

## Malawi

---

### Part 1: Situation update in the country

Malawi is one of the world's least-developed countries, with a per capita income of US\$320 and an economy largely dependent on rain-fed agriculture. Approximately 70 per cent of employed people in Malawi work in the agricultural sector and over half of the population lives below the national poverty line. The country was ranked 171 out of 188 countries on the 2018 Human Development Index. Over the past two years, the Government has, to some degree, successfully stabilized macro-economic performance. Inflation decreased from 18.2 per cent in January 2017 to 9.9 per cent in December 2018, and the exchange rate for Malawi's currency remained relatively stable throughout the year. Despite this, Malawi's economy remains vulnerable to climatic and economic shocks, and corruption continues to pose a significant risk to national development.

Key changes in the country context in 2018 included floods, cholera, food insecurity and partial resumption of World Bank budget support.

**Floods and cholera:** Following the usual pattern of successive dry spells and flooding, 2018 was marked by further droughts and heavy rainfall causing flooding across the country. Almost 900 households were affected, of which 102 were displaced. A severe cholera outbreak in 13 of 28 districts in the country registered 939 cases, including 32 fatalities. Men and women were equally affected, and approximately 10 per cent of cases involved children. Deaths were centred in several 'hotspots', mainly in central and northern Malawi, that have a history of cholera outbreaks.

**Food insecurity:** Successive and compounding climatic shocks over recent years, with limited recovery time, have driven cyclical humanitarian food needs, peaking with a historic humanitarian caseload in the 2016/17 lean season of 6.7 million people, representing 40 per cent of the population. This was followed by the 2017/18 lean season, during which over 1 million food insecure people in 20 districts had to be provided with food and cash assistance between December 2017 and March 2018. Food insecurity had a disproportionate impact on children aged 6-to-59 months. Data from community management of acute malnutrition (CMAM) between June and October 2018 showed a more than 25 per cent increase in the number of admissions compared to the same period in 2017. Agricultural production in 2018 remained low due to inadequate rainfall and pest attacks in the first quarter of 2018.

Agricultural productivity reports indicate that maize production, Malawi's staple food, was 15 per cent below the country's five-year average, severely threatening Malawi's food security, hampering progress towards Sustainable Development Goal (SDG) 2 (zero hunger) and threatening the health status of the population, particularly vulnerable children and women who are pregnant. Forecasts for the 2018/19 rainfall season, which runs from November 2018 until March 2019, remain pessimistic, especially in view of the highly likely El Niño weather event

expected to hit Southern Africa.

**Partial resumption of direct budget support:** After four years of severely constraint on-budget development support, due to revelations of high-level corruption 2013, the World Bank resumed direct budget support to the Government of Malawi in 2018. A total of US\$80 million was provided through the Bank's agricultural support and fiscal management development policy operation.

**Demographic growth:** Malawi's population is currently growing at 2.8 per cent per annum, compared to a global average of 1.1 per cent and an Africa-wide average of 2.6 per cent. Over the past three decades, as under-five mortality declined by 73 per cent, the total fertility rate fell by only 34 per cent. As a result, the population has grown rapidly, increasing from about 4 million in 1966 to close to 17 million today, and is expected to reach 30 million by 2030.

As a result, Malawi is a youthful country with a median age of 16.7; approximately 54 per cent of the population is under the age of 18. Assuming the same age proportions, the 8.8 million children estimated in 2015 will expand to 16.2 million by 2030 and 27 million by 2050. This has significant implications for all of UNICEF's work, as demand for child-related services will increase, overwhelming already struggling national health, education, protection systems.

**Gender inequality:** Pronounced economic, political and social gender inequality is pervasive in Malawi. Although a complex and diverse society, including both matrilineal and patrilineal traditions, Malawi is highly patriarchal. Women's rights are weak and women and girls score low on all development indicators and across all the different dimensions of SDG 5 (gender equality and empowerment of women and girls), ranking 148/160 on the United Nations Gender Inequality Index in 2018. Maternal mortality rates, although declining, remain among the highest in the world at 439/100,000 live births, as is also the case for child marriage and adolescent pregnancy rates. Approximately 47 per cent of girls in Malawi marry before the age of 18 years – 12 per cent marrying before the age of 15 – while only 8 per cent of boys marry before reaching 18 and 1.2 per cent before reaching 15 years of age. Approximately 30 per cent of babies are born to mothers younger than 19 years of age, leading to an increase in pre-term and underweight babies and contributing to the high maternal and neonatal mortality rate. HIV infections among adolescent girls and young women are triple the rate of infections among men in the same age group. A mere 29 per cent of Malawian girls (compared to 36 per cent of boys) complete secondary school.

Underlying these severe manifestations of gender inequality is Malawi's deeply entrenched patriarchal society that prescribes strict norms relating to appropriate behaviour for women and men, boys and girls. Such gender roles and norms are often highly restrictive and harmful, dictating that girls should be submissive and subservient and boys should be outspoken and dominating, thereby contributing to high levels of gender-based violence and similar behaviours.

**Limited fiscal space and low social sector spending:** Compared to 2017 the total government budget remained the same in real terms, due to limited tax revenue. As a low-income country, Malawi is heavily dependent on donor contributions, estimated at US\$1 billion annually. Despite significant fiscal constraints, in 2018 the Government safeguarded social sector spending, especially for health, education and child protection, although allocations continued to fall short of required sector estimates. During fiscal year 2018/19 budgets for education, health and child protection increased by 18 per cent, 12 per cent and 21 per cent,

respectively, compared to the previous year.

## **Status of children**

The above changes and ongoing trends in Malawi provided a challenging context for the advancement of children's rights in 2018. Continued severe food insecurity risked exacerbating challenges in child nutrition and multidimensional child poverty. Gender inequalities continued to pose a critical barrier to ending child marriage and reducing adolescent pregnancy. The latter are underlying a cause of negative developmental outcomes for infants and young children, and continue to constitute a significant barrier preventing mothers from engaging in positive infant and young child feeding practices and hampering efforts to keep girls in school. Low social-sector spending, coupled with an ever-increasing population, constituted another challenge, contributing to overloaded social sectors struggling to provide even basic services to the people of Malawi.

