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**For information**

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**United Nations Children's Fund**

Executive Board

**Annual session 2013**

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Item 14 of the provisional agenda\*

**Report of the field visit of members of the UNICEF  
Executive Board to Malawi, 8 to 12 April 2013****I. Introduction**

1. The field visit of members of the UNICEF Executive Board to Malawi from 8 to 12 April included the representatives of the UNICEF Executive Board from Antigua and Barbuda, China, Denmark, Ireland, Namibia and the Russian Federation.
2. The objective of the field visit was to gain a first-hand understanding of UNICEF work at the country level. More specifically, the visit aimed at demonstrating concrete examples of UNICEF cooperation with the Government and with other partners, including those in the United Nations country team (UNCT). The visit provided an opportunity for the Executive Board to better understand the challenges facing children and women in Malawi.
3. The delegation would like to express its gratitude to the Government of Malawi for the opportunities for substantive dialogue with senior members of the Government.
4. The delegation would also like to thank the UNICEF country team in Malawi for the well-prepared and well-organized visit, and for staff being readily available throughout the visit.
5. The programme of the visit consisted of three main components:
  - (a) Meetings in Lilongwe with the UNICEF Malawi country office, senior-level Government counterparts, members of the UNCT, as well as key donors and non-governmental organization partners;
  - (b) Field trips to the districts of Dowa, Kasungu, Salima, Mchinji and Mzuzu, where the delegation had the opportunity to meet with regional and local authorities and visit social services programmes and communities supported by UNICEF;

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\* E/ICEF/2013/10.



(c) Visit to the Mzuzu University Smart Centre, where the delegation saw a centre producing innovative, longer lasting and affordable sanitation products that are marketed with the support of UNICEF.

6. This report summarizes the information received by the delegation and concludes with the delegation's observations.

## **II. Key issues facing women and children in Malawi**

7. Malawi has one of the youngest populations in Africa: over half of Malawi's 15.4 million people are under 18 years of age<sup>1</sup> and approximately 67 per cent are below 25 years of age. The talents and dynamism of the youth population, once harnessed, present Malawi with opportunities to secure its future competitiveness by effectively investing in the skills and education of the present generation.

8. Malawi has made progress in economic development, and food and nutrition security, but the country remains constrained by rapid population growth (estimated at 2.8 per cent), limited institutional implementation capacity and a narrow resource base. Poverty, estimated at 50.7 per cent,<sup>2</sup> is widespread and the proportion of ultra-poor households is 25 per cent. Malawi was ranked 170/187 on the Human Development Index 2012, making it one of the poorest countries in the world. Malawi's under-five mortality rank stands at 30/193, indicating a very high child mortality rate when compared to other countries in the world.

9. The steady slowdown in economic growth, which started in 2011 with the suspension of the extended credit facility of the International Monetary Fund, led to reduced donor inflows, foreign exchange difficulties and shortages of essential commodities, including fuel, essential drugs and inputs for manufacturing. Inflation rose to 35.1 per cent in January 2013, up from 10.3 per cent in January 2012.<sup>3</sup> The new Government has committed itself to turning around the economy and implementing tough fiscal and monetary reforms. Measures such as the devaluation of the local currency have increased the price of basic commodities, which in turn has significantly affected the well-being of the most vulnerable families.

10. Yet Malawi is making progress towards the achievement of the Millennium Development Goals. For example, Malawi has achieved the target of Goal 7 to halve by 2015 the proportion of people without sustainable access to safe drinking water, and the country continues to make progress towards Goal 6 on reducing HIV prevalence. Major challenges are faced with Goals 1, 2, 3 and 5 (poverty reduction, girls' education, gender equality and maternal health), which are not likely to be met. Support to water, sanitation and hygiene in schools represents a key effort to improve girls' enrolment and retention rates, and contributes towards the achievement of Goal 2, universal primary education. To accelerate the attainment of the Goals, strategies have been designed and implemented, but to be effective, Malawi has to ensure proper coordination, management, monitoring and evaluation of empowerment initiatives to assist girls to complete school and avoid unwanted pregnancy.

