Executive Summary

Over half of Malawi’s 15.6 million people are under the age of 18, making it one of the youngest populations in Africa. Malawi is characterised by a high level of poverty, high population growth, significant gender inequalities and frequent environmental shocks. Investment in social services remains extremely limited and donor contributions continue to be required to support social service delivery. This heavy reliance on donor funding (over 40 per cent of the national budget comes from donor support) proved particularly detrimental in 2014, due to serious cuts in donor support. The freeze of donor funds put Malawi in a very difficult situation. All sector-wide approaches have been effectively abandoned and cuts made to social sectors. In the Education sector the Global Programme on Education (GPE) process, supported by UNICEF, will provide alternative funding and coordination modalities.

The 2014 MDG Endline Survey (using MICS methodology) indicated stagnation in neonatal mortality reduction (31/1000 in 2010; 29/1000 live births in 2014), and a decrease in immunisation coverage (80 per cent in 2010; 71.5 per cent in 2014).

Despite these challenges, UNICEF significantly contributed to improvements in the status of women and children with moderate and severe stunting reduced from 47 per cent to 42.4 per cent, infant mortality and under-five mortality decreased from 66 and 112 in 2010 to 53 and 85, respectively, in 2014. The percentage of HIV-exposed infants receiving ARV prophylaxis increased from 81 per cent (2010) to 94 per cent (2014); 84 per cent of the population has access to protected water sources and 53 per cent to improved sanitation. Primary education enrolment stands at 86 per cent.

Community-based Mother, New-Born and Child Health (MNCH) packages have been put in place and 1,400 health surveillance assistants (HSAs) trained, resulting in 83 per cent of village clinics in 11 (of 28 districts) providing adequate treatment for childhood illnesses. The scaling up of the Community Management of Acute Malnutrition (CMAM) programme resulted in 18,223 children with severe acute malnutrition were treated and discharged. UNICEF led the design and implementation of the Nutrition, Education and Communication Strategy (NECS) under the Scaling-Up Nutrition (SUN) Movement, and supported the strengthening and operationalization of multi-sectoral coordination structures at the national level. Fortification has improved, with 82 per cent of salt in the market adequately iodised and 80 per cent of locally available sugar fortified with vitamin A. The modelling of improved service delivery in education continues in 100 school clusters reaching 1,000 schools and 600 quality ECD model community-based childcare centres (CBCCs). Over 269,500 children utilised Children’s Corners and 650 cases were addressed at One-Stop Centres. In the area of birth registration, a total of 53,506 children were issued birth reports in 2014. The Social Cash Transfer Programme was expanded from 9 to 18 districts and currently reaches 56,000 households with over 200,000 beneficiaries, 68 per cent of whom are children. Achievements in sanitation include the 200,000 rural communities that benefited from access to safe water supply services and 128,300 people who constructed household latrines with hand-washing facilities without any financial subsidy. A scaled-up community led total sanitation (CLTS) approach resulted in defecation free (ODF) status for a
total of 1,670 villages. In addition, 146 CBCCs, health facilities and schools were provided with access to safe water services.

Key challenges faced by UNICEF Malawi are rooted in the limited availability and poor quality of services. The pupil/qualified teacher ratio stands at 95:1 and learning achievement in core subjects is the lowest in Sub-Saharan Africa (SACMEQ, 2011). Traditional practices such as child marriage pose serious barriers to demand for services, given that 27 per cent of girls drop out of school by Standard 8 (primary school). Other examples of demand barriers manifest themselves through significant delays in seeking pre-natal care and low levels of hand-washing.

To address this, UNICEF has developed collaborative partnerships across Government, with civil society organisations (CSOs) and the private sector. The newly elected Government in June 2014 and all political parties signed ten “Presidential Commitments for Children”, providing a platform for increased accountability on child rights. Collaboration with the Malawi Interfaith AIDS Association led to the signing of a Declaration of Commitment to Child Protection by eight denominations. A cross-sectoral partnership on Child Protection Communication and a partnership with WFP on school feeding were developed.

UNICEF has developed a resilience strategy that focuses on a multi-sector resilience approach around reducing stunting, capitalising on the close correlation between Nutrition, WASH, and Health. RapidSMS was scaled up and UNICEF and other UN agencies under One UN, launched a programme in one district to strengthen Government capacity to implement a comprehensive resilience-building programme.

**Humanitarian Assistance**

During 2014 UNICEF responded to floods that affected over 40,000 people during the rainy season. An estimated 12,500 of the 40,000 flood-affected people gained access to safe water through the construction of 50 new water points, and another 24,285 people gained access to safe water through household water treatment, bringing the total number flood-affected people supported with access to safe water to 36,785. In addition, 667 children benefited from school supplies.

UNICEF also provided support to 1,894,782 people that were food-insecure in the period from October 2013 to March 2014. An estimated 28,978 children with severe acute malnutrition were enrolled and treated in Outpatient Therapeutic (OTP) and Nutrition Rehabilitation Unit (NRU) programmes, thus reaching more than 100 per cent of the target for the response period of October 2013 to September 2014. UNICEF also facilitated provision of psychosocial support services (PSS) in the food-insecure districts, enabling 19,648 children (79 per cent of the target) to benefit from these services through community-based child care centres and children’s corners. In addition, UNICEF Malawi initiated support to the Government in relation to Ebola preparedness planning in a number of areas, including social mobilisation and case management. Specifically, as a member of the Social Mobilisation/Communication Sub-Committee led by the Ministry of Health, UNICEF supported the development of an Ebola Communications Action Plan and provided assistance for the production, printing, distribution, and broadcasting of communication products. UNICEF also supported training sessions for traditional leaders on Ebola awareness and their role in raising community awareness about how to responses in case of an Ebola outbreak in the country. UNICEF Malawi also facilitated the procurement of health emergency stocks to preposition for case management.

UNICEF also stepped up its outreach to communities vulnerable to climate change and
variability. In particular through collaboration with FAO-initiated implementation of a project in Phalombe District, which is expected to contribute to strengthening the capacity of vulnerable communities to adapt to the adverse effects of climate change and variability.

**Equity Case Study**

Promoting Equity in Sanitation Programming

**Approach:**
In 2008 UNICEF introduced community-led total sanitation programming to Malawi. The CLTS programme was introduced in response to poor targeting and sustainability of hardware subsidy programmes for sanitation. Critically, evaluations of hardware subsidy programmes demonstrated that poor and disadvantaged households often failed to be supported with safe and private sanitation. The CLTS approach applies a demand-driven, non-subsidy approach to engage and empower communities to gain access to sanitation. The approach is equity-based as it ensures universal sanitation coverage where every household in the community gains access to safe toilet facilities. This case study describes the application and success of CLTS programming in Traditional Authority (TA) Mwase, Kasungu District. It demonstrates how equity-based approaches were imbedded into the CLTS programme. This ensured universal access to safe and private sanitation and hand-washing facilities in 72 villages, reaching about 18,000 people.

**Results:**
The CLTS campaign commenced in 2010. The programme began by developing the capacity of District government staff to facilitate CLTS sessions. The capacity-building sessions were conducted in villages to demonstrate the impact of participatory approaches utilised in CLTS programmes. District government staff in Kasungu District directed specific attention to engaging traditional leaders and convincing them of the benefits of attaining universal sanitation coverage. This included ensuring that TA could identify disadvantaged households (child-headed households, elderly families, and people living with a disability) that would need support to construct and utilise a private and safe latrine.

In January and June 2014, universal sanitation coverage was verified by a National Government-led inspection team. The team noted that disadvantaged households had been provided with access to a safe and private sanitation and hand-washing facility. Discussions with TA Mwase and his senior chiefs confirmed that teams of builders had been recruited to provide sanitation facilities to disadvantaged households. TA Mwase was personally engaged in identifying households that would receive support and subsequently issuing teams of builders to their homes.

To recognise the achievements of TA Mwase, a national celebration was held on August 4th, 2014 at Hannock Msokera School in Kasungu District. The Minister of Health, Hon. Jean Kalilani, MP, presided over the function and presented a trophy and certificate to TA Mwase. The presence of a minister as the Guest of Honour raised the profile of Malawi Government’s Open Defecation Free (ODF) Strategy. The event also demonstrated the importance of local leaders in spearheading initiatives and ensuring universal access to sanitation and hand-washing in their communities.

**Higher level results:**
Attaining universal access to sanitation is the key objective of the Malawi Government’s Open Defecation Free (ODF) Strategy (2011-2015). Malawi’s ODF strategy was created to ensure complete elimination of open defecation in rural Malawi by 2015. The attainment and recognition of one traditional authority who achieved this goal represents a significant landmark towards this end. Currently, 19 per cent of the population live in ODF areas.

Lessons Learnt:
The experiences in gaining universal access to sanitation and hygiene in TA Mwase demonstrates: (i) the power of community-led, demand-driven approaches to attain universal access to sanitation and hand-washing facilities; (ii) UNICEF’s capacity to engage and empower traditional leaders to aspire and achieve equitable outcomes in sanitation and hand-washing programmes; (iii) the capacity of traditional leaders to target and support disadvantaged households to attain access to safe and private sanitation and hand-washing facilities; and (iv) the willingness of community members to support disadvantaged households to access sanitation and hand-washing facilities by providing their labour and materials.

This case study demonstrates the potential for engaging and empowering traditional leaders in efforts to attain universal sanitation coverage. UNICEF’s WASH programming could demonstrate strong gains through the expansion of this programming approach. It is recommended that during the design phase of UNICEF WASH programmes, targeting and engagement of traditional leaders should be actively pursued. The engagement process would not require additional resources, but rather the targeting of resources towards the strategies that empower and engage traditional leaders. These strategies could include; recognition of successful traditional leaders through media channels, biannual meetings with traditional leaders that record progress on sanitation and celebrations with national celebrities and politicians.

Summary Notes and Acronyms

AMP - Annual Management Plan
ARV - Antiretroviral Drugs
BCP - Business Continuity Plan
BEYD – Basic Education and Youth Development
C4D - Communication for Development
CBE – Complementary Basic Education
CFSP – Child Friendly School Programme
CMAM - Community Management of Acute Malnutrition
CMT - Country Management Team
CSO(s) - Civil society organisation(s)
DaO - Delivering as One
DCT(s) – Direct cash transfers
ECD - Early Childhood Development
EGRA - Early grade reading activity
EGPAF - Elizabeth Glaser Paediatric AIDS Foundation
EMIS - Education Management Information System
GPE  - Global Programme on Education
GSSC – Global Shared Service Centre
HSA - Health surveillance assistant
HTC - HIV/AIDS testing and counselling
HRBA - Human rights-based approach
ICT - Information and Communication Technology
Capacity Development

UNICEF Malawi, through its C4D team, supported individual and community capacity building for behaviour change through evidence-based communication strategies across all sectors. This included the roll-out of SUN-NECS, ODF and hygiene promotion and campaigns for HIV prevention among adolescents. In addition a community-based programme to encourage men to support women in utilising HIV and sexual and reproductive health (SRH) services was rolled out and Community Care Groups were set-up as conduits for rolling-out SUN-NECS in six districts.

In health, as a result of the training and mentoring of health workers in integrated MNCH, quality assurance, anti-retroviral therapy (ART)/prevention of mother-to-child transmission of HIV (PMTCT), infant and young child feeding (IYCF), the number of health facilities meeting the minimum requirements for healthcare workers trained in integrated HIV service delivery increased, and 83 per cent of village clinics in 11 districts were providing adequate treatment for childhood illnesses.
As part of the roll-out of the Malawi Service Policy on Child Protection, 394 police officers were trained on child protection. Child Protection was integrated in the core training programme of police recruits and 1,500 recruits were being trained by the end of 2014.

Through the WASH programme 794 Water Point Committees and local mechanics were trained in the maintenance of water supply facilities.

In Education, UNICEF strengthened the capacity of the Ministry of Education for policy/strategy development and implementation and provided technical support for the roll-out of the school improvement programme.

To support the Social Cash Transfer Programme, UNICEF Malawi strengthened the capacity of the Ministry of Gender by supporting the upgrading of the body responsible for the programme to a ‘Directorate’ and the creation of over 50 new posts.

UNICEF supported capacity development of the national monitoring and evaluation (M&E) system through training and system strengthening. As a result, District M&E Coordination Committees are meeting regularly and coordination and quality assurance for M&E at the district level has improved.

In 2014 UNICEF Malawi carried out disaster response training for staff members.

UNICEF will continue to strengthen its work on capacity building for demand creation and behaviour change, with better integration of C4D across all programmes. Priority focus will be given to tracking the impact of capacity building efforts and encouraging the use of data generated by Government M&E systems.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF continued to invest in knowledge generation for evidence-based advocacy in 2014. The baseline survey for the longitudinal impact evaluation in partnership with the German government-owned development bank KfW, Irish Aid and the FAO, which started in 2013, was completed in 2014. UNICEF worked with development partners to leverage increased public budget allocation for the Social Cash Transfer Programme in 2014. The evidence generated around the SCTP has led to increased commitments from donors, as well as investments by the Government in human resources for the programme. However, results of the baseline indicate that the Government needs to implement a more effective approach to social protection, including revisiting targeting and transfer levels and incorporating linkages.

UNICEF Malawi continued to monitor service provision in health, nutrition, education, child protection and water access, as well as price fluctuations of basic commodities through sentinel sites. The 2014 “Monitoring of Learning Achievements” study provided in-depth information on low learning outcomes, especially in literacy and numeracy. The findings of all studies were widely disseminated and have influenced sector planning, and, in the case of education, school improvement.

UNICEF conducted social sector budget analysis and used the findings for advocacy with policy makers and key stakeholders, including Members of Parliament belonging to key parliamentary committees such as the Budget and Finance, Social and Community Affairs, Education and Health.
A Situation Analysis of Children and the Violence against Children Study (VAC) were undertaken. Initial findings of the VAC study were launched in August, and picked up by the national media. UNICEF Malawi is working through a multi-sectoral group on Child Protection Communication to plan, design and implement responses.

Despite these achievements, going forward there is a critical need for a stronger and more unified approach to data and knowledge generation, management and utilisation within UNICEF. This is vital to support its positioning as a high-level knowledge-broker and a pre-requisite for effective advocacy. To this end, shifts have already taken place, including provision for the recruitment of additional human resources.

**Partnerships**

UNICEF Malawi has developed a draft partnership strategy in 2014, which outlines in detail how it will interact with key stakeholders. Key partnerships continued to focus on collaboration with Government, CSOs, academic institutions and the private sector. Notably, UNICEF strengthened its partnerships with over 50 CSOs across all sectors and supported the Malawi NGO Coalition on Child Rights to enhance its capacity, as well as strengthening its partnership with the Network for Girls’ Education in Malawi.

Further, UNICEF invested in expanding its partnerships with the private sector. In addition to the existing partnership with Standard Bank, a new partnership with Airtel Malawi was signed. This partnership focuses on promoting communications and advocacy through SMS broadcasting. UNICEF Malawi also successfully hosted an event with over 30 companies to discuss the ‘Child Rights and Business Principles’ in preparation for the official launch of the Principles in Malawi in 2015.

Partnerships were established with media training institutions to support the provision of training in child rights reporting as well as the University of Malawi, to effectively track results in the education sector. In 2014 UNICEF Malawi widened its engagement by entering into new partnerships with, for instance, the Netball Association of Malawi (NAM), TEDx Lilongwe, and the Malawi Interfaith AIDS Association. The latter led to the signing of a Declaration of Commitment to Child Protection by eight umbrella faith-based organisations.

UNICEF continued to play an important convening role and was responsible for the coordination of donor activities in key sectors such as Nutrition, Education, HIV/AIDS, WASH, Health, and Social Protection. By strategically positioning itself within these groups, UNICEF successfully advocated for children and leveraged US$177 million in additional resources since 2012. The office played a key role in convening donors to discuss alternative funding mechanisms to ensure that resources for critical social services are ring-fenced.

Going forward, UNICEF Malawi will strengthen its efforts to shift the focus of partnerships from service delivery towards advocacy-based collaboration through platforms like ‘A Promise Renewed’ and the ‘End Violence’ campaign.

In 2013 UNICEF Malawi developed a three-year Communication and Advocacy Strategy, which is currently in its second year of implementation.

Over the course of 2014 the Communication section supported public advocacy for two key advocacy themes on child survival – ‘Survive to Five’ and ‘Adolescent Girls – Girls Rising’. The preliminary findings of a study on “Violence against Children” and the “Neonatal Assessment for
Malawi” were launched to a wide stakeholder and media audience. A 360 degree commission by the BBC for coverage of Malawi’s child survival success was broadcast several times on domestic and international channels and had extensive online coverage.

A partnership with the national netball team was launched, with a focus on adolescent girls, resulting in a photo campaign to encourage protection for girls from violence and keep them in school.

UNICEF used the opportunity of the general elections to launch a campaign highlighting the gaps in the realisation of rights for children. Called the “Malawi’s Majority, My Priority” campaign, the effort mobilised young people from across the country to put together their agenda for the new President. The campaign was covered on all national media for two days during which every party leader, including the current President, signed the Declaration for Children.

With the assistance of dedicated staff capacity supported by Belgium/Flanders Development Co-operation, UNICEF Malawi extended its reach through Facebook and Twitter, with fans increasing from 2,061 to 2,893 and followers, respectively, up sharply from 522 and 1,376. In ‘Telling the UNICEF Story’, 56 human interest were produced.