Nevertheless, significant efforts by UNICEF Malawi and its partners in 2018 contributed to safeguarding a number of key positive outcomes for children in the country and even improving children's situation in several sectors. Most critical, multidimensional child poverty decreased from 63 per cent in 2017 to 60 per cent in 2018. Facility-based obstetric deaths were significantly reduced in five districts supported by UNICEF, with a case fatality rate of 0.19 per cent compared to 1.7 per cent in 2017. Although under-five mortality in Malawi remained high in 2018, with approximately 40,000 children under five dying, the facility-based stillbirth rate had dropped from 17.7 deaths per 1,000 total births in January to 15.8 deaths per 1,000 total births by August 2018.

Regarding infant and young child feeding, the rate of exclusive breastfeeding increased from 67 per cent in 2017 to 81 per cent in 2018. Likewise, the proportion of children aged 6-to-23 months who received the minimum acceptable diet increased from 10.5 per cent in 2017 to 14.4 per cent in 2018. Institutional capacity at the Ministry of Health (MoH) was enhanced in the area of managing treatment of severe acute malnutrition, resulting in improved quality of care for children, reaching 99 per cent geographical access.

In 2018 significant progress was made toward achieving the 90-90-90 goals, with 93 per cent of people living with HIV knowing their HIV status, of whom 80 per cent are on treatment and 88 per cent of those on treatment have a suppressed viral load. The figures represent an improvement over 2017, when the respective figures were: 88 per cent, 78 per cent, and 86 per cent.

As a result of widespread advocacy and communication for development work by UNICEF, community leaders and other influential figures in Malawi society have taken significant action to end child marriage and promote girls' education, moving Malawi closer to SDG 4 on inclusive and equitable quality education for all. For instance, a Chief Council on Girls' Education was established and started to systematically engage traditional leaders to change harmful practices.

Access to community-based child care centres (CBCCs) increased from 45 per cent in 2017 to 47 per cent, and the percentage of out-of-school youth enrolled in complementary basic education increased from 15 per cent in 2017 to 16 per cent, further contributing to SDG 4.

Malawi's Parliament passed a motion calling for deliberation on issues concerning children at

every session, and drafted a private member's bill to establish a high-level National Children's Commission responsible for policy guidance to Government and multi-sectoral coordination with key ministries and stakeholders. The bill was presented in Parliament and referred to its legal and social affairs committee for scrutiny.

Remarkable progress was also made in the provision of equitable, safe and sustainable drinking water services to facilities and communities in 2018. Through UNICEF support, over 366,500 people accessed safe water in communities and over 13,800 (estimated 5,796 boys, 8,004 girls) pupils accessed safe water in schools. Approximately 40 per cent of traditional authorities had been declared open defecation-free (ODF) as of 2018, of which 87 per cent became ODF through UNICEF support.

Over 275,000 households (70 per cent female-headed) received cash assistance through the scale-up of the social cash transfer programme (SCTP) to 10 additional districts. This equates to over 1 million individuals receiving cash assistance (52 per cent children), representing 6.6 per cent of all children in the country. UNICEF Malawi also supported the scale-up of the programme linkages and referral strategy (cash plus) to eight districts. Consequently, over 6,600 ultra-poor children were referred for additional education and health services.

## **Innovation**

UNICEF Malawi continued to test, incubate and scale up frontier technologies and novel approaches. The focus in 2018 was on 'geo- and real-time data' and the use of drones in development and humanitarian contexts. This work was squarely in line with the UNICEF Strategic Plan change strategies for "fostering innovation for children" and "harnessing the power of evidence as a driver for change for children".

Through the application of human-centred design thinking, the concept of the 'for people to see' (4P2C) data intelligence node was developed, combining traditional and non-traditional sources of data, geospatial analysis, artificial intelligence (AI) and other emerging technologies to produce effective information for planning, monitoring and decision-making in development and humanitarian contexts.

Under the umbrella of 4P2C, UNICEF Malawi worked on several proofs of concept and minimum viable products, such as horizontal communication for real-time data mapping and crop mapping, to support crop yield estimation through drone and satellite imagery and AI technology.

In partnership with the civil aviation authority of the Ministry of Transport, UNICEF Malawi continued to support the implementation of the humanitarian drone testing corridor during its second year of implementation. Over the course of the year, an additional nine partners from industry, NGOs and universities piloted their technologies in the corridor.

## **Part 2: Major results, including in humanitarian action and gender, against the results in the country programme document**

### **Goal area 1: Every child survives and thrives**

Despite a challenging national context, with continued food insecurity, limited social sector spending and a significant cholera outbreak, considerable progress on children's health was made in 2018. Progress centred around key result areas in UNICEF Malawi's country programme document (CPD) focusing on: reducing maternal mortality/obstetric case fatality, providing DTP-containing vaccines, promoting exclusive breastfeeding and the minimum acceptable diet and providing ART to children living with HIV. These result areas are aligned with the third Malawi Growth and Development Strategy (MDGs) outcome 5; as well as the United Nations Development Assistance Framework (UNDAF) outcome on child and maternal health (2.2) and its priority 3 on HIV and AIDS management.

During 2018 a significant reduction in facility-based obstetric deaths was achieved, with a case fatality rate of 0.19 per cent compared to 1.7 per cent in 2017. The facility-based stillbirth rate dropped from 17.7 deaths per 1,000 total births in January to 15.8 deaths per 1,000 total births in August. UNICEF Malawi contributed to these improvements through intensified interventions on maternal and newborn health service management, service reporting, referral linkages and training of health workers in five districts. UNICEF also supported health facilities in five districts to develop quality improvement plans on maternal and new-born health.

UNICEF Malawi worked closely with the MoH planning and policy development department to support national and sub-national planning processes in line with an evidence-based planning approach. This approach supported district health management teams to engage in more consultative, evidence-based planning, management and monitoring processes and was successfully incorporated into national planning guidelines.

Coverage of basic vaccines continued to increase in 2018. Notably, Penta1 and Penta3 coverage increased from 92 per cent in 2017 to 96 per cent, and from 86.5 per cent in 2017 to 92 per cent respectively. Similarly, coverage of the pneumococcal conjugate vaccine rose from 91 per cent in 2017 to 96 per cent in 2018. No stock-out of vaccines was reported during the year.