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<sup>1</sup> United Nations Population Fund.

<sup>2</sup> Integrated Household Survey 2010-2011.

<sup>3</sup> Reserve Bank of Malawi, 2013.

11. Due to overreliance on rain-fed agriculture, the livelihood of the people of Malawi and the economy as a whole are vulnerable to droughts and floods, which are the most frequently occurring natural disasters. Environmental degradation, increasing poverty, rapid urbanization and lack of adequate effective Disaster Risk Reduction efforts have compounded the vulnerability of the population to disasters, thereby exacerbating their impact. Both rural as well as urban households remain vulnerable to risks emanating from these types of disasters. Furthermore, despite the food surplus enjoyed by the country in past years, in 2011 and 2012 less-than-adequate rainfall led to food insecurity in 16 districts, affecting about 1.9 million people, including 270,000 children.

12. HIV prevalence among adults in the age group of 15-49 years declined from 12.6 per cent in 2004 to 10.6 per cent in 2010.<sup>4</sup> In 2009 the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 920,000 Malawians were living with HIV, including 120,000 children under 14 years. Mother-to-child transmission of HIV is the single largest cause of HIV infection in children. It is estimated that the transmission to infants born to HIV-positive mothers declined from 30 per cent in 2010 to 16 per cent in 2012.<sup>5</sup> Nearly 400,000 people are on antiretroviral treatment, including 57,000 children.<sup>6</sup>

13. HIV prevalence among young people aged 15-24, estimated at 6 per cent in 2004, is higher among females: 9.1 per cent compared to 2.1 per cent for males of the same age. In 2010, it was estimated that the HIV prevalence among the same age group was reduced to 5.2 per cent among women and 1.9 per cent among males, and 3.6 per cent overall.

14. Malawi has made remarkable progress towards Goal 4. The under-five mortality rate was reduced from 189 per 1,000 live births in 2000 to 112 per 1,000 live births in 2010, and the infant mortality rate declined from 92 deaths per 1,000 live births in 2000 to 66 deaths per 1,000 live births in 2010. This progress is in part attributable to the sustained Expanded Programme on Immunization coverage and rapid national-level scale-up of community case management of malaria, pneumonia and diarrhoea in children under-five. However, these gains are being challenged by frequent stock-outs of essential drugs, a chronic shortage of trained nurses and doctors, and delays in uptake of community case management services by families pressured by the current unfavourable socioeconomic context.

15. Poor quality of perinatal care and inequitable access to post-natal maternal and newborn care are key factors hindering progress towards Goals 4 and 5.

16. According to the 2010 Demographic and Health Survey (DHS), maternal deaths decreased from 807 per 100,000 live births in 2006 to 675 per 100,000 live births in 2010. Although 97.6 per cent of mothers receive at least one antenatal care visit from a health professional, 73 per cent of deliveries take place in a health facility compared to 54 per cent in 2006, but only 71.4 per cent of deliveries are made by a health professional. Critical shortages of health personnel, long distances to facilities, and equipment shortages are factors hindering facility-based deliveries with skilled birth attendants.

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<sup>4</sup> The Malawi Demographic and Health Survey 2010.

<sup>5</sup> Spectrum estimates, UNAIDS.

<sup>6</sup> Ministry of Health HIV Report 2012.

17. The high maternal mortality ratio and newborn mortality rate are also due largely to the country's high teenage pregnancy rate. This rate is estimated by the Ministry of Health to account for 25 per cent of all births and 20 per cent of maternal deaths, and also to contribute to the high rate of prematurity, which at 18 per cent is the world's highest recorded rate.<sup>7</sup> Prematurity is a major contributing factor to Malawi's newborn mortality, which accounts for nearly a third of deaths of children under five.

18. Nearly 46 per cent of women live over eight kilometres from the nearest health facilities and have limited access to transport. Due to lack of observation rooms, mothers and newborns are discharged from health facilities well before the 48 hours stipulated in the national policy, with limited access to community-based maternal and newborn follow-up visit services. According to the 2010 DHS, nearly half (48 per cent) of women do not receive any post-delivery follow-up care and of those who receive a check-up 60 per cent were checked only within the first four hours.

