initially updated in 2015, followed by further updates of five other SOPs in 2016: HACT SOP, Payment SOP, Cash in Transit, Travel SOP and International Travel SOP. UNICEF Malawi monitored
implementation and report on adherence quarterly to the CMT.

ERM has undergone a comprehensive review and was updated in 2016 with key mitigation measures and revised designated risk owners. The ERM reflects the current socio-economic situation in Malawi, with ongoing emergency crisis and lack of budget support. A District risk management framework was developed, due to weakened financial management capacity at District Level. As part of its Risk Management Framework, UNICEF Malawi has contracted a Third Party (Financial Management Agency) to assist with Direct Payments to Districts in addition to providing districts with financial management training.

UNICEF Malawi reviewed the table of authority and segregation of duty conflicts on a quarterly basis to ensure timely updates and corrective action. Statutory Office Committees were updated often to ensure committees were effective and met as stipulated in the respective TORs.

UNICEF Malawi continued to enhance the efficiency and effectiveness of ICT systems and infrastructure to meet the demands of regular programmes and emergency response activities. UNICEF promoted the use of online collaboration tools to leverage investments in internet connectivity and improved ICT infrastructure. In 2016, UNICEF increased internet capacity by 150 per cent to improve access to cloud-based systems as well as other corporate systems hosted outside the country.

All ICT systems and interfaces were maintained within the prescribed corporate practices and policies. Availability of core UNICEF Malawi systems and applications was sustained at more than 99.5 per cent for the entire year. All staff in the office used standard laptops in docking stations and the majority used shared network printers, thereby reducing desktop and printer footprint.

With the support of ICT Unit, UNICEF Malawi continued to offer innovative solutions especially the scale up of RapidSMS in Health and HIV programmes. Two new mobile applications were deployed in 2016 the real-time monitoring of education indicators and of lifesaving nutrition commodities. These initiatives are implemented on RapidPro, an open source platform supported by UNICEF at global level.

The digital/social media presence of UNICEF Malawi was maintained and grew in 2016, with a 32 per cent increase in social media followers compared to 2015. The CO used social media largely for publicity, and to build interactions with young people on issues of importance to this critical group.

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 accounted for over 60 per cent of local and international procurement for programme supplies in 2016. The use of LTAs reduced transactional costs and lead times, ensuring supplies were received in a timely manner. In 2016, UNICEF Malawi benefited from efficiencies and costs savings through joint LTAs for hotels and conferencing, air travel, internet services and security. UNICEF Malawi participated in a UN joint mail delivery arrangement that has resulted in improved use of transport resources.

An all-inclusive approach to individual consultancy fees was gradually rolled out during the year. With this approach, consultants are not paid a separate Daily Subsistence Allowance as in previous years. This approach aligned the CO to current guidelines and best practice and resulted in reduced transaction costs and savings in consultancy engagements.

UNICEF Malawi consolidated efficiencies that were realized from setting up a Business Support Centre for processing transactions and optimising transactions management. With
transactions centralized at the Business Support Centre, programme officers could concentrate on their primary programming activities. The Business Support Centre processed 7,408 transactions, compared to 7,832 in 2015. Cost-sharing of office premises with UNODC and ILO led to $49,000 in savings.

The Greening UNICEF initiative resulted in cost savings in the use of paper and electricity. The centralized monthly travel planning provided information for sharing vehicles, resulting in costs savings in fuel, wear and tear of the vehicles and Daily Subsistence Allowance for drivers.

**OUTPUT 1 Governance and Systems**

**Analytical Statement of Progress:**
The Risk Efficiency and Effectiveness Committee monitored AMP management priorities, accountability and risk management, ERM review and sustainability of audit recommendations. UNICEF Malawi's audit recommendations were closed in 2015 and an audit sustainability plan is in place to track progress.

All SOPs were updated in 2015 with updates of five SOPs in 2016: HACT SOP, Payment SOP, Cash in Transit, Travel SOP and International Travel SOP. UNICEF Malawi monitors their implementation and report on adherence quarterly to the CMT.