UNICEF Malawi contributed to these gains through the provision of technical support to update 'reach every child' guidelines and their implementation in two low-performing districts, and continued support on immunization and cold chain supply management. Community radio sessions on the benefits of routine immunization further contributed to these positive results. Supply monitoring tools (Viva and SMT) were introduced and 106 solar direct drive fridges were installed at 106 hard-to-reach health facilities, contributing to efficient management of vaccine supplies.

UNICEF also supported the procurement of three new vaccines – inactivated polio vaccine, human papillomavirus vaccine (HPV) and malaria vaccine – and invested in the development of an HPV crisis communication plan and communication materials on HPV vaccination for adolescent girls and training guidelines on all new vaccines. Radio distance learning programmes were aired to strengthen interpersonal communication skills of teachers and health surveillance assistants (HSAs) on immunization.

The Ministry of Health adopted global World Health Organization guidelines on managing potentially serious bacterial infections, and mainstreamed them into the protocol for integrated management of childhood illnesses. To support roll-out, UNICEF Malawi trained 189 health workers (80 female, 109 male) to identify and treat sick children, enabling the workers to treat sick children when referral was not possible.

UNICEF also continued to support supply chain management and procurement of oral rehydration therapy (ORS) and antibiotics, which resulted in no stock-outs of ORS in 2018.

In addition, UNICEF provided technical support for the development of guidelines on key community health structures (such as community health action groups) and a community health indicator handbook and community scorecard. These have enabled focused supervision and mentorship for community health workers.

The rate of exclusive breastfeeding increased from 67 per cent in 2017 to 81 per cent in 2018. Likewise, the proportion of children aged 6-to-23 months who receive the minimum acceptable diet rose from 10.5 per cent in 2017 to 14.4 per cent in 2018. UNICEF Malawi contributed to these results through communication for development interventions promoting uptake of MIYCN practices. Through 'theatre for development', radio listening clubs and community mobilization, 810,388 people (400,891 women, 259,346 men) increased their knowledge about positive nutrition practices. Over 1,000 traditional and religious leaders and 156 traditional healers became nutrition champions and encouraged their communities to adopt positive health-seeking and nutrition practices.

There were no stock-outs of ready-to-use therapeutic food (RUTF) at health facilities during 2018. This was partly due to an innovative real-time SMS-based stock monitoring system developed by UNICEF in collaboration with the MoH, which improved districts' monitoring capacity. With UNICEF Malawi support, a national multi-sector nutrition information system was developed for real-time integrated reporting by different ministries (gender, education, social protection, WASH, agriculture, and health) at the district level. Monthly reports were used by district nutrition authorities for programme alignment, decision-making and, when necessary, course correction.

As part of health system strengthening, therapeutic nutrition supplies were added to the essential medical list and have been integrated in the MoH national supply chain management system managed by Central Medical Stores Trust, responsible for warehousing and last-mile distribution of nutrition supplies.

A national multi-sector nutrition policy and strategy was finalized, a national nutrition education and communication strategy and the 2019–2023 national strategic plan for adolescent nutrition were all developed. The three documents include a focus on adolescent girls' nutrition and feature a lifecycle approach to behaviour-change communication for addressing stunting. This was a direct result of UNICEF Malawi's financial and technical assistance to their development.

Regarding the treatment of severe malnutrition, performance by the community management of acute malnutrition (CMAM) programme significantly improved, as shown by performance indicators well within minimum international thresholds – contributing to saving the lives of 36,418 children.

Improved performance was partly due to strengthened institutional capacity in the MoH to manage the treatment of severe acute malnutrition and more equitable access to community management of acute malnutrition services, as two new facilities were opened 2018 (total 224), reaching 99 per cent geographic coverage, with 89 per cent of the 50,644-targeted caseload admitted.

Infants born to known HIV-positive mothers have gained improved access to early infant diagnosis (EID) testing services in 2018. Notably, 65 per cent of children born to women living with HIV received an HIV test within the first two months of life, representing an increase of 4 per cent from 2017 and exceeding UNICEF Malawi's target of 62 per cent for 2018. This was partly due to improved coverage of early infant diagnosis services, such as the increase in health facilities offering point of care and near point of care treatment, which increased from 14 in 2017 to 31 in 2018. UNICEF Malawi, with funding from UNITAID, contributed to this achievement by procuring point of care equipment and providing technical support for its use.

While only 54 per cent of children living with HIV were on anti-retroviral therapy in 2017, this figure increased to 68 per cent in 2018. UNICEF Malawi contributed to this result by strategically linking high-impact child health interventions, such as the community management of acute malnutrition, and screening for HIV.

Targeted high-impact HIV prevention interventions, such as mobile testing, increasingly reached at-risk adolescents in 2018. Male circumcision rates more than doubled. Multiple services were provided to adolescent girls in an effort to address the structural drivers and social determinants that make girls particularly vulnerable to HIV infection. UNICEF Malawi's efforts focused on marginalized populations, including adolescents in cash-transfer households, men who have sex with men and adolescents living with HIV, as well as establishing peer support groups and facilitating access to information, condoms, lubricants and HIV testing services.

Improvements in maternal, neonatal, child and adolescent health were also achieved as a result of UNICEF support for strengthened accountability structures, enabling communities to voice their concerns and demand better services. UNICEF Malawi supported the re-invigoration of a traditional community engagement model called the 'Bwalo' citizens' forum, specifically organized around maternal, child and adolescent health. Over 142 interface meetings with duty-bearers were held, theatre for development troupes conducted over 139 sensitization and mobilization events and 164 radio programmes were aired to generate discussion and instigate action by duty-bearers. Project monitoring reports show that over 50 per cent of issues raised at Bwalos' were addressed, leading to, for instance, improved attitudes of health workers towards clients.

## **Goal area 2: Every child learns**

Access to quality learning opportunities and resulting learning outcomes for children in Malawi remained constrained in 2018, especially at upper primary and secondary level, and affecting girls more than boys. Yet, despite this overall challenging situation, 2018 witnessed significant progress around key educational outcomes for children, including on access to early learning; quality education and improved learning outcomes and national budget allocations for education. These outcomes are well aligned with the MGDS III's outcome two, which includes a focus on early childhood development and quality of education and learning outcomes, as well as the UNDAF's focus on basic education and learning outcomes (outcome 2.4).

