Executive Summary

This report documents the achievements, progress and challenges in the implementation of the second year of UNICEF Malawi's Country Programme.

Under Child Survival, ‘A Promise Renewed’ (APR) was launched and MCO committed to sharpening national strategies to improve coverage and quality of services with involvement of community and civil society. The revision of the child health strategy took place and the roadmap to maternal health was updated. Some 22,501 lives of severely acute malnourished children were saved through UNICEF support, representing 50 per cent of the target in Community-based Management of Acute Malnutrition (CMAM). A situation analysis of three Scaling Up Nutrition (SUN) districts identified bottlenecks, which resulted in the development of district action plans. The rolling out of the open defecation-free (ODF) strategy was institutionalised as the national strategy for provision of household sanitation-without subsidies.

Under Development, three SWAp mechanisms for ECD, Education and Youth were developed. The Education Sector Plan; Girls and Special Needs Strategies; and Youth Policy were completed. Technical support was provided on enhancement of quality learning outcomes through the development of Early Learning Standards for early child development (ECD). The roll out of the School Improvement Programme was initiated via teacher training and school based teacher mentoring.

Under Participation, more than 2,500 children/youth participated in dialogue on the post-2015 development agenda. Their inputs formed a critical part of Malawi's results and will feed into Government planning processes. A situation analysis of children with disabilities was completed and disseminated, and a multi-sector plan was initiated. A social sector budget analysis and evidence-based advocacy to ring-fence social budget allocations during economic crisis was completed. UNICEF influenced recommendations by the International Monetary Fund (IMF) to Government to protect budget allocations to social sector recurrent expenditure in order to sustain minimum levels of service.

Under Protection, the National Child Justice Strategy was developed, providing a framework to realise the rights of children who come in contact with the law. Child Protection was integrated into the Health Sector Response and in the police and lay magistrate curriculums. National Civil Registration Strategic Plan; Communication Strategy; and Annual Performance Plan were developed, providing a framework for the implementation and resourcing of civil registration system.

Challenges were faced under the Scaling Up Nutrition (SUN) programme, where the level of investment for the complete SUN package by partners remains low. Despite financial support from donors leveraged by UNICEF's advocacy for expansion of the Social Cash Transfer Programme, capacity constraint of the implementing Ministry hindered progress. Unreliability of the telecommunication systems affected the successful implementation of Rapid SMS for early infant diagnosis of HIV.

Advocacy by the Nutrition Donor Group, with UNICEF as Chair brought REACH to the country to support the Department of Nutrition with a focus on capacity building in nutrition governance and strengthening coordination at national and district levels and will support M&E and capacity building of the CSO Alliance. A partnership with Illovo Sugar has seen the company take over responsibility of the sugar fortification programme, including purchasing of fortificant which was previously provided by donors. The engagement of 12 community radios was a partnership success, with radio stations being oriented by UNICEF on ODF and National Hand-Washing Campaign strategies through the Ministry of Information.

Country Situation as Affecting Children & Women

Over half of Malawi’s 15.6 million people are under the age of 18, making it one of the youngest populations in Africa. Half (50.7 per cent) live below the national poverty line and 25 per cent are ultra-poor households (Integrated Household Survey 2010/11). These figures translate to more than 2 million children who live in extreme poverty. Women and children face multiple deprivations as a result of poverty, health issues, HIV/AIDS, harmful traditional practices and malnutrition, among others.
Between 1980 and 2012 Malawi’s Human Development Index (HDI) rose by 0.8 per cent annually from 0.272 to 0.418, which gives the country a rank of 170 out of 187 countries with comparable data. Malawi’s 2012 HDI was below the average of 0.466 for countries in the low human development group and below the average of 0.475 for countries in Sub-Saharan Africa.

The inflation rate continued its downward path after significant increases in the preceding year following the liberalisation of the exchange rate regime. However, at 23 percent, the inflation rate remains high. Increased sales of tobacco in 2013 and larger inflows of US dollars supported a more stable economic environment from May 2013, but due to a variety of factors, including the freezing of direct budget support by donors in November 2013, the economic situation has begun to deteriorate. A financial audit is under way and targets have been set by the IMF to resume funding, but the earliest the country can expect the resumption of support if all targets are met is June 2014, which places the country in a vulnerable position. Malawi depends heavily on donor support, with 40 per cent of direct budget coming from donors.

Malawi faces a host of food-related challenges. Results from the Malawi Vulnerability Assessment Committee Evaluation indicate the number of food insecure people in the country to be approximately 2 million; this is attributed to poor harvests and persistently high food prices. The continuing high price of both food and non-food commodities has resulted in many poor and vulnerable households experiencing a severe reduction in their purchasing power; approximately 54 percent of household income is allocated to food purchases.

Malawi is making progress towards the achievement of the Millennium Development Goals (MDGs), although there are still many challenges. As reported in 2011, the MDG target for access to a sustainable safe water supply was achieved and the 2013 Joint Monitoring report indicates that 84 per cent of the population has access to protected water sources. Improved sanitation is estimated to be only 53 per cent and is not sufficient to meet the sanitation MDG target. Malawi continues to record improvements in reducing open defection with the current figure estimated at 6 per cent. These improvements mean that children and women in the communities served with clean water sources and sanitation are less likely to be affected by water and sanitation related diseases. A challenge remains in regards to hygiene, with only 4 per cent of the population estimated to be practicing hand-washing with soap at critical times.

Provision of education remains a challenge and while the rate of enrolment in primary school remains high at 99 per cent, the survival rate of students to Standard 8 is only 46 per cent and the transition rate from primary into secondary education is only 32 per cent.

Malawi achieved an under-five mortality rate of 71 in 2012, against the MDG 4 target of 81 for 2015 at an impressive average annual rate of reduction of 5.6. The number of child deaths has come down from 103,000 in 1990 to 43,000 in 2012. The decline in neonatal mortality has been much slower, and as a proportion of under-five mortality it has increased from 17 per cent in 1990 to 31 per cent in 2012. UN estimates (2012) indicate that the maternal mortality ratio is 460/100,000 per live birth which is far above the 2015 target of 155. Stunting continued to be a problem in the country, with 47 per cent of children stunted. Malawi has maintained high immunisation coverage during the year with approximately 800,000 infants receiving life-saving immunisations; 86 per cent of children are fully immunised. Coverage for polio and measles are expected to improve, as the nationwide integrated campaign was completed in October.

Malawi continued to make strides in the implementation of Option B+. Currently, 86 per cent of sites offering prevention of mother-to-child transmission of HIV (PMTCT) sites are implementing Option B+. This is as a result of increased coverage of pregnant women on anti-retroviral therapy (ART) to 73 per cent from 42 per cent in 2012. (Source: MOH HIV report Q2 2013). Progress was also made in increasing coverage of early infant diagnosis. Capacity was strengthened in the five central laboratories that have DNA PCR laboratories in synchronisation and use of Laboratory Management Information System and Rapid SMS. This technology has reduced the turnaround time for results from 40 to 21 days, leading to early initiation on ART for HIV-positive children.

A lack of national data on violence against children and young women led to the Violence against Children and Young Women Qualitative Study, which has now established nationally representative data on violence
against children. The study found that violence occurs in places where children usually look for safety and protection, and also brought to light important factors that impact on reporting of violence (including cultural beliefs, fear of sanctions from parents, embarrassment, stigma and discrimination).

The child protection team supported by ESARO/HQ initiated a bottleneck analysis of community victim support units, which are a key service point for ensuring access to justice for the most vulnerable populations. Bottlenecks were identified within demand and supply, and an action plan was developed to complete the analysis and implement a response plan through national and sub-national interventions. The DIVA equity-focused approach (diagnose/intervene/verify/act) to service coverage and quality was used to strengthen health service coverage and quality in 16 districts through shared analysis and planning. This has resulted in planning and monitoring at the district level, and has informed the design of the scale-up of Option B+ strategy for PMTCT and monitoring of the SUN movement. The analysis carried out at the national level using the information generated from the district level was also used to assess the RMNCH continuum of care and sharpening of national strategies.

**Country Programme Analytical Overview**

2013 was the second year of the MCO Country Programme implementation. During this year, the Office was able to compile Monitoring Results for Equity System (MoRES) activities of all sections and establish a roadmap for their implementation. The health, nutrition and HIV/AIDS teams were able to support the Government to implement bottleneck analysis for their programmes. The main objectives of the bottleneck activities undertaken were: (1) Determine current coverage status of key maternal, child health and nutrition interventions; (2) Identify areas with low coverage or poor performance to which resources can be allocated; (3) Identify high-coverage, high-impact areas from which lessons may be learned to improve the low-performing areas; (4) Build capacity of national counterparts, such as Bunda College, Office of the President and Cabinet-Department of Nutrition and HIV/AIDS and District health teams, leaving in place a mechanism for ongoing periodic assessment; and (5) Develop and pilot health and nutrition tools through a household survey to establish a baseline of perceived and actual bottlenecks. To establish the status of bottlenecks, the office successfully implemented LQAS, facility-level surveys and key informant interviews. The details of the identified bottlenecks were documented and shared with relevant Government counterparts. In addition, sentinel site monitoring was undertaken to provide a quick bi-monthly view of the situation in the country. As bottlenecks were identified, specific interventions were supported to overcome them. For instance, it was determined that RUTF was being over-stocked at central locations, and not taken to delivery sites. MCO intervened to ensure effective and efficient delivery of stocks to delivery points.

At the same time, the country continued to face major issues in governance that resulted in donors stopping direct budget support. This is also reflected in the micro-assessment of MCO partners, indicating that MCO has 60 moderate- to high-risk partners out of a total of 93. It should be noted at the same time, estimates of food-insecure population have grown to about 2 million people, affecting 24 of 29 districts. The inflation rate increased to 23 per cent, and IMF forecasted a slowdown of the economy. Within this environment, safeguarding support to the most vulnerable in the country and ensuring that all social sectors can deliver results became imperative. MCO was able to scale up its implementation, such that overall it utilised more than US$60.6 million, versus a CPD budget of over US$49.1 million and US$43.4 million utilised in 2012. Health continues to be the largest programme, utilising $16.2 million, including procurement of essential medicines for more than 640 health facilities. Basic Education, Nutrition plus Water and Sanitation utilised US$9.9 million, US$7.6 million and US$5.2 million, respectively.

To feed into the 2014 Mid-term Review and provide data for the Secretary General’s 2015 report on the status of MDGs, MCO supported implementation of a MICS. Initial trainings were completed and data-gathering began in November. It is expected that data gathering will be completed in early 2015.

**Humanitarian Assistance**

The population of Malawi remains vulnerable to food insecurity, according to findings of the Malawi Vulnerability Assessment Report of November 2013. The report indicates that 1,855,183 people are food-insecure due to pockets of localised crop failure coupled with an increase in the cost of living. With the exception of Nsanje, where wasting was at 5.4 per cent, acute malnutrition rates were within the acceptable
limit of <5 per cent in the 15 food-insecure districts. The nutrition security of children is nevertheless likely to change for the worse during the lean season if standards for prevention, treatment and management of malnutrition are not intensified.

Although no case was registered in the 2012/13 cholera season (November 2012 to October 2013), cholera remains a major threat in Malawi, where recurrent outbreaks usually occur during the rainy season that lasts from November 2013 to April 2014. Flooding, food shortages and malnutrition are believed to play a role in increasing the risk for cholera in the country. Typhoid fever outbreaks have also been increasing in Malawi. In 2013, Dowa and Blantyre districts reported increased numbers of typhoid cases.

A standing level of readiness for prioritised risks is maintained mainly for floods and cholera. Minimum contingency supplies are also stored at a central warehouse to ensure prompt delivery.

**Effective Advocacy**

*Mostly met benchmarks*

UNICEF Malawi has developed a communication and advocacy strategy, and agreed on three cross-cutting advocacy themes. The strategies for these are being developed and will be implemented over the next three years.

The Social Policy section worked with development partners to leverage increased public budget allocation for the Social Cash Transfer Programme (SCTP). As a result, for the fiscal year 2013/14, MK450 million was allocated to this programme, a 300 per cent increase from the previous year.

A situation analysis on children with disabilities was completed and launched in May. Public debate on children with disabilities was televised prior to the launch, focusing much-needed attention on this highly marginalised group. UNICEF also lobbied for a multi-sector plan of action for children with disabilities, which is in development.

The child protection team continued to raise the profile of violence against women and children through high-level advocacy, such as inviting the President of Malawi, Joyce Banda, to the opening of the Blantyre One Stop Centre. This effort resulted in enhanced partnerships between UNICEF, DfID and the Government of Malawi, ensuring a first call for children, and in building Government’s capacity to deliver services for victims of violence.

A major corruption scandal led to serious challenges in financing public services, as donors withdrew budget support from the country. Based on budget analysis conducted earlier, UNICEF managed to influence development partners and the IMF in particular, to advocate for the ring-fencing of allocations for social sectors giving priority to payment of salaries to health workers and teachers to sustain minimum service levels.

The HIV and AIDS section is advocating for an integrated health service approach to adolescent health services. Additionally, following advocacy by young people the National Youth Policy was reviewed and launched by the President in August 2013.

Stakeholders have been reviewing legislation governing the age of marriage. After lobbying Members of Parliament on changing the age from 15 to 18, it is hoped the bill will be presented to Parliament in 2014.

UNICEF supported the Ministry of Health to generate data at district and lower levels and build the capacity of district health teams for evidence-based planning and management.

**Capacity Development**

*Mostly met benchmarks*

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The Education Programme provided technical assistance to enhance identified capacity gaps in the sector, including in the area of procurement and the monitoring of learning outcomes. The capacity for decentralised planning and financing within the Education sector was also strengthened through support to pre- and post-budget planning processes at the national and district levels for the (Education Sector Wide Approach (ESWAp)).

UNICEF provided technical support to capacity building on the emergency contingency planning process and undertook district level assessments. A total of 17 districts (all 14 disaster-prone districts plus three additional) participated in a training session that was conducted with the aim of strengthening capabilities with regard to cross-sectoral disaster assessment and to harmonise contingency planning approaches at the district level. In 2013, three districts had up-to-date contingency plans. It is expected that in 2014, more districts will update their plans following the guidance provided during training. UNICEF also supported contingency planning at the national level, enabling the development of an updated national contingency plan.

As outlined in the UNICEF Malawi child protection strategy, capacity development remained a key strategy in 2013, with a focus on human resources and infrastructure for protection services. As a result, national level training for probation officers, magistrates, investigators and prosecutors in key child protection competencies was completed and child protection was successfully integrated in police and lay magistrate curricula. To address child-friendly indicators, three courts were rehabilitated and equipped with CCTV cameras, 16 community-based child care centres (CBCCs) were constructed and 50 were rehabilitated.

Sustainability of rural water supplies has proven to be highly influenced by the level of community engagement in management, operations and maintenance (community-based management - CBM). The WASH programme emphasised the training and formation of Water Point Management Committees; a recent sustainability check showed that 94 per cent of water points with functioning committees are functional.

### Communication for Development

**Mostly met benchmarks**

C4D has been engaged in supporting all programme components to promote positive behaviours and social change. Specifically, C4D supported the development and placement of communication materials on HIV testing and counselling for adolescents and the roll-out of the communications and social mobilisation for the nationwide integrated measles and polio campaign, as well as participating in formative research and initiation of community interventions to prevent stunting in Malawi. C4D also supported communication materials development and social mobilisation activities to support girls’ education and livelihoods and emergency preparedness.