ERM has undergone a comprehensive review and been further updated in 2016 with key mitigation measures and revised designated risk owners. The ERM reflects the current socio-economic situation in Malawi, with ongoing emergency crisis and lack of budget support. A district risk management framework was developed due to weakened financial management capacity at district level. As part of its Risk Management Framework, UNICEF contracted a third party (financial management agency) to assist with direct payments to districts in addition to providing districts with financial management training.

UNICEF Malawi reviews the table of authority and segregation of duty conflicts on a quarterly basis to ensure timely updates and corrective action. In addition, Statutory Office Committees are updated often to ensure committees are effective and meet as regularly as stipulated in the respective Office Committee TORs.

**OUTPUT 2 Financial Resources and Stewardship**

**Analytical Statement of Progress:**
The invoice registry and tracking system ensured timely payment to vendors.

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.

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

The CO revised and updated five SOPs covering Payments, Cash in Transit, Local Travel, International Travel and HACT. The revised SOPs were aligned with the accountability
framework and reflect the CO’s preparedness towards the GSSC initiative. UNICEF Malawi sustained audit recommendations and maintained its track record of keeping DCTs over nine months under one per cent, barring those under review by the Office of Internal Audit and Investigations.

The Business Support Centre established in 2015 facilitated the transition to the GSSC, providing support for parking invoices, processing payments, liquidations, funds requisitions and commitments. UNICEF Malawi complied with the requirements of the Bank Optimization project, preparing quarterly cash forecasts and replenished bank accounts, maintaining sufficient funds to meet programmatic/operational demands for payments. UNICEF ensured proper and timely month-end and mid-year closure of activities. Cash at Bank and Cash on Hand were safeguarded. Accurate, timely and up-to-date monthly bank reconciliation statements and Cash on Hand certifications were submitted to Division of Financial and Administrative Management for all accounts.

The throughput for local payments at the end of the year stands at US$50,512,726, representing 93 per cent of 2015 total local payments.

**OUTPUT 3 Human Capacity**

**Analytical Statement of Progress:**
In 2016, recruitment of 13 Fixed Term positions was completed, addressing competency gaps and organizational effectiveness. UNICEF Malawi continued its efforts to pursue gender and geographic diversity with 42 per cent (Female) and 58 per cent (Male) for the International Professional category and 49 per cent (Female) and 51 per cent (Male) for the National Officer category.

Standby partnerships were mobilized for the emergency response with eight staff deployed to support WASH, Health, Education and Nutrition sections.

‘ACHIEVE’ performance planning was closely monitored by the country management team, resulting in UNICEF Malawi attaining a completion rate of 99 per cent and receiving global commendation. UNICEF Malawi intends to attain the same completion rates for the 2016 end year appraisal.

Generally it was challenging to achieve the target of 60 per cent recruitment and selection of high calibre candidates within 90 days from the day the advert is closed due to various reasons such as delays in shortlisting, delays in providing feedback to HR after interviews, lack of quorum to convene CRB, and delays in receiving references which is outside the CO’s control.

**OUTPUT 4 Human Capacity and Development**

**Analytical Statement of Progress:**
With a staff of 117, the CO strengthened the skills sets of current and new staff. 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 Learning and Training Committee developed Guidelines on External and Internal Learning to ensure consistency in approach and lay out procedures for external learning. MCO met the global benchmark for training professional staff in Results Based Management.

A local counselling firm was retained for staff and families providing free counselling services
and proactively identified and dealt with issues in a timely and consistent manner. The office worked with the staff support structures, that is, Staff Association, Joint Consultative Committee, Caring for Us and Peer Support Volunteers to address staff welfare.

The issues identified through the 2014 UNICEF Malawi and the Global UNICEF Staff Morale Survey were followed up in all staff meetings and Local Joint Consultative Committee. The Staff Association launched an on-line survey towards the end of 2016 to assess progress on the eight Point Action Plan. The results of this survey are yet not available.

The UN Cares functions under the OMT and conducted two events for UN Staff and their families.