In 2018 access to community-based child care centers increased from 45 per cent in 2017 to 47 per cent, resulting in 1,636,777 children aged three-to-five enrolled in 11,600 centres across the country. UNICEF Malawi made a significant contribution to this achievement through successful advocacy for an increase in the early childhood development budget in 2018/19, leading to a nominal increase of 8.6 per cent compared to the 2017/18 budget. In addition, the

institutional framework for scaling-up early childhood development was strengthened through the finalization and launch of the new policy. Moreover, due to UNICEF Malawi's support, the number of trained caregivers in community-based childcare centers increased and over 35,000 households were reached with parenting education and advice.

The percentage of out-of-school youth enrolled in complementary basic education increased from 15 per cent in 2017 to 16 per cent; UNICEF provided direct logistical support to 10 districts and 22,426 students (12,356 females, 10,070 males).

Teaching practices in primary schools started to shift from teacher-centred to more learner-centred approaches, with an observed increase in participatory teaching methods, including discussions and role-play in 2018. This was a result of the UNICEF-supported trial rollout of the initial primary teacher education curriculum. The professionalization of the teaching workforce progressed in 2018, through the finalization and roll-out of the continuous professional development framework in three districts.

The quality of education sector data, generated through the education information management system (EMIS), has improved. This result was achieved in part due to UNICEF's support for decentralizing the system to the district level and building institutional capacity by training technical staff, through the MESIP programme, funded by the Global Partnership for Education. UNICEF, in collaboration with the EMIS unit of the Education Ministry, also mobilized financial support from the Norwegian Embassy to successfully develop a web-based data management system, which allows for integration of annual school census data and real-time monitoring.

The policy environment for education improved in 2018, through UNICEF support. Three key policy documents were developed and endorsed: the teacher management strategy; a revised national girls' education strategy; and a policy on repetition. All documents pay particular attention to girls' education. In addition, UNICEF supported and coordinated a national girls' education network to strengthen the revised strategy on girls' education.

Despite limited fiscal space, the share of the national education budget in fiscal year 2018/19 was increased to 23.7 per cent of the total budget, from an average of 18 per cent during the previous four years. Concerted advocacy by UNICEF Malawi and its partners made a significant contribution to this result. UNICEF also launched an advocacy campaign for increased investment in secondary education. This quickly led to increased investment by the United States Agency for International Development, the World Bank (close to US\$200 million) and resulted in the Government waiving secondary school tuition for poor learners attending community day secondary schools. With support from the private sector and the Government a National Girls Trust Fund was set up and provided 14,000 scholarships to vulnerable children, to which UNICEF contributed 36 per cent.

### **Goal area 3: Every child is protected from violence and exploitation**

Malawi's child protection system was strengthened and birth registration was scaled-up and linked to the national ID system. These developments contributed to UNICEF Malawi's planned results on birth registration; and reducing child victims of sexual violence; as well as the UNDAF focus on providing effective, quality basic protection services (outcome 2.5).

Malawi has a strengthened and comprehensive national child protection system – including

prevention and response services to address violence against children– in support of the achievement of multiple SDGs and targets, especially SDGs 5, 8 and 16 on violence against women and girls, child labour and access to justice. The development of the system was a priority in the MGDS III and UNDAF outcome 2.5.

The system is a result of the strategic shift in UNICEF Malawi’s country programme, expanding the previous focus on HIV-related orphans and vulnerable children to allow for coverage of all vulnerable children, and to consider the full spectrum of risk factors and underlying vulnerabilities in the lives of children and their families. An evaluation of the national child protection strategy conducted during 2018 documented key achievements and lessons learned over the past six years and found that UNICEF Malawi’s support over the previous years, including in 2018, significantly contributed to building this system, by, for instance, contributing to filling gaps in laws and policies. Most notably, in 2018 Malawi’s Parliament passed an important motion, calling for deliberation of issues concerning children at every session, and a Private Member’s Bill to establish a high-level National Children’s Commission responsible for policy guidance to Government and multi-sectoral coordination with key ministries and stakeholders was drafted and presented to Parliament in November 2018.

After over nine years of UNICEF investment and evidence-based advocacy, the Adoption Act was approved by Malawi’s Cabinet and presented to Parliament in 2018. Regulations for the Child Care, Protection and Justice Act were finalized, and draft amendments to child-related laws to align with a constitutional amendment on the age of the child are ready for submission to the Ministry of Justice and Constitutional Affairs, following a process supported by UNICEF and United Nations sister agencies.

The social welfare sector, led by the Ministry of Gender, Children, Disability and Social Welfare, agreed to a five-year action plan for professionalizing social work in Malawi, to better prevent and respond to violence against children. An action plan was developed at a UNICEF-supported conference on social work professionalization in October 2018.

Over 300,000 children (51 per cent girls), aged 6-to-18 years accessed psychosocial support services from ‘children’s corners’ across the country, and 78 children were deinstitutionalized and reintegrated into family-based care. UNICEF Malawi contributed to these results by supporting the Government to implement the reintegration model, including through the engagement of an international institutional contractor who provided hands-on training to government social workers. In addition, UNICEF Malawi supported the salaries of 16 social workers dedicated to the reintegration programme.

The health sector response to violence against children at both the national and district levels was systematized, as a direct result of UNICEF’s collaboration with the MoH. Screening of under-five children for abuse and neglect is now part of the integrated management of childhood illnesses programme, through which over 1 million girls and boys are screened for common illnesses every year.

Rates of under-five birth registration increased from 2 per cent in 2017 to 7 per cent in 2018. Linkages between the birth registration and national ID databases were successfully established by the Government of Malawi, as a result of joint efforts by UNICEF, United Nations Development Programme (UNDP) and other partners.

## **Goal area 4: Every child lives in a safe and clean environment**

In 2018 significant progress was made on key results relating to water and sanitation, centring around: access to basic drinking water and sanitation services, hand-washing with soap at critical times and a reduction in open defecation. These results also contributed to achieving the UNDAF and the MGDS III, as both frameworks include a focus on water, sanitation, and hygiene (UNDAF outcome 2.3; MGDS outcomes 1 and 5).

