

Malawi

Country programme document 2012-2016

The draft country programme document for Malawi (E/ICEF/2011/P/L.36) was presented to the Executive Board for discussion and comments at its 2011 second regular session (12-15 September 2011).

The document was subsequently revised, and this final version was approved at the 2012 first regular session of the Executive Board on 10 February 2012.

Basic data†

(2009 unless otherwise stated)

Child population (millions, under 18 years)	8.1
U5MR (per 1,000 live births)	110
Underweight (% , moderate & severe, 2010)	13
(% urban/rural)	10/13
Maternal mortality ratio (per 100,000 live births, adjusted 2008)	510 ^a
Primary school net attendance (% net, male/female, 2008)	88/93
Survival rate to last primary grade (% , 2008)	42
Use of improved drinking water sources (% , 2008)	80
Use of adequate sanitation facilities (% , 2008)	56
Adult HIV prevalence rate (%)	11
Child labour (% , 5-14 years old, 2006)	26
Birth registration (% , under 5 years)	—
GNI per capita (US\$)	280
One-year-olds immunized with DPT3 (%)	93
One-year-olds immunized against measles (%)	92

† More comprehensive country data on children and women can be found at www.childinfo.org/.

^a 675 deaths per 100,000 live births is the most recent estimated maternal mortality ratio published by the national statistics office of Malawi, based on preliminary findings of the 2010 Malawi Demographic and Health Survey. In addition, 810 deaths per 100,000 live births is the 2008 estimate developed by the Maternal Mortality Estimation Interagency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see www.childinfo.org/maternal_mortality.html/.

Summary of the situation of children and women

1. Over half of Malawi's 13.1 million people are under 18 years of age, making it one of the youngest populations in the region. According to the Population and Housing Census 2008, 40 per cent of the population is 10-29 years of age. This youth "bulge" in its population presents Malawi with opportunities to secure its future competitiveness by effectively investing in the skills and education of the present generation. A greater focus on youth will also contribute to poverty reduction, improve productivity, reduce health costs and enhance social capital formation.¹

2. Although Malawi has made encouraging progress in economic development and food security, 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 39 per cent, according to the 2009 Welfare Monitoring Survey, is widespread and the proportion of ultra-poor households stands at 15 per cent. Malawi was ranked 166 out of 178 countries in the 2010 Human Development Report, making it one of the poorest countries in the world.

¹ Population and Housing Census 2008; NSO projected population is 13.95 million for 2010 and 15 million for 2012, while the United Nations population projects a population of 14.9 and 15.9 million for the same years.

3. The 2007 Sentinel Surveillance Report showed that HIV prevalence in the 15-49 year age group had declined from 14 per cent in 2005 to 12.6 per cent in 2007. HIV prevalence among young people 15-24 years of age is estimated at 6 per cent and is higher among females (9.1 per cent) than males (2.1 per cent). Of the 84,000 new HIV infections recorded annually, 78 per cent occur among young people and 88 per cent are attributed to heterosexual transmission.²

4. Though HIV still contributes to at least one third of all maternal deaths and 20 per cent of all child deaths, there is progress. The transmission rate among infants born to HIV-positive mothers declined from 16.5 per cent in 2008 to 13.8 per cent in 2009.³ In 2009, UNAIDS estimated that 920,000 Malawians were living with HIV, including 120,000 children under 14 years of age. More than 230,000 people are currently on antiretroviral treatment, among them 21,000 children, which represents 23 per cent of children eligible for treatment. There is a critical need to scale up prevention of mother-to-child transmission, paediatric care and treatment.⁴

5. There has been a decrease in maternal deaths, from 807 per 100,000 live births in 2006 to 675 per 100,000 live births in 2010, but maternal mortality remains high. Although 97 per cent of mothers receive antenatal care from a health professional, only 73 per cent of deliveries are done by a health professional (not necessarily accredited in midwifery skills);⁵ however, 72 per cent of deliveries take place in a health facility, compared to 54 per cent in 2006.⁶ Critical shortages of competent health personnel, long distances to health facilities, equipment shortages, and the high prevalence of HIV, malaria and tuberculosis contribute to low facility-based deliveries.

