

Malawi

Executive summary

Malawi is one of the world's least developed countries, ranking 170 out of 188 on the Human Development Index. Over 70 per cent of the population live below the income poverty line and approximately 63 per cent of children live in multidimensional poverty. Child marriage remains high with 46.7 per cent of girls married before the age of 18 and Malawi's pre-term birth rate is the highest in the world at 13 per cent.

The year 2017 was marked by the aftermath of two consecutive years of prolonged dry spells and floods, which led to the depletion of people's livelihood assets and 1,043,000 people remained food insecure. UNICEF Malawi supported the Ministry of Health to coordinate a response to the cholera outbreak, reaching over 3.6 million people with lifesaving messages. This contributed to the reduction in cases from 1,763 in 2016 to 141 in 2017.

In the financial year 2017/18, key social sector budgets increased by 23 per cent in nominal terms, compared to a 15 per cent general increase in total Government budget from the previous financial. Yet, social sector spending remains lower than financial need, resulting in insufficient supply of adequate basic social services required by children, especially in rural areas. Budget briefs to advocate for increased social sector spending were produced and UNICEF Malawi directly engaged with Parliament on the same. After this advocacy, allocations to drugs, early childhood development (ECD) and the social cash transfer programme (SCTP) increased.

UNICEF Malawi provided technical assistance to the social cash transfer programme, which reached over 700,000 individual members, including 50 per cent children.

UNICEF Malawi supported the introduction of measles second dose into the routine expanded programme on immunisation (EPI) delivery system and supported periodic intensified routine immunization (PIRI), helping to sustain the national coverage of immunisation above 80 per cent.

UNICEF Malawi contributed to the achievement of declaring 71 out of 263 Traditional Areas open defecation free (ODF). Twenty-eight of these attained ODF status with UNICEF Malawi direct support. UNICEF supported 123,616 households to gain access to improved sanitation facilities and 76,798 households with hand washing facilities.

UNICEF Malawi continued to co-implement the United Nations Joint Programme on Girls' Education (UNJPGE), which contributed to a 16.5 per cent increase in enrolment and a 29 per cent improvement in school attendance.

UNICEF Malawi in collaboration with other UN agencies successfully advocated for a constitutional amendment to raise the minimum age of marriage from 15 to 18 years. UNICEF Malawi successfully advocated for linkages between the National ID mass registration and the

birth registration database to register children under 16, which resulted in 4.5 million children under 16 years of age being registered.

UNICEF Malawi supported the strengthening of diagnosis of HIV-positive children, adolescents, and pregnant and lactating women, resulting in an increase in antiretroviral testing (ART) initiating for women who are pregnant or breastfeeding from 89 per cent in 2016 to 93 per cent in 2017.

UNICEF Malawi supported the strengthening of the National Nutrition Surveillance and Information System, which resulted in maintaining data quality and improved reporting by districts from 80 per cent in 2016 to 99 per cent in 2017. The lives of 39,898 children recovering from severe acute malnutrition (SAM) were saved with the expansion of the geographic coverage of the community management of acute malnutrition (CMAM) programme to 97 per cent of health facilities.

UNICEF Malawi supported the formulation of the new Malawi Growth and Development Strategy (MGDS III) and the new United Nations Assistance Framework (UNDAF). As a result, both frameworks take account of key issues facing children in Malawi.

UNICEF Malawi launched a humanitarian drone corridor, the first of its kind in the world. The use of drones to acquire imagery and monitor flooding during an emergency response was piloted.

UNICEF Malawi conducted a Geographic Information System (GIS) mapping and an analysis of the accessibility of all health service delivery points within a five kilometre radius. These efforts will feed into building UNICEF Malawi's Real-time and Geo-data Hub.

Through collaborative partnerships with new and existing partners, such as GAVI, the Global Fund, the University of Zürich and private-sector and faith-based partners, UNICEF Malawi successfully advocated for, and improved the knowledge-base on child rights and mobilized funding.

UNICEF Malawi faced challenges regarding effective cross-sectoral convergence (to be addressed in 2018), and under the new Country Programme. The performance of the community management of acute malnutrition programme showed a slight increase in deaths related to SAM due to prohibitive treatment fees in faith-based hospitals. UNICEF Malawi signed a Programme Cooperation Agreement with the Christian Health Association of Malawi to address this.

Humanitarian assistance

Following two years of serious droughts and floods, which led to severe food shortages in 2015 and 2016, there were significant improvements in the food security situation in Malawi in 2017. Despite this, according to findings by the Malawi Vulnerability Assessment Committee, a total of 1,043,000 people were food insecure by June 2017, and were targeted with UNICEF Malawi-supported humanitarian assistance.

Results of Standard Monitoring and Assessment of Relief and Transitions surveys conducted in seven livelihood zones showed a slight improvement in the nutrition situation in Malawi, with global acute malnutrition prevalence declining from 2.5 per cent in May 2016 to 2.2 per cent in May 2017. SAM declined from 0.5 to 0.3 per cent in the same period. With UNICEF support, the Ministry of Health (MoH) managed to identify and admit 47,438 children (24,196 boys and

23,242 girls) for treatment of severe acute malnutrition in nutrition rehabilitation units and outpatient therapeutic programmes. Out of those admitted, 39,898 recovered, an overall cure rate of 93.6 per cent.

There was an active outbreak of cholera in Nsanje and Chikwawa districts (south) with 141 cases and one death. UNICEF Malawi engaged with the Ministry of Health and other partners to coordinate a response to the outbreak. In the cholera-affected districts, UNICEF supported civil society organizations to reach over 3.6 million people with life-saving messages. UNICEF Malawi also supported training of 2,103 health workers, 1,832 health surveillance assistants (HSAs), and 1,894 community volunteers on cholera case management.

In response to floods in Salima (central) and Karonga (north) and to cholera prevention and responses in Zomba, Phalombe, Nsanje, and Chikwawa (south), UNICEF Malawi and partners reached 96,577 people with safe water and 249,249 people with hygiene promotion messages.

UNICEF Malawi responded to an urgent government request in less than 24 hours to provide real-time high-altitude photos of flooding conditions and infrastructure damage in two districts. In preparation for the next rainy season, UNICEF Malawi supported training of government, United Nations agencies and non-governmental organizations (NGOs) to integrate drones into an emergency response plan, using a simulation exercise.

An integrated measles-rubella (MR) and vitamin A supplementation (VAS) campaign was rolled-out. Administrative reports showed 100 per cent coverage of MR vaccination to children aged nine months to 14 years and VAS to children aged six to 59 months. A corresponding number of children aged 12-59 months were also de-wormed. The campaign was implemented nationwide and the MR vaccination was introduced in routine immunisation in July 2017.

UNICEF Malawi used an innovative field-monitoring tool to facilitate real-time monitoring. Suggested action points were immediately entered into an online SharePoint-based system that directly reported to the relevant UNICEF Malawi Section Chief. Notably, performance of the community management of acute malnutrition programme showed a slight increase in deaths related to SAM (from 2 per cent in 2016 to 2.2 per cent in 2017) due to prohibitive treatment fees. UNICEF Malawi signed and implemented a Programme Cooperation Agreement with the Christian Health Association of Malawi to address this.

As part of the emergency response, UNICEF Malawi had 13 deployments, including stand-by partners and consultants. UNICEF Malawi conducted a lessons learnt review session on the 2016 emergency. Outcomes of the workshop were incorporated in the 2017 UNICEF Malawi emergency response plan and the rolling annual work plans.

UNICEF's humanitarian assistance included important gains to mainstream the protection of women and children from sexual abuse and exploitation. The Malawi Police Service was supported to strengthen community response mechanisms and carry out awareness initiatives. A total of 91 PSEA (protection from sexual exploitation and abuse) focal persons were nominated by humanitarian actors to implement organizational workplans and contribute to an action plan for the nationwide network.

The UNICEF Guidance for Risk Informed Programming (GRIP) was piloted in Malawi. The workshop was jointly organized by UNICEF Malawi, UNICEF Eastern and Southern Africa Regional Office and Programme Division. The GRIP assisted UNICEF Malawi and its counterparts to understand vulnerability, capacity, exposure as well as shocks and stresses,

and to integrate risk considerations into programming, including monitoring and evaluation (M&E). Outcomes from the workshop were documented and used to inform discussions with United Nations agencies, Government and partners to better link relief and development efforts and address root causes of vulnerability to shocks.

Against the 2017 Humanitarian Action for Children (HAC) funding requirement of US\$23.1 million, UNICEF Malawi secured only 24 per cent.

Equity in practice

Case study: How UNICEF Malawi has contributed to promoting equity through technical and financial support for the Malawi social cash transfer programme.

The Malawi social cash transfer programme (SCTP) provides monthly unconditional cash transfers to ultra-poor, labour-constrained households. The main objectives of the programme are to reduce poverty and hunger, and to increase school enrolment. Transfer amounts vary by household size and the number of school-aged children present in the household. The programme began as a pilot in Mchinji (central) with support from UNICEF Malawi, and has expanded to reach over 777,000 beneficiaries in over 174,500 households across 18 districts of Malawi, including approximately 430,000 children. The SCTP is fully implemented by the Government of Malawi, with UNICEF providing technical and financial support.

The social cash transfer programme is based on evidence, which influenced government and development partners to support the programme. UNICEF and the Government commissioned a randomized, controlled impact evaluation to generate evidence about the programme's effects. The evaluation demonstrated that the programme has had a positive impact across a range of dimensions directly relevant to children. The end results of the impact evaluation were released in mid-2016. Shortly after the release of the results, development partners and the Government increased funding to the programme to reach full national coverage. It is currently expanding to all 28 districts, and will be operational as such by early 2018.

The findings of the impact evaluation contributed to UNICEF Malawi's understanding of the positive role that cash transfers can play in addressing equity and deprivation. Notably, the programme led to an increase in overall and regular school attendance for children aged six to 17 years. The SCTP also helped ensure that children have all three of their material needs met (two sets of clothing, shoes and a blanket), with an impact of 31 percentage points at endline. The programme positively influenced indicators of household poverty (recipient households are 15 percent less likely to be living below the ultra-poverty line) and increased food consumption. The SCTP enabled recipient households to increase ownership of assets, including livestock and household items.

The evidence also demonstrated where UNICEF needs to redouble its efforts on equity. Despite significant improvements in food security and overall consumption, there was no statistically significant impact on the nutritional status of children age 0-59 months in terms of either height or weight. The overall SCTP impact on the percentage of children who are fed solid foods at least three times per day was only slightly positive, and there was no impact on children who had consumed vitamin A-rich foods in the past day observed. There was a significant and sample-wide positive effect for wasting in children aged 6-59 months: children in SCTP households were 3 per cent less likely to be wasted.

In 2018 and over the course of the next Country Programme Document (CPD) (2019-2023), UNICEF Malawi will incorporate lessons learned from the SCTP. For instance, findings on the

intersection between social protection and nutrition will significantly influence how UNICEF Malawi approaches this issue. The evidence illustrates that the determinants of young child nutritional status are complex. Some factors, such as food quantity, are likely to be affected by cash transfer. But there are also factors such as diet quality, meal frequency, sanitation and the disease environment that depend on household knowledge and caring practices. UNICEF will seek to further understand and address these issues going forward.

In addition, it appears that the SCTP targeting criteria (ultra-poor and labour-constrained) lead to a unique profile of beneficiaries, particularly households with elderly caring for orphans. Thus, there are few households with pre-school children, a group that is typically one of the most vulnerable in society and where there is high potential to effect changes in nutritional status. UNICEF will consider how the SCTP can be adjusted to address the critical needs of this cohort of Malawian children.

Strategic Plan 2018-2021

The strategic emphasis and focus areas of the Strategic Plan 2018 – 2021 resonate with the Malawi Development and Growth Strategy as well as with UNICEF Malawi’s new strategic direction of the next CPD (2019 – 2023), which will be the main conduit for implementation and monitoring of the Strategic Plan. Specifically, the Strategic Plan’s emphasis on working multi-sectorally at the highest-level---thereby building on the United Nations system’s comparative advantage, leveraging public finances and supporting the adoption of child-focused policy and legal frameworks---has been an important part of UNICEF Malawi’s work to date, and will continue to be central to its work under the new CPD.

Going forward, service delivery will increasingly focus on piloting, proto-typing and modelling for learning and subsequent up-take and up-scaling by the Government and other partners.

As Malawi is prone to natural disasters and shocks, such as severe drought and floods, the Strategic Plan’s continuous focus on humanitarian response is relevant and welcome in the country. Although less severe than in the previous reporting period, a total of 1,043,000 people remained food insecure in 2017, largely due to the aftermath of two consecutive years of severe droughts. As such, resilience building, including risk informed programming and emergency preparedness, will continue to be a key component of the UNICEF Malawi’s work.

The new CPD will emphasize community participation and active citizenship, thereby strengthening national ownership and capacity for the delivery of the Sustainable Development Goals (SDGs) and Malawi’s national development priorities, as also highlighted by the Strategic Plan. This component will include emphasis on child participation at all levels, with a strong focus on equity, inclusion and gender equality.

Integrated, child-centred programming will be at the heart of UNICEF Malawi’s work and the new CPD. During the Mid-term Review, cross-sectoral convergence was highlighted as a challenge for UNICEF Malawi. Since the Mid-term Review, new approaches have been rolled out as illustrated by joint programming in health, nutrition, education and communication for development (C4D), but more remains to be done. To further and more radically address the need for increased cross-sectoral programming, the new CPD proposes to change the conceptual framework of UNICEF Malawi’s work to be oriented along three components, focusing on: (1) children from pre-conception to five years of age; (2) school-aged children from six to 17 years old; and (3) building child-friendly, resilient communities to provide the enabling environment for children to grow, develop and thrive.

The Country Office (CO) also welcomes the strong emphasis on equity and inclusion in the Strategic Plan. Leaving ‘no one and no child behind’ and ‘to reach the father behind’ is critical in Malawi, which is a very diverse country comprising many tribes, climatic conditions and poverty levels, thereby posing different-levels and different types of challenges to the realisation of children’s rights. To address this, UNICEF Malawi supports the Government to put in place and implement a child-centred social protection framework, and rolls-out SCTPs in areas and to people most in need.

Increased investment in real-time monitoring and disaggregated data collection, analysis and use will also be a key feature of the new CPD. UNICEF Malawi aims to be a game changer in how monitoring is carried out by the development community, by employing innovative technology, such as drones, for effective and efficient real-time monitoring. The concept around this innovation is currently being developed and will be piloted, and potentially up-scaled in the new CPD.

The CO also welcomes the Strategic Plan’s focus on effective capacity building. With this opportunity for better effectiveness and efficiency, UNICEF Malawi will significantly change the way that capacity building is carried out. Investments in ad-hoc and weakly coordinated trainings will be replaced by an integrated capacity-building platform that will be rolled-out at community-level. The platform will be based on individually-developed, integrated training plans for core service providers that include performance assessments, mentoring, continuous training and certification. In addition, the platform will address other components of capacity (in addition to knowledge and skills) that might be barriers to behaviour change, such as access to appropriate tools, willingness and incentives, and an appropriate professional-enabling environment.

Emerging areas of importance

Greater focus on the second decade of life. UNICEF Malawi carried out a Life Cycle Analysis of the Situation of Women and Children in Malawi, which emphasized the importance of population growth in Malawi, standing at 2.8 per cent per annum compared to the global average of 1.1 per cent and an Africa-wide average of 2.6 per cent. Approximately 54 per cent of the population are under the age of 18 and the number of children is expected to expand from 8.8 million in 2015 to 16.2 million by 2030. Underlying this is a high fertility rate of 34 per cent; high rates of early marriage (46.7 per cent of girls are married before the age of 18); and a high adolescent birth rate at 29 per cent (partly due to the low uptake of modern contraceptive methods by adolescent girls at 39 per cent). This significantly contributes to negative health outcomes for adolescent mothers and their children, as illustrated by the fact that Malawi has the highest pre-term birth rate in the world. It is also an obstacle to adolescent girls’ empowerment, protection and development, including their access to education and skills building.

UNICEF Malawi commenced roll-out of the Gender Equality and Reproductive Health Initiative (GERHI) through Promundo, the Global Early Adolescent Study Team at the Johns Hopkins Bloomberg School of Public Health, and the Malawi College of Medicine. The programme aims to impact attitudinal as well as behavioural outcomes on gender-based violence, early marriage, and school retention. In 2017, GERHI developed a framework for an intervention manual and has started to develop a methodology for monitoring changes in gender norms, empowerment, gender-based violence and gender equality among 10-14 year olds. UNICEF Malawi also strengthened its partnership with the University of Zürich to build evidence on harmful practices, especially harmful sexual initiation rites and child marriage, thereby provide the basis for

programming and policy advocacy.

UNICEF Malawi launched a youth media programme in 2017 focusing on radio and print that was piloted in Mangochi (central). This will be followed by an online youth media platform '#YouthOutLoud' and a mobile communication tool, U-Report, in 2018. '#YouthOutLoud' will feature digital versions of the youth media content, plus stories from Malawian and international youth bloggers, connecting Malawian youth with a global audience. U-Report Malawi will use SMS-based opinion polling to give young people the chance to share their views on child rights issues, in order to influence policy makers. The youth media programme will reach 300 children per year, training them to produce radio and print stories on child rights issues, contributing to results around adolescents' education and empowerment.