Malawi made remarkable progress in the provision of equitable safe and sustainable drinking water services to schools, health centres and communities, especially those affected by emergencies such as cholera and droughts in 18 of 28 districts over the course of 2018. Over 15,310 people (c. 6,430 men, 8,880 women) accessed safe water in communities through the UNICEF Malawi regular programme, and 351,268 people (c.147,532 men, 203,736 women) accessed water through the UNICEF Malawi emergency programme. In addition, over 13,800 school going pupils (c. 5,796 boys, 8,004 girls) accessed safe water.

These results were achieved through construction of 43 boreholes in communities, 23 boreholes in schools and 19 reticulated systems. In addition, water trucking was supported in Lilongwe and water in different communities, schools and health centres in affected areas was disinfected through the emergency programme.

Over 494,000 people (286,520 women, 207,480 men) now live in safer and cleaner environments free of faecal contamination, thereby contributing to reducing the risk of diarrhoeal and other WASH-related diseases, due to an increased number of villages declared to be open defecation-free (ODF) in 2018. Approximately 40 per cent of traditional authorities were declared ODF, 87 per cent of which were supported by UNICEF.

The proportion of people who wash their hands with soap at critical times increased from 10 per cent in 2017 to 11 per cent in 2018. UNICEF Malawi contributed to this by continuing to promote hand-washing with soap as a key service for communities, schoolchildren and community-based childcare centers. The national hand-washing campaign continued in 2018, and hand-washing was integrated into the Malawi ODF strategy; the presence of hand-washing facilities near the toilet is a key indicator for ODF certification level two. To reinforce key hygiene messages, UNICEF also engaged the private sector to undertake hygiene activation using a social marketing approach.

All relevant WASH interventions implemented by UNICEF Malawi in 2018 included the provision of separate toilet facilities for boys and girls, as well as changing rooms with water and soap for girls.

The MoH adopted risk informed programming, which resulted in the identification of a number of significant public health risks; scenarios were formulated and a preparedness and response plan at national level was developed. UNICEF advocacy made a significant contribution to this process, specifically through the health cluster, in line with the global initiatives of the Sendai framework for disaster risk reduction.

UNICEF Malawi developed a renewable energy strategy for social sectors in 2018, which has guided the development of an implementation plan for the installation of solar panels at health facilities. UNICEF Malawi collaborated with the UNDP to develop a draft power for health master plan.

## **Goal area 5: Every child has an equitable chance in life**

Efforts to increase equity for children made considerable progress in 2018, resulting in: safeguarded social sector spending, institutionalization of the child poverty index and increased access to social cash transfers, especially for the most vulnerable children. These results reflect priorities enshrined in UNDAF priority 2 and MGDS III outcome 1.

The Government safeguarded social sector spending, especially for health and education, despite significant revenue constraints. Specifically, as a result of evidence-based lobbying and advocacy by UNICEF and other education partners, the Government increased the education sector budget by 25 per cent, although the national budget only increased by 11 per cent overall. The health sector was nominally higher by 12 per cent (1 per cent in real terms) compared to 2017/18. The budget for drugs for district councils was also increased by 27 per cent. Despite these notable increases, allocations continued to fall short of required sector estimates.

Through the National Statistical Office (NSO), the Government, began the process of institutionalizing the measurement of monetary and multi-dimensional child poverty and included an indicator on multi-dimensional child poverty in the monitoring and evaluation framework for the MGDS III. This was a direct result of UNICEF-supported training and mentorship for NSO staff.

The Malawi national social support programme 2018-2021 was approved and launched. The programme reflects a shift towards a more comprehensive, shock-responsive and child-sensitive social protection system. This was a direct result of technical support provided by UNICEF to the Malawi national social sector support programme taskforce.

Malawi's social cash transfer programme was scaled-up by 10 additional districts, thereby providing cash assistance to over 275,000 households, of which 70 per cent were female-headed, with over 1 million individuals (52 per cent children). The programme's linkages and referral strategy ('cash plus') was scaled-up to eight districts, with support from UNICEF Malawi. Consequently, over 6,600 ultra-poor children were referred for additional education and health services.

A total of 3,000 SCTP beneficiary households (over 16,000 individuals, including 8,961 children) living in drought-affected areas in Balaka District received emergency cash top-ups from December 2017 to March 2018. This was a direct result of the vertical expansion of the SCTP, accomplished jointly by the Government, UNICEF and the United Nations World Food Programme.

Timeliness and regularity of cash transfers was improved through the rollout of electronic payments (e-payment) in two districts. This initiative was supported by UNICEF and, as a result, the Government plans to adopt the e-payment mechanism programme-wide.

Malawi's Parliament convened a youth parliament in April and August 2018, with support from UNICEF and other partners. The youth parliament sessions focused on key challenges faced by young people in Malawi, such as the burden on future generations created by excessive government borrowing. The youth parliament passed a motion urging the Government to

carefully consider its borrowing in light of future repercussions.

In addition the national parliament's motion to allocate time to discuss issues concerning children is expected to provide an important forum for issues discussed by the youth parliament, thereby increasing the voice and influence of children and adolescents on matters affecting their lives.

Young people in Malawi gained a new channel for sharing their views in 2018, following the launch of U-Report Malawi. U-Report enables young people to express their opinions to policymakers. The concept successfully recruited over 143,000 U-Reporters, exceeding the annual target and making Malawi the fastest growing U-Report country in the world.

## **Cross-cutting**

### **Gender**

**Results for adolescent girls:** A national multi-sectoral nutrition policy and strategy (2018–2022), a national nutrition education and communication strategy and a national multi-sectoral adolescent nutrition strategy were all adopted in 2018 with support from UNICEF Malawi. These frameworks include specific focuses on: prevention and treatment of adolescent nutritional disorders, empowerment for improved nutrition and access to livelihoods and positive behaviour change for improved adolescent nutrition. Special focus is also placed on nutrition challenges facing adolescent boys and girls, and adolescent girls as mothers.

A strategy for HPV communication and social mobilization was developed in 2018, and HPV vaccines were procured with UNICEF support, ready for use in 2019.