6. Malawi is on track to achieve Goal 4 on reducing child mortality. The under-five mortality rate is 112 deaths per 1,000 live births, declining from 145 in 2004. Similarly, the infant mortality rate declined from 81 deaths per 1,000 live births to 66 per 1,000 live births over the same period. Behind this success is the commitment to provide cost-effective interventions, including immunization. TB vaccine coverage stands at 97 per cent, DPT3 and measles at 93 per cent and vitamin A supplementation at 70.6 per cent. By 2009, 8.65 million insecticide-treated bednets had been distributed in the country. Efforts to prevent mother-to-child transmission and provide paediatric HIV care and treatment have been scaled up. Malaria, pneumonia and diarrhoea, however, still remain the leading causes of illness and death among children under 5 and neonatal causes among infant deaths.

7. Although stunting declined from 48 per cent in 2004⁷ to 41 per cent in 2010, it is still one of the highest in sub-Saharan Africa. While the overall rate of exclusive breastfeeding increased from 62.7 per cent in 2000⁸ to 71.9 per cent in 2010, it is at 41.8 per cent in the crucial ages of 4 to 5 months necessitating a shift from treatment to prevention services.

² United Nations General Assembly Special Session (UNGASS) Report, 2010.

³ UNGASS Report 2010.

⁴ Government of Malawi, Quarterly Programme Report, 2010.

⁵ Malawi Demographic and Health Survey, 2010; Preliminary Report. Unless otherwise indicated, all 2010 figures are from this preliminary report.

⁶ Multiple Indicator Cluster Survey, 2006.

⁷ Malawi Demographic and Health Survey, 2004.

⁸ Malawi Demographic and Health Survey, 2000.

8. Malawi has achieved an enrolment rate of 83 per cent, with gender parity in the lower grades.⁹ The education system is, however, characterized by insufficient learning and teaching materials, inadequate infrastructure, a very high teacher-to-pupil ratio of 1:92, weak school management systems, and high repetition and low completion rates to grade 8 (48.8 per cent).¹⁰ These inefficiencies mean that the country wastes 65 per cent of the educational resources every year.¹¹ In 2010, 77.9 per cent of schools had access to safe drinking water, while only 23 per cent had access to adequate sanitary facilities.¹² Appropriate sanitation facilities play a critical role in keeping girls in school. Current efforts in the education sector are focused on improving the effectiveness and efficiency of the system.

9. Approximately one third of children aged 3-5 benefit from early childhood care and learning through 6,000 community-based child care centres.¹³ 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. The Government is committed to, and has prioritized, early childhood development in the Malawi Growth and Development Strategy II (MGDS II).

10. Malawi lacks comprehensive statistics on child protection but the little available data indicates that around 65 per cent of girls and 35 per cent of boys experience some form of child abuse during their lifetime.¹⁴ A third of girls in the 15-19 age group are married¹⁵ and 26 per cent of children are involved in child labour.¹⁶ Nearly 13 per cent of Malawi's children have lost one or both parents, half of them to HIV-related illnesses.¹⁷ Many of Malawi's 837,300 orphaned children live in poor communities that are unable to provide optimal care and protection, leaving the children vulnerable to neglect, abuse and exploitation, and less than 10 per cent of children under 5 have a birth certificate. In 2010, the Government enacted a comprehensive child care and justice bill and has included child protection in the MGDS II.

11. Malawi has achieved the Millennium Development Goal on water, with 80 per cent of the population accessing safe water. Nevertheless, approximately 30 per cent of water sources are in disrepair. On sanitation, 88 per cent of the rural population practises basic excreta disposal but challenges exist in access to improved sanitation facilities, which now stands at 60 per cent.¹⁸

⁹ Welfare Monitoring Survey, 2009.

¹⁰ Education Statistics 2010; Ministry of Education Science and Technology's EMIS.

¹¹ The Education System in Malawi: Country Status Report, World Bank Working Paper No. 182 (2010).

¹² Malawi School WASH 2008: A Status Report on Water, Sanitation and Hygiene in Primary Schools.

¹³ Ministry of Gender, Children and Community Development, Early Childhood Development, 2010 Annual Report.

¹⁴ Intimate Partner Violence Study, 2005.

¹⁵ Government of Malawi, Population and Housing Census 2008.

¹⁶ Multiple Indicator Cluster Survey, 2006.

¹⁷ Government of Malawi, Population and Housing Census 2008.