Although numbers were reduced due to the May elections, UNICEF hosted 11 external visits. Highlights included a visit of IKEA workers, through the IKEA foundation; a visit of Roche employees, through the Swiss National Committee; and a visit of Peter Kramer of the Schools for Africa Foundation based in Germany. The latter led to the Representative participating in the celebration of 25 years of SFA in Hamburg. National committees, including those who visited Malawi, contributed more than US$3 million to the Country Programme

South-South Cooperation and Triangular Cooperation

All education and WASH facilities designed and constructed with the support of UNICEF Malawi in 2014 used compressed stabilised soil blocks (SSBs) for their exterior and interior walls. The use of SSBs supports South-South technology transfer in Malawi, as the technology is widespread in Latin America, Asia, and some parts of sub-Saharan Africa but has not yet been picked up widely among small-scale and grass-roots contractors in Malawi. In order to contribute to increased South-South cooperation in 2014, MCO supported a Malawian architect to participate in an SSB training in India. The architect is currently applying the acquired skills in Malawi.

UNICEF Malawi also hosted a three-day workshop on MoRES, with a focus on education, with participants from three other UNICEF offices from the region (Kenya, Namibia and Zambia), as well as Government counterparts and development partners. All participants shared experience and developed a way forward to enhance the implementation of MoRES at all levels. Also, in November 2014, UNICEF hosted a four-country conference on ‘Optimising HIV Treatment Access’. UNICEF officers, MoH officials and NGO partners from Malawi, Uganda, Cote d’Ivoire, and the Democratic Republic of Congo met for three days to share good practices on strengthening PMTCT and early infant diagnosis. At this meeting visiting groups learned from Malawi’s MoH and implementing partners how Malawi pioneered the Option B+ programme, and the successes and challenges being faced as the programme matures. Visits to facilities and within communities further strengthened learning on how to build facility-community partnerships.
In December 2014 UNICEF Malawi supported a one-week study tour by the Ministry of Health to Swaziland. The aim of the visit was to enable the MoH to gain practical knowledge on introducing early infant male circumcision in the public sector. Findings from the study tour will provide the background for developing a national implementation plan on early infant male circumcision.

Identification Promotion of Innovation

The reach of nutrition and HIV services to children in remote parts of Malawi was extended through the innovative use of mobile technology to deliver time-sensitive HIV results and to support real-time monitoring of children’s nutrition status. Using RapidSMS, the turnaround time for delivery of results from central laboratories to health facilities was reduced from weeks to hours, with 58.6 per cent of all infants’ HIV results delivered via SMS. RapidSMS has also made it easier for health workers to calculate children’s growth scores; 119,359 assessments were performed through this system in 2014. More than 4,000 (4,108) mothers are registered with the system to receive SMS reminders for routine maternal and infant visits to health facilities, and data generated through the system supports monitoring of available nutrition supplies in 21 districts in Malawi.

Under the DFID-funded “Grants for Innovations” initiative, UNICEF Malawi supported the setting-up of a mobile phone-based systems to monitor incidents of abuse in 85 Community Victim Support Units. The ‘Commcare’-based system supports reporting, monitoring and follow-up of abuse cases. In 2014 the number of reports sent through the system rose from 1,124 to 3,541. Plans are underway in 2015 to link the system to an expanded case management system at hospitals and One-Stop Centres to improve victim referrals and management of abuse cases.

A social marketing framework was applied to investigate how UNICEF Malawi could leverage its resources to support long-term improvements in sanitation coverage. The programme applied participatory design approaches to identify low-cost, durable and attractive latrine designs. The designs were refined by Msusu University’s SMART Centre and are being adopted across rural Malawi.

UNICEF Malawi also supported the establishment of an Innovation Hub at the Malawi Polytechnic in Blantyre in 2014. Renovations to the Hub’s premises are complete, equipment has been procured and private partnerships with three telecommunications companies to support the Hub are underway. Once operational, the Hub will provide a dynamic platform with active youth participation to take forward and sustain UNICEF’s innovation efforts in Malawi and nurture new, game-changing solutions in UNICEF’s areas of programming.

Support to Integration and cross-sectoral linkages

UNICEF work on Communication for Development (C4D) included supporting all sections to promote attitude and behaviour change. C4D supported nutrition on the SUN 1,000 Special Days, WASH on ODF and hygiene promotion; and HIV prevention campaigns targeting adolescents in 10 districts.

C4D, together with the Child Protection Section, provided leadership in planning the response to the Violence against Children study through the formation of a multi-sectoral core group on child protection communication, which brings together the ministries of Health, Justice, and Gender as well as the police and CSOs.
UNICEF continued to work on achieving bi-directional integration between nutrition and HIV programmes for infants and young children. The project strengthened the integration of IYCF and CMAM services with PMTCT and Paediatric HIV diagnosis and treatment, which resulted in an 11 per cent increase in exclusive breastfeeding rates in HIV-exposed children immunised with DPTIII, and a 38 per cent increase in children with severe acute malnutrition who received HIV testing over four years. The Health and HIV sections supported ten districts to establish a core group of trainers, healthcare workers and adolescent community-based distributors to expand SRH services to adolescents.

The Education and Youth section’s holistic life-cycle approach to programming from early learning and school readiness, brings together nutrition, WASH, and child and maternal health in CBCCs, school improvement cluster systems and youth centres. These inter-sectoral linkages aim to improve the transition between school levels and minimise the gap between formal and non-formal education, especially for adolescent girls. Dropout rates have decreased noticeably in the majority of UNICEF-targeted schools, with clear signs of re-admission policies being adhered to and stronger links with non-formal education services.

The inter-sectoral approach operating under the UN Joint Program on Girls’ Education (UNICEF, WFP, UNFPA) has resulted in joint planning and programming at both the national and sub-national levels, aimed at improved education, health, nutrition and protection of girls and improving opportunities for access to quality education. The project, which is still in pre-implementation phase, has already resulted in improved coordination on girls’ education at both the district and national levels.

Service Delivery

UNICEF Malawi’s approach to service delivery largely focused on strengthening systems and capacity building. Under the national guidance of one monitoring system, all data on service delivery is reported through district and national mechanisms. To validate data, for instance on Health and HIV, UNICEF supported quarterly monitoring visits to all health facilities. Data from these visits was used by the Government and stakeholders for programme adjustments. UNICEF also supported 14 districts to identify service-level MNCH bottlenecks. These were subsequently integrated into district-level planning.

UNICEF Malawi strengthened accountability structures by supporting 80 Health Advisory Committees to provide oversight to health facilities, including holding facilities accountable for providing quality services. A reproductive, maternal, newborn and child health scorecard was developed and is used quarterly to measure performance of service delivery. Child protection services, including Community Victim Support Units, Police Victim Support Units, and One-Stop Centres were rebranded to increase demand for services.

Across sectors, training of key service providers has resulted in 794 Water Point Committees and Area Mechanics trained on water point maintenance and 1,400 HSAs trained on MNCH services and improved classroom practices through teacher training.

Intermittent availability of drugs required UNICEF Malawi, in its role as provider of last resort, to engage in procurement and distribution of essential drugs. Some 3,205 Essential Medicine Kits were distributed and 19,236 boxes of Oxytocin injection were procured.

UNICEF also supported the MoH in the distribution of HIV-related commodities. However, UNICEF’s support was phased out at the end of 2014, with the MoH assuming responsibility.
detailed hand-over plan was implemented to support this process.

UNICEF Malawi will continue to position itself as a high-level partner and knowledge-broker, while standing ready to implement when necessary. The reduction in immunisation coverage and the stagnant level of neonatal mortality are issues where continuous support will be required, particularly with focus on HSAs and community health systems. Greater focus will be placed on quality of services, including in the areas of Health, Basic Education and Youth Development (BEYD) and Child Protection, as well as on knowledge generation and management in order to strengthen UNICEF’s role as knowledge-broker.

### Human Rights-Based Approach to Cooperation

Based on the recommendations of the 2012 evaluation of the human rights-based approach (HRBA), UNICEF included HRBA into its mid-term review (MTR) process. This involved a number of workshops with all sections in which HRBA principles were re-visited and guidance was given for better HRBA integration in projects and programmes. The MTR found that a strong focus on access to, and quality of, services and capacity building across sectors, although important, is, at times, not complemented by awareness-raising on rights or duties or active citizenship training.

Many of the initiatives supported by MCO are based on, and actively promote, HRBA principles by educating individuals on their rights and duty-bearers on their obligations to fulfil them. Notably, at in the area of service delivery, 80 Health Advisory Committees, comprised of community members, in three districts were supported to understand their role as duty-bearers for the community. With support, they identified the health needs of the community, promoted utilisation of services and monitored the delivery of those services by health facilities. Early results include expanded clinical case management for children.

Another example is the support given to traditional leaders as duty-bearers for their communities. Traditional leaders were trained to promote utilisation of maternal/child health and HIV prevention, care and treatment services, while at the same time holding health facilities responsible for providing quality care. The results included increased early antenatal care at first trimester, male involvement and an uptake in PMTCT.

UNICEF Malawi supported a survey to learn the number of men who have sex with men. The findings provided critical information for the Global Fund concept note on HIV that, for the first time, includes data on the vulnerability of men who have sex with men in Malawi.

In addition, MCO supported the Government to report on its obligations under various international human rights instruments, most notably the Convention on the Rights of the Child (CRC). The process for producing Malawi’s report on the African Charter on the Rights and Welfare of the Child and on the Convention on the Rights of Persons with Disabilities was also initiated in 2014.

### Gender Mainstreaming and Equality

In 2014 UNICEF Malawi piloted a number of initiatives to address specific needs of women and girls, including a project on “Male involvement in HIV and maternal/child health services”. This project aims to increase men’s participation in PMTCT and paediatric HIV services, and involves the convergence of three sections: - HIV, Health, and Nutrition. It is led by the HIV section, in close collaboration with Health and Nutrition. The project involves four members of staff, commenced in 2012 and is on-going. To date, the programme trained approximately 4,000 male
motivators in 13 districts to promote men’s involvement in PMTCT and paediatric HIV through health education sessions, study circles and household visits. As a result, traditional leaders have provided dedicated support to promoting men’s involvement and protecting women’s rights to health care. Communities report increased early antenatal care and uptake of couples HIV testing and counselling.

UNICEF Malawi is also working with other UN agencies on a Joint UN Programme on Girls’ Education. The three-year programme aims to improve access and quality of education for girls by addressing specific needs, including improved quality of the teaching environment, gender-based violence, sexual and reproductive health rights, and discriminatory social norms. The programme has an annual budget of US$1,665,799. In UNICEF, the programme is led by BEYD, in collaboration with Child Protection, WASH, and C4D. Since the programme was launched in 2014, direct implementation will commence in 2015. To-date, only pre-implementation results were achieved, including a non-formal education workshop focusing on adolescent girls and the printing and distribution of a gender-responsive teaching manual to all schools.

Despite these initiatives, the review undertaken for the MTR found that some result areas are not sufficiently gender-specific, as some outputs and indicators are not disaggregated by gender and there is insufficient information on gender-specific needs and constraints across sectors. UNICEF Malawi has a gender focal point based in the BEYD section, but who dedicates only 35 per cent of her time to promoting gender equality.

UNICEF will recruit a full-time member of staff to support the promotion of gender equality across the Office in 2015.

Environmental Sustainability

UNICEF’s work to address open defecation through the ODF Malawi Strategy and school sanitation has helped safe excreta disposal. In its support, UNICEF has ensured that the negative impact on groundwater stocks is negligible, as the rate of water extraction from wells and boreholes is low. In addition, while siting the wells, boreholes and latrines, care was taken to ensure that these do not adversely affect groundwater sources. Communal water points were also designed to ensure proper drainage of wastewater.

All education and WASH facilities constructed with the support of UNICEF Malawi in 2014 used compressed stabilised soil blocks (SSBs) for exterior and interior walls. This reduces the environmental damage to trees that occurs during the production of traditional bricks.

As in previous years, UNICEF Malawi supported the Child-Friendly School Programme (CFSP), which includes a number of components that specifically address environmental issues. For example the development of habits is an important element of the CFSP and students and teachers are introduced to the importance of tree planting and school beautification. In addition, under the CFSP low-cost ways of improving school facilities and the environment – such as creating and managing rubbish pits, planting trees and flowers and establishing school gardens – were included in school improvement plans.

UNICEF Malawi also supported an initiative on environmental sustainability through the provision of adequate WASH facilities in schools. In UNICEF the programme was led by BEYD and has a budget of US$ 9.4 million. The programme targets 100,000 beneficiaries and to date has supported the formation of 38 WASH Clubs and drilled 76 boreholes; while 118 toilet blocks
are under construction and almost complete.

With support from UNICEF, new Education Standard are being developed in Malawi that embrace environmental concerns in various ways; i.e., processes for safe disposal of garbage and human waste and use of SSBs to reduce tree burning and CO2 emissions.

**Effective Leadership**

In 2014 both an internal Audit and an MTR were undertaken. UNICEF also participated in the joint audit of ‘Delivering as One’ (DaO) in Malawi. Outcomes of all three processes provided significant insights and recommendations that are informing programme direction and operational management going forward.

Key initiatives undertaken by the Country Management Team (CMT) in 2014 include efforts to strengthen systematic risk assessment and management. This included, as part of the MTR, an office-wide review of all high risks recorded against the Office Risk Profile and Risk Control Library. As a result, the risk assessment section under the Performance Management Dashboard was updated. The CMT nominated ‘Risk Owners’ to facilitate implementation of the Risk Control Library action points and alert the Risk Management and Efficiency & Effectiveness Committee (REE) in case of challenges.

The Office Business Continuity Plan is up to date. UNICEF undertook regular control checks to identify and mitigate risks, including programmatic, financial and HACT micro-assessments, bank reconciliations, spot checks on bank signatory and petty cash management, quarterly Table of Authorities with continued oversight to ensure adherence to UNICEF internal controls, HACT assurance activities and oversight over month-end and year-end closure activities. These mitigation measures proved effective as they ensured smooth operations in these areas and facilitated timely corrective measures when challenges were encountered.

Due to new restrictions by donors on providing funds to the Government, slow liquidation of direct cash transfers (DCTs), an increased number of high-risk partners and the review and harmonisation of allowances for donor-funded trainings, meetings and missions, UNICEF Malawi contracted a third party to provide financial management of its resources for selected projects, to mitigate risks. Key areas of responsibility for the third party are: disbursement of funds, planning and financial implementation (high and significant risk district councils), human resource and organisational development and monitoring.

In addition to these major initiatives, UNICEF Malawi continued to have fully functional statutory committees, all with clear terms of reference, including the CMT and the Programme/Operations Assistants Meeting (POAN). These statutory committees have provided effective leadership structures as well as monitoring and reporting mechanisms to track the achievement of results. During its monthly meetings, the CMT reviewed performance indicators and the Manager’s Dash Board. The Programme Management Team (PMT) and the Operations Section have regularly provided feedback to the CMT for quality assurance. The CMT also introduced ‘Flash meeting’ to discuss significant reputational risks, when they arise.

UNICEF Malawi continued to have non-statutory committees, such as the Office Emergency Management Team and the Programme Management Team. A Table of Authorities and delegation letters to staff were maintained at least once every quarter, in line with roles assigned to staff in VISION.
In 2014 approximately 22 Standard Operating Procedures and work processes were issued and/or revised to streamline work practices, strengthen accountability and improve risk management. Peer reviews of operations-related activities and supply issues were conducted; the resulting recommendations helped to strength operational and supply management and audit preparedness.

Financial Resources Management

UNICEF Malawi was able to maintain effective financial systems in 2014. Most notably, the internal audit concluded that the controls and processes for operations support were generally established and functioning during the period under audit (01/2013 – 07/2014).

Throughout 2014, all bank reconciliations were completed, uploaded, and approved in VISION. A monthly financial closure and review of accounts was performed. Monitoring of DCTs continued through systematic reviews during monthly Programme Coordination meetings as well as weekly monitoring and update meetings to reduce the percentage of outstanding DCTs over nine months to below 1 per cent. As of 31 December 2014, the balance of outstanding DCTs over nine months was 6 per cent (valued at US$696,606) of all outstanding DCTs.

UNICEF continued to provide leadership in HACT implementation as co-chair of the UN Wide HACT working group. In addition, in 2014 it rolled-out an extensive micro-assessment and assurance plan to guide HACT implementation. The plan will be implemented through LTAs with registered audit firms.

During the year 28 micro-assessments were conducted, bringing the total micro-assessment of implementing partners to 100 per cent of those planned. In addition, seven scheduled audits were completed (representing 100 per cent implementation) and 36 of 44 planned spot-checks were completed in the year.

The use of Vision Enterprise Resource Planning facilitated effective linking of results to resources and UNICEF made full use of the Results Assessment Module to track results. Results were formally reviewed twice a year.

The non-post portion of the institutional budget was fully utilised during the year. As of 31 December 2014, of US$12.9 million RR, 99 per cent, valued at US$12.8 million, had been utilised.