UNICEF Malawi continued to work cross-sectorally on the Joint UN Programme on Youth. In line with the global targets for nutrition, UNICEF Malawi has initiated an Adolescent Nutrition Programme reaching 5,500 adolescent girls. UNICEF Malawi's work on Water, Sanitation and Hygiene (WASH) in schools focused on menstrual hygiene management, thereby addressing a critical contributing factor of high school drop-out rates of adolescent girls.

Accelerate integrated early childhood development (ECD) UNICEF Malawi actively supported the Government to implement the national ECD programme. Due to UNICEF engagement, the ECD programme expanded its scope beyond the provision of ECD services through 11,000 Community Based Childcare Centres, targeting children three to five years old to strengthening positive parenting for children zero to two years.

Key milestones included, first: the adaptation of the global UNICEF/World Health Organisation (WHO) Care for Child Development Package to promote child and caregiver interactions for improved early care, learning and stimulation, in line with global evidence that the human brain develops faster from conception to two or three years than at any other time of life. Second, Care for Child Development was integrated into the National Nutrition Care Group Package to intensify the ECD component of the Stunting Reduction Programme; a stand-alone module on Early Care, Stimulation and Learning was developed and integrated. Third, positive parenting was integrated in functional literacy classes for adolescent mothers, and ECD was integrated in the primary school teacher-training curriculum. Fourth, national Early Learning and Development Standards were finalised to inform the review of the national ECD curriculum. Last, the Initial Primary Teacher Education curriculum review commenced in 2017 with a focus on early grade learning. The recent age validation of Early Learning and Development Standards opened the way for alignment between Community-based Child Care Centres (CBCCs) and primary school.

Summary notes and acronyms

AMP Annual Management Plan

ART - antiretroviral treatment

CBCC - community-based childcare centre

CEDAW Convention on the Elimination of All Forms of Discrimination against Women

CLTS - community-led total sanitation

CMT - country management team

CMAM - community management of acute malnutrition

CO - Country Office

CPD - Country Programme Document

CPIMS - Child Protection Information Management System

CRC - Convention on the Rights of the Child
CRPD - Convention on Rights of Persons with Disabilities
DCT - direct cash transfer
DRP – Disaster Recovery Plan
ECD - early childhood development
EMIS - Education Management Information System
EPI - expanded programme on immunisation
ESARO - Eastern and Southern Africa Regional Office (UNICEF)
GERHI - Gender Equality and Reproductive Health Initiative
GIS - Geographic Information System
GRIP - Guidance for Risk Informed Programming
HAC - Humanitarian Action for Children
HSA - health surveillance assistants
HSSP II - Health Sector Strategic Plan Round II
LTA - long-term agreement
MGDS - Malawi Growth and Development Strategy
MNCH - Maternity New-born and Child Health
MOH – Ministry of Health
MoGCDSW - Ministry of Gender, Children, Disability and Social Welfare
MR - measles-rubella
ODF – open defecation free
OR - Other Resources
ORE - Other Resources for Emergencies
PMTCT – prevention of mother-to-child transmission
PER - Public Expenditure Review
PIRI - Periodic Intensified Routine Immunization
PBR - Programme Budget Review
PCA - Programme Cooperation Agreement
RR - Regular Resources
SAM - severe acute malnutrition
SCTP - social cash transfer programme
SDG - Sustainable Development Goal
SOP - Standard Operating Procedures
UNICEF - United Nations Children’s Emergency Fund
UNDAF - United Nations Assistance Framework
UNDSS - United Nations Department of Safety and Security
UNJPGE - United Nations Joint Programme on Girls’ Education
VAS - vitamin A supplementation
WASH - water, sanitation and hygiene
WHO - World Health Organization

Capacity development

Individual and community capacity development

UNICEF Malawi utilized multimedia communication strategies to promote positive behaviour change on maternal, newborn and child health (MNCH); infant and young child feeding; violence against children; girls’ education; and sanitation and hygiene. Six million listeners were reached with messages about services for community management of acute malnutrition (CMAM), infant and young child feeding practices, and hand washing; 616,750 people were reached and acquired knowledge on hand washing through hygiene activations and the community-led total sanitation (CLTS) approach. As a result, 1,376 traditional and 203 religious leaders took action to prevent violence against children and promote girls’ education. Thirteen relevant bi-laws were

established and implemented. Hygiene activations through social marketing resulted in the installation of 74,943 hand-washing facilities.

UNICEF Malawi supported the training of 1,800 community-based workers on multisectoral stunting programme implementation, which subsequently reached 134,434 people with MIYC nutrition and WASH interventions. This led to 123,616 households having improved sanitation facilities and 76,798 households with hand-washing facilities, contributing to a 35 per cent decrease in diarrhoea cases in two out of the eight target districts.

UNICEF Malawi supported mentor mothers to provide defaulter tracing, counselling and screening for tuberculosis, acute malnutrition and HIV in children and pregnant and breastfeeding women to 43,954 pregnant and breastfeeding women.

National and sub-national collection, analysis and use of data

UNICEF Malawi successfully advocated for the inclusion of children under 16 years in the mass national ID registration campaign and linking the national ID and birth registration databases.

UNICEF supported 13 districts to identify bottlenecks to service uptake and utilisation using the District Health Performance Improvement approach. A simplified district performance progress-reporting card was developed and performance in targeted districts improved.

UNICEF advocated for gender sensitive and sex-disaggregated data collection in 2017. As a result, gender sensitive health indicators will be incorporated in future DHIS reforms.

Evidence generation, policy dialogue and advocacy

Evidence generation

UNICEF Malawi engaged in research partnerships for evidence-based programming with Promundo, the Johns Hopkins Bloomberg School of Public Health, and the Malawi College of Medicine to implement GERHI, and partnered with the Centre for Child Well-being and Development at the University of Zürich to produce, amongst others, a study on the prevalence of harmful traditional practices and a longitudinal panel study for 18 years of children's life journeys.

UNICEF Malawi conducted a paediatric and adolescent data abstraction exercise in 61 facilities in eight districts. The report will inform the MoH and other key stakeholders on the specific needs of children and adolescents.

A baseline survey on stunting reduction in target districts was supported. Survey findings resulted in the development of evidence informed multi-sectoral work plans at district level.

Policy dialogue and advocacy

UNICEF Malawi produced budget briefs to advocate for increased social sector spending. Policy dialogue with the Government and technical assistance were organized, including edits to policy and strategy documents such as the Malawi National Social Support Programme II and the National Child Policy and Guidelines for the Child Care Protection and Justice Act. There was also significant engagement with Members of Parliament at a Public Finance for Children retreat. This contributed to increased budgetary allocation to drugs, education and the SCTP. The allocation to the SCTP, for example, was revised from US\$758,066 in 2016-17 to US\$2,067,540 in 2017-18, and the education budget increased from 17 to 18 per cent.

Specific policy advocacy carried out by UNICEF with development partners resulted in the

Government prioritizing children and adolescents in HIV strategic documents. Strategies on reading and inclusive education were launched and therapeutic nutrition products were integrated into the National Essential Medicine List and management system.

Partnerships

UNICEF Malawi strengthened its engagement with existing partners and explored opportunities for new partnerships, focusing on influential partners to support advocacy work to prevent child marriage and school dropout. The shift was in response to an environment with limited fundraising opportunities in Malawi, and aims to create change for children by better leveraging the political influence of partners.

UNICEF Malawi hosted two meetings with 18 business leaders from Malawi's private sector to discuss shared-value partnerships and the role of businesses in promoting child rights. The meetings resulted in UNICEF Malawi hosting quarterly meetings where key information and data on a particular sector was provided.

The partnership with Standard Bank continued, providing mentorship to adolescent girls in 14 schools in Dedza and was expanded to the districts of Salima and Mangochi (central). A review found that girls who participated improved attendance and increased motivation.

UNICEF Malawi engaged traditional leaders and religious groups. A meeting with the Paramount Chiefs of Malawi led to a commitment by the Chiefs to support child rights. UNICEF is now working with Paramount Chiefs to record public service announcements on ending child marriage.

The strategic partnership with GAVI facilitated the mobilization of US\$41 million for Health System Immunisation Strengthening and US\$4.5 million to support the Cold Chain Equipment Optimisation Platform. Partnership continued with the Global Fund to support quality integrated community case management.

New partnerships are being developed with the Church of Central Africa Presbyterian and the Malawi Council of Churches.

UNICEF also works in partnership with other United Nation agencies and programmes including UNJPGGE which brings together UNICEF, UNFPA and WFP; the Joint UN Inter-Agency Programme on Youth; and a partnership between FAO and UNICEF to reduce stunting through nutrition-sensitive agriculture. The 'End Child Marriage Campaign' is being coordinated with UNFPA.

External communication and public advocacy

UNICEF Malawi's advocacy strategy focused on keeping children in school and ending child marriage. Advocacy-led media stories were published, shifting public discourse on these issues, including a new partnership with Times Media Group.

UNICEF Malawi maintained a strong UNICEF brand with positive coverage in traditional and online media. Over 30 international media outlets covered the launch of a humanitarian drone-testing corridor, including Agence France Presse, CNN, the Guardian, Reuters and Xinhua. The BBC subsequently filmed the corridor. Overall, 63 media stories about UNICEF's work were published. The substantial increase in media coverage led to an increase in donor stories, with 31 stories published, and UNICEF established a more strategic media partnership with DFID to demonstrate aid effectiveness for the UK audience.

UNICEF Malawi strengthened digital communications by launching a blog on Medium, developing an e-newsletter and experimenting with more innovative types of storytelling, including blogger engagement, geo-tagged content and animation. UNICEF Malawi now has over 19,000 followers across its various social media platforms. Facebook analytics show that 65 per cent of the audience is in Malawi.

UNICEF's engagement with young people in Malawi was enriched by the establishment of a youth media programme that trained school children in Mangochi to report on child rights for radio and print. Leading bloggers also discussed child rights' issues following training by UNICEF and partners. A Malawian celebrity, Fredokiss, committed to work with UNICEF to support child rights campaigns and advocacy.

In 2017, UNICEF Malawi prepared to launch a U-Report in early 2018. A U-Report manager was recruited, the technical set-up was completed and partnership negotiations were underway with two telecommunication companies.

South-South cooperation and triangular cooperation

UNICEF Malawi hosted a team from Mozambique, comprising representatives of UNICEF Mozambique, the MoH and the Mozambique Paediatrics Association for a study tour on the establishment of special newborn care units at district hospitals that are primarily run by mid-level health professionals.

Through communication with UNICEF India, lessons were used to initiate real-time monitoring of newborn care in Malawi. In turn, UNICEF Malawi has widely shared its experience of establishing a health information system on the care of sick newborns. As a result, a number of countries expressed interest in replicating the system and requested documents and further engagement on the same.

UNICEF Malawi, in collaboration with WHO and the MoH, facilitated the global launch of a Maternal and Newborn Quality of Care Network in Lilongwe. The Network was used as a forum to exchange knowledge and experience to improve quality of care for mothers and newborns from nine Pathfinder countries in Africa and Asia.

UNICEF Malawi supported the participation of Malawi MoH colleagues in a regional meeting on newborn care in Uganda, where the Malawi team shared its experiences in advancing newborn care and was also exposed to lessons from other countries in the region.

UNICEF Malawi supported the Ministry of Education, Science and Technology to participate in the Education Management Information System (EMIS) study tour to enable EMIS staff to fully utilise the newly introduced systems and acquire skills and knowledge to improve data management.

The Ministry of Gender, with UNICEF support, participated in the Sub-Saharan Africa Regional Case Management Learning Platform in Zimbabwe. The conference informed work to harmonise case management tools in Malawi and to ensure inclusiveness of the most vulnerable children, in particular those living with HIV.

Identification and promotion of innovation

UNICEF Malawi conducted a Geographic Information System mapping and an analysis of the accessibility of all health service delivery points, including outreach and village clinics, within a

five-kilometre radius in Malawi. These efforts will feed into building UNICEF Malawi's prototype of a Real-time and Geo-data Hub.

UNICEF Malawi piloted and scaled-up Rapid Pro-based, including real-time monitoring tools for education (EduTrac) and nutrition (CMAM Commodities Tracker), and initiated efforts to revitalise other mobile-based applications in HIV, health and child protection, with plans to consolidate them into one mHealth community platform. UNICEF Malawi piloted the use of drones to acquire imagery and monitor flooding during an emergency response in February.

UNICEF Malawi launched a humanitarian drone corridor, the first of its kind in the world and the first drone testing space in Africa. The corridor is an aerial sandbox with a 40 km radius at up to 400 meters above ground level located in the Kasungu (central), where selected drone companies, universities and other expert organisations are able to test their technology and explore how to apply it to humanitarian and developmental issues. This year, three organizations participated in the testing space.

UNICEF Malawi carried out a mapping and market research to determine challenges on the clean energy space in the country, and to identify specific opportunities to support solar energy use in community hubs and among women and children in rural areas. Roll-out of pilot projects that promote the use of solar energy to improve health outcomes commenced.

UNICEF Malawi adopted an innovative approach to improving the quality of complementary feeding of children six to 23 months through home fortification with micronutrient powders. As a result, a total of 37,118 children six to 23 months improved the quality of their diets.

Support to integration and cross-sectoral linkages

UNICEF Malawi's nutrition and HIV sections supported the Government to implement policy regulations that mandate that all children admitted to community management of acute malnutrition centres are tested for HIV, and for those who are positive to be initiated on ART in three districts with high HIV prevalence and high food deficits. In Mangochi (centre) and Chikwawa (south), mothers-to-mothers employed mentor mothers to support women to access nutrition screening and HIV services and promote appropriate infant feeding practices. In Nsanje (south), the District Council started to implement an integrated HIV/nutrition/health plan with support from UNICEF. District strengthening contributed to national results, with 22,416 (84 per cent) children with severe acute malnutrition referred for an HIV test and 21,314 tested for HIV. Of whom, HIV was ascertained in 86 per cent, an increase from 76 per cent in 2016.

UNICEF Malawi delivered integrated interventions to strengthen community health systems, specifically through enhancing the capability of health surveillance assistants in the areas of nutrition, protection, health, and HIV. Integrated programming to improve quality and relevance of education for girls was delivered through UNJPG. UNICEF Malawi supported the MoH to develop a National Community Health Strategy 2017-2022 which was launched and implementation commenced.

UNICEF Malawi supported the implementation of the revised integrated ECD policy and coordination across key ministries. For instance, ECD was integrated in the national nutrition programme, specifically in care groups, which support pregnant and lactating mothers. This was a major strategic shift for Malawi as child development had been traditionally delivered through ECD centres targeting children three to five years old.

UNICEF Malawi supported the setting-up and first meeting of a cross-sectoral National Social

Mobilisation Committee to support its partners to deliver effective, efficient and sustainable results in social and behaviour change communication.

Service delivery

Through the Social Accountability in Reproductive, Maternal, Newborn, Adolescent and Child Health Programme, UNICEF Malawi supported the strengthening of accountability mechanisms and worked on evidence generation for accountability, such as dashboards on the performance of health facilities.

UNICEF Malawi supported health surveillance assistants (HSAs) to provide health promotion services at household and community level. As a result, 13,366 women who were pregnant were registered by village health committee members and linked to health services.

UNICEF Malawi positioned 21 nutrition field monitors at district level and established key partnerships resulting in improved coordination of the emergency response. This ensured that monthly mass screening was conducted, with at least 5,723,721 reached.

Support to the MoH continued to accelerate HIV exposed infants' access to HIV diagnosis by scaling-up the use of innovative point-of-care HIV diagnostic technology in 22 health facilities.

An agreement with Price Waterhouse Coopers for third party management of UNICEF Malawi-funded activities includes the secondment of 10 accountants to district councils to support financial management.

HACT minimum requirements were met: 57 micro assessments, three simplified assessments, 60 spot checks and 28 audits were conducted. Also, 424 programme and field monitoring visits were undertaken to support programme implementation, direct cash transfers (DCT) monitoring and results verification.

UNICEF Malawi supported the secondment of technical assistance on information technology to support the MoGCDSW on implementing the SCTP, and to take over management of the SCTP Management Information System.

UNICEF Malawi strengthened the health system supply chain by reviewing and leading discussions on recommendations of an independent assessment of Malawi's Joint Strategy for Supply Chain Integration. UNICEF supported the MoH in the preparation of the End-to-End Commodity Tracking Terms of Reference that will provide a holistic solution for warehouse and product barcoding and inventory movement scanning up to the service delivery points.

Human rights-based approach to cooperation

UNICEF Malawi has made progress in the achievement of some key human rights-based approach benchmarks, such as reaching marginalized populations and advocating for equitable service delivery. Budget briefs for the social sectors were prepared and used to advocate for increased allocations. Significant engagement with members of Parliament took place to strengthen their oversight role in the implementation of the budget specifically on the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on Rights of Persons with Disabilities (CRPD).

In addition to providing support to the reporting process for these three Conventions and the Universal Periodic Review, the implementation of concluding observations was also supported.

UNICEF Malawi, together with other United Nations agencies, successfully advocated for the constitutional amendment to raise the minimum age of marriage from 16 to 18 years.

UNICEF Malawi conducted community dialogue as part of the development of the new CPD and introduced 'design thinking' as an approach to programme development, improved participation and local ownership of UNICEF Malawi's supported programmes.