In line with C4D principles, all the activities followed a systematic, planned and evidence-based process of identifying and tackling underlying causes and issues. For example, in support of the critical drug shortage in primary care faced in Malawi since 2011, UNICEF has been procuring and delivering essential drugs for all primary care facilities for a period of over 18 months. The public had become demotivated to seek basic health services from the public health delivery system as a result of the acute shortage of drugs. C4D worked with partners at national, district and community levels to sensitisie the public about the availability of essential drugs in public primary care facilities and to promote appropriate drug management at facility level, prevent pilferage, and promote early care seeking behaviour among the public. At the mid-term evaluation, 33 per cent of patients interviewed at a primary care facility indicated they had received information about availability of drugs at the facility from one of the multi-media channels, compared to the target of 40 per cent. A final evaluation report is expected early 2014.

While C4D continued with behaviour and social change activities supporting programmes, a significant amount of time was also invested in attending to an observation that most activities were piecemeal and there was a need to come up with comprehensive strategies for effective coordination among partners. There
were already communication strategies in Girls Education, PMTCT and SUN 1,000 Special Days. In 2013, C4D provided technical support to Government and other partners to craft time-phased communication strategies in the three areas of Social Protection (around cash transfers); disaster risk reduction; and the need to attend to issues around disability. The strategy-crafting process was in itself strategic as it opened up the opportunity for C4D to share information on C4D approaches of Advocacy, Social Mobilisation and Behaviour and Social Change with partners, thereby building their capacity. Key partners that were part of this process include Government, media, civil society organisations (CSOs) and academia. With the strategies near finalisation, it is anticipated that they will be rolled out starting in 2014, with leadership of key Government ministries.

A planned EPI strategy was deferred to 2014 because of partners’ engagement in Malawi’s SIAs on Measles, Polio, Vitamin A supplementation and Deworming.

Service Delivery

** Mostly met benchmarks **

The Education Programme has strengthened the Office policy of supporting decentralised approaches for sustainability and to ensure convergence. The roll-out of Child-Friendly Schools (CFS) was initiated through the: i) integration of CFS in school standards; ii) implementation of Government school improvement programmes in selected schools in 10 districts; and iii) school-based teacher support.

The child protection service delivery framework was characterised by continued scale up through public/private partnerships, with the case management case load increasing from 1,184 in 2012 to 4,200 in 2013; police diversion increasing from 886 in 2010 to 1,937 in 2013; police victim support units caseload increasing from 1,087 in 2010 to 2,043 in 2013; community victim support units increasing from 7,037 in 2010 to 14,179 in 2013, and the one-stop centres caseload increasing from 299 in 2012 to 396 in 2013. Community-Based Care Centres aimed to reach 830,000 children by the end of the Country Programme and by the end of the second year had reached 734,273, whilst Children’s Corners aimed to reach 375,000 and reached 269,560. The gaps to be addressed going forward are: integration between services, establishing an accountability framework for rights-holders and commitment of resources to preventive services.

Strategic Partnerships

** Mostly met benchmarks **

Strengthening partnerships continues to be a strategic objective in the implementation of the UNICEF Malawi Country Programme, with a focus on other UN agencies, donors, private sector and civil society.

UNICEF continued to play an important convening role in 2013 and was responsible for the coordination of donor activities as chair of development partner groups in key sectors such as Education, Nutrition and WASH as well as the UN Programme Management Team.

One of the key partnerships signed this year was with the European Union to help Malawi achieve MDG 7c on sustainable water supply and sanitation. In the health sector a key strategic partnership was with the Governments of the United Kingdom, Norway and Germany to provide support for the procurement of essential primary health care medicines and supplies to supplement the Government of Malawi’s purchases over a period of 18 months. Although the project has now been completed, valuable lessons were learnt that will enable the Government of Malawi to strengthen its supply chain management going forward. In nutrition, a successful public-private partnership between UNICEF, Irish Aid, USAID, the Government of Malawi and Illovo Sugar for the fortification of sugar drew to a close, and we expect that other manufacturers will follow suit to ensure adequate Vitamin A fortification of sugar. In education, MCO continued to engage with the private sector on Girls Education in the area of girls scholarships. In August 2013, 10 girls from Nsanje who are beneficiaries of a four-year scholarship programme were given the opportunity to come to Lilongwe to meet their sponsors, who have also committed to support them through tertiary education as long as they stay in school. In water, sanitation and hygiene, as Secretariat for the Open Defecation Free Taskforce,
UNICEF coordinated collaboration with local manufacturing companies to ensure the provision of soap and plastic buckets, with targeted WASH messages, for schools and community based child care centres.

UNICEF Malawi currently has partnerships with over 50 civil society organisations (including local and international NGOs) across our programmatic areas. While the focus of these partnerships has mostly been in the areas of service delivery, we intend to strengthen advocacy-based collaboration with our civil society partners. To this end MCO entered into a new partnership with the NGO Coalition for Child Rights in Malawi to coordinate activities for advocacy and capacity building on child rights.

With innovation and youth development becoming increasingly important, in 2013 UNICEF took concrete steps to kick-start partnerships with Blantyre Polytechnic and Msusu University for the creation of innovation hubs that will provide a platform for young people, industry stakeholders, civil society and academia to interact and exchange ideas and collaborate in innovations that address local challenges and take these innovations to scale.

**Knowledge Management**

*Partially met benchmarks*

A knowledge bank which houses external and internal studies, evaluations, surveys and publications is maintained within the MCO as a portal for the sharing of information, and important documents are regularly placed on the MCO website for information-sharing with the public. Lessons Learnt are identified through the review of ongoing projects and collaborative meetings and reviews. During the Programme Annual Review, lessons learnt from component groups were shared to highlight implementation lessons learnt across multiple programme sections.

An up-to-date UNDAF-IMEP is maintained and managed by the M&E Technical Working Group, of which UNICEF is chair; it reflects the status of the implementation of evaluations, surveys and studies being undertaken by the UN in Malawi.

In 2013, UNICEF Malawi had a dedicated intern to build up our presence on social media sites. UNICEF Malawi now has an active presence on Facebook, Twitter and You Tube. Different content options were experimented with and it was found that due to connectivity issues video was not an effective medium for Malawi at present and photo posts were the most popular. Facebook fans increased from around 480 to 2,000 in six months. Whilst still modest, data shows the posts get a good number of likes and comments indicating good engagement with audiences. On Twitter MCO increased followers from around 200 to 500. Whilst the numbers are relatively small, experience indicates that this is an engaged and influential audience and UNICEF Malawi should continue to develop content and audiences, with more engaging content. UNICEF Malawi sees this tool as important for engaging adolescents in dialogue on children's rights in Malawi in the future.

**Human Rights Based Approach to Cooperation**

*Partially met benchmarks*

Through the PME section, UNICEF facilitated training on the human rights-based approach to programming (HRBA) for 35 central- and district-level staff. In 2014, through the joint DEAP programme, MCO will facilitate sessions on practical application of HRBA and results-based management (RBM) both at central and district levels for 2014 PME districts.

**Gender Equality**

*Mostly met benchmarks*
After noting that there had not been significant progress in closing the gender gap in upper primary, secondary and tertiary education, UNICEF supported the Ministry of Education, Science and Technology to develop the National Girls’ Education Strategy. With the strategy, there will be better coordination and reporting on the progress on girls’ education.

Malawi commemorated the International Day of the Girl Child, where innovations in promoting girl child education were highlighted. Government, development partners, non-governmental organisations, and civil society showcased innovative interventions that they are implementing in the area of girl child education, which can be used for possible replication throughout the country.

Access to safe, appropriate and friendly sanitation and hygiene designed for girls has been proven to help keep girls in school. During 2013, WASH commissioned the development of a School Sanitation Standards Manual for the Ministry of Education, which specifically emphasises the needs of teenage girls.

UNICEF supported gender-sensitive strategies to increase access to justice for vulnerable groups through Police Victim Support Units, Community Victim Support Units, One Stop Centres and diversion programmes. In 2013 Malawi Police, the MoH and Ministry of Gender, Children and Social Welfare (MoGCSW) were supported to provide quality services in 101 police victim support units, 300 community victim support units and four one stop centres that are meant to support victims of physical and sexual abuse. In 2013 over 25,000 gender-based violence cases were brought to these centres.

### Environmental Sustainability

**Mostly met benchmarks**

The CFS Programme includes a number of components which especially address environmental issues. The development of habits is an important element of the CFS Programme; and as such students and teachers are introduced to the importance of tree planting and school beatification. In addition, construction projects under the CFS programme are using stabilised bricks to reduce the environmental damage to trees that occurs during the burning of traditional bricks. Through the WASH component of the CFS, environmental education is undertaken within the hygiene education programme. The need to include solid waste management as part of sanitation approaches in schools has become apparent and will be included in the School Sanitation Standards Manual.

### South-South and Triangular Cooperation

The National Registration Bureau was supported to attend a regional conference on Civil Registration and Vital Statistics, which aimed at increasing knowledge and understanding of the use of technology and innovations to strengthen CRVS Systems in Africa. The conference also sought to identify opportunities to address challenges of promoting interoperability (health and social sector) and the use of social mobilisation (such as faith-based organisations- FBOs) for mass registration (Family Health Days Strategy). Other countries that attended the South/South exchange included Angola, Burundi, Comoros, Eritrea, Kenya, Malawi, Mauritius, Madagascar, Rwanda, Seychelles, Swaziland, Tanzania, Zambia and Zimbabwe.

In addition, the Malawi Police Force were supported to attend a regional workshop supported by the International Bureau for Children's Rights (IBCR), in collaboration with UNICEF, the Organisation Internationale de la Francophonie (OIF) and Save the Children. The workshop (with participants from Côte d'Ivoire, Niger, Senegal, Togo, Guinea, Burundi, Nigeria and Chad) introduced participants to means to integrate children's rights into the curriculum of training institutions for the police, gendarmerie and judicial personnel.
Narrative Analysis by Programme Component Results and Intermediate Results
Malawi - 2690

PC 1 – Survival

On-track

**PCR** 2690/A0/05/011 National health systems enabled to scale up quality high impact maternal, new-born and young child survival with focus in 15 priority districts and at least 80 per cent of pregnant women and children under 5 access quality MNCH services by 2016.

**Progress:**

Support provided to strengthening of national policy and legal framework to improve equitable access to essential and life-saving services. PHC, Child Health and EPI policies being reviewed, 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 3 Phase I Health Districts (for use of LQAS, HF, CHW, FDG and KII methodologies) to improve the 2013-2014 District health plans and provide the MNCH Situation Analysis for the proposed multiyear district health strategic plans.

Access to continuum of care for maternal, neonatal and child health (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 Expanded Programme of Immunisation (EPI) mop-up campaigns, negotiated with FICA to receive funding from SWAp for transfer to UNICEF CPH for MOH GAVI co-financing, in addition to procurement services for MOH EPI Programme.

The Emergency PHC Drugs project deserves special mention as it reversed and stabilised what would have been a crisis that would have costs thousands of lives had essential medicines and supplies shortages of 2011 not been responded to.

**On-track**

**IR** 2690/A0/05/011/111 Strengthening of national level forecasting and distribution planning for MNCH essential drugs and health commodities within the MOH supply chain management cycle

**Progress:**

Compendium of MNCH developed and 12 Districts have collected data and are using the data to develop district implementation plans. The districts are Karonga, Msimba North, Msimba South, Kasungu, Lilongwe, Dedsa, Ntcheu, Balaka, Chiradsulu, Phalombe, Nsanje and Mwansa.

Malawi Public Health Act/Bill undertaking review; so far 13 meetings held and issue discussion papers documented and published. The Commission produced a draft report in 2013; the next phase is comprehensive consultations, which include workshops, focus-group discussions, KII, an analysis of the views, followed by finalising the report and drafting legislation.

PHC policy guidelines under development. So far draft documents available and consultant recruited to analyse and complete the guidelines. Compendium of MNCH developed and 12 Districts have collected data and are using the data to develop district implementation plan. The districts are Karonga, Msimba North, Msimba South, Kasungu, Lilongwe, Dedsa, Ntcheu, Balaka, Chiradsulu, Phalombe, Nsanje and Mwansa.

Malawi Public Health Act/Bill undertaking review; so far 13 meetings held and issue discussion papers documented and published.

**On-track**

**IR** 2690/A0/05/011/112 National and subnational management and quality assurance mechanisms strengthened for effective delivery of high-impact maternal, new-born & child health interventions by 2016

**Progress:** District Implementation Plans guidelines developed and Multi-year district implementation plans guidelines developed with Ministry of Health Planning department. The guidelines were in use, and five districts were developing their multiyear plans in 2013 (Msimba North, Msimba South, Dedsa, Mwansa and Chiradsulu). Three more (Kasungu, Balaka, Phalombe) supported by agencies using the guidelines, which is leveraging resources within the health sector. Supported the Ministry of Health to conduct evidence-based planning by using locally generated data through DIVA (MoRES) approach. Data generated through quantitative and qualitative methodologies. Community data being generated and input to the district Use of DHIS 2 database facilitate use of data from the community level to the district level and then to the national level. Scorecard developed on 19 indicators to monitor district performance at a glance.

In the CI districts health workers trained in IMCI coverage reached 80 per cent of health workers trained in facility IMCI. Training of staff on Emergency triage carried out in Msimba and Dedsa districts. Training coverage in both of these districts reached 95 per cent.

**On-track**
IR 2690/A0/05/011/113 EPI / Malaria & Health Emergencies Response Service Delivery Systems Strengthened by 2016

Progress:
- Planned and introduced Rotavirus Vaccine in Malawi and trained health workers. Conducted post-rotavirus introduction monitoring and post-PCV13 introduction monitoring
- HVP piloted in two districts (Rumpi 89 per cent and Somba 77 per cent) of girls 9-13 years
- Reached more children with immunisation through Local Immunisation Days – >11 districts supported
- Provided technical assistance for 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 1 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, zonal offices and central level supported in preparedness and response planning
- Chikwawa, Blantyre, Nsanje and Lake Chirwa 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), 3,704 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 of 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 iron supplementation during pregnancy while 712,200 women avoided 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.

On-track

IR 2690/A0/05/011/114 Maternal and New-born Health Service Delivery Systems Strengthened in Selected Districts by 2016

Progress: UNICEF supports the Malawi Government through the Ministry of Health and its departments to improve the lives of women and new-borns within the context of A Promise Renewed; to end preventable child death and to have less than 20 child deaths per 1,000 by 2025.

Facilities providing basic emergency obstetric new-born care (BEmONC) services are at 26 per cent, CBMNC programme was scaled up to all districts, new-born action plan developed, HBB and KMC training scaled-up in all districts and situational assessment of new-borns in Malawi was conducted.