Fund-raising and Donor Relations

In 2014 UNICEF Malawi became a trusted partner for donors who were no longer willing to channel funds through Government systems, such as DIFD, and the governments of Norway and Germany. To consolidate this support and solicit addition funding, UNICEF developed a fundraising package including sector specific and generic proposals. The Representative also visited selected National Committees and UNICEF supported a number of field visits by National Committees and donors.

The year saw a sharp peak in OR funding compared to planned results. By November 2014, UNICEF had received $70,777,647 against a planned figure of $55,556,500 in OR funding. The top donors in 2014 were the UK (DFID), the EU and Germany. With DFID being the largest donor, and to enhance dialogue and accountability, UNICEF and DFID instituted quarterly meetings to discuss progress and challenges in programme implementation.
UNICEF Malawi continued to support the National Committee Donors Toolkits; over 20 grants were channelled through the Education, Child Protection, Social Protection, and HIV sections. The linkage between supporting nutrition work at the district level and national level advocacy leveraged World Bank/CIDA funding. The models of three districts will be scaled up to 15 through this funding, which is already available with the Government.

Timely reporting was maintained with 95.5 per cent of all donor reports due in 2014 submitted on time after extensive quality assurance. This was facilitated by a review of the standard operating procedures (SOPs) for donor reporting and the rollout of a donor report checklist based on UNICEF PARMO guidelines. Regular updates on donor reports due, funds received, DCT liquidation and grant expiry dates were provided during monthly PMT and CMT meetings. Grant utilisation was monitored to avoid unnecessary extension of grants and avoid loss of funds due to expiring grants.

**Evaluation**

The IMEP is updated yearly with the rolling work plans and monitoring is done on a quarterly basis at PMT and CMT meetings. In 2014 three evaluations were completed: (1) Impact Evaluation of the National Plan of Action for Orphans and Other Vulnerable Children; (2) Evaluation of the Primary Health Care Essential Medicines Project; and (3) Impact Evaluation of the Social Cash Transfer Programme (SCTP).

UNICEF Malawi continued to ensure that evaluations were conducted in an objective, fair, and impartial manner. For each evaluation a technical working group was formed to guide the evaluation and ensure quality. Once an evaluation report was finalised a study summary was prepared and placed in the MCO knowledge management folder. The final report is uploaded in the Regional Evaluation Database.

Two of the three evaluation reports completed in 2014 provided baseline data for subsequent programme implementation. For example, the SCTP impact evaluation is part of the ‘Transfer Project’, an innovative research and learning initiative. Malawi’s evaluation results will be part of a cross-regional analysis to draw out lessons learned from social transfer programmes in the region.

The evaluation of the Primary Health Care (PHC) Essential Medicines Project measured the impact of an emergency response. Recommendations from this evaluation will be used in future emergency responses and system strengthening. The evaluation was shared and used by partners who support the Government in drug supply chain management. Lessons from the evaluation of this project highlight that: a) standardised kit distributions are effective in emergency situations and in environments characterised by chronic undersupply and limited inventory management capacity; b) in the Malawi context, they are most appropriate for rural, public health facilities; and c) increased product availability at the primary care level reduces burdens at higher levels in the health system.

**Efficiency Gains and Cost Savings**

In 2014 efficiency gains and cost savings were achieved in the areas of transport management, joint procurement, and transaction processing. Most notably, UNICEF Malawi tripled the number of LTAs from 20 to 60, resulting in significant transactional cost savings. In addition, the fuel facility established in 2012 continued to contribute to cost savings, as UNICEF was able to access fuel at reduced rates. Approximate cost savings in fuel procurement for 2014 were $7,500, which was reallocated to other vehicle maintenance costs.
The operation of the fuel facility also resulted in improved programme efficiency as a steady supply of fuel was readily available and not subject to variations in fuel availability and pricing in the country. In addition, a joint arrangement with WFP on tenancy and operations of the fuel facility provided further efficiency gains as UNICEF Malawi was able to rely on LTAs and contracts already established by WFP.

MCO also launched its Vision Transaction Processing Hub on 22 January 2014. Throughout 2014, the Hub helped to realise efficiency gains through consolidation of transaction processing and overall optimisation of transaction management. It also served as a platform for sharing of knowledge, best practices and lessons learned. To date, the main gains resulting from the Hub include the fact that UNICEF Malawi now has a standardised quality control process for documentation, prior to inputting it into VISION; and recurring deficiencies are noted faster and corrective action is promptly taken. Moreover, the application of standards to improve quality of data entered into Vision has become more consistent and VISION-related issues are resolved at a faster pace. As of 11 December 2014, the Hub had processed 6,904 transactions.

**Supply Management**

As of December 31st 2014, total procurement amounted to US$40.3 million (Local supply procurement US$3.6 million, offshore procurement US$7.9 million). Total procurement includes procurement services (transactions for Government - US$13.1 million) and institutional contracts at US$14.9 million (including construction contracts in Education for $8.7 million for the building of classrooms, teachers’ houses and sanitation facilities).

Regarding support to programmes and Government, the procurement and distribution of primary health care kits, which commenced in 2012, was completed after 3,205 kits had been distributed to health centres. The distribution of ARVs on behalf of the MoH to 700 health centres ended with UNICEF’s exit from in-country distribution in September 2014.

UNICEF Malawi has also become increasingly involved in the Supply Division Innovation Project for the development of improved designs for school furniture, for which Malawi is a pilot country. In 2014 UNICEF continued to chair the UN Inter-Agency Procurement Group. This taskforce enables UN agencies to issue joint competitive tenders and to share vendor lists, LTAs and specifications.

UNICEF continues to spearhead discussions in the country on the importance of strengthening the supply chain behind the Community Management of Acute Malnutrition programme. A contract was issued in 2014 to conduct a supply chain evaluation for this programme, which will set the basis for future integration and optimisation of the supply of ready-to-use therapeutic food (RUTF) and other key inputs into the national system, thereby increasing sustainability and Government ownership of the existing interventions.

With the 2014 outbreak of Ebola in western Africa the UNICEF Malawi office undertook contingency measures in consultation with WHO and Malawi MoH to procure US$2.6 million of Ebola-specific preparedness and response supplies.

**Security for Staff and Premises**

UNICEF Malawi’s security assessment is currently rated above 80 per cent. In 2014 security was further enhanced through the installation of an electronic boom gate and fingerprint door access system and CCTV. In addition, a safe haven was established, the windows at the main
entrance were bullet-proofed, and the guardhouse was reconstructed to include controlled entry and exit of staff and visitors. UNICEF Malawi has fire extinguishers and three emergency exits, which are regularly checked to ensure functionality. Two generators that automatically take over supply of electric power during outages were also installed.

All staff have radios to facilitate emergency communication and are in touch with UNDSS. A monthly radio check is conducted to ascertain radio communications between staff and UNDSS. The VHF radio network in Lilongwe covers almost all staff members’ residences. UNICEF has also put in place a communication tree that allows staff to pass on emergency communication to their colleagues in case of demonstrations or other potential emergencies.

To enhance programme delivery, all field vehicles are fully MOSS compliant. All vehicles have VHF/HF radios to facilitate communication with the Office and UNDSS. During field missions, all drivers are required to report their security status regularly to the UNDSS Radio room, which operates on a 24-hour schedule. During the day contact with vehicles in the field is complemented by periodic calls by the UNICEF radio room.

Travel within the UN allowable travel times in Malawi (during daylight and before dusk) is strictly enforced. Drivers are empowered to call the Chief of Operations if any staff member is asking them to start a journey for which the required time will result in arrival after UN allowable arrival time.

**Human Resources**

Human resource planning in 2014 focused on enhancing synergies with all sections to anticipate, and effectively respond to, staff trends and actively recruit diverse candidates to address competency gaps. During the reporting year UNICEF Malawi hired eight international staff, of which three are on temporary appointment, and nine national staff (three GS and six NOs) of which three are on temporary assistance. As part of Delivering as One, UNICEF established a database for UN temporary staff and individual consultants, which is used heavily by all agencies.

Recognising the importance of creating a supportive work environment, after the 2012 staff retreat and staff survey, management developed a 10-point plan under the leadership of the Representative, which commits to action points to improve staff welfare. The Local Joint Consultative Committee monitors the implementation and staff are updated in the ASM.

Management practices have shifted from an emphasis on procedures to a focus on results and accountability. Key internal processes (including VISION-related processes) and SOPs were also reviewed and simplified.

In addition, a workload and business process analysis for in-scope transactions (pre- and post-Global Shared Service Centre (GSSC) for all Programme assistance was completed. The analysis indicated that 55 per cent of the tasks listed as in-scope transactions will be transferred from Programme Assistance in sections to the newly created Business Support Unit, which will combine the existing VISION Hub and Finance unit. This will reduce the administrative workload, enabling programme assistants to support the preparation of project budget proposals, etc.

The 2014 Staff Learning and Development Plan supported UNICEF Malawi’s annual work plan to strengthen staff capacity to adapt to organisational change. This included training on Managing People for Results, Ethics, Programme Planning Process (PPP), Resilience, VISION and basic mechanics for drivers. As part of the MTR, UNICEF conducted a thorough skills-
mapping to ensure that it is ‘fit for purpose’. Required skills were mapped against the strategic shifts per section, and staff changes were based on the outcome of the mapping.

UNICEF Malawi established a referral system with a counselling firm to support stress management, has remained committed to UN Cares and has fully implemented all 10 minimum standards enshrined in the UN Cares Guidelines. Notably, a training of HIV Post-Exposure Prophylaxis (PEP) custodians to provide PEP management for UN staff and their families and a HIV/AIDS awareness family day were held. The Malawi UN Cares team got an honourable mention for their work in reaching children and adolescents during the official announcement by the Secretary General that was released worldwide.

MCO continued to chair the Local Salary Survey Committee to address increasing demand by national staff for salary adjustments following a major local currency devaluation in 2012. As a result, the net salary increment was 47.1 per cent for GS and 71.3 per cent for NO.

The rate of completion for 2013 personnel evaluations (PER) was 95 per cent by mid-April; and for individual work plan and training needs 11 per cent by the end of March. Eighteen supervisors and 37 non-supervisors were trained on Managing People for Performance and Managing Performance for Results, respectively.

No RR funds were used to cover gaps in OR-funded posts.

**Effective Use of Information and Communication Technology**

The Information and Communication Technology (ICT) unit continued to enhance the efficiency and effectiveness of ICT systems and infrastructure to meet programme demands. During the year, the capacity of Internet links was increased by more than 200 per cent. Remote access to key ICT systems, including corporate VISION and email messaging, was enabled and the migration to Microsoft Outlook has further simplified remote access to email messaging through multiple devices such as mobile phones and computing devices. UNICEF actively promoted the use of online collaboration tools, such as Microsoft Lync and WebEx, to leverage its investments in Internet connectivity and improved ICT infrastructure.

All ICT systems and interfaces were maintained in accordance with prescribed corporate practices and policies. System availability of all core UNICEF systems and applications was sustained at more than 99.5 per cent for the entire year. Procedures for meeting business continuity requirements are well-established and recovery procedures are in place, supported by an up-to-date primary recovery site.

UNICEF Malawi has streamlined IT data centre and implemented virtualisation of servers, which has reduced server footprint from 15 physical servers to four. In addition, all staff use standard laptops in docking stations, thereby reducing desktop footprint.

The ICT unit continued to play a significant role in T4D initiatives. Notably, the scale-up of Rapid SMS continued in 2014, now covering 83 per cent of all districts in Malawi. In addition, two new Polymerase Chain Reaction labs were added to the HIV T4D project to improve coverage. The digital/social media presences of UNICEF Malawi is well maintained and has proved a valuable, efficient mechanism for advertising and promoting opportunities and vacancies in the office. The annual report 2013 was produced and circulated in electronic form for the first time, significantly saving on print and design costs.
ANALYSIS BY OUTCOME AND OUTPUT RESULTS

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

Analytical Statement of Progress:
Support provided to strengthening of national policy and legal frameworks to improve equitable access to essential and life-saving services. PHC, Child Health and EPI policies being reviewed and will be finalised in 2015, as a result of the review of the Public Health Act, recommendations are being made (a) under the Right to Health Chapter for pregnant women and children to be the primary responsibility of Government, and (b) that the MOH and sub-national health sector management structures be re-examined to be more client-responsive.

Capacity for evidence based sub-district level health planning and management enhanced through MNCH focused operational health systems research skills development for a national pool of researchers based at MOH, College of Medicine and three Phase I Health Districts to improve the 2013-2014 District health plans and provide an MNCH Situation Analysis for the proposed multiyear district health strategic plans.

Access to continuum of care for MNCH services expanded in 10 Catalytic Initiatives, from mainly ICCM support to community-based MNCH care services (lifecycle approach) as well as strengthening IMCI and Maternal and New-born Health Care at facility level to support the continuum of care within the PHC service delivery level.

At a time of economic constraints resulting in severe fuel and foreign exchange shortages UNICEF mobilised resources and supported 10 poor-performing districts to undertake EPI mop-up campaigns, negotiated with FICA to receive SWAp funding for transfer to UNICEF CPH for co-financing by the MOH and Global Vaccine Initiative, in addition to procurement services for MOH EPI Programme.

The Emergency PHC Drugs project deserves special mention as it reversed and stabilised what could have been a crisis that would have costs thousands of lives had the need for essential medicines and supplies not been responded to.

OUTPUT 1 Strengthening of national level forecasting and distribution planning for MNCH essential drugs and health commodities within the MOH supply chain management cycle

Analytical Statement of Progress:
Compendium of MNCH developed and 14 districts have collected data and are using the data to develop district implementation plans (Karonga, Msimba (North, Msimba South), Kasungu, Lilongwe, Dedsa, Ntcheu, Balaka, Chiradsulu, Phalombe, Nsanje, Mwansa, Chikwawa and Mangochi). By November 2014 two more districts had been supported - Chitipa and Dowa –thus reaching 16 of the 17 districts planned for 2012-2016.

PHC policy guidelines were developed and disseminated to stakeholders for use. Districts that are working on multi-year plans are: Karonga, Msimba North, Msimba South, Kasungu,
Lilongwe, Dedsa, Ntcheu, Balaka, Chiradsulu, Phalombe, Nsanje, Mwansa, Chikwawa and
Mangochi. Of these, 13 have completed the exercise (Mwansa, Kasungu, Lilongwe, Dedsa,
Msimba north, Msimba South, Karonga, Chiradsulu, Ntcheu, Mangochi, Nsanje, Balaka and
Phalombe).

OUTPUT 2 National and subnational management and quality assurance mechanisms
strengthened for effective delivery of high impact maternal, newborn & child health interventions
by 2016

Analytical Statement of Progress:

District Implementation Plans guidelines were developed and multi-year district implementation
plan guidelines developed with the Ministry of Health Planning Department. The guidelines are
in use and five districts are developing their multiyear plans (Karonga, Msimba North, Msimba
South, Dedsa, Mwansa, and Chiradsulu). Six more (Kasungu, Balaka, Phalombe, Nsanje,
Mangochi, and Lilongwe), supported jointly with Support for Service Delivery Integration,
however using the guidelines this is leveraging resources within the health sector. UNICEF
supported the Ministry of Health to conduct evidence-based planning by using locally generated
data through the (MoRES) approach. Data was generated through quantitative and qualitative
methodologies. Community data is being generated and input to the district use of DHIS 2
database facilitated use of data from the community level to the district level and then to the
national level. A scorecard was developed on 19 indicators to monitor district performance at a
glance. In August the Scorecard was updated.

OUTPUT 3 EPI / Malaria & Health Emergencies Response Service Delivery Systems
Strengthened by 2016

Analytical Statement of Progress:
The HPV vaccine was introduced in Malawi in the form of a pilot in two districts, Rumphi and
Zomba. Results show 89 per cent and 77 per cent of girls 9-13 years received the vaccines
respectively. An assessment survey is planned. During coverage survey conducted September
2014, results indicate the coverage of 94.2 per cent in Rumphi and 86 per cent for Zomba
districts.

Reaching out to more children with immunisation through Local Immunisation days – >11
districts supported for 2014 (Karonga, Msimba North, South, Rumphi, Nkhatabay, Kasungu,
Ntchhitsi, Lilongwe, Neno, Blantyre and mangochi) 9 out of 11 districts have been supported
marked with *) Provided Technical Assistants EVM and comprehensive EPI review and
National EPI Policy Development & Updating EPI operational manual Installed EPI walk-in
cold rooms and supported international meetings Over one million anti-malaria treatments
procured and distributed for use in iCCM in 11 districts Transport for service delivery,
distribution of drugs and supplies and supportive supervision strengthened through iCCM Over
600,000 children under five in 11 districts treated for various ailments mostly malaria 16 cholera
prone districts, sonal offices and central level supported in preparedness and response planning
Chikwawa, Blantyre, Nsanje and Lake ChOutputwa surrounding districts supported in
responding to cholera outbreak Advocacy for Oral Cholera Vaccine Procured and Distributed
15,654 kits to health facilities in two Phases: Phase 1 (with 37 products per kit), 3704 kits and in
Phase 2 (with 61 products – Malawi designed), 11,950 kits were distributed to all levels of care.
During the period, outpatient data showed a rise by 63 per cent which could have been mostly
due to the fact that communities had trust in the health system. The project has treated 1
261,400 diarrhoea cases, 1,242,800 episodes/cases of acute respiratory infections (ARIs), 1,280,000 fever cases/episodes in children, 316,533 treatment courses for management of severe and complicated malaria, 723,317 pregnant women received treatment supplementation during pregnancy while 712,200 women prevented from post-partum haemorrhage by use of oxytocin injection provided by the project; Over 400,000 pregnant women received Sulphadoxine/pyrimethamine (SP) provided for intermittent preventive therapy for Malaria distributed by the project.