UNICEF Malawi commenced the implementation of a pilot project on 'Social Accountability in Reproductive, Maternal, New born, Adolescent and Child Health' to strengthen accountability mechanisms for the realization of child rights. The project supports the empowerment of rights holders to demand accountability and improvement of duty bearer's responses through the generation of evidence and creation of platforms for engagement. While the project focuses on health, the structures of accountability created were used to address community issues beyond health.

UNICEF Malawi engaged in joint public advocacy with UNFPA and UN Women on the issue of child marriage, coordinated via the UN Communication Group and worked with other UN agencies on the protection of the rights of persons with albinism.

Gender equality

UNICEF Malawi continued to co-implement UNJPGGE, a programme to advance girls' secondary school education. Under the programme in 2017, 938 girls returned back to school and 3,121 girls were assisted with bursaries; 180 latrines were constructed in 180 schools and 26 girls' resource centres were built to provide safe spaces for girls.

Work on menstrual hygiene management continued with 704 adolescent girls reached with support and information and the provision of sewing skills for menstrual pads in 18 schools.

To address root causes of gender inequality and harmful norms and practices, such as child marriage, UNICEF Malawi commenced roll-out of GERHI. The programme is targeted to impact attitudinal and normative outcomes as well as behavioural outcomes including on gender based violence, early marriage and school retention.

The strategy of UNICEF Malawi advocacy focuses on the issues of keeping children in school and ending child marriage and has engaged key influencers, such as religious leaders and traditional chiefs, to create movements on these issues.

To support the Malawi Police Service to strengthen its response to gender based violence including sexual abuse and exploitation in humanitarian settings, approximately 200 officers were trained in the protection of sexual exploitation and abuse.

Data collection on gender-based violence and violence against children was strengthened by setting-up mobile reporting at community victim support unit level, covering 27 of 28 districts. Case Management Data registered 15,541 cases (8,689 female, 6,852 male) from January to September, of which 71 per cent were comprehensively assessed; 12,942 cases of violence were recorded of which 56 per cent (n=7,327) related to girls, including 20 per cent cases of child marriage. In light of particular challenges in investigating and prosecuting cases of sexual violence against girls, the Malawi Police Service undertook an assessment of the bottlenecks encountered at police formations to inform upcoming policy and practice guidance.

UNICEF Malawi's expenditure on promoting gender equality, as per guidance calculation, was 20 per cent.

Environmental sustainability

UNICEF Malawi continued to use compressed stabilized soil blocks instead of fired bricks in construction work to minimize the environmental damage to trees, and continued to advocate with the Government to use compressed stabilized soil blocks in the construction of sanitation facilities in all institutions, including health facilities and ECD centres. In line with the Executive Directive on Addressing Climate Change for Children, UNICEF Malawi supported the establishment of 48 woodlots in primary schools as part of UNICEF's ongoing support to reforestation. This was implemented through the active involvement of students in order to raise their awareness on environmental issues.

UNICEF Malawi supported the construction of solar water schemes to distribute safe water through a network of pipes to various communal taps in schools, health facilities and communities. Low-cost corbelled and sand bag latrines developed in partnership with the Centre of Excellence in Water and Sanitation at Mzuzu University were promoted using the sanitation marketing approach. These latrines are durable and do not use trees in the production of slabs.

UNICEF Malawi, in collaboration with the Global Water Partnership, developed a Strategic Framework for WASH Climate Resilience to assist UNICEF COs and the WASH sector in addressing the risks that climate variability and change pose to WASH services.

To support evidence generation as well as climate change adaptation and mitigation, the GRIP was piloted in Malawi in May 2017, providing an approach to programming to build capacity of communities to anticipate, adapt and absorb shocks and promote resilient development across all of UNICEF's programmes.

Effective leadership

The country management team (CMT) dashboard was updated monthly to track compact and regional indicators, annual management plan (AMP) priorities, grants and Regular Resources, donor reports and direct cash transfers. Emergency risk management was tracked through the Emergency Management Team. The risk management and efficiency and effectiveness committees monitored all risks and mitigation measures.

Following an operations peer review in March 2017, UNICEF Malawi systematically addressed the observations and brought to a close 76 of 89 raised recommendations (85 per cent).

The contract review committee's structure and process were revised to facilitate the independent review of procurement processes prior to UNICEF resource commitment, to ensure that UNICEF's interests are protected; that integrity, transparency, fairness and efficiency are upheld; and that UNICEF resources are not exposed to substantial risks.

Enterprise risk management training for all staff was conducted with ESARO support. The activity identified 23 key strategic, programme, financial, operational and other types of risks, of which eight were rated as high risks (staff retention; donor funding; emergencies; external fraud; poor information management systems; internal processes, and lack of government social sector budget allocation and implementing partners). The exercise determined the risk drivers, identified key controls and risk mitigation strategies and governance mechanism. Action plans to mitigate the risks were developed and implementation plans produced, which will be monitored

by the country management team on a quarterly basis.

UNICEF Malawi carried out a security management review, conducted by ESARO. As part of this process, UNICEF Malawi's business continuity plan was reviewed during the first quarter of 2017. The reviewed plan will form part of the 2018 AMP.

Twelve standard operating procedures (SOPs) were updated and issued.

Financial resources management

UNICEF Malawi's funding level increased by 63 per cent in 2017. Monthly monitoring of financial performance at programme and country management team meetings systematically tracked the timeliness of receipts and allocation, utilization and expiry of grants. At year-end, Regular Resources (RR), Other Resources (OR) and Other Resources for Emergencies (ORE) utilization were 100 per cent, 96 per cent and 93 per cent.

UNICEF Malawi had US\$6.1 million in direct cash transfers with US\$4 million (66 per cent) in the zero to three months category; US\$1.89 million (31 per cent) in three to six months; and US\$207 thousand (3.4 per cent) in six to nine months. Two impaired direct cash transfers were removed from the aging outstanding indicators.

UNICEF Malawi's integrated direct cash transfers tracking system produced monthly reports on all DCTs by implementing partners, including historical performance of liquidations which led to partners been moved to direct payment and reimbursement modalities.

The UNICEF Malawi electronic invoice registry ensured systematic tracking and timely payments.

In 2017, UNICEF Malawi started using the Bank Communication Management System which contributed significantly to an improved turn-around time for payments to reach recipients. Quality of monthly bank reconciliation has also been enhanced as a result of using this system.

The Malawi Business Support Centre provided real-time support to enhance programme implementation on HACT, sound financial management and timely transaction processing. Month-end and mid-year closure activities were timely submitted. UNICEF Malawi re-negotiated and formalized its banking services agreement with its bank, resulting in tariff-free financial transactions.

UNICEF Malawi contracted a third party finance firm to assist in managing financial resources at district level. Ten accountants were seconded to ten pilot district councils to build financial management capacity and to assist in the financial management of UNICEF funded programmes.

The throughput for local payments was US\$41,509,099.

Fundraising and donor relations

In order to ensure results for children, 98 per cent of OR and 98 per cent of RR were utilized in 2017. UNICEF Malawi worked with donors to raise funds to respond to emergency situations in the country. UNICEF Malawi received 3.6 per cent (US\$820,909) of the US\$23.15 million HAC appeal with an additional US\$4,768,106 million carried forward from 2016 bringing the total funding available for humanitarian response to US\$5,589,015.

UNICEF Malawi sustained OR income, achieving 70 per cent cumulative funding in 2017 against a planned target of US\$ 67 million. UNICEF Malawi's largest government donors were the Government of Germany, the Government of the United Kingdom and Northern Ireland, the European Union, the Government of Norway and the Government of Japan.

UNICEF Malawi regularly met with donors to discuss and negotiate support for UN Joint Programmes. In 2017, funding was secured from SIDA for a Joint Programme on Sexual Reproductive Health and Rights and HIV Integration; and from the European Union for a Joint Programme on Nutrition Sensitive Agriculture.

UNICEF Malawi facilitated 11 donor and National Committee visits from Germany, Lithuania, Norway, Sweden, Switzerland and the United States, and from representatives of the Governments of Germany, Japan and the Netherlands.

Timely reporting was maintained with 100 per cent of all donor reports due in 2017 submitted on time after extensive quality assurance exercises. In 2017, UNICEF Malawi performed at the highest level in key performance indicators for partnership management, which has enabled UNICEF Malawi to be one of the highest performers in the UNICEF East and Southern Africa Region on donor reporting and overall management of donor relations.

Evaluation and research

In 2017 UNICEF Malawi led institutional evaluations of the CLTS programme, child protection programme and the school construction component of the child-friendly school programme. The child-friendly school evaluation was completed in the reporting year and Global Evaluation Reports Oversight System rating is expected in the first quarter of 2018.

UNICEF Malawi followed up on all Plan for Research Impact Monitoring and Evaluation (PRIME) components bringing the implementation rate close to 50 per cent. While the number of research and evaluation activities was reduced by 50 per cent from 2015, the implementation rate was lower than the previous year mainly because of late start of a number of PRIME activities and slow procurement processes.

Management responses were prepared for all four evaluations that were completed in 2016. The management response to the child-friendly school evaluation was prepared and uploaded to the Evaluation Management Response tracker. Overall, 38 actions were developed in response to evaluation recommendations for the completed evaluations. More than three quarters of these actions were completed. These action plans were uploaded onto the Evaluation Management Responses (EMR) tracker and periodically updated. The evaluations and studies informed programme adjustments and the development of the new CPD. The status of the implementation of management responses to evaluations was periodically presented at the country management team meetings.

In addition to the EMRs, evaluation uptake was facilitated through many channels, including the publishing of evaluation reports, leaflets and posters. Research and evaluation reports were uploaded onto the Evaluation and Research Database.

UNICEF Malawi supported the Malawi Association of Monitoring and Evaluation. This was the first ever effort for UNICEF to develop the Association's capacity as a voluntary organization for professional evaluation in Malawi. Over 30 members of the Association received a two-day training on professionalizing evaluation.

Efficiency gains and cost savings

UNICEF Malawi streamlined procedures to attain efficiency gains and cost savings by issuing standard operating procedures and guidelines on procurement of goods and services, contract review processes and travel-related activities. These measures led to substantial reduction of processing time and of contract costs.

UNICEF Malawi, through its leading role as chair of the Interagency Procurement Group, worked on services prioritised for establishing joint long-term agreements (LTAs) with providers of goods and services. The measure resulted in improved efficiencies and realising benefits from economies of scale on hotel services and conferencing, vehicle maintenance, vehicle fuel supplies, air travel, internet services, joint mail delivery and security-related services that were extended to all UN agencies.

UNICEF Malawi concluded arrangements for a Global Positioning System (GPS) tracking system, which facilitates remote monitoring of vehicle movement and fuel usage.

UNICEF Malawi concluded an agreement with a telephone service provider that includes taking up bundle packages that offer cost savings as well as increased bandwidth. Effective use of communication services were enforced and use of cost free voice over IP, Skype for business calls and teleconferencing was promoted.

UNICEF Malawi submitted a Programme Budget Review that led to the approval of measures to streamline and strengthen supply, procurement and construction activities, bringing them under “one roof” for significant efficiency gains on support to programme delivery.

The greening of UNICEF activities continued to save costs on the use of paper and electricity, as did the centralised monthly travel planning, the rationalisation of vehicle hire, and the initiation of air travel to southern regions.

UNICEF Malawi concluded concession agreements with its local bank for free local transactions and finance services.

Supply management

In 2017, UNICEF Malawi’s supply unit was restructured to combine responsibilities for procurement, logistics, supply chain strengthening and construction.

Total Supply inputs amounted to US\$17,220,873. Procurement of goods was valued at US\$7,208,180; and US\$9,307,886 of procurement of services was through institutional contracts. Procurement services (transactions for the Government) amounted to US\$ 704,806.

UNICEF Malawi maintained US\$1,205,918 prepositioning emergency supplies for 50,000 people in warehouses across the country, to provide a timely response in the event that an emergency response is required.

Work commenced with the Government to integrate community management of acute malnutrition programme commodities into the national supply chain, undertaken in a phased approach to mitigate risk. It is also a means to build capacity of health- and nutrition-related commodity supply chains in general.

UNICEF Malawi worked closely with the Global Fund to provide technical assistance to draft terms of reference to support supply chain strengthening activities in Malawi. Support was given

to the preparation of the End-to-End Commodity tracking terms of reference to provide a holistic solution for warehouse, product barcoding and subsequent inventory movement scanning in all of the Central Medical Stores Trust warehouses, up to the service delivery points. The objective is for supply chain visibility up to health facility and beneficiary level.

Supply and Logistics Key Figures	Malawi
(1) Total value of procurement performed by the office, including on behalf of the other COs	
Procurement for own office	US\$16,516,066.78
Programmatic supplies including PS-funded	US\$6,585,581.08
<i>Channelled via Programme</i>	<i>US\$6,585,581.08</i>
Operational supplies	US\$622,599.33
Services	US\$9,307,886.37
Procurement on behalf of other CO(s)	US\$704,806.08
Programmatic supplies including PS-funded	US\$704,806.08
<i>Channelled via regular Procurement Services</i>	<i>US\$704,806.08</i>
<i>Channelled via Programme</i>	
Operational supplies	
Services	
TOTAL procurement performed by the office	US\$17,220,872.86
(2) Total value of supplies and services received (i.e. irrespective of procurement location)	
Programmatic supplies including PS-funded	US\$23,935,213.00
Channelled via regular Procurement Services	US\$4,988,036.12
Channelled via Gavi	US\$10,906,803.45
Channelled via Programme	US\$8,040,373.43
Operational supplies	US\$717,692.67
Services	US\$9,307,886.37
International Freight	US\$1,250,609.52
TOTAL supplies and services received	US\$35,211,401.56

Security for staff and premises

Procedures on the compound were enhanced by upgrading the vehicle entrance inside the compound and giving entrance rights to staff members and those pre-registered and issued with approved badges. Entrance into the compound and offices was controlled through scanned biometric fingerprints for staff members and engaged consultants. Visitors were screened in the pedestrian gateway, identified and registered; their baggage was searched and entry or movement allowed through issued and displayed visitor badges.

Staff members and engaged consultants received regular alerts on Minimum Operating Security Standards, security advisories issued by the United Nations Department of Safety and Security (UNDSS) and updates.

Mandatory security clearances and completion of basic and advance security training was observed before approval of travel authorizations. All vehicles for field trips were fitted with UHF radios, tested regularly and travel restricted in line with UNDSS guidance.

A Threat and Security Risk Assessment carried out on UNICEF Malawi's premises in January 2017 led to recommendations for upgrading outside compound security, which were addressed.

A peer review exercise carried out in 2017 by ESARO Security Advisor identified the need for installation of a baggage and parcel inspection X-ray machine, which awaits budget resources requested from UNICEF ESARO.

The fire alarm triggering system was regularly serviced and two exercises on fire safety and building evacuation drills were completed during the reporting period. The staff list was updated on a quarterly basis and shared with UNDSS. Monthly radio checks were conducted by UNDSS to test radio communication between staff and UNDSS. Both international and national staff and consultants who joined UNICEF Malawi were required to attend security briefings and training.

Human resources

In 2017, UNICEF Malawi was comprised of 130 staff of which 35 were international staff and 95 were Malawian nationals (52 national officers and 43 general service staff), an increase of 11 per cent from last year.

UNICEF Malawi carried out a gender parity analysis and the male:female ratios were: international professionals 47 per cent male and 54 per cent female; national professionals 51 per cent male and 49 per cent female; and general service 63 per cent male and 37 per cent female. In response, UNICEF Malawi developed an action plan and commenced implementation.

Career conversations commenced in UNICEF Malawi through different forums, requiring staff members to consider how to enhance their career in line with the global announcement. Internal stretch and surge assignments to expand knowledge and skills in areas such as HACT were promoted.

The completion of individual work plans and performance appraisal processes were closely monitored by the country management team. The rate of completion of 2016 performance evaluation reports was 99 per cent by February 2017.

UNICEF Malawi's learning plan focused on building capacity and knowledge of staff on UNICEF programming and processes and the strengthening of operational processes.

In response to the 2017 Global Staff Survey, UNICEF Malawi developed an action plan that addressed the main areas of concern raised in the survey. The staff development committee monitored the implementation of the plan and staff were updated on progress during the monthly All Staff Meeting.

UN Cares in Malawi organised a Woman-to-Woman and Man-to-Man learning session for all UN staff, which included plenary discussions on gender-based violence, and on wills and inheritance. Information on health-related topics were also shared and access to male and female condoms provided in the UN offices.

Effective use of information and communication technology

UNICEF continued to use O365 for effective collaboration in programme activities including attendance at web-based meetings and continuous support for learning.

The integration of available tools on data protection and flexible data accessibility in the implementation of the business continuity plan and the Information and Communications Technology (ICT) Disaster Recovery Plan helped to strengthen UNICEF Malawi's emergency preparedness.

One SharePoint site is now available for UNICEF Malawi. OneDrive for Business was adopted as the standard cloud-based storage platform for users; and online mail archiving activation was made available to all.

As a member of the Innovation Task force, UNICEF Malawi's ICT section worked closely with the Innovation section and was strongly involved in various projects, such as Rapidpro scale-up, U-Report and participated in all real-time monitoring system projects. UNICEF Malawi's ICT section was also involved in the Solar Energy Project that was implemented by the Education section and provided technical support to the Communication section in its dealings with social media tools.