- IMNCH ToT conducted and 20 health workers targeted, 25 trainers equipped with knowledge and skills in the updated manual, 25 health workers out of 35 representing 71 per cent trained in criterion based audit (CBA), 25 skilled health workers equipped with competency-based skills and knowledge in IMNH
- Maternal Death Surveillance and Response guidelines finalised; data on maternal deaths being received every week
- Successfully commemorated the Prematurity Day 2013; 60 providers were trained in HBB in three districts
- KMC scale-up 30 for Dedsa and Balaka; results show that between July 2012-March 2013, a total of 3,255 asphyxiated babies were born, of which 2,699 (82.9 per cent) were resuscitated successfully using HBB techniques. The HBB scale-up for Dedsa, Chiladzulu and Phalombe districts trained 30 health workers in each district
- UNICEF supplied equipment to 15 UNICEF-supported district hospitals and facilities
- The CBMNC training manual was revised to include all community activities and equipment and supplies distributed to all UNICEF-supported districts. Scale-up of CBMNC for Dedsa district – H.S.A 25 & Balaka 25

On-track

IR 2690/A0/05/011/115 District Health System Strengthened for Community Case Management (CCM) and Integrated Maternal New-born and Child Health (iMNCH) centred Primary Health Care (PHC) in Selected Districts by 2016

Progress:
- About a million treatments of anti-malarial, 940,000 ORS sachets, 50,000 antibiotics treatments and 240,000 zinc treatments procured. Health surveillance assistants (HSAs) treated 299,166 children with malaria, 183,084 children with cough and difficult breathing and 73,339 children with diarrhoea; in total 555,589 children were treated at the community level.
- Supported at least one round of national & district-level supervision
- Each district supported with at least one quarterly mentorship round
- Data clerks and HSAs in 11 & 5 Districts trained on data management
- Each district supported with at least one quarterly review meetings
- One Child Health Review Session conducted
- Child Health Strategy and Policy developed
- 120 Health workers trained in five Districts
- 35 HSAs trained in Lilongwe
- 192 HSAs trained in CCM in Kasungu and Msimba
• Following supplies purchased for counterparts: 12 vehicles, 32 motorcycles, 1,000 bicycles, 1400 hurricane lamps for clinics.

On-track

IR 2690/A0/05/011/116 Project Support—Technical Support and Monitoring and Evaluation for Effective Programme Delivery

Progress:
• Two-year work plan 2012-2013 was successfully implemented. Tasks that were not completed in 2012 were accomplished in 2013. There were many challenges in in disbursing funds to Government partners; the section worked very hard and managed to carry out the planned activities successfully. Two-year rolling plan for 2014-2015 was developed.

On-track

PCR 2690/A0/05/012 At least 60 per cent of children under 5 year access quality promotive, preventive and curative nutritional services by 2016

Progress:
Significant progress achieved in Scaling-Up Nutrition (SUN) interventions to improve exclusive breastfeeding and complementary feeding through the behaviour change component of SUN 1,000 Specials Days activities in three districts (Neno, Nkhata-bay and Mulanje). For effective implementation of SUN, rapid assessments using MoRES/bottleneck analysis approach was completed in three districts and identified bottlenecks for the current practices, which covered key maternal, infant and young child nutrition (MIYCN) interventions. The assessment included the mapping of existing stakeholders, resources, implementation capacity and service delivery mechanisms available at all levels, and also identified bottlenecks, the possible causes and feasible solutions for an effective roll-out of SUN interventions at the district, community and household levels and the application of the results as baseline indicators to monitor achievements.

Key activities undertaken in Neno and Nkhata-bay included capacity building of frontline workers, which led to community mobilisation and formation of Community Action for Nutrition (CAN) groups and Community Leaders on Action for Nutrition (CLANS). These activities will empower frontline workers and communities to initiate community activities for behaviour change for key maternal and child nutrition packages under the Nutrition Education and Communication Strategy. Mulanje is developing district action plans to be followed by capacity building at all levels.

As a result of two rounds of Child Health Days, coverage of Vitamin A supplementation for children aged 6-to-59 months increased from 85.6 per cent in 2011 to 90 per cent (2,215,559 out of 2,450,698) in 2013.

The lives of at least 24,392 of the 27,141 children with severe acute malnutrition (SAM) who were discharged from CMAM programmes were saved. Cure rates for SAM were maintained at both facility and community level within WHO SPHERE standards in all the 28 districts. CMAM programme health facility coverage increased from 76 per cent (2011) to 85 per cent (2013).

On-track

IR 2690/A0/05/012/121 The Nutrition Act developed, strategic plan/policy reviewed and incorporated in relevant SWAPs and District Development Plans.

Progress:
Nutrition Act drafted and presented to stakeholders. Study tours planned in 2014 to finalise the Act.
National Nutrition Policy being revised.
Nutrition Strategic Plan being revised. The plan was separated from the policy.
The policy and the strategic plan were presented to stakeholders for feedback.
At least three districts have incorporated nutrition interventions in their District Implementation Plans.
The central Government budgeted and allocated funds for nutrition interventions such as procurement of therapeutic milks for the CMAM program and integration of vitamin A and deworming in the Supplemental Immunisation Campaign.
Support provided to OPC-DNHA for global and national advocacy for scaling up Nutrition.

On-track

IR 2690/A0/05/012/122 Management of acute malnutrition programme scaled-up in 80 per cent of health facilities by 2013.

Progress:
There was 100 per cent district coverage of Community Management of Acute Malnutrition programme, with all 29 districts. The coverage of the Out-patient Therapeutic Program (OTP) increased from 76 per cent (2011) to 85 per cent (2013); and Nutrition Rehabilitation Units (NRU) increased from 92 per cent (2011) to 100 per cent (2013).
A total of 24,392 lives of severe acute malnourished (SAM) children were saved out of the 27,141 children discharged.
Cure rates for SAM were maintained at both facility and community level within WHO SPHERE standards (89.5 per cent versus >75 per cent) in all the 29 districts.
Procured and distributed a total of 243 metric tons (MT) of RUTF for routine program; 415 MT of RUTF for 16 emergency districts; 596 cartons of F75; 587 cartons of F100; 159 cartons of ReSoMal; 1,355 salter scales, 271 sets of height/length boards and 1,000 bundles...
of 50 pack of MUAC tapes for the programme. The anthropometric equipment enhanced active case finding, early detection and referral of acutely malnourished children.

Conducted joint field monitoring visits to districts with the MoH at the national level to monitor quality of CMAM programme, and conducted end-user monitoring for supplies aimed at assessing timeliness of their delivery, quality, effectiveness (adequacy), appropriateness and utilisation. Programmatic areas requiring strengthening were identified and corrective action taken. Assessed 47 health facilities in 16 food insecure districts.

Trainings on the revised CMAM guidelines were completed in eight districts. Trained 148 trainers of trainers (ToTs), 1,852 Health Surveillance Assistants, 1,536 volunteers and 955 local leaders. Trainings in eight new districts are in progress.

Rolled-out RapidSMS for real time monitoring in eight new districts; 11 districts now using the system in the country. At least 130 health workers were trained as District RapidSMS Champions and 1,792 Health Surveillance Assistants as RapidSMS Mobile Agents. Trainings of rolling-out RapidSMS in six districts were in progress in late 2013.

On-track

IR 2690/A0/05/012/123 Quality assurance and surveillance systems improved for fortification and capacities developed at national and district levels for micronutrients supplementation

Progress:

Two rounds of Child Health Days campaign conducted and coverage of Vitamin A supplementation for children aged 6-59 months increased from 85.6 per cent (2011) to 90 per cent (2,215,559 out of 2,450,698) in 2013. Procured and distributed vitamin A capsules and six types of posters on key messages to all districts. Additionally, 95 per cent (1,910,888) of children aged 12-59 months were dewormed during campaigns.

Most households are consuming adequately iodised salt (85 per cent of salt in the market adequately iodised and only 15 per cent is not adequately iodised–proxy indicator). Trained 29 food inspectors on WYD Checker photometers for testing levels of iodine in salt for routine programme monitoring.

Consumption of fortified sugar increased from 0 per cent (2011) to 81 per cent (2013) based on percentage of fortified sugar available on the market. There is high compliance of the Malawi Sugar Standards by Illovo Sugar factories. Procured and delivered 80 tons of vitamin A fortificant to Illovo factories. Illovo Sugar Company procured 38 tons of vitamin A fortificant shortfall as part of their corporate social responsibility and taking over of the sugar fortification programme starting the next season.

Trained 40 officials from Malawi Bureau of Standards (MBS) comprising laboratory personnel, standard officers and quality assurance officers to ensure adequate monitoring in production of fortified sugar. MBS rotates officers during inspection to make sure that more officers are capable of inspecting fortified sugar.

Conducted consumer awareness campaign aimed at highlighting importance of consuming fortified sugar. This was conducted nationwide through road shows, radio programmes, newspaper adverts, focus group discussions, production of a video and jingles aired on local electronic media and wide distribution of posters and flyers. The roadshows were managed by Zodiak Radio Station, which is a popular radio in Malawi, and some of the deliberations were broadcast on the radio station.

On-track

IR 2690/A0/05/012/124 Households in 2 priority districts adopt recommended practices that support maternal nutrition, infant and young child feeding and care.

Progress:

Rolled-out Scaling Up Nutrition 1,000 Special Days movement using Nutrition Education and Communication Strategy in three districts (Neno, Nkhata-bay and Mulanje). The activities completed include: establishment of district coordination structure; orientation of District Executive Committee; testing of the performance monitoring indicator framework for SUN interventions and bottleneck analysis through Rapid Assessment (Lot Quality Assurance Survey at household level, health facility and frontline workers surveys, focus groups discussions and key informant interviews). The bottlenecks identified in Nkhata-bay and Mulanje resulted in development of one-year district action plans.

In Nkhata-bay and Mulanje, bottlenecks were identified in areas of antenatal care, iron-folate supplementation during pregnancy; complementary feeding for all age groups; growth monitoring and promotion; vitamin A supplementation and deworming; CMAM; hand-washing with soap; use of pit latrines and case management of diarrhoea. The causes are inadequate knowledge on recommended practices by caregivers and community; inadequate number of trained frontline workers and their absence in hard-to-reach areas; inadequate human, financial and material resources; inadequate number of health facilities providing services; and absence of community nutrition awareness programs in some areas.

Trained 28 TOTs, 34 supervisors and 101 data collectors on MoRES/ bottleneck analysis. Trained 49 SUN Trainer of Trainers, 107 Frontline workers supervisors and 338 Frontline workers in two of three districts on NECS.

Procured 2,288 Salter Scales, 2,180 packs of MUAC tapes and 2,250 SUN community bags for Community Leaders in Action for Nutrition (CLAN). Printed for Neno and Nkhatabay SUN information kits, key messages booklet on 1,000 Special Days,1YCF counselling cards, child health passports, community growth charts, score board charts, CLANS village registers and seasonal food calendars. Printing for Mulanje is on-going.

Technical support provided at national level and in three districts (2 Irish Aid, 1 WFP) in Rapid Assessment.
On-track

IR 2690/A0/05/012/125 Technical Support, Monitoring and Evaluation

Progress:

Two year Rolling work Plan 2012-2013 successfully implemented and reviewed with implementing partners. The uncompleted tasks rolled-over to 2013-2014 RWP.

On-track

PCR 2690/A0/05/013 National HIV/AIDS policy and strategy reviewed and the scaling up of services supported to ensure that at least 80 per cent of children, adolescents and pregnant women in 18 underserved districts have access to quality HIV/AIDS services by 2016.

Progress:

National e-MTCT scale-up plan 2012-2015 developed based on evidence and bottlenecks to improve prevention, diagnosis, treatment and care for children and women. HIV testing sites increased from 825 in March 2013 to 860 in November 13; 77 per cent of pregnant women were tested for HIV. PMTCT sites (Option B+) increased to 588 (from 580) resulting in increased coverage of PMTCT by 1 per cent as of March 2013. A total of 7,709 pregnant and lactating women initiated on Option B+ in Quarter 2 of 2013. Six months retention rates on Option B+ after initiation remained constant (March 2013 and November 2013) at 77 per cent.

On-track

IR 2690/A0/05/013/131 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

Progress: District e-MTCT scale up plan 2013 developed based on evidence and bottlenecks to improve prevention, treatment care for children and women. Standard Operating Procedures (SOP) were developed.

Met

IR 2690/A0/05/013/132 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

Progress:

As of December 2013, health facilities in 19 districts provided quality comprehensive Prevention of Mother-to-Child Transmission of HIV services and scaled-up paediatric HIV and AIDS care services. MCO reached and surpassed the target of 15 districts. We will still need to focus on continuing to support equitable coverage of PMTCT within the 19 districts and ensuring quality services are continuously provided, as well as to follow-up to ensure minimum drop-outs.

On-track

IR 2690/A0/05/013/133 Supply chain management capacity for HIV/AIDS ensures an effective delivery of maternal, new-born and child health commodities by 2016

Progress:

The Ministry of Health reported adequate supplies of HIV test Kits and ARVs until December 31 2014. UNICEF and other partners were advised not to procure any HIV Test Kits and ARVs for the period mentioned. UNICEF will support the procurement and distribution of pregnancy test kits to support the Ministry of Health covering six selected districts.

One of the major bottlenecks is that 92 per cent of the budget comes from donors, placing sustainability under question.

On-track

IR 2690/A0/05/013/134 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 paediatric AIDS by 2016

Progress:

Male championship model for sexual and reproductive health (SRH) and HIV services rolled out to six districts (Chitipa, Msimba North and South, Kasungu, Balaka and Chikwawa). Training materials for TOTs (1,000) and male motivators (5,000) were printed and distributed to implementing districts. A leaflet was also developed and distributed (10,000 copies).

By November, 2013, over 450 health providers had been oriented on the male championship model. A total of 935 chiefs had also been oriented on the model and they are expected to reach about 90 per cent of the households in the target districts with various messages through monthly review meetings. Some 3,413 male motivators were trained, and it is expected that 81,000 households will be educated each quarter through door to door activities.
In first quarter of 2013, as a result of the capacity building activities, ANC visits during the first trimester in Msimba North increased from 193 to 607 in Msimba South; in Chikwawa the improvement was from 326 to 560 in targeted facilities.

Couples’ HIV Testing and Counselling (HTC) increased from 153 to 1,870 in Msimba North during the same period, from 0 to 69 in Msimba South, 7 to 35 in Chitipa, and 1,130 to 1,269 in Chikwawa. At the same time challenges were experienced in some districts; for instance, as of third quarter 2013 in Chitipa, couples HTC only increased from 71 and 85. Facility deliveries also increased from 904 to 3,578 in Chikwawa, 2,268 to 3,034 in Msimba South and from 302 to 1,697 in Msimba North. However, post-natal checks at six weeks showed little progress. A major issue faced is that there are no tools to capture this data; therefore, the programme resorted to capturing data for post-natal checks at two weeks instead, which is problematic. Specifically, review of the male motivators training materials was conducted in Chitipa and revealed that the materials mainly covered PMTCT; information on the advantages of ANC first trimester and four subsequent visits was inadequate. They also did not cover the danger signs for pregnant women and new-borns sufficiently.

Formative research to establish factors that hinder men’s participation in PMTCT was carried out. Results show that this is basically due to lack of knowledge, cultural and structural factors. Messages to address these gaps and review of the training materials from the two assessments will be developed in 2014.

**On-track**

**IR 2690/A0/05/013/135 Technical Support, Monitoring & Evaluation for Effective Programme Delivery**

**Progress:** The section is on track with the implementation of the 2013 and 2014 Rolling Work Plan. All reviews with key implementing partners were conducted at the beginning of the year and mid-year. The end-year review meeting for 2013 was also conducted.

**On-track**

**PCR 2690/A0/05/014/004 At least 85 per cent of women and children access improved water supply facilities and 60 per cent of household use improved sanitation facilities by end of 2016**

**Progress:**

This year’s contribution to rural water supply resulted in over 40,250 people served through construction of 161 new water points. Furthermore, 110,000 people regained access to water through repairs of 440 water points. For most of 2013, the section did not have adequate funding for the water supply component of the WASH Programme; funds were received in October. In 2013, 223 villages were declared ODF, in addition to the 613 villages that were declared ODF in 2012. Over 55,750 new people gained access to a latrine as a result of CLTS in these ODF villages, and for the first time, a whole Traditional Authority (TA) with 70 villages in Kasungu District was declared ODF.