**Advancing girl's secondary education:** Operational research conducted in 2018 revealed improved teacher support for, and positive attitudes towards, girls' education, as well as positive changes in attitudes of parents and village chiefs towards gender-based violence, child marriage and girls' education. UNICEF contributed to this significant result through support for mobilizing school clubs, student councils and other groups, such as mothers groups and gender-based violence committees.

A Girls Trust Fund was set-up with UNICEF support, and approximately US\$2 million was mobilized for girls' education.

The policy environment for girls' education in Malawi also improved in 2018. With support from UNICEF, the national girls' education strategy 2018–2023 was reviewed and the adolescent girls and young women strategy was adopted.

**Preventing and responding to child marriage:** Community leaders and other influential figures have taken significant action to eliminate harmful practices, including child marriage. Traditional leaders established a Chiefs Council on girls' education to systematically engage traditional leaders on changing harmful practices. Nkhoma Synod issued a pastoral letter on issues related to child marriage and included messages on the importance of ending this practice in its commemoration of the International Day of Prayer. In addition, over the course of 2018 a total of 35 stories on child marriage and girls' education were published via print, radio and TV, shifting the public discourse on child marriage and keeping girl children in school.

UNICEF's contribution to these results involved support for interpersonal communication, edutainment and community engagement, including cultural festivals that reached over 30,500 people with education and child protection messages.

**Gender-based violence in emergencies:** With support from UNICEF Malawi, the Government included protection from violence in its food security response plan, with a focus on establishing support mechanisms for prevention and response to all forms of violence, gender-based violence and sexual exploitation and abuse through strengthening community-based complaints mechanisms and referral and survivor assistance frameworks and mainstreaming protection against violence in other clusters.

To prevent the risk of gender-based violence during the cholera response, separate, well-lit service areas for females and males were provided at all treatment centres. Each centre had separate admission rooms for females and males. When centres were located far from villages or health facilities, and lacked cooking facilities, patient's guardians were provided with spaces for meal preparation.

**Menstrual hygiene management:** A national sanitation and hygiene strategy was adopted in 2018, and in part due to UNICEF's involvement in the drafting process, it clearly integrates issues related to menstrual hygiene management (MHM), including provisions for the development of guidelines in institutions and for reducing the stigma of MHM through awareness-raising.

All relevant WASH interventions implemented by UNICEF Malawi in 2018 provided separate toilet facilities for boys and girls and changing rooms with water and soap for girls. Through UNICEF Malawi's advocacy, the commemoration of Menstrual Hygiene Management Day profiled the importance of having sanitation facilities for MHM in schools, and a petition to this effect was handed over to Parliament.

**Meaningful participation:** The four examples below illustrate UNICEF Malawi's efforts to bring women and girls into decision-making forums.

1. **Bwalos:** In 2018 UNICEF Malawi worked to empower women and men to demand quality services and follow-up on actions pledged by authorities at all levels. To this end, UNICEF worked in support of the re-invigoration of Bwalos (citizen forums). Membership in UNICEF-supported Bwalos in 2018 was approximately 58 per cent male and 42 per cent female, although reporting was problematic because 'youth' members were reported as a third category but not disaggregated by sex. Bwalos are managed by chairpersons, 83 per cent of whom are men.

Through UNICEF Malawi's support in 2018, Bwalos were asked to prioritize issues related to maternal and child health, which were subsequently raised with decision-makers at different levels. The process for selection of issues is not clearly documented and it cannot be ascertained whether the issues selected equally reflect concerns by men and women.

2. **Community health and nutrition structures:** To support a wider reach of health services, UNICEF Malawi supported community-based health structures. Although UNICEF-supported structures are expected to have 50/50 representation by women and men, no data were available in 2018 on actual membership of these committees, who holds key positions within them or whose voices are actually heard.

Sex-disaggregated data on district and other community structures membership were available, and showed that at least two thirds of members were male (district nutrition coordination committee 68 per cent male, 32 per cent female), area nutrition coordinating committees (79 per cent male, 21 per cent female), 297 village nutrition coordinating committees (69 per cent male, 31 per cent female).

**3. Youth parliament:** The youth parliament included 193 young people, with gender parity. Female members were considerably younger than their male counterparts (73 per cent of female members were 18 years or younger, compared to just 46 per cent of male members). The difference in age might result in male members being more vocal than females, as confidence to speak often increases with age. However, no data on actual participation exists.

**4. Capacity and accountability for gender results:** UNICEF Malawi's staff knowledge and skills on gender-responsive programming were increased in 2018 through gender training, reaching 63 staff (24 males, 39 females). This helped staff to enhance their understanding of UNICEF's global priorities, resulting in more gender-responsive reporting and planning.

UNICEF Malawi achieved gender parity in staffing levels and a 100 per cent completion rate for mandatory courses on preventing sexual exploitation and abuse (PSEA), sexual harassment and abuse of authority and gender equality and UN coherence. New staff received orientation on gender mainstreaming and preventing sexual exploitation and abuse.

### **Humanitarian situations**

Severe flooding contributed to an outbreak of cholera affecting 939 people (475 male, 464 female) in 13 of Malawi's 28 districts. Approximately 10 per cent of cases involved children under the age of five. Thirty-two deaths were registered. A government-led review of the cholera response attributed the deaths to poor management by health workers, despite adequate availability of drugs at all treatment centres and effective coordination by actors under leadership by the MoH.

Flooding affected several districts, particularly Karonga, where some 816 households (587 male-headed, 231 female-headed), comprising 4,069 people, were affected. The affected population included 157 children under-five, 133 elderly people and 66 physically challenged persons.

Food insecurity was another serious challenge during 2018. During the first quarter 1,043,000 people (about 6 per cent of Malawi's total population) were food-insecure and required food assistance. The situation eased for a few months following the 2018 harvest in March and April. However, due to shocks experienced during the 2017/18 rainfall season, including dry spells, flooding and an army worm infestation, the amount of food harvested was inadequate to meet national requirements. As a result, 3,306,405 people were classified as acutely food insecure and provided with food assistance starting in October.