Due to the availability of reliable Internet service providers in Malawi, all web-based applications and services were routinely accessible. A converged LAN was put in place to support added value services like IP Telephony, a video conference system, Skype for business, messaging applications, OneDrive for business, and SharePoint. Staff training sessions for effective use of these tools were conducted.

Document center

Evaluation and research

Title	Sequence Number	Type of Report
Evaluation Report: UNICEF Malawi's Child-Friendly Schools Construction Component	2017/001	Evaluation
REPORT OF SEVEN NUTRITION SURVEYS CONDUCTED IN FLOOD AND DROUGHT AFFECTED LIVELIHOOD ZONES OF MALAWI	2017/009	Study
Improving Quality of MNCH care in Malawi: Learning from UNICEF funded RMNCH Program (2015/16)	2017/007	Research
Evaluation of the Linkage and Referral System Pilot in the Scope of the Malawi Social Cash Transfer Programme-Phase I- Baseline	2017/008	Study
The Automatic Inclusion of Social Cash Transfer Programme Beneficiaries into the Food Emergency Response Caseload	2017/006	Study
National Media and Communication Study Among Youth in Malawi: Final report	2017/005	Study
Life Cycle Analysis of the Situation of Children and Women in Malawi	2017/004	Study
Community Voices: A Contribution Towards The Situation Analysis of Women and Children in Malawi	2017/003	Study

Girls' Primary and Secondary Education in Malawi: Sector Review	2017/002	Study
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Other publications

Title
Case Management Training Manual
Case Management Framework
Towards Child Responsive Budgeting in Malawi: 2016-17 National Budget Brief, Education.
Towards Child Responsive Budgeting in Malawi: 2016-17 National Budget Brief, Gender, Children, Disability and Social Welfare

Lessons learned

Document Type/Category	Title
Innovation	Establishing an Aerial Sandbox in Malawi: Exploring How Drones Can Be Tools for Development & Humanitarian Programming

Programme documents

Document Type	Title	Name
Country Update	Life Cycle Situation Analysis of Children and Women in Malawi	Malawi_SitAn_2017.docx

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 80 per cent of pregnant women and children under five utilize quality high impact maternal, neonatal and young child survival services by 2018.

Analytical statement of progress

The utilization of health services by pregnant women and children below the age of 5 years in Malawi has shown significant change over the years. Immunization coverage for childhood vaccines, with UNICEF support, has shown an upward trend this year compared to 2016. The proportion of children immunized with DTP3 has increased to 89 per cent from 84 per cent and BCG vaccination coverage increased to 89 per cent from 86 per cent. A total of 473,871 and 465,448 children received the recommended doses of DPT and measles containing vaccines respectively. Malawi succeeded to achieve high coverage of MR vaccination (100 per cent) through Integrated MR Supplementary Immunization Activity in 2017. UNICEF, as part of its support to the SIA, coordinated the integration of nutrition interventions into the campaign enhancing the benefits from the financial and Human resource investments for the SIA. However, challenge remains with continuity of immunization as measles vaccination coverage is stagnant in last two years (82 per cent) and Td2+ vaccination among women of child-bearing age is very low (21 per cent). Ensuring equitable immunization coverage is yet another major challenge in Malawi as DTP3 coverage is below 80 per cent in seven out of 29 districts. The less than desired progress on immunization was mostly due to inadequate fuel and transport availability. Outreach sessions that traditionally occurred once a month, are now down to 4 times a year. In addition, prioritization of food and nutrition supplementation activities after the flooding and displacement has also substantially disrupted health service delivery, which is yet to complete recovery. Furthermore, challenges around the accuracy, timeliness and completion of administrative data have contributed toward poor reporting of antigen coverage.

Community health interventions are contributing to reducing childhood deaths amongst children under-five, as confirmed by studies in Malawi as well. Many sick children with cough, diarrhoea and fever are managed at the village clinics by the health surveillance assistants who are able to identify and manage or refer the very sick children to health facilities. During the reporting period January through October 2017 a total of 861 614 new cases of fever, 217 399 diarrhoea, and 323 076 children with fast breathing were treated by the assistants. The number of cases in the 13 UNICEF target districts referred to health facilities with diarrhoea were 35 594, was 17 732 for pneumonia and 62 909 for malaria. The main reason for referral was drug stock out (97.6 per cent) while 2.6 per cent of them were referred due to danger signs. However this clearly shows that the health surveillance assistants are able to identify sick children from the community early and refer them for care in good time, averting childhood deaths.

The country has succeeded to sustain a high rate of institutional deliveries in all districts. According to the DHS report released in 2017, 91 per cent of pregnant women were assisted by skilled health workers during delivery. Even more (95 per cent) received the care of skilled health workers for ante-natal care. Steps taken in creating mother friendly environment (combined with the community mobilization efforts by UNICEF and other MOH partners using volunteers and community leaders) have succeeded in encouraging mothers to come forward to seek institutional care. However, the uptake of postnatal visits for both mothers and newborns is still less impressive (42 per cent for women and 60 per cent for newborns).

UNICEF focused in providing the technical and financial support to districts for increasing and sustaining the reach of, as well as to improve the quality of, services delivered to pregnant and delivering women at health facilities, including through promoting social accountability, in targeted districts. A total of 14,509 new-borns were also treated at special newborn care units supported by UNICEF with one-third reduction in new-born mortalities over a period of one year. This is further contributing to the reductions in childhood mortalities, by specifically addressing the gaps in the care of sick new-borns and the relatively stagnant new-born mortality in Malawi over the years.

Malawi's health service delivery continues to be challenged by low health expenditure and particularly limited availability of resources to RMNCAH services. Thirty to forty per cent stock out of essential commodities, a high turnover and poor distribution of the health workforce are all contributory factors to poor quality of care observed. In addition to the above, the quality of care at health facilities and communities is negatively affected by inadequate supervision and other technical support to lower level service provider's as well as poor accountability at different levels.

UNICEF worked with its partners namely the MOH, Liverpool School of Tropical Medicine, Luke International Norway, Malaria Alert Centre at College of Medicine, Malawi Health Equity Network, Malawi Red Cross, Parent and Child Health initiative, Paediatrics and Child Health Association of Malawi, Population Services International (PSI), Save the Children and Youth Net Counselling to support the Government both technically and financially in expanding and sustaining the reach as well as quality of essential health services for community and home-based care, as well as in health facilities, including in emergency response.

OUTPUT 1 Communities in selected marginalized districts are more aware of the importance of, and committed to, timely antenatal care and institutional delivery by 2018

Analytical statement of progress

To improve early care seeking behaviour, key strategies supported by UNICEF included enabling the health surveillance assistants to provide health promotion services at household level as well as engaging the community and civil societies in various forums.

However, the current proportion of women getting at least four ANC visits, according to information available at DHIS 2, stands at 15 per cent in the targeted districts. This is well below the DHS figure of 51 per cent. DHIS 2 is not frequently updated. The data available shows more complete pictures for only few months in this year, even those reporting has completeness rate of 45 per cent. Hence data may change in the coming months when all reports are in.

UNICEF supported decentralized planning and implementation of communication interventions to improve the demand generation for immunization through awareness building on benefit of vaccinations and media communication. These included printing and distribution of print materials, radio messages and TV spots as well as public announcements using criers. This has resulted in high coverage of measles-rubella vaccination and vitamin A supplementation during an integrated measles rubella campaign in 2017. The communication action plan, with crisis communication management plan, guided efficient implementation of communication interventions for nationwide MR campaign in 2017. A communication strategy for the introduction of human papilloma vaccines was developed to follow of the communication action plan for introduction of HPV vaccines for older children and adolescent girls in 2018.

Working with implementing partners (PACHI, MHEN and YONECO), UNICEF facilitated the formation of accountability forums at national and district and sub district level. A national social accountability task force for RMNCAH was established, bringing civil societies in one forum to advocate for improved quality and availability of services. The forum has developed its TOR and operational plans and is engaging decision makers like parliamentarians and ministers for advocacy. Five identified districts (Nkhatabay, Machinga, Zomba, Dedza and Dowa) were also supported to form social accountability structures, including at village levels, gather and analyse local evidences, amplify citizen voices and engage duty bearers for improved service delivery, with promising results as shown by local actors taking steps to respond to public demands.

Malawi is still very susceptible to health emergencies. Working with partners (PSI, CDC, MRCS), intensive social mobilization activities were undertaken aimed at preventing the occurrence and spread of cholera outbreaks in 2017. Early in the year, 2400 community volunteers were oriented in passing cholera-prevention messages in 16 districts identified by the Government as disaster prone and deployed to undertake house-to-house visits. This was augmented with radio messages, through national and local radios, roadside dramas, community cinemas and community meetings, to prevent spread of cholera outbreak throughout the year, with more intensified campaigns in areas where the outbreaks occurred.

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 2018

Analytical statement of progress

The country maintained a status of no stock-out of vaccines of the national immunization programme this year with support by UNICEF procurement services and funding. Cold-chain management was ensured through the introduction of 480 solar refrigerators and freezers and through improved skills of health workers through training on vaccine and cold chain management. Low performing districts were also enabled to reach more children through periodic immunizations campaigns. Malawi was technically and financially supported for the official introduction of measles second dose into the routine EPI delivery system.

UNICEF responded to identified gaps in health service delivery at community and health facility level through building capacity and availing supplies. Health surveillance assistants working in 1,500 villages (covering 1.6 million children) were enabled through UNICEF support to provide basic health services through supply provision, mentorship and supervision. At health facilities, capacity-building included mentorship on emergency obstetric care reaching 35 health facilities in five districts. Ten hospitals in seven districts were also enabled to establish special newborn care units through renovation of health facilities, equipping the units, training and follow up mentorship of health workers. However, to date in 2017, based on information available in DHIS 2, the obstetric case fatality rate remains at 1.6 per cent, with no improvement from the previous year, indicating the persisting need for more focus on improving the quality of care provided at health facilities

UNICEF targeted children six to 59 months in humanitarian situations in disaster/flood prone districts with measles immunization. Of the 214,200 children planned to be reached with measles immunization, 289,182 (135 per cent) were immunized from January to September 2017. These were children who were in cholera-prone districts, and children in internally displaced people camps and refugee camps.

Cholera outbreaks did not occur in typical seasons for Malawi (i.e. rainy season) this year. The outbreak occurred in four districts (Chikwawa, Nsanje, Mwanza and Karonga). In response, district health offices were enabled to respond to and contain the outbreak by training 3,935 health workers, providing drugs and supplies as well as through mentorship, monitoring and supervision. UNICEF working with partners (Malawi Red Cross, Population Services International, Malaria Alert Centre) provided technical and financial support for these activities and worked with others such as WHO and MSF. To date 148 cases of cholera were treated in the districts of Chikwawa (121), Nsanje (19), Mwanza (one) and Karonga (seven). Two patients died with a CFR of 1.3 per cent.

The gaps in the provision of quality services requires sustained support especially in light of the limited availability of human resources, stock outs of supplies and poor follow-up. In addition, initiatives on quality of services need to be scaled up.

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

Analytical statement of progress

With UNICEF and partners' advocacy efforts for increased government funding for health, the drug budget for districts was increased by US\$1,377,226 from US\$14,045,563 allocated in financial year 2016/17. In financial year 2017/18, the health sector allocated US\$143,225,099. This is equivalent to 9.9 per cent of the total government budget, slightly up from 9 per cent in financial year 2016/17. The allocation is 5.1 percentage points lower than the Abuja target for African governments to allocate 15 per cent of their budgets to the health sector. However, 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-year funding through the Cold Chain Equipment Optimization Platform. This was facilitated by the development of an improvement plan for vaccine management with support from UNICEF and partners. Global Fund grant for HIV was leveraged to provide for more initial and refresher trainings of HSAs, as well as mentoring and coaching.

The country secured US\$6 million funding for a MR campaign and the introduction of a second dose of measles vaccine in the routine immunization program which was implemented this year. UNICEF and WHO supported the development of work plan and budget for the proposal for GAVI funding. UNICEF leveraged (US\$ 3 million) from the Global Fund to support community system strengthening for 2018 – 2019 and from GAVI (US\$ 3.5 million) to strengthen immunization system.

UNICEF succeeded in mobilizing and availing funding for RMNCH (US\$ 4.5 million) for use in 2017/18 as well as health emergencies (US\$ 2.2 million utilized in 2017), providing 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.

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 bottleneck analysis.

Analytical statement of progress

The RMNCAH scorecard (a key M&E tool for the health sector in Malawi as it ranks all the 29 district health offices on key performance indicators) was updated for the second and third quarter of 2017. UNICEF provided technical advice during the update processes by the Central M&E Division of the MoH. The African Leaders Malaria Alliance together with UNICEF Malawi supported the MoH in the use of this monitoring tool. The scorecard is available online and accessible to any health programme officer with the credentials. The tool is used to identify districts that underperform and trigger related plans for action.

The District Health Information System (DHIS-II) benefitted from the data quality exercises to improve data quality for which UNICEF Malawi supported the MoH. UNICEF Malawi has partnered with Oslo University to configure and develop data validator using an app developed for several countries including Malawi.

The newly established Quality Management Directorate produced national policy and strategy documents as well as a road map for improving quality of maternal and new-born health services through technical and financial support from UNICEF and other partners. To help tackle the challenge of equity gaps in immunization coverage, the national Reach Every Child strategic guideline was updated in conjunction with the global guidelines. A community platform was established, through endorsement of the National Community Health Strategy 2017-2021, for integrated health services addressing the life cycle approach. The GAVI HSIS 2017-2021 plan took all these into consideration to address these bottlenecks of immunization system.

UNICEF in partnership with other stakeholders supported finalization of the five-year (2017-2022) Health Sector Strategic Plan Round II (HSSP II). The strategy plan was launched and districts encouraged to align their plan using the document. To ensure this is done, district implementation guidelines are being developed through a small task group. The sub-technical working group is assigned to develop new guidelines for the District Health Teams to compile two key planning documents: the Annual District Implementation Plan and the District Multi-Year Plan. The current guidelines are out-dated (2013). The future district health sector plans should be aligned with the new national Health Sector Strategic Plan (2017 – 2021).

1. Ensure that all districts in Malawi receive an equitable level of support to undertake their core health sector activities,
2. Ensure that all support to districts is aligned with health sector priorities and is harmonised to increase effectiveness of investments.
3. Ensure harmonisation of the national and district level aid coordination policies, strategies and guidance.

OUTCOME 2 Ninety per cent of children, adolescents and pregnant and lactating women utilize equitable, gender-sensitive HIV prevention, care and treatment services by 2017

Analytical statement of progress

The Malawi Population-Based HIV Impact Assessment indicated significant progress towards achieving the 90-90-90 goals. (Ninety per cent of people living with HIV know their status; 90 per cent of those are on treatment; and 90 per cent on treatment have viral load suppression.)In

2017, development partners including UNICEF continued to support a range of interventions along the HIV prevention, care and treatment cascade. Malawi has made significant gains in eliminating new infections and achieving viral load suppression, but building upon that success is a challenge in the context of a fragile health system.

Malawi has one of the highest health worker shortages in Africa, with only 28 nurses and two physicians per 100,000 people. Continued roll-out of providing ART to all people living with HIV poses significant health systems challenges. Most of these challenges, such as human resources, supply chain management, and laboratory capacity, are being addressed by the U.S. Government (under PEPFAR) and the Global Fund.

Of note, HIV ascertainment rate at ANC remains high, with up to 97 per cent of pregnant women receiving their HIV test results in the second quarter of 2017. ART initiation for women who are HIV positive and pregnant has been increasing. In the second quarter of 2017, 91 per cent of the estimated number of women who were HIV positive and infected were on ART, an increase from the 89 per cent ART initiations in Quarter 4 of 2016. In addition, 77 per cent of adults and 77 per cent of children were retained on ART 12 months after initiation. In UNICEF-supported districts 6 months retention on treatment averaged 83 per cent, an increase from 71 per cent in Quarter 4 of 2016.

The highest mortality rates of HIV-positive infants occur within the first months of life. Early infant diagnosis of HIV is still a challenge, however, with low uptake and high turnaround times from sample collection to receipt of results by a parent/guardian. At the national level, treatment coverage for children (0 to 14 years) stands at 54 per cent during Quarter 2 of 2017, an increase from 53 per cent during Quarter 1. Also, 71 per cent of adults (15 years and above) living with HIV are on ART, an increase from 68 per cent during Quarter 1. In 2017 UNICEF continued to contribute innovative approaches to early infant diagnosis through point-of-care testing. The number of health facilities providing point-of-care increased from seven to 16, resulting in an increase in HIV diagnosis and treatment initiation in children.

Prevention of HIV through high-impact interventions remains a priority. In addition to decreasing the risk of HIV transmission through viral load suppression, other initiatives such as a combination of behaviour change communications and condom promotion and distribution has seen a steady improvement in the use of condoms. Voluntary medical male circumcision has seen slow but steady uptake among young men, an achievement in a traditionally non-circumcising country.

Young women in particular are at risk due to the combination of gender inequity, early sexual debut, early pregnancy and early marriage. Young women's limited agency in sexual relationships is reflected in the high number of new HIV infections amongst young women aged 20-24 years. Social determinants and structural drivers to HIV, particularly for adolescent girls and young women have received increased attention, particularly with the finalization of the national Adolescent Girls and Young Women Strategy. The Strategy clearly demonstrates that addressing girls' education, livelihoods, violence and social norms are a priority for both donors and the Government of Malawi.