19. Many initiatives have been implemented to promote nutrition. These approaches, however, have so far failed to reduce the stunting rate of 47 per cent of children under five years old, or the proportion of underweight children, which is one in six children below five years of age.<sup>8</sup>

20. One third of children aged 3 to 5 years benefit from early childhood care and learning through 9,000 community-based child care centres. Given the known benefits of early learning on child development and future school performance, there is a critical need to scale up early childhood development.

21. Much progress has been made in getting more children into school. Malawi has now achieved an enrolment rate of 99 per cent, with gender parity achieved in primary education (the gender parity index, at 1.02, favours girls). The country is, however, still far from reaching its education targets, with some key indicators still lagging behind. The proportion of students starting Standard (grade) 1 who reach Standard 8 is only 57 per cent.<sup>9</sup> Other challenges include: a very low teacher-to-pupil ratio of 1:92, inadequate infrastructure, with a classroom-to-pupil ratio of 1:105 (target is 1:60); low access to safe drinking water (77.0 per cent in 2010); and inadequate sanitary facilities (only 22 per cent of schools). Girls are the worst affected. They are joined in this category by other vulnerable out-of-school groups, with the number of children out of school estimated at 600,000. The education sector is grappling with challenges hobbling the provision of quality education. These range from poverty at household level to institutional capacity and governance handicaps.

22. According to a 2005 National Statistical Office survey on violence, 65 per cent of girls and 35 per cent of boys experience some form of child abuse during their lifetime. A third of girls 15 to 19 years old are married, and 26 per cent of children are involved in child labour. Nearly 13 per cent of children have lost one or both parents, half of them to HIV-related illnesses. Many of the 837,000 orphaned children live in poor communities that are unable to provide optimal care and protection, leaving the children vulnerable to neglect, abuse and exploitation. Fewer than 1 in 10 children under five years of age have a birth certificate. In 2010, the

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<sup>7</sup> Sexual and Reproductive Health Roadmap 2012.

<sup>8</sup> DHS 2010.

<sup>9</sup> Education Management Information System, 2011.

Government enacted a comprehensive child care and justice bill and has included child protection in the Malawi Growth and Development Strategy.

### **Social protection**

23. The delegation visited two families who are beneficiaries of the Social Cash Transfer Programme (SCTP) in the Salima lakeshore district. The SCTP is a social protection programme that is being implemented with funding from the Global Fund, as well as the Governments of Ireland and Germany. It was designed, with technical and financial support from UNICEF, to alleviate poverty, reduce malnutrition and improve school enrolment by delivering regular and reliable cash transfers to households that are living below the ultra-poverty line (20 cents per person per day) and that have persons who are also labour constrained (the elderly, disabled, child heads of household, chronically ill).

24. As of March 2013, the SCTP was being implemented in seven districts in Malawi with scale-up commencing in an eighth district. The programme currently has over 100,000 beneficiaries in 28,000 households, approximately 65 per cent of whom are children.

25. The Ministry of Economic Planning and Development provides leadership and coordination of technical assistance to the design and implementation of SCTP. The Ministry of Gender, Children and Social Welfare provides support to and oversees the decentralized district-level implementation, which is managed by Local Councils. Key partners involved in the programme include the Ministry of Finance, the Ministry of Local Government and Rural Development, the Ministry of Persons with Disabilities and Elderly, and civil society organizations.

26. Since the pilot programme began in 2006, UNICEF Malawi has provided technical and financial support, which includes the following: programme design and design improvement, implementation, resource mobilization, advocacy, impact evidence, and capacity-building for the Government of Malawi, backstopping support for payment of transfers in districts, and the building up of infrastructure for national- and district-level implementation.

27. The programme contributes to poverty alleviation combined with investment in economic growth and social development. Impacts at household level include improved child nutrition, diversified household diet, increased household food security, improved school enrolment and attendance, improved health for adults and children, increased asset accumulation and improved housing quality.