**OUTPUT 4** Maternal and New-born Health Service Delivery Systems Strengthened in Selected Districts by 2016

**Analytical Statement of Progress:**
Skilled attendance at birth increased from 71 per cent in 2010 to 87.4 per cent in 2014; however quality of care needs to be improved, as evidenced by Malawi’s high Maternal Mortality Ratio of 475/100,000 live births.

New-born mortality is also high at 29/1,000 live births, down slightly from 31/1,000 in 2010. There has been slow progress in new-born care, especially for premature babies.

**OUTPUT 5** District Health System Strengthened for Community Case Management (CCM) and Integrated Maternal Newborn and Child Health (iMNCH) centred Primary Health Care (PHC) in Selected Districts by 2016

**Analytical Statement of Progress:**
Over 604,442 (children under the age of five years in 11 districts were treated since January, 2014 under integrated community case management (iCCM) (320,000 malaria, 198,047 pneumonia and 86,375 for other ailments). Malaria continues to be a leading cause of morbidity. To ensure availability of services UNICEF procured large quantities of drugs for treatments of malaria, as well as antibiotics, pre-packed zinc, and ORS kits for the treatment of diarrhoea.

Other systemic support included supervision and mentorship. In order to ensure quality of services, 30 motor bikes for supervisors were procured and distributed. Thus the proportion of HSAs receiving supervision rose from 43 per cent last year to around 50 per cent in each quarter of 2014.

Twenty-four new village clinics were established in 2014, following the training new HSAs in iCCM; 2,000 registers were procured.

**OUTPUT 6** Project Support-Technical Support and Monitoring and Evaluation for Effective Programme Delivery

**Analytical Statement of Progress:**
Two-year rolling work plans were agreed with Government counterparts for the health sector, for 2013-2014 and 2015-2016.

**OUTPUT 7** Communities in selected marginalised districts are more aware of the importance of, and committed to, timely antenatal care and institutional delivery by 2016

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

Analytical Statement of Progress:
Significant progress took place in 2014 in rolling-out SUN-NECS activities in three districts (Neno, Nkhata-bay and Mulanje) where Community Leaders Action for Nutrition (CLAN) in community care groups served as a conduit for tackling behaviour change by adopting appropriate practices to improve maternal, infant and young child nutrition. Mulanje has trained 10 out of 18 Trainers of Trainers from the District Core Team, 40 out of 45 frontline workers supervisors, and 764 out of 771 frontline workers. Orientation of district media and community-level communicators was also completed in these districts. Communicators play a key role in mobilising, educating and giving a voice to communities during community mobilisation and orientations of the Area Development Committees (ADCs) and the Village Development Committees (VDCs).

Community mobilisation and orientations activities were completed in Neno and Nkhata Bay, and is ongoing in Mulanje. Oriented 28 out of 28 ADCs and 165 out of 165 VDCs focusing on what SUN 1,000 special days is all about, their role and development of action plans. Identified and formed 1,653 out of 2,000 CLANs in Neno and Nkhata-bay and in progress for Mulanje. Capacity building for CLANs is in progress for Mulanje and Nkhata bay. The CLANs will be reaching families with key messages, conducting growth monitoring and promotion including home visits as contact point for behaviour change and seeking practices for improved maternal and the infant and young child nutrition. The CLANS were equipped and empowered with community supplies for growth monitoring and promotion activities in maternal nutrition, infant and young child feeding, WASH, dietary diversity and health seeking practices. The supplies included: 4,000 SUN bags containing salter scales, girls and boys community growth charts, boys and girls community score boards, key message booklet, seasonal food calendar, notepad, pen, stickers (red, yellow, green) and CLAN register. Additionally, 20 motorcycles to aid in mobility during supervision and monitoring, three desktop computers for data storage and two digital cameras for documentation were procured and distributed. UNICEF Malawi supported the development of four community counselling cards: Infant and Young child feeding; Complementary Feeding; Maternal Health and Nutrition and Hygiene and sanitation. Technical support was provided at the national level and seven other World Bank districts in Lot Quality Assurance Survey and Bottleneck Analysis.

Vitamin A supplementation to children aged 6-to-59 months was constrained. One dose was provided through one round of Child Health Days campaign instead of two, conducted in 25 of 29 districts. As a result of the first round, coverage for vitamin A supplementation reached 83 per cent (2,096,455) of children 6-to-59 months, slightly less than the target of 85 per cent and 90 per cent in 2013. Ninety per cent (1,401,077) of children aged 12-to-59 months were dewormed during the same campaign. The second round began in December 2014 and is to be completed in January 2015. At least 80 per cent of locally marketed available sugar is fortified with vitamin A, similar to 81 per cent in 2013, as a medium term intervention to control and prevent vitamin A deficiency. The two local factories (Illovo) procured all 91.6 tons of vitamin A fortificant for the programme as part of corporate social responsibility. The national fortification surveillance system for regular monitoring of salt on the market and sugar at production is functional. At least 82 per cent of salt on the market is adequately iodised for household use, according to the National Salt Standard as a proxy indicator for household level consumption. At least 22,501 lives were saved of the 25,146 children diagnosed with severe acute malnutrition (SAM), who were discharged following CMAM treatment. Cure rates for SAM were maintained at both facility and community level, within WHO SPHERE standards in all 29
districts. SAM attained a 87.2 per cent cure rate, 3.9 per cent death rate and 5.2 per cent default rate. CMAM programme health facility coverage increased from 85 per cent (2013) to 89 per cent (562 out of 632) in 2014. UNICEF also supported the scaling-up of RapidSMS in four districts, bringing coverage to a total of 21 districts with real-time monitoring for nutrition growth status.

In addition, UNICEF leveraged and supported the drafting of the Nutrition Act, National Nutrition policy 2013-2017 and other strategic documents and provided technical support to the Government in defining the rules of engagement for nutrition coordination. Support was also provided for leveraging incorporation of the micronutrient component into Malawi’s 2015 Demographic Health Survey, to ensure wide coverage and sustainability. Further, UNICEF successfully advocated inclusion of nutrition support in the HIV National Strategic plans.

OUTPUT 1 The Nutrition Act developed, strategic plan/policy reviewed and incorporated in relevant SWAPs and District Development Plans.

Analytical Statement of Progress:
Slow progress was registered with minimal achievements; however this output is expected to be achieved by 2016. The notable achievements include successfully supporting stakeholders’ meetings in development of the first ever Nutrition Act, the 2013-2017 National Nutrition Policy (NNP) and the 2013-2017 Nutrition Strategic Plan (NSP) following review of the 2007 to 2012 National Nutrition Policy and Strategic Plan. The Nutrition Act draft was developed and submitted to Parliament for adoption. The NNP was developed and submitted to Cabinet for approval. Meanwhile, the NSP was developed and costed, and awaits endorsement for implementation.

UNICEF advocated for incorporation of nutrition activities in the District Implementation Plans (DIPs) of three districts (Neno, Mulanje and Nkhatabay). Although many nutrition activities are incorporated in the DIPs, they are often not funded. However, UNICEF has continued advocacy and follow-up mechanisms with the Government and districts for more commitment and funding to reduce stunting.

The other achievement was leveraging and support for the incorporation of a micronutrient component into the 2015 Demographic Health Survey to ensure sustainability, since it was previously a standalone survey.

In addition, UNICEF provided technical support for revising the Terms of References of seven Nutrition National Committees and Technical Working Groups to improve coordination by the Department of Nutrition, HIV and AIDS (DNHA) in the Office of the President. The main challenge was a shift in the policy and coordination environment after DNHA was moved to the Ministry of Health, so that there has not been clear roadmap for nutrition coordination and leadership. UNICEF supported DNHA in global and national advocacy for Scaling-Up Nutrition.

OUTPUT 2 Management of acute malnutrition programme scaled-up in 80 per cent of health facilities.

Analytical Statement of Progress:
The program maintained 100 per cent district coverage of Community Management of Acute Malnutrition (CMAM) with all 29 districts. The coverage of Out- Patient Therapeutic Program (OTP) increased from 84 per cent (2013) to 89 per cent (534 out of 632 health facilities) in 2014; and maintained 100 per cent (100 facilities) coverage for Nutrition Rehabilitation Unit (NRU).
A total of 19,982 lives of severe acute malnourished (SAM) children were saved out of the 22,918 children discharged in CMAM program. Cure rates SAM for the program were maintained at both facility and community levels within World Health Organisation SPHERE standards (87.2 per cent versus more than 75 per cent) in all the 29 districts with the target of 70 per cent met. The program reached 26,851 SAM children, which is 50 per cent of expected burden in the country. The 2014 MDG Endline Survey showed SAM prevalence reduced from 1.5 per cent to 1 per cent.

Supported revision of CMAM forms in District Health Information System (DHIS) 2 as part of institutionalising the program within government systems. Completed revision of CMAM guidelines and job aids based on 2006 WHO child growth standards including additional elements like data disaggregation by sex and HIV status. In total, 4,000 guidelines/job aids were printed and distributed across the country. Achieved improved quality of the program through increased capacity of health workers and volunteers for CMAM services. Trained 26 national and 76 district trainers, 165 clinicians/nurses/environmental health officers on the programme and oriented 36 District/Zone Managers in end-user monitoring.

Three CMAM stakeholder coordination meetings were conducted to harmonise support on supplies and training as per national needs. Conducted end-user monitoring in 16 districts and 26 districts with NRU supervision. In addition, two joint CMAM program visits with Ministry of Health and partners were undertaken.

Supported bottleneck analysis in all 29 districts to help in the planning. Key bottlenecks identified includes low outreach coverage with 20 per cent active volunteers, 29 per cent clinicians/nurses trained on revised protocol, 64 per cent of health facilities had RUTF stock-out. The stock-outs were coupled with transport challenge from District Health Office to facilities and affected timely delivery of commodities.

Procured and distributed therapeutic supplies 82 per cent RUTF (143 MT), 70 per cent F75 (820 cartons), 77 per cent F100, 652 infant/child height/length boards, 6,643 salter scales, 381 packs of children MUAC tapes and 2,000 Blankets (for NRUs) distributed. Rolled-out Rapid SMS for real-time monitoring from 17 to 21 districts (Mchinji, Ntchisi, Nkhotakota and Dowa) in partnership with Clinton Health Access Initiative. A total of 22 national and 41 district trainers, 73 mobile champions and 1,215 Health Surveillance Assistants were trained on RapidSMS (4 new districts).

OUTPUT 3 Quality assurance and surveillance systems improved for fortification and capacities developed at national and district levels for micronutrients supplementation

**Analytical Statement of Progress:**
Significant progress was made in achieving the output. At least 25 of 29 districts conducted first round Child Health Day campaigns, where children aged 6-to-59 months and postpartum women within eight weeks of delivery were supplemented with vitamin A, and children 12-to-59 months were dewormed. The coverage of vitamin A supplementation reached 83 per cent (2,096,455) for children aged 6-to-59 months, slightly lower than the target of 85 per cent, and at least 90 per cent (1,401,077) of children aged 12-to-59 months were dewormed. UNICEF procured and distributed 4,109,500 capsules of 200,000 IU and 655,000 of 100,000 IU of Vitamin A; deworming tablets were provided by Feed the Children. The second round began in December 2014 and was to be completed in January 2015.
A national fortification surveillance system for monitoring salt on the market and sugar at production is in place and data are being regularly generated. Most households are consuming adequately iodised salt (82 per cent of salt in the market adequately iodised and only 17 per cent is not adequately iodised). Quarterly reports from 23 of 29 districts established the average iodine content is between 33mg/kg and 37mg/kg. The incorporation of WYD iodine testing at district level complements rapid test kits and decisions are made locally instantly. Rapid testing continued and the country procured and distributed 15,000 rapid test kits in 2014 for the districts. At least one central level supervisory visit to districts was conducted, and supplied reagents to test iodine in salt. The country is on track to achieve the 2016 goal of having more than 90 per cent of salt adequately iodised.

Sugar on the local market continued to be fortified with vitamin A at two Illovo production plants. Factory data on sugar produced shows that 82 per cent of the sugar at the factory has adequate vitamin A, a minimum of 8mg/kg in conformity with the Malawi Standards. The challenge at the beginning of the season was availability on the market of 50kg bags of sugar from the Dwangwa sugar factory meant for industrial use. This was remedied by installation of fortification equipment for the 50kg packaging lines. The two factories procured all 91.6 tons of vitamin A fortificant for the programme, as part of corporate social responsibility.

OUTPUT 4 Households in 2 priority districts adopt recommended practices that support maternal nutrition, infant and young child feeding and care.

Analytical Statement of Progress:
As part of rolling-out Scaling Up Nutrition, capacity building for district personnel was completed in three districts (Nkhatatbay, Neno and Mulanje) where the Nutrition Education and Communication Strategy focusing on 1,000 special days is being implemented. The last district was Mulanje, which has trained 10 out of 18 Trainer of Trainers from the District Core Team, 40 out of 45 frontline workers supervisors, and 764 out of 771 frontline workers, and also completed orientation of district media and community level communicators. Communicators play a key role in mobilising, educating and giving a voice to communities' voice during community mobilisation and orientation by Area Development Committees (ADC) and Village Development Committees (VDC) and also helps reverse the negative trend of stunting.

Community mobilisation and orientation activities were completed in Neno and Nkhatatbay; Mulanje on-going. All ADCs and VDCs received orientation, with a focus on what SUN 1,000 special days is all about, their role and development of action plans for the next activities. Significant progress was registered in Neno and Nkhata-Bay where 1,653 out of 2,000 Community Leaders Action for Nutrition (CLAN) were identified and identification is in progress for Mulanje district. Capacity building for community structures is in progress for Mulanje and Nkhatat Bay.

UNICEF procured and distributed supplies for community activities to equip and empower CLANs for growth monitoring and promotion activities in maternal nutrition, infant and young child feeding, WASH, dietary diversity and health seeking practices. The supplies included 4,000 SUN bags containing salter scales, girls and boys community growth charts, boys and girls community score boards, key message booklet, seasonal food calendar, notepad, pen, stickers (red, yellow, green) and CLAN register. Additionally, 20 motorcycles to aid in mobility during supervision and monitoring were supplied, along with three desktop computers for data storage and two digital cameras for documentation. UNICEF supported development of four community counselling cards: Infant and Young child feeding; Complementary Feeding; Maternal Health and Nutrition and Hygiene and sanitation, which are being finalised.
Analytical Statement of Progress:

The 2015-2016 Rolling Work Plan was successfully developed.

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

Analytical Statement of Progress:

In 2014 UNICEF continued to support delivery of DNA PCR results from six DNA PCR laboratories to the peripheral health facilities using RapidSMS. A total of 426 facilities are equipped with RapidSMS technology, representing 61 per cent of all ART facilities in the country. A total of 30,070 Dry Blood Samples (DBS) were delivered using SMS technology, reducing the turnaround time from 20 to 15 days and, subsequently, increasing earlier initiation on ART among HIV-infected infants. To increase efficiency of EID, UNICEF procured two servers for two central laboratories, and UPS and printers for another two laboratories. UNICEF also procured bicycles for HSAs to carry out defaulter training in six districts.

In 2015 UNICEF will continue to support delivery of ART/PMTCT and other HIV services at national, district and facility, technology for technology, community and facility linkages, HIV integration with nutrition, immunisation, community activities, postnatal care services, and other service points for pregnant and lactating women and their spouses, children, adolescents and other community members.

OUTPUT 1 National HIV/AIDS policies, strategies and guidelines reviewed and updated based on evidence to improve prevention, treatment and care for children and women by 2016

Analytical Statement of Progress:

In 2014 UNICEF provided technical support to the Ministry of Health (MoH) to revise the clinical management of HIV in adults and children to include universal treatment for children under the age of five and an increase in the CD4 count threshold from 350 to 500. As the pioneer of Option B+ (administering antiretroviral therapy to all HIV-positive pregnant and lactating women regardless of CD4 count), Malawi was already implementing this component of the new WHO Prevention and Treatment Guidelines. As a result of the revision, UNICEF supported the MoH to train 302 clinicians and nurses in four districts. Training in the remaining 25 districts was supported by other partners, thereby leveraging resources. UNICEF also supported training for 341 HTC counsellors in 11 districts with the aim of increasing HIV testing in pregnant and breastfeeding women and their partners, children and adolescents. Emphasis was placed on early infant diagnosis in order to reach new-borns and infants under 24 months. In addition, the number of facilities providing PMTCT services increased from 605 in Quarter 1 2014 to 615 in Quarter 2 2014 and HIV ascertainment of pregnant women attending ANC increased from 82 per cent (Quarter 1 2014) to 83 per cent (Quarter 2 2014). Option B+ coverage decreased from 81 per cent (January to March 2014) to 76 per cent (April to June 2014). However, one explanation for this decline may be the maturity of the Option B+ programme. In other words, an increasing number of HIV positive pregnant women are already on ART. It is worth noting that
Nevirapine coverage for HIV-exposed children also decreased by 1 per cent (from 94 per cent (January to March 2014) to 93 per cent in (April to June 2014). ART coverage for children aged below 14 years slightly increased from 37 per cent (January-June 2014) to 40 per cent (April-June 2014).