In 2013 an estimated 112 households in ODF villages installed a new hand-washing facility (HWF). A total of 147,750 people are estimated to have been reached with messages on hand-washing at critical times, mainly during CLTS triggering.

It is unclear why JMP reports a reduction in use of improved latrines from 56 per cent to 53 per cent. Possible reasons may include destruction of wooden components and collapsing of latrines in unstable soils after rains, but this needs further investigation. The new corbelled latrine will hopefully overcome some of these constraints.

With additional funding from DFID and the EU for the next three years, MCO should be able to accelerate implementation and bring two constrained IRs, namely hygiene and school wash, back on track.

**On-track**

**IR 2690/A0/05/014/141 Policy and Strategies effective and efficient delivery of quality Water, Sanitation and Hygiene services to the underserved and key strategies of Open Defecation Free Malawi and Drinking Water Quality Monitoring in place by 2016**

**Progress:**

As part of strengthening the mechanisms for sector dialogue and sector adjustment, to lay the ground for improving sector performance in service delivery and SWAp for the Irrigation, Water and Sanitation Sector, UNICEF provided support for preparing and completing the 2013 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 (NHWC), which was 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 was at an advanced stage by end-2013.

**On-track**

**IR 2690/A0/05/014/142 New and rehabilitated water supply facilities equitably distributed and drinking water quality monitoring strategy successfully implemented in 15 districts by 2016**

**Progress:**

This year’s contribution to rural water supply resulted in over 40,250 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 coupled with contractors facing implementation challenges because of fuel shortages (drilling operations are more reliant on diesel). With significant funding now having been received for water supply (EU) activity is expected to accelerate in 2014.

**IR 2690/A0/05/014/143 Sanitation / ODF Strategy operational in 15 districts by 2016**

**Progress:**
Following the rolling-out of the Open Defecation Free (ODF) Malawi by 2015^6^ Strategy to all 28 districts, good progress was made in reducing OD practice from 11 per cent in 2011 to 6 per cent in 2013; UNICEF made a significant contribution towards this progress. In 2013, with UNICEF support, 223 villages were declared ODF and one entire Traditional Authority was declared ODF. An estimated 55,750 new people gained access to a latrine as a result of CLTS in these ODF villages. The programme did not perform as well on the sanitation marketing entrepreneurs component due to delays in procurement of the consultant who was supposed to design the products.

**IR 2690/A0/05/014/144 Effective interventions for the promotion of hygiene practices fully implemented in 15 districts by 2016**

**Progress:** 70 Community-Based Childcare Centres were supported with hand-washing facilities. An estimated 3,500 children in Malawi learned how to wash hands with soap in 2013, through regular coaching by caregivers in the CBCCs. A total of 5,750 households installed a new hand-washing facility. This achievement can be attributed to the 223 villages who declared ODF status. It should be mentioned that the number of the ODF villages could have been higher than 223, had all the verifications been carried out. In general, over 50 per cent of households in a village declared ODF tend to have a HWF 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 147,500 people are estimated to have been reached with messages on hand washing, especially during the CLTS triggering. Hygiene promotional messages were broadcast on community radio stations, with a coverage of over 800,000 people. With more community radios coming on line in 2014 this activity is expected to increase.

**IR 2690/A0/05/014/145 Operation & Maintenance promote use and sustainably operate and maintain their water points by 2016.**

**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 around 121 area mechanics were also trained in minor water point repairs. 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, as well as providing support through monthly meetings and coaching. Basing 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 doing a lot address this.

**IR 2690/A0/05/014/146 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.**

**Progress:**
A total of 63 schools were provided with protected water sources within the school compounds, serving some 37, 800 school children. This was less than planned due to the fact that most of the districts had over six months DCT unliquidated funds (not necessarily WASH funds) and two districts have been on high-risk status for the past two years. This situation barred the programme from transferring funds to the district partners. A total of 196 schools were provided with improved sanitary facilities, benefiting 117, 600 pupils. Twenty-one schools were sensitised on 3 Key Hygiene Practices (KHP): latrine use, safe drinking water, and hand-washing with soap at critical times. Sme 12,600 pupils and 228 teachers were reached with the three KHP during 2013. School-Led Total Sanitation (SLTS) was piloted in two districts and the lessons learnt will be considered in the scaling-up commencing next year. The development of National School Sanitation Standards is at an advanced stage. The overall objective is 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.

**IR 2690/A0/05/014/147 Technical, Monitoring and Evaluation Support provided by 2016**

**Progress:**
Two-year rolling work plans (RWPs) (2012/2013 + 2013/2014) were developed and agreed with implementing partners for this sector. The first RWP was successfully completed. Uncompleted tasks from first RWP have been incorporated into the second RWP (2013/2014).
PCR 2690/A0/05/024 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

Progress:

The PCR targets were set too high and may not realistically be achieved by 2016 due to various factors including:

1. The in-school Life Skills Education curriculum does not fully address the comprehensive knowledge and skills gaps among adolescents. This is especially true at primary school level where teachers teach Life Skills like any other subject using the didactic methodology, hampering the development of comprehensive knowledge and skills for HIV prevention and SRH among learners.
2. For both in-school and out-of-school adolescents, inadequate IEC materials are available; most IEC materials are not designed specifically for adolescents.
3. Access to information, skills and services for hard-to-reach adolescents is low (e.g. for adolescents living in rural remote areas or living on the streets.
4. Access to HTC and quality post-test support services by adolescents ages 10-19 is still low, at only 20 per cent (HMIS data and 2012 Rapid Assessment Data).
5. Consistent and correct use of condoms by adolescents is also challenged by frequent stock-outs of condoms, especially in remote areas.
6. Access to HTC is also affected by the distance to sites, availability of trained counsellors, availability of test kits and by inadequate information about the benefits of HTC to most adolescents.

7. The Youth-Friendly Health Services model had weaknesses in delivering services to adolescents, and therefore needed to be reviewed. Currently, UNICEF is supporting the MoH to develop the Integrated Management of Adolescent Illnesses (IMAI) model, to make all health service providers adolescent-sensitive.

Targets will have to be revised to make them more realistic and achievable, considering the bottlenecks; this will be done through the Mid-Term Review process.

IR 2690/A0/05/024/241 National and local coordination mechanisms, M&E Guidelines and frameworks for effective HIV and AIDS service delivery for young people developed and operationalised

Progress:

This IR is on track and will be fully achieved by 2014.
Priority target districts (Msimba, Mchinji, Lilongwe, Dedza, Ntchue, Balaka, Blantyre, Thyolo, Chikhwawa and Nsanje) received UNICEF support to revamp their DACCs and YTSCs and to hold regular stakeholders meetings to improve coordination and reduce overlaps and duplication.

Six districts (60 per cent), including Msimba, Lilongwe, Dedza, Ntchue, Blantyre and Thyolo, have functional YTSC and DACCs. The remaining four districts (Mchinji, Balaka, Chikhwawa and Nsanje) will have fully functional DACCs, YTSCs and regular stakeholder coordination meetings.

Through the functional DACCs, YTSCs and regular coordination meetings, the districts will have an efficient and effective HIV and AIDS and ASRH delivery model that reaches all adolescents, especially the most vulnerable and hard to reach.

IR 2690/A0/05/024/242 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.

Progress:

This IR is on track, especially the in-school component. However, for out-of-school adolescents, progress on the IR is constrained due to lack of data.

100 per cent of the 4,448,695 boys and girls in all public and registered primary and secondary schools were reached with HIV prevention and SRH information through Life Skills Education, Biology, Social Studies and Home Economics subjects.

In partnership with UNESCO, the Ministry of Education and the Malawi Institute of Education were supported to integrate comprehensive sexuality education throughout the secondary school curriculum.

Through the revised secondary school curriculum, 260,018 adolescent boys and girls in secondary schools will acquire information and skills on HIV and AIDS and ASRH.

IR 2690/A0/05/024/243 A creative peer to peer youth behavioural change interpersonal communications rolled out in 10 high prevalence districts and interactive media communication model developed.

Progress:

The roll-out of the creative peer-to-peer interpersonal behaviour change communication was delayed due to the need to develop the materials and pilot them in two districts (Thyolo and Blantyre) before rolling out to all 10 districts.
As part of this intervention, the following materials were developed and are ready for mass production and wide dissemination to adolescents in the 10 districts:

1. A 16-page Q&A booklet for adolescents covering issues of positive, negative and unknown HIV status among adolescents and adolescent sexual and reproductive health
2. A 16-page Activity Book addressing issues of concern for all adolescents including positive, negative and unknown HIV status and ASRH
3. A radio magazine programme with 12 episodes covering issues of HIV and AIDS and ASRH
4. Four radio spots and four radio jingles on HIV and AIDS and ASRH
5. One video product for television and mobile video vans to reach hard-to-reach adolescents with key messages and skills on HIV and AIDS and ASRH.

A partnership with traditional leaders and initiation providers is also under development to reach adolescents (with focus on adolescent females) with information and skills on HIV prevention and ASRH through existing initiation ceremonies. Priority district are Dedza, Ntcheu, Balaka and Thyolo.

**On-track**

**IR 2690/A0/05/024/244** 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 HTC) implemented at national level by 2016

**Progress:**

This IR is on track and may exceed the target of 900 health facilities and stand-alone/outreach and mobile sites. There are plans under way with districts to identify additional remote and hard-to-reach sites where outreach HTC sites will be established to provide HTC services to adolescents.

A partnership with BLM, a local NGO that is a Marie Stopes International partner, in the 10 priority districts will also facilitate increased access to HTC and post-test support services by adolescents, especially those in hard-to-reach areas. BLM will also provide adolescents in these areas with access to post-test services, including voluntary medical male circumcision (VMMC), family planning, condom demonstration and distribution and treatment of STIs and minor adolescent illnesses.

**On-track**

**IR 2690/A0/05/024/245** Technical, Monitoring and Evaluation Support for effective delivery of HIV Prevention for Adolescents and Young People programmes.

**Progress:**

Two-year work plans were developed and agreed with implementing partners for this sector. Have successfully completed second year. Uncompleted tasks from 2013 incorporated into the third year (2014).

**PC 2 – Development**

**On-track**

**PCR 2690/A0/05/021** Evidence informed early childhood policy, legislation, plans and budgets in place and support implementation of interventions that target the most vulnerable children by 2016.

**Progress:**

Sector working group and SWAp mechanisms for child development was initiated with the Ministries of Gender and Youth. This initiative is aimed at moving the sector towards joint coordination and planning of child development activities in Malawi. The initiative also strengthens the Government’s coordinating position and leadership role in child development. A performance review of both the ECD policy and the implementation plan was initiated and will be completed in 2014. The review will also assist in the 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 centres and services) is currently taking place and will be completed by end-2013. Development of Early Learning and Development standards (ELDS) is on course and expected to be completed in August 2014, after the age validation exercise is completed. The standards will clearly provide ECD service providers with parameters of what children aged 0-5 years ought to know and be able to do, and thus inform teachers’ instructional development, ECD curriculum reviews, ECD materials development and parenting education programmes content development, among others.

**On-track**

**IR 2690/A0/05/021/211** Legislation, regulatory frameworks, standards and implementation guidelines in place to operationalise the ECD policy

**Progress:**
The Ministry of Gender, Children and Social Welfare is the latest Ministry to prepare for and embrace Sector Wide Approaches to child development programme coordination. This is attributed to investment UNICEF has made in time and technical support to improving sector coordination, management and policy development. Though not yet fully operational, the Ministry of Gender has put in place an elaborate SWAp structure that depicts Ministry leadership in sector coordination. During 2013 a Child & Youth Development Sector Working Group co-chaired by the Permanent Secretary Ministry of Gender and Ministry of Youth, was started. There will be six Technical Working Groups under the Child & Youth Development working groups. ECD falls under the child development working group and has membership including Government departments, donor partners and civil society institutions that will meet four times a year to develop a joint ECD priority agenda and follow through its implementation. The TWG will report to the sector working group twice a year. 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, UNICEF in 2013 supported the Ministry of Gender to start the process to develop a framework to guide the development of a National ECD Training Strategy. The ECD Training strategy development process will be completed in 2014 and become operational in 2015.

In 2013, MoGCSW and UNICEF planned to carry out a comprehensive review of the policy and strategic plan in order to assess its relevance, effectiveness, impact, efficiency and sustainability. The ToR were developed and funding is being sought by UNICEF to support the Ministry’s review of the ECD policy and strategic plan.

It is hoped that the revised ECD policy will address critical issues such as ensuring that equitable and high-quality ECD services are accessible to all children and their parents through parent education and support programs. The revised policy will give high value to provisions for building effective coordination systems for maximising the use of resources and effective delivery of ECD services. The revised policy will also address integrated approaches to ECD training, curricula and methods, in addition to ECD indicators, databases, evaluation and monitoring systems and action research programs.

On-track

IR 2690/A0/05/021/212 Programmes to improve school readiness for children aged 5-7 years developed.

Progress:

The socio-economic benefit of high-quality ECD programmes for poor families has been well researched and documented. The benefits range from savings in later life education achievements (efficiency) to good health seeking behaviours and accountable and responsible citizenship. With this background, UNICEF supported the Ministry of Gender to develop Comprehensive Community- Based Child Care and Development Models in seven districts around the north, central and southern regions of the country. This comprehensiveness model for CBCC’s includes: a) universal designs of structures, b) feeding programmes, c) child-friendly WASH facilities, d) inclusiveness of all children, e) parenting programmes, f) community outreach programmes, and; g) school readiness and transition to primary schooling programmes. To achieve these objectives, UNICEF supported Ministry of Gender to build nine Model CBCC’s in 4/7 districts of Salima, Nsanje, Somba and Blantyre. In Nsanje district, UNICEF collaborated with WFP to start supplementary feeding programs in 10 CBCC centres, including the model centres. In addition, age-appropriate play and learning materials were provided in four of the nine model centres built, serving about 800 children. Finally capacity development in basic ECD pedagogical skills was provided to 16 caregivers in the four completed CBCC model centres. 2014 will focus on completing construction of remaining centres and introducing requisite programmes to ensure high-quality ECD service provision. By the close of 2014, 10 CBCC model centres will be operational, strategically placed in all three regions of the country and ready to go to scale after being evaluated in 2016.

On-track

IR 2690/A0/05/021/213 Programmes to improve school readiness for children aged 5-7 years developed.

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 graduate to standard one or first primary school grade. The necessary requisites include resourced early childhood centres, resourced care givers and a clear framework of development standards for children (ELDS). To achieve these goals, UNICEF in 2013 supported the Ministry of Gender to review ELDS in light of expert's comments at UNICEF HQ and ESARO, and a process of content validation of the standards was initiated. Further, in response to low capacity of caregivers in providing 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 between January and June, 2014. 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 will suggest course content.

UNICEF has continued to support procurement of high-quality, age-appropriate play and learning materials and training of caregivers in CBCCs throughout the country. In 2013 about 120 CBCC’S benefited from materials supply. Notable results were recorded in overall CBCC enrolments: from 30 per cent in 2011/12 reporting year to 38 per cent enrolment in 2013.