28. The existing benefit level, established in 2006, is deemed inadequate for today's households. Increases in the cost of living and food prices in the past year have exacerbated this problem. Consequently, a transfer adjustment was proposed by UNICEF and approved by Government.

### **Observations**

29. The delegation was pleased to note that the small cash grants disbursed through the SCTP have made a significant difference to the lives of ultra-poor households. The SCTP is a concrete example of the equity approach of focusing on the poorest and most marginalized as a strategy for bridging the poverty gap.

30. In light of the difficult economic conditions in Malawi, the delegation urged the Government and UNICEF to continue to play their parts in scaling up this programme and to work towards enhancing linkages with other social services in order to maximize the impact of cash assistance for the well-being of children and the most vulnerable. It is important that the budget allocation made by the Government for the scale-up of SCTP is protected.

31. The delegation noted that the provision of cash on its own to families living in ultra poverty is not adequate to address the multiple and varied vulnerabilities and exclusions that the families face. A long-term strategy is necessary to help beneficiaries from becoming permanently dependent on the cash transfers and to enable them to graduate out of poverty.

32. In this regard, the delegation noted with satisfaction that a study on a graduation strategy is planned. The study aims to identify factors that enable households to progressively move up and graduate out of SCTP. It also aims to identify internal and external factors necessary to enable households who graduate from the programme to progressively achieve future household sustainability, for example by accessing business skills and literary training.

33. The delegation observed that disbursements were not always received on a monthly basis. In order to maximize the benefit of SCTP, capacity and implementation at community level need to be strengthened, and systems of monitoring and feedback need to be established.

### **Early childhood development**

34. The delegation visited Chimteka village in Mchinji district to see a model community-based childcare centre (CBCC), which was constructed in 2004-2005 with funding from UNICEF.

35. This is one of many centres in the country established through community initiatives for integrated practices and services based on the principles of early childhood development. The foundation for children's ability to survive and thrive is built through the opportunities they have to grow socially, emotionally, physically, mentally, morally and spiritually. The centres strive to ensure holistic development for children up to 8 years old and are administered by local caregivers, just over half of whom are trained. There are 5,548 centres throughout the country, providing support to about 400,180 children.

36. Chimteka's centre operates in Mchinji district and comprises 17 villages with about 200 households, including 116 elderly-headed households, 4 child-headed households and a significant number of households with orphans. The centre has a total of 293 children enrolled (121 boys, 172 girls), including 42 orphans. There are seven volunteer caregivers at the centre, four of whom are trained.

37. The centre's achievements include providing childhood development opportunities and a protective environment, child-centred early learning services and stimulation, such as building blocks, arts and crafts and imaginative play, in addition to providing nutrition support. The community also works with the Ministry of Health to control stunting levels by carrying out monthly growth monitoring of the children.

38. The hope is that the early learning foundation provided through such centre's will eventually mean that children are more prepared for school and that this in turn will have a positive effect on children's school performance and retention rates in primary school. The daily meal helps stave off malnutrition and hunger, and is for some of the children the only meal of the day. Additional benefits of the centres include less stress on parents, the teaching of positive parenting skills, and economic benefits due to parents', especially mothers, being free to focus on income-generating work rather than childcare for a few hours every day.

### **Observations**

39. The delegation was encouraged to see such a positive example of local community involvement and leadership in the area of early childhood development in Chimteka.

40. The delegation welcomed the Government's plan to eventually have similar CBCC facilities in all 28 districts. Nevertheless, the delegation noted many challenges, among which were the following: significant human-resource capacity gaps and high turnover of volunteers; quality issues, including inadequate buildings and access to electricity and fuel; the need for improved governance and coordination among centres; limited financing; and an increasing number of children with special needs.

41. The delegation believes that despite all these challenges, the scale-up of quality centres like that in Chimteka is a worthwhile investment for the Government of Malawi because of the positive effects on school readiness and performance and other benefits for the children and wider community.