**OUTPUT 2** Health facilities in 18 districts provide quality comprehensive Prevention of Mother-to-Child Transmission of HIV services and scale up paediatric HIV and AIDS care services by 2016

**Analytical Statement of Progress:**

In 2014 UNICEF continued supporting integration of HIV and nutrition to improve the health outcomes of HIV-positive, malnourished children. Nutrition and HIV monitoring and evaluation tools were revised to include nutrition and HIV information. The tools were then rolled out nationally. To leverage resources, UNICEF supported Chikwawa district as a model for integration. A total of 43 statistical and health monitoring information system officers in Chikwawa were trained to use the revised tools. In addition, as standard practice according to the national ART/PMTCT Guidelines, nutrition assessments of children in HIV care clinics should be completed at each visit. In the targeted district, nutrition assessments of children in HIV Care Clinics increased from 66 per cent in 2013 to 79 per cent in 2014. Nutrition and HIV integration also aims to ensure that children discharged in NRU have known status and those infected are put on ART. HIV testing in children with SAM admitted to Nutrition Rehabilitation Units increased from 49 per cent in 2013 to 72 per cent in 2014. In 2014 a total of 112 children (54 males, 58 females) in Chikwawa district were discharged from the NRU. Of these children, 101 (46 males, 55 females) had been successfully managed, representing a cure rate of 90 per cent. Of the cured, 15 were HIV-infected and 93 per cent (100 per cent males; 90 per cent females) were initiated on ART.

Under Malawi’s ART/eMTCT guidelines, mothers are provided with IYCF counselling during ANC and post-natal care visits and at CMAM clinics. In Chikwawa, there was an increase in the number of IYCF counselling sessions attended by PMTCT and CMAM clients from 83 per cent in 2013 to 87 per cent in 2014.

**OUTPUT 3** Supply chain management capacity for HIV/AIDS ensures an effective delivery of maternal, new-born and child health commodities by 2016

**Analytical Statement of Progress:**

The Ministry of Health reported adequate supplies of HIV test kits and ARVs through 2015, but requested UNICEF's support to provide HTC-related commodities for the 2014 national HTC week campaign. Malawi is dependent on the Global Fund for ARVs, and is anticipating acceptance of its 2015 Concept Note. During 2014 UNICEF distributed ARVs and other HIV-related commodities to 700+ facilities nationwide, and implemented an exit strategy with the Government. In quarter four of 2014, UNICEF successfully handed over procurement and distribution of ARVs and other HIV commodities to the Government. UNICEF strengthened supply chain coordination with Clinton Health Access Initiative to ensure that results from central laboratories were delivered to all 28 districts through Rapid SMS. UNICEF also procured and distributed pregnancy test kits in 16 districts. In 2015 UNICEF will advocate that pregnancy test kits be included in procurement of essential medicines.
Local government and community governance structures in 15 districts support behaviour and social change for prevention of MTCT of HIV and care and treatment of pediatric AIDS by 2016

Analytical Statement of Progress:
UNICEF supported several strategies to strengthen community linkages with facilities in order to increase service uptake. In Malawi, men influence attitudes and behaviours of women accessing reproductive health services, including decisions to attend antenatal care, hospital delivery or take the child to a health facility. UNICEF supported the male championship model in 13 of the 15 target districts, to increase male participation in maternal and child health services, including encouraging men to become more supportive of women’s sexual and reproductive health rights. In 2015, the model will be implemented in the remaining two districts.

Male motivators work at the village level to advise men and their wives on the importance of early antenatal, hospital delivery, couple HIV testing and ART adherence. They meet quarterly with their supervisors, health surveillance assistants who live in the catchment area, to discuss progress and clarify any outstanding issues. This model contributed to an 86 per cent increase in male participation in ANC in 2014 from almost zero in 2010. In addition, increases were noted in women’s attendance at ANC in at least one target district. Couples HTC increased from 10 per cent in 2011 to 34 per cent in 2014.

The Community Care Group Model (CCG) is used as an entry point for Scaling-up Nutrition. The model focuses on behaviour change through a multi-sectoral collaboration which allows the community to access technical resources in a coordinated way. It promotes implementation and integration of evidence-based nutrition interventions with efforts in critical sectors such as health, social protection and agriculture. It links nutrition to other health-seeking behaviours that promote facility deliveries, family planning, malaria prevention and early HIV diagnosis. In Chikwawa UNICEF supported training for 1,470 CCG members, leading to 100 per cent coverage of SUN in the district.

UNICEF also supported mentor-mothers in five districts, covering 44 sites, eight of which include facility support and community follow-up. Mentor-mothers, mothers living with HIV, educated and supported HIV-positive pregnant women and new mothers in health facilities and at the community level.

In addition, UNICEF supported Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) to implement community-based interventions, including: strengthening Health Facility Advisory Committees, which facilitated community meetings with traditional leaders and health centre staff; community-based educators who conducted community health talks and worked closely with health facility staff to strengthen male involvement, ANC attendance, and facility delivery; and Male Study Circles, groups of men who meet to discuss reproductive health matters.

Technical Support, Monitoring & Evaluation for Effective Programme Delivery

Analytical Statement of Progress:
The 2015-2016 RWP has been developed with MoH and key IPs.

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

UNICEF has been actively engaged in strategic dialogues with Government and donor partners to support the WASH programme. The 2014 Joint Sector Review was successfully conducted with high-level representation both from the sector Ministry and donors. Key issues around decentralisation, financial and technical capacity were discussed and a way forward agreed. UNICEF provided both technical and financial support to the process. In terms of service delivery, this year’s UNICEF contribution includes a total of 205,500 people in rural areas gaining access to safe water supply services from the construction and rehabilitation of 822 water facilities.

OUTPUT 1 Technical, Monitoring and Evaluation Support provided by 2016

Analytical Statement of Progress:

UNICEF provided support for preparing the 2014 Joint Sector Review and Sector Performance Report. On national strategies, key support was provided to the Task Force for the ODF Malawi 2015 Strategy and National Hand-Washing Campaign adopted by all players in the sector and rolled out to 28 districts for the promotion of household sanitation and hand-washing. In addition, the development of a water quality strategy for the sector is underway and development of the sector’s Drinking Water Quality Safety Plan is at an advanced stage. In addition UNICEF supported the rolling out of the sector’s M & E system, which has just been developed and rolled out to all the 28 districts.

OUTPUT 2 Technical, Monitoring and Evaluation Support provided by 2016

Analytical Statement of Progress:

This year’s contribution to rural water supply resulted in over 205,500 people served through construction of 161 new water points. Furthermore, 110,000 people regained access to water through repairs and rehabilitation of 440 water points. The water supply component of the WASH Programme was highly constrained due to lack of funding, while contractors faced implementation challenges because of fuel shortages (drilling operations are reliant on diesel). With significant funding now having been received for water supply (from the EU), this is expected to accelerate in 2014.

OUTPUT 3 Sanitation / ODF Strategy operational in 15 districts by 2016

Analytical Statement of Progress:

Following the rolling out of the ‘Open Defecation Free Malawi by 2015’ Strategy to all 28 districts, good progress was made in reducing OD practice from 11 per cent in 2011 to 6 per cent in 2014; UNICEF made a significant contribution towards this progress. In 2014, with UNICEF support, more than 1,400 villages were declared ODF with one Traditional Authority being declared ODF, and an estimated 112,260 new people gained access to a latrine as a result of CLTS in these ODF villages. The number still fell short of the target, largely due to the paradigm shift from subsidised to non-subsidised latrines. This required changes in behavioural and social norms where households take the initiative to construct their own latrines without a subsidy. The collapsing of household latrines due to loose soil condition also affected sustainable access to latrine services.

The programme has laid a good foundation for the sanitation marketing entrepreneurs, with the training of 50 entrepreneurs from the initial seven districts.
OUTPUT 4 Effective interventions for the promotion of hygiene practices fully implemented in 15 districts by 2016

Analytical Statement of Progress:
30 Community-Based Childcare Centres were supported with hand-washing facilities. An estimated 5,000 children in Malawi learned how to wash hands with soap in 2013, through regular coaching by caregivers in the CBCCs.

A total of 11,590 households installed a new hand-washing facility. This achievement can be attributed to the 1, 366 villages who declared Open Defecation Free status. In general, over 50 per cent of households in a village declared ODF tend to have a facility with soap and water (denoting a high probability of member(s) of the household practicing hand-washing with soap after using a latrine). Accordingly, a total of 225,805 people are estimated to have been reached with messages on hand-washing, especially during the CLTS triggering.

Hygiene promotion messages were disseminated through community radio stations, with coverage of over 383,000 people. More community radios are expected to come on line in 2014, increasing this activity. With trainings of additional stakeholders from community radios and other communication media, this intervention is gaining traction and implementation will accelerate in subsequent years.

OUTPUT 5 Technical, Monitoring and Evaluation Support provided by 2016

Analytical Statement of Progress:
Key capacity-building interventions included formation and training of 161 village-level water point committees, involving both pre-drilling training and community-based management training. In 2013, 121 area mechanics were also trained in minor water point repairs, in order to improve operation and maintenance. Community-based management training for all new and rehabilitated water points takes place through the UNICEF-supported WASH Programme. Hence the existence of Water Point Committees is an essential indicator for assessing the sustainability of water supply provision.

Districts monitor the activities of area mechanics, and also provide support through monthly meetings and coaching.

Based on the sustainability check commissioned by UNICEF in 2012 and completed in 2013, the average functionality rate is 94 per cent. Water point functionality remains an important issue for sustainable water access and the programme is working to address this.

OUTPUT 6 At least 2,000 primary schools in the 15 WASH districts have child friendly sanitary and hygiene facilities, improved water source on school grounds and hygiene education incorporated in the teaching by 2016.

Analytical Statement of Progress:
A total of 111 schools were provided with protected water sources within the school compounds, serving some 66,600 school children. A total of 67 schools were provided with improved sanitary facilities, benefiting 117,600 pupils.

In total, 77 schools were sensitised on three Key Hygiene Practices: latrine use, safe drinking water, and hand-washing with soap at critical times. School-Led Total Sanitation (SLTS) has been rolled out to all 15 focus districts. The development of National School Sanitation
Standards was finalised and awaiting approval by the Ministry of Education. The overall objective was to develop (i) detailed building designs, (ii) standardised bills of quantity, and (iii) Operations & Maintenance guidelines for sanitation facilities in primary and secondary schools, as well as Community-based Child Care Centres.

**OUTPUT 7** Technical, Monitoring and Evaluation Support provided by 2016

**Analytical Statement of Progress:**

Rolling work plans (2015/2016) were developed and agreed with implementing partners for this sector, which are being implemented. Uncompleted tasks from the RWP will be incorporated into the RWP (2015/2016).

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

**Analytical Statement of Progress:**

There was improved initiation of sector wide mechanisms and a sector working group for child development within the Ministry of Gender’s coordination and planning of child development activities. It has also been an important step towards strengthening the Ministry of Gender in their coordination and leadership role, whereas early childhood development has historically been split between Ministry of Gender and Ministry of Education. A performance review of both the ECD policy and the implementation plan initiated in 2014 is expected to provide discussions which could lead to development of a comprehensive M&E framework that will guide tracking of results in the next cycle of ECD implementation (2015-2020). As a requisite to this process, a national mapping of ECD services (CBCC’s centres and services) is currently underway, to be completed by end-January 2015. To date, 88 per cent of all ECD services have been mapped, providing a comprehensive picture of the ECD service sector in Malawi. As a part of ongoing quality improvement, UNICEF supported the development of Early Learning and Development Standards (ELDS) in 2014. Content and age validation are expected to be finalised by mid-2015. The standards will provide ECD service providers with parameters of what children aged 0-5 years ought to know and be able to do, thus providing impetus to teachers’ instructional development, ECD curriculum reviews, ECD materials development and parenting education programs content development. As a step towards an improved, enhanced cross-sectoral approach and coordination 100 CBCC’s were clustered with 100 primary cluster leader schools across Malawi, which will improve communication and transition between the two levels of education thus creating a stronger link between early childhood services and basic education.

**OUTPUT 1** Legislation, regulatory frameworks, standards and implementation guidelines in place to operationalise the ECD policy.

**Analytical Statement of Progress:**

The Ministry of Gender, Children and Social Welfare is the latest Ministry to prepare for and initiate a SWAp for child development programme coordination. This is attributed to investment UNICEF has made, through technical support, in improving sector coordination, management and policy development. The ECD technical working group falls under the child development working group and has membership of Government departments, donor partners and civil society institutions, meeting four times a year to develop a joint ECD priority agenda and follow
through on implementation. These mechanisms are a milestone achievement towards enhanced sector coordination. In order to harmonise various ECD training programs taking place in Malawi in terms of quality of standards, in 2014 UNICEF supported the Ministry of Gender to start the process of developing a framework to guide the development of a National ECD Training Strategy, which is now being drafted through joint donor support. In 2014 the MoGCSW and UNICEF planned to carry out a comprehensive review of the policy and strategic plan in order to assess their relevance, effectiveness, impact, efficiency and sustainability. The recruitment process was stalled during 2014 but is being finalised. A consultant is expected to review the current ECD strategy and develop a new strategic plan in 2015. The revised ECD policy will address critical issues such as ensuring equitable and high-quality ECD services are accessible to all children and their parents through parent education and support programmes. The revised policy will give high value to building effective co-ordination systems for maximising the use of resources and effective delivery of ECD services. Furthermore, it will address integrated approaches to ECD training, curricula and methods in addition to ECD indicators, databases, evaluation and monitoring systems and action research programs.

OUTPUT 2
Programmes to improve school readiness for children aged 5-7 years developed.

Analytical Statement of Progress:
The socio-economic benefit of high-quality ECD programmes for poor families has been well researched and documented. These range from savings in later life educational achievements (efficiency) to good health-seeking behaviours and responsible citizenry. With this background, UNICEF supported the Ministry of Gender to develop and establish 10 Comprehensive Community Based Child Care and Development Models in Salima, Nsanje, Zomba and Blantyre. Inherent in this comprehensive CBCC model are: a) universal designs of structures, b) feeding programs, c) child-friendly WASH facilities, d) inclusiveness of all children, e) parenting programmes, f) community outreach programmes, and; g) school readiness and transition programmes for primary school. In Nsanje and Chikwawa districts, UNICEF collaborated with WFP to start feeding programmes in both model centres and beyond. Other interventions included provision of age-appropriate play and learning materials, improving the quality of ECD services for about 900 children. Finally, capacity development in basic ECD pedagogical skills was provided all caregivers in the completed model CBCC, ensuring a supply of adequately trained staff in the model centres and beyond (in total 735 caregivers were trained).

OUTPUT 3
Programmes to improve school readiness for children aged 5-7 years developed.

Analytical Statement of Progress:
The main aim of the school readiness program is to provide necessary requisites to early learning institutions (CBCC's) so that children who go through these institutions are prepared and ready to learn when they transit to primary school. The necessary requisites include resourced early childhood centres, care-givers and a clear framework of development standards for children. To achieve these goals, UNICEF in 2014 supported Ministry of Gender to review the Early Learning and Development Standards in light of expert’s comments at UNICEF HQ and ESARO; a process of content validation of the Standards is ongoing. The ELDS will inform the review of the ECD curriculum for quality improvement of the ECD programme. Further, in response to low capacity of caregivers to provide quality early learning services to children, UNICEF supported the Ministry of Gender to develop a framework to guide the development of a National ECD Training Strategy. The Training strategy will define various levels of ECD capacity trainings for various interest groups, minimum requirements for each level of training, service delivery points, and suggestive course content. UNICEF has continued to support procurement of high-quality, age-appropriate play and learning materials and training of
caregivers in CBCC’s throughout the country. Between 2013 and 2015 about 120 CBCC’S benefited from materials supply. Notable results were recorded in overall CBCC enrolment, from 30 per cent in the 2011/12 reporting year to 39 per cent enrolment in 2014/15.

OUTPUT 4 Technical, Monitoring and Evaluation Costs

Analytical Statement of Progress:

The 2014 ECD Rolling Plan was jointly reviewed with the Ministry of Education, Ministry of Gender and Ministry of Youth. The joint review process established a critical link between the three levels and domains of education (ECD, Basic Education and Youth). The review process took into consideration successes, bottlenecks and challenges in meeting set targets. Over-ambitious planning, poor sector collaboration and lack of a credible M&E framework on ECD were main challenges. The review of obstacles and challenges paved the way to better prioritisation of ECD interventions in the 2015/16 rolling plan and led to new thinking of how to improve sector coordination and financing. Continued efforts to establish stronger links across sectors for quality education to take place will improve communication and transition between various levels of education and provide important understanding of priorities and bottlenecks between the three sectors.