OUTCOME 13 Emergency Response

Analytical Statement of Progress:
The emergency response to the HAC appeal was reported under the programme areas.
1) HIV & AIDS in emergency: Reported under Strengthening HIV Service Delivery output
2) WASH in emergency: Reported under provision of equitable WASH services
3) Nutrition in emergency: Reported under Institutions (national - MoH and selected district) to plan, manage, and monitor for improved quality CMAM, micronutrient and IYCF service delivery incorporating bottleneck analysis by 2016 output

OUTPUT 1 HIV and AIDS Response

Analytical Statement of Progress:
Please refer to the outcome and outputs under the HIV for details of the response to the emergencies.

Evaluation and research

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
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<tbody>
<tr>
<td>Temperature Study on EPI</td>
<td>2016/019</td>
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<tr>
<td>Immunization Supply chain/ EVM Assessment</td>
<td>2016/018</td>
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<tr>
<td>Costs Associated with the Use of Unmanned Aerial Vehicles for Transportation of Laboratory Samples in Malawi</td>
<td>2016/017</td>
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<tr>
<td>Situation Analysis of Women and Children in Malawi - Part I</td>
<td>2016/016</td>
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<tr>
<td>Review of The Journey Of Life Community Awareness And Mobilization Tool In Achieving Child Protection Results In Malawi</td>
<td>2016/015</td>
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<td>SCTP graduation strategy</td>
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<td>Investigative Research on the Abductions, Killings and Exhumation of the Remains of Persons with Albinism in Malawi</td>
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<tr>
<td>Assessment of Quality of Maternal, Neonatal and Child Care in Five Districts of Malawi</td>
<td>2016/012</td>
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<td>Study on indigenous knowledge and child care practices in Malawi</td>
<td>2016/011</td>
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<td>Feasibility and Acceptability Study and Situation Analysis on Early Infant Medical Male Circumcision in Malawi</td>
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### Standardized Monitoring and Assessment of Relief and Transitions (SMART) Nutrition Survey in 25 districts of Malawi

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### Situation Assessment of Adolescents in Malawi

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### Study of the Utility of Unmanned Aerial Vehicles in the Transportation of Laboratory Samples in Malawi

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### Child poverty/ODA study

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### Malawi Social Cash Transfer Programme Endline Impact Evaluation Report

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### First Process Evaluation of the Malawi Social Cash Transfer Programme

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### District Health Performance Improvement Evaluation

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### Evaluation of Community Management of Acute Malnutrition (CMAM) in Malawi

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### Evaluation of The Water and Sanitation (Wash) Programme in Malawi (2007-2013)

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### Other Publication

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<td>Delivering water through a self-supply chain (Video)</td>
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<td>SOWC/Child Poverty report video and infographics</td>
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<td>Court and Prosecutors Handbook on Diversion</td>
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<td>Early Newborn Action Plan</td>
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<td>Caring for Newborn and Infants</td>
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<tr>
<td>Health related IEC materials</td>
</tr>
<tr>
<td>Outcomes and cost effectiveness of integrating HIV and nutrition service delivery: Pilots in Mozambique and Malawi</td>
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<tr>
<td>A national quality assurance programme for point-of-care testing in Malawi</td>
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<tr>
<td>HIV Services and Risk in an Emergency Response in Malawi</td>
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<tr>
<td>Together we can improve: Joint community-facility data reviews in Malawi</td>
</tr>
<tr>
<td>Feasibility Report: Use of UAVs for the transportation of HIV laboratory samples in Malawi</td>
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<tr>
<td>Costs associated with the use of unmanned aerial vehicles for transportation of laboratory samples in Malawi</td>
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### Lessons learned

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<tr>
<td>Innovation</td>
<td>Study on the cost effectiveness and feasibility of using UAVs (drones) to transport laboratory samples in Malawi.</td>
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<tr>
<td>Lesson Learned</td>
<td>Strengthening children’s early care, learning and stimulation in homes.</td>
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### Programme Documents

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