

Government of Malawi - UNICEF Country Programme of Cooperation



Country Programme Action Plan 2008-2011

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**Country Programme Action Plan (CPAP)
2008-2011**

**Lilongwe
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List of Acronyms

ACSD	Accelerated Child Survival and Development
ADB	African Development Bank
ADC	Area Development Committees
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
AWP	Annual Work Plan
BCA	Basic Cooperation Agreement
CBCC	Community-Based Childcare Centre
CBO	Community-Based Organisation
CCC	Core Commitments for Children
CFS	Child-Friendly School
CIDA	Canadian International Development Agency
CPD	Country Programme Document
CRC	Convention on the Rights Of The Child
CSO	Civil Society Organisation
DC	District Commissioner
DCT	Direct Cash Transfer
DDC	District Development Committee
DEO	District Education Officer
DFID	Department for International Development
DHS	Demographic and Health Survey
DSWO	District Social Welfare Officer
ECC-SGD	Early Childhood Care for Survival, Growth and Development
ECD	Early Childhood Development
EHP	Essential Health Package
EMIS	Education Management Information System
EPI	Expanded Programme on Immunization
FBO	Faith-Based Organisation
GOM	Government of Malawi
GTZ	German Cooperation Agency
HBC	Home-Based Care
HII	High-Impact Intervention
HIV	Human Immunodeficiency Virus
HRAP	Human Rights-Based Approach to Programming
HSA	Health Surveillance Assistant
IEC	Information, Education and Communication
IGO	Inspector General's Office
IMCI	Integrated Management of Childhood Illnesses
IMEP	Integrated Monitoring and Evaluation Plan
IPT	Intermittent Presumptive Treatment
ITN	Insecticide-Treated Bed Net
JICA	Japan International Cooperation Agency
M&E	Monitoring and Evaluation
MASEDA	Malawi Social Economic Data Base
MDG	Millennium Development Goal
MGDS	Malawi Growth and Development Strategy
MICS	Multiple Indicator Cluster Survey
MOH	Ministry Of Health
MOWCD	Ministry Of Women and Child Development
NESP	National Education Sector Plan
NGO	Non-Governmental Organisation
NNT	Neonatal Tetanus
NORAD	Norwegian Agency for Development Aid
NRU	Nutritional Rehabilitation Unit
OR	Other Resources
OVC	Orphans and Other Vulnerable Children
PARPA	Plan for Reduction of Absolute Poverty
PCAR	Primary Curriculum and Assessment Reform
PMTCT	Prevention Mother-To-Child Transmission
PRSP	Poverty Reduction Strategy Paper
RR	Regular Resources
SAI	Supreme Audit Institutions
SPAC	Social Policy, Advocacy and Communication Programme
Swap	Sector Wide Approach
TA	Traditional Authority

UNDAF	United Nations Development Assistance Framework
UNFPA	United Nation Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VHWC	Village Health and Water Committee
WFP	World Food Programme
WHO	World Health Organisation

The Framework

In mutual agreement regarding the content of this document and their responsibilities in the implementation of the country programme, the Government of Malawi (hereinafter referred to as the Government) and the United Nations Children's Fund, hereinafter referred to as UNICEF,

- **Furthering** their mutual agreement and cooperation for the fulfilment of the Convention on the Rights of the Children;
- **Building** upon the experience gained and progress made during the implementation of the previous Programme of Cooperation;
- **Entering** into a new period of cooperation from 01 January 2008 to 31 December 2011; and
- **Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

PART I: BASIS OF RELATIONSHIP

1. The Basic Cooperation of Agreement (BCA) concluded between the Government and UNICEF on 28 June 1994 provides the basis for the relationship between the Government and UNICEF. The country programme action plan for the period 01 January 2008 to 31 December 2011 is to be interpreted and implemented in conformity with the BCA. The programmes and components described herein have been agreed jointly by the Government and UNICEF.

PART II: THE SITUATION OF CHILDREN AND WOMEN IN MALAWI

2. Malawi is a young democracy with a constitution that enshrines separation of powers, independence of constitutional bodies, and the rule of law, and a human rights charter that entrenches the right to equality, liberty and development. Despite this enabling policy environment, systems of democratic accountability, access to justice, and the delivery and quality of social services at both national and district level remain fragile. Constitutional bodies lack the capacity and independence to provide citizens with requisite means to hold government accountable for its responsibilities under the Constitution. Access to justice is inadequate: Too many Malawian citizens who come into conflict with the law or are victimised by crime are unaware of their constitutional rights; and those who are aware of their rights do not have the means to protect those rights. Service providers are not sensitive to the needs of vulnerable groups such as women, who are deeply impacted by inefficient and inaccessible justice systems.
3. Malawi reached the Highly Indebted Poor Country completion point in September 2006. This signals the Government's success in restoring fiscal discipline and improving economic management. The President has taken a hard stance against corruption and committed himself to the creation of a more enabling environment for investors – both the private sector and donors. The Malawi Growth and Development Strategy (MGDS) recognises that the Paris Declaration represents an opportunity for the Government to exercise greater national leadership in the achievement of the Millennium Development Goals (MDGs) and the strengthening of financial management and accountability.
4. The challenge now facing Malawi is whether it can leverage improved fiscal discipline and the promise of the MGDS to promote economic growth, attract investment, and reduce poverty and insecurity in a way that strengthens democracy and the enjoyment of basic rights by all citizens. Success in realising the goals of the MGDS will depend not only on the creation of an entrepreneurial environment and the strengthening of capacity at both national and local levels (including governance arrangements, institutions, or individual skills), but also on ensuring that

women, youth and the poor have opportunities to contribute to, and benefit from, economic growth, basic social services and social protection.

5. As a landlocked, resource-poor, rain-dependant, predominantly rural but rapidly urbanising country with high population growth and limited arable land, Malawi faces many disadvantages relative to other countries. Over half of Malawi's population of 13.2 million is under the age of 18 years and the total fertility rate is 6.0 (2004). More than half (52 per cent) of the population lives below the national poverty line of US\$0.50 per person per day. Moreover, about one in every five people (22 per cent) lives in ultra poverty (less than US\$0.31 per person per day) and cannot afford to meet even the daily recommended food requirements. The rural population, which constitutes 83 per cent of the total, is disproportionately affected. The per capita gross domestic product declined from \$210 in 2001 to \$160 in 2005. The annual national budget is approximately \$1 billion. Ninety per cent of Malawi's external debt of \$3 billion has been cancelled under the Highly Indebted Poor Countries Initiative.
6. Malawi has a very high inequality index (Gini coefficient 0.38), reflecting profound inequities in access to assets, services and opportunities across the population. The richest 10 per cent of the population has a median per capita income that is eight times higher than the median per capita income of the poorest 10 per cent (*Ref: Integrated Household Survey 2004-2005, NSO, October 2005*).
7. Malawians, particularly the poor, are vulnerable to the impact of a range of shocks and hazards. These include natural hazards such as drought (one in every three to five years), floods (every year), and storms (every year); man made hazards such as air and water pollution; disease epidemics and economic shocks. Climate change experts are forecasting rising temperatures, shifts in rainfall patterns, frequent episodes of drought, and more extreme weather events in some areas of the world. Although the likely impact of climate change cannot yet be specified for Malawi with a high level of confidence, forecasts indicate that Southern Africa is likely to face some of the most extreme changes. Malawi's dependence on natural resources and rain-fed agriculture make the country particularly vulnerable to the effects of climate change.
8. In addition to deep and widespread poverty, the country's development challenges include high population growth, food insecurity, malnutrition, a high prevalence rate of HIV and high incidence of malaria and other diseases. Despite these constraints, Malawi has made great progress in reducing infant and child mortality rates and is on track to achieve Millennium Development Goal 4.
9. The 2006 Malawi Multiple Indicator Cluster Survey (MICS) showed a sharp decline in infant and under-five mortality rates, from 104 and 189 per 1,000 live births respectively in 2000 to 72 and 122 in 2006. Factors contributing to the decline include: sustained high coverage of immunisation and vitamin A supplementation; elimination of neonatal tetanus; malaria control activities; higher rates of exclusive breastfeeding; and improved access to safe drinking water. The immediate and most common causes of infant and child mortality and morbidity are neonatal illnesses, pneumonia, diarrhoea, malaria, AIDS and malnutrition.
10. Malawi's maternal mortality ratio remains one of the highest in the world at 984 per 100,000 live births. The main, direct causes of maternal death are haemorrhage, sepsis, pregnancy-induced hypertension, obstructed labour and complications from abortions. Indirect causes are malaria and nutritional deficiencies. The underlying causes of poor health in children and women include inadequate knowledge and caring capacities on the part of caregivers and low access to, and quality of, health services. Less than 10 per cent of the national budget is allocated to the health sector.
11. The 2006 MICS showed little improvement in children's nutritional status since 1992: 46 per cent of children under five years of age are stunted, 21 per cent are underweight and four per cent are wasted. Micronutrient deficiencies are also prevalent. The 2001 Micronutrient Survey by the Ministry of Health (MoH) revealed that 60 per cent of children under five years of age

and 57 per cent of non-pregnant women have sub-clinical vitamin A deficiency. The causes of malnutrition include lack of knowledge about childcare practices, inadequate diet, frequent incidence of disease among young children, and poor nutritional status of the mother. Up to 50 per cent of acute malnutrition identified is associated with HIV and AIDS.

12. The HIV prevalence rate among adults aged 15-49 years was 14 per cent in 2005 (Sentinel Surveillance Report, National AIDS Commission). The 2004 Demographic and Health Survey shows that among those aged 15-49 years, 15 per cent of women and 11 per cent of men are infected. Meanwhile, among those aged 15-17 years, 14 per cent of girls and 11 per cent of boys are infected. This demonstrates the need to prioritise interventions for prevention among young females. An estimated one million people are living with HIV and AIDS. Mother-to-child transmission accounts for close to 30,000 infections among newborns annually, yet less than 15 per cent of pregnant women attending antenatal clinics are accessing services to prevent it. In 2005, there was an estimated 83,000 children living with HIV and AIDS, of which 50,000 required anti-retroviral (ARV) treatment. A rapid roll-out of the national AIDS treatment programme helped to put 85,000 people on free ARV treatment by January 2007, reaching 50 per cent of all people in need of treatment. However, only seven per cent of children needing treatment are receiving it. Of Malawi's one million orphans, 500,000 have lost one or both parents to AIDS. Without parental protection, these children are exposed to neglect, abuse and exploitation and lack access to basic necessities and services.
13. Malawi has made significant progress in increasing access to safe water and sanitation. The rates of access to safe water and improved sanitation are 74 and 61 per cent respectively. However, one third of community water points are not operational, approximately 20 to 25 per cent of schools have no protected water supply, and on average there is only one school latrine for every 140-150 pupils. Poor hygiene, lack of sanitation and low quantity and quality of drinking water all contribute to Malawi's poor health indicators for mothers and children, and negatively affect their livelihood.
14. Despite the abolition of school fees in 1994, over 10 per cent of eligible children in Malawi do not attend school, and only 40 per cent of those who enrol in standard one reach standard four. Net enrolment rates are high in standards one and two for both boys and girls, but completion rates are as low as 26 per cent for all pupils and 16 per cent for girls alone. Class sizes are huge, with a teacher to pupil ratio of 1:107. Due to inadequate teaching and learning materials, the effectiveness of child-centred learning approaches is limited. Teachers' motivation is often low as a result of poor salaries and lack of incentives. Female teachers are often reluctant to serve in rural areas, making rural girls less likely to attend school. School environments are often unsafe, with cases of bullying, gender-based violence, abuse and corporal punishment on the increase, but seldom officially reported. Lack of any sanitation facilities or lack of separate facilities for boys and girls hinders attendance by girls and contributes to their dropping out.
15. Malawi faces serious challenges from child abuse, exploitation and violence. According to the 2006 MICS, 29 per cent of children aged 5-14 years are involved in the worst forms of child labour. Sexual exploitation, abuse and child trafficking are believed to be increasing, but more reliable statistics are needed. There is no birth registration system in the country. Lack of appropriate knowledge and skills, cultural practices, illiteracy, gender inequity and poor media access all contribute to continued risky attitudes and practices at individual, household and community levels. Current legislation related to childcare, protection, justice, adoption and inheritance is outdated and not in line with international standards. Although Malawi has drafted comprehensive Children's Legislation to protect children in these areas, such legislation is yet to be laid before parliament.

PART III: PAST COOPERATION AND LESSONS LEARNED

Key results achieved

16. Within the framework of a human rights approach to programming, the capacity of government, communities and families to assess, analyse and address child rights were strengthened, thus contributing to the achievement of the country programme's overall objectives. The UNICEF/GoM country programme was instrumental in influencing policies and resource allocation for children, for example, by supporting the development of sector-wide approaches (SWAs). In 2005, UNICEF, as a non-pool partner, signed both a memorandum of understanding between the Government and partners on the health SWAp and the Education Sector Code of Conduct, the first step towards an education SWAp. UNICEF began shifting from project management to provision of support to sector programmes through a combination of: advocacy, policy advice and normative work; technical assistance for planning and systems development; monitoring and evaluation; and procurement services where necessary. UNICEF has also been a strong contributor to a business plan to accelerate United Nations reform by strengthening joint programming and common services.
17. UNICEF and the World Health Organisation (WHO) supported the Government in achieving routine immunisation coverage of over 86 per cent, leading to a significant reduction of vaccine-preventable diseases among children. (Neonatal tetanus was eliminated and there has been no confirmed case of polio since 1992.) Over five million insecticide-treated bed nets (ITNs) have been distributed since 2002, reaching over 50 per cent of households. Eighteen of the 28 districts in the country are now implementing the Integrated Management of Childhood Illnesses (IMCI) strategy: A policy to accelerate child survival and development through the delivery of a holistic package of high impact cost-effective interventions is being rolled out to all districts. Ninety per cent coverage of vitamin A supplementation in children under five has been maintained. Community therapeutic care, a new approach to treatment of severe malnutrition using a ready-to-use therapeutic food, was started as a pilot in two districts in 2002 and has since scaled up to 119 centres in 14 districts. More than 40 per cent of hospitals in the country are adhering to the standards for baby-friendly hospitals.
18. UNICEF, the United Nations Population Fund (UNFPA) and WHO supported the Government's development of a five-year national "road map" for the reduction of maternal mortality, and resources have been raised for its implementation. Coverage of prevention of mother-to-child transmission of HIV (PMTCT) services increased from one pilot site in 2001 to 119 sites in 26 districts in 2006. However, only six per cent of confirmed HIV-positive pregnant women receive ARV drugs for PMTCT. In the target districts, 111 of 317 health facilities (35 per cent) provide youth-friendly health services, reaching more than 50 per cent of young people in those districts. In the new country programme these services will be expanded to all districts. UNICEF has contributed to the rapid roll-out of the Government ARV treatment programme by procuring and distributing, on behalf of the Government, ART drugs and other equipment worth over \$65 million since 2004.
19. The construction, repair and rehabilitation of 2,000 water points helped over 500,000 people gain access to reliable water points, while an additional 272,000 children gained access to safe drinking water sources. However, one third of water points in the country were not operational, so big challenges remain. Some 2.8 million children were provided with access to school sanitation facilities. Over 152,000 people in rural and peri-urban areas gained access to 30,500 family latrines and hand-washing facilities. Support was provided for the development of national water and sanitation policies and a sector plan, and capacities were developed at national and sub-national level for improved service delivery, community management of water supply systems, and improved hygiene practices.
20. UNICEF has promoted the child-friendly schools approach, referred to as "joyful learning" in Malawi. This package of interventions, comprising rehabilitation of schools and provision of

teaching and learning materials, school furniture, safe water and separate sanitary facilities for boys and girls, has been extended to 1,020 or 21 per cent of all primary schools to enhance access, quality and equity in primary education. In-service training of teachers focused on child-centred, gender-sensitive methodologies and the teaching of life skills for HIV prevention to reach all children in standards one to four. Community mobilisation addressed barriers for girls' education and enhanced participation by community members in school management. School feeding was provided in collaboration with the World Food Programme (WFP) in the most food insecure areas.