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

Analytical Statement of Progress:

Despite considerable gains in overall primary school enrolment (111 per cent Education Management Information System (EMIS), 2013; 86 per cent Welfare Monitoring Survey (WMS), 2011; EMIS is currently not able to capture credible net enrolment data due to the outdated population census and counting for over- and under-age children) the education system continues to face internal and external challenges. Most noticeable in 2014 was the ‘Cashgate’ financial scandal, which led to most donors withdrawing from joint pool funding arrangements, resulting in weakened SWAp mechanisms. However, development partners continued to meet and support each other in joint planning and programming, prioritising basic education and focusing on bottlenecks, in particular around girls’ education and learning outcomes. In line with this approach a joint UN programme on girls’ education was initiated in three districts where UNICEF supports and oversees education and protection components while WFP and UNFPA support nutrition and SRH components of the programme. A pre-implementation period, including central and district level consultations, development of an M&E framework and communication strategy took place during August-November 2014, resulting in a widely acknowledged programme reaching out to more than 40,000 in- and out-of-school girls. The programme is expected to result in a more gender-responsive, safe and quality education environment for adolescent girls in particular. In fact, the programme is targeting girls from std. 5 in particular, where gender disparities start to emerge, resulting in a gender parity index of 0.86 at std. 8 and critically low transition rates to secondary school. The first Steering Committee Meeting for the programme took place in December; coordination structures at all levels were put in place with full buy-in and support from the Ministry of Education.

The rapidly changing funding environment also led development partners to spend more time and effort on common funding arrangements, such as the GPE process. UNICEF contributed significantly to that process, for example by providing technical support to ensure the development of the education sector plan (ESIP II), which grounds the GPE application and appraisal. The document was finalised, printed and published with support from UNICEF and
endorsed by all DPs by end of November. A critical component of the GPE appraisal process is to develop a gender-responsive education sector plan. Through UNICEF and UNGEI support, national and international consultants worked in collaboration with the Local Education Group, analysing and collecting country-specific data on gender and inclusion. Workshops were held with all critical stakeholders and key interviews were conducted. The tool was used to integrate gender-specific information and analysis in the final version of the ESIP II, and will be an important part of future planning and programming for Government, NGOs and individual agencies interested in supporting girls’ education and development. These efforts have strengthened the focus on the importance of girls’ education and gender-responsiveness, resulting in increased partner engagement in, and priority for, programmes that aim to support girls’ education and learning outcomes. These priorities in particular, will also be highlighted in the development of GPE programme support (currently underway). Overall learning achievement has declined in recent years, indicating poor quality and lack of internal efficiency (high repetition and dropout). As a means to address the situation UNICEF has provided extensive technical and financial support to revitalise and strengthen the national primary school improvement program (PSIP). The process included recruitment of a technical advisor; development and revision of key strategies (such as repetition caps) and piloting of a cluster system; focusing mainly on information-generation and sharing; and management and continuous professional development of teachers. Supporting and sustaining the PSIP is crucial for overall quality education to improve in Malawi as a key component of the national basic education system and its development.

OUTPUT 1 A national Education Assessment system for monitoring quality standards of basic education developed by 2014 and operationalised by 2016

Analytical Statement of Progress:
UNICEF made headway in finalising (analysing and disseminating) a system for monitoring of learning achievement by providing both financial and technical support to the overall development and operationalization of the system. In 2014 a consultant provided critical support to analyse and write up results from the first round of assessment done in 2012. The analytical report was published and shared among key stakeholders by mid-2014. Public discourse and dissemination of the report’s findings was a milestone in terms of the Malawian Government openly discussing the fact that academic achievement is deteriorating and that special measures need to be taken to improve the situation. The discourse actually led to extended UNICEF support in the form of developing an overall national assessment framework. The framework has now been drafted and is expected to be finalised in 2015. Once fully operational, it will coordinate all major learning assessments taking place in the country (i.e. EGRA, MLA, standardised tests etc.) and harmonise efforts to improve academic achievement.

Furthermore, UNICEF has engaged in partnership with the University of Malawi, carrying out longitudinal action research (2013-2016) on school improvement and learning outcomes to better understand the education context and track data on academic achievement. Initial results from the study indicate the importance of schools developing a child-friendly school improvement plan (as a part of the PSIP) on both academic achievement (decreased dropouts and improved completion rates) and community linkages and accountability. The second phase of the research, planned for in 2015 – 2016, will focus more on the effects on learning outcomes in core subjects like such as English and Math. Methods will be aligned with the above-mentioned MLA assessments to facilitate comparative analysis. During 2014 monitoring and planning capacity at both central and district level were strengthened considerably through training and planning sessions for education M&E focal points and Primary Education Advisors within the 10 focus districts, resulting in improved coordination and information management, in
particular at the sub-national level. Both national and district level EMIS officers took part in a multi-country MoRES conference held by UNICEF in April, identifying best practices and bottlenecks in terms of data gathering and analysis. Based on, and as a part of this support, an agreement was initiated in November 2014, for further partnership between EMIS, National Statistical Office, DFID and UNICEF. The partnership will result in stronger education analysis and utilisation of information at district and national level and support the development of systematic data reporting system at school level.

Last, two districts (Mangochi and Salima) were supported during 2014 to develop their socio-economic profile and district development plans to increase coordination among different district officers. This has resulted in the districts’ focusing on prioritisation and realisation of activities, in particular education, from a human rights-based perspective. One of the two districts was also supported technically and financially to set up a district partner network making communication, planning and reporting more efficient.

**OUTPUT 2** At least 3,000 teachers, with an emphasis on females, have knowledge and skills to deliver the national primary education curriculum and are deployed in 1,000 schools in 10 low performing districts.

**Analytical Statement of Progress:**

In cooperation with MoEST a holistic national education assessment system has been under development; the first round of which took place in 2012 in 225 schools across the country assessing performance of students in standard 2, 4 and 7 in three key subjects: English, Chichewa and Math. Analysis and dissemination was constrained during all of 2013 due to internal and external factors within and outside the Ministry of Education (i.e. lack of Government buy-in and delayed technical support). However, in 2014 UNICEF made headway in procuring continued technical support to enable the ministry to analyse the results of the first assessment and write them up in a user-friendly and accessible report. The summary report was published and disseminated among key stakeholders by mid-2014, which resulted in an important dialogue on the status of learning outcomes and academic achievement in Malawi among the Ministry of Education and development partners. Apart from assessing students’ achievement, it also made use of questionnaires for teachers, head teachers and learners seeking information about the teaching and learning environment and factors contributing to student achievement. Key findings show a significant positive correlation between students being assigned homework, having access to books in the home and the educational level of parents to their achievement in all three subjects. Increased leadership responsibilities of head teachers and teachers undertaking in-service training also showed strong and significant relations with better achievement. A very important finding also indicated that when students are made to repeat a class it has a negative influence on their achievement. Findings of this sort, factors contributing to or impeding children's learning outcomes, have not been widely discussed within the education sector in Malawi until recently. The publishing of the report contributed to that important step being taken amongst both development partners and especially the Ministry of Education. In fact, one outcome of the discussions was UNICEF support for the development of a National Assessment Framework. The framework was drafted during 2014 and is expected to be finalised in 2015. The framework will synchronise and coordinate all major assessments taking place in the country, identify gaps and harmonise efforts from different development partners. It is expected to run every three years (with support from partners); preparation for the second round of assessment, to take place in 2015, is now underway, with support from UNICEF.
OUTPUT 3 At least 3,000 teachers, with an emphasis on females, have knowledge and skills to deliver the national primary education curriculum and are deployed in 1,000 schools in 10 low performing districts.

Analytical Statement of Progress:
In 2014 a renewed effort was placed on establishing pre-service and in-service training through partnerships with NGOs that facilitate training of tutors in both public and private teacher training colleges and oversee in-service training of teachers as a part of the PSIP support and cluster system pilot. Key progress was achieved by creating a link between teacher training institutions and teachers in service, through the facilitation of continued mentorship from tutors to student teachers and newly recruited teachers in the field. This support has been vital, since new teachers often feel overwhelmed by the harsh environment they are faced with, particularly in rural areas. The programme has already managed to enhance more than 1,000 student teachers’ skills and competencies, particularly in terms of child-centred and gender-responsive pedagogy, as well as in establishing and sustaining safer and more conducive learning environments in the 100 selected cluster schools. In 2014, UNICEF began collaborating with the Teachers Union of Malawi, advocating for female teachers to receive incentives for being deployed in rural areas and working towards gender-sensitive and protective school environments, as well as ensuring positive role models for adolescent girls.

As part of pool funding, UNICEF engaged in constructing a teacher training college with capacity for 540 teacher-trainees serving both distance and conventional training. The college is expected to open in the beginning of the 2015 academic year. Services (including electricity and water), which are to be provided by the Government, were delayed but UNICEF continues to put efforts into having all elements of the college finalised (hardware and software) before the planned opening.

OUTPUT 4 At least 1,000 primary schools in 10 low performing districts implement the comprehensive Child friendly school model that supports behaviours and social change for the education of girls and children with special needs.

Analytical Statement of Progress:
Support to enhance the child-friendliness of schools within the 10 focus districts is being applied through a range of interventions addressing related to: enabling environment, supply, quality and demand. Apart from the CFS concept being mainstreamed in the national PSIP, which now regards the five CFS components as the basis of quality education provision, UNICEF also initiated and continued several programmes in 2014 focused on providing child-friendly interventions, in particular in the 100 cluster schools. Progress was most noticeable through:

- Support for development, printing and distribution of a gender-responsive guide to all 100 cluster schools (and beyond), reaching approximately 80,000 students
- Construction and rehabilitation of infrastructure in 130 schools (including classrooms, libraries, resources centres, pit latrines and drilling of boreholes), resulting in improved and safer learning environments for more than 100,000 students
- Introduction of a software component within the KGIS programme (covering 118 schools in 2014) focusing on education for girls’ pubescent development through support groups, mother groups and parent-teacher associations. The support groups provide guidance to adolescent girls on menstrual hygiene management through discussion on sanitary material use and accessibility, understanding puberty and normalising the girl’s transition to womanhood. The programme further includes boys in these discussions so both are
involved in championing girls’ empowerment and against sexual assault that girls encounter going to and from school

- Scholarships for 320 girls in two districts under the UN joint programme on girls' education (JPGA) programme, enabling them to transit to secondary education
- Through partnerships with Forum for African Women Educationalists in Malawi (FAWEMA) – Creative Centre for Community Mobilization (CRECCOM) two ongoing programmes focusing on girls’ education and empowerment were continued in 2014. Key results were achieved on training of mothers’ groups and support groups and building capacity at school level for increased gender-responsiveness (teachers, SMCs, PTAs). This resulted in 45 schools developing and implementing gender-sensitive school improvement plans. The participating schools have recorded increased enrolment and retention of girls during the life of the programmes, along with improved children's participation. This is evident through increased responsibility and initiatives taken by the girls themselves, advocating for girls' education in their communities and supporting dropouts to return to school.

OUTPUT 5 Project Support—Technical Support and Monitoring and Evaluation for Effective delivery of Basic Education programmes.

Analytical Statement of Progress:
In November 2014, a joint UN and sectoral-review of results for the year of 2014 took place. It was the first time a Joint UN and cross-sectoral educational review took place, which was a very positive step towards increased multi-sectoral and strategic planning approaches. Four UN agencies (UNICEF, WFP, ILO and UNFPA) participated. The key ministries covering education Ministry of Education, Science and Technology, Ministry of Youth and Ministry of Gender took part in the joint review and planning meeting, where priority areas for 2014 were identified.

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

Analytical Statement of Progress:
Access to opportunities for out-of-school children and youth were expanded considerably in the last year as a result of establishment of a SWAp and a youth policy. In 2014 the key achievement was to move from project approach to a national and sector-wide approach through identifying scalable and effective models to be adopted nationwide. UNICEF supported the Ministry of Youth in drafting a comprehensive programme on literacy and livelihood skills, underpinning the Ministry’s strategic plan and the overall sector plan identifying and further developing two successful programmes.

Firstly, UNICEF identified a programme on literacy and numeracy collaborating with Adolescent Girls’ Literacy (AGLIT) in Mwansa and Neno districts of Malawi. The project is a community – based Complementary Basic Education (CBE) Programme, with the goal of improving the quality of life for these youths by ensuring that they have the skills and knowledge to support themselves, thereby ending the cycle of poverty in their communities. The project offers an opportunity to attain basic skills, equivalent to completion of Standard 3, and to return to formal primary school. This project was, in 2014, proposed through national consultation for adoption to the Youth sector. The adoption will ensure scalability of a well-implemented and coordinated response to school dropout.

Another programme modelled by UNICEF and identified to be adopted as a part of the national youth standards and framework is the project multipurpose youth centres. The project targets
key youth organisations to design multipurpose youth centres for the provision of holistic services for youth. The expansion of the centres went from 600 to 1,200 this year and has directly benefited nearly 2,700 youths in the two targeted districts, who completed a two-year youth club programme at 90 youth clubs established in 90 communities. Ninety volunteer facilitators were recruited from communities to facilitate the CBE and approximately 11,000 community members were mobilised to create positive support for the youth club participants and to increase their engagement with local education and health services. Importantly, this was the second model piloted by UNICEF to be taken up as one of the key investments the sector will make in the coming years. The key results for both projects led to elevating them from project modality to a national system approach based on evidence-based modelling.

OUTPUT 1 At least 7,500 out-of school young people (18 -24 years) in 10 low performing districts acquire functional literacy and numeracy by 2016

Analytical Statement of Progress:
In developing the work plan for CBE, it was placed within and aligned to the pool of SWAp. The concept of CBE has therefore been mainstreamed within the MoEST, which now makes it much easier to track through EMIS data. The programme UNICEF supports targets districts with the highest dropout rates at primary levels, responding to the need for alternative learning pathways and ‘bridges’ into formal education such as CBE. In 2013/14, the sector established 600 new CBE learning centres for first-year pupils in 10 districts (except Mwansa), giving an additional 19,600 children access to CBE, of which 56 per cent are female learners. Overall, the total number of learning centres is 1,140, representing a 90 per cent increase; the total number of children accessing CBE is 41,145, of whom 55 per cent are female learners.

OUTPUT 2 At least 2,500 adolescents and young people particularly girls in 10 low performing districts acquired demand driven livelihood skills by 2016

Analytical Statement of Progress:
The Ministry of Youth and Sports, in collaboration with UNICEF, supported the modelling of functional literacy program in Chikwawa and Mangochi with support of the Joint Programme on Adolescent Girls (JPAG) by AGLIT, a local NGO reaching 600 out-of-school youth – of whom 30 per cent re-enrolled in school. AGLIT, at the same time, was implementing the Coordinated Responses to School Drop-out Project in Neno and Mwansa districts, funded by DFID, reaching 2,700 girls in these two districts.

In 2014 UNICEF significantly shifted from a project approach towards developing partnerships around functional literacy and numeracy. This was done in particular to respond to the fact that the national targeted number was significantly low compared to the overall need and the strategy was unclear. The process of moving towards a systematic national approach took place through four national consultations where the programme was reoriented to a district-based programme named: ‘Action for Adolescents’. A key was to make sure that the programme would align with the devolution strategy and standards recently put in place, providing more decision-making power to districts to handle youth and adolescent issues and development. This has culminated in operational national joint and comprehensive youth programmes (sports, non-formal education and livelihood training) in 11 focus districts (including hard-to-reach and underserved Likoma Island) targeting 11,000 youth.

Additionally, through the newly established Joint Programme on Girls Education (JPGE) UNICEF entered into a new partnership with MOSY and The Adolescent Girls Literacy Program
to roll out a functional literacy program in Mangochi, Dedza and Salima under the JPGE, targeting 2,500 girls in addition to the district-based programmes.

**OUTPUT 3** At least 2,500 adolescents and young people particularly girls in 10 low performing districts acquired demand driven livelihood skills by 2016

**Analytical Statement of Progress:**

In 2014 UNICEF, in collaboration with MOSY, supported the construction of the Thyolo Youth Multi-purpose Centre and continued to provide support for the Bangwe Multi-Purpose Centre in Blantyre through the National Youth Council and Ayise, a local NGO. Key results of this support were the holistic life skills services now available to approximately 10,000 adolescents and youth, focusing on a range of activities such as sports, health, reproductive health, ICT and livelihood skills trainings.

**OUTPUT 4** A coordination and management mechanism (including M&E) for adolescents and youth development operationalised at national and district level by 2016.

**Analytical Statement of Progress:**

The Ministry sensitised districts on youth policies – resulting in increased capacity at district level to work in accordance with the devolution policy and standards. This was particularly important to support the uptake and coordination of two national programmes around functional literacy and multipurpose youth centres, which are to be fully functional and coordinated at the district level. Furthermore, this year UNICEF and MOSY organised a national coordination platform on youth planning meeting every quarter and provided extensive capacity building for all District Youth and Sports Officers in the country's 34 districts, to follow through with devolution processes and the systematic approach to adolescent programming.

**OUTPUT 5** Technical, Monitoring and Evaluation Support for effective delivery of Youth Development programmes.

**Analytical Statement of Progress:**

A joint UNDAF review and annual priority plan was developed under the UNDAF outcome group on education, including the Ministry of Youth, Ministry of Education and Ministry of Gender. An annual work plan for 2015 - 2015 was developed and signed by Ministry of Youth as a part of the overall BEYD work plan.