¹⁸ WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation 2010.

Key results and lessons learned from previous cooperation, 2008-2011

Key results achieved

12. UNICEF continued to maintain its position as a key development partner to the Government. Increased advocacy resulted in children being one of nine key priorities in the MGDS II. The next country programme will build on this, translating child-focused strategies into concrete results for children.

13. UNICEF played a critical role in the sector-wide approach (SWAp) to health by supporting the re-costing of the Essential Health Package, development of the road map for maternal and neonatal mortality reduction, procurement of HIV drugs, procurement of HIV test kits and implementation of the National Framework for HIV/AIDS. UNICEF participated in the evaluation of the programme of work and the design of a new Health Sector Strategic Plan that defines interventions by level of service delivery and proposes a package of cost-effective maternal, neonatal and child health interventions. The new plan will facilitate equitable allocation and leveraging of resources for children. UNICEF also assisted the Ministry of Local Government and the Ministry of Health at the district level to use results-based planning and to harmonize tools and planning processes for improving efficiency and quality of health services.

14. The SWAp to education entered its first full year of implementation in 2010 and UNICEF played a key role in its formation when it chaired the Education Sector Donor Group in 2009. The child-friendly schools' principles, norms and standards developed through UNICEF support were incorporated in the National Education Sector Plan 2009-2017, which contains key priorities for achieving the Millennium Development Goal on education. In May 2010, Malawi received a grant of \$90 million from the Fast-Track Initiative which will significantly contribute to the implementation of the National Education Sector Plan.

15. UNICEF contributed to improving access to water by providing 2,550 water points that serve 640,000 people and introduced the Community-led Total Sanitation Initiative which has successfully triggered the construction and use of latrines for 281,000 people in 1,326 villages. The SWAp to the water, sanitation and hygiene sector will improve coordination, sector reform, decentralization, and leverage resources for the unserved poor.

16. UNICEF supported 3,500 community-based child care centres, reaching 350,000 orphans and other vulnerable children annually. Children 3-5 years of age attend these centres daily and receive care and support, food and nutrition, early learning and stimulation, hygiene and school preparation. The Early Childhood Development Policy is in place and a five-year action plan [PLEASE GIVE YEARS] aims to improve service delivery nationwide and raise awareness on the importance of early childhood development.

17. The Child Care, Protection and Justice Bill was enacted in 2010. UNICEF assisted the judiciary and the police to offer rapid and appropriate justice to women and children and 4,000 child abuse and gender-based cases of violence reported to the police were processed. Community victim support units were scaled up to 215 from 115 in 2008. They provide mediation, legal advice, hospital referrals, and

follow-up of prosecution cases, including follow-up of children diverted from formal justice systems to community-based restorative mechanisms.

18. With UNICEF support, the Social Cash Transfer Programme improved the lives of 30,452 ultra-poor households consisting of 68,425 children, of whom 53,615 are orphans. An evaluation of the programme in 2008 showed that it was a major mechanism for poverty reduction in Malawi. The Government has increased its budgetary allocations to the programme five-fold and has leveraged over \$20 million from development partners for scaling up.

19. In December 2009, the northern district of Karonga suffered two major earthquakes measuring 5.9 and 6.0 on the Richter Scale. UNICEF responded within 72 hours by providing household items, water and sanitation, shelter, and learning materials for the 38,000 people who were affected.

Lessons learned

20. Positioning children in the MGDS II and the role of UNICEF in key donor groupings are effective strategies for influencing upstream decision-making and leveraging resources for children. In line with the recommendation of the 2009 midterm review, UNICEF will pay greater attention to decentralized planning in districts and local assemblies to ensure appropriate inclusion of children.

21. The Essential Health Package and the removal of user fees were pro-poor strategies for achieving universal access to public health care and will need to be analysed for impact. A more comprehensive and innovative equity focus is necessary, shifting from a population and facility-based formula to a more need-based allocation of recurrent resources and introduction of alternative financing mechanisms. Previously, interventions in nutrition focused mainly on management of acute malnutrition and control of micronutrient deficiencies with minimal regard paid to the persistently high levels of chronic malnutrition. A shift to community-based preventive nutrition interventions is deemed necessary to reduce stunting and will be spearheaded by a comprehensive nutrition, education and communication strategy that UNICEF has helped to develop.