On-track

IR 2690/A0/05/021/214 Technical, Monitoring and Evaluation Costs
**Progress:**

The 2013-14 ECD Rolling Plan was jointly reviewed with Ministry of Education, Ministry of Gender and civil society partners. The review process took into consideration successes, bottlenecks and challenges in meeting set targets. Over-ambition in planning, poor sector collaboration and lack of a credible M&E framework on ECD were main challenges. The review of the obstacles and challenges paved the way to better prioritisation of ECD interventions in the 2014-15 rolling plan and led to new thinking about how to improve sector coordination and financing.

**On-track**

**PCR 2690/A0/05/022** National education sector strategies and systems strengthened within the education sector-wide mechanism to address low survival rates and high internal systemic inefficiencies and support provided to ensure that schools in 10 low performing districts record at least 50 per cent increased retention, learning achievement, survival to grade 8 and transition rates to secondary education.

**Progress:**

SWAp mechanisms were initiated and partnerships strengthened considerably. National Net Enrolment according to EMIS is 112 per cent, which represents the ongoing challenges the system faces with under-age and over-age children being enrolled and counted. The National Welfare Monitoring Study however, reports 85 per cent NER. The gender parity index has improved considerably for standards 1-6 where it is around 1.0. However, bottlenecks are still evident in standards 7 and 8, resulting in a GPI at 0.86 at standard 8. Overall learning achievements in core subjects (math and reading) declined from 2012. The survival rate for Std. 8 is still reported to be 38 per cent, which is the same as 2012. In terms of teacher’s education and training, technical assistance was provided and partnerships developed to support teacher training colleges.

**On-track**

**IR 2690/A0/05/022/221** A national Education Assessment system for monitoring quality standards of basic education developed by 2014 and operationalised by 2016

**Progress:**

UNICEF supported the Ministry of Education, Science and Technology (MoEST) to develop a sector-wide Education Policy with the aim of harmonising various sector policy pronouncements into a coherent policy framework that will help guide various stakeholders to appreciate education policies on various issues. In 2013, UNICEF supported the MoEST to disseminate the Free Primary Education Policy Guidelines developed earlier in 2012 against the background of Malawi’s Free Education Policy pronouncement 20 years ago that lacked practical guidelines for schools to implement the policy. In 2013, a cascade model of sensitisations on the guidelines was completed at the national and district level.

UNICEF supported an E-SWAp policy guidelines development process. UNICEF supported the MoEST to develop the Education SWAp Guidelines, which are part of the sector decentralisation plans and aim at empowering districts and schools to understand how the Education SWAp works, for their effective participation and contribution. In essence, the Education SWAp Guidelines are a critical component of the devolution process of key education functions from the centre to the districts. The Guidelines were undergoing editorial review in late 2013 and will be printed and disseminated in 2014.

**Constrained**

**IR 2690/A0/05/022/222** 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.

**Progress:**

In cooperation with MoEST a holistic national education assessment system was under development during 2013. An assessment study report has been drafted, which indicates low learning achievements in Stds. 2, 4 and 7. However, the results need to be analysed further. The second, qualitative section of the report was not completed by end-2013. The process of procuring technical assistance faced challenges but is expected to be complete soon. The TA will support finalisation of the first part of the study and move the process to the second stage.

**On-track**

**IR 2690/A0/05/022/223** 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.

**Progress:**

In 2014 UNICEF will focus on efficiency-enhancing strategies and teacher supply. The concept of child-friendly schools has been mainstreamed into teacher training through the Government-run teacher training colleges. Renewed efforts were placed on establishing pre-service and in-service training through partnerships. As a part of pool funding UNICEF also constructed teacher training colleges with capacity for 540 teacher trainees serving both distant and conventional training.
On-track

IR 2690/A0/05/022/224 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.

Progress:

The CFS concept is mainstreamed in the Malawian School Improvement Programme, which now regards the five CFS components as the basis of quality education provision. Technical support and strengthening of the development of CFS was provided through Government-run teacher training colleges. Support was provided to develop a ‘Practical Guide to Gender Responsive Methodologies for Primary Schools’. Printing and distribution of the guide to all primary schools was under way in late 2013. The Department of Special Needs within the MoEST has started developing an Inclusive Education Strategy with financial support from UNICEF. At programme level, in cooperation with the MoEST a programme focused on Keeping Girls in Schools (KGIS) through water and sanitation interventions was developed. Measures taken to date are: 1) construction of pit latrines, 2) drilling of boreholes and 3) development of hygiene education materials. The KGIS project will continue next year in 15 districts. Other efforts included scholarships for girls, particularly in Mangochi and Chakwawa, where 320 girls received support this year. During the reporting period Mangochi experienced a reduction of overall dropout for girls by 3 per cent. In 2013 as part of CFS support to MoEST, UNICEF supported the construction of 17 classroom blocks, three Teachers Houses, one library, one administration block and 50 latrines in Blantyre and Lilongwe rural. In order to sustain learning activities during the emergency caused by flooding due to excessive rains received in the 2013 rain season in Nsanje and Chikwawa districts, UNICEF procured and distributed tents, School in a Box and recreational kits to five schools in the affected districts.

On-track

IR 2690/A0/05/022/225 Project Support-Technical Support and Mon & Eval for Effective delivery of Basic Education programmes.

Progress:

At the close of 2013, a review of planned activities and results in the 2012/13 rolling work plan was conducted. At the end of the review, a one-year work plan for Basic Education and Youth Development was developed with implementing partners for the year 2014. Uncompleted tasks which are still relevant from the 2013 work plan have been incorporated into the 2014 work plan.

On-track

PCR 2690/A0/05/023 At least 30 per cent of adolescents and young people acquire livelihood skills, literacy and numeracy with a focus on girls by 2016.

Progress:

From 2012 to 2013, education access opportunities for out-of-school children and youth were expanded considerably, mainly as a result of establishment of the SWaP and youth policy. The CBE was mainstreamed via pool funding, supporting the whole national programme of CBE, and a draft program on literacy and livelihood skills was developed with the Ministry of Youth. The programme is linked with the Ministry’s strategic plan and sector plan. Continued work on including parenting education in literacy and numeracy programs is planned for 2014. UNICEF supported the Ministry of Youth to develop devolution guidelines and standards that enable the Ministry to fully devolve its functions to the local assembly. In line with Government policy on decentralisation, the Ministry, in collaboration with the Decentralisation Secretariat in the Ministry of Local Government and Rural Development, embarked on the process of devolving some ministerial functions to local councils. On a more technical level, UNICEF and the Ministry of Youth supported key youth organisations to design multipurpose youth centres for the provision of holistic services for youth. The number of centres expanded from 600 to 1200 in 2013.

On-track

IR 2690/A0/05/023/231 At least 7,500 out-of-school young people (18 -24 years) in 10 low performing districts acquire functional literacy and numeracy by 2016.

Progress:

SWaP mechanisms were initiated and partnerships strengthened considerably. National Net Enrolment according to EMIS is 112 per cent, which represents the ongoing challenges the system faces with under-age and over-age children being enrolled and counted. The National Welfare Monitoring Study however, reports 85 per cent NER. The gender parity index has improved considerably for standards 1-6 where it is around 1.0. However, bottlenecks are still evident in standards 7 and 8, resulting in a GPI at 0.86 at standard 8. Overall learning achievements in core subjects (math and reading) declined from 2012. The survival rate for Std. 8 is still reported to be 38 per cent, which is the same as 2012. In terms of teacher’s education and training, technical assistance was provided and partnerships developed to support teacher training colleges.

In developing the work plan of CBE it was placed within the pool of SWaP and therefore aligned with that approach. The concept of CBE has been mainstreamed within the MoEST which makes it much easier to track through EMIS data. In total, 600 learning centres have been established nation-wide, reaching 21,500 young people.
On-track

**IR 2690/A0/05/023/232** At least 2,500 adolescents and young people particularly girls in 10 low performing districts acquired demand driven livelihood skills by 2016

**Progress:**

A draft programme on literacy and livelihood skills was developed with the Ministry of Youth. The programme is mainstreamed into the sector strategic plan, which was completed in 2013. Integration of parenting education was initiated to strengthen the functional component of the literacy and numeracy programs, as well as to establish links and address teen pregnancies. Last year 600 students were trained in Chikwawa and Mangochi; of that number 30 per cent re-enrolled to school.

On-track

**IR 2690/A0/05/023/233** At least 2,500 adolescents and young people particularly girls in 10 low performing districts acquired demand driven livelihood skills by 2016

**Progress:**

200 young people accessed livelihood skills programs in 2013 and 80 per cent were placed, ensuring utilisation of their skills.

On-track

**IR 2690/A0/05/023/234** A coordination and management mechanism (including M&E) for adolescents and youth development operationalised at national and district level by 2016.

**Progress:** A national youth policy was finalised and launched and a strategic plan was finalised. The devolution standards and guidelines for Ministry of Youth and Sports Development were developed and operationalised. A sector-wide group that includes youth and sports was developed and launched. Youth centre models for reaching young people were developed.

On-track

**IR 2690/A0/05/023/235** Technical, Monitoring and Evaluation Support for effective delivery of Youth Development programmes.

**Progress:** Two 2 year rolling work plans completed and M&E framework defined.

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**PC 3 - Protection**

On-track

**PCR 2690/A0/05/031** Child Protection system that protects children from violence, abuse, exploitation and neglect and mitigates the impact of HIV and AIDS on them in place by 2016.

**Progress:**

The design of the blueprint for the child protection system was finalised; it consists of implementation of legal and regulatory frameworks; institutional coordination; capacity improvement in human resource, infrastructure and financial institutional capacity; protective continuum of care, including promotive, preventive and responsive interventions; early identification; case management and referral systems; and an information management system and accountability mechanism. To support the implementation of the system, a costed Implementation Plan of the Child Care Protection and Justice Act, Child Justice Strategy and Civil Registration Strategy were completed. The child protection service delivery framework was characterised by continued scale up through public/private partnerships with the case management case load increasing from 1,184 in 2012 to 4,200 in 2013; police diversion increasing from 886 in 2010 to 1,937 in 2013; police victim support units case load increasing from 1,087 in 2010 to 2,043 in 2013; community victim support units increasing from 7,037 in 2010 to 14,179 in 2013; one stop centres caseload increasing from 299 in 2012 to 396 in 2013. Community Based Care Centres aimed to reach 830,000 children by the end of the Country Programme and by the end of the second year had reached 734,273 whilst Children’s Corners aimed to reach 375,000 and had reached 269,560 by end-2013.

On-track

**IR 2690/A0/05/031/311** National regulatory frameworks, standards, implementation guidelines, institutional coordination mechanisms, capacity building plans, accountability and enforcement frameworks for child protection in place by 2016.

**Progress:**

Significant progress was made in policy development, implementation and evaluation through completing the costed implementation plan for CCJPA (2010) with three financial scenarios and developing five out of eight regulations. In addition, the National Child Justice Strategy was developed; the National Registration Strategic Plan and Communication Strategy (2013-18) and the Annual Performance Plan July, 2013 to June, 2014 were also developed. The Non Communicable Disease Strategy, which includes violence prevention and response, was also a major milestone. The last NPA for Children Affected by HIV and AIDS was evaluated in lieu of development of the next plan of action for vulnerable children. To support policy implementation, coordination mechanisms were streamlined through the JSPP, resulting in Child Development and Social Welfare Technical Working Groups. The National Registration Bureau was also
supported to convene the National TWG on Civil Registration which was a key advocacy platform. To ensure the functionality of coordination mechanisms, terms of reference were developed and shared for all coordination mechanisms.

Capacity building took place at various forms and levels. An Accountability Framework was drafted to empower vulnerable populations to claim their protection rights. Training was completed for probation officers, magistrates, investigators and prosecutors in key child protection competencies and to ensure its sustainability child protection was integrated in police and lay magistrate curricula. Plans for the first Children’s Court in Lilongwe were approved and three courts were rehabilitated and equipped with CCTV Cameras to make them child friendly. Construction of 16 CBCCs was completed and 50 CVSUs were rehabilitated.

**On-track**

**IR 2690/A0/05/031/312** 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.

**Progress:**

Seven of the most disadvantaged communities in 63 Traditional Authorities adopted protective child protection practices and accessed an expanded range of services which included: early learning and development, psychosocial support, direct education support such as scholastic materials and school fees, diversion, violence prevention services, alternative care and access to justice. The child protection service delivery framework was characterised by continued scale-up through public/private partnerships with the case management caseload increasing from 1,184 in 2012 to 4,200 in 2013; police diversion increasing from 886 in 2010 to 1,937 in 2013; police victim support units caseload increasing from 1,087 in 2010 to 2,043 in 2013; community victim support units increasing from 7,037 in 2010 to 14,179 in 2013 and the one stop centres caseload increasing from 299 in 2012 to 396 in 2013. Community Based Care Centres aimed to reach 830,000 children by the end of the country program and by the end of the second year had reached 734,273, whilst Children’s Corners aimed to reach 375,000 and had reached 269,560 by end-2013.

Case management (CM) continued to be a key intervention and was adopted as a national approach. In 2013, a five-year case management capacity development plan was developed. Case management guidelines were developed and reviewed for use by the Police, Child Justice Policy and guidelines and in the Health Sector. SOPs were developed for the Police, OSCs, CVSUs, social workers and health workers. At sub-national level, an Inter-Agency CM system was established and is operational in six districts. To-date 4,975 cases have been managed through the system.

**On-track**

**IR 2690/A0/05/031/313** A comprehensive child protection model (including prevention and response services, human resources, infrastructure and financing mechanisms) tested in seven districts by 2016

**Progress:** The design of a blueprint for the child protection system was completed, consisting of implementation of legal and regulatory frameworks, institutional coordination, capacity improvement in human resource, infrastructure and financial institutional capacity, protective continuum of care, including promotive, preventive and responsive interventions, early identification, case management and referral systems and an information management system and accountability mechanism. To support the implementation of the system, a costed Implementation Plan of the Child Care Protection (with three financial scenarios) and Justice Act, Child Justice Strategy and Civil Registration Strategy were completed. The design has been endorsed through the National Technical Working Groups.

**On-track**

**IR 2690/A0/05/031/314** Child Protection Information Management System (CPIMS) in place and capacity of the Department of Social Welfare developed to operate it by 2016.

**Progress:**

The CPIMS Framework Document has been developed and a web based system for CPIMS and prototype has been developed. The system currently contains modules for capturing child protection indicators such as sexual abuse & violence, birth registrations, children in conflict with the law, economic exploitation and early marriages which have been developed, tested and integrated. This development was preceded by the development of modules for capturing master data such as users, roles, district OVC committees, community based structures, traditional authorities and group village headmen. To oversee these developments a National Reference Group has been convened to provide oversight over the development of the CPIMS.

**On-track**

**IR 2690/A0/05/031/315** Project Support

**Progress:** Two year work plans developed and agreed with implementing partners for this sector. Partners meeting convened to review the first two years of implementation of the Child Protection Strategy.