42. The delegation was encouraged to see that the Government has put in place evidence-informed policy, legislation and budgets to prioritize early childhood development. These efforts aim to target the most vulnerable children by 2016. The delegation would like to commend UNICEF for its advocacy role in this regard.

### **Health**

43. The delegation visited Kasungu District Hospital, one of 22 health facilities in the Kasungu district supported financially and technically by UNICEF in using the RapidSMS (rapid short message service) technology for surveillance and monitoring of nutrition and HIV infection.

44. The delegation learned how RapidSMS can help quickly to identify and provide treatment for children suffering from malnutrition and to dramatically shorten the turnaround time for delivering test results from the laboratory to health facilities. As a result, the timeframe for making HIV diagnoses has been reduced from four months to six weeks.

45. This technology also facilitates data collection and analysis, particularly in the areas of antenatal care, safe delivery and post-natal care for mothers and babies, including early infant diagnosis.

46. The delegation had the opportunity to interact with several representatives of national civil society organizations who are members of the Malawi Health Equity Network. The representatives of the network briefed the delegation on the impact of

the current socioeconomic crisis on health and access to essential health care for women and children. They underlined several challenges for Malawi: its high dependence on external funding, dwindling resources and knowledge and capacity gaps. They also raised concern over the lack of transparency and accountability of some national health institutions as well as the policy disharmony and weak operational guidelines that hamper timely disbursement of funding and implementation of key programmes.

### **Observations**

47. The delegation commended the District Health Management Team for their efforts to roll out the RapidSMS programme.

48. The delegation would like to emphasize the need to maintain quality data, which is useful in informing policy and lobbying for more resources.

49. The delegation would like to encourage UNICEF in its role as a bridge-builder to facilitate engagement between civil society and the Government.

50. While visiting the hospital wards, the delegation noted with concern the high number of teenage girls and young women waiting to give birth. In this regard, the delegation would support an effective and gender-sensitive strategy of education and awareness-raising for the general public, with a view to reducing the incidence of teenage pregnancies.

51. The delegation noted with some concern that external funding for essential health services, including funding from the Global Fund, was at risk of running out in 2014.

52. The delegation was pleased to learn that the Health Equity network was actively involved in supporting the country's initiatives to encourage good governance and transparency, the ongoing economic reforms, the avoidance of duplicating efforts, and holding the Government accountable to fulfil its obligations to meet the rights of its women and children in the area of health.

### **Sexual and gender-based violence**

53. The delegation visited the Mzuzu Central Hospital, which will host a One-Stop Centre for survivors of gender-based and sexual violence and abuse, to be built with the support of UNICEF.

54. The aim is to provide, in one place health, all social, police and other necessary services. This approach helps to reduce 'secondary victimization' because victims do not have to recount difficult details of their cases to different service providers.

55. A further benefit of the approach is that it increases the chance of cases reaching prosecution because evidence is collected expediently and all referral systems are in one place.

56. Currently, clinical and counselling services are provided from a single room in the hospital. Construction of a stand-alone unit, to integrate the justice, police and medical and psycho-social services, is expected to start in 2013.



**Observations**

57. The delegation appreciated the urgency of establishing the centre, as the staff from the hospital, and from social welfare, the police and justice departments are striving to provide streamlined and sensitive services to victims of violence and sexual abuse.

58. The current separate locations of their respective services constitute a challenge, and the future integrated and co-located services are expected to help to reduce secondary victimization of the survivors.

**Innovation**

59. The delegation also visited the Mzuzu University Smart Centre, which focuses on training local businesses to produce and sell a range of new low-cost water and sanitation solutions. The goal is to establish a sustainable and compatible supply sector for sanitation and water supply options that are affordable for households.

60. The delegation saw examples of innovative models of refined sanitation products, including more durable and affordable latrines, which can be marketed in the relevant parts of the country.

**Observations**

61. The delegation was impressed with how the centre draws on local village-level innovations and materials that work well and can be easily replicated and adapted for wider use. The resulting products are both durable and affordable.