**OUTCOME 8** 80 per cent of adolescents and young people in and out of school, have correct information, relevant skills and services to reduce their risks and vulnerability to HIV by 2016

**Analytical Statement of Progress:**

Against this ambitious target, some gains were realised in increasing young people's correct knowledge of HIV and AIDS. During 2014, UNICEF particularly targeted 11 of 28 districts in the country with mass media, outreach campaigns and school- and community-based interventions. In addition, UNICEF's supported Youth Net and Counselling (YONECO) to provide counselling via a hotline. In 2014,

UNICEF, in partnership with UNESCO, UNFPA and the MoH, supported the Ministry of Education to review the secondary school curriculum and incorporate comprehensive sexuality education across a number of subject areas such as Biology, Social Studies and Life Skills Education. To supplement the curriculum, UNICEF supported the development of IEC materials
on HIV and AIDS and SRH that were distributed through Adolescent Clubs. In 2015 UNICEF will focus on scaling-up adolescents’ access to information on HIV prevention and HTC/PITC for early identification of adolescents living with HIV, as well as scaling up adolescents’ demand for and access to condoms, treatment, care and support for adolescents living with HIV and voluntary circumcision for male adolescents.

UNICEF supported Banja La Mtsogolo (BLM) to provide outreach services, including condom promotion and distribution, to adolescents. By end of Q3 2014, BLM had distributed 99,000 male and female condoms to adolescents in 11 intervention districts. This was complementary to the national ‘Condomise!’ campaign undertaken by UNFPA, Ministry of Youth and National Youth Council to mobilise adolescents and youth to demand and utilise condoms for STI/HIV prevention and family planning. In addition, 1,403 adolescents were provided with family planning services and 1,400 adolescents screened and treated for STIs.

UNICEF supported BLM to provide mobile testing and counselling services to adolescents in hard-to-reach areas. Through this partnership with BLM, more than 33,000 adolescents aged 10-to-19 were reached with HTC and post-test support services, including IEC, condoms, and STI screening and treatment, and family planning services. Reports indicate that younger adolescents, non-pregnant females, and adolescent males utilised outreach services more than static facilities.

To improve the coverage and quality of HTC, including provider-initiated testing and counselling, and referral to post-test support services, UNICEF also supported training for 341 HTC counsellors in the 11 intervention districts.

OUTPUT 1 National and local coordination mechanisms, M&E Guidelines and frameworks for effective HIV and AIDS service delivery for young people developed and operationalised by 2012

Analytical Statement of Progress:
In districts, Youth Technical Sub-Committees (YTSCs), District AIDS Coordinating Committees (DACCs) and stakeholders’ meetings are important coordinating structures to identify gaps in service delivery and prioritise areas for strengthening. For example, UNICEF’s support to BLM’s outreach service delivery was determined through these district coordination structures. In 2014, UNICEF supported 11 intervention districts to revive their YTSC, DACC and stakeholder forums. As a result, meetings were held on a regular basis to better coordinate activities and target specific areas for further support.

OUTPUT 2 At least 1,600 in-school Anti-AIDS Clubs in 1,600 schools in 10 high prevalence districts are operational and delivering HIV prevention information by 2016.

Analytical Statement of Progress:
According to the Ministry of Education’s mandate, all students in primary and secondary schools are exposed to HIV and Life Skills Education through curriculum-based learning areas (Life Skills, Social Studies, Biology and Human Ecology) and through co-curricular activities (Adolescent Clubs)

UNICEF supported a review of the secondary school curriculum to incorporate Comprehensive Sexuality Education (CSE) in a number of subject areas (Biology, Life Skills, Social Studies and Human Ecology/Home Economics). The new curriculum started being implemented in
UNICEF also supported the revival and establishment of 969 adolescent clubs with 31,274 active peer educators. An external review of select districts found heightened awareness of HIV risk behaviour in schools with clubs that address HIV issues, and reportedly had an impact on reducing unplanned pregnancies.

However, Life Skills education does not cover private schools and is optional for secondary schools.

**OUTPUT 3** A creative peer to peer youth behavioural change interpersonal communications rolled out in 10 high prevalence districts and interactive media communication model developed.

**Analytical Statement of Progress:**
In 2014 UNICEF scaled up peer education through 969 adolescent clubs, sister-to-sister clubs, and 38 teen clubs for adolescents living with HIV (ALHIV), all of which were supported with evidence-based IEC materials.

In addition, UNICEF's partner Pakachere developed national and community radio and TV programmes to provide adolescent-focused information and opportunities for adolescents to participate in discussions on HIV and ASRH related topics.

UNICEF also supported the National Child Helpline to reach adolescents with information and referrals on HIV and SRH. The majority of calls received were inquiries related to HIV, SRH and relationships. In addition, more than 119,000 callers received information on HIV and SRH using a bulk SMS system.

However this output is constrained because coverage is still low.

**OUTPUT 4** 80 per cent of out-of-school adolescents and young women in 10 high prevalence districts have capacity, skills and access to HIV prevention services (including education, condom distribution, and HIV testing and counselling [HTC]) implemented at national level by 2016.

**Analytical Statement of Progress:**
Malawi has made a concerted effort to improve the quality of HTC service delivery. In 2014, UNICEF supported training 341 new HTC Counsellors to improve the access of adolescents to HTC and post-test support services.

In addition, UNICEF supported Baylor University to establish 38 Teen Clubs reaching 1,779 ALHIV. These adolescents were provided with peer support for treatment adherence and retention alongside improved clinical management and linkages to social protection services. Through the Teen Clubs, ALHIV and their parents/guardians were supported by clinicians and community volunteers to cope with their HIV positive status, treatment challenges, stigma and discrimination and adolescent growth and development. Reports from Baylor show that the default rate among the adolescents in Teen Clubs is negligible. However, overall coverage is still very low.

**OUTPUT 5** Technical, Monitoring and Evaluation Support for effective delivery of HIV Prevention for Adolescents and Young People programmes.
Analytical Statement of Progress:
2015-2016 Rolling Work Plans were developed with the Ministry of Health and Key implementing partners.

OUTCOME 9  A child protection system in place, for improved and equitable prevention of and response to violence, abuse, exploitation, neglect of children and impact of HIV and AIDS by 2016

Analytical Statement of Progress:
As part of putting in place an operational child protection system, various standard operating procedures, guidelines and policies were finalised in 2014, including the Child Care, Protection and Justice Act, child diversion guidelines and guidelines on treatment of sexually abused children used in One Stop Centres. In order to establish the baseline for violence against children incidence, UNICEF supported the MGCDSW to undertake the first-ever nationally representative survey on violence against children (VACS 2014). UNICEF continues to support MGCDSW to build its capacity in terms of staff training and supporting implementation of activities. UNICEF also continues to support child protection services at various levels, including: One-Stop Centres, Community Victims Support Units, Police Victim Support Units, children’s corners, community based childcare centres and birth registration services. In addition, UNICEF continues to support case management of the most vulnerable children, including victims of violence and neglect and an information system to analyse and report child protection-related data. Functionality of the child protection system is, however, fragmented as the system works better in mostly urban areas where structures are stronger than in rural areas.

The target for the number of children accessing CBCCs in the CP strategy (2012-2016) is 830,000; as of end-2014, 735,000 had accessed CBCCs, with UNICEF support. Of a target of 50,000 cases of violence against women and children officially reported to authorities by 2016, 29,780 cases had been reported as of 2014.

Although the law on civil registration was revised and approved in 2010, birth registration continues to be a challenge. No mechanisms are in place to operationalise the process, as birth notifications (reports) are being processed at hospitals and in villages. It is envisaged that the birth reports will be used to process birth certificates when the system is in place. In 2014 alone, a total of 53,506 children were issued birth reports. However, the 2011 Welfare Monitoring Survey reported that the number of children under age two with birth certificates was just 2.3 per cent. The 2014 MDG Endline Survey reported that the percentage of under 5 children with birth certificates was 5.6 per cent.

A total of 5,106 women and children benefited from a comprehensive child protection package in 2014 alone. Cumulatively, about 16,000 children have accessed these services since the inception of the CP strategy.

The budget allocation for child protection in the Ministry of Gender, Children Disability and Social Welfare, although increasing in nominal terms, has been declining in real terms. Dwindling resources have resulted in challenges in implementation of activities on the ground. The Child Protection Information Management System has been developed and hosted, and is ready to be rolled out to districts in a phased approach, starting with the three child protection model districts.
OUTPUT 1 National regulatory frameworks, standards, implementation guidelines, institutional coordination mechanisms, capacity building plans, accountability and enforcement frameworks for child protection in place by 2016.

Analytical Statement of Progress:
Malawi has made a concerted effort to improve the quality of HTC service delivery. In 2014, UNICEF supported training 341 new HTC Counsellors to improve the access of adolescents to HTC and post-test support services.

In addition, UNICEF supported Baylor University to establish 38 Teen Clubs reaching 1,779 ALHIV. These adolescents were provided with peer support for treatment adherence and retention alongside improved clinical management and linkages to social protection services. Through the Teen Clubs, ALHIV and their parents/guardians were supported by clinicians and community volunteers to cope with their HIV positive status, treatment challenges, stigma and discrimination and adolescent growth and development. Reports from Baylor show that the default rate among the adolescents in Teen Clubs is negligible. However, overall coverage is still very low.

OUTPUT 2 Ten of the most disadvantaged communities in each of 250 Traditional Authorities adopt protective child protection practices and have access to an expanded range of protection services that include early identification, case management, referral and HIV care and support, by 2016.

Analytical Statement of Progress:
To date 565 ‘Journey of Life’ sessions were held in 2014 alone. Following the mid-term review, strategic changes were made, which for Child Protection included strengthening Journey of Life results and focusing on quality. Case management system tools were revised, pretested in Lilongwe, Mangochi and Blantyre and validated by a core group. These will be presented to the national working group for endorsement, before going through the rest of Government approval process. Although knowledge on identification and response to violence is being passed on through journey of life sessions, there is still a need to ensure that the transfer of knowledge translates to behaviour change. Access to and availability of child protection services also remains a major bottleneck.

OUTPUT 3 Project Support

Analytical Statement of Progress:
A consultant to develop the Child Protection Model has been identified and work will commence in January 2015. A Task Force comprising Government, civil society organisations and UNICEF has been instituted to provide guidance and monitor the work of the consultant. The Task Force will be reporting to the Technical Working Groups on Social Welfare and Child Development. The designed model is expected to be piloted first in three districts: Dedsa, Mangochi and Blantyre.

OUTPUT 4 Project Support

Analytical Statement of Progress:
A web-based Child Protection Information Management System has been developed and is currently hosted on a trial basis. The system, however, is going being enhanced, as some important functionalities were not covered by the ToRs of the initial consultancy to develop it. It
is planned that the system will be ready for roll-out in the first quarter of 2015, beginning in the model districts of Dedsa, Mangochi and Blantyre.

**OUTPUT 5** Project Support

**Analytical Statement of Progress:**

Two year Rolling Work plans 2015-16 developed and agreed with implementing partners for this sector. A partners’ meeting was convened to review the first two years of implementation of the Child Protection Strategy.

**OUTCOME 10** An integrated child sensitive social protection system targeting the most vulnerable households implemented by December 2016

**Analytical Statement of Progress:**

Advocacy towards leveraging both public budget and donor support for social protection continued during the year. Joint advocacy with development partners influenced the Government budget allocation for the SCTP as well, which increased from US$ 155,000 in 2012/13 to US$3.1 in 2014/15. The Ministry of Gender, Children and Social Welfare (MoGCSW) and Ministry of Finance and Economic Development (MoFED) were supported to strengthen coordination. The strengthened coordination among DPs successfully resulted in establishment of more than 50 new posts dedicated for the SCTP within the MoGCDSW. Slow progress has been achieved in scaling-up the SCTP; nine districts were implementing in 2014. Targeting is underway in six more districts.

**OUTPUT 1** NSSP M&E DRRs implemented.

**Analytical Statement of Progress:**

The National Social Support Programme (NSSP) monitoring and evaluation system development is in progress. A consultant started work in Q4 2014 with the expectation of finishing by Q2 2015. A situation analysis, which is part of background work for the design and implementation of an NSSP M&E framework was conducted. Discussions are ongoing with the Government, UN agencies (FAO, WFP, UNDP) and the World Bank to design a harmonised targeting of social protection programmes and a single registry of beneficiaries, which will allow the introduction of a flexible cash transfer to meet humanitarian needs. The section also has led the process of developing UNICEF Malawi’s resilience strategy across all the sections and contributed to the development of an UN-wide strategy on resilience.

**OUTPUT 2** National and district capacity to implement Social Cash Transfer Programme strengthened for its scale up.

**Analytical Statement of Progress:**

Recruitment of a consultant to assist with a capacity development plan for the MoGCSW and MoFED, in order to identify critical capacity gaps and most effective modalities for strengthening capacity in the identified areas, is currently underway. Work on knowledge generation around social protection, particularly on the SCTP was in progress. The findings of the baseline study were presented in early 2014. The findings revealed the need for revising beneficiary targeting mechanism. These findings opened up an important discussion by the Government and other stakeholders about the need to take corrective measures and make adjustments to ensure
impact of the programme. Data collection for the first follow-up survey was completed in November-December 2014 to measure impacts of the programme on poverty reduction and improvement of wellbeing and behaviour of children and young people in the targeted households.

OUTPUT 3 Linkages between the NSSP and social services strengthened for better impact on children.

Analytical Statement of Progress:

Slow progress was made in the design of linkage and referral systems for SCTP. Recruitment of a consultant to design a linkage and referral system, to enhance impact on poverty reduction and child welfare outcomes, is underway. Some efforts towards resilience-building are already underway, with WFP seasonal cash transfer to cover the lean season. Irish Aid is also supporting energy-saving stoves to cash transfer beneficiaries and the resilience programme supported by FAO.

OUTPUT 4 Technical, Monitoring and Evaluation Support

Analytical Statement of Progress:

2015-16 Rolling Work-Plan was developed jointly with Government and other implementing partners.

OUTCOME 11 Social exclusion is addressed through evidence based, equitable and child focused policies and budgets that reflect the views of children and youth by December 2016

Analytical Statement of Progress:

Despite challenges with human resource capacity for Social Policy outcomes, important progress was made during the year. The vacant position was filled in Q3 2014. UNICEF led the process of developing an analytical paper on the impact of “Cashgate” and continues to advocate for protection of the social budget, particularly recurrent expenditure for health, education and social protection, in order to minimise negative impact on the most marginalised population including children.

The initial paper influenced the position of the IMF and was used for its negotiation with the Government to ensure ring-fencing social sector recurrent expenditures for the revised budget. Follow-up papers were produced to put forward various funding options to protect the gains made towards the welfare of women and children of Malawi. Solid analysis on public finance has positioned UNICEF in the field of policy and budget analysis within the UN. In collaboration with the Malawi Human Rights Youth Network and Timveni, UNICEF led the advocacy to position children and youth on the Government agenda. The campaign titled “Malawi’s Majority, My Priority” involved children in identifying 10 key commitments to be advocated for with presidential candidates, and all 12 candidates signed a letter of commitment at a public event with children and youth. The event was massively aired by the Malawi Broadcasting Cooperation, raising public awareness about the commitments made by the future President. This has provided grounds for UNICEF to continue advocating for prioritising the 10 areas committed by all political party leaders, not only with the new Government formed after the elections on 20 May 2014 but also with elected members of parliament and local
councillors. The section led the development of UNICEF Malawi’s child participation strategy, aimed at achieving meaningful participation by children influencing national policies, programmes and budgets. Some of the recommendations were incorporated in the planning for the 2015/16 Rolling Work Plan.

OUTPUT 1 Policy, Budget and Plans at national and district level strengthened and evidence-based case developed for investment in children to influence social and economic policies, legislative measures, budgetary allocations and strategic planning processes.

Analytical Statement of Progress:

2014/15 preliminary budget analysis and 2013/14 budget performance review was completed and shared. Analysis contributed to evidence-based lobbying for increased expenditure on social sectors. The Public Expenditure Tracking Survey planned for 2014 only started in Q4, with a focus on education and health sectors, as a follow-up to 2008 survey. A preliminary visit to identify costs centres and fund flows was successfully completed as well as review of tools to be used.

OUTPUT 2 Children, youth and other stakeholders inform the design and review of national and local policies, legislation, plans and budgets through participatory mechanisms.

Analytical Statement of Progress:

Children and youth were effectively consulted in the prioritisation process to come up with the 10 commitment for children. Findings of the post-2015 child and youth consultation were also referred to. As part of the MTR, UNICEF planned to contract a consultant to review UNICEF’s strategy and programme structure to promote child and youth participation. Due to several challenges, the start date was postponed several times. It is expected that the consultant will be on board in September 2015. The Social Policy section actively participated in the review process of the Youth Parliament. In the second half of 2014 an office-wide consensus on how to better coordinate the Youth Parliament and participation of children and youth in local decision-making processes was expected.

OUTPUT 3 Quality reporting on CRC, African Charter on the Rights and Welfare of the Child, and other relevant international treaties and conventions completed and submitted on time.

Analytical Statement of Progress:

UNICEF provided both technical and financial support for development of the State Party reports on the CRC, Optional Protocols and the African Charter. The drafting process was completed and the reports were sent to the Ministry of Justice for their endorsement earlier this year. Due to capacity constraints the Ministry of Justice has not yet completed their review, so the reports were not submitted to the respective committees. UNICEF has followed-up regularly with the MoJ for timely submission.