Throughout the resulting emergency response, UNICEF played a key role in strengthening intra- and inter-cluster coordination at both the national and district levels, serving as co-lead for the nutrition, education, WASH and child protection clusters. UNICEF Malawi supported the mainstreaming of protection against gender-based violence in other clusters, supported a disaster risk management training for the education cluster team and developed a strategy for

education in emergencies.

UNICEF used an integrated approach encompassing health, communication for development and WASH interventions to respond to the cholera outbreak. For example, UNICEF supported the establishment of 21 cholera treatment centres and covered their operating costs. To prevent the risk of gender-based violence, these centres provided separate, well-lit service areas for females and males, and all centres had separate admission rooms for females and males. Pre-positioning of supplies during the preparedness phase enabled timely dispatch to affected areas and contributed to the effectiveness of the response.

UNICEF support allowed 351,599 men, women, girls and boys to access safe water in cholera- and flood-affected districts and the provision of supplies for treatment of diarrhoea, pneumonia, malaria prevention and vaccines in affected and flood-prone districts in Malawi. Periodic monitoring visits were conducted and technical advice and cold chain oversight was given.

Additionally, UNICEF supported the delivery of key cholera-prevention messages, which contributed to preventing and containing the outbreak. Three million men, women, girls and boys in both affected and at-risk areas received key messages on sanitation and hygiene.

With support from UNICEF, 16,989 individuals (including approximately 9,000 children living in food-insecure areas), benefited from emergency cash top-ups.

UNICEF also supported the Government to implement the food insecurity response plan, which focuses on coordination, support mechanisms for prevention and response to all forms of violence and sexual exploitation and abuse by strengthening community-based complaint mechanisms and referral and survivor assistance frameworks, and mainstreaming protection against violence in other clusters.

### **Other cross-cutting work**

**Innovation and data:** UNICEF Malawi continued to test and scale up frontier technologies focused on 'geo-and real-time data' and the use of drones in both development and humanitarian contexts. This was aligned with change strategies in UNICEF's Strategic Plan for 'fostering innovation for children' and 'harnessing the power of evidence as a driver for change for children'.

Specifically, UNICEF Malawi further developed its innovative approach towards data. By applying human-centred design, UNICEF Malawi identified specific ways in which enhanced data intelligence can be applied to transform practices and outcomes, and the concept of the 4P2C Data Intelligence Node was developed. By combining traditional and non-traditional sources of data, geospatial analysis, AI and other emerging technologies, 4P2C aims to furnish UNICEF and its partners with information for planning and decision-making in development and humanitarian contexts.

Regarding its work on drones, in partnership with the Civil Aviation Authority in the Ministry of Transport, during 2018 UNICEF Malawi continued to support implementation of a humanitarian drone testing corridor, then in its second year. Over the course of the year, an additional nine partners from industry, NGOs and universities– including Flypulse and GLOBHE and Liverpool and Lancaster universities – piloted their technologies in the drone corridor.

By strengthening the evidence-base, drones at-scale can help accelerate the delivery of services for various child health conditions including HIV. UNICEF Malawi funded a study by John Snow International, which found that geographical constraints, infrequent transportation of samples and insufficient staff and testing facilities delayed turnaround time. These findings further validated UNICEF's focus on using data for health system strengthening, ensuring that the pilot project addresses gaps in service delivery, rather than focusing on technology alone.

### Part 3: Lessons learned and constraints

Lessons learned in 2018 – echoing insights gained during the course of the entire 2012–2018 country programme – show that the current programme logic, with its focus on survival, development and protection produced tangible results for children in Malawi, but could be further improved on a re-focus on convergent programming along the lifecycle of a child using existing delivery platforms for integrated service delivery.

Reflections on progress in 2018 and previous years further underscored that efforts to integrate programming need to be accompanied by a conducive office structure and a staff mind-set favouring effective integration. Lessons in 2018 also illustrated that work on geo- and real-time data and innovation is critical and should be expanded. Gender, a key cross-cutting priority, needs to be further institutionalized to ensure systematic up-take. All of these lessons will be addressed in the new country programme– with its highly integrated structure and strong focus on data and innovation– and through development of a gender strategy and accompanying gender equality toolbox.

#### **Lesson 1: Convergent programming should focus on the life cycle of a child and integrated delivery platforms**

In 2018 and throughout the current UNICEF Malawi country programme, increased efforts were made to engage in convergent programming across sectors, moving away from the traditional 'thematic silo' mentality. The country programme structure aimed to facilitate this by working along three integrated components: child survival, development and protection.

Although some successes were registered, it became increasingly apparent that convergence is best achieved by conceptually focusing on children's lifecycle, acknowledging that, depending on their age, children have very different needs and respond to different types of strategies pitched at different levels of intervention. Second, convergent programming is best achieved by focusing on integrated delivery platforms, thereby maximising the potential of a few existing platforms, such as schools, to provide an array of integrated services.

One example of successful convergent programming in 2018 was the integration of violence screening into routine screening for childhood illnesses, carried out by health surveillance assistants. Through effective cooperation between UNICEF Malawi's health and child protection sections, violence screening was included in the standard form completed by health surveillance assistants when screening for childhood illnesses, following the provision of relevant training. This initiative, which used one delivery platform (health) for the provision of additional services (child protection), has institutionalized integrated programming within national systems in a sustainable way, thereby ensuring increased effectiveness in reaching children in need of support and improving efficiency.

Another example was the integration of HIV screening into community management of acute malnutrition, which resulted in a significant increase of the number of children with access to anti-viral treatment. This was a result of bi-directional linkages between community management of acute malnutrition and HIV platforms to ensure that children received both services.

Programme convergence along the lifecycle of a child also emerged as an important lesson. For instance, acknowledging that adolescent boys and girls face very different challenges and respond to different types of interventions than younger children, was critical and indeed underpinned successful programming targeting out-of-school adolescent girls by UNICEF Malawi's education section,.

However, neither convergence by life cycle nor by delivery platform were explicit strategies in the current country programme, thus their full potential has yet to be exhausted. This strategic shortfall will be addressed in the upcoming new country programme, which is structured around the lifecycle of a child and centred around a few platforms for integrated service delivery.