22. Subsidizing household sanitation was not sustainable and a shift to Community-led Total Sanitation has enabled communities to build and sustain their own latrines without subsidies. This approach has extended national coverage from 64 per cent to 66 per cent and played a decisive role in persuading the Government to allocate resources to scale it up to establish an Open Defecation Free Malawi by 2014.

23. A lesson learned from the Karonga earthquake is that clarity on roles, responsibilities and capacity gaps is necessary for an effective and efficient response. Information on who was doing what and where was not readily available and this led to uncoordinated efforts and delayed responses.

The country programme, 2012-2016

Summary budget table

<i>(In thousands of United States dollars)</i>			
<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Survival	14 150	101 000	115 150
Development	8 000	56 250	64 250
Protection	6 600	46 500	53 100
Participation	6 730	3 150	9 880
Cross-sectoral costs	11 470	8 100	19 570
Total	46 950	215 000	261 950

Preparation process

24. The development of the 2012-2016 country programme was informed by consultations during the development of the MGDS II and the United Nations Development Assistance Framework (UNDAF), 2012-2016. Consultations were held with the Government, non-governmental organizations (NGOs), development partners and resident United Nations agencies to review and agree on the outcomes and outputs of the UNDAF. UNICEF held a consultative meeting with different stakeholders to review and agree on UNICEF programme component results and intermediate results and to align them with national priorities. The country programme also takes into consideration the findings of the country assessment and the concluding observations of the Committee on the Rights of the Child on Malawi's report issued in 2009.

Programme and component results and strategies

25. The overall goal of the UNICEF country programme 2012-2016 is to support national efforts to progressively realize children's and women's rights through improved child survival, development, protection and participation within the framework of the Convention on the Rights of the Child, the Convention on the Elimination of Discrimination against Women and the Millennium Declaration. UNICEF will focus its resources at three levels: policy and systems strengthening; improved and equitable delivery of basic social services; and positive behaviour change to benefit children. The following strategies will be instrumental in achieving these results: (a) providing upstream technical guidance for policy development, based on evidence and best practices; (b) formulating benchmarks and standards to enable implementation, quality assurance and monitoring within the overall decentralization process; (c) developing professional skills; and (d) establishing mechanisms for community participation, implementation and monitoring of child rights.

Relationship to national priorities and the UNDAF

26. The UNICEF country programme 2012-2016 will contribute to the following priorities of the MGDS II: (i) child development; (ii) youth development and empowerment; (iii) education, science and technology; (iv) public health, sanitation,

malaria and HIV/AIDS management; and (v) irrigation and water development. The country programme will also contribute to the four themes of the UNDAF: sustainable economic growth; basic social and protection services; HIV and AIDS; and improved governance.

Relationship to international priorities

27. The country programme will contribute to Malawi's efforts to achieve the Millennium Development Goals, especially those related to gender, education, and child and maternal mortality. The country programme is in line with the UNICEF medium-term strategic plan and Core Commitments for Children in Emergencies and will support Malawi to achieve goals set by *A World Fit for Children*, the 2001 Declaration on HIV and AIDS, the African Union Resolution and Commitment to Accelerated Child Survival, the Global Partnership on Maternal and New-born Survival, and the Abuja Declaration. The country programme's strategies will promote national ownership, capacity-building, and use of monitoring and evaluation in line with the Paris Declaration on Aid Effectiveness, the Rome Declaration on Harmonization, and the Accra Agenda for Action.

Programme components

28. The programme aims to achieve 13 results through four components: survival, development, protection and participation. The programme will use regular resources to strengthen national systems through SWAps and sector coordination mechanisms and other resources to generate evidence, create demand and scale up cost-effective interventions for children. The expected results are presented in italics, with further details included within each paragraph.

29. **Survival.** This programme component is geared towards the achievement of Millennium Development Goals 1, 4, 5 and 6, and will assist the Government in enhancing policies, strategies and plans in health, nutrition, water, sanitation and hygiene and HIV/AIDS within SWAps and sector coordination mechanisms. It will play a major role in strengthening the capacity of district and community-based structures to provide quality essential services and will promote adoption of child-friendly practices. Major partners include the Government, district authorities, NGOs, United Nations agencies and development associates.