**Constrained**

**PCR 2690/A0/05/032** Evidence informed, equity focused and child sensitive operational guidelines, coordination mechanisms, plans and budgets of the National Social Support Programme in place to support implementation of interventions that target the most vulnerable children by 2016.
Progress:

National Social Support Policy endorsed by the Cabinet in 2012 was publicly launched by the Vice President. Social Support Steering Committee, the highest decision making body for issues in relation to social protection chaired by the Chief Secretary, has met for the first time since the last meeting in 2009, and the National Social Support Programme, an implementation plan of the Social Support Policy, was approved. As the number of donors and financial contribution provided for social protection interventions have been sharply increased in the past year, the need for enhanced coordination has been identified. UNICEF provide technical support to strengthen coordination mechanism such as Steering Committee, Technical Committee, Technical Working Groups, as well as donor coordination group. Initial support for GoM to strengthen linkages among social protection interventions was provided. This includes single registry of beneficiaries, harmonised targeting and integration of social protection committees at the district level. Start of the pilot programme for social protection system strengthening at district level was postponed to 2014. UNICEF also started provision of technical support for design and implementation of a harmonised M&E system to monitor all social protection interventions to strengthen coordination and maximise impact of each intervention. Due to the capacity gap, however, the progress was slow and it is also carried over to 2014. As a result of a joint advocacy, institutional structure for implementation of the Social Cash Transfer Programme has been strengthened with an establishment of a new Directorate for Social Support Services within the Ministry of Gender, Children and Social Welfare, and a creation of 6 new posts for the Directorate as well as 84 posts at the district level. The recruitment process, however, was slow and the technical capacity remained thin throughout 2013. This hindered speed of expansion of SCTP. Currently, two districts were added, reaching 9 districts.

IR 2690/A0/05/032/321 NSSP M&E DRR s implemented.

Progress:

The Social Support Policy approved by Cabinet in 2012, was launched by the Vice President in 2013. Designing of the National Social Support Programme (NSSP) was completed and approved in 2013. NSSP Database is being populated with data on Village Savings and Loan (VS&L), SCTP, Public Works Programme (PWP) and school meals enabling the Poverty Reduction and Social Protection Division (PRSD) to access data on social protection interventions in the country. The Social Support Steering Committee (SSSC) met and approved the NSSP. The Social Support Technical Committee (SSTC) continued to meet and make pertinent decisions such as on the revision of cash transfer levels for the SCTP. Regular meetings of TWGs (PWPs, VS&L, SCTP, School Meals), have improved coordination among implementers and enabled better monitoring by PRSPD. The institutional framework for social protection is thus fully operational with clear ToRs for SSSC, SSTC, PRSP Division and TWGs and a standardised reporting template for TWGs.

With additional support of the World Bank, the PRSPD has started work on strengthening social protection systems through discussions on establishment of integrated social protection structures, harmonised targeting and unified registry for social protection programmes. Development of a comprehensive M&E system for NSSP has commenced but slow progress was made due to limited technical capacity in this area, carrying it over to 2014. The PRSPD was supported to development a 3 year Capacity Development Plan that included team building and clarification of mandate of the Division. Two staff to provide technical assistants were seconded to the PRSPD to enhance capacity and capacity development activities for the Ministry. UNICEF continued to provide both technical and financial support for operations of PRSPD.

IR 2690/A0/05/032/322 National and district capacity to implement Social Cash Transfer Programme strengthened for its scale up.

Progress: Scale up of SCTP has commenced in two additional districts (for a total of 9 implementing districts) with targeted support to one new district in the areas of infrastructure set up and provision of equipment, technical support to planning, monitoring and trouble shooting, design and tendering of e-payment request for proposals and support to contracting of e-payment service provider. This district enrolled close to 50 per cent of the target population in the last half of 2013. The Ministry of Gender, Children and Social Welfare (MoGCSW) human resource capacity has been strengthened through joint advocacy to increase staffing levels and recruitment of three Technical Assistance positions in Finance, M&E and IT. However, due to slow progress with recruitment, the Ministry remained with thin technical capacity throughout the year, affecting effective implementation of the programme and its scale up. SCTP communication improved through design, testing and revision of a draft communications strategy, visual aids for targeting, beneficiary information brochure, and printing of targeting manuals. Improved coordination through support to quarterly review meetings with implementing districts, directors' meetings, and formation and co-chairing of the SCTP task force. The task force was formed with the aim directly support the Director of MoGCSW to alleviate technical bottlenecks and issues with programme implementation. UNICEF has conducted several monitoring visits of district activities and provided subsequent reports and recommendations to MoGCSW in order that targeting activities in the current implementing districts can be improved both in terms of quality and in speed.

Increasing the evidence base around programme impact is currently underway with methodology and data collection tools designed in early 2013. New households to be included in the sample were successfully targeted and the baseline survey for both treatment and control households completed in 2013.

IR 2690/A0/05/032/323 Linkages between the NSSP and social services strengthened for better impact on children.
Progress: A conceptual framework for the envisioned linkage and referral system has been drafted and validated by implementing districts. Commitment has been received by Government however prioritisation of this activity is low due to lack of human resource capacity at the national level to commit to design and testing of a linkage and referral strategy. An agreement has been reached with the Director of Social Support Services Directorate (of the MoGCSP) that this activity will receive adequate attention and priority from the Ministry beginning in 2014. An NGO has been engaged to pilot linkage modalities in two SCTP districts with the aim of gathering lessons learned that will feed into the overall strategy designed with Government in 2014.

IR 2690/A0/05/032/324 Technical, Monitoring and Evaluation Support

Progress:
Rolling work plan 2013-14 was developed and signed by the GoM. Mid-term and annual reviews took place with active participation of implementing partners.

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PCR 2690/A0/05/041 Child focused evidence generated and used with the participation of children to influence national policies, programs, plans and budgets towards addressing child equity and social exclusion by 2016

Progress: Evidence-based policy advocacy for children with equity focus made important progress in 2013 despite the capacity constraint of the section, having all three posts for the Social Policy component left vacant. The situation analysis of children with disabilities was completed and launched. Based on its findings and recommendations, a multi-sectoral plan of action for children with disabilities was formulated. Real-time monitoring of impact of economic crisis on children continued, and findings were widely disseminated to the stakeholders for actions to avoid further deterioration of services for children. The experience of real-time monitoring by UNICEF was recommended as good practice for whole UN, and its replication is planned by other agencies. Social sector budget analysis from 2007/08 to 2013/14 was conducted and findings were discussed with policy makers, MPs, DPs and CSOs. The findings were useful to advocate for protection of social sector budget under the current financial crisis with suspension of donor support to the Government, which results in revision of the public budget. As a result, the GoM has committed to protect social expenditures, particularly recurrent expenditures to maintain minimum level of service provision in health and education. UNICEF supported child and youth consultation on post 2015 development agenda, reaching more than 2000 young people across the country. Situation analysis of child participation in decision making process was concluded. Based on its findings, an agreement was reached with the GoM to develop national guidelines for child participation. UNICEF provided technical and financial support for preparation of the State Party reports for the CRC, its two optional protocols, as well as for the African Charter on the Rights and Welfare of the Child (ACRWC). All the reports were completed and submitted to the Ministry of Justice for final submission.

IR 2690/A0/05/041/411 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.

Progress: Important progress was made in 2014 to generate evidence on children with equity focus and its utilisation for policy advocacy. The situation analysis of children with disabilities was completed and launched. Based on its findings and recommendations, a multi-sectoral plan of action for children with disabilities was formulated. Real-time monitoring of impact of economic crisis on children continued. UNICEF developed reader-friendly version of the report (titled “Malawi Child Watch”) every two months for wide dissemination of key findings to the Government officials both at the national and district level, UN agencies, DPs and CSOs for taking timely actions to avoid further deterioration of services for children. The experience of real-time monitoring by UNICEF was recommended as good practice for whole UN, and its replication is planned by other agencies.

Social sector budget analysis from 2007/08 to 2013/14 was conducted and findings were discussed with policy makers, MPs, DPs and CSOs. The findings were particularly useful to advocate for protection of social sector budget under the current “cashgate” crisis with suspension of donor support to the Government, which resulted in revision of the public budget with reduced revenue estimate. As a result, the GoM has committed to protect social expenditures, particularly recurrent expenditures to maintain minimum level of service provision in health and education. UNICEF also supported development of a template for social budget analysis and training on its use to strengthen capacity of civil society to monitor budget allocation.

IR 2690/A0/05/041/412 Children, youth and other stake holders inform the design and review of national and local policies, legislation, plans and budgets through participatory mechanisms.

Progress: UNICEF supported child and youth consultation on the post-2015 development agenda, reaching more than 2,500 young people aged from six to 24 across the country. The consultation took a combined form of focus group discussion, key informant interviews, written submission and posting through social media. The results were incorporated into the national dialogue on the post-2015 agenda. The findings are going to feed into definition of priority issues for children to be raised with the presidential candidates for 2014 election. A situation analysis of child participation in decision-making processes was completed. The findings clearly show the limited mechanisms in place for effective child participation. Based on these findings, an agreement was reached with the Ministry of Children, Gender and Social Welfare as well as with the Ministry of Youth and Sports to develop national guidelines for child
participation. Progress has been slow due to limited capacity and prioritisation of this issue by the Government.

On-track

IR 2690/A0/05/041/413 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.

Progress:

A combined 3rd, 4th and 5th State Party report on the Convention on the Rights of the Child (CRC) was due in October 2013. Malawi, however had not submitted any report on the African Charter on the Rights and Welfare of the Child (ACRWC) since ratification of the Charter in 1999. Similarly, Malawi had not submitted initial reports on Optional Protocol to CRC on Sale of Children, Child Prostitution and Child Pornography or the Optional Protocol to CRC on the Involvement of Children in Armed Conflict, which were due in 2011 and 2012, respectively. UNICEF provided extensive technical and financial support to the Government to draft and submit the three CRC-related reports to the UN and the ACRWC report to the African Union by December 2013. A CSO alternative report on CRC will be supported in 2014. UNICEF also started providing support to the Government of Malawi to draft and submit the State Party report on the Convention on the Rights of Persons with Disabilities (CRPD) that was due in 2011, with the target to have it submitted before end-2014.

On-track

IR 2690/A0/05/041/414 Technical, Monitoring and Evaluation Support

Progress:

Rolling work plan 2013-14 was developed and signed by the GoM. Mid-term and annual reviews took place with active participation of implementing partners.

On-track

PCR 2690/A0/05/042 Partnerships with Parliament, civil society, private sector and the media established and strengthened for the promotion of child rights

Progress: Some achievements were made in 2013 in strengthening existing relationships with Parliament, civil society and private sector and the media to promote children’s rights. Two sessions of the Youth Parliament were held that saw 193 young people from all the constituencies deliberate on issues that affect them. A key bottleneck in the process is follow-up on resolutions, which will be a key focus for 2014. The NGO coalition on children’s rights began small steps towards strengthened co-ordination and stronger governance. In order to improve the ability of media on children’s rights reporting, lecturers from the University of Malawi attended a training run by the Dublin Institute of Technology. The media council of Malawi was a key ally in ensuring that information on the situation of children was accessible. Five UNICEF field visits supported reportage on child rights, and UNICEF supported two awards in the annual NAMISA press freedom day media awards.

On-track

IR 2690/A0/05/042/421 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.

Progress: Partnership with Parliament on the Youth Parliament (YP) has been strong, which has opened the door to establish other partnerships, particularly in the areas of child-friendly budgeting and strengthening the oversight function of Parliament on various child rights issues. One Youth Parliament session was held in 2013, making it possible for 193 young people from all of the country’s constituencies to deliberate on key issues that affect them. Ten members of the Youth Parliament participated in the Commonwealth and Africa Youth Parliaments. Resolutions from the first Youth Parliament session were presented in Parliament by the Social Committee and later adopted by Parliament. The YP also hosted the regional commonwealth youth parliament. A key bottleneck in the partnership is follow-up on the implementation of the resolutions by the key sectors. Staff turnover at decision-making level in Parliament also presented a challenge in the progression of the partnership to higher levels. Continued advocacy and communication with Parliament saw Government committing to funding the Youth Parliament sessions. 2014 will bring a focus on a more representative selection process and better follow-up on resolutions by line Government departments.

Constrained

IR 2690/A0/05/042/422 The NGO Coalition on Child Rights (NGO-CCR) has the capacity to effectively monitor and report on child rights.

Progress:

Following a breakdown in the governance of the initial NGO CCR, the host organisation for the coalition was changed from the Human Rights Consultative Committee to the NGO Gender Co-ordination Network. Upon completion of this transition UNICEF agreed to support the coalition to get back on its feet. The support focuses on strengthening the NGO CCRs’ role in the facilitation and co-ordination of promoting and protecting children’s rights in Malawi by building its institutional capacity. Strengthened governance structures include the Secretariat, Board of Directors and the General Assembly, to ensure accountability and transparency. The support from UNICEF will also ensure linkages between the operational arm of the NGO CCR and the member networks, strengthening its institutional framework.
The NGO CCR will conduct a desk review of child rights-related issues in Malawi that will feed into UNICEF’s advocacy priorities for children during the 2014 tripartite elections.

**Constrained**

**IR 2690/A0/05/042/423** A private sector coalition on child rights is established to contribute to the realisation of child rights and sustained investments for children.

**Progress:**

Progress in this area remains slow. Standard Bank continues to support the girls’ scholarship programme, and 10 girls from Nsanje who are beneficiaries of a four-year programme were given the opportunity to come to Lilongwe to meet their sponsors. Standard Bank has pledged to support them through tertiary education as long as they stay in school. Through discussions with the US Fund for UNICEF, Gucci and the KIND project (through MSNBC) are also supporting the school scholarship programme. MCO has also begun discussions for partnerships with DHL and TNM. The focus for 2014 will be on pursuing good leads and progressing to formalise those relationships for both funding support and programmatic engagement.

**On-track**

**IR 2690/A0/05/042/424** 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.

**Progress:**

The Office supported the regional shift that now focuses on pre-service training for journalists as opposed to the traditional in-service training on child rights. Twenty lecturers from the media faculty attended a training by the Dublin Institute of Technology that provided insights on how best to include child rights in the various modules. The University of Malawi BA in Journalism curriculum was adapted to include child rights in training modules for 2014. Discussions are ongoing about including modules in the next adaptation of the curriculum. This new strategy will ensure that we train many more than the original target of 150 students by 2016, in a more sustainable manner.

To ensure that the media had access to information and interventions on child rights, the partnership with the Media Council of Malawi was further strengthened with a formal agreement, and three media visits were supported on programme areas of nutrition, health and HIV/AIDS. Two media awards were supported through joint UN support for NAMISA (Media Institute of Southern Africa, Malawi).

**Constrained**

**IR 2690/A0/05/042/425** Technical, Monitoring and Evaluation Support

**Progress:** The 2014 work-plan will be developed in 2014 on reviewing all sector work-plans. Activities from 2013 work-plans progressed, albeit at a slow pace. The balance between external relations tasks and partnership results continues to a difficult one, with demands from external visits and visibility work ongoing. However the recruitment of a Partnerships Officer has seen things move again with the IR results, and should lead to good progress in 2014.

**On-track**

**PCR 2690/A0/05/043** The national systems for planning, monitoring and evaluation apply RBM and HRBA principles in planning, budgeting and programming with priority to 14 under-performing districts

**Progress:**

In 2013 staff from three line ministries received training in RBM, HRBA, use of GIS and statistical software (MASEDA). Draft ToRs for improvement of DDBS were developed. Meetings of DDBS users were held in all the regions of the country for their inputs. The information was used to improve the DDBS ToRs. A DDBS contract was not issued in 2013, since funds were transferred to the implementation of the 2013 MICS in Malawi.