21. A national policy on orphans and other vulnerable children (OVC) affected by HIV and AIDS was developed in 2004 and a five-year National Plan of Action launched in June 2005. UNICEF supported the Government's successful applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria and to other funding sources, and is supporting government efforts to strengthen national institutions to utilise these funds. Close to 1,000 community-based childcare centres (CCBCs) received support and reached over 100,000 children under five years of age with early childhood development opportunities in a protective environment. In addition, OVC received psychosocial counselling through 'children's corners' where memory books and dramas are organised and child participation is promoted. UNICEF supported the Government with operations research on a social cash transfer scheme benefiting over 1,000 families in one district. This model and associated research is strongly influencing the formulation of a national social protection policy and programme, and in 2006 the Government decided to scale up the model to an additional six districts.
22. Child-friendly services were strengthened in the police and court systems. Awareness of the rights of children and women was raised among influential decision and policy makers through partnership with local human rights organisations. The juvenile justice system was reformed to make it more child-friendly and special protection measures were put in place to prevent abuse and exploitation of children. Together with other partners, UNICEF is advocating for the passing of the draft bill on birth registration. The Malawi Socio-Economic Database (MASEDA), the national version of DevInfo, was established with over 300 socio-economic indicators. The database is housed at the National Statistics Office and is an important tool for monitoring the progress of the Malawi Growth and Development Strategy.

Lessons learned from past cooperation

The major lessons learned are:

23. UNICEF has been an effective development partner with the Government of Malawi because it has been successful in supporting the implementation of key, high-impact interventions in immunisation, malaria prevention, WASH, girls' education, and prevention of HIV in young people. These successes attract the interest of other partners and strengthen the credibility of UNICEF;
24. Changes in both the international and local aid environments require that UNICEF strengthen its capacity to effectively engage at policy level in order to continue to influence the national development agenda and leverage resources for children;
25. Good results in policy formulation and planning must be accompanied by capacity-strengthening at all levels to overcome systemic bottlenecks to implementation;
26. Consolidation of the human rights-based approach to programming is a way to strengthen child protection, redress inequities and confront harmful traditional practices;
27. The acceleration of child survival and development depends on ensuring sustained high coverage of selected high-impact interventions and the availability of paid grassroots extension workers;

28. Raising the profile of nutrition in the policy environment is necessary to promote an integrated and sustainable response to the underlying causes of very high and persistent child and maternal malnutrition rates;
29. The powerful negative synergy between vulnerability, orphan-hood, HIV and AIDS, chronic poverty and food insecurity requires scaling up of comprehensive packages, which in turn require the strengthening of commitment, coordination and collaboration, and increased resources;
30. In order to increase school completion rates, barriers in the home environment require as much attention as those in schools.

PART IV: PROPOSED PROGRAMME

31. The overall goal of the 2008-2011 Country Programme of Cooperation between the Government of Malawi and UNICEF is to support national efforts to progressively realise children's and women's rights through improved child survival, development, protection and participation in the framework of the Convention of the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Millennium Development Goals and the Millennium Declaration. The following strategies will be key: (a) strengthening of partnerships in order to leverage resources and advocating to position children in national programmes and processes; (b) improvement of the quality and coverage of basic social services to reach all children; and (c) strengthening family and community capacities to protect, nurture and care for children using participatory planning and communication approaches. Emergency preparedness and response capacity will be mainstreamed in the regular programmes.

Summary country programme budget table (2008-2011)

Country Programme Components	Funding Source	2008	2009	2010	2011	TOTAL
Health and Nutrition (H&N)	RR	2,502,694	2,502,694	2,502,694	2,502,694	10,010,776
	OR	6,855,000	6,855,000	6,855,000	6,855,000	27,420,000
	Subtotal	9,357,694	9,357,694	9,357,694	9,357,694	37,430,776
Orphans and Other Vulnerable Children and Child Protection (OVC&CP)	RR	455,249	455,249	455,249	455,249	1,820,996
	OR	3,850,000	3,850,000	3,850,000	3,850,000	15,400,000
	Subtotal	4,305,249	4,305,249	4,305,249	4,305,249	17,220,996
Basic Education and Youth Development (BEYD)	RR	872,900	872,900	872,900	872,900	3,491,600
	OR	6,058,000	6,058,000	6,058,000	6,058,000	24,232,000
	Subtotal	6,930,900	6,930,900	6,930,900	6,930,900	27,723,600
Social Policy, Planning, Advocacy and Communication (SPAC)	RR	1,629,845	1,629,845	1,629,845	1,629,845	6,519,380
	OR	1,245,000	1,245,000	1,245,000	1,245,000	4,980,000
	Subtotal	2,874,845	2,874,845	2,874,845	2,874,845	11,499,380
Water, Sanitation and Hygiene (WASH) Promotion	RR	1,325,312	1,325,312	1,325,312	1,325,312	5,301,248
	OR	5,500,000	5,500,000	5,500,000	5,500,000	22,000,000
	Subtotal	6,825,312	6,825,312	6,825,312	6,825,312	27,301,248
Cross-Sectoral	RR	750,000	750,000	750,000	750,000	3,000,000
	OR	-	-	-	-	-
	Subtotal	750,000	750,000	750,000	750,000	3,000,000
Total Country Programme	RR	7,536,000	7,536,000	7,536,000	7,536,000	30,144,000
	OR	23,508,000	23,508,000	23,508,000	23,508,000	94,032,000
	Grand Total	31,044,000	31,044,000	31,044,000	31,044,000	124,176,000

RR is for regular resources; OR for other resources

32. The programme will achieve the following key results by 2011:
- 95 per cent of infants fully immunised with all antigens;
 - 60 per cent of children under five years sleep under insecticide-treated bed nets;
 - 60 per cent of pregnant women sleep under insecticide-treated bed nets;
 - 80 per cent of newborns monitored for life-threatening conditions during the first week of life;
 - 80 per cent of infants exclusively breastfed for ≥ 6 months;
 - 98 per cent of children aged 6-59 months receive one dose of Vitamin A every six months;
 - 80 per cent of HIV-positive pregnant women identified through PMTCT services receive ARV prophylaxis;
 - 80 per cent of children born of HIV-positive mothers recruited in PMTCT programmes receive cotrimoxazole preventive therapy (CPT);
 - 80 per cent of children who have been tested and found to be HIV-positive access ART;
 - 80 per cent of the population has sustained access to safe drinking water;
 - 70 per cent of the population has access to sanitation facilities;
 - Over 95 per cent of eligible girls enrol in school and 50 per cent complete their primary education;
 - 80 per cent of primary schools (standards one - eight) use the child-friendly schools approach, including life skills for HIV prevention;
 - At least 50 per cent of OVCs access social protection assistance and comprehensive basic services;
 - Legal frameworks and capacities strengthened at all levels and national birth registration in place so as to protect children from all forms of abuse, exploitation, discrimination and neglect.

Preparation process

33. The country programme 2008-2011 was developed in consultation with national government counterparts, non-governmental organisations and donors in the context of the formulation of the United Nations Development Assistance Framework (UNDAF). Extensive discussions took place during a four-day retreat to agree with key stakeholders on the priorities and ensure full alignment to the Malawi Growth and Development Strategy. The resulting matrices and monitoring and evaluation frameworks for each of the five pillars of the UNDAF were then jointly developed, under a Government and United Nations steering committee chaired by the Ministry of Finance. UNICEF chaired the UNDAF theme group on social services. Meetings were held periodically with development partners and civil society to review the UNDAF. UNICEF applied the same processes to discuss with its stakeholders the priorities and strategies of its country programme. The country programme was also developed in light of the concluding observations of the Committee on the Rights of the Child, issued in 2003, and Malawi's second report to the Committee, which will be presented sometime in 2007.

Relationship to national priorities and the UNDAF

34. The new UNICEF programme is fully harmonised with the UNDAF, which aims to support national efforts to achieve the goals of the Malawi Growth and Development Strategy. The country programme aims to contribute to the five themes of the 2008-2011 UNDAF. These are (a) sustainable economic development and food security; (b) social protection and disaster reduction and management; (c) access to equitable basic social services; (d) HIV and AIDS prevention, care and treatment; and (e) good governance. The country programme has also integrated the four cross-cutting areas of the UNDAF – human rights, gender, disaster risk reduction, and capacity development for programme implementation – in which the United Nations will consolidate and strengthen its partnership with the Government. As a follow up to the recommendations of the High Level Panel on System-Wide United Nations Coherence, Malawi has been selected as a pilot for 'One United Nations', effective in 2008. The United Nations Country Team has developed a "road map" for implementation of the pilot.

Relationship to international priorities

35. The country programme is guided by the priorities of the UNICEF medium-term strategic plan for 2006-2009 and is based on the provisions of the Convention of the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The objectives and strategic approach are consistent with the Millennium Development Goals and Millennium Declaration. The programme addresses the priority areas identified in the goals of the following international pronouncements: the outcome document of the General Assembly Special Session on Children (*A World Fit for Children*); the African Union Resolution and Commitment to Accelerated Child Survival; the Global Partnership on Maternal and Newborn Survival, with WHO; the Abuja Declaration; the UNICEF Core Commitments for Children in Emergencies; and the *United for Children, Unite against AIDS* campaign. The programme also takes into account the Paris Declaration on Aid Effectiveness and the Rome Declaration through the promotion of national ownership and capacity building and the use of one national monitoring and evaluation (M&E) system.

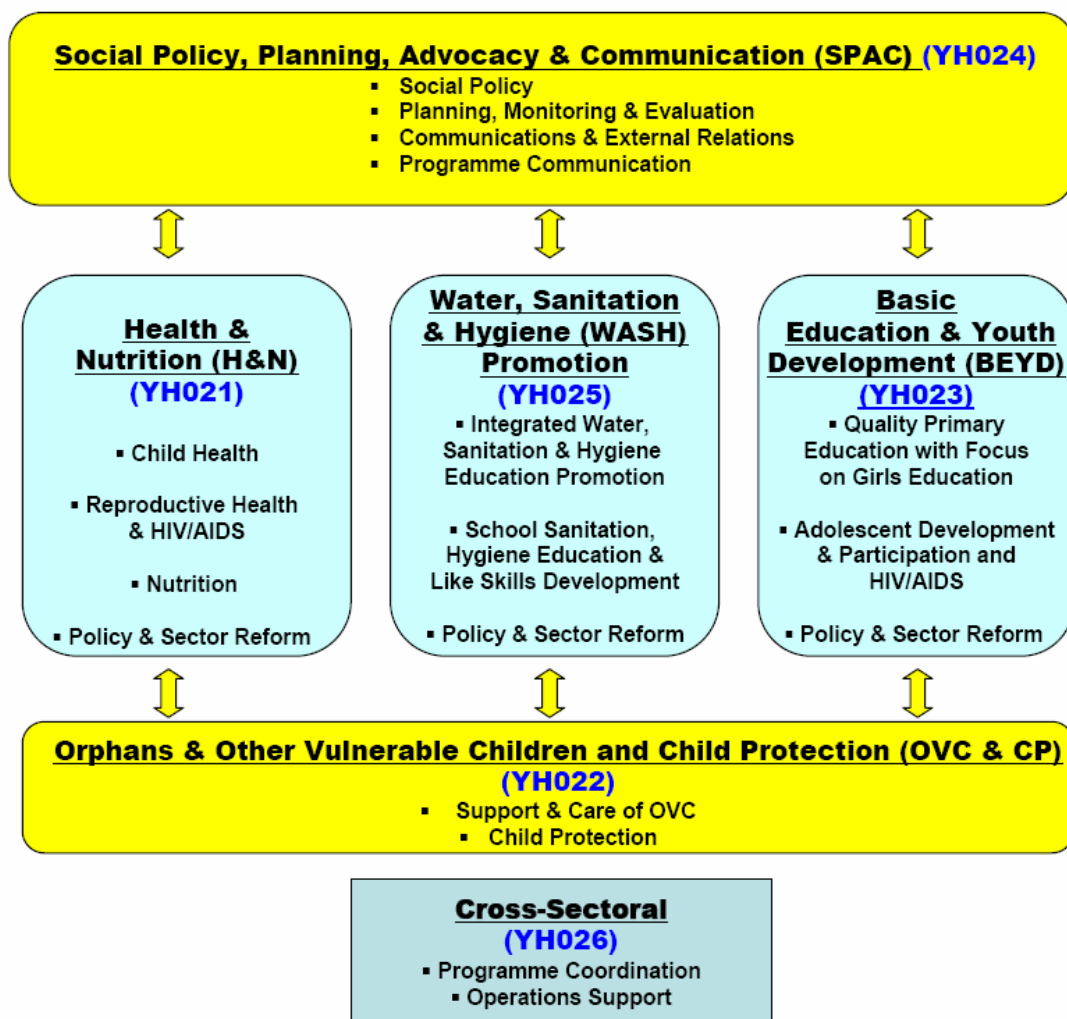
Table 1: Relationship between the country programme of Cooperation, the UNDAF and national and international development goals

UNICEF programmes and key components	UNDAF CP outcome	Malawi Growth and Development Strategy	Millennium Development Goal	UNICEF MTSP
<p>Child Health and Nutrition</p> <ul style="list-style-type: none"> - Child health - Reproductive Health & HIV and AIDS - Nutrition - Policy & Sector Reform 	<p>3.1 Equitable access to essential health services increased by 2001;</p> <p>3.2 Improved nutrition outcomes for under 5 children, pregnant & lactating women, PLWHA and other at risk groups by 2001;</p> <p>4.1 Improved equitable access to and uptake of preventive services by 2011;</p> <p>4.2 Improved and equitable access to and uptake of AIDS treatment, care and support services by 2011.</p>	<p>MGDS Pillar III : Social Development:</p> <ul style="list-style-type: none"> - Reduction of IMR from 76 to 48 per 1000 live births; - Reduction of U5MR from 133 to 76 per 1000 live births; - Proportion of 1-year old children immunised against measles increased from 59% to 85%; - Per cent of children under 5 who slept under an ITN previous night increased from 15% to 60%; - Reduction of MMR from 984 to 560 per 100,000 live births by 2011; - Proportion of births attended by skilled personnel increased from 38% to 75%; - Per cent of pregnant women who slept under an ITN previous night increased from 15% to 60%; - Reduction of HIV prevalence among pregnant women aged 15-24 years from 14.33% to 12%; - Reduction of HIV prevalence among 15-49 years from 14.7% to 14%; - HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT increased from 69% to 80%; - Prevalence of under 5 child malnutrition: Stunting from 48% to 34%; Wasting from 5% to 4%; Underweight from 22% to 15%. 	<p>MDG1: Eradicate extreme poverty and hunger</p> <p>MDG4: Reduce child mortality</p> <p>MDG5: Improved maternal health</p> <p>MDG6: Combat HIV and AIDS, malaria and other diseases</p>	<p>Focus Area 1: Young Child Survival and Development</p> <p>Focus Area 3: HIV and AIDS and Children</p>
<p>Water, Sanitation and Hygiene (WASH) Promotion</p> <ul style="list-style-type: none"> - Integrated Water, Sanitation & Hygiene Education Promotion - School Sanitation, Hygiene Education & Life Skills Development - Policy & Sector Reform 	<p>3.3 Equitable access to and use of safe water supply, sanitation and hygiene in rural and peri-urban areas and promotion of environmental health by 2011.</p>	<p>MGDS Pillar IV : Infrastructure</p> <ul style="list-style-type: none"> - Per cent of population with access to safe potable water increased from 66% to 80%; - Per cent of population with access to improved sanitation increased from 83% to 95%. 	<p>MDG6: Combat HIV and AIDS, malaria and other diseases</p> <p>MDG7: Ensure environmental sustainability</p>	<p>Focus Area 1: Young Child Survival and Development</p>
<p>Basic Education & Youth Development (BEYD)</p> <ul style="list-style-type: none"> - Quality Primary Education with focus on Girls Education - Adolescent Development & Participation and HIV and AIDS - Policy & Sector Reform 	<p>3.4 Proportion of girls and boys' enrolment, attendance, completion and achievement increased by 2011.</p>	<p>MGDS Pillar III : Social Development:</p> <ul style="list-style-type: none"> - Completion rates in primary school increased from 28% to 48%; - Primary school net enrolment rates (by gender) increased to 95%; - Primary school dropout rate (by gender) reduced from 22% to 12%; - Primary school repetition rates decreased from 17% to 8%. 	<p>MDG2: Achieve universal primary education</p> <p>MDG3: Promote gender equality and empower women</p> <p>MDG6: Combat HIV and AIDS, malaria and other diseases</p>	<p>Focus Area 2: Basic Education and Gender Equality</p> <p>Focus Area 3: HIV and AIDS and Children</p>