In addition, the national Paediatric and Adolescent HIV Roadmap outlines the priority actions to be taken to increase paediatric and adolescent access to HIV services.

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

Analytical statement of progress

Two studies under the Optimizing HIV Treatment Access initiative are currently underway by the University of North Carolina Project, in collaboration with the MoH and M2M. UNICEF and global reviews of Prevention of Mother-to-Child Transmission (PMTCT) of HIV indicate that adolescent mothers have lower uptake of services and retention in care across the HIV care and treatment cascade. “Exploring needs and barriers to service uptake and retention for pregnant and postpartum HIV-positive adolescents in Malawi's PMTCT programme” aims to identify ways in which programmes can better address the HIV service delivery needs of adolescent pregnant and breastfeeding women.

Given the need to improve testing coverage of HIV-exposed infants and repeat testing of breastfeeding mothers, University of North Carolina is also implementing the second study, ‘Integrating infant point of care HIV1/2 DNA PCR testing and opt-out maternal provider initiated testing and counselling into routine maternal, neonatal, and child health services in Lilongwe, Malawi’. Results of both studies were presented at the December 2017 ICASA conference, alongside documentation of promising practices in PMTCT that were implemented through OHTA.

Recent advocacy by development partners, including UNICEF, resulted in the Government of Malawi prioritizing children and adolescents in HIV strategic documents. UNICEF coordinated the development of the adolescent girls and young women strategy which emphasizes the need to address the health, economic, protection and education needs of girls and young women. UNICEF also contributed to the development of the Paediatric and Adolescent Framework that addresses the needs of children within HIV service delivery, including increased access to and uptake of nutrition, sexual and reproductive health and HIV services for adolescents. Both policy documents establish national priorities for children and adolescents, ensuring Government commitment and better alignment and harmonization of funding and technical support.

To contribute to revision of the national HIV treatment guidelines, the MoH established technical subgroups to provide guidance in various aspects deemed critical to the HIV response. UNICEF supported the process by providing input as core group members in two key subgroups: differentiated service delivery and pre-exposure prophylaxis. Final briefs from both technical subgroups will be included in the MoH guidelines on integrated management of TB and HIV.

OUTPUT 2 District health and HIV management teams in 28 districts have the necessary tools to plan and monitor HIV services.

Analytical statement of progress

To strengthen evidence-based programming and contribute towards achieving epidemic control, UNICEF supported seven zone-level HIV performance reviews in 2017, facilitated by the MoH. The reviews allowed districts to share their experiences and best practices in HIV programming; to assess the districts requiring further support; to strengthen accountability at national, zone and district level and among key implementing partners; and to strengthen cross-fertilization of innovations among district teams. Furthermore, the review meetings were leveraged by other donors to roll out the ‘SPARK’ model, a tool for measuring performance on a standardized set of indicators and issues and the use of data to drive decision-making. Participation included programme coordinators, HMIS officers and district senior management. Two districts, Phalombe and Mwanza, were recognized for outstanding performance in most of the

indicators as well as in displaying team-working spirit. Participants noted that certain indicators on HIV testing services were difficult to calculate, particularly on linking children with newly-diagnosed HIV results to ART initiation, due to lack of age disaggregation of the newly-identified positives on the HTS reporting form. As a result this will be taken up in the review and revision of the HIV guidelines in 2018.

Four districts with high HIV prevalence and high food deficits received support to ensure that all children presenting to community management of acute malnutrition were screened and referred for HIV testing. In Thyolo, Mangochi and Chikwawa, mentor mothers employed by M2M supported linkages with health facilities to increase children's access to nutrition screening and HIV services. Mentor mothers screened children for malnutrition, referring HIV-exposed children for HIV testing, and supporting women to practice appropriate infant feeding practices. In Nsanje, the District Council, recognizing the combined risks of high HIV prevalence, food insecurity and flooding, developed and began implementing an integrated HIV/nutrition/health plan.

Given the critical need for age-disaggregated data, in October 2016 UNICEF conducted a paediatric and adolescent data abstraction exercise in 63 facilities in eight districts. The final report was completed in 2017. The results found high HIV rates in older infants, highlighting the need to strengthen counselling and support for maternal ART adherence. It also noted lengthy turnaround times for infant's HIV test results and inadequate retention in care for mother-infant pairs. The findings also highlighted high rates of sexually transmitted illness among adolescents and a reliance on emergency contraception among young girls.

OUTPUT 3 Health facilities in all 28 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

The total number of health facilities providing ART for women who were pregnant or breastfeeding increased from 601 (2016) to 615 (2017); ART initiation for women who were pregnant or breastfeeding increased from 89 per cent (2016) to 91 per cent (2017). The number of facilities providing paediatric ART increased from 711 (2016) to 731 (2017), while paediatric treatment coverage declined from 65 per cent to 54 per cent. However, the coverage rate is variable due to reporting challenges.

HIV progression in malnourished children is faster if such children are not identified quickly. UNICEF supported acceleration of integrated HIV and nutrition services during the 2017 food insecurity crisis. In target districts, Nsanje, Mangochi and Chikwawa, 649 children (88 per cent) in nutrition rehabilitation units were tested for HIV. Of those tested, 16 per cent (108) were HIV positive, 90 per cent of whom were initiated on ART. Also, 3,953 children (87 per cent) in Outpatient Therapeutic Programmes were tested for HIV; eight per cent were HIV positive, of whom 85 per cent were initiated on ART.

The high HIV prevalence in nutrition rehabilitation units and outpatient therapeutic programmes confirms the importance of identifying HIV positive children in community management of acute malnutrition early and quickly in order to improve their chances of survival. In a fourth district, Thyolo, during Quarter 3, 2,935 children under-five were screened within HIV care, 84 referred and 44 (52 per cent) confirmed malnourished and provided with services. Of note, the project also screened 1,842 pregnant/breastfeeding women for malnutrition, 81 were referred and 57

(70 per cent) confirmed malnourished and provided with supplementary food.

Retaining clients on ART was an important factor towards achieving the 90:90:90 targets by 2020. In 2017, UNC strengthened defaulter tracing activities through 134 trained expert clients who identified 286 HIV exposed infants who had fallen out of care (missed a scheduled follow-up appointment by ≥ 14 days). They traced 97 per cent of infants; 94 per cent (261) returned to clinic, received an HIV diagnosis and were retained in care. Of these, 34 were HIV-positive and 32 initiated on ART.

UNICEF continued to support MoH to introduce innovative point-of-care early infant diagnosis of HIV by scaling up use of AlereQ in 22 health facilities. The scale-up was informed by the MoH-UNICEF-Clinton Health Access Initiative study in 2016 that found that different health cadres can be trained to use the PoC machine, and that the highest yield for HIV positive cases was in paediatric wards.

UNICEF supported MoH to pilot use of GenExpert (a machine used to diagnose TB, detect the presence of TB bacteria and test drug resistance) to integrate early infant diagnosis, viral load testing and TB diagnosis in 12 health facilities.

Building upon the success of the 2016 study on "The Feasibility and Cost of Using Unmanned Aerial Vehicles to Transport Laboratory Samples for early infant diagnosis of HIV," UNICEF entered Phase II. The second phase entails designing and implementing an optimized diagnostics supply chain and transportation system, integrating current modes of transport, Point of Care and Unmanned Aerial Vehicles. The supply chain will include laboratory samples, vaccines, and emergency medicines.

OUTPUT 4 Community structures in selected districts are equipped with knowledge and skills to promote equitable use of HIV services and referral to child protection and social protection services, by children, adolescents and pregnant/lactating women by 2017.

Analytical statement of progress

M2M reached 46,694 pregnant and breastfeeding women in selected areas of three districts with PMTCT services. Of these, 36,008 pregnant/breastfeeding women received testing and counselling; 16 per cent were HIV-positive and initiated on ART. The UNICEF target (210,000 women) was not reached as an implementing partner withdrew from the planned programme and the remaining two partners couldn't absorb the additional funding. Of the 11,215 children were referred for HIV testing (98 per cent utilised services), 5 per cent tested HIV positive and 93 per cent were initiated on ART.

Four districts were strengthened to deliver HTS and sexual and reproductive health services through UNICEF support to Banja La Mtsogolo. Through community outreach, 19,760 clients (55 per cent female, 45 per cent male) received HTS. Approximately 526 were adolescents (55 per cent female, 45 per cent male). About 46 per cent of people were first time testers. Among adolescents, three per cent tested HIV positive (62 per cent female, 38 per cent male). In addition, 206,629 condoms were distributed. Collaboration at implementation level, supported by UNICEF helped clients undertake confirmatory testing and subsequently initiate treatment.

For adolescents living with HIV, treatment adherence relies on support at health facilities, home and schools. UNICEF supported Baylor to provide mentorship to health workers on quality

comprehensive HIV services for adolescents living with HIV. Subsequently, the number of adolescents disclosing their HIV sero-status increased by over 50 per cent and Baylor's Teen Club enrolment increased from 393 (2016) to 887 (2017).

A 2017 assessment showed that adolescents living with HIV who enrolled in teen clubs improved their HIV/SRH knowledge, skills and service uptake. Twelve per cent of them reported using modern contraceptives (zero at baseline) and 88 per cent demonstrated knowledge in good nutrition (58 per cent at baseline). Sessions with parents on disclosure and adherence complemented the teen clubs. Health workers from 10 new sites attended clinical attachments at Baylor's Centre of Excellence and 94 teen club mentors received refresher training. Baylor led sessions with 92 and 82 prefects in 27 schools, which also established student clubs and reported reduced complaints of stigma and discrimination. Camp Hope supported 240 young adolescents living with HIV while the teen support hotline provided 24-hour call service.

Male engagement improves uptake of HIV and SRH services. Approximately 9,500 male motivators (trained since 2012 with UNICEF support in eight districts) held study circles and conducted home visits to promote PMTCT services. Facilities with male motivators reported increases in couples HIV testing and counselling as well as early ANC.

UNICEF partner the Centre for Development for People implemented "Ndine Dolo" (I am clever, intelligent, and sharp), a campaign encouraging young men to practice safe sex and know their HIV status. Centre for Development for People's peer support groups, including 50 new peer educators, provided safe spaces for adolescent men who have sex with men, distributed condoms and lubricants, and made referrals for HTS; 60 young men received testing, of whom one tested positive.

As part of post-disaster support, UNICEF partner Pakachere used communication for development outreach to address sexual abuse, transactional sex, forced marriage and parental neglect among adolescent girls and boys affected by floods in two districts, including engaging adolescents, parents and local and traditional leaders.

OUTCOME 3 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

Malawi is one of the 16 countries that reduced open defecation by 25 per cent during the MDG period, with only five per cent of the population practicing open defecation as of 2016. (WASH coverage figures are unlikely to change on annual basis as the national surveys from which these data are derived are conducted every three to five years). In addition to the need to invest in increasing WASH coverage, there is an emerging recognition of the need to sustain quality services at scale.

The Government of Malawi, led by the Ministry of Agriculture, Irrigation and Water Development (MoAIWD), continues to provide leadership and coordination for WASH sector. The WASH sector working group and donor sector working groups were key forums for strategic sector dialogue and coordination. UNICEF is a major sector player, actively engaging in strategic dialogue with government and donor partners to strengthen the WASH enabling environment, and to deliver services. In addition to UNICEF, key WASH actors include the World Bank, the

African Development Bank, the European Union, DFID, USAID, JICA and WaterAid.

UNICEF made key contributions to sector policies and strategies, as well as research and evaluations. As sector lead donor in 2017, UNICEF successfully advocated for the inclusion of WASH among the key priority areas in the Malawi Growth and Development Strategy III and the UNDAF.

UNICEF also played a leading role in WASH sector policy dialogue through the sector coordination structures and forums that support the implementation of national ODF and Hand Washing with Soap strategies. UNICEF was an active member of the National ODF and Hand Washing with Soap Taskforce led by the MoH. UNICEF supported the taskforce in revising the National ODF strategy. The review process has started and is scheduled for completion in 2018.

UNICEF commissioned an assessment of ODF slippage in four districts and its impact on sanitation and hygiene in the country. The WASH programme worked with Mzuzu University to understand hand-washing practices and perceptions among lactating mothers, and the influence of community-led total sanitation on handwashing practices among this group. Preparations are underway and the study is expected to be finalized in 2018. Findings from these studies will contribute to shaping the revised national ODF and Hand Washing with Soap strategy. Specific focus will also be on the inclusion of post-ODF interventions in the strategy and in subsequent program implementation.

UNICEF Malawi's WASH programme contributed to service delivery. It made significant contributions to sustaining the current status of the national WASH sector coverage in rural areas, and supporting improvements in key areas. Communities in 15 districts of Malawi continued to benefit from access to improved water in 2017 through UNICEF's contribution to the sector. In 2017, UNICEF through its partners contributed to declaring more Traditional Areas (composed of multiple groups of villages) ODF and increasing the number of people living in ODF communities. The national ODF taskforce verified and certified 71 out of 263 Traditional Areas ODF to date; 28 of these attained ODF status with financial support from UNICEF. In addition, three out of 28 districts were verified and certified as open defecation free.

District partners benefitted from UNICEF technical assistance in the past year. This led to improved quality of service delivery, and increased accountability of the resources disbursed. District teams were better able to monitor their programme through UNICEF financial support, though further improvements could be made. District partners continued to face financial, logistical and capacity challenges to manage the WASH programme. The low financial absorption capacity of district partners was also a prevailing challenge affecting the achievement of results. To mitigate these challenges, UNICEF will continue to engage NGOs and private sector partners, who have demonstrated efficiency and effectiveness in service delivery, to provide back-up support and complement district efforts.

In the coming year, UNICEF will continue to leverage its position in the Development Partner Group (of donors) to advocate for the review of policies, strategies and guidelines in the WASH sector, while taking into account the targets and principles articulated in the SDGs. For example, evidence showed that the previous drought had implications on the depletion of water resources in selected districts, thus resilience needs to be taken into consideration within the available national policies and strategies.

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 additional resources from UNICEF National Committees and Global Thematic Funding to compliment the ongoing WASH programme, implemented in more than 70 per cent of the districts across all regions in Malawi. The programme was funded by multiple donors. Major donors included the European Union, the Bill & Melinda Gates Foundation and global thematic funding. Efforts to closely follow-up on fund utilisation and support for results-based accounting resulted in increased donor confidence and strong partnership with strategic donors in WASH. Thus, UNICEF continues to be regarded as a lead and reliable partner in WASH programme implementation in both development and humanitarian contexts.

Having been elected to lead donor partners for WASH sector, UNICEF successfully engaged the Government (Ministry of Agriculture and Water) in key sector policy and programme dialogues. Most notably, UNICEF played a critical role in ensuring that WASH/water sector was duly prioritized in the new MGDS-III document.

UNICEF has continuously supported the MoAIWD and MoH with Annual Joint Sector Review meetings that bring sector partners together to take stock of the progress and achievements in the sector, as well as challenges and emerging issues to inform future programming. At the district level, district coordination teams (manage WASH activities locally) benefitted from UNICEF's financial and technical support, thus strengthening institutional arrangements and local government capacity. As a co-lead for WASH cluster coordination, UNICEF engages cluster partners and ensured adequate resources mobilization for emergency response.

Despite strides in the aforementioned areas, sector financing remains a key challenge at the national level. The inadequacy of domestic financing for WASH and the slow development of an effective sector wide approach are specific financing challenges faced by the sector. These challenges are exacerbated by a record of poor financial management by Government, which has led to the current scenario of donor reluctance to provide direct financial support to Government. To address these challenges, UNICEF will continue to engage other donors through the donor group to find feasible solutions for financing, such as common funding mechanisms.

UNICEF Malawi, as one of the leading partners will also continue to advocate for increased domestic funding for WASH, especially at the district level (as the district has the mandate to implement and oversee sustainable WASH services at scale). UNICEF Malawi's WASH budget brief will provide the evidence base on the status of domestic financing for WASH at the district level, and will be used for further advocacy.

OUTPUT 2 Water supply and sanitation services are provided and sustained through gender sensitive, CLTS approaches in 15 target districts by 2016.

Analytical Statement of Progress:

As a result of UNICEF's direct support through partnership with district councils and NGOs, a total of 30,250 people (15,428 women and 14,822 men) gained access to an improved water source through 126 boreholes that were either constructed or rehabilitated in the reporting period. The programme exceeded the annual target for safe water supply by 14 per cent. Among these, 990 water point committee members gained knowledge and skills in the operation, maintenance and management of their water points. In addition, 226 out of the planned 174 community-based area mechanics acquired the skills to maintain boreholes, thereby contributing to the number of private sector actors that can provide support to water point committees and improve the sustainability of water points.

UNICEF Malawi played a critical role in ensuring coordination for the implementation of the ODF Malawi strategy at the national level, despite staff turnover in the MoH (which affected the operations of the National ODF Taskforce). In contribution to this result, UNICEF and its partners supported community-led total sanitation triggering in 2,467 villages in this reporting period and exceeded the annual target by 22 per cent. This resulted in 1,200 out of the planned 1,000 villages becoming open defecation free, representing a 49 per cent conversion rate, which is above the national average of 40 per cent. This means that over 300,000 people (159,000 women and 141,000 men) now live in safe and clean environments free of faecal matter, thereby contributing to reducing the risk of diarrhoeal and other water-borne diseases.