OUTPUT 4 Technical, Monitoring and Evaluation Support

Analytical Statement of Progress:

2015-16 Rolling Work-Plan was developed jointly with Government and other implementing partners.
OUTCOME 12 Partnerships with Parliament, civil society, private sector and the media established and strengthened for the promotion of child rights

Analytical Statement of Progress:
Strengthening existing strategic partnerships and reaching out to new partners continued to be a priority for UNICEF Malawi in 2014. To ensure a systematic approach to partnerships and put in place a comprehensive monitoring framework, UNICEF developed a draft partnership strategy. The strategy outlines in detail how UNICEF Malawi will interact with key stakeholders.

Over the course of 2014 UNICEF Malawi’s key partnerships continued to focus on collaboration with Government, CSOs, academic institutions and the private sector. For instance, in 2014 it continued its partnerships with over 50 CSOs across all programmatic areas. While the focus of these partnerships has been mostly on service delivery, UNICEF intends to strengthen social accountability and advocacy-based collaboration through platforms like ‘A Promise Renewed’ and the ‘End Violence’ campaign. UNICEF Malawi has continued to partner with the Malawi NGO Coalition on Child Rights to support its capacity, and also strengthened strategic partnership with the Network for Girls’ Education in Malawi.

UNICEF Malawi has further worked to strengthen its partnership with the private sector, illustrating an integrated approach to corporate engagement focusing on CSR (CRBP), outreach, and resource mobilisation. Notably, in addition to the existing partnership with Standard Bank, in 2014 a new partnership with Airtel Malawi was signed. This partnership focuses on promoting communications and advocacy through SMS broadcasting. UNICEF Malawi also successfully hosted an event with over 30 companies to discuss ‘Child Rights and Business Principles’ in preparation for the official launch of the Principles in Malawi in 2015. Strategic partnerships were also established with media training institutions to support the provision of training in child rights reporting, as well as the University of Malawi to effectively track results in the education sector.

In 2014 UNICEF Malawi widened its engagement basis by entering into new partnerships with, for instance, the Netball Association of Malawi (NAM), TEDx Lilongwe, and the Malawi Interfaith AIDS Association. The latter led to the signing of a Declaration of Commitment to Child Protection by eight denominations.

OUTPUT 1 Young people from each of Malawi’s 193 constituencies participate in an annual Youth Parliament of Malawi (YPM) and make relevant recommendations to policy and decision makers.

Analytical Statement of Progress:
The Youth Parliament of Malawi held its last session in December 2013. During 2014, election of the new youth parliamentarians was intended to be held, but was constrained by the national election process and a severe funding shortage. UNICEF contributed to the process of young people’s participation in decision-making by supporting a review of the first Youth Parliament. The resulting comprehensive review document was shared with all stakeholders and was well received by Parliament. Several recommendations have already been implemented in the new selection guidelines issued in preparation for the new selection, scheduled for April 2015. As a result of the MTR, from 2015, the result area of Youth Parliament will be combined with the result area of youth involvement in decision making and managed by the Social Policy section.
OUTPUT 2 The NGO Coalition on Child Rights (NGO-CCR) has the capacity to effectively monitor and report on child rights.

Analytical Statement of Progress:
Progress is still slow due to the lack of adequate capacity of the NGO CCR both in terms of human resources as well as dedicated time. Despite guidance, the coalition still lacks effective coordination and commitment to effectively monitor and report on child rights and mobilise and co-ordinate its members. Nevertheless the coalition produced an issues paper last year, with support from UNICEF, which will form the basis of their advocacy in 2015 and 2016.

OUTPUT 3 A private sector coalition on child rights is established to contribute to the realisation of child rights and sustained investments for children.

Analytical Statement of Progress:
UNICEF Malawi has further worked to strengthen its partnership with the private sector, illustrating an integrated approach to corporate engagement focusing on CSR (CRBP), outreach, and resource mobilisation. Notably, in addition to the existing partnership with Standard Bank, in 2014 a new partnership with Airtel Malawi was signed. This partnership focuses on promoting communications and advocacy through SMS broadcasting. UNICEF Malawi also successful hosted an event with over 30 companies to discuss 'Child Rights and Business Principles', in preparation for the official launch of the Principles in Malawi in 2015.

OUTPUT 4 National media training institutions have the capacity to provide training in child rights reporting in order to enhance the quality and accuracy of media coverage of issues involving and affecting children.

Analytical Statement of Progress:
The Polytechnic of Malawi, School of Journalism has now fully integrated the Child Rights module into its journalism curriculum. The planned work schedule indicates that the first training on child rights reporting will take place in February 2015, with Malawi Institute of Journalism staff. The polytechnic has established the multi-media centre, with supplies from UNICEF and other donors. It is now ready for use by students, and the media monitoring of child rights reporting is taking place. In December 2014 UNICEF delivered some ICT items to the School of Journalism as per the partnership agreement. Some of the items will be helpful during practical lessons relating to the child rights modules currently being taught at the School of Journalism. The first tranche of funds were also disbursed. This means that the School of Journalism is now set to roll out its planned activities for the first quarter of 2015. Additionally, the first media visit is scheduled to take place at the end of February. Practising journalists from both print and electronic media will be taken to a UNICEF-supported project to write stories related to child rights.

OUTPUT 5 Technical, Monitoring and Evaluation Support

Analytical Statement of Progress:
Rolling Work Plans for 2015-16 were developed and signed.

OUTCOME 13 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:

At the national level UNICEF supported the National Statistics Office to implement the 2014 Millennium Endline Survey. This was successfully implemented. The Key Findings Report was released in September 2014 and the full report will be released in February 2015. The recruitment of a consultant to assist with a capacity development plan for the MoGCDSW and MoFEPD, to identify critical capacity gaps and most effective modalities for strengthening capacity in the identified areas, is currently underway.

Work on knowledge generation around social protection, particularly on the SCTP continued in the year. The findings of the baseline study were presented in early 2014, revealing a need for revising beneficiary targeting mechanism. These findings opened up an important discussion by the Government and other stakeholders to take necessary corrective measures and adjustments in order to ensure impact of the programme. Data collection for the first follow-up survey was completed in November-December 2014 to measure impacts of the programme on poverty reduction and improvement of wellbeing and behaviour of children and young people in the targeted households was carried out. The purpose was to obtain data for measuring Malawi's progress toward the attainment of the Millennium Development Goals and to update programme indicators for MTR and end-year reporting. Inputs for the SG’ Report have already been submitted using the Key Findings Report.

Upgrading of the DDBS was not implemented, as focus was placed on implementing the survey.

The Ministry of Local Government & Rural Development and Ministry of Finance and Economic Planning and Development were able to carry out supervision of districts, due to UNICEF support.

Seven districts (Likoma, Nkhotakota, Salima, Mchinji, Balaka, Lilongwe and Ntcheu) were supported with M&E capacity-building activities, according to the needs of each district.

Some progress has been made but the target was not fully met as at end of 2014 with only seven of 14 disaster-prone districts having integrated DRR in their DDPs

Some challenges were encountered in the implementation of the programme. For example the DDBS was not given priority because focus was placed on implementing the Millennium Endline Study. Secondly, there were delays in transferring funds to the districts, limiting the time for implementing district plans.

OUTPUT 1 PME systems in 14 districts have RBM and HRBA capacity to analyse and utilise disaggregated data for child focused planning and integrated monitoring and evaluation by 2014

Analytical Statement of Progress:

UNICEF supported the National Statistics office to implement the 2014 Millennium Endline Survey. Data collection started in December 2013 and was completed in April 2014. The Key Findings Report was launched in September 2014, and the full report will be released in January 2015. The survey was carried out to obtain data for the UN Secretary General's report on country’s achievements at the end of 2015. The data will also be used to update programme indicators for the Mid-term Review and annual report.
OUTPUT 2 PME systems in 14 districts have RBM and HRBA capacity to analyse and utilise disaggregated data for child focused planning and integrated monitoring and evaluation by 2014

Analytical Statement of Progress:

Seven districts received support in various M&E capacity-building activities. Most districts strengthened their use of data by training District M&E Coordination Committee (DMECC) members in data management. DMECCS were able to meet more regularly, two or three times during 2014, due to UNICEF support.

The district M&E and Planning officers of the seven districts also received training in RBM HRBA and GIS. The Officers are now able to collect coordinates using GPS devices and plot the coordinates on a map. Support to the districts also included IT equipment, which strengthened the use of technology for better management of M&E issues.

OUTCOME 14 Effective and efficient Programme management and operations support to Programme delivery

Analytical Statement of Progress:

UNICEF supported three of the eight districts (Dedsa, Salima and Mangochi) that updated their contingency plans in 2012, including preparedness and response plans for all sectors that UNICEF supports (Health and Nutrition, Education, WASH, and Protection). The other districts that have updated their response plans are Karonga, Chikwawa, Nsanje, Machinga and Zomba. At the national level UNICEF, in collaboration with WFP, supported the 2011/12 national interagency contingency planning process.

OUTPUT 1 Communication for Development (C4D)

Analytical Statement of Progress:

The C4D team supported all sections to promote social and behaviour change and demand for services throughout 2014. This was mostly done through the development and implementation of evidence-based communication strategies to effect social change. Technical support was also provided to sections and implementing partners to roll out the communication strategies and monitor implementation and impact. Specifically, in 2014 C4D has supported the nutrition section to roll out SUN-NECS, in order to promote positive behaviour for maternal nutrition and infant and young child feeding. C4D also worked with WASH on ODF and hygiene promotion, The C4D team supported the development and implementation of HIV-prevention campaigns for adolescents in 10 priority districts.

UNICEF Malawi also supported community-based programmes aimed at encouraging men to support women in utilising HIV and SRH services, and accessing those services themselves. C4D support included development of communication materials and supporting social mobilisation activities. C4D, together with the UNICEF Malawi Protection section, was also involved in planning the response to the Violence Against Children study by providing leadership in the formulation of a multi-sectoral Core Group on Child Protection Communication, which brings together the ministries of Health, Justice, and Gender as well as the police, and CSOs. C4D, together with the Education Section supported the Government of Malawi to launch the National Girls Education Communication Strategy. Following the launch, the C4D team also supported Government partners to roll out social and behaviour change interventions on girls’
education and promotion of girls’ livelihoods in 2014. The C4D team supported the drafting of the National EPI Communication Plan, and has supported the Government of Malawi to develop and implement communication and social mobilisation activities in support of routine immunisation and for special immunisation events such as African Vaccination Week. For emergency communication, C4D was part of the National Task Force undertaking emergency preparedness for Ebola in 2014. The C4D team supported the Government through implementation of some of the activities in the national Ebola Communication and Publicity Plan.

OUTPUT 2 Planning, Monitoring & Evaluation (PME)

Analytical Statement of Progress:
Salaries of PME staff were fully funded.

OUTPUT 3 Communication & External Relations

Analytical Statement of Progress:
In 2013 UNICEF Malawi developed a three-year Communication and Advocacy Strategy, which is currently in the second year of its implementation. The Communication section supported programmes through public advocacy for two key child survival themes– ‘Survive to Five’ and ‘Adolescent Girls – Girls Rising’.

The findings of the ‘Violence Against Children’ study were launched in the Malawi media. In July/August 2014 the focus was on neonatal survival, and the Neonatal Assessment for Malawi was launched to a wide stakeholder and media audience. This work was further elevated with a 360 degree commission by the BBC for coverage of Malawi’s child survival success. The Malawi success story dominated global coverage of the APR report.

A partnership with the national netball team was launched, with a focus on adolescent girls, and resulted in a photo campaign to encourage girls to be protected from violence and stay in schools.

UNICEF used the opportunity of the 2014 general elections in Malawi to launch a campaign highlighting the gaps in the realisation of rights for children. Called the ‘Malawi’s Majority, My Priority’ campaign, the effort mobilised young people from across the country to put together an agenda for the new President. The campaign was covered on all national media for two days during which every party leader, including the current President, signed up to the Declaration for Children.

With the assistance of a dedicated intern supported by Belgium/Flanders development co-operation, UNICEF Malawi extended its reach through Facebook and Twitter, with fans increasing from 2,061 to 2,893 and followers from 522 to 1,376.

Although numbers were reduced due to the elections held in May, the section hosted 11 external visits during the year. Highlights included a visit of IKEA workers from Sweden through the IKEA foundation, a visit of Roche employees through the Swiss National Committee and a visit by Peter Kramer of the Schools for Africa foundation.

OUTPUT 4 Supply and Logistics
Analytical Statement of Progress:

The previous challenge of accessing funds for salaries of Supply staff who are on OR-funded posts and payment of bills for the outsourced warehouse was successfully resolved through the inclusion of a budget line for warehousing and centralisation of the issuance of cost distributions for cross-cutting posts by the budget staff, rather than various units in the office.

OUTPUT 5 Implementation of HACT in accordance with HACT WG

Analytical Statement of Progress:

The UN Working group organised training for implementing partners in the area of HACT (including PCA management, financial management, procurement management and results-based management). Finance Management was tailored both for finance staff and non-finance managers. UNICEF provided a list of its partners, who were invited to the training. UNICEF also organised training on GIS, RBM and HRBA Programming for district planning and M&E staff.

OUTPUT 6 Emergency and Disaster Risk Management

Analytical Statement of Progress:

In 2014, UNICEF responded to floods that affected over 40,000 people during the rainy season, which ended in April 2014. An estimated 12,500 of the 40,000 flood-affected people gained access to safe water through the construction of 50 new water points, and another 24,285 people did so through household water treatment, bringing the total number flood-affected people supported with access to safe water to 36,785, while 667 children benefited from the provision of school supplies.

In addition, UNICEF provided support to 1,894,782 people that were food insecure during the period from October 2013 to March 2014. An estimated 28,978 children with severe acute malnutrition were enrolled and treated in Outpatient Therapeutic and Nutrition Rehabilitation Unit Programmes, thus reaching more than 100 per cent of the target for the response period of October 2013 to September 2014. UNICEF also facilitated provision of psychosocial support services in the food-insecure districts, enabling 19,648 children (79 per cent of the target) to benefit from services through community-based child care centres and children’s corners. In addition, UNICEF Malawi initiated support to the Government in relation to Ebola preparedness planning in a number of areas, including social mobilisation and case management. Specifically, as a member of the Social Mobilisation/Communication Sub-Committee led by the Ministry of Health, UNICEF supported the development of an Ebola Communications Action Plan and provided assistance for the production, printing, distribution and broadcasting of communication products. In addition, UNICEF Malawi supported training sessions for traditional leaders on Ebola awareness and their role in informing communities about how to respond in case of an Ebola outbreak in the country. UNICEF also facilitated procurement of health emergency stocks to preposition for case management.

UNICEF Malawi also stepped up its efforts to support communities vulnerable to climate change and variability. In particular, in collaboration with FAO, UNICEF initiated implementation of a project in Phalombe District which is expected to contribute to strengthening the capacity of vulnerable communities to adapt to the adverse effects of climate change and variability.
OUTPUT 7 Human Capacity Costs

Analytical Statement of Progress:

Salaries of staff were fully funded and management of the source of funds for OR-funded cross-sectoral posts was centralised to the cross-sectoral budget managed by budget staff, releasing supervisors from the challenge of timely issuance of cost distribution. Long-term CDs reduced payroll-related errors significantly.

OUTCOME 15 Programme Support

Analytical Statement of Progress:

UNICEF Malawi made great progress in risk management by undertaking a detailed emergency risk management exercise and work process review. The SOPs with redesigned work processes and mitigating measures were also rolled out. In June and July the office underwent UN and UNICEF audits (internal). Based on the audit work performed, it was concluded that the control processes at UNICEF Malawi Operations were generally established and functioning during the period under audit. The annual and mid-term reviews also confirmed that programme support was effective and efficient. These achievements are directly linked to successful implementation of the Operations work plans.

OUTPUT 1 Governance and Systems

Analytical Statement of Progress:

Based on earlier risk assessments and identified needs for standardised procedures, UNICEF Malawi selected and prioritised work processes for self-assessment to ensure the achievement of Country Programme objectives. With the support of a consultant, the following 10 areas were covered in 2014 governance: programme management, PCA / SSFA, HACT (DCT, Reimbursement, direct payment, SWAp), supply assistance, contracts (institutional and individual), travel, fundraising and donor reporting, grants management, financial controls and Operations support. The SOPs were rolled out in November/December 2014; implementation and refining to incorporate audit recommendations will continue, with periodic reviews in 2015 and 2016.

VISION systems did not suffer any major downtimes in 2014. Access to VISION for UNICEF Malawi was affected by power outages during two weekends in June.

OUTPUT 2 Financial Resources and Stewardship

Analytical Statement of Progress:

Replenishments to November 2014 were approximately US$51 million, while expenditure was approximately US$50 million for the same period.

There was one incident of loss of office property (laptop) due to security; discussions were promptly held with the Director of the cleaning services firm, and the ICT Assistant was asked to prepare a note for the record.

OUTPUT 3 Human Capacity
Analytical Statement of Progress:

The completion rate for 2013 PERs was 95 per cent and the rate of completing individual work plans and training needs for 2014 was 99 per cent. The target of 100 per cent was not achieved on account of staff members who were away from the office on extended sick leave.

UNICEF Malawi followed due process; however, shortcomings in meeting targets were mainly due to delays in taking action by some staff members and non-availability of members of the selection panel and CRB committees.

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