UNICEF programmes and key components	UNDAF CP outcome	Malawi Growth and Development Strategy	Millennium Development Goal	UNICEF MTSP
Orphans & Other Vulnerable Children and Child Protection (OVC&CP) <ul style="list-style-type: none"> - Support & Care of OVC - Child Protection 	4.3 Reduced social and economic impact of HIV and AIDS on families and communities by 2001.	MGDS Pillar III : Social Development: <ul style="list-style-type: none"> - Prevalence of orphans decreased from 14.7% to 13%. MGDS Pillar V : Improving Governance <ul style="list-style-type: none"> - Reported human rights violation cases effectively resolved (no data); - Number of prisoner deaths per month for every 10,000 prisoners reduced to less than 10/month; - Prosecution rates (no data). 	MDG6: Combat HIV and AIDS, malaria and other diseases Millennium Declaration Section VI: Protecting the Vulnerable	Focus Area 3: HIV and AIDS and Children Focus Area 4: Child protection from violence, exploitation and abuse
Social Policy, Advocacy and Communication <ul style="list-style-type: none"> - Social Policy - Planning, Monitoring & Evaluation - Communications & External Relations - Programme Communication 	2.1 Proportion of vulnerable groups benefiting from social protection increased by 2011; 5.1 An informed public actively claiming good governance and human rights by 2011; 5.2 By 2011, improved national capacity to formulate policy, manage, monitor and deliver services to protect the rights of vulnerable groups.	MGDS Pillar I: Sustainable Economic Growth <ul style="list-style-type: none"> - Proportion of disadvantaged receiving conditional & unconditional transfers increased 4% to 10%; - 100% of ministries with working M&E systems. 	MDGs 1 to 8	Focus Area 3: HIV and AIDS and Children Focus Area 5: Policy, advocacy and partnerships for children's rights

Country programme structure

36. The 2008-2011 UNICEF country programme will be structured around five programme areas: Social Policy, Advocacy & Communication (SPAC); Orphans & Other Vulnerable Children and Child Protection (OVC & CP); Health & Nutrition (H&N); Water, Sanitation & Hygiene (WASH) Promotion; and Basic Education and Youth Development (BEYD). The first two are cross-cutting, while the latter three are sector specific. Figure 1 illustrates the structure of the country programme. Also described in the diagram are the objectives and strategies of each of the five programmes:



1.0 Health & Nutrition (H&N)

37. The Health and Nutrition Programme supports national efforts to achieve Millennium Development Goals (MDG 1, 4, 5 and 6) within the framework of the Malawi Growth and Development Strategy (MGDS) and the United Nations Development Assistance Framework (UNDAF). It specifically contributes to the achievement of **UNDAF outcome 3: Increased equitable access to and utilisation of quality basic social services by 2001** and **UNDAF outcome 4: National response to HIV and AIDS scaled up by 2011 to achieve universal access to prevention, treatment, care and support.**

38. The Health and Nutrition Programme aims to support national efforts to reduce maternal, neonatal, infant and under-five morbidity, mortality and malnutrition. To help Malawi to improve child survival and development and to achieve the health-related Millennium Development Goals, the programme will support the scaling up of high-impact interventions in the context of the Health SWAp, using the IMCI approach and promoting inter-sector linkages. Greater attention will be given to addressing the high child and maternal malnutrition rates through a more integrated response and by strengthening the capacities of communities and service providers to prevent and manage nutritional deficiencies. In collaboration with UNFPA and WHO, the national “road map” for maternal mortality reduction will be implemented by promoting access to skilled care, supporting community mobilisation to increase uptake of services, and increasing access to emergency obstetric care. Community-based newborn care will be a focus so that every newborn is closely monitored for sepsis, pneumonia and other neonatal conditions daily within the first week and up to 28 days of life. With UNFPA, the programme will also contribute to improved access and quality of sexual and reproductive health services for young people, including family planning services. The programme will work with other partners to support national efforts to scale up prevention of mother to child transmission of HIV and care and treatment for children living with HIV and AIDS.

PROGRAMME STRATEGY

39. **Acceleration of child survival and development (ACSD):** Evidence has shown that rapid scale up of selected high impact interventions will contribute to a further significant reduction in maternal, infant and child mortality. It is also clear that some of the determinants of health and mortality are outside the health sector thus requiring a managed partnership to meet the MD Goals of reducing maternal, infant and child mortality and HIV prevalence among children. The ACSD implementation strategy therefore includes:

- *Development of an ACSD implementation framework* as an integral part of national poverty reduction efforts as well as the Malawi Growth and Development Plan, the National Health Plan, the Essential Health Package and the sector Programme of Work (POW) in the context of Sector Wide Approaches (SWAps), the Rome Commitments and the Paris Declaration on using national planning, funding, management, coordinated implementation and monitoring modalities;
- *Adaptation and institutionalisation of multiple service delivery models* including: (a) Family-oriented community-based services where communities, families and caregivers of children will be targeted to adopt healthy behaviours through a community dialogue approach coordinated by trained health surveillance assistants (HSAs) and other extension workers. This delivery model will ensure ‘harvesting of low-hanging fruits’ by delivering simple interventions at the largest possible coverage that permits quick results; (b) Population oriented schedulable services to be delivered by skilled health workers and trained health surveillance assistants (HSAs) through delivery outlets such as Child Health Days where re-treatment of nets, supplementation of vitamin “A”, distribution of de-worming tablets and zinc supplementation for under-five children and pregnant women will be undertaken; and (c) Individual oriented clinical services to be provided by properly trained and skilled health workers with specialised services to respond to needs;
- *Focusing on implementation of high impact interventions (HII)* to minimise loss of opportunities and maximise utilisation of human and financial resources. The HIIs include: (a) newborn care; (b) prevention of mother-to-child transmission of HIV (PMTCT); (c) infant and young child feeding including micronutrient supplementation and de-worming, screening for acute malnutrition, and treatment of acute malnutrition; (d) immunisation of mothers and children (e) prevention and control of malaria using ITNs and intermittent presumptive treatment (IPT); and (f) management of common childhood illnesses including acute malnutrition;
- *Packaging HIIs for rapid scale-up* – Implementation of the priority child survival interventions involves packaging of interventions to be delivered using a mix of delivery channels including: EPI Plus (EPI, vitamin A supplementation, supplementary feeding and breastfeeding, insecticide-treated bed nets, and de-worming); Antenatal Plus (antenatal clinic [ANC], prevention of

mother-to-child transmission of HIV, breastfeeding, neonatal care, IPT, and vitamin A); and family/household and community (ANC, ITNs, IPT, vitamin A, EPI as provided in outreach, breastfeeding, complementary feeding, and newborn care).

- *Community EHP strategies* to ensure that all children have equitable access to health services and that key community interventions are practiced within the household and community. This will be enhanced by use of HSAs through the following: village/community clinics, village feedback meetings, community/public inspections, outreach/mobile clinics and home visits.
40. **Implementation of the road map to maternal health and universal access:** The Reproductive Health (RH) programme will be equivalent to the MTSP Focus Area, HIV and AIDS and Children, and will integrate the delivery of four of the five “Ps” of the Global Campaign on HIV and AIDS and children: (a) PMTCT; (b) Paediatric HIV and AIDS; (c) Prevention; and (d) Partnership. The RH programme will support the implementation of the national road map for maternal mortality reduction by promoting access to skilled care, supporting community mobilisation to increase demand for maternal and newborn health services, and upgrading of health facilities to provide the minimum package for maternal and neonatal health with first priority to basic emergency obstetric facilities. In partnership with UNFPA, it will also contribute to improved access and quality of sexual and reproductive health services, including family planning services, with special emphasis on adolescents. Community-based newborn care will receive increased attention, with the aim of having every newborn monitored for sepsis, pneumonia and other neonatal conditions daily within the first week and closely up to 28 days of life. This will reduce neonatal deaths, which account for 43 per cent of the under-five mortality rate.
41. **Scale up of prevention of mother-to-child transmission and paediatric AIDS care:** In order to increase access to, and utilisation of PMTCT services, the programme will support the strengthening of capacities and systems at all levels, including supply and information systems, health worker training, quality HIV testing and counselling, community mobilisation, postnatal care and rapid scale up of a more efficacious regimen for PMTCT. To scale up care and treatment of HIV-positive children, family models and empowerment of caregivers will be supported for improved follow up of children exposed to HIV; early testing through the rationalisation of existing laboratory technology; and expanded outreach programmes linked to centres of excellence for paediatric care. The programme will support national efforts to address issues of prevention of HIV and AIDS in young people, taking into account the most at-risk adolescents (MARA) and the especially vulnerable adolescents (EVA) groups within the context of age and gender-related vulnerability and risk (15-17, 18-19 & 20-22 years), and allowing for differences in risk between urban and rural populations and between different education and wealth levels.
42. **Addressing chronic and acute malnutrition:** In order to accelerate reduction of malnutrition, UNICEF will focus on addressing the underlying causes of malnutrition through: the mainstreaming of nutrition in country strategies and approaches; development of national capacity for enhancing investments in nutrition; formation of a national strategy and strengthening of the evidence base for investing in nutrition; coordination of development partners for focused action; capacity development at household, community and institutional level; service delivery and communication. Focus will be placed on: infant and young child feeding linked to HIIs for ACSD; maternal nutrition to break the intergenerational cycle of malnutrition; nutrition and HIV; and control of micronutrient deficiency. Moderate and acute malnutrition among children under five will be treated through supplementary and therapeutic feeding in NRUs and at community level through CTC, respectively.
43. **Strengthening emergency preparedness and response:** Health and nutrition emergency preparedness and response will follow the Hyogo framework of disaster risk reduction: identification, assessment and monitoring disaster risk; building a culture of safety and resilience; reduction of underlying risk factors; and strengthened disaster preparedness and response. This will be done by building on existing activities and partnerships developed

through the country programme of cooperation and through community mobilisation and participation strategies. This developed network of partnerships enables UNICEF Malawi to monitor emergency situations and potential threats in an attempt to ensure early warning and response. In the event of an emergency situation, additional programmes will be developed as needed to support humanitarian action and post-incident rehabilitation and recovery efforts. For some predictable emergencies such as cholera, drought and flooding, UNICEF will maintain standing readiness to provide initial relief supply assistance. Based on the nature of the emergency, existing UNICEF staff will provide direct technical assistance to minimise the impact of the crisis.

44. **Community capacity development:** The IMCI policy for ACSD puts forward the strategic decision to strengthen the role of communities in the promotion and adoption of key childcare practices. To support this process, structured orientation and training of District Executive Committees (DECs) and District Development Committees (DDCs) will be conducted to promote advocacy of the programme. The District IMCI Technical Working Group will undergo a five-day training focusing on multi-sectoral coordination, formulation of a district child survival and development plan of action, and establishment of at least two IMCI training teams per district. This will be followed by the establishment of at least one IMCI multi-sector team per Traditional Authority (TA)/Area Development Committee (ADC), who will serve as community mobilisers and facilitators of community dialogue. Members of the IMCI Area Working Teams shall be drawn from extension workers, primary education advisors (PEA) and community leaders. The IMCI Technical Working Teams will receive a five-day training to promote and provide preventive and curative services as well as the social and mental interventions indicated in the ACSD minimum package of High Impact Interventions. A two-day orientation session for community leaders will be conducted by IMCI Area Working Teams.
45. The community high impact interventions will be delivered through integrated outreach, home visits, integrated child health days and other open days. An ACSD communication strategy has been developed for advocacy, social mobilisation and strategic communication at the community level. A phased approach will be used to target high impact interventions, starting with interventions such as community-based newborn care, utilisation of ITNs, young child and infant feeding, uptake of PMTCT, hygiene promotion and sanitation, among others. Community dialogue will be one of the strategies used to promote community engagement, participation and ownership. In relation to the communication strategy, communication materials and guidelines for community extension workers and community mobilisers have been developed to facilitate the uptake of the high impact interventions at household level. Home visits and community feedback meetings will be used to monitor the uptake and practice of the intervention. A community-based monitoring system (village health register) will be used to collate data at community level through the existing community-based structures such as village health committees and community support groups.

PROGRAMME COMPONENTS:

46. The Health and Nutrition Programme has four components: (1) Child Health, (2) Reproductive Health and HIV & AIDS, (3) Nutrition; and (4) Support to Policy, Systems and Sector Reform. These priority components are integral to the success of the provision of the Essential Health Package, the Health Programme of Work, the National Strategy for the Acceleration of Child Survival and Development; the National Road Map for Maternal and Neonatal Mortality Reduction and the National Action Framework for HIV and AIDS. The programme is implemented in collaboration with other partners using SWAp and other existing coordination mechanisms.

Component 1: Child Health

47. In order to effectively address the challenges contributing to infant and child mortality, the country programme will support accelerated child survival and development (ACSD) using the

IMCI approach. ACSD policies and strategic plans will be integrated into district-level ACSD plans through village action planning to provide every village with high impact interventions through home visits, village clinic days, outreach programmes and at every point of contact with the health system, such as antenatal clinics, mother and child clinics, maternity, paediatric wards and nutrition rehabilitation units. The child survival interventions will initially implement low-cost, high-impact and easy-to-implement interventions at higher coverage in order to achieve quick results.

Component 2: Reproductive health and HIV & AIDS

48. The country programme will support the implementation of the national road map for maternal mortality reduction by promoting access to skilled care, supporting community mobilisation to increase demand for maternal and newborn health services, and upgrading of health facilities to provide the minimum package for maternal and neonatal health with first priority to basic emergency obstetric facilities. It will also contribute to improved access and quality of sexual and reproductive health services, including family planning services, with a focus on young people. The programme will support national efforts to strengthen newborn care to closely monitor and respond to sepsis, pneumonia and other neonatal conditions within the first week and up to 28 days of life. This will contribute to the reduction of neonatal deaths, which account for 43 per cent of deaths among children under the age of five.
49. Efforts will be made to scale up the provision of prevention of mother-to-child services by increasing the number of PMTCT sites from the current level of 25 per cent to 100 per cent by 2008 as per the targets set in the national scale up plan. Results to be achieved include: the provision of quality HIV testing and counselling to over 90 per cent of pregnant women attending antenatal clinics in all PMTCT sites; and ensuring that 80 per cent of those found to be HIV positive receive antiretroviral drugs to prevent mother-to-child transmission. At least 90 per cent of eligible HIV-positive mothers identified through the PMTCT services will receive antiretroviral treatment. The programme also aims to ensure that at least 80 per cent of children born of HIV-positive mothers identified through the PMTCT programme are tested for HIV in a timely manner and that they are provided with cotrimoxazole (antibiotics) to prevent opportunistic infections. The country programme will also support national efforts to scale up youth-friendly health services and HIV voluntary counselling and testing by ensuring that 80 per cent of health facilities offer youth-friendly services. The component will also address issues of prevention of HIV and AIDS in young people taking into account the most at-risk adolescents (MARA) and the especially vulnerable adolescents (EVA) within the context of age related vulnerability and risk (15-17, 18-19 & 20-22 years), and allowing for differences between urban and rural populations and among education and wealth levels.