In terms of WASH emergency response, 96,577 out of the planned 100,000 people accessed safe water through the distribution of water purification supplies by UNICEF and its partners, while 145,657 out of the planned 200,000 people were supported to gain access to sanitation facilities. These emergency interventions contributed to the effective containment of a potentially widespread cholera outbreak. UNICEF also continued to partner and coordinate WASH partners to deliver an effective emergency response as co-lead for the WASH cluster.

The main challenges with respect to WASH program implementation were inadequate capacity and low financial utilization capacity of district councils, which ultimately affect district implementation. UNICEF continued to provide capacity building support to district government staff, and engaged NGOs and the private sector to support and complement districts efforts on WASH. The programme is working to further strengthen the capacity of district partners to ensure that any WASH infrastructure installed meets the required standards for implementation, whilst ensuring delivery on time and within budget. This was achieved through the roll-out of a quality assurance framework for construction, which includes guidelines and check-lists on how to better supervise and manage the implementation of WASH infrastructure activities. Under the quality assurance framework, 'on-the-job' training is ongoing to strengthen the capacity of the district staff responsible for monitoring and managing partners.

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 supported the Government in the provision of WASH services in institutions, which consist of rural primary schools, health centres, and community-based childcare centres (CBCCs). In this reporting period, UNICEF supported a total of 69,600 children (35,496 girls and 34,104 boys) to access safe water for drinking, and gender appropriate, improved latrines and urinal facilities in 116 schools. The programme exceeded the annual target for basic WASH services in schools by 13 per cent. Improved access to improved sanitation and water facilities in schools likely to contribute to other key development outcomes such as increased enrolment

and improved school attendance, especially among adolescent girls. UNICEF further supported two health facilities and 88 CBCCs with reticulated water systems and hand washing facilities.

The achievement of the WASH in institutions outputs was through partnership with district governments and NGOs. The main challenge in implementation of these activities was the limited capacity of district staff to procure and manage the construction of school sanitation facilities. The option of UNICEF-managed LTAs for the construction of school-WASH infrastructure was thus pursued, and the necessary approvals were obtained to support district partners through these LTAs. District teams also continued to face logistical challenges to supervise, monitor and overall manage activities effectively without complete reliance on external support. Therefore, UNICEF established a quality assurance team. This team worked with district staff to strengthen the capacity of district teams, in order to ensure quality implementation and accountability. UNICEF will continue to engage the private sector to complement government service delivery efforts. UNICEF will also continue partnership with NGOs that have demonstrated efficiency and effectiveness in WASH service delivery, and have proven ability to strengthen district government capacities.

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

Analytical statement of progress

As part of the integrated WASH package, hand washing with soap promotion is a key service for community members and for children in schools and CBCCs. Hand washing promotion is integrated within the Malawi ODF strategy and the National Hand Washing with Soap campaign. Thus, promotion of handwashing with soap is included in the CLTS approach and the presence of hand-washing facilities by the toilet is a key indicator for ODF certification. This has helped increase not only the construction and use of new latrines but also the installation of hand washing facilities.

To reinforce key hygiene messages, UNICEF also engaged the private sector to undertake hygiene activations using a social marketing approach. This has contributed to reaching more people with appropriate hygiene messages in both communities and institutions. As a result of UNICEF direct support through Government, NGOs, and private sector partners, a total of 2,467 communities and 616,750 people (326,878 women and 289,872 men) acquired knowledge on hand washing with soap. The hygiene promotion interventions also resulted in the installation of 74,943 hand-washing facilities in communities. The programme hence exceeded the annual target for hand washing facilities at household level by 42 per cent. UNICEF Malawi also supported 182,000 out of the planned 72,000 people in institutions (schools, CBCCs and health facilities) to access appropriate hand washing facilities. The three-fold increase was as a result of great demand for hand washing facilities in schools where the triggering was undertaken using the school-led total sanitation approach.

The main challenge was slow adoption of the social norms on hand washing and sustainability of hand washing at household level. Moving forward, the focus of the UNICEF WASH programme will not only be to reach people with hygiene messages (which may not always translate into behaviour change), but also to mobilize families to develop concrete actions that will lead to behaviour changes with respect to the three key hygienic practices: use of safe water, safe disposal of human waste and hand washing with soap at critical times. This will be coupled with studies to better understand bottlenecks and opportunities to improve hand washing with soap practice, so as to improve current and future hygiene programmes.

OUTCOME 4 A child protection system established in three districts and documented to inform a national child protection system.

Analytical statement of progress

Girls and boys in Malawi experience violence across all stages of childhood. Two out of three children experience extreme forms of violence in their lifetime. One in five females have experienced sexual violence; with 14 per cent having experienced sexual violence in the past year. High rates of child marriage persist, with 46 percent of girls married before 18 and 9 percent before 15.

Continued advocacy by UNICEF with United Nations and partners resulted in the historic constitutional amendment that raised the minimum age of marriage from 15 to 18 years in April 2017, following which the process to harmonize all laws in line with the constitutional amendment is in progress.

Malawi has extremely low birth registration coverage, estimated at six per cent (for all children). In collaboration with MOH and NRB, health workers, district registration office personnel and selected local leaders were enabled to facilitate and support the process of health-facility-based birth registration. In 2017, 51,948 (25,673 female and 26,275 male) children under five years of age were registered. UNICEF successfully advocated for the inclusion of children under 16 in the mass national ID registration campaign and linked the national ID and birth registration databases, which has the potential to exponentially increase birth registration coverage and realize children's right to a legal identity. As part of the mass ID campaign UNICEF rolled out civic education through national media, targeted SMS and community events to increase children's registration achieving an impressive 4.5 million children registered. The number of children under five whose birth is registered grew to approximately 1.6 percent in 2017 from 1.3 per cent reported in 2016 based on the under-five population estimate of 3,329,829 from National Statistics Office.

The child protection system was strengthened to prevent, identify and respond to all forms of violence. In 2017, 15,541 children (8,689 female, 6,852 male) benefitted from case management services in 10 districts through front-line government social workers. Continued support for the implementation of 10 district implementation plans for child protection helped scale up of case management and enhance the ability of districts to identify, manage and report on cases in a timely fashion.

Linkages with the education sector were strengthened to better prevent and respond to violence through the 'Safe Schools' program empowering students to report and reduce the risk of violence, for teachers to adopt positive discipline and for schools and communities to contribute towards a safe environment for children. The program also embarked on work to mainstream protection within the work of health surveillance assistants, thereby enhancing the health sector's ability to identify, respond and refer cases of child abuse and neglect. Police and community victim support units continued to assist victims of violence through counselling, mediation and referral of victims to appropriate services such as hospitals, social welfare and justice services. In 2017, community victim support units assisted 44,597 victims (23,864 children: 12,727 women, 8,996 men) while police victim support units assisted 12,561 victims (8,327 female and 4,234 male and an estimated 30 per cent of this total number are children). The mechanisms were also able to respond to the latest food security crisis, which heightened women and children's vulnerability to violence and exploitation.

The target for children aged six to 18 accessing Psychosocial Support Services from Children's Corners was exceeded with 239,958 children (105,582 female, 134,376 male). The mapping of Children's Corners in all 28 districts has provided the baseline for the draft strategy for enhancing the service that is under development.

Latest data shows that over 8,049 children (3445 female, 4604 male) are living in child care institutions. Through UNICEF support, the reintegration program continued to monitor the well-being of at least 296 reintegrated children successfully de-institutionalized from 16 institutions as of end December 2017. This will be scaled up in 2018 with the engagement of a dedicated institutional contractor to support the Government of Malawi implement its reintegration model and through continued advocacy to introduce regulatory amendments to strengthen gate keeping mechanisms and promote family-based care.

Expansion of mobile reporting for incidences of violence referred to Malawi police victim support units, community child protection workers and health-facility-based One Stop Centres and continued support strengthening of the Child Protection Information Management System resulted in improved data collection and monitoring of cases of violence, abuse, exploitation and neglect. As well as migrating all mobile reporting to Rapid-Pro in 2018, work is planned to enhance and better link mobile reporting, the Child Protection Information Management System and other IMS.

Challenges remained in transforming negative social norms, ensuring children's access to justice and access to services and will be addressed in 2018 through research and strategic partnerships to understand and influence behavioural change. UNICEF's partnership with the University of Zurich, for example, will commence in the field to build the evidence base on harmful practices, especially harmful sexual initiation rites and child marriage, in order to enhance the basis for programming and policy advocacy. Work with police and justice partners will pay particular attention to improving the treatment of child victims of sexual violence and reduce their further traumatization through the criminal justice system. Access to services will be enhanced where possible through the provision of transport for service providers, but also through support to innovative means of service delivery such as 'mobile courts' to enable access to justice in community settings.

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

Analytical statement of progress

A comprehensive child policy was developed benefitting from technical assistance provided by UNICEF. Advocacy with the Ministry of Economic Planning and Development ensured greater visibility of child protection and served to highlight the issues in the MGDS III. Gate keeping measures for placing children in institutional care were strengthened through support to the Ministry of Gender (MoGCDSW) for the development of the guidelines. During 2017, UNICEF joined United Nations sister agencies under the leadership of the Ministry of Justice to embark on the process of harmonising child related laws in light of the constitutional amendment on the age of a child.

Following capacity building in late 2016 for the implementation of the District Implementation Plans for Child Protection, districts can now link Child Protection District Implementation Plans and reporting to national policy documents and nationally agreed outcomes and outputs.

UNICEF leveraged the opportunity of mass national ID registration to move towards increased birth registration coverage through support to civic education including SMS to parents and guardians, WhatsApp messages to registration officers and their supervisors, PSAs in print and radio, radio panel discussions, press briefings and direct engagement of key stakeholders including chiefs, registration officers, and civic education officers.

The OSC program was strengthened to provide holistic support to victims of sexual and physical violence. Over 140 persons representing the health, social welfare, police and justice sectors in seven districts are now able to provide comprehensive services to victims. A key highlight in the year was the handover by UNICEF of the Mulanje OSC to the Government in June 2017. The online OSC data platform is providing real time data for monitoring clients seen at OSC facilities. The capability of health surveillance assistants was also enhanced to identify and refer cases of violence as part of an integrated nutrition, protection, health, and HIV project thus offering an integrated approach to service delivery and paving the way for an innovative approach for the new CPD.

The child helpline hub was technically supported with a UNV and the helpline receives an average of 2,686 callson child-related issues per month.

Another milestone in 2017 was the migration of the CPIMS to the Government network that contributes to government ownership and sustainability. A total of 6,342 (3,110 female, 3232 male) were registered in the CPIMS as of December 2017. During 2017, the district staff was enabled to use, manage and maintain the CPIMS and provide the much needed data for programme and policy direction.

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.

Analytical statement of progress

Over 650,000 community members, 776 traditional leaders and 223 religious leaders were reached through UNICEF's partnership with Story Workshop Education Trust on community engagement and YONECO for a mass media campaign to end violence against children using Theatre for Development, focus group discussions, debates and dialogue. This led to the development of action plans under the leadership of local authorities in three districts. Government and non-government participants at regional levels were able to support the violence against children campaign across all the 28 districts. The end violence against children campaign M&E framework is being reviewed to facilitate joint monitoring and documentation of the national campaign at district level. The global report, 'A familiar face', successfully launched in Malawi through print and social media including a pull-out infographic in the two major Malawi newspapers with a combined readership of 30,000 reached a larger audience not targeted through C4D initiatives.

Community awareness and understanding of child protection services was increased through localization and promotion of child protection core services including OSCs, Child Justice Court, Child Helpline, Community and Police Victim Strategic Units. At least three million people received information on services through community radios and radio listening clubs.

Increased awareness and reporting of violence in schools, as well as increased adoption of risk-reducing behaviours, was enabled through the 'safe schools' program that reached 12,678

learners (6,413 female, 6,265 male) in the empowerment program and 167 girls through Sexual Assault Survivors Anonymous. As of end December 2017, 144 schools had "School Codes of Conduct" jointly developed with students, parents and teachers and 98 per cent of school improvement plans developed with students' input. The program included skills building for teachers on positive discipline. Corporal punishment and general physical abuse reduced by more than 50 per cent (n= 28,800).

To ensure children at risk of violence, or who experience violence, receive the care and services they need, UNICEF supported implementation of case management in 10 districts. In 2017, about 20 per cent of all cases of violence were related to child marriage. To build the evidence base to inform programming and policy advocacy, UNICEF is collaborating with the University of Zurich to undertake research into harmful traditional practices. The research will explore links between sexual initiation practices and child marriages using puberty as the nexus around which a strategy to address these practices can be based. Child marriage is an advocacy priority for the Country Office and the child protection programme is supporting implementation of the advocacy strategy.

OUTPUT 3 A child protection system established in three districts and documented to inform a national child protection system.

Analytical statement of progress

This year, 15,541 (8,689 female, 6,852 male) benefitted from case management services in 10 districts. Of these, 12,942 involved cases of abuse (7,327 female and 5,615 male). Priority was accorded to consolidate child protection case management in 10 districts instead of scaling up to 15 originally targeted. Neglect continues to be the most common form of abuse (26 per cent) followed by child marriage (20 per cent) and emotional abuse (14 per cent).

UNICEF's reintegration programme continued to monitor the well-being of children reintegrated in 2016 and 2017. While monitoring revealed most children (80 per cent) were reintegrated successfully, there were reported errors in placement of a minority of children due to capacity challenges of case managers. To address this challenge, UNICEF supported a learning visit of the MoGCDSW to Ethiopia. Lessons learned were applied including UNICEF support to engage a competent global institution and recruit university-qualified social workers to manage the programme that will reduce the risk of error. UNICEF supported monitoring in 51 institutions by a civil society organization with the aim of assessing children's well-being. Less than half of the institutions were registered, child rights violations were prevalent, and 26 cases of child abuse were revealed. As of end December 2017, 296 children were reintegrated.

Professionalization of the social service workforce was advanced with support to 70 social workers to pursue a Bachelors program at Magomero Institute to improve the capacity to deliver social services. UNICEF also invested in the recruitment of an additional 85 social work assistants and 33 child protection workers who will also benefit from this programme.

The Malawi Police continued to divert a significant proportion of children in conflict with the law. Although slightly below target, the other cases could not be diverted due to the severity of the offense that required the matter to be referred to court or due to the unavailability of probation officers required to carry out social inquiry reports to inform the decision. To address the latter challenge, 30 probation officers were trained in 2017, and are expected to be gazetted and mandated to assist in child justice issues. Police victim support units are now available at 364 police formations while community victim support units are available in all 310 Traditional

Authorities. UNICEF supported strengthening of these services through capacity building, rehabilitation and construction of offices, training in use of mobile technology and supporting community awareness. The police were supported to undertake an assessment of the bottlenecks encountered at police formations in child sexual violence cases to inform upcoming policy and practice guidance.

The NCJF continues to champion child justice activities. A pilot initiative deployed law students to support Child Justice and Magistrate Courts in 17 districts. The NCJF were also supported to finalise their five year strategic plan.

As the co-chair of the protection cluster, UNICEF was instrumental in coordinating humanitarian assistance in 12 districts during the emergency response. In 2017, training on protection from sexual abuse and exploitation was delivered to over 400 stakeholders; protection from sexual abuse and exploitation focal points were appointed and a network of focal points established.

OUTCOME 5 A child protection system established in three districts and documented to inform a national child protection system.

Analytical statement of progress

Drafting and validation of the new MNSSP was completed through a robust consultative process involving government, civil society, academia, development partners and citizens increasing the acceptability and ownership of the programme. UNICEF provided significant technical and financial support, including through representation on the MNSSP2 Task Force. The new MNSSP is comprehensive, more sensitive to the specific needs of children and shocks, and has involved both national and district level stakeholders in its development. The social cash transfer programme (SCTP) that targets the poorest and most vulnerable households remains the flagship programme of the new strategy.

By November 2017, 175,064 households and 778,607 individual members were reached through the SCTP. The number of children aged 0-17 years reached by the SCTP is 431,638 (216,133 girls, 215,505 boys). Children make up 55 per cent of all beneficiaries of the SCTP. Children on the SCTP, who are living in the poorest and most vulnerable households, constitute five per cent of all children in the country. The SCTP is scaling up to full national coverage by January 2018, which will increase the proportion of children benefitting from the programme.

The number of children reached by the SCTP slightly reduced from 439,557 in June 2017 to 431,638 as of end December 2017. In the second and third quarters of 2017, all districts conducted verification of households and individual members in SCTP households that resulted in removing households and individuals that no longer meet the programme criteria. As eight of the 18 districts plan to conduct re-targeting of households in 2018, households that were taken off the programme will only be replaced during the re-targeting process which is underway and will be completed in 2018.

The Government of Malawi developed a linkage and referral strategy within the SCTP being implemented in eight districts through UNICEF technical and financial support. Referrals have commenced in two districts of Dedza and Mangochi while in the other six districts training on the linkage and referral process is underway. By end December 2017, a total of 13,832 referrals were made of which 4,649 were of children (2,456 girls, 2,193 boys). Additional referrals were made in the fourth quarter but the data was not captured in the management information system

because the SCTP Secretariat and district level SCT staff were heavily occupied in supporting the scale up of SCTP in 10 new districts.