30. *National and district-level systems strengthened to scale up high-impact preventive, promotive and curative nutrition interventions including family and community care practices that impact on child survival and development with priority to 15 underserved districts.* The programme will contribute to strengthening national health policy by using evidence, equity-based analysis, and innovative approaches to financing. At service delivery level, it will strengthen the capacity of health workers and model cost-effective interventions that save children's lives. At the community and household level, behaviour and social change will be supported to promote effective maternal, new-born and child health-care practices. The programme will support: (i) efforts to develop the Nutrition Act and incorporate strategies in relevant sector-wide approaches and district plans; (ii) community management of acute malnutrition; (iii) investments in sustainable approaches to prevent malnutrition linked to infant and young child feeding; (iv) advocacy for reducing stunting; (v) quality assurance and surveillance systems for fortification; and (vii) capacity for micronutrient supplementation.

31. *Water, sanitation, and hygiene sector coordination mechanisms and service quality improved to ensure that at least 83 per cent of women and children access improved water supply facilities and 60 per cent of households use improved sanitation facilities.* The programme will contribute to the establishment of the SWAp to more effective and efficient delivery of services to the underserved, and also focus on prevention of diseases through improved rural water supply, sanitation, hygiene services and health promotion for adoption of positive behaviours.

32. *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 15 underserved districts have access to quality HIV/AIDS services by 2016.* The programme will support evidence generation and equity analysis to improve national policies, guidelines and strategies for prevention, treatment and care. Support will be provided to increase treatment of under-five children and adolescents, to build capacity for comprehensive prevention of mother-to-child transmission, and supply chain management of HIV/AIDS drugs and test kits.

33. **Development.** This component will work towards the achievement of Millennium Development Goals 2, 3, 4 and 6 with a focus on early childhood development, quality basic education, adolescent development, participation and policy, and prevention of HIV/AIDS among youth. It will work with the Government, NGOs, United Nations agencies and development partners to achieve the following results:

34. *Evidence-informed early childhood policy, legislation, plans and budgets are in place and implementation of interventions that target the most vulnerable children are supported.* The focus will be on putting in place legislation, regulatory frameworks, standards and implementation guidelines to operationalize the Early Childhood Development Policy and to scale up community-based child-care centres. The outreach and parenting programme model will be developed for children under 3 years.

35. *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.* The programme will support: (a) implementation of the comprehensive child-friendly schools model; (b) development of a national education assessment system for monitoring quality standards of basic education; (c) teacher training with an emphasis on females; (d) coordination, management, and monitoring and evaluation systems for quality basic education; and (e) provision of gender-sensitive latrines and safe drinking water.

36. *Alternative education system strengthened to provide functional literacy and numeracy skills for out-of-school youth, and systems developed to ensure that at least 30 per cent of adolescents out of school in 10 selected districts, especially girls, acquire livelihood skills.* The programme will focus on out-of-school adolescents (aged 14-17 years) and young people (aged 18-24 years), particularly girls, in 10 selected districts through support to complementary basic education, functional literacy and numeracy and demand-driven livelihood skills to improve living standards.

37. *National and district-level systems enabled to analyse, programme and implement HIV preventive services, with a focus on adolescents and young people in-and-out-of-school and ensure that at least 80 per cent access preventive services in 10 high prevalence districts.* The programme will support coordination, management and reporting mechanisms at district level to harmonize effective delivery of HIV prevention services in 10 high prevalence districts. It will support school-based anti-AIDS clubs and, with the UNFPA, it will support service delivery for HIV prevention in tea and coffee estates and in communities.

38. **Protection.** This component will support the Government to establish a national child protection system and test models for care and support. It will contribute to Millennium Development Goals 1, 2, 3 and 6 through two components: (i) child protection; and (ii) social protection. It will work closely with the Government, district assemblies and civil society organizations to improve access to services; and promote birth registration, justice for women and children, and protection of children in alternative care. The social protection component will strengthen the National Social Support Programme. The programme will achieve the following results:

39. *An operational national child protection system that protects children from violence, abuse, exploitation and neglect and mitigates the impact of HIV and AIDS is in place.* Priorities include fast-tracking the implementation of the Child Care, Protection and Justice Act and the National Registration Act. A comprehensive child protection model that includes a national child protection information management system and targeted capacity building will be designed and tested for scale up nationally.