62. The delegation would like to commend the pragmatic yet innovative approach taken by the centre and the university.

**Basic education**

63. In Mchucu, the delegation visited a primary school whose classrooms, latrines for boys and girls, and water points were constructed with the support of UNICEF. The delegation interacted with the school management team, which included traditional authorities, a parent-teacher association, and a mothers' group which sensitizes girls and boys, both in and out of school, on the importance of education.

64. The delegation witnessed the active participation and contribution of local authorities (traditional and formal) and communities in the improvement and maintenance of social services in the area of education.

**Observations**

65. The delegation would like to commend the community for their involvement in the running of the school in challenging circumstances. Of particular note was the women's initiative, which provided assistance and support to teenage mothers with the aim of getting them back to school.

66. While significant progress has been made in the education sector, some of the main challenges that need to be addressed include inadequate teacher housing,

poorly equipped school libraries, early marriage, poor retention rates, inadequate classrooms and low participation of the community in school management.

### **Water and sanitation**

67. In the district of Dowa, the delegation was briefed by members of the community of the Mononga village, including women, young people and the village headman on how they earned the status of “open-defecation free” (ODF) village using Community Led Total Sanitation. This is an unsubsidized approach to rural sanitation that facilitates communities’ recognition of the problem of open defecation and the taking of collective decision-making and action to become ODF.

68. Innovative and low-cost approaches to hand-washing had been researched, developed and successfully implemented in the village.

### **Observations**

69. The delegation was encouraged to see how the community embraced the challenge of becoming ODF and would like to commend their proactive and innovative role.

70. The delegation would like to encourage the villagers to share with their neighbouring villages the benefits of these improvements and encourage them to follow their lead.

### **High-level meetings**

71. The delegation was honoured to be received by the President of the Republic of Malawi, Her Excellency Dr. Joyce Banda. The President noted the efforts made by UNICEF to support Government activities in several areas: education, especially for orphans and children with disabilities; improvement of the realization of the rights of women and children; nutrition; and prevention of mother-to-child transmission of HIV.

72. The delegation also had the opportunity to meet with a number of Ministers, including the Minister of Foreign Affairs, the Minister of Economic Planning, the Minister of Gender and the Minister of Health.

73. In addition, the delegation had meetings with the UNCT and respective Heads of Cooperation representing donor partners active in Malawi.

## **III. General observations**

74. The delegation would like to highlight the considerable efforts made by UNICEF Malawi to organize an interesting and intensive field visit focusing on the main aspects of the work of UNICEF and its partners in Malawi. The delegation would especially like to thank the UNICEF staff in Lilongwe for their commitment and dedication.

75. The delegation was happy to see that Malawi is on track to meet the Millennium Development Goal 4, to reduce under-five mortality by two thirds, and

Goal 7, to increase access to a safe water supply and sanitation. Progress, however, is lagging in many areas, including reducing poverty, improving primary school completion rates for boys and girls, reducing maternal mortality, infant mortality and child malnutrition, and addressing gender inequalities in economic opportunities and in household and public decision-making.

76. These challenges will need to be addressed using a collaborative approach. In this regard, the delegation was happy to see that the UNCT and development partners are working coherently to maximize their comparative advantages and avoid duplication. We encourage UNICEF to continue to work other United Nations agencies in the spirit of One United Nations and Delivering as One.

77. In spite of economic difficulties, Malawi has developed a range of strategies and policies to address its challenges, many of which require a long-term perspective and a sustainable approach.

78. Though access to funding can be a serious constraint, a more important challenge is the lack of capacity to implement strategies, and systemic inefficiencies at central, district and local levels. Strengthening capacity, in particular human capacity, addressing systemic weaknesses and providing accountability will be essential to effect progress in the long term.

79. The delegation was encouraged to learn about several key interventions such as the National Plan of Action for Orphans and Vulnerable Children, the Nutrition Rehabilitation Programme and the Social Cash Transfer Programme that aim to provide support to children whose right to life, survival and development are threatened. However, there is a need for improved coordination to positively impact the situation of vulnerable children.