The process of strengthening systems for planning, monitoring and evaluation at the district level, which started in 2011, was successfully continued. More than 420 Government and IP staff were trained under this PCR. Systematic planning, monitoring and evaluation activities were supported in all eight focus districts for 2013; thus the sum of districts benefiting from this intervention is now 21.

**On-track**

**IR 2690/A0/05/043/431** National level PME systems at line ministries have RBM and HRBA capacity to analyse and utilise disaggregated data for child-focused planning and integrated monitoring and evaluation by 2016.

**Progress:**

The MDG End-line Survey using MICS methodology has commenced. Data collection commenced in November in southern region districts. Government staff that worked with the PME section, such as M&E officers and planning staff, were trained in RBM, HRBA, use of GIS and statistical software (MASEDA). This training was undertaken based on the assessments done in 2012.

In total, more than 420 key IP staff were trained on RBM, Finance, Procurement and HACT compliance as part of capacity building...
efforts under this IR.

**On-track**

**IR 2690/A0/05/043/432** 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

**Progress:**

The 13 districts supported in 2011 and 2012 and eight new districts that were supported in 2013 continued to receive financial support to hold quarterly District M&E Coordination Committee (DMECC) meetings. The meetings were held regularly to review district M&E activities and Government programme implementation. The districts that received this support were: Ntchisi, Dowa, Nkhata Bay, Somba, Phalombe, Chikwawa, Mwansa, Mulanje, Thyolo, Nsanje, Dedza, Chiradsulu and Mangochi plus the eight new 2013 districts (Blantyre, Neno, Machinga, Kasungu, Msimba, Rumphi, Karonga and Chitipa), which received technical and financial assistance in 2013. The districts established their own M&E activity plans, which included development of comprehensive M&E frameworks, revision of socio-economic profiles and District Development Plans. Financial support for the implementation of the M&E activity plans for these districts was provided in 2013.

The UNICEF PME Section visited the districts regularly to provide technical guidance and support in implementing their activities.

UNICEF HIV/AIDS, Nutrition and Health Sections were supported in level 3 monitoring, such as LQAS, KII and FGDs.

**PC 800 - Cross-sectoral costs**

**On-track**

**IR 2690/A0/05/051/511** Communication for Development (C4D)

**Progress:** Salary of C4D staff funded for 6 mths (one staff member) and 12 mths (other staff member).

**On-track**

**IR 2690/A0/05/051/512** Planning, Monitoring & Evaluation (PME)

**Progress:** Salaries of PME staff were fully funded.

**On-track**

**IR 2690/A0/05/051/513** Communication & External Relations

**Progress:**

External relations tasks kept the two staff members busy for most of the year. The team has facilitated 15 external visits from media and national committees, as well as promoting the work of UNICEF in more than 30 media articles about UNICEF and/or children’s rights. With the support of the Flemish volunteer programme, the team was supported by a social media intern, who developed and extended UNICEF Malawi’s online presence, with a Twitter, Facebook and YouTube platform, and a regular programme of content and website updates. Visits to the social media sites doubled over the year. With increased demands for strategic communication plans, to increase visibility for donors, the section developed one communication plan (for the EU-supported WASH programme) and plans to develop at least one more in 2014.

**On-track**

**IR 2690/A0/05/051/514** Supply and Logistics

**Progress:** All staff salaries in the supply unit were fully funded. In addition, the main cross-sectoral supply & logistics activity included under this intermediate result (outsourced warehouse management of programme supplies) was successfully completed.

**On-track**

**IR 2690/A0/05/051/515** Implementation of HACT in accordance with HACT WG
**Progress:** Between 26 April and 16th May 2012, four trainings on UNICEF resource management has been conducted; two at Central region, one in the North and one in the South. A total of 155 participants were trained. There were 189 invitations sent to partners. External Auditors were hired to supporting the office on spot-check, audits and micro-assessments.

**On-track**

**IR 2690/A0/05/051/516 Emergency and Disaster Risk Management**

**Progress:** CO response plan is ready and has been aligned better with the CCCs. The revised response plan is yet to be tested and operationalised.

**On-track**

**IR 2690/A0/05/051/517 Human Capacity Costs**

**Progress:** Salaries of support staff were fully funded

**Constrained**

**PCR 2690/A0/05/800 Programme Support**

**Progress:**

Despite good progress in many of the priority areas in the Operations work-plan, it was not possible to achieve full completion. Some of the reasons for this were the impact of the roll-out of Vision on overall implementation, and the increased need for direct service delivery in the economic context of Malawi during 2012, which absorbed resources that could not be deployed for planned activities.

**On-track**

**IR 2690/A0/05/800/001 Governance and Systems**

**Progress:**

Work process review for DCT advance and payment, travel (local and international) and institutional contracts was completed in 2012. Work began, but was not completed in 2013, related to the review of supply requisitions for goods and vendor sourcing. During this year Vision was down for 171 minutes on 30th October due to reasons beyond MCO control. Both the primary and secondary Data Centres in New York were shut down to minimise the potential damage to ICT Infrastructure as a result of the impact of Storm Sandy. At the country level, stable VSAT connectivity and automatic fail over between corporate VSAT link and local ISP link have helped to prevent downtime as a result of loss of connectivity.

**On-track**

**IR 2690/A0/05/800/002 Financial Resources and Stewardship**

**Progress:** Variances between the monthly replenishment amount and the total amount utilised have consistently been below 10 per cent. Monthly closing balance of cash has not exceeded US$20,000 in any month. Indicator targets were reached.

There was no security-related loss of office property during 2012. Consistent monitoring of the performance of the security company was a major contributor to this. Due to some problems observed with the previous security company, MCO, through UNDSS and UN Procurement Taskforce, conducted bidding of security companies and identified new service providers, which are already under contract and whose performance is significantly better.

**On-track**

**IR 2690/A0/05/800/003 Human Capacity**

**Progress:** The global deadline for the completion of 2012 PER/e-pas was 8/04/2013. Ninety-six per cent of staff completed these before the deadline. Those whose supervisors have left the duty station and those who were on different types of leave managed to finish at a later stage.
Effective Governance Structure

MCO’s overall good governance and participation was maintained through monthly CMT meetings. Performance indicators, Managers’ Dash Board in VISION and targets for functional areas through feedback from Programme and Operations meetings were reviewed by the CMT as part of quality assurance mechanisms. MCO developed a comprehensive Annual Management Plan (AMP) with key priorities for programme, operations and management and monitored implementation of the same during mid-term and annual reviews.

The Office maintained a monthly All Staff Meeting during which key decisions from the CMT were shared, informative programme and staff entitlement topics were presented and updates on staff welfare issues was a standing agenda item.

MCO had the following functional statutory and non-statutory committees that also contributed to Office management: Monday Management Meetings, where the Representative, Deputy Representative and Chief of Operations meet weekly to review weekly priorities and overall functioning of the Office; Programme Coordination Meetings every month to oversee management and monitoring of the CP; Enterprise Risk Management Committee with membership from all sections providing oversight on effectiveness of risk management practices; Programme/Operations Assistants Meeting, held monthly to share good practices to improve operational support, financial processes and procedures; and the Operations team meeting, held monthly to improve delivery of quality, timely and cost-effective support.

A Table of Authority (ToA) is maintained in line with roles assigned to staff in Vision, and the VISION taskforce continues its coordinating role of VISION-related issues.

Strategic Risk Management

UNICEF Malawi Country Office (MCO) Enterprise Risk Management (ERM) Committee was revised in 2013 by expanding its mandate to also champion the Effectiveness & Efficiency (E&E) Initiative and efforts to ensure sustainability of audit recommendations and implementation of effective risk management practices. The Committee is now referred to as the Risk Management and Efficiency & Effectiveness Committee (REE). REE is Co-Chaired by the Deputy Representative and Chief of Operations and has membership from all sections.

In 2013, MCO conducted several Risk Control Self-Assessment (RCSA) sessions encompassing review of the following areas: Governance and Accountability, Basic Programme Management Controls, Programme Cooperation Agreement and Small-Scale Funding Agreement, Fundraising, Grants Management and Donor Reporting, Direct Cash Transfers to Implementing Partners under the Harmonised Approach to Cash Transfer framework, Contracts for Services (both to Individual and Institutional Contracts), Supply Assistance and Logistics, Financial Controls and Operations Support and Travel. Teams were established to review work processes in the above areas, with the aim of streamlining, establishing effectiveness of controls and identifying significant risks and opportunities that have a major impact on achievement of CP objectives.

Review teams presented RCSA findings and recommendations to various forums including the CMT, Programme Management Team and all-staff meetings. Various improvements were proposed and earmarked for implementation. The remaining task is to consolidate all outcomes, develop MCO Accountability Framework and a reference manual of all risk-informed work processes and Standard Operating Procedures complete with accountabilities spelt out for all core players. Clearly spelt out accountabilities in line with UNICEF’s Accountability system will strengthen MCO capacity to achieve results for children. Recognising that accountability is a cornerstone of a transparent, ethical and results-oriented organisation, MCO is committed to continuous strengthening of its accountability system to ensure clarity of roles and renewed commitment in delivering results efficiently and effectively.

MCO also undertook a comprehensive review to analyse overall risks and opportunities affecting the Country Programme. The MCO Risk Profile/Matrix and Risk Control Library were updated using the new 12 risk area categories, duly reviewed and endorsed by the CMT, and shared with all staff. The Risk Assessment section in
‘InSight’ was updated. Respective units/functions are tasked to implement mitigation measures to address residual risks. MCO remains committed to ensuring continuous monitoring of MCO’s risk exposure and escalation of risks where required. High and Very High risks identified in 2013 fall under the following categories: fraud and misuse of resources; results-based management and reporting; and budget and cash management.

MCO also reviewed emergency risks and the Early Warning Early Action System is up to date. A standing level of readiness for prioritised risks is maintained, mainly for floods and cholera. Minimal contingency supplies at a central warehouse are also stored to ensure prompt delivery.

The Business Continuity Plan (BCP) and related BCP team memberships are up-to-date. With upcoming 2014 Presidential, Parliamentary and Council elections and the prevailing Malawi ‘cash-gate’ corruption scandal, monitoring BCP activities and fiduciary risks is increasingly one of MCO’s highest priorities.

### Evaluation

Evaluations are well planned and executed by the MCO. Information about the evaluations is entered in IMEP. The IMEP tracks progress of implementation of evaluations and other studies/surveys every quarter. In 2013, one evaluation titled “Evidence building around Social Cash Transfer Program” (external evaluation, exit strategy/graduation, retargeting) was planned in 2013. The baseline data collection was completed and a draft report will be submitted in January 2014.

In 2013, UNICEF’s support to provide essential medicines to approximately 620 Primary Health Facilities and major hospitals in the country continued. This project has shown its impact in a very short amount of time, as evidenced by dramatic lowering of stock-outs at the health facility level. The distribution of essential drugs ended in September 2013, but monitoring of the situation continued in order to assess the immediate impact of the discontinuance of the drug distribution. It is expected that the Government will take over the distribution using its existing centralised drug distribution system through the Central Medical Trust. An evaluation will be undertaken in December 2013 to measure the impact of the PHC Essential Medicines Project over the period of implementation, to assess availability of medicines in the health facilities, to cover issues of relevance effectiveness and efficiency, determine the gap filled by the PHC essential medicines project and whether patients benefitted from the project.

The MCO, with other partners, is leading the implementation the Millennium Endline Survey, using MICS modules to provide information on indicators for monitoring progress of attainment of the Millennium Development Goals, the Malawi Growth and Development Strategy and other development programmes. Field work for the survey began in November 2013 and the preliminary report will be completed in August 2014.

The Child Protection Programme worked on an evaluation on the effectiveness of systems-based approaches to child protection involving HQ and the Innocenti Research Centre. This evaluation is planned to be completed in 2017, with a mid-term review in 2014. All evaluation processes are rigorous, thorough and apply high quality standards. Child Protection is also working on an impact evaluation of the National Plan of Action for Orphans and other Vulnerable Children (NPA) from 2005 to 2009 and its extension from 2010 to 2011. The overarching goal of the NPA for OVC was to build and strengthen family, community and Government capacities to scale-up responses for the survival, growth, protection and development of orphans and vulnerable children.

The following studies and surveys were completed in 2013:

--Rapid Assessment on Adolescents' Access to HIV Testing and Counselling (HTC) and Post Test Referral Services (PTSS) in five Priority Districts (Mchinji, Ntcheu, Balaka, Chikhwawa and Nsanje)
--Situation Analysis of Water and Sanitation in CDSS covering 15 districts
--Sustainability Check of Water and Sanitation Facilities in Malawi
Effective Use of Information and Communication Technology

The main focus for ICT in 2013 was to improve capacity, efficiency and effectiveness of ICT infrastructure to meet current and emerging Country Programme demands. During the year a fibre backbone LAN was installed, resulting in improved responsiveness of access to ICT services and applications.

ICT unit involvement in technology for development projects continued in the year. ICT supported the scale-up of Project Mwana to more than 60 per cent of districts in Malawi by coordinating improvement of ICT infrastructure in district health centres. The ICT unit also coordinated the refinement of continuum of care modules to improve the efficiency of processing and sending text messages for Early Infant HIV Diagnosis results to Health centres. In addition, the unit led the technical implementation of the Community Victim Support Mobile Case Management System that was deployed by the Child Protection section.

The Office supports the UN reform agenda, and UNICEF actively participates in ICT working group initiatives. During the year, the working group explored the viability of using cloud-based solutions for collaboration amongst participating agencies. To this end, a common human resources consultants’ database was out-hosted to a local service provider. This approach will lead to savings in connectivity costs of about US$9,000 per year.

The Office has enabled remote access to key ICT systems, including corporate VISION and email messaging, through Internets, Citrix and Cisco VPN. In addition, the Office deployed a fully equipped video conferencing room to improve collaboration with other country offices and external partners. The Office also actively promotes the use of WebEx and Webinar technologies and supports these services for enhanced collaboration among internal and external stakeholders.

ICT equipment was purchased during the year, primarily via existing global LTA’s. The Office established two LTAs with local vendors for the provision of critical services that included Internet services and preventative maintenance of ICT equipment. In addition, local procurement of ICT services and equipment outside of established LTAs was carried out in accordance with established procedures for ensuring quality and transparency of the process.

As there is no in-country recycling facility in Malawi there is little opportunity for industrial recycling of most of our obsolete equipment and components. Nonetheless, the Office promotes recycling by donating or selling old equipment to third parties. In 2013, 120 ICT pieces of equipment and components were disposed of through PSB.

All ICT systems and interfaces were maintained within the prescribed corporate practices and policies. System availability for all core UNICEF systems and applications was sustained at more than 99.5 per cent for the entire year. Procedures to meet Office business continuity requirements are well established and recovery procedures are in place, supported by an up-to-date primary recovery site in Lilongwe. A secondary recovery site will be set up in Blantyre in 2014.

Fund-raising and Donor Relations

The Country Office has demonstrated a commitment to donor relations and fundraising through a range of key strategies. A newly established contribution management system helped to reduce unnecessary process delays and ensured that the funding reached beneficiaries on time. With a consistent mechanism of monitoring OR funding, the CO was able to maintain a zero tolerance policy for late reports and has met deadlines 100 per cent of the time. The reports follow quality standards based on global UNICEF formats and a PARMO-standardised quality checklist. The quality of reports was enhanced through including information that allowed donors to match expenditures with high level results.