40. *Evidence-informed, equity focused and child sensitive operational guidelines, coordination mechanisms, plans and budgets of the National Social Support Programme (Social Protection Programme) are in place to support implementation of interventions that target the most vulnerable children.* The programme will support the scaling up of the Social Cash Transfer Programme by strengthening the national secretariat and 28 district councils to reach vulnerable households with a regular monthly income. A comprehensive Cash Plus institutional model will be developed and piloted in three districts to link cash transfers with improved access to social services.

41. **Participation.** This component will promote the participation of women and children in the planning, implementation and monitoring of the MGDS II and will mobilize them to influence policy analysis, dialogue and sector reforms. The capacity of district-level partners to use results-based management and the human rights approach will be strengthened. The overall goal is to achieve Millennium Development Goals 1-7. Key partners include the Government, district authorities, the media, the private sector, NGOs, civil society organizations, United Nations agencies and development associates. The following results will be achieved:

42. *Child-focused evidence generated and used with the participation of children to influence national policies, programmes, plans and budgets towards addressing child equity and social exclusion.* The programme will support equity and child-focused analysis to inform national economic policies and budgetary allocations. Child and youth participation in the design and review of national policies, legislation, plans and budgets will be enhanced. The capacity of the Government and civil society organizations to provide timely and quality reports on the

Millennium Development Goals, the Convention on the Rights of the Child and other international treaties and conventions will be enhanced.

43. *Partnerships with civil society, the media, the private sector and Parliament established and strengthened for the promotion of child rights.* The programme will build on current achievements and promote innovative programming involving the media, civil society, the private sector, children and legislators to create awareness of child rights and support UNICEF's overall advocacy and resource mobilization goals.

44. *The national systems for planning, monitoring and evaluation apply results-based management and human rights-based approach principles in planning, budgeting and programming with priority to 14 underperforming districts.* The programme will support national and decentralized capacity building, institutionalize results-based management and human rights principles, and strengthen data management systems, including the Malawi socio-economic database.

45. **Cross-sectoral costs** will support programme delivery, through efficient and effective implementation of governance systems and resource management; project monitoring; emergency preparedness; and implementation of cross-cutting programme functions, achieving the following results:

46. *Effective, efficient programme management, operations support, and programme delivery.* The programme will ensure timely implementation of organizational change initiatives, full compliance with risk management and business continuity, contribute to joint United Nations activities, ensure timely delivery of supply inputs, improve the office's physical environment and safeguard assets, and ensure there is effective and efficient management of financial and human resources.

47. *Effective, efficient cross-sectoral programme support.* Programme delivery will be supported through project monitoring, emergency preparedness, and implementation of cross-cutting programme functions. Emergency preparedness will focus on national capacity development under the umbrella of the Humanitarian Country Team while at the district level, UNICEF will focus on preparedness of various sectors and integrate disaster risk reduction.

Major partnerships

48. The 2012-2016 country programme will continue its strong partnership with the Government of Malawi, United Nations agencies, development partners, civil society organizations, and district assemblies. Alliances for advocacy, fund-raising and enhanced programme implementation with private sector and faith-based organizations will be strengthened. UNICEF will continue to support the NGO Coalition on Child Rights to submit an alternative report on the implementation of the Convention on the Rights of the Child. The partnership with Parliament will continue to be strengthened to maintain its oversight function, especially in review of laws. The capacity of the media will be strengthened to ensure that children's issues receive appropriate coverage.

Monitoring, evaluation and programme management

49. The Integrated Monitoring and Evaluation Plan of UNICEF will be aligned to the UNDAF so that periodic evaluations can be undertaken jointly. UNICEF will enhance the use of the Malawi socio-economic database as the key monitoring tool for the MGDS II and the Millennium Development Goals. Support will be provided to the Government to track information on emergencies. A joint United Nations midterm review will take place in 2014 to review progress under the country programme and the UNDAF.

50. The Ministry of Development, Planning and Cooperation will remain the focal ministry for coordination, while line ministries will be key implementing partners of the country programme. UNICEF will co-lead and participate in appropriate sector working groups as dictated by the Government's aid architecture. The main programme management tool will be Rolling Work Plans. The Harmonized Approach for Cash Transfer modality will continue to be used for cash assistance to implementing partners.