80. The delegation commends the government for the introduction and updating of legislation such as the Child Care Protection and Justice Act. However, there is considerable room for improvement in relation to the harmonization and implementation of legislation in general.

81. The delegations observed that there were teenage girls at the maternity settings in a number of sites visited. The issue of the high level of teenage pregnancies and of violence against children and women was also evident in the data at the One-Stop Centre. The delegation would like to reiterate that this should be a priority issue and should be addressed in a holistic manner, through the harmonization of the age of majority, the minimum age for marriage and the definition of a child.

82. The delegation noted with appreciation the willingness and high level of commitment demonstrated by donors and development partners who, though small in number, account for a large portion of funding in Malawi.

83. The delegation would like to emphasize, however, that the Government must continue to play a leadership role in national development policy, which will require sustained and effective implementation over the long term. While UNICEF plays an important role as facilitator in this regard, national ownership and responsibility on the part of the Government are essential drivers of the achievement of results, and indeed long-term sustainable growth and development.

84. The delegation noted with appreciation the cooperation that UNICEF has forged with governmental institutions at all levels, from central government to regional and district authorities. UNICEF and government partners are working to

achieve results for children through advocacy and the development and implementation of key policies.

85. While the five-day field visit necessitated an intensive programme, the delegation would like to emphasize the importance of allocating sufficient time to visiting projects in the field.

**Annex 1****List of participants in the field visit of the UNICEF Executive Board to Malawi, 8-12 April 2013**

H.E. Mr. Wilfried I. Emvula, Permanent Representative of Namibia to the United Nations (*team leader*)

(*In alphabetical order:*)

Ms. Edel Dwyer, Second Secretary, Permanent Mission of Ireland to the United Nations

Ms. Gillian Joseph, First Secretary, Permanent Mission of Antigua and Barbuda to the United Nations

Ms. Christine Muhigana, Assistant Secretary of the Executive Board of UNICEF

Ms. Kristina Bendtzen Rashid, Second Secretary, Permanent Mission of Denmark to the United Nations

Mr. Evgeny Varganov, First Secretary, Permanent Mission of the Russian Federation to the United Nations

Ms. Yifei Wang, Third Secretary, Permanent Mission of the People's Republic of China to the United Nations

## **Annex 2**

### **Summary of the programme of the field visit of members of the Executive Board to Malawi**

#### ***Lilongwe and Salima Lake shore district***

##### **Monday, 8 April**

1. Programme briefing with UNICEF staff and the Director for Children at the Ministry of Gender, Children and Social Welfare
2. Meeting with the Minister of Foreign Affairs
3. Meeting with the United Nations country team
4. Working lunch meeting with the Minister of Economic Planning and Development
5. Visit to the Salima lakeshore district (social cash transfer programme)

#### ***Mchinji and Lilongwe***

##### **Tuesday, 9 April**

1. Visit to Chimteka community-based child care centre in Mchinji
2. Working lunch meeting with Heads of Cooperation of bilateral development partners
3. Meeting with the Minister of Gender, Children and Social Welfare

#### ***Lilongwe, Kasungu and Mzuzu***

##### **Wednesday, 10 April**

1. Meeting with the President of Malawi
2. Visit to the Kasungu district hospital

#### ***Mzuzu and Lilongwe***

##### **Thursday, 11 April**

1. Visit to the Mzuzu hospital where a One-Stop Centre for survivors of sexual and gender-based violence will be built by UNICEF
2. Visit to the Mzuzu University Smart Centre
3. Meeting with the Vice-Chancellor of Mzuzu University

*Mchucu, Dowa and Lilongwe*

**Friday, 12 April**

1. Visit to a child-friendly primary school (Mchuchuin Lilongwe district)
  2. Visit to a village declared Open-defecation free in Dowa
  3. Debriefing with UNICEF country management team
  4. Meeting with civil society organizations (Malawi Health Equity Network)
  5. Exit meeting with the Principal Secretary of the Ministry of Gender, Children and Social Welfare
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