### **Lesson 2: Convergent programming requires different management structures and a different staff mind-set**

Although some successes in convergent programming were registered in 2018, this was largely dependent on individual staff commitment and foresight, as the office structure, along with its reporting lines and staff accountability structures, continued to be strictly sectoral. Staff were physically sitting with their section, and were largely accountable to their section chief along sectoral results. This lack of an enabling environment and incentives for convergence made integrated programming the exception rather than the rule.

Beginning in 2019, this will be addressed. Some teams (e.g. the team working on school-aged children using schools as the main delivery platform) will be physically integrated by sharing office space, and some reporting lines will be matrixed. Integrated thematic and programmatic task teams will be setup and staff member's contribution to these teams will be included in their performance reviews.

### **Lesson 3: Step-up generation and use of geo- and real-time data**

Lessons learned from UNICEF Malawi's 2018 work on data generation, including through the use of artificial intelligence, illustrated the critical potential of this type of work and highlighted its added value to a highly inequitable programming context such as Malawi. Notably, under the umbrella of 'for people to see', UNICEF Malawi worked on several proofs of concepts and minimum viable products that contributed to outcomes in education, health, nutrition, social protection and WASH, such as: horizontal communication for real-time updates through a web platform and crop mapping, which combined ground data collection, drone, satellite imagery, and AI technology to automatically classify crop types. This laid the groundwork for improving crop yield estimates, critical to ensuring food security and thereby addressing stunting and other forms of malnutrition.

Going forward this work will be continued and further elaborated, under an integrated task team on data that will be setup, comprising staff working across UNICEF Malawi's thematic areas.

### **Lesson 4: Capacity building and professionalization**

Although UNICEF Malawi's work on capacity building of frontline workers, such as teachers, health surveillance assistants, and social workers (to name but a few) increasingly focused on

professionalization in 2018, there is a need to systematize professionalization this work going forward. Ad-hoc trainings must be phased out and replaced by comprehensive packages for professionalization that include coordinated training schedules, certification for trainings, mentorship and aligned performance systems for accountability.

In addition, professionalization – especially of a workforce that works predominantly with children – must include strong codes of conduct that contain explicit safeguards and effective complaint procedures against all forms of violence.

### **Lesson 5: Institutionalization of gender-responsive programming and reporting**

Despite progress on gender-responsive programming and reporting in 2018, there is a need to institutionalize gender-responsiveness through the provision of practical tools and guidelines. To this effect, a gender strategy with an accompanying gender equality toolbox will be developed in 2019. A thematic task team on gender will be created comprising permanent key staff from across the office whose contributions to the team will be included in their performance objectives and reviews. The task team will provide a platform for discussing joint challenges and identifying joint responses, and will oversee implementation of the gender strategy and toolbox.

### **Lesson 6: Partnerships with academic institutions and the private sector are critical for effective and evidence-based programming and fundraising, but processes for establishing them are cumbersome and time-consuming**

During 2018 UNICEF Malawi continued to strengthen its partnership with the University of Zürich to build evidence on harmful practices, especially harmful sexual initiation rites and child marriage, thereby providing the basis for effective programming and policy advocacy. The results of the study are expected to be published in early 2019 and will closely inform UNICEF Malawi's interventions on critical issues such as child marriage. A longitudinal panel study to investigate inflection points in child development is also underway. This study, also undertaken in partnership with the University of Zürich, employs innovative approaches to the collection of high-frequency data on child biomarkers, using wearable technologies.

Partnerships with the private sector also contributed to significant results for children, such as the partnership with New Finance Bank, which helped to push through the launch of the National Girls Trust Fund. Equally, partnerships with Fredokiss and TNM helped to promote U-Report to a youth audience, driving recruitment of U-reporters and making Malawi the world's fastest-growing U-Report country.

### **Lesson 7: Continuous learning and course correction are critical to develop innovative solutions for children**

UNICEF Malawi piloted a number of initiatives during 2018 that facilitated and practised continuous learning for eventual course correction. Notably, in partnership with Government, national and international academics, NGOs and the private sector, UNICEF initially developed 15 innovation products. However, evidence at mid-year suggested that only 11 were likely to transition from the 'proof-of-concept' stage to scale. As a result, the office re-focused its efforts on these 11 products only. Honest and reflective programming is critical to develop meaningful innovations for children in Malawi and will be continued in the new country programme.

UNICEF Malawi also supported the development of a national multi-sector nutrition information

system, which enabled monthly reporting on key nutrition data. The monthly reports were used by district officials at quarterly meetings for programme alignment, resource mobilization, decision-making and, if necessary, course correction. Notably, during a quarterly meeting it was noted that reporting for Balaka District only covered 15 per cent of the 38 indicators. This was highlighted and corrected, resulting in the district reporting on 82 per cent of all indicators by year-end.

## **2019 and beyond**

In summary, lessons learned in 2018 show the need to re-focus the current programme logic on convergent programming along the lifecycle of a child using existing delivery platforms for integrated service delivery. Critically, this needs to be accompanied by a conducive office structure and staff mind-set for meaningful integration. Work on gender needs to be better institutionalized; work on data and innovation needs to continue, alongside an approach to continuous learning and strategic adjustments; and partnerships with the private sector and academia should continue. In-country fundraising from the private sector will be further expanded, including through private sector fundraising partnerships and by engaging UNICEF national committees.

These lessons will be built on during 2019 and beyond, through the commencement of a new UNICEF Malawi country programme structured around three pillars, two of which follow the life-cycle of a child (pillar 1 - early childhood (0-5); pillar 2 - school-aged children (6-17), and pillar 3, focused on building child-friendly, inclusive and resilient communities to provide an enabling environment. The pillars encompass a convergent delivery platform approach, with pillar 1 working through health and nutrition platforms, pillar 2 through school-platforms, and pillar 3 through decentralized structures. The aligned office structure, including integrated teams and matrix management, will facilitate the required changes. Resources will also be mobilized for each pillar to ensure that traditionally underfunded sectors such as child protection and early childhood development receive funds through integrated proposals, and that cross-sectoral initiatives are adequately resourced. Geo- and real-time data and innovation, as well as strong partnerships with academic institutions and the private sector will continue to feature prominently in UNICEF Malawi's work. Efforts around gender-responsive programming will be stepped-up through the development of a UNICEF Malawi gender strategy and an accompanying toolbox.

END/