Through extensive lobbying by UNICEF and other stakeholders such as Malawi Health Equity Network (MHEN) and Malawi Economic Justice Network (MEJN), the Government of Malawi made a substantial increase of the national budget allocation to the Social Cash Transfer Programme from US\$895,996 in 2016-2017 to US\$2,067,683 in the 2017-2018 financial year. As a result, an additional 7,900 households were enrolled on the SCTP in Thyolo district and transfers are being paid on time and there is no accumulation of arrears in this district, which is funded by the Government of Malawi. UNICEF will continue to lobby Government to sustain funding to the SCTP and increase funding to social protection in general.

The review of the implementation of the policy decision to automatically include SCTP beneficiaries during the 2016/2017 humanitarian response, involving both humanitarian and social protection actors was led by UNICEF. This review contributed to informing the new five-year MNSSP II, which was developed in 2017 and has added shock responsive features to the social protection system. At implementation level, through successful fundraising by and technical assistance of UNICEF, the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW) is currently working on a preparedness plan for the scale up of the SCTP, where implemented via e-payment. This would allow for a vertical expansion in response to crises and disasters. The vertical expansion will be piloted in one district during the 2017/18 humanitarian response.

Bottlenecks and challenges faced during implementation persisted from the first and second quarters. In particular, the scale-up of the SCTP to the remaining 10 districts that started in January 2017 was delayed and is still on-going. Consequently, the capacity of the MoGCDSW and District Councils remains stretched. While the scale-up was planned for completion by September, it was delayed until December 2017. As a result, other key components of the SCTP, such as the scale-up of the linkage and referral system, remain under prioritized by Government.

In addition, the delay in the scale up of the SCTP to national coverage has impacted on the achievement of the results under this outcome. UNICEF provided technical support to the scale up of the SCTP to national coverage, but this was not sufficient to enable faster progress by Government on linkages and referrals. With the completion of the targeting process in the new SCTP districts in December 2017, the Government will better focus on the linkages and referral system and other components of the SCTP such as case management that enables replacement of households that have been exited from the programme.

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 new MNSSP was finalized through an effective consultative process involving social protection stakeholders at the national and local levels under the leadership of the PRSP division of the MoFEPD thus contributing to the achievement of one of the indicators under this output.

Emergency prevention, preparedness, and response was included as a key component of the

new social protection strategy through UNICEF technical and financial support. In addition, the operationalization of linkages between social protection and humanitarian action started. UNICEF is collaborating with Government and others to ensure the necessary preparedness activities to allow the SCTP to scale up vertically and a vertical expansion will be tested in one district in the upcoming humanitarian response for the 2017/18 season.

UNICEF provided technical input into the review of the humanitarian guidelines (JEFAP), with specific attention to mitigate the risk of exclusion of social protection beneficiaries on the sole reason they benefit from long-term support. UNICEF provided technical input so that the new Government of Malawi contingency plan acknowledges the role social protection can play to prevent and respond to shocks. Taken as a whole, these interventions have contributed to a strong result on the output indicator relate to emergency, thus surpassing the 2017 target.

Through UNICEF collaboration with the World Bank and the MoFEPD, a Public Expenditure Review (PER) of the social protection sector in Malawi was undertaken to be finalized in 2018. The Review is intended to generate evidence and knowledge for Government and stakeholders on the efficiency, effectiveness and sustainability of social protection expenditures. The results of the PER will be used to inform future budget related advocacy as well as review and refinement of social protection financing and expenditure modalities.

Government demonstrated good leadership in the design of the new MNSSP. However, Government capacity in social protection still requires further strengthening. This remains an ongoing barrier. UNICEF has sought to build capacity in some areas such as M&E, but the limited number of available staff and the relative workload makes progress difficult. UNICEF explored the opportunity of using short-term external technical support on M&E. Although this supported completion of some reporting, it is not a long-term solution. UNICEF will explore alternative capacity building opportunities in 2018 such as the 'TRANSFORM' platform.

UNICEF, together with other development partners, will continue with budget advocacy for increased Government investment in social protection and provision of technical support and capacity building of the PRSP Division and other key Government ministries.

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

The capacity of MoGCDSW and district councils in the scale up of the SCTP to the 10 remaining districts and the overall SCTP was enhanced through UNICEF's technical support. Enrolment of households was expected to commence in August 2017 but this was delayed. The roll out of the SCTP in Ntcheu district, which is expected to reach an additional 14,378 households and an estimated 8,400 children commenced with direct financial and technical support from UNICEF. Vehicles, IT equipment and furniture were procured and support was provided to the construction of an office for SCTP. The number of children aged 0-17 years reached by the SCTP in 2017 is 431,638 (215,505 girls, 216,133 boys) slightly lower than the reach at mid-year.

The SCTP linkage and referral system that will link SCTP beneficiaries to additional social services has scaled up from 2 to 8 districts with support from UNICEF through funding from the Government of the Netherlands. By end December 2017 a total of 13,832 referrals were made

for SCTP households to access additional services. Of these, 4,649 involved children the majority of whom were referred to health and education services. Linkages to additional services are expected to augment the positive impacts that cash transfers have on children's health and education outcomes.

Government allocation to the SCTP increased from US\$895,996 in 2016-2017 to US\$2,067,683 in the 2017-2018 financial year, through among others strong advocacy from UNICEF and MEJN. This substantial budget increase is an indication of increased commitment to the programme by Government. The lack of government funding posed a serious barrier to government ownership of the SCTP. UNICEF pursued a robust advocacy strategy including a seminar with parliamentarians on child sensitive public finance which contributed to the budget increase. This additional allocation has enabled an additional 7,900 households in Thyolo district to be enrolled on the programme.

Efforts to scale-up the linkages and referral system within the SCTP require intensive Government support. The scale up of the SCTP to the remaining 10 districts was delayed due to capacity constraints in Government and the operational requirements of a thorough targeting and registration process as set out in the SCTP manual. Many of the Government staff in the existing 18 SCTP districts were called upon to provide support to rolling out the SCTP in the remaining 10 districts. Yet a careful balance was required by Government to ensure that the SCTP could continue to operate on schedule in the 18 districts.

At the national level, the human resources capacity of MoGCDSW remains low for effective management and support to the implementation of the SCTP. To help strengthen this capacity, UNICEF has supported secondment of three technical assistants in the areas of financial management, information technology and communication.

OUTCOME 6 Partnerships with Parliament, civil society, private sector and the media established and strengthened for the promotion of child rights

Analytical statement of progress

In 2017, new partners were mobilized to support children's rights, as a result of UNICEF Malawi refocusing its partnerships work towards support for advocacy objectives for children. Business leaders, celebrities, traditional leaders and religious organizations committed to work with UNICEF on child rights. In-kind support was provided via existing partnerships.

Advocacy-led media stories were published and contributed to shifting the public discourse on education and child marriage. There is a greater understanding of child rights reporting among the media as a result of engagement by UNICEF Malawi with the Editors' Forum. Child rights issues are being more widely discussed by leading bloggers.

Donor relationships were strengthened, resources leveraged and accountability and visibility improved as a result of donor and UNICEF National Committee visits. Media coverage of donor-funded work in Malawi was significantly higher in 2017. A Malawian celebrity has committed to work with UNICEF to support child rights campaigns and advocacy.

UNICEF's brand was strengthened in Malawi as a result of coverage in traditional and online media, where there were 63 positive stories. UNICEF's presence on digital and social media was significantly strengthened, including through a new medium blog. In 2018, UNICEF will continue work with a greater focus on digital communication and social media.

UNICEF's engagement with young people in Malawi deepened through a youth media programme and new online platform, which gives young people an opportunity to share their stories online. U-Report itself was not ready for launch in 2017 as planned, due to delays in UNICEF's internal recruitment and contracting processes, along with external delays in securing a short code (more details below). However, following a concerted effort in the second half of 2017, U-Report is now on track for launch in early 2018.

OUTPUT 1 Effective partnerships in place with, and among, NGOs and private sector companies for promotion and protection of child rights.

Analytical statement of progress

In 2017, new partners were mobilized to support advocacy on children's rights, including from the business sector, celebrities, traditional authorities and religious groups. This was a result of UNICEF Malawi refocusing its partnerships to focus less on traditional fundraising and more on support for advocacy objectives for children. The shift was in response to an environment with limited fundraising opportunities in Malawi and aims to create change for children on a larger scale by better leveraging the political influence of partners. Through consultations with programme section and partners, two detailed advocacy strategies and action plans were produced: keeping children in school and ending child marriage. Both are now guiding UNICEF Malawi's partnerships work.

A strategy for engagement with targeted key influencers was developed and will be implemented in 2017-18, based on a mapping of key influencers from Government, civil society, faith-based, private sector, communities and celebrities. This is now supporting advocacy work on the priority issues of keeping children in school and preventing child marriages (a third priority on parenting skills will follow in 2018).

Business leaders in Malawi have committed to working with UNICEF on child rights and have an improved knowledge and understanding of the role of businesses in respecting child rights. This is a result of a series of meetings hosted by UNICEF in 2017, through which 18 CEOs and business leaders from the banking, manufacturing, transport and media sectors were engaged to support UNICEF advocacy priorities and child rights in general. UNICEF Malawi will continue to engage and collaborate with business leaders in 2018 through hosting sector-specific meetings. The first of these on education was held in November 2017, resulting in a commitment from CEOs to support UNICEF's education work in Malawi.

A challenge in engaging businesses was linking the big picture of how UNICEF wants CEOs to support children's rights with tangible asks and business benefits that appeal to this audience. This was resolved this by including branding opportunities through joint advocacy and marketing campaigns, and guidance on implementing child rights principles throughout businesses.

Traditional leaders and religious organisations have also committed to supporting children's rights following engagement by UNICEF Malawi. This includes Malawi's Paramount Chiefs, the Church of Central Africa Presbyterian and the Malawi Council of Churches. In particular, two key influencers were engaged and committed to support UNICEF's work. Paramount Chief Gomani of Ntcheu District has agreed to partner with UNICEF Malawi in support of advocacy priorities, including ending child marriages. The Chairperson of Malawi Council of Churches and the Malawi Interfaith AIDS Association, Bishop Matonga, was engaged to partner with UNICEF

and a work plan will be implemented in 2018. A Malawian celebrity has also committed to work with UNICEF to support child rights campaigns and advocacy.

OUTPUT 2 Journalism students and members of media are informed and aware of ethical and accurate reporting of child rights issues.

Analytical statement of progress

Several advocacy-led media stories were published in 2017, shifting the public discourse on rural education and child marriage. This was as a result of media partnerships set up by UNICEF Malawi, including an MOU with Times Media Group. Under this partnership, UNICEF Malawi is producing a series of stories on the advocacy priority of child marriage, including a girl who prevented her own marriage, a girl who became HIV positive after marriage, and a traditional chief and religious leader taking action on child marriage in their communities. A work plan was under development for 2018 which will bring in additional priority issues such as keeping children in school, parenting skills and resilience.

An improvement was noted in 2017 in terms of child rights reporting among the media, mostly as a result of regular engagement by UNICEF Malawi with the Malawi Editors' Forum: journalists who received training from UNICEF in 2016 on child rights reporting are supported by their editors.

However, training of new journalism students in child-rights reporting wasn't achieved this year. This was due to delays in the partnership process, mainly as a result of delays to MIJ's change in status from a company to an NGO. Once this process is complete, MIJ will incorporate child rights reporting into the training curriculum for journalism students. The partnership aims to ensure new journalists entering the field are equipped with knowledge on child rights reporting. However, training of MIJ lecturers begun in 2017 and a total of 17 lecturers were trained, with training of students due to begin in January 2018.

Media training for UNICEF section heads has also been postponed to 2018, due to an intensive schedule of meetings for the new Country Programme. However, a supplier was identified and the training will take place in 2018.

UNICEF Malawi established a youth media programme with Timveni, which resulted into child rights issues being more widely discussed by leading bloggers and youth reporters. UNICEF Malawi also organized a blogger and social media training, bringing in an international expert from Diego5 and local experts from M-Hub. In total, nine children and 15 bloggers were trained. Timveni is now training school children in Mangochi targeting nine schools in producing stories on child rights issues that affect them for radio, print and online channels. There were a number of child rights stories on local radio and social media produced by participants of these two trainings.

OUTPUT 3 UNICEF Malawi has well-managed relationships with development partners, national committees and high profile supporters.

Analytical statement of progress

UNICEF Malawi facilitated 11 donor and national committee visits to view UNICEF programmes at the field level. This is slightly below the target of 12, and less than the 19 achieved in 2016, largely due to the end of the hunger crisis and state of emergency in Malawi. Visits included the

German, Lithuanian, Norwegian, Swedish, Swiss and US National Commitment, and the Dutch, German and Japanese Governments. For example, following a visit by the Mediterranean Shipping Company (MSC) to document the unloading of containers of supplies, the company wrote to UNICEF to confirm an additional \$4.2 million in funding for three years (2017 to 2019).

Visibility plans are in place and being implemented for priority donors, further strengthening donor relationships and supporting fundraising. These include six specific plans for the European Union, Netherlands, Norway, Germany, Japan and UK, plus generic visibility guidelines to cover all other donors.

Media coverage of UNICEF's work in Malawi was significantly higher in 2017, including additional coverage of donor-funded work. So far this year, there were 34 donor stories (15 in print and online, plus 19 online only), more than double the annual target of 15 stories. This was due to an effort to mention donors in all relevant media coverage, not just those that were developed for this purpose. In addition, UNICEF Malawi is working with DFID and the UK National Committee to develop key messages and stories that make the case for international development, in order to address hostility to aid in parts of the UK media.

A Malawian celebrity has committed to work with UNICEF to support child rights campaigns and advocacy. This is a result of research on key influencers in Malawi, after which UNICEF Malawi began outreach to celebrities who are popular on social media and appeal to a youth audience. UNICEF Malawi is developing an MOU and work plan that will guide the celebrity's engagement in 2018, especially in the priority areas of keeping children in school and ending child marriage.

The main challenge was organizing field trips for corporate donors who were managed by NatComs, for example MSC. UNICEF Malawi was not able to communicate directly with the donor, and as a result there were delays in communication and misunderstandings, causing the trip to be postponed several times. However, the final trip was a success, repaired the relationship with the donor, and the communication issues were discussed with the NatCom.

In 2018, UNICEF will continue this work with a deeper engagement with the UK and German NatComs through joint youth media projects. The Country Office will also take forward the more strategic media partnership with DFID to demonstrate aid effectiveness, with a planned media visit of a UK national newspaper journalist.

OUTPUT 4 UNICEF brand, and that of donors, is effectively managed to avoid reputational risk.

Analytical statement of progress

UNICEF's brand has strengthened in Malawi as a result of media coverage. There was less emergency coverage than in 2016 due to the end of the hunger crisis, but this was more than made up for by significant national and international coverage of the launch of a humanitarian drone testing corridor. The purpose of the corridor is to test the use of unmanned aircraft (drones) in the areas of transport, imagery and connectivity, to benefit children. Over 30 international media stories were secured including from AFP, CNN, Mail & Guardian, Reuters and Xinhua. The BBC subsequently came to film the corridor in operation.

Many of the stories were secured remotely through UNICEF Malawi providing photo and video footage and facilitating phone interviews. Stories from press agencies were also reproduced in other media (and prioritised by UNICEF Malawi for this reason). In total, UNICEF Malawi hosted visits from five international media: AFP, BBC, Mail & Guardian, Xinhua, Reuters and Swiss

Television

There were 77 positive media stories about UNICEF's work in 2017, easily beating the target of 38, largely due to the media appeal of the drone corridor which was the first of its kind in Africa and a positive innovation story. Other major media stories included UNICEF's efforts to reduce under-five mortality, as part of the global child survival campaign, and stories on UNICEF Malawi's advocacy priorities of keeping children in school and ending child marriage.

Although the drone corridor launch was a success, there were a number of obstacles and challenges along the way, including the initial reluctance of the District Council to endorse the corridor in time for the launch, and the need to renovate Kasungu airfield, which was picked up by UNICEF Malawi.

UNICEF Malawi acted on several occasions to mitigate risk of negative stories, by developing key messages and Q&As in response to emerging issues. These include the 'sex for food' scandal focused on a WFP food distribution programme, a resurgence of interest in a previous scandal concerning Development Aid from People to People Malawi, and an enquiry on health programming from the Centre for Investigative Journalism-Malawi, which previously published negative (and inaccurate) story about UNICEF's WASH programme.

UNICEF's presence on digital and social media was significantly strengthened in 2017. UNICEF Malawi has 20,142 followers across its various social media platforms, with Facebook Analytics indicating that 65 per cent of this audience is in Malawi. This was achieved by UNICEF Malawi recruiting a digital officer, launching a blog on Medium, and experimenting with more innovative types of storytelling such as blogger engagement, geo-tagged content and animation. A youth focused online platform, #YouthOutLoud, is being finalised for launch in early 2018.

OUTPUT 5 Engagement deepened with young people, including through U-Report.

Analytical statement of progress

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Although the drone corridor launch was a success, there were a number of obstacles and challenges along the way, including the initial reluctance of the District Council to endorse the corridor in time for the launch, and the need to renovate Kasungu airfield, which was picked up by UNICEF Malawi.

The UNICEF brand was also protected by the avoidance of negative press stories. UNICEF Malawi acted on several occasions to mitigate risk of negative stories, by developing key messages and Q&As in response to emerging issues. These include the 'sex for food' scandal focused on a WFP food distribution programme, a resurgence of interest in a previous scandal concerning Development Aid from People to People (DAPP) Malawi, and an enquiry on health programming from the Centre for Investigative Journalism-Malawi (CIJM), which previously published negative (and inaccurate) story about UNICEF's WASH programme.