A highly fluctuating local currency combined with an uncertain donor aid environment was partly responsible for a higher than average number of grants being extended. Consequently, the CO has put in place efficient mechanisms to minimise the impact of currency fluctuations, as well as risk-management measures to compensate for the increasing demands for information and transparency.
Generally when it comes to fundraising, Malawi CO has been successful, surpassing the planned ceiling for 2013 by nearly 30 per cent. The utilisation rate thus far is 98 per cent, with efforts to fully commit funding being on track by the end of 2013. While there were some challenges due to the increasingly difficult donor aid environment, some opportunities arose when donors approached UNICEF as the preferred partner of choice due to transparent financial and programme management systems. This has resulted in the CO securing extra funding.

Although progress in private partnership engagement was slow this year, strategic partnerships were formed in Girls Education, with 10 girls from remote areas of Malawi benefiting from continued education opportunities. Fundraising activities also garnered more support from National Committees and major media outlets to support the girl’s education programme. The focus for 2014 will be on pursuing more leads and progressing to formalise those relationships for both funding support and programmatic engagement.

### Management of Financial and Other Assets

The CMT introduced a CMT Dashboard, which is presented at the monthly CMT meetings to facilitate the review of progress and status of key management indicators by utilising the performance management reports and a few additional indicators that are prepared manually by the MCO staff to assist in the monitoring of PCR/IR implementation and achievement levels of the AMP priorities.

The Office continued to provide leadership in HACT implementation as co-chair of the HACT Working Group. The internal HACT committee provided guidance on improving efficiency and management of the HACT process and undertook the verification and update of the implementing partner’s database in Vision.

The UN HACT Working Group and UNICEF internal HACT committee have continued to provide guidance on joint activities and to oversee the implementation of key HACT activities and processes:

--57 partners were micro-assessed, bringing the total number of partners assessed to 116 (of 132)  
--37 UN programme and operations staff were oriented on HACT  
--67 staff of UN implementing partners with high, significant and moderate risk rating were trained in RBM  
--26 staff of UN implementing partners with high, significant and moderate risk rating were trained in Procurement Management  
--33 of UN implementing partners with high, significant and moderate risk rating were trained in Financial Management  
--A concept note on HACT modelling for enhancement of financial management systems and practices among high and significant risk partners was developed  
--30 IPs have undergone HACT audits for 2011 accounts and 18 IPs for 2012 accounts

Effective financial and administrative systems were maintained throughout the year. Steps were taken to further strengthen these systems with a comprehensive risk control self-assessment conducted in the last quarter of 2013.

All bank reconciliations were completed, uploaded and approved in Vision within the DFAM deadline and reconciling items cleared within two months. Monthly financial closure and review of accounts was performed. All outstanding OBO balances were cleared in November 2013.

Office expenditure, expiring grants and outstanding DCTs were reviewed monthly at the Programme Coordination meetings and Operations Unit heads meetings; major issues were reported to the CMT. The balance of outstanding DCTs over nine months was 5 per cent (valued at US$516,377) of all outstanding DCTs as of 3 December 2013.

The Non-Post portion of the Institutional Budget was fully utilised during the year. As at 03 December 2013, of the USD$11.3 million RR allocated, 87 per cent of RR (valued at US$9.9 million) had been utilised.
Supply Management

After the increase in 2012 due to the Primary Healthcare Project (PHC), the supply component of the Country Programme returned to normal levels in 2013, with a programme supplies throughput of US$13.2 million (excluding US$6 million committed as of December 2013 for an extension of PHC, as an emergency transition measure). In addition to programme supplies, the office procured US$410,000 worth of operational supplies (consumables and fixed assets). Approximately 45 per cent of the supply assistance in general was processed locally, with RUTF, school furniture, vehicles and printed materials as the top spend categories, representing a cumulative value of 90 per cent of the local orders. In these sectors, implementation of the strategies previously developed for RUTF and school furniture continued during the year, and a new set of strategies were developed for printing and related services, as the category with highest workload impact. These strategies, along with new LTAs awarded during the year, will facilitate notably the procurement of printed materials in 2014-15.

Malawi also became increasingly involved in the Supply Division innovation project for development of improved designs for school furniture. MCO represents field offices on the Steering Committee, and is the pilot country where the new designs or prototypes will be tested (using locally sourced samples).

Procurement of services/works remained at considerable levels, for a total of US$4.5 million in new contracts raised as of early December. In addition, US$5.8 million is now committed to new construction contracts that will be signed during December 2013 (procurement process has been completed) for a project supporting construction of school latrines in several districts. If we include these awards, the highest proportion of spend in services/works will have been on construction works and related services (63 per cent), followed by logistics services (10.3 per cent) and borehole drilling (6.5 per cent). In particular, a large portion of the logistics services was linked to the Procurement Services mechanism, where MCO continued to manage distribution of HIV/AIDS commodities on behalf of MoH, after the procurement and warehousing components was successfully handed over at the end of 2012. This transition also resulted in a lower Procurement Services throughput compared to previous years, with a total of US$7.5 million in new transactions, the majority of which were GAVI-related. A new MoU was, however, signed with OPC-DNHA, which is expected to become an active PS partner for the nutrition component, supplementing PS collaboration with MOH on therapeutic milks and Resomol.

The support provided by UNICEF to the PHC project (including management of all in-country logistics for three months) was perceived as extremely successful by stakeholders. Given the magnitude of the assignment, new arrangements were put in place, including a thorough risk assessment and planning exercise, increased utilisation of back-up logistics for LTA holders (thereby completing the diversification process initiated in 2011) and use of a flexible approach to manage the incoming pipeline of containers. Close supervision of logistics contracts also resulted in improved reporting capacity.

Emphasis was placed during the year on improving the impact of supplies in programme implementation, mainly through more targeted end-user monitoring visits and implementation of new pre-delivery inspection procedures.

UNICEF continued to chair the UN procurement taskforce and facilitated, amongst other activities, the completion of a joint UN market survey which, coupled with a UNGM based local supplier roster, will become a centralised tool for sourcing.

UNICEF contributed to technical working groups related to PSM; however the complex political, economic and stakeholder map made it difficult for UNICEF to play an effective role in capacity building. To mitigate this, an internal concept note was developed, which will guide efforts in this area in months to come. At the same time, UNICEF spearheaded discussions in the country on the importance of strengthening the supply chain behind the CMAM programme. Terms of Reference were prepared to conduct a supply chain evaluation for this programme, which should set the basis for future integration and optimisation of the supply of RUTF and other key inputs into the national system, thereby increasing sustainability and Government ownership of the existing interventions.
In terms of warehouse management, average inventories increased during the year, mainly due to the decision to use UNICEF’s warehouse to better control the release of locally manufactured RUTF to districts, as well as the requirement to organise distribution of essential medicines from UNICEF warehouse during August, September and October (PHC project).

Value of goods issued 2013: US$5,441,088  
Value of supplies received in WH 2013: US$6,158,312  
Inventory as of December 2013: US$1,615,926  
Emergency pre-positioning: US$458,471  
Other: US$1,157,455

**Human Resources**

MCO decided to manage its human resources in a way that creates an integrated approach to managing the various human resource functions, in addition to ensuring timely and quality processing of routine HR transactions.

During 2013 MCO filled 76 per cent of its vacant positions and managed to reduce the gender gap dramatically, from 38 per cent in 2012 to 47 per cent, through extensive searches to assist the expansion of candidates’ pools.

The PER completion rate as at 30 April 2013 was 100 per cent. MCO used the skills development assessment exercise conducted in 2011 to enlarge the skills base and develop the level of competencies required in the office for 2013. MCO strived to foster a climate of learning through encouraging staff to actively seek to acquire the knowledge and skills that promote the organisation’s objectives. As part of its strategy, MCO provided learning opportunities in a systematic way (staff meetings, brownbag, in-housing training, self-learning and external learning) to improve the flow of knowledge, information and learning within the Country Office during the reporting period. MCO implemented 86 per cent of the training planned for the year, and change management was an integral part of the learning and development strategy. The feedback from ESARO rated MCO staff learning plan and report as exemplary. MCO trained staff on MP4R to foster quality supervision, high performance, coaching and mentoring. The Office encouraged and supported staff to pursue their career development; seven national staff left the duty station via promotion to international professional category, two staff members were sent on mission assignment and three IP staff relocated to other duty stations as a result of promotion during the reporting year.

Based on the feedback received from staff during the Annual Staff Retreat held in February 2013, MCO developed a detailed action plan jointly with Staff Association to enhance staff morale. Additional staff were cleared to attend PSV training and staff were encouraged to apply for flexible work. MCO has continued to organise monthly all-staff meeting chaired by different sections, who use their turn to sensitise staff on their programme work while Operations makes presentations on staff benefits.

The CO assessed staffing gaps based on EPR to ensure effective humanitarian and early recovery in line with CCCs and uploaded the staff mobilisation table on the Early Action System and trained new staff and emergency focal points on emergency risk-informed programming in October 2013.

During the year, CO supported staff in accessing financial support to improve security in their residences, in line with MORES for Malawi. The CO is committed to UN Cares and has implemented the 10 minimum standards on HIV in workplace. The children of UN staff attended a full day workshop facilitated by experts on handling HIV/AIDs for different age groups.

The CO is participating in DaO as Chair of both the UN HR Working Group and the LSSC to support the comprehensive salary survey that is scheduled to take place in January 2014.
Efficiency Gains and Cost Savings

Efficiency gains and cost savings were achieved in the areas of transport management, cash handling and joint procurement. A bulk fuel storage facility that UNICEF deployed in 2012 to mitigate acute fuel shortages continues to provide cost savings and efficiency gains. The Office has been purchasing diesel at wholesale and duty-free prices and storing it in the 80,000 litres fuel tank that was installed at the joint UN facility to gain from common services through cost-shared rental, operational and security costs. This has improved efficiency in providing logistical support to programme activities and cost savings on fuel costs, since pump prices would have been higher. The fuel cost savings realised in 2013 amounted to more than US$3,000 after factoring in operational costs of the facility and without factoring in staff time, which is always enormous during acute fuel shortage in the country.

A joint UN procurement of spare parts spearheaded by UNICEF and the new UNICEF LTAs for vehicle maintenance that allow UNICEF to supply its own spare parts, resulted in significant savings due to the price differential between local and UNICEF imported parts. UNICEF is now only charged for labour costs on regular maintenance services; the savings in 2013 were estimated to be in the range of US$12,000.

The Office streamlined the process of procurement of stationery by undertaking a pilot order of standard stationery items for the Child Protection section. The new approach consisted of quantifying the number of partners’ workshops that the section would support, and developing a standard set of stationery supplies that can cater for one standard workshop. A single purchase order was then placed for the total number of workshops expected during the year, which reduced significantly the amount of recurrent stationery orders. This approach has been recommended to programme colleagues as a best practice to cover stationery orders for all sections in 2014.

The Cash in Transit (CIT) agreement negotiated with UNICEF’s bankers in Malawi was implemented in 2013, whereby HACT Direct Payments for allowances (DSA and transport) were paid directly to participants by the bank. The bank was responsible for verifying the payees and preparing pay packets based on participant lists provided by implementing partners. This resulted in efficiency gains by allowing workshops to proceed for implementing partners with significant- or high-risk ratings (who therefore cannot access the DCT advance payment modality), as well as providing third party verification at the source that payments were made to the correct payee who was present at the workshop. In 2013, payments amounting to US$1 million were processed covering 209 workshops between January and November using the CIT modality.

The Office reviewed existing work processes to improve risk management and efficiency. A quality control point was introduced to review all PCAs before they are submitted to the PCA committee; this streamlining led to improved quality of submissions and resulted in faster turn-around of PCA approvals.

Changes in AMP & CPMP

AMP 2013 / 2014

Programme Priorities

1) The following priorities were dropped in 2013
   - District and primary health care interventions
   - Support to MOEST to open six Early learning Centres
   - Support Ministry of Youth to open CBEs and functional literacy centres

2) The following priorities were continued from 2012
   - Open defecation free
   - SUN 1000 days
   - E-MTCT
   - OVC NSSP
   - Development of child protection systems
3) The following priorities were introduced
   • Effective leadership in SWAP in Education

Management Priorities

1) The following priorities were dropped in 2013
   • Increased resources to support the implementation of the CP
   • Enhance capacity UNICEF Malawi team through learning strategy
   • Sustained advocacy for protection of children
   • MCO’s engagement in SWAp

2) The following were continued in 2013
   • PHC Essential medicines project (not listed in 2013 but implemented)

3) The following were introduced in 2013
   • A Promise Renewed (APR)
   • Improved staff morale
   • Accountability framework for child protection
   • Disaster emergency preparedness

Operations Priorities

1) The following were dropped in 2013
   • MCO support to the operationalisation of VISION and IPSAS
   • Effective implementation of UNICEF’s Enterprise Risk Management
   • Improved capacity, efficiency and sustained availability of office connectivity and ICT infrastructure upgraded (*)
   • Cost-cutting approaches for efficiency and effectiveness of programme delivery applied

2) The following were continued in 2013
   • Enhanced efficiency and productivity through RBM
   • Business continuity measures implemented in line with Office BCP

3) The following were introduced in 2013
   • Capacity, efficiency and effectiveness of ICT infrastructure (*)
   • An improved, secure and conducive office working environment
   • An effective and efficient learning strategy for team capacity building

(*) These priorities are interrelated but formulated in a different way.

Summary Notes and Acronyms

Acronyms
AARR - Average Annual Rate of Reduction
APL - Advocacy, Partnership and Leveraging
APR – A Promise Renewed
ASRH – Adolescent sexual and reproductive health
BCP - Business Continuity Plan
CBM – Community-based management
CMAM – Community management of acute malnutrition
CMT - Country Management Team
DaO - Delivering as One
DCT - Direct Cash Transfer
DHS - Demographic and Health Survey
DIVA - Diagnose, Intervene, Verify, Adjust
DPCG - Development Partner Coordination Group
ERP - Enterprise Resource Planning
ERM - Enterprise Risk Management
HDI - Human Development Index
HTC - HIV Testing and Counselling
HRM - Human Resource Management
HIS - Integrated Household Survey
IMEP - Integrated Monitoring and Evaluation Plan
IMF - International Monetary Fund
LCMT - Local Crisis Management Team
LMIS - Laboratory Management Information System
LTA - Long Term Agreement
LQAS - Lot Quality Assurance Sampling
MCO - Malawi Country Office
MDGS - Malawi Growth and Development Strategy
MoH - Ministry of Health
MoLGRD - Ministry of Local Government and Rural Development
MoRES - Monitoring of Results for Equity System
MoU - Memorandum of Understanding
MVAC - Malawi Vulnerability Assessment Committee
ODF - Open defecation-free
OPC-DNHA - Office of the President and Cabinet – Department of Nutrition and HIV and AIDS
PHC - Primary Health Commodities Project
PMTCT – Prevention of mother-to-child transmission (of HIV)
RUTF - Ready to use Therapeutic Food
SAM – Severe, acute malnutrition
SCTP - Social Cash Transfer Programme
SUN - Scaling Up Nutrition
SWAp - Sector Wide Approaches
SCT - Social Cash Transfer
TWG - Technical Working Group
WASH - Water, Sanitation and Hygiene
## Other Publications

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<td>1 Situation Analysis of Water and Sanitation in Community Day Secondary Schools covering 15 Districts</td>
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<td>2 Rapid Assessment on Adolescents' Access to HIV Testing and Counselling and Post Test Referral Services in 5 Priority Districts</td>
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<td>3 Sustainability Check of Water and Sanitation Facilities in Malawi</td>
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