Component 3: Nutrition

50. The strategic thrust of the nutrition component of the programme includes: mainstreaming of nutrition in country strategies and approaches; reorienting existing large-scale programmes to maximise their effect; building national commitment and capacity for investing in nutrition; convening developing partners around a common nutrition agenda; information, education and communication; and capacity development and service delivery targeting policy makers, district authorities, communities and household for improved nutrition outcomes. Advocacy will be carried out to ensure commitment by government and donors to invest in nutrition interventions using the Nutrition Profiles a simulation tool developed with support from the Academy for Educational Development. Information dissemination of surveys and surveillance will be supported to increase awareness on nutrition challenges in Malawi. Capacity development will be carried out at national, district, community and household level to ensure improved nutrition care for children and women focusing on high impact nutrition interventions as stipulated in the ACSD strategic plan. Service delivery will be carried out for therapeutic feeding; community therapeutic care; control of iodine, iron and vitamin A deficiencies; and nutrition and HIV. The high impact nutrition interventions will be accelerated by achieving high coverage as a result of working at family/household level, through outreach

and campaigns, and by working through health facilities. Particular focus will be placed on children during the first two years of life, maternal nutrition, and school-age children in order to break the intergenerational cycle of poor nutrition. Deliberate linkages will be made with health interventions, water and sanitation, reproductive health, and food security interventions. Partnership with UN agencies, in particular with WFP, FAO and WHO will be strengthened and coordination enhanced using the UNDAF cluster management structure.

Component 4: Policy and sector reform

51. This component of the programme will support, through advocacy, partnership and technical support for policy and capacity development, the health sector's harmonisation and alignment agenda, in line with the principles of the Paris Declaration on Aid Effectiveness, using the SWAp modalities. UNICEF, in close collaboration with WHO and UNFPA, will facilitate the establishment of strategic partnerships to act as catalysts for timely policy revision and development to ensure implementation of the maternal and child health and nutrition priorities and to ensure that the EHP are adequately, technically and financially supported. This will entail ensuring that child health and nutrition are clearly articulated within the Ministry of Health's Programme of Work and other national plans and facilitating linkages and harmonisation between the UNICEF-supported programme and UNDAF, the Health Sector Programme of Work, and the Malawi Growth and Development Strategy. UNICEF will work with other UN agencies and cooperating partners to support capacity development for results-based management, including evidence-based planning and decision making. This component will ensure that not only UNICEF staff but more importantly, implementing partners, Government and non-government are adequately equipped for the challenges of efficiently supporting information, monitoring and evaluation systems and household surveys.

2.0 Water, Sanitation and Hygiene Promotion (WASH)

52. The Water, Sanitation and Hygiene Promotion (WASH) programme supports national efforts to achieve the Millennium Development Goals, in particular MDG 7 and 4, within the framework of the Malawi Growth and Development Strategy (MGDS) and the United Nations Development Assistance Framework (UNDAF). It specifically contributes to the achievement of **UNDAF outcome 3: Increased equitable access to and utilisation of quality basic social services by 2001.**
53. The programme focuses on the provision of water supply and sanitation in rural areas and on the promotion of improved sanitation and hygiene in rural and peri-urban communities. It contributes to making schools child-friendly by: ensuring increased access of pupils to safe water supply, hygiene promotion as part of a comprehensive school health programme; and gender-sensitive sanitation facilities. The strategy will include: support to policy and systems development, guidelines and standards; strengthening of planning and implementation capacities at district and community levels for decentralised management of water supply and sanitation; acceleration of sector reform toward the development of a Sector Wide Approach (SWAp); mapping of water points; and partnership with the private sector.

PROGRAMME COMPONENTS:

54. The WASH programme will have three components: a) Integrated Water, Sanitation and Hygiene Education Promotion; b) School Sanitation and Hygiene; and c) Capacity Strengthening for Sector Reform. These priority components are integral to the success of the National Water Policy, the National Sanitation Policy and the National Water Sector Plan. The programme is implemented in collaboration with other partners using existing coordination mechanisms.

Component 1: Integrated water, sanitation and hygiene education promotion

55. The programme will be implemented in line with the National Water and Sanitation Development Programme – Phase II, the National Water Policy and Guidelines, and the IMCI/ACSD Policy. The programme will emphasise community ownership and management of their facilities to ensure sustainability. The provision of new water points or rehabilitation of non-functioning points will be responsive to demand. The programme will support capacity development at district and community levels, with particular attention to decentralised structures such as area development committees (ADCs) and village health and water committees (VHWCs). The private sector will also be utilised. The programme will continue to promote the establishment of supply chains such as san marts (local retail shops) to sell spare parts within communities. Trained area mechanics will enter into maintenance contracts with VHWCs. A higher level of maintenance support will be provided by the district teams. The cost of major maintenance is part of the operational costs of the district assemblies. Institutional water supply will be provided for rural health centres. Public places such as trading centres at markets will be operated and managed by trained committee members. The programme will help VHWCs to manage their water resources holistically by promoting tree planting along river banks and around water sources and also by maintenance of buffer zones along river banks.
56. The sanitation work will be demand-led by marketing and not supply-led by subsidies. VHWCs will be sensitised on the economic use of human waste, and the high cost of labour days lost and of health care for those who become ill from preventable diseases related to unclean water and poor sanitation and hygiene. The VHWCs will be trained in the skills needed to motivate communities to work for improved sanitation. Affordability and ‘willingness-to-pay’ surveys will be undertaken and based on the results, a few affordable technologies will be selected. Established san centres will sell components of selected technologies and provide services to construct sanitation facilities for communities and institutions.

Component 2: School sanitation, hygiene education and life skills development

57. The school sanitation and hygiene component will include water supply, gender-sensitive sanitation and hygiene promotion at schools and in school catchment areas. These three elements will combine and reinforce each other to maximise behaviour changes in children. Current experience in Malawi demonstrates the crucial role that pupils, teachers and parents play in improving overall community sanitation and hygiene. Teachers and children will be capacitated to be key agents of change rather than just recipients of services. Schools will be selected on a demand-responsive basis. Parent teacher associations and school management committees will be trained and they will draw up contracts with san centres and manage construction of WASH facilities (latrines, urinals and hand washing facilities with rain collectors) at schools. The water supply for each school will be within 200 meters. Large schools will be provided with play pumps with reticulation systems for sanitation and to support vegetable gardens and nurseries.

Component 3: Policy and sector reform

58. Policies, implementation guidelines and financial management systems will be developed and implemented through the SWAp framework, which is under development. UNICEF is uniquely positioned to support Government in its goals for the WASH sector and will take a lead role in capacity strengthening, advocacy, technical advice, and in influencing policies. UNICEF can also help leverage additional resources for the sector by drawing on its international experiences. Key components will include: capacity development at national, district and community level, including private sector and non-governmental organisations (NGOs); promotion of decentralised systems for water point repair systems; and the institutionalisation of keeping WASH data up to date and used through the Malawi Social Economic Data Base (MASEDA). Knowledge management will be strengthened by documenting and sharing lessons on successes and constraints among all programme stakeholders from donor and

national level to household level. The programme intends to promote exchange visits between VHWCs and DCTs in order to stimulate mutual learning from experiences. Partnership is sought with national, regional and global knowledge and information providers.

3.0 Basic Education and Youth Development (BEYD)

59. The Basic Education and Youth Development (BEYD) programme supports national efforts to achieve Millennium Development Goals (MDGs 2 and 3) within the framework of the Malawi Growth and Development Strategy (MGDS) and the United Nations Development Assistance Framework (UNDAF). It specifically contributes to the achievement of **UNDAF Outcome 3: Increased equitable access to and utilisation of quality basic social services by 2001.**
60. The BEYD programme aims to strengthen the Government's capacity to fulfil the right of every child to a quality education through comprehensive measures to enhance access, completion, gender equity and performance. The 'child-friendly school' concept will be developed and institutionalised, with standards at each school defined around the following components: child health and nutrition; teachers trained in child-centred and gender-sensitive teaching approaches; safe, inclusive, and protective learning environments with water and sanitation facilities; strong community partnerships; and relevant and gender-sensitive curricula and life skills.
61. Through strong community partnerships and a participatory communication approach, persistent socio-cultural barriers to girls' education will be addressed. UNICEF will support the fight for HIV prevention among children and youth in and out of school through life skills and access to services, and by promoting access of teachers to HIV prevention, care and treatment. UNICEF will work with other partners to support the Ministry of Education, Science and Technology to manage the many changes that will be introduced as part of the drive towards the Education SWAp, the Primary Curriculum and Assessment Reform, and decentralisation. The capacity of the newly established monitoring and evaluation department will be strengthened, including its support to the Education Management Information System (EMIS).
62. Emergency preparedness and response plans, including capacity development, will ensure that in case of emergency or disaster, all school-age children will benefit from at least temporary learning arrangements and school feeding.
63. BEYD will continue to contribute towards national goals of containing the spread of the HIV and AIDS pandemic among children and adolescents in and out of school. This will include support to vocational skills development and support to NGOs working to further this agenda.

PROGRAMME STRATEGY

64. The programme will employ several strategies. An advocacy strategy will be developed and progressively reviewed to ensure the success of the Primary School Assessment and Curriculum Reform. An advocacy strategy will also be developed to ensure the success of the SWAp process. Technical support will be provided for both processes, so that change is managed in ways that ensure national ownership and leadership, programme sustainability and effectiveness.
65. Institutional and community capacity development will be central to the development and implementation of the National Education Sector Plan (NESP). The three ministry departments: Planning and Policy, Education Methods and Supervisory Services (EMAS), and Basic Education are all constrained for capacity. UNICEF will support them to enhance their leadership capacities. The capacity of teacher development centres (TDCs), will be addressed, principally in the areas of gender; life skills for HIV prevention; and interactive and child-centred teaching methods. In-service teacher training will continue to be a major focus area, with an inventory developed to monitor training and provision of refresher courses. The

capacity of NGOs working closely with UNICEF will be developed, their knowledge of relevant conventions and policies enhanced, and their appreciation of rights-based and gender-sensitive approaches heightened.

66. Service delivery will entail procurement of teaching and learning materials, and this will be reviewed in line with similar initiatives by other development partners and within the unfolding SWAp framework. Limited construction for classrooms, latrines and water points will continue under the Schools for Africa programme. Infrastructure rehabilitation will largely be confined to emergency response, including provision of tents and material support to school feeding efforts by WFP. School furniture for children and teachers will be procured for selected schools, particularly UNICEF-constructed classrooms. In exceptional cases, office equipment and vehicles will be supplied.
67. Materials development will be in support of several initiatives, notably the learning achievement, life skills, community capacity development, and support to EMIS, among others. Technical support will be provided for the harmonisation of construction modalities and standards, including preventive maintenance.
68. Generating and disseminating high quality research that addresses the implications of international and national policy frameworks, gender, learning achievement, and life skills initiatives as espoused in the MTSP will receive increased attention. The gender audit of NESP, making EMIS stakeholder responsive, developing and implementing a Girls Education Communication Strategy, and developing systems for improving and assessing achievement are among the issues that will receive emphasis.
69. In partnership with the Ministry of Education, civil society organisations, and communication and community networks, UNICEF will implement a multi-strand strategic communication plan to increase support for girls' education, including advocacy for an enhanced transition to secondary and tertiary education. Key communication options will include the Girls Education Movement (GEM), SARA and the Mothers' Groups. The strategies will be designed to ensure that girls stay in school (net enrolment at standard one and two is already over 90 per cent) and complete primary education. The other dimension of the communication strategy relates to supporting the curriculum reform process and initiatives to introduce a SWAp in education.
70. The BEYD programme will develop and scale up a comprehensive communication package to address HIV and AIDS prevention among children and adolescents taking into consideration the most at-risk adolescents (MARA) and the especially vulnerable adolescents (EVA) within the context of age-related vulnerability and risk (15-17, 18-19, 20-22 years) and urban/rural risk differentials as well as education and wealth levels. The scaling up process will use multiple channels (mass media, secondary school meetings, health services, etc.).
71. Key partners to education include the World Bank, Civil Society Coalition for Quality Education, German Cooperation Agency (GTZ), Department for International Development (DFID), African Development Bank (ADB), Japan International Cooperation Agency (JICA) and NGOs. Joint advocacy and leveraging of resources by partners is vital for generating national and external resources in support of the NESP and the MGDS. The parliamentary committee on education is also a strong ally. UNICEF Malawi operates within the framework of the United Nations Development Framework (UNDAF), and emphasises partnerships in its systemic and local level interventions.

PROGRAMME COMPONENTS

72. The Basic Education and Youth Development Programme comprises three components, namely: (a) Quality Primary Education with Focus on Girls Education; (b) Youth Development and Participation and HIV & AIDS; and (c) Support to Policy and Education Sector Reform. These priority components are integral to the success of the National Education Sector Plan, Malawi National Youth Policy, MGDS, National Plan of Action for HIV and AIDS, and

UNDAF, among others global, regional and national policy documents. The programme budget is provided below.

Component 1: Quality primary education with a focus on girls' education

73. This programme addresses several pillars of the National Education Sector Plan, including: equitable access, completion and achievement; relevance and quality; governance and management. Based on the life cycle approach, linkages will be established between early childhood development (ECD) programmes for children aged three years and below; stimulation and school readiness initiatives for children 3 to 5 years; and infant education in standard one. It is estimated that 80 per cent of children enrolling in standard one will not have had any prior access to ECD centres or been exposed to any structured stimulation or learn-and-play arrangements. Technical support will be provided to ensure that ECD meets the expected standards defined in the relevant national policy and international and regional guideline documents. This will lay a firm foundation for improving access, completion and achievement at primary school level.
74. UNICEF will provide technical support and build capacity for the development and institutionalisation of the child-friendly school (CFS) framework. The framework is rooted in the Convention on the Rights of the Child (CRC) and employs a rights-based approach to education. Four articles of the CRC are particularly pertinent: non discrimination (article 2); best interest of the child; right to life, survival and development (article 6); and the right to be heard (article 12). The CFS clearly articulates the vision of quality primary education and is based on the following general principles: inclusion; healthy and safe schools; promotion and protection of the rights of the child; gender responsiveness; academic effectiveness and relevance to a child's life; and encouraging the participation of all stakeholders.
75. At operational level, UNICEF will promote the CFS concept through a number of programmes such as: school construction and rehabilitation; provision of separate sanitary facilities for boys and girls; provision of clean water and promoting good hygiene practices; and supply of teaching and learning materials to selected schools. In-service teacher training will continue to focus on: interactive and gender-sensitive teaching; the use of locally available materials to develop teaching aids; development of school-level partnerships and community mobilisation; and strengthening the Girls Education Movement (GEM) and UN Girls Education Initiative (UNGEI). Support to the Primary Curriculum and Assessment Reform (PCAR) and CFS will be major programmes. The CFS concept will provide a basis for strengthening partnerships through the harmonisation of related initiatives and setting of standards.

Component 2: Adolescent development and participation and HIV & AIDS

76. This component addresses priority areas for Malawi as highlighted in the National Youth Policy, UNDAF, MGDS, and the Millennium Development Goals. It is designed to contribute towards national goals of containing the spread of the HIV and AIDS pandemic and ensuring the continuation of young peoples' participation and protection in emergency situations. *Edzji Toto clubs* are designed to help teenagers avoid HIV infection. The clubs empower young people to make responsible decisions about their health and their life style, even to delay sex until marriage. To achieve this, teenagers must change their behaviour, sustain non-risk behaviours, understand their risk to HIV within marriage and partner setting, and become a positive influence for their friends. Club members participate in activities that teach responsible decision making and effective communication skills.
77. The expected results from strong *Edzji Toto Clubs* are teenagers who have the self efficacy to implement HIV risk avoidance and risk reduction skills. The philosophy of the *Edzji Toto* concept is that for messages to be believed, members must practice what they preach. Guidance is provided by a club patron, who is a teacher. Activities include sports and recreation, AIDS talks and campaigns, use of music and dance to disseminate HIV and AIDS prevention

messages, role play and drama, education visits, and outreach activities to communities around schools. These activities result in clear understanding of the risks of HIV and concurrent partnerships, and increase their sexual assertiveness skills. Although the clubs are school-based, in 2008 the clubs' activities will be extended to children's corners under the OVC and Child Protection programme. The activities will also be strengthened by introduction of voluntary counselling and testing (VCT) and youth-friendly health services.