UNICEF's presence on digital and social media was significantly strengthened in 2017. UNICEF Malawi has 20,142 followers across its various social media platforms, with Facebook Analytics indicating that 65 per cent of this audience is in Malawi. This was achieved by UNICEF Malawi recruiting a digital officer, launching a blog on Medium, and experimenting with more innovative types of storytelling such as blogger engagement, geo-tagged content and animation. A youth focused online platform, #YouthOutLoud, is being finalised for launch in early 2018.

OUTCOME 7 M&E Systems provide reliable data for monitoring MDGs and other national goals and advocacy for children and women by 2016.

Analytical statement of progress

UNICEF Malawi has consistently been among the top performers for the Key Performance Indicator with regard to evaluation quality and has ranked the number one position for most part of the year. A prioritised research and evaluation plan was implemented with 50 per cent of activities included in the IMEP completed and 29 per cent under way. However, the target for the implementation rate could not be achieved and was lower than the previous year mainly because of late start of a number of PRIME activities and slow procurement processes for institutional contracting.

The regular tracking of EMR from evaluations and monitoring on a quarterly basis by the CMT assured that all evaluations have a management response and that the recommendations are followed up. All recommendations from evaluations conducted in the past year were acted upon with over 75 percent of all recommendations completed. The evaluation response for the recently concluded evaluation has also been prepared and uploaded in the EMR. The recommendations of research, evaluations and studies also contributed to the formulation of national policies and plans and informed the CPD design and development process.

The national Association of Monitoring and Evaluation was established with seed funding and technical support from UNICEF Malawi. This was the first ever effort for UNICEF to develop its capacity as a voluntary organization for professional evaluation in Malawi. Over 30 members of the Association received a two-day training on professionalizing evaluation, including evaluation ethics, norms and standards. The engagement of national consultants to team with international consultants/firms improved the quality of the evaluations while contributing to building national capacity in evaluations.

UNICEF Malawi achieved its target on improving the quality of work planning as all work plans met quality standards and was rated as being among the top performers at the regional level.

UNICEF Malawi was also one of the three countries which contributed to developing the region wide Standard Operating Procedure on work planning. Based on the feedback from the regional review of work plans, the guidelines and templates for 2018 work plans were revised.

The Country Programme development process remained a major focus for UNICEF Malawi during the year, which led to the timely submission of all documentation for regional office review in December. The CPD review and approval process and the preparation of the Country Programme Management Plan will continue into the first half of 2018, as the CPD will be submitted at the June meeting of the UNICEF Executive Board.

The focus of the performance monitoring system developed in 2016 remained on improvement in the quality and timeliness of reporting. A dashboard was developed and consolidation of information for reporting will contribute to further enhancement of the system and ensure harmonisation of both the performance monitoring and humanitarian reporting in 2018. Support to sectoral initiatives, the harmonisation of the CPMIS with other reporting systems for Child Protection will be a focus for 2018

UNICEF Malawi also contributed to the UNDAF development process ensuring that children's concerns were well reflected in the UNDAF, and thus a well aligned CPD. The leadership of the United Nations M&E technical working group, convening of a Pillar and active participation in all Pillar groups resulted in an UNDAF, which is evidence-based and well prioritised.

The establishment of partnerships with academia such as the Centre for Social Research, the University of Zurich, and the University of Cape Town have strengthened the research agenda and introduced improved methodologies and innovative approaches to research and evaluations which contributed to the design of the new Country Programme. It is expected that the results from the operations research underway with the University of Zurich will inform the strategies for implementation of the new Country Programme. Both the Community Dialogue initiated in 2016 and situation analysis of the children and women in Malawi were completed in the first part of the year. The United Nations root cause analysis supported by UNICEF generated the evidence and helped prioritise the key issues to be addressed by the UNDAF and UNICEF CPD, The exercise will also allow the UN to focus its advocacy on its normative principles and ensure that the most vulnerable are not left behind.

MASEDA, the SDG baseline report which was developed through a consultative process and the national statistical plan for the NSO prepared in 2016, contributed to the development of the M&E framework for the five-year MGDS- III and the five-year National Statistical strategy. UNICEF technical assistance for the preparation of a rationalised framework was well recognised by Government. A compendium on metadata will also be developed for the MGDS- III in 2018.

Although socio-economic profiles were produced for two districts by district development teams, as the first step to producing well prioritized district development plans, the preparation of the plans did not materialise as the process for aligning all district plans to the medium term national development strategy is underway. UNICEF supported this process by documenting the process which provides insights as to how this process can better address inter-sectorality to address the concerns of children and women and also support the rolling out of this process in two more districts. The lack of accessible data during socio-economic profile development identified the need for better district monitoring systems to undertake situation monitoring on a more continual basis.

OUTPUT 1 UNICEF programme sections have the tools, orientation notes and M&E technical support for the Country Programme and UNDAF implementation and reporting applying RBM and HRBA standards by 2016.

Analytical statement of progress

The SOP for research and evaluation was adhered to and through support from PM&E section and the regional LTA, standards for improving the quality of evidence generated were met. In 2017, evaluations of the CLTS programme, child protection programme and the school construction component of the child-friendly school programme were initiated and the child-friendly school evaluation completed and for which the Global Evaluation Reports Oversight System rating is expected in the first quarter of 2018. The Child Protection evaluation will be completed by the second quarter of 2018.

The well-prioritised research and evaluation plan was implemented with a completion rate of over 50 per cent. However, the targeted implementation rate set could not be achieved as 29 per cent of the PRIME components are still underway due to the delayed start of activities and unanticipated delayed and lengthy procurement processes. In 2018, priority will be given to completing these activities and for the evaluability assessment of the new Country Programme.

Management responses were prepared for all evaluations completed in 2017 for all agreed and partially-agreed recommendations and were closely monitored by the CMT which reviewed progress on a quarterly basis. Seventy five per cent of these action plans were completed and uploaded onto the EMR Tracker and the rest are being implemented. Apart from the immediate use for programmatic adjustments, these evaluations and all completed research/studies served to inform the new CPD.

The meta-analysis of all research and evaluations conducted since the Mid-term Review is also underway which will guide the implementation of the new CPD. In addition to the EMRs, evaluation uptake was facilitated through many channels, including publishing of evaluation reports as well as leaflets, posters and other advocacy materials. These were also shared at the Global Evaluation meeting where the Malawi community management of acute malnutrition evaluation was showcased as a best practice from the region.

The guidelines and quality assurance of work planning ensured that UNICEF Malawi ranked in second place at a regional level with regard to quality of work plans. Based on new guidance and the feedback received from UNICEF Regional Office, the guidelines were revised to ensure adherence to quality standards.

The UNDAF and Country Programme development was a major focus for the Country Office in 2017. A participatory process using a human-centred and an inter-sectoral approach ensured the engagement of staff and development partners and the UNICEF Regional Office for the development of the CPD. The timely completion of the required processes of engagement and documentation ensured the completion of the draft CPD and submission to the regional office for further review and processing for approval. The UNDAF preparation exercise benefitted from UNICEF's active participation in the process through the leadership of the M&E group that facilitated an evidence and theory-based UNDAF with a considered focus on children.

The performance monitoring framework developed in 2016 was strengthened to ensure that the quality and timeliness of reporting is better assured. Sector specific support for administrative systems in 2018 will ensure a more institutionalised approach to programme monitoring.

OUTPUT 2 National and District level institutions have the tools, strategies and resources for data production, dissemination and use for child and woman focused planning, integrated monitoring and evaluation applying RBM and HRBA standards by 2016.

Analytical statement of progress

The MGDS-III was finalized and contextualises the concerns of children and women using a theory-based approach. The development of the M&E framework through a consultative process and a rationalised M&E plan through technical and financial support from UNICEF is expected to address the constraints identified in the monitoring of the MGDS-II. The newly established National Planning Commission is also expected to address these concerns and will be supported in 2018, in line with its mandate.

A finalization of the district planning frameworks aligned to national priorities for Lilongwe and Mangochi districts served to model an evidence-based prioritisation process. The documentation of the district planning processes and results based management principles will contribute to the finalisation of planning guidelines for completing all medium term district development plans by mid-2018. Inadequate district data management systems identified as a key bottleneck to situation and programme monitoring and reporting will remain a priority for support in 2018 due to delay in it's the roll-out by Ministry of Finance, Economic Planning and Development.

The long-term partnership with the Centre for Social Research, the University of Zurich and National Statistical Office paved the way for improved methodologies and innovative approaches to research, including a longitudinal panel survey for 18 years. The baseline information from this research will inform the strategies for new Country Programme. The community dialogue report and the SITAN greatly influenced the establishment of priorities for the UNDAF and CPD. The pilot of the post-emergency module for the Global MICS programme will contribute to improved methodologies and approaches to assess the coping mechanisms and impact of chronic vulnerabilities.

The national Monitoring and Evaluation Association was established and conducted its first training on improved evaluation methods and approaches through technical and financial support by UNICEF. The teaming of local institutions with international consultants remained a strategy to not only improve the quality of evaluations but also strengthen local capacity for conducting evaluations.

MoFEP&DD and NSO also benefitted from experiences from other countries of reporting and monitoring of SDGs which coupled with technical and financial support for the preparation of the SDG baseline report has resulted in the establishment of a task force for SDG monitoring and quality assurance of reporting. The data gaps identified through this process will inform the finalisation of the national statistical strategy 2017-2021 for SDG and MGDS monitoring and reporting.

Directors of Planning and district M&E staff will benefit from a training in results based planning facilitated by UNICEF and UNDP. Support to Government training institutions will help to institutionalise these approaches as part of in-service training.

OUTCOME 8 Effective and efficient Programme management and operations support to Programme delivery.

Analytical statement of progress

The country management team has an integrated dashboard which 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 which monitors the AMP, accountability and risk management, ERM review and sustainability of Audit recommendations.

The UNICEF Malawi Emergency Management Team, that includes all members of the CMT, 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.

Efforts to ensure better and more coordinated planning and monitoring of programmes at district level in selected districts were pursued in 2017 not only to address convergence and synergies but also maximise efficiency of costs to support programmes.

UNICEF Malawi streamlined its procedures to attain efficiency gains and cost savings by issuing SOPs and guidelines on procurement of goods and services, contract review processes and travel-related activities. These measures led to substantial reduction of processing time and of contract costs.

UNICEF Malawi, through its leading role as chair of the interagency procurement group, worked on services prioritised for establishing joint LTAs with providers of goods and services. The measure resulted in improved efficiencies and realising benefits from economies of scale on hotel services and conferencing, vehicle maintenance, vehicle fuel supplies, air travel, internet services, joint mail delivery and security-related services that were extended to all United Nations agencies.

UNICEF Malawi concluded arrangements for a GPS tracking system, which facilitates remote monitoring of vehicle movement and fuel usage.

UNICEF Malawi concluded an agreement with a telephone service provider that includes taking up bundle packages that offer cost savings as well as increased band-width. Effective use of communication services were enforced and use of cost free voice over IP, Skype for business calls and teleconferencing was promoted.

UNICEF Malawi made a Programme Budget Review submission that led to the approval of measures to streamline and strengthen supply, procurement and construction activities and brought them under “one roof”, which led to significant efficiency gains on support to programme delivery.

The greening of UNICEF activities continue to result in cost savings on the use of paper and

electricity, as did the centralised monthly travel planning, the rationalisation of vehicle hire, and the initiation of air travel to southern regions.

UNICEF Malawi concluded concession agreements with its local bank for free local transactions and finance services.

OUTPUT 1 UNICEF Malawi, select partners, children, and communities have capacity to incubate, design, prototype, and scale human-centred innovations across programmes by 2018.

Analytical statement of progress

In collaboration with Government and select partners from public and private sectors, UNICEF Malawi piloted and supported the implementation and mainstreaming of innovations into development and humanitarian response through three portfolios of work:

1) **GEO-DATA AND REAL-TIME INFORMATION:** In an effort to strengthen data collection and analytics and generate comprehensive intelligence for agile decision-making and proactive programming, UNICEF collected and organized 10 spatial and drone-acquired datasets (e.g. boundary, education, elevation, energy, health, hydrography, points of interest, population, rail, roads, vegetation, water points), which are essential for building the Real-Time and Geo-Data Hub.

The GIS mapping and analysis on the five km accessibility of health facilities has supported the MoH's in identifying gaps and service coverage. The piloting and maintenance of mobile-based, real-time monitoring platforms (i.e. two of the six apps are running on RapidPro) enabled health surveillance assistants, teachers, police officers, and child protection officers to report timely data and indicators, which were then shared with the relevant district offices and ministries.

2) **NEW AND RENEWABLE INFRASTRUCTURES:** Drone testing and use for development, humanitarian and emergency response were pivotal to help overcome operational obstacles and support the country's resilience against climate-related disasters. In partnership with the Civil Aviation Authority in the Ministry of Transport and Public Works and UNICEF New York Headquarters Office of Innovation, UNICEF launched the first Humanitarian Drone Testing Corridor. Nine organizations – composed of companies, non-profits and universities – participated in the aerial testing spacet to explore drone applications in programming – from mapping/imagery, rapid transportation to connectivity. Outside of the corridor, UNICEF Malawi also used drones to acquire imagery and monitor flooding during an emergency response.

A mapping exercise was conducted to determine gaps and challenges on the clean energy space in the country. Through an engagement with the Ministry of Energy, donor agencies and the private sector, the office identified specific opportunities for UNICEF Malawi to support solar energy use in community hubs and among women and children in rural areas.

3) **YOUTH ENGAGEMENT:** Through a collaboration with Lilongwe University of Agriculture and Natural Resources and Virginia Tech, young people were empowered with potential employment and entrepreneurship opportunities via skills-building on low-cost drones using locally available materials. Youth engagement through U-Report – a mobile-based tool – was delayed and will be launched in 2018.

The Country Office experienced delays in meeting its targets as on-boarding of staff and consultants did not take place until Q2/Q3 of 2017, and there was limited funding. In 2018,

hiring three additional staff, fundraising and partnerships will address these challenges.

While UNICEF strengthened existing and built new relationships on innovations with MoH, Ministry of Transport and Public Works, and Ministry of Natural Resources, Energy and Environment, expansion of partnerships with other Government counterparts and other non-traditional collaborations with universities, youth groups, innovation hubs, influencers, and the private sector and social entrepreneurs needs to be further strengthened in 2018.

OUTPUT 2 Implementation of HACT in accordance with HACT Working Group.

Analytical statement of progress

Total Supply inputs amounted to US\$17,220,873. Procurement of goods was valued at US\$7,208,180 and US\$ 9,307,886 of procurement of services through institutional contracts. In addition, procurement services (transactions for the Government) amounted to US\$704,806.

UNICEF Malawi maintained US\$1,205,918 prepositioning emergency supplies for 50,000 people in warehouses across the country, to provide a timely response in the event an emergency response is required.

Work commenced with the Government to integrate community management of acute malnutrition programme commodities into the national supply chain. This is being undertaken in a phased approach to mitigate risks and is also being used as a means to build capacity for health and nutrition related commodity supply chains in general.

UNICEF Malawi worked closely with the Global Fund to provide technical assistance to draft terms of reference to support supply chain strengthening activities in Malawi. Support was given to the preparation of the End-to-End Commodity tracking terms of reference that will provide a holistic solution for warehouse, product bar coding and subsequent inventory movement scanning in all of the Central Medical Stores Trust warehouses up to the service delivery points, with the objective of providing supply chain visibility up to health facility and beneficiary level.

OUTPUT 3 Implementation of HACT in accordance with HACT WG

Analytical statement of progress

HACT minimum requirements for the year were fully met. Overall, 57 micro assessments, three simplified assessments, 60 spot checks and 28 audits were conducted. 424 programme and field monitoring visits were undertaken to support programme implementation, DCT monitoring and results verification.

The operating environment, while noting some improvements in fiscal management as espoused by the World Bank and the IMF, continues to be risky at district level with the continued roll-out of the Government's decentralisation policy. The Government's main financial management information system, IFMIS, was implemented in all the districts however functionality, use and complexity differ from district to district.

The National Local Government Finance Committee tasked with managing the rollout and system maintenance continues to face capacity challenges hence a significant number of districts continue to use manual systems derailing progress on the full automation process. Bank reconciliations problems still persistent on the main district development fund accounts

dating as far back as 2014.

In order to mitigate the risk, Malawi Country Office requested that all the district councils being partnered with should open UNICEF specific bank accounts. At least 25 (out of 28) districts heeded to the call, allowing Malawi Country Office to closely monitor transactions on the UNICEF specific account unlike the un-reconciled pool fund.

Prior to the beginning of 2017 UNICEF Malawi developed a strategy to manage risks related to cash transfers to district level partners through strengthening the financial management capacity of districts by seconding accountants to district councils. The accountants are expected to provide on the job support, training and mentoring whilst assisting the district council in day-to-day financial management and systems strengthening.

In this regard the Malawi Country Office successfully advocated for the placement of the accountants at district councils at the parent ministry - Ministry of Local Government and Rural Development with the support of the NLGFC. Ten accountants were placed in 10 district councils and have started to support district management in both financial management and systems strengthening.

The Malawi Country Office engaged a third party service provider to manage cash disbursements for UNICEF funded activities in the field (cash-in-transit) limiting UNICEF's exposure on abuse of per diems for workshops and events.