78. The component will support the development and participation of adolescents and create safe and supportive environments for adolescents through policy development, strengthening of young people's participation structures and increasing their access to services and opportunities that will promote and sustain their livelihood skills. It will also provide a second chance to adolescents, particularly girls, who dropped out of school, to acquire literacy and numeracy skills through complimentary basic education.

Component 3: Policy, systems development and sector reform

79. UNICEF, along with the Ministry of Education, Science and Technology and other development partners will focus on policy development and sector reform, with SWAp development as a major priority. The Ministry will assume leadership, and preside over a change process that will see the demise of the project approach as the priorities of the National Education Sector Plan (NESP) provide the basis for the programme of work and future funding arrangements. Milestones on the road to SWAp include: finalisation of NESP; agreement on a code of conduct and memorandum of understanding; joint financing agreements; and risk analysis. It is expected that the next five years will see a fully fledged SWAp in Education, in keeping with the encouragement and drive of the Ministry of Finance. This will transform significantly the education landscape of Malawi, which at present is predominantly project-focussed.
80. The Primary Curriculum and Assessment Reform (PCAR) is ongoing, due for completion in 2011. UNICEF will support the development of a system for improving learning achievement, advocate for PCAR, and provide limited support for children with special learning needs by transcribing new materials into Braille for blind children.
81. Another significant systems-development and support initiative that UNICEF promotes, in collaboration with United States Agency for International Development (USAID), is the Education Management Information System (EMIS), which is designed to take into consideration stakeholder expectations. A monitoring and evaluation (M&E) system for the Ministry will also be developed, and capacity built to ensure its institutionalisation. UNICEF will support the Ministry in its efforts to streamline its structures at different levels in order to ensure more effective management and utilisation of human resources.

4.0 Orphans and Other Vulnerable Children and Child Protection (OVC and CP)

82. The Orphans and Other Vulnerable Children and Child Protection (OVC and CP) Programme supports national efforts to achieve the Millennium Development Goals within the framework of the Malawi Growth and Development Strategy (MGDS) and the United Nations Development Assistance Framework (UNDAF). It specifically contributes to the achievement of **UNDAF Outcome 4: Increased equitable access to and utilisation of quality basic social services by 2001.**
83. The programme aims to strengthen national capacities to ensure that OVCs realise their rights to grow up in a loving, protective and nurturing environment, free from stigma and discrimination, with access to basic social services, on an equal basis with other children. It also will contribute to national efforts to protect children against all forms of violence, exploitation, neglect and discrimination. The country programme will work to strengthen national capacities for the implementation and monitoring of the National Plan of Action for OVCs. Building on

lessons from the ongoing UNICEF-assisted cash transfer pilot, the programme will work with other partners to support the Government with the development and implementation of a national social protection policy targeting the ultra poor, many of whom are OVCs. The number of country programme-supported community-based childcare centres will be increased from 1,000 in 2006 to 3,000 by 2011, reaching more than 300,000 children under the age of five with early childhood care and development activities. Psychosocial care for OVCs will be provided through 450 additional children's corners, enabling at least 50,000 vulnerable children to claim their rights to a caring developmental environment. In order to provide a protective environment for all children, legislative and policy frameworks and partnerships with civil society organisations will be strengthened. By training paralegals and setting up victim support units, child-friendly courts and diversion systems, children in conflict with the law and in danger of being abused, exploited or dispossessed of their property will be provided with legal assistance and protection. The country programme will work with other partners to support the establishment of a national birth-registration system and to intensify efforts to protect children from sexual and economic exploitation and trafficking. The number of community child protection workers will increase from 400 to 850, covering all districts, by the end of 2011.

PROGRAMME STRATEGY

84. The country programme will continue to strengthen the capacity of the Ministry of Women and Child Development (MoWCD) and district social welfare officers (DSWOs) to lead and coordinate implementation of the National Plan of Action for Orphans and Other Vulnerable Children (OVC NPA) and the National Policy of Early Childhood Development (ECD). The programme will continue to support decentralised systems in Malawi by strengthening capacity at district level to coordinate district response activities among government and civil society. The programme will work in partnership with recipient organisations to maximise results from available funds through the Global Fund and other partners.
85. Malawi's under-five population is 2.7 million children. An estimated 70,000 children under five have lost at least one parent. Provision of quality ECD services close to the home provides an opportunity for children to grow and develop and provides caregivers the opportunity to invest their time in other productive activities. Improving child survival through community-based childcare centres (CBCCs) will continue to feature prominently. The country programme will continue to support national-level early childhood development (ECD) activities through national forums such as the ECD Network, and will continue to contribute to research and documentation of ECD initiatives and to provide direct support for the development of quality services at CBCCs.
86. Psycho-social support will continue to play a prominent feature in the country programme, and will include support to national-level training, research and documentation of best practices. UNICEF will continue its support to children's corners, which provide psycho-social support to children aged 7-18 years.
87. For community-based services, partnerships with NGOs and faith-based organisations (FBOs) will feature prominently to deliver both OVC and child protection services at community level and to improve the lives of children, especially those in need of special protection, including children with disabilities, children living on the street, children affected by child trafficking, or children engaged in child labour.
88. The country programme will continue working with the police and the judiciary on issues of juvenile justice and child protection. The programme will continue to roll out the diversion programme amongst the various courts in Malawi, providing opportunities for children in conflict with the law to make amends for their wrong-doing. The programme will continue to strengthen the capacity of the police to fulfil their duties to provide protection to all children.
89. The country programme will continue its work on eradicating all forms of child abuse and on providing protection for all children in Malawi, particularly those most vulnerable. This requires

working with multiple government bodies and civil society. The programme will continue its support to the technical working group and affiliated networks.

90. The country programme will also continue working with NGOs and FBOs to provide community-level child protection services. Increasingly, the programme will focus on ensuring that a common thread runs from the national systems to the communities to provide a comprehensive protective environment for all children.

PROGRAMME COMPONENTS

91. The Orphans and Other Vulnerable Children and Child Protection (OVC and CP) Programme has two components, namely: (a) Support and Care of OVC; and (b) Child Protection. These priority components are integral to the success of the National Plan of Action for Orphans and Other Vulnerable Children, the National Action Framework for HIV and AIDS; and the National Policy for Early Childhood and Development.

Component 1: Support and care of OVC

92. The programme will continue to advocate for a strong policy and legal framework to protect OVC, improve ECD services and harmonise the national policy response to OVC and home-based care (HBC). The programme will strengthen the capacity of national government, particularly the Ministry of Women and Child Development to lead, guide and coordinate the response to OVC. The programme will provide technical assistance to MoWCD to assist in the implementation of the NPA OVC Policy and the NAC Global Fund Round 5 funding to the Ministry to strengthen systems for care, support and protection of OVC. The programme will facilitate monitoring of the scale up of these interventions on the well-being of OVC, and will assist the government to integrate palliative care into the home-based care programme. The programme will work to bring harmony between the HBC approaches of the MoWCD and MoH. Children's corners provide a safe environment for children and youth to convene. UNICEF will support children's corners to continue to provide psycho-social support to older children affected by HIV and AIDS. UNICEF will continue to support community-based childcare centres (CBCCs) to deliver a holistic package of services to children under five. UNICEF will support districts to develop a cadre of trainers to provide expert training of volunteer caregivers using the CBCC caregiver manual developed with UNICEF assistance. UNICEF will provide learning and play materials, including playgrounds, to CBCCs to enhance early childhood learning at community centres. The CBCCs will be linked with other initiatives within UNICEF, such as accelerated child survival and development (ACSD) and prevention of mother-to-child transmission (PMTCT), to assist the CBCCs to serve as a convergence of community services. Furthermore, the programme will build the capacity of government to put systems in place to protect the child in relation to fostering and adoption, and to draft appropriate guidelines in line with international standards for alternative care.

Component 2: Child protection

93. The country programme will continue to strengthen legal and policy frameworks to ensure a protective environment for children and will work with civil society to promote a shared understanding of human rights, focussing on children's rights and women's rights. In particular, the country programme will continue to advocate for the enactment of the Childcare Protection and Justice Bill 2006, which will provide a legal framework to transpose into national law the CRC and Hague Convention on the Protection of Children in regards to inter-country adoption. Furthermore, the programme will actively support Malawi to accede to the aforementioned Hague Convention and optional Protocols to the CRC. The programme, in collaboration with its government and civil society partners on the National Child Protection Technical Working Group, will establish a child helpline and strengthen capacity for protection service delivery to children. The programme will work closely with the Ministry of Women and Child Development and Ministry of Education, Science and Technology to realise the child protection component of the child-friendly school initiative, as contained in the National

Education Sector Plan. Important partners for strengthening community level protective environments will include: the MoWCD, the judiciary, the police, DSWOs, Ministry of Labour and faith-based organisations. This will be done through the provision of technical assistance for the training of child protection community workers. Linkages will also be created between these workers and the police, DSWOs and other duty bearers in child protection to address and monitor child abuse and exploitation – including hazardous and exploitative child labour, trafficking and commercial sexual exploitation – and to protect and re-integrate children in conflict with the law.

5.0 Social Policy, Advocacy and Communication (SPAC)

94. The Social Policy, Advocacy and Communication (SPAC) Programme supports national efforts to achieve the Millennium Development Goals within the framework of the Malawi Growth and Development Strategy (MGDS) and the United Nations Development Assistance Framework (UNDAF). It specifically contributes to the achievement of **UNDAF Outcome 5: Good governance, gender equality, and rights-based approach to development enhanced by 2011** and **UNDAF Outcome 2: Social protection for ultra poor and disaster reduction**.
95. The SPAC programme aims to establish better linkages to national planning processes through greater involvement in the implementation and monitoring of the MGDS; by influencing sector reforms; through strengthening of capacity to decentralise; and by contributing to policy analysis, dialogue and planning. The programme will ensure that child rights and issues are widely communicated, well positioned and adequately resourced in national programmes. Awareness about child rights and gaps in the fulfilment of rights will be raised at all levels. Children's participation in advocacy will be promoted to ensure their meaningful participation in decision-making that affects them. The programme will continue to support children's parliaments and strengthen their linkages with adult parliamentarians. Community members, especially women and children, will be empowered to recognise and claim their rights to education and protection, using innovative, participatory and gender-sensitive methods of communication. Advocacy for partnerships for children will be enlarged with children's organisations, the media, the private sector, other United Nations agencies, and civil society organisations.
96. The development and integration of MASEDA within the National Monitoring and Evaluation Road Map will provide a suitable platform to further promote the use of data in the districts in line with the decentralisation process and the capacity development intervention of the United Nations system at the district level. The Road Map will also create the basis for a national-level monitoring and evaluation system and the GoM-UNICEF programme will continue to work closely with other United Nations agencies on a joint programme for monitoring and evaluation. During the country programme period, the Census of Malawi, a Demographic and Health Survey and/or a Multiple Indicator Cluster Survey (MICS) will address some of the basic data gaps for planning of UN- supported government programmes. The third MICS (2006) will provide the necessary baseline at national and district level from which to monitor progress towards targets by programme interventions. Monitoring and evaluation support to the Government in tracking emergency-related information for the purpose of monitoring the CCCs will continue and will rely on joint field monitoring with government and other partners.

PROGRAMME STRATEGY

97. SPAC will work closely with the different programmes to coordinate and consolidate policy development, advocacy, strategic communication, planning, partnerships, and monitoring and evaluation. Considering its mandate and comparative advantage within the UNDAF, and in line with government priorities and opportunities to work with other agencies and donors, SPAC will employ the following mix of strategies that cut across the entire country programme:

98. Targeted advocacy will be taken up with policy and decision-makers, opinion-makers, donors and other stakeholders at national and district level to develop a commitment to, and understanding of, the realisation of rights of children and women as enshrined in the CRC and CEDAW. The programme will support the review of existing relevant policies and legislation, collect data on issues pertaining to children, and advocate for the development of new legislation, policies, programmes and budgets aimed at enhancing the rights of, and leveraging resources for, children and women.
99. Strategic alliances with government, civil society, academic and research institutions will be strengthened with the aim of implementing the CRC, monitoring child poverty, promoting social protection measures and raising awareness on child rights. The programme will promote the human rights approach to programming at national and sub-national levels, and within the context of UNDAF.
100. Communication channels at all levels will be strengthened and will be used to build progressive commitment to participatory programmes and child-centred services. The programme will promote research into social, economic and cultural factors as a basis for focused policy analysis and evidence-based recommendations for policy reviews and development.

PROGRAMME COMPONENTS

101. The SPAC programme has four components, namely: (a) Social Policy (including Social Protection); (b) Planning, Monitoring and Evaluation; (3) Programme Communication; and (4) Communication and External Relations. These priority components are integral to the success of the Malawi Growth and Development Strategy; the National Social Protection policy and programme (still in draft); the National Action Framework for HIV and AIDS Response; and the National Communication Strategies for ACS, PMTCT, Social Sanitation and other plans.

Component 1: Social policy

102. The social policy component in the programme will work closely with key government partners at national and sub-national level, Parliament, the UN system, NGOs, civil society organisations (CSOs) and other partners for children to advocate for the fulfilment of the rights of the child. The country programme will use its comparative advantage to leverage resources and influence better allocation for children while closely monitoring compliance and expenditure. It will support the review of national policies and legislation pertaining to children's issues. Research and analysis will also be carried out to strengthen and expand evidence-based presentations on key policy implications and knowledge building to facilitate the decentralisation process and the development of sector wide approaches. Building on lessons learned from the Social Cash Transfer Scheme, the programme will, in collaboration with the World Bank, DFID, WFP and other partners, support the GoM with the development of a national social protection programme to protect and promote the livelihoods and welfare of the ultra poor, in particular children, and to protect them from risks and shocks.

Component 2: Planning, monitoring and evaluation (PME)

103. The objective of this component is to provide independent, periodic assessments of progress in the implementation of the CP. This component of the SPAC programme aims to strengthen the link between planning for results and results-based management in the new country programme, including monitoring, reporting and evaluation. Results-based planning and management (RBP/M) principles have been followed and will be adhered to in programme planning and in planning appropriate evaluations of all programme components. Situation analysis will be a key tool to link data and other sources of evidence to policy and programme recommendations. The monitoring framework for the country programme results will be set out in the four year integrated monitoring and evaluation plan (IMEP), consistent with the UNDAF and MGDS monitoring matrices. The IMEP matrix will include the key child development indicators from the country programme document and the results and resources

matrix annexed to this document. These indicators will be used to assess progress against expected results. Information sources for tracking indicators will include major national surveys such as the MICS, DHS, and the MDG progress reports as well as thematic studies and surveys, routine monitoring systems and field monitoring visits. Periodic evaluations, undertaken jointly with United Nations and other partners where appropriate, will be built into annual work-plans and reflected in annual IMEPs. Evaluations with donors will be conducted as required.

104. Planning, monitoring and evaluation of the GoM-UNICEF programme will be an integral part of, rather than separate from, national development planning, monitoring and evaluating processes. The component will work closely with the UN M&E group in support of the National M&E Road Map, by strengthening national capacity to monitor and report on progress towards targets and expected results in the Malawi Growth and Development Strategy (MGDS), the Millennium Development Goals (MDGs) and the UNDAF. Technical support will be provided for results-based planning, data collection methods, improvement of routine management information systems and use of data as the basis for policy development and programme decisions.

Component 3: Communications and external relations

105. The role of the partnerships component of the programme is to promote advocacy around the issues of children and women, ensuring that they are in the public domain, and strengthening political will in support of the GoM-UNICEF country programme mission and objectives. Conceptualising and implementing strategies and visibility plans that support programmes and promote respect for children's and women's rights will be the main focus. This programme component will also nurture good donor relations and mobilise resources for children through contributions and partnerships with key allies (including but not limited to media, national committees, bilateral and multilateral donors).

Component 4: Programme communication

106. Guided by principles of communication for behaviour change and social mobilisation, including both the UNICEF communication model and commercial marketing approaches, this programme component will use multi-channel outreach, engagement of stakeholders, increased attention to monitoring of behaviour, evaluation of results and evidence- or research-driven programming to engender large-scale impact. It will focus on key programme areas such as accelerating and scaling up of high impact child survival interventions, sanitation, prevention of mother to child transmission, girls' education, etc. Where most effective and appropriate, the programme will use advocacy approaches for highly visible support to programme interventions. Partners and allies will be mobilised for effective participation and contribution towards the survival, development and protection of children and women. The communication component of the country programme will also engage in behaviour change communication to raise awareness, create demand for social services and promote positive socio-cultural practices for the survival, development and protection of children. Programme communication interventions will also include strengthening the capacities of community networks and leaders to organise communities and empower people to participate effectively in decision making, to claim their rights and to fulfil their responsibilities. For the duration of the CP, capacity of key partners and communication networks will also be improved to design and implement strategic communication, rights-based communication interventions and social change through institutional and technical support and partnerships.

PART V. PARTNERSHIP STRATEGY

107. The country programme partnership strategy includes:
- The *Government of Malawi* through line Ministries and institutions at national and district level for coordination of the implementation of the country programme and ensuring the equitable and necessary allocation of resources for child survival, development, protection and participation.
 - The *United Nations agencies*, guided by the UNDAF for the period 2007 to 2009, for coordination of programme development and implementation using the established coordination mechanisms and through joint programming.
 - *Bilateral and multilateral development partners*, for advocacy, technical coordination, review of PARPA implementation and leveraging of resources for disparity and childhood poverty reduction within the SWAp and Working Groups operating within the framework of the programme aid partnership.
 - *Civil society* through national and international non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), religious groups, trade unions, media organisations, private sector associations and academics for implementation, monitoring, advocacy and capacity strengthening.
 - *Regional initiatives*, including the Southern Africa Development Community and the African Union.
108. **Government partners at national and district levels:** The country programme will be implemented under the coordination of the Ministry of Finance. The main Government partners are the Ministries of Health and Population; Education, Science and Technology; Irrigation and Water Development; Women and Child Development; Agriculture; Economic Planning and Development, Labour; Justice; Home Affairs; Local Government and Rural Development; Trade and Industry; and the Office of the President. Other national partners include the National AIDS Commission, the Malawi Human Rights Commission, the National Statistics Office, the University of Malawi and the Malawi Broadcasting Corporation. Successful programme implementation will depend on the coordinated actions of Government partners at national and district level. The ongoing decentralisation process will be an opportunity to strengthen inter-sectoral linkages at district levels. UNICEF will be systematically involved in the development and review of national, district and sectoral development and strategic plans to leverage resources and scale up key interventions for child survival, development, protection and participation.
109. **United Nations agencies:** As part of efforts to accelerate UN Reform in Malawi, the UN Country Team in Malawi has developed a UN Business Plan which outlines the various steps envisaged towards the operationalisation of the concept of “One UN” in Malawi in line with the recommendations of the High Level Panel on System-Wide United Nations Coherence. The UNDAF 2008-2011, which represents the programmatic component of the UN Business Plan, supports national development efforts to achieve the Malawi Growth and Development Strategy and the Millennium Development Goals.
110. To achieve the results expected under the UNDAF, the UN in Malawi has adopted a multi-agency cluster approach to the delivery of the UNDAF outcomes (each cluster has one overarching UNDAF outcome and a number of associated county programme outcomes), with one agency head nominated as cluster convener or leader to take the lead on policy matters in discussions with Government and other partners for each theme. Each of the five clusters are therefore responsible for: i) implementation and refinement of outcomes; (ii) M&E of implementation; (iii) reporting to the UNDAF steering committee on a regular basis on realisation of the clusters’ outcomes; (iv) adjustment of outcomes, if necessary, based on the mid-year or end year review of the UNDAF; and (v) development of annual work plans. The cluster leaders are charged with: (i) acting as a focal point for high level discussions on policy with GoM and donors; (ii) acting on behalf of the Resident Coordinator to ensure that

outcomes are achieved, and; (iii) ensuring that cluster work plans are prepared, monitored and reviewed regularly. The cluster leaders are ultimately accountable to the UN Country Team and Resident Coordinator (and indirectly to GoM) for the delivery of results in their respective clusters. The UNDAF results matrices establish institutional responsibilities for each of the seventy five country programme outputs. Just as each cluster has a leader, so each programme output has a designated lead agency, usually supported by a number of other contributing agencies.

111. UNICEF is the cluster convener for the UNDAF outcome on *Increased Access to Equitable and Quality Basic Services* (cluster 3). Within cluster 3, UNICEF provides leadership to the following UN teams: nutrition; basic education; and water and sanitation. In addition, UNICEF provides leadership to the UN team on impact mitigation under the cluster on HIV and AIDS (cluster 4) and to the UN team on Social Protection under the cluster on *Disaster Risk Reduction and Social Protection* (cluster 2).

112. **Bilateral and multilateral agencies:** Partnership and coordination with multilateral and bilateral donors will use as a framework the various SWAp and development partners groups.

- In the area of *Health and Nutrition*, the programme will continue to work closely with key bi-lateral and multi-lateral partners such as DFID, USAID, Norwegian Agency for Development Aid (NORAD), Canadian International Development Agency (CIDA), GTZ, JICA, the Global Alliance for Vaccine Initiative (GAVI), the World Bank, the Global Fund for AIDS, Tuberculosis and Malaria, ADB, the European Union, the Centre for Disease Control and the Clinton Foundation, to leverage resources, scale up good practice models, and share information and lessons learned. The Health SWAp will provide the basis for coordinated technical assistance to the Ministry of Health.
- In the area of *Water Sanitation and Hygiene*, the programme will work in partnership with the Netherlands, CIDA, DFID, ADB, the European Union and the World Bank to support the sector plan for WASH.
- In the area of *Basic Education*, the programme will continue to work closely with key bi-lateral and multi-lateral partners, particularly the Cooperating Partners of the Education SWAp, including CIDA, DFID, GTZ, JICA, and the World Bank to leverage resources, scale up good practice models, and share information and lessons learned. The Education SWAp will provide the basis for coordinated technical assistance to the Ministry of Education as and when it becomes operational.
- In the area of *Orphans and Other Vulnerable Children and Child Protection*, the programme will continue to work closely with key bi-lateral and multi-lateral partners to scale up good practice models and sharing of information and lessons learned. The programme will work closely with the HIV and AIDS pool funders (DFID, NORAD, CIDA, the World Bank and the Global Fund), Plan International, USG (Child Trafficking), DFID, and NORAD.

113. **Civil society organisations:** Partnership with civil society at national and district level, particularly international and national NGOs, human rights groups, faith-based organisations, youth associations, media organisations and the private sector, is central to the successful implementation of the country programme, as these organisations will be instrumental in reaching the most vulnerable children and ensuring child and community participation.

- In the area of *Health and Nutrition*, the programme will work in partnership with non-governmental and civil society organisations, as well as research institutions, to ensure decentralised programme implementation. Partners will include Action Against Hunger, Africare, World Relief, Concern Worldwide, World Medical Fund, OXFAM, Medecins Sans Frontiers (MSF) Belgium and Luxembourg, Save the Children - US, COOPI, CESTAS, Canadian Physician Association (CPAR), Baylor College of Medicine, Lighthouse, Medical Sciences and Health (MSH), College of Medicine, Howard

University, University of North Carolina, Mother to Mother, and Population Services International.

- In the area of *Water Sanitation and Hygiene*, the programme will work in partnership with non-governmental and civil society organisations to ensure decentralised programme implementation. Partners will include World Vision, CPAR, Water Aid, Concern Universal, Plan International, Fresh Water, Inter Aide, AFRICARE and others, including local CBOs.
- In the area of *Basic Education and Youth Development*, the programme will work in partnership with non-governmental and civil society organisations, particularly in the area of HIV prevention. Partners will include Adolescent Girls Literary Training, Youth Net and Counselling, Active Youth Initiative for Social Empowerment, Malawi Interfaith Aids Association, National Association for People with HIV and AIDS in Malawi, Youth Watch, Association of Christian Educators in Malawi, Teachers Union of Malawi, Private Schools Association of Malawi, Civil Society Coalition for Quality Basic Education, Link for Education Governance, and Forum for African Women Educationalists in Malawi
- In the areas of *Social Policy, Advocacy and Communication*, the programme will benefit from a broad range of partnerships with non-governmental and civil society organisations. Partners will include Plan Malawi, Institute for Policy Research & Social Empowerment, Story Workshop, TV Malawi, Star FM Radio, ZODIAC Broadcasting Station, Malawi Broadcasting Corporation, Radio Islam, National Library Services, Child Development Curriculum, and Calvary Family Church.

PART VI: PROGRAMME MANAGEMENT

114. The country programme will be managed under the overall coordination of the Ministry of Finance as the Government coordinating body, through its Department of Debt and Aid, which oversees all cooperation activities. The Ministry of Finance will convene an UNDAF steering committee comprising officials from various line ministries and UN Agencies. The Committee will oversee the planning, implementation and review of the UNDAF including the Government of Malawi and UNICEF country programme. Planning and review processes will be aligned increasingly with Government's planning and review cycles and will be undertaken jointly with other UN agencies through the cluster system.
115. The basis for all resource transfers to an implementing partner are detailed in the annual work plans (AWPs) agreed between the implementing partner and UNICEF. The AWP's describe the specific results to be achieved as part of the country programme, and will detail the specific activities to be carried out, the responsible implementing institutions, the timeframe, and planned inputs from Government and UNICEF. For each programme, a Government official will be designated who, working with the designated UNICEF counterpart, will have overall responsibility for planning and implementation of programme activities.
116. The management of the country programme action plan will apply new procedures for the transfer of resources (General Assembly Resolution 56/201 of 21 December 2001), utilising the Harmonised Approach for Cash Transfer (HACT).
117. All cash transfers to an implementing partner are based on the AWP's agreed between the implementing partner and UNICEF.
118. Cash transfers for activities detailed in AWP's can be made by UNICEF using the following modalities:
 - Cash transferred directly to the implementing partner:
 - a. Prior to the start of activities (direct cash transfer), or
 - b. After activities have been completed (reimbursement);

- Direct payment to vendors or third parties for obligations incurred by the implementing partner on the basis of requests signed by the designated official of the implementing partner;
 - Direct payments to vendors or third parties for obligations incurred by UNICEF in support of activities agreed with implementing partners.
119. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorised expenditures shall be requested and released quarterly or after the completion of activities. UNICEF shall not be obligated to reimburse expenditure made by the implementing partner over and above the authorised amounts.
120. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the implementing partner and UNICEF, or refunded.
121. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government implementing partner, and of an assessment of the financial management capacity of the non-UN implementing partner. A qualified consultant, such as a public accounting firm, selected by UNICEF, may conduct such an assessment, in which the implementing partner shall participate. The implementing partner may participate in the selection of the consultant.
122. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.
123. Requests for per diem and other travel and training allowances will be done in accordance with the harmonised daily subsistence allowance and field allowance rates agreed by all the development partners in Malawi.
124. Resource mobilisation efforts will be undertaken to secure funding for the programme in line with the UNICEF Malawi Resource Mobilisation Strategy within the One UN Budgetary Framework and as outlined in the country programme management plan (CPMP).

PART VII. MONITORING AND EVALUATION

125. **Situation monitoring and analysis:** Monitoring progress towards the achievement of national goals to which the country programme of cooperation contributes will be conducted using routine monitoring or data collection mechanisms of implementing partners (e.g. the annual school surveys of the Ministry of Education) and national studies or surveys. Data on the situation of children and women will be disseminated through continued updating of the Malawi Socio-Economic Database (MASEDA). Comprehensive analysis of available data will be undertaken from a human rights perspective through the Child Mortality Study, the Child Poverty Study, MGDS reports, PRSP Reviews, the updates of the Situation Analysis of Children and Women and thematic reports from MICS and other surveys.
126. **Performance monitoring and evaluation:** Monitoring of programme implementation and monitoring and evaluation against the indicators listed in the Results and Resources Matrix in annex one and in the UNDAF M&E frameworks, will be ensured through the following activities:
- Field visits undertaken jointly by the Government and UNICEF. Where possible, field visits will also be undertaken jointly with other UN agencies and development partners under the framework of the SWAp fora;

- Progress reports for review at annual review meetings. The implementing partners will provide periodic reports on the progress, achievements and results of their programmes, outlining any challenges faced in implementation or resource utilisation as articulated in the AWP.
 - Surveys and evaluations to obtain baseline data and measure progress against baselines will be undertaken jointly with the United Nations and partners where appropriate. These will be reflected in the annual work plans and compiled in the Integrated Monitoring and Evaluation Plan (IMEP). Evaluations with donors will be conducted as required.
 - Community consultations in areas of intervention of the programme of cooperation. Efforts will be made to involve children and young people in the monitoring of activities under the country programme.
 - An UNDAF/country programme M&E database using Devinfo/MASEDA software will be established. The database will include data on the indicators identified in the MGDS, UNDAF M&E frameworks, CPD, and CPAP results matrices.
127. Towards the end of each calendar year, the Government and the United Nations agencies will conduct a joint annual review of the UNDAF to assess progress in programme implementation as well as progress against indicators established in the UNDAF M&E frameworks.
128. An UNDAF evaluation will be conducted by end of 2009 or early 2010 to assess the progress of the UNDAF and provide inputs for the new UNDAF. If possible, this evaluation can be combined with the MGDS evaluation.
129. **Assurance:** The roles and responsibilities with respect to facilitating assurance activities over the use of resources provided by UNICEF will be as follows:
130. Implementing partners agree to cooperate with UNICEF for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNICEF. To that effect, implementing partners agree to the following:
- Periodic on-site reviews and spot checks of their financial records by UNICEF or its representatives;
 - Special or scheduled audits. UNICEF, in collaboration with other UN agencies and in consultation with the Ministry of Finance, will establish an annual audit plan, giving priority to audits of implementing partners that have received large amounts of cash assistance from UNICEF, and those whose financial management capacity needs strengthening.
131. The audits will be commissioned by UNICEF and undertaken by private audit services.
132. Audits of non-governmental implementing partners will be commissioned by UNICEF. Assessments and audits of non-government implementing partners will be conducted in accordance with the policies and procedures of UNICEF.

PART VIII. COMMITMENTS OF UNICEF

133. The UNICEF Executive Board has approved a total commitment not exceeding the equivalent of **USD 30,144,000** from UNICEF regular resources (RR), subject to availability of funds, to support the activities detailed in this country programme action plan (CPAP), from 01 January 2008 to 31 December 2011.
134. The UNICEF Executive Board has also authorised UNICEF to seek additional funding to support the implementation of programmes specified in this CPAP, referred therein as other

resources (OR), to an amount equivalent to **USD 94,032,000**. The availability of these funds will be subject to donor awareness of and interest in proposed components. To this end, UNICEF will undertake to advocate their support within the local and international donor community.

135. The above funding commitments and proposals are exclusive of funding received in response to Emergency Appeals, which may be launched by Government or by the United Nations System in response to a request from the Government.
136. UNICEF support to the development and implementation of activities within the CPAP may include: technical support, cash assistance, supplies and equipment, procurement services on behalf of the government, transport, funds for advocacy, research, surveys, studies and evaluations, consultancies, programme development, planning, monitoring and evaluation, training activities and staff support. Part of UNICEF's support may be provided to non-governmental and civil society organisations as agreed within the framework of the individual programmes.
137. UNICEF shall appoint programme specialists, managers and consultants for programme development, programme support, and technical assistance as well as for monitoring and evaluation activities.
138. Subject to annual reviews and progress in programme implementation, the country programme funds are distributed by calendar year and in accordance with the CPAP. Budgets will be reviewed and further detailed in the annual work plans (AWPs). By mutual consent between the Government and UNICEF, if the rate of implementation in any component is substantially below the annual objectives, funds earmarked for specific components may be re-allocated to other programmatically and equally worthwhile components that are expected to achieve a higher implementation rate.
139. UNICEF will consult with the ministries and agencies concerned on timely requisition of cash assistance, supplies and equipment, or services. UNICEF will keep concerned officials informed of the movement of commodities, in order to facilitate efficient and timely clearing, warehousing and distribution.
140. In case of direct cash transfer or reimbursement, UNICEF shall notify the implementing partner of the amount approved by UNICEF and shall disburse funds to the implementing partner within 7 days of receipt of letter requesting cash assistance.
141. In case of direct payment to vendors or third parties for obligations incurred by the implementing partners on the basis of requests signed by the designated official of the implementing partner; or to vendors or third parties for obligations incurred by UNICEF in support of activities agreed with implementing partners, UNICEF shall proceed with the payment within 15 days of receipt of invoice.
142. UNICEF shall not have any direct liability under the contractual arrangements concluded between the implementing partner and a third party vendor.
143. Where more than one UN agency provides cash to the same implementing partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or in coordination with those UN agencies.

PART IX. COMMITMENTS OF THE GOVERNMENT

144. The Government will provide all personnel, premises, supplies, technical assistance and funds, recurring and non-recurring support, necessary for the programme, except as provided by UNICEF and/or other United Nations agencies, international organisations or bilateral agencies, or non-governmental organisations.

145. The Government will support UNICEF's efforts to raise funds required to meet the financial needs of the programme of cooperation and will cooperate with UNICEF by: encouraging potential donor governments to make available to UNICEF the funds needed to implement the unfunded components of the programme; endorsing UNICEF's efforts to raise funds for the programme from the private sector both internationally and in Malawi; and permitting tax exempt contributions from individuals, corporations and foundations in Malawi to support this programme for children.
146. In accordance with the BCA, the Government will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNICEF. No taxes, fees, tolls or duties shall be levied on supplies, equipment, or services furnished by UNICEF under this CPAP. UNICEF shall also be exempted from Value Added Tax (VAT) with respect to local procurement of supplies or services procured in support of UNICEF-assisted programmes.
147. With respect to cash assistance from UNICEF, the Government shall designate the names, titles and account details of recipients authorised to receive such assistance. Responsible officials will utilise cash assistance in accordance with Government regulations and UNICEF regulations and rules, in particular ensuring that cash is expended against prior approved budgets and ensuring that full reports on proper utilisation of direct cash assistance are submitted to UNICEF within six months of receipt of the funds. Any balance of funds unutilised, or which could not be used according to the original plan, shall be reprogrammed by mutual consent between the Government and UNICEF. Cash assistance for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System (as stated in the ICSC circulars).
148. The Government shall facilitate periodic visits to component sites and observation of programme activities by UNICEF officials for the purpose of monitoring the end use of programme assistance, assessing progress and collecting information for programme/component development, planning, monitoring and evaluation.
149. When organising periodic programme review and planning meetings, including annual reviews, annual planning meetings and the mid-term review, the Government shall encourage and facilitate the participation of donors, United Nations agencies, members of the UNICEF Executive Board, non-governmental organisations and civil society organisations, as appropriate.
150. The Government shall authorise the publication through various national and international media of the results of the programme of cooperation, and experiences derived there from.
151. As per the provision of the BCA, the Government will be responsible for dealing with any claims that may be brought by third parties against UNICEF and its officials, advisors and agents. UNICEF and its officials, advisors and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by Government and UNICEF that such claims and liabilities arise from gross negligence or misconduct of such advisors, agents or employees.
152. Without prejudice to the generality of the foregoing, the Government shall insure or indemnify UNICEF from civil liability under the law of the country with respect to project vehicles under the control or use by the Government.
153. Where any of the national regulations, policies and procedures is not consistent with international standards, the UNICEF regulations, policies and procedures will apply.
154. In the case of international NGO and IGO implementing partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for

activities as agreed in the AWP, and ensuring that reports on the full utilisation of all cash received are submitted to UNICEF within six months of receipt of the funds.

155. To facilitate scheduled and special audits, each implementing partner receiving cash from UNICEF will provide UNICEF or its representative with timely access to:
- All financial records which establish the transactional record of the cash transfers provided by UNICEF;
 - All relevant documentation and personnel associated with functioning of the implementing partner's internal control structure through which the cash transfers have passed.

The findings of each audit will be reported to the implementing partner and UNICEF. Each implementing partner will furthermore,

- Receive and review the audit report issued by the auditors,
- Provide a timely statement of the acceptance or rejection of any audit recommendation to UNICEF and to the SAI (if SAI has been identified to conduct the audits),
- Undertake timely action to address the accepted audit recommendations, and
- Report on the actions taken to implement accepted recommendations to UNICEF and to the SAI (if SAI has been identified to conduct the audits) on a quarterly basis.

PART X: OTHER PROVISIONS

156. This CPAP shall supersede any previously signed Master Plan of Operations and become effective upon signature, but will be understood to cover programme activities during the period from 01 January 2008 through 31 December 2011.
157. The CPAP may be modified by mutual consent of the Government and UNICEF, based on the outcome of annual reviews, the mid-term review, or compelling circumstances.
158. Nothing in this CPAP shall in any way be construed to waive the protection of UNICEF accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to which the Government of Malawi is a signatory.
159. IN WITNESS THEREOF, the undersigned, being duly authorised, have signed this Country Programme Action Plan on this 13th day of December, 2007 in Lilongwe, Malawi.

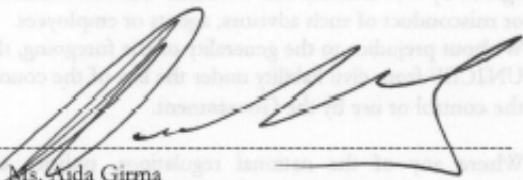
For the Government of Malawi:



Date: 13 December 2007

The Honourable, Mr. Goodall Gondwe, MP
Minister of Finance

For the United Nations Children's Fund:



Date: 13 December 2007

Ms. Aida Girma
UNICEF Representative to Malawi

Annex I: GOM - UNICEF Malawi CPAP 2008-2011 Results and Resource Matrix

UNDAF Programme Component	UNDAF Output	Expected CP Outputs	Indicators with targets	Indicative Resources by Programme Component ('000 USD)					
				2008	2009	2010	2011	Total	
(1)	(2)	(3)	(4)	(5)					
UNDAF Outcome 3: Increased equitable access to and utilisation of quality basic social services by 2011									
<p>Country programme outcome 1.1 Equitable access to essential health services increased by 2011 (UNDAF 3.1)</p> <p>Indicator: Infant mortality rate (per 1000 live births) Target: 48 Baseline: 76</p> <p>Indicator: Under-five mortality (per 1000 live births) Target: 76 Baseline: 133</p> <p>Indicator: Maternal mortality ratio (per 100,000 live births) Target: 400 Baseline: 984</p> <p>Indicator: Total fertility rate. Target: 5.0 Baseline: 6.3</p>	<p>Output 1.1.1 Increased proportion of women, men and young people accessing and utilising sexual and reproductive health services by 2011 (UNDAF 3.1.1)</p>	<p>UNICEF Output 1.1.1.1 80 % of young people 10-24 who have access to gender sensitive youth-friendly health services (UNDAF 3.1.1.iii)</p>	<p>Indicator 1.1.1.1 Percentage of health centres offering youth-friendly health services as per national guidelines. Target: 80 Baseline: TBD Means of Verification: HMIS, Survey.</p>	Regular Resources					
				1,491	1,491	1,491	1,491	5,964	
			<p>Indicator 1.1.1.1 Percentage of adolescents (15-19) tested and receiving their results. Target: Baseline: TBD Means of Verification: HMIS, HIV sentinel surveillance</p>	Other Resources					
		1,906	1,906	1,906	1,906	7,624			
				<p>Indicator 1.1.1.1 Percentage of young people who tested positive who are staged to receive ART . Target: 80 Baseline: TBD Means of Verification: HMIS, Survey.</p>					
		<p>Outcome 1.1.2. Increased proportion of women accessing obstetric care (UNDAF 3.1.2)</p>	<p>UNICEF output 1.1.2.1 75% of births attended by skilled health personnel (UNDAF 3.1.2 iii)</p>	<p>Indicator 1.1.2.1. Proportion of births attended by skilled health personnel Target: 75 Baseline: 54 Means of verification: MICS, DHS.</p>					
	<p>UNICEF output 1.1.2.2 75% of pregnant women receiving at least 2 antenatal visits</p>		<p>Indicator 1.1.2.2. Proportion of pregnant women who make at least 2 antenatal care clinic visits Target: 75 Baseline: 54 Means of verification: MICS, DHS.</p>						
	<p>UNICEF output 1.1.2.3 90% of women of childbearing age receiving 2 doses of TT for NNT</p>		<p>Indicator 1.1.2.3. Proportion of women who received 2 doses of TT for NNT Target: 90</p>						

UNDAF Programme Component	UNDAF Output	Expected CP Outputs	Indicators with targets	Indicative Resources by Programme Component ('000 USD)				
				2008	2009	2010	2011	Total
(1)	(2)	(3)	(4)	(5)				
			Baseline: 71 Means of verification: MICS, DHS.					
		UNICEF output 1.1.2.4 60% of women who give birth, who received a postnatal visit within 3 days of birth	Indicator 1.1.2.4 Per cent of women who give birth, who received a postnatal visit within 3 days of birth Target: 60 Baseline: 33 (within 42 days) Means of verification: MICS, DHS.					
	Outcome 1.1.3. Communities with enhanced capacity to participate in implementation of maternal, newborn and child health services by 2011 (UNDAF 3.1.3)	UNICEF output 1.1.3.1 80% of households in which caregivers reported having practiced at least five key childcare practices (UNDAF 3.1.3 i)	Indicator 1.1.3.1. Percentage of households in which caregivers reported having practiced at least five key childcare practices (Care seeking for pneumonia, antibiotics for pneumonia, ORT, use of ITNs, preventive treatment for malaria) Target: 80 Baseline: 50 Means of verification: MICS and other surveys.					
	Outcome 1.1.4 Increased proportion of under five children accessing preventive interventions at all levels (facility, outreach and community) by 2011. (UNDAF 3.1.4)	UNICEF output 1.1.4.1 95% of infants under 1 year old fully immunised with all antigens (UNDAF 3.1.4 i)	Indicator 1.1.4.1. Percentage of infants under 1 year old fully immunised with all antigens Target: 95 Baseline (2006): 71 Means of Verification: MICS, DHS and HMIS.					
			Indicator 1.1.4.1. Percentage of children under 1 year old immunised for measles Target: 95 Baseline (2006): 76 Means of Verification: MICS, DHS and HMIS.					
		UNICEF output 1.1.4.2 80% of pregnant women receiving two doses of SP for prevention of malaria achieved and maintained by 2011 (UNDAF 3.1.4.iv)	Indicator 1.1.4.2 Percentage of pregnant who received two doses of SP as IPT. Target: 80 Baseline (2004): 47 Means of Verification: MICS, DHS, HMIS.					
		UNICEF output 1.1.4.3 60% of children under five years old sleeping under insecticide treated bed nets achieved and maintained by 2011 (UNDAF 3.1.4.ii)	Indicator 1.1.4.3. Percentage of children under five years old who slept under ITN the previous night. Target: 60 Baseline (2006): 25 Means of Verification: NMS, MICS and DHS.					

UNDAF Programme Component	UNDAF Output	Expected CP Outputs	Indicators with targets	Indicative Resources by Programme Component ('000 USD)				
				2008	2009	2010	2011	Total
(1)	(2)	(3)	(4)	(5)				
		UNICEF output 1.1.4.4 60% of pregnant women sleeping under insecticide treated bed nets. (UNDAF 3.1.4.ii)	Indicator 1.1.4.4. Percentage of pregnant women who report having slept under ITN the previous night. Target: 60 Baseline (2006): 26 Means of Verification: National Malaria Survey, MICS and DHS					
	Outcome 1.1.5 Increased proportion of health facilities managing common childhood illnesses according to national standards by 2011 (UNDAF 3.1.5)	UNICEF output 1.1.5.1 60 % of health workers managing sick children in accordance with national standards (UNDAF 3.1.5.i)	Indicator 1.1.5.1 Per cent of children who have been treated for fever and ARI Target: 80 Baseline (2003): 30 Means of Verification: HMIS, Survey.					
		UNICEF Output 1.1.5.2 80% of newborns monitored for life threatening conditions (sepsis, pneumonia, fast breathing) and treated with recommended antibiotic regimen (UNDAF 3.1.5.ii)	Indicator 1.1.5.2 Per cent of newborns monitored for life threatening conditions and treated with recommended antibiotics regimen. Target: 80 Baseline: TBD Means of Verification: HMIS, Surveys.					
UNDAF Outcome 1.2 Improved nutrition outcomes for under 5 children, pregnant & lactating women, PLWHA and other at risk groups by 2011 (UNDAF 3.2) Indicator: Percentage of children under five who are underweight, wasted & stunted.	Outcome 1.2.1 Caregivers reached with skills to promote with key caring practices using Essential Nutrition Action (ENA) and IMCI guidelines (UNDAF 3.2.4)	UNICEF output 1.2.1.1 80% of infants on early initiation of breastfeeding (within 1 hour of birth)	Indicator 1.2.1.1 Per cent of infants on early initiation of breastfeeding (within 1 hour of birth) Target: 80 Baseline (2006) : 58% Means of Verification: MICS, DHS	Regular Resources				
		UNICEF output 1.2.1.2 80% of infants are exclusively breastfed for six months (UNDAF 3.2.4.i).	Indicator 1.2.1.2 Percentage of infants who are exclusively breastfed for six months. Target : 80 Baseline (2006) : 56 Means of Verification: MICS, DHS	161	161	161	161	644
		UNICEF output 1.2.1.3 80% of children 6-9 months old who receive timely complementary food.	Indicator 1.2.1.3 Per cent of children 69 months old who receive timely complementary food. Target : 80 Baseline (2006) : TBD Means of Verification: MICS, DHS	Other Resources				
				1,806	1,806	1,806	1,806	7,224

UNDAF Programme Component	UNDAF Output	Expected CP Outputs	Indicators with targets	Indicative Resources by Programme Component ('000 USD)				
				2008	2009	2010	2011	Total
(1)	(2)	(3)	(4)	(5)				
Target: 11, 3, 34 Baseline: 21, 4, 46 (2006) Indicator: Incidence Low birth weight Target : 10 Baseline: 14 Indicator: Prevalence of anaemia in under five children and women of childbearing age. Target: 40 (both) Baseline: 73 (U5) 44 (women)	Outcome 1.2.2 Improved and sustained coverage of programmes for prevention of micronutrient deficiencies by 2011 (UNDAF 3.2.2)	UNICEF output 1.2.2.1 95% of children aged 6-59 months old received one dose of Vitamin A every six months (UNDAF 3.2.2.i).	Indicator 1.2.2.1 Per cent of children 69 months old that received timely complementary food. Target : 80 Baseline (2006) : TBD Means of Verification: MICS, DHS.					
		UNICEF output 1.2.2.2 90% of households with iodised salt (15 ppm) (UNDAF 3.2.2.ii).	Indicator 1.2.2.2 Per cent of households with iodised salt Target : 90 Baseline: (2006) 50 Means of Verification: MICS, DHS.					
		UNICEF output 1.2.2.3 90% of children aged 6-59 months who have received a dose of anti-helminths drug for deworming every 6 months. (UNDAF 3.2.2.i).	Indicator 1.2.2.3 Per cent of children aged 6-59 months who have received a dose of anti-helminths drug for deworming every 6 months. Target: 90 Baseline: (2006) 10 Means of Verification: MICS, DHS.					
	Outcome 1.2.3 Improved coverage and management of moderate and severe acute malnutrition in facility and community-based centres by 2011 (UNDAF 3.2.3)	UNICEF output 1.2.3.1 80% moderate and severe acute malnutrition cure rate in NRUs & CTCs (UNDAF 3.2.2.i).	Indicator 1.2.3.1 Per cent moderate and severe acute malnutrition cure rate in NRUs & CTCs Target: 80 Baseline: (2006) 74 Means of Verification: Monitoring reports and coverage surveys					
UNDAF Outcome 1.3 Equitable access to and use of safe water supply and sanitation in schools, rural and peri-urban communities and promotion of environmental health by 2011 (UNDAF 3.3) Indicator Per cent of people with access to and	Outcome 1.3.1 Increased number of water points constructed/repared in rural and peri-urban communities by 2011 (UNDAF 3.3.1)	UNICEF output 1.3.1.1 4,624 additional water points constructed in rural areas, bringing total operational water points in rural areas to 40,000 (UNDAF 3.3.1.i).	Indicator 1.3.1.1 No. of additional water points constructed and total number of operational water points in rural areas Target 1: 4,624 new rural water points Target 2: Total operational rural water points: 40,000 Baseline : 35,376 Means of Verification: Monitoring reports; Ministry's reports	Regular Resources				
		UNICEF output 1.3.1.2 100% of target primary schools have sustained access to safe drinking water (UNDAF 3.3.1.i).	Indicator 1.3.1.2 Per cent of all target primary schools with access to safe drinking water supply Target: 100% Baseline : TBD Means of Verification: Monitoring & progress reports; Schools Surveys	Other Resources				
				1,108	1,108	1,108	1,109	4,433
				5,225	5,225	5,225	5,225	20,900

UNDAF Programme Component	UNDAF Output	Expected CP Outputs	Indicators with targets	Indicative Resources by Programme Component ('000 USD)				
				2008	2009	2010	2011	Total
(1)	(2)	(3)	(4)	(5)				
<p>use of safe water within a radius of 500 meters. Target:80% Baseline:74%</p> <p>Indicator Per cent of people with access to and use of household improved sanitation within 20 meters. Target:70% Baseline:61%</p> <p>Indicator Per cent of people practicing sustained use of at least three key hygiene practices. Target:60% Baseline:35%</p>	<p>Outcome 1.3.2 Increased number of improved sanitation facilities in rural and peri-urban communities and schools by 2011 (UNDAF 3.3.2)</p>	<p>UNICEF output 1.3.2.1 984,000 additional improved sanitation facilities constructed bringing total sanitation facilities 2,334,000 (UNDAF 3.3.2.i).</p>	<p>Indicator 1.3.2.1 No. of additional improved sanitation facilities constructed. Target: 984,000 Baseline : 1,350,000 (58%) Means of Verification: Monitoring reports; Ministry's reports</p>					
		<p>UNICEF output 1.3.2.2 100% of target primary schools with access to improved sanitation facilities , including separate facilities for boys and girls (UNDAF 3.3.2.i).</p>	<p>Indicator 1.3.2.2 Per cent of target primary schools with access to improved sanitation facilities including separate facilities for boys and girls Target: 100% Baseline : TBD Means of Verification: Monitoring & progress reports; Schools Surveys</p>					
	<p>UNICEF output 1.3.3.1 60% of population and 70% of school children nationwide applying at least three key improved hygiene practices (UNDAF 3.3.3.i).</p>	<p>Indicator 1.3.3.1 Per cent of population applying at least three key improved hygiene practices Target: 60% Baseline (2004): 37% Means of Verification: MICS, DHS & Surveys</p>						
	<p>Outcome 1.3.3 Increased proportion of the population and school children using at least three key improved hygiene practices by 2011 (UNDAF 3.3.3)</p>		<p>Indicator 1.3.3.2 Per cent of schools children in target schools applying at least three key improved hygiene practices Target: 70 Baseline (2006): TBD Means of Verification: MICS, DHS & Surveys</p>					
<p>Outcome 1.4 Proportion of girls and boys enrolment, attendance, completion and achievement increased by 2011 (UNDAF 3.4)</p>	<p>Output 1.4.1 All primary schools implementing new curriculum that incorporates Life Skills for HIV prevention by 2011 (UNDAF 3.4.1)</p>	<p>UNICEF CP Output 1.4.1.1 100% of teachers trained in the new curriculum including Life Skills for HIV prevention and 100% schools with new curriculum materials including manuals (UNDAF 3.4.1.i & ii)</p>	<p>Indicator 1.4.1.1 Per cent of teachers trained in the new curriculum including Life Skills for HIV prevention Target: 100 Baseline (2006): 30 Means of Verification: Reports from DEMS, EMIS, Surveys</p>	Regular Resources				
			<p>Indicator 1.4.1.1 Per cent of schools with new curriculum materials including manuals</p>	Other Resources				
				591	591	591	591	2,364

UNDAF Programme Component	UNDAF Output	Expected CP Outputs	Indicators with targets	Indicative Resources by Programme Component ('000 USD)				
				2008	2009	2010	2011	Total
(1)	(2)	(3)	(4)	(5)				
Indicator Proportion of children entering the first grade of primary school reaching fifth grade of primary school (T, M & F) Target: 95% Baseline: 86% Indicator Primary school net enrolment/ attendance ratio (T,M,F) Target: 95% Baseline: 86%			Target: 100 Baseline: TBD Means of Verification: Reports from DEMS, EMIS, Surveys	4,848	4,848	4,848	4,848	19,392
	Output 1.4.2 Percentage of primary schools implementing the Child Friendly School (Joyful Learning) package in Standard 1-8 increased by 2011 (UNDAF 3.4.2)	UNICEF CP Output 1.4.2.1 80% of schools implementing child-friendly school package (UNDAF 3.4.2.i)	Indicator 1.4.2.1 Per cent of schools implementing Child Friendly School package Target: 80% Baseline (2006): 20% Means of Verification: Reports from DEMS, EMIS, Surveys					
			Indicator 1.4.2.1 Per cent of schools children reached through CFS Target : 90 Baseline (2006): TBD Means of Verification: Reports from DEMS, EMIS, Surveys					
UNDAF Outcome 4: National response to HIV AND AIDS scaled up by 2011, to achieve universal access to prevention, treatment, care and support								
Outcome 1.5 Improved equitable access to and uptake of preventive services by 2011 (UNDAF 4.1) Indicator HIV prevalence rate among pregnant women aged 15-24 and 15-49 years Target : 12% & 14% Baseline: 14.3% & 14.7% Indicator Percentage of young people 15-24 who are	Output 1.5.1 Increased percentage of pregnant women and children receiving comprehensive Prevention of Mother To Child Transmission (PMTCT) services by 2011 (UNDAF 4.1.1)	UNICEF CP Output 1.5.1.1 100% health facilities offering comprehensive PMTCT services by 2011 (UNDAF 4.1.1.ii)	Indicator 1.5.1.1 Per cent health facilities offering comprehensive PMTCT services by 2011 Target: 100 Baseline (2005): 20 Means of Verification: Monthly/Quarterly/Annual Reports of HIV unit of MoH, HMIS, NAC Reports, Surveys.	Regular Resources				
				633	633	632	632	2,530
		UNICEF CP Output 1.5.1.2 90% of pregnant women tested for HIV (UNDAF 4.1.1.i)	Indicator 1.5.1.2 Per cent of pregnant women tested for HIV Target: 90 Baseline (2005): 35 Means of Verification: Monthly/Quarterly/Annual Reports of HIV unit of MoH, HMIS, NAC Reports, Surveys.	Other Resources				
		UNICEF CP Output 1.5.1.3 80% of HIV-positive pregnant women identified through PMTCT receive antiretroviral drugs as prophylaxis for PMTC as per national guidelines by 2011 (UNDAF 4.1.1.i)	Indicator 1.5.1.3 Per cent health facilities offering comprehensive PMTCT services by 2011 Target: 100 Baseline (2005): 20 Means of Verification: Monthly/Quarterly/Annual Reports of HIV unit of MoH, HMIS, NAC Reports, Surveys.	3,939	3,939	3,939	3,939	15,756

UNDAF Programme Component	UNDAF Output	Expected CP Outputs	Indicators with targets	Indicative Resources by Programme Component ('000 USD)				
				2008	2009	2010	2011	Total
(1)	(2)	(3)	(4)	(5)				
<p>correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission</p> <p>Target:42% (M) & 30% (F) Baseline:37% (M) & 25% (F)</p> <p>Indicator Per cent of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner.</p> <p>Target:60% (M) & 40% (F) Baseline:47% (M) & 30% (F)</p>		<p>UNICEF CP Output 1.5.1.4 80% of children born of HIV-positive mothers get nevirapine for PMTC as per guidelines by 2011 (UNDAF 4.1.1.i)</p>	<p>Indicator 1.5.1.4 Per cent health facilities offering comprehensive PMTCT services by 2011 Target: 100 Baseline (2005): 20 Means of Verification: Monthly/Quarterly/Annual Reports of HIV unit of MoH, HMIS, NAC Reports, Surveys.</p>					
		<p>UNICEF CP Output 1.5.1.5 90% of HIV-positive mothers staged for ART by 2011 (UNDAF 4.1.1.i)</p>	<p>Indicator 1.5.1.5 Per cent of HIV-positive mothers stages for ART by 2011 Target: 90 Baseline (2005): 35 Means of Verification: Monthly/Quarterly/Annual Reports of HIV unit of MoH, HMIS, NAC Reports, Surveys.</p>					
		<p>UNICEF CP Output 1.5.1.6 90% of pregnant women who are staged & eligible for ART are on ART by 2011 (UNDAF 4.1.1.iii)</p>	<p>Indicator 1.5.1.6 Per cent of pregnant women who are staged & eligible for ART are on ART by 2011 Target: 90 Baseline (2005): TBD Means of Verification: Monthly/Quarterly/Annual Reports of HIV unit of MoH, HMIS, NAC Reports, Surveys.</p>					
		<p>UNICEF CP Output 1.5.1.7 100% of PMTCT sites accredited with Baby Friendly Hospital Initiative (BFHI) to improve infant feeding practices by 2011 (UNDAF 4.1.1.iii)</p>	<p>Indicator 1.5.1.7 Per cent of PMTCT sites accredited with Baby Friendly Hospital Initiative (BFHI) to improve infant feeding practices by 2011 Target: 100 Baseline (2005): 18 Means of Verification: Monthly/Quarterly/Annual Reports of HIV unit of MoH, HMIS, NAC Reports, Surveys.</p>					
		<p>UNICEF CP Output 1.5.1.8 80% of children born of HIV mothers recruited in PMTCT programme received Cotrimoxazole Preventive Therapy (CPT) by 2011 (UNDAF 4.1.1.iii)</p>	<p>Indicator 1.5.1.8 Per cent of children born of HIV mothers recruited in PMTCT programme received Cotrimoxazole Preventive Therapy (CPT) by 2011 Target: 80 Baseline (2005): 35 Means of Verification: Monthly/Quarterly/Annual Reports of HIV unit MoH, HMIS, NAC Reports, Surveys.</p>					

UNDAF Programme Component	UNDAF Output	Expected CP Outputs	Indicators with targets	Indicative Resources by Programme Component ('000 USD)				
				2008	2009	2010	2011	Total
(1)	(2)	(3)	(4)	(5)				
		UNICEF CP Output 1.5.1.9 80% of HIV-positive children staged for, are on ART (UNDAF 4.1.1.iii)	Indicator 1.5.1.9 Per cent of HIV-positive children staged for, are on ART Target: 80 Baseline: TBD Means of Verification: Monthly/Quarterly/Annual Reports of HIV unit of MoH, HMIS, NAC Reports, Surveys.					
		UNICEF CP Output 1.5.1.10 80% of children born to HIV-positive mothers having access to PCR lab facilities for early diagnosis. (UNDAF 4.1.1.iii)	Indicator 1.5.1.10 Per cent of children born to HIV-positive mothers having access to PCR lab facilities Target: 80 Baseline (2005): 2% Means of Verification: Monthly/Quarterly/Annual Reports of HIV unit of MoH, HMIS, NAC Reports, Surveys.					
	Output 1.5.3 Increased coverage of Life Skills education for young people in and out of school by 2011 (UNDAF 4.1.3)	UNICEF CP Output 1.5.3.1 80% of primary school pupils (standard 1-8) and 50% of out-of-school youth have correct knowledge and skills to reduce the risk of HIV transmission (UNDAF 4.1.3.i)	Indicator 1.5.3.1 Per cent of primary school pupils (standard 1-8) has correct knowledge and skills to reduce the risk of HIV transmission. Target: 80 Baseline (2005): TBD Means of Verification: HIV unit of MoH, HMIS, NAC Reports, Surveys.					
	Indicator 1.5.3.1 Per cent of out-of-school youth has correct knowledge and skills to reduce the risk of HIV transmission. Target: 50 Baseline (2005): TBD Means of Verification: HIV unit of MoH, HMIS, NAC Reports, Surveys.							
Outcome 1.6 Reduced social and economic impact of HIV and AIDS on families and communities by 2011 (UNDAF 4.3)	Output 1.6.1 Increased number of households especially those headed by women and elderly, with OVC and PLWHA accessing safety nets by 2011 (UNDAF 4.3.1)	UNICEF CP Output 1.6.1.1 30,000 OVC reached through social protection programmes (UNDAF 4.3.1.i)	Indicator 1.6.1.1 No. of OVC reached through social protection programmes Target: 30,000 Baseline (2005): TBD Means of Verification: Ministry's Reports	Regular Resources (Includes Outcome 1.7 Social Protection Budget)				
				2,060	2,060	2,060	2,059	8,239
				Other Resources (Includes Outcome 1.7 Social Protection Budget)				
				3,277	3,277	3,277	3,277	13,108
Indicator Ratio of school	Output 1.6.2 Increased number of	UNICEF CP Output 1.6.2.1 50,000 Orphans and Other Vulnerable	Indicator 1.6.2.1 No. of Orphans and Other Vulnerable Children					

UNDAF Programme Component	UNDAF Output	Expected CP Outputs	Indicators with targets	Indicative Resources by Programme Component ('000 USD)				
				2008	2009	2010	2011	Total
(1)	(2)	(3)	(4)	(5)				
attendance of orphans to school attendance of non-orphans aged 10-14 years Target: 0.98 Baseline: 0.94 Indicator Per cent of OVC whose households received external support in caring for the child Target: 0.98 Baseline: 0.94	PLWHA, OVC and their families receiving psychosocial support by 2011 (UNDAF 4.3.2)	Children receive psychosocial support through 450 children's corners and 1400 home-based care volunteers (UNDAF 4.3.2.ii)	receive psychosocial support through children's corners and home-based care volunteers Target: 50,000 Baseline : TBD Means of Verification: Ministry's Reports					
	Output 1.6.3 Increased number of OVC receiving access to basic social services on an equitable basis by 2011 (UNDAF 4.3.3)	UNICEF CP Output 1.6.3.1 300,000 children under five benefit from early childhood care and learning through 3,000 communities based childcare centres (CBCCs) (UNDAF 4.3.3.i)	Indicator 1.6.3.1 No. of children under five benefit from early childhood care and learning through 3,000 communities based childcare centres (CBCCs) Target: 300,000 Baseline : 1,500 CBCCs Means of Verification: Ministry's Reports					
UNDAF OUTCOME 2: By 2011, the ultra-poor are sufficiently cared for and protected as are the vulnerable who can be negatively impacted by economic shocks and disasters.								
Outcome 1.7 Proportion of vulnerable groups benefiting from social protection increased by 2011 (UNDAF 2.1) Indicator Proportion of ultra poor and labour constrained receiving cash transfers increased by 2011 Target: 6,000 Baseline: 5% of population	Output 1.7.1 Policy and institutional frameworks for social protection put in place and funded through the national budget by 2011 (UNDAF 2.1.1)	UNICEF CP Output 1.7.1.1 Social protection policy and programme in place (UNDAF 2.1.1.i)	Indicator 1.7.1.1 Social protection policy and programme in place Target: Policy & programme in place Baseline : None Means of Verification: Cabinet/GoM					
		UNICEF CP Output 1.7.1.2 150,000 HHs reached through social cash transfer scheme by 2011 (UNDAF 2.1.1.ii)	Indicator 1.7.1.2 No. of HHs reached through social cash transfer scheme Target: 150,000 HHs Baseline (2007): 4,105 HHs Means of Verification: Ministry's Reports					
UNDAF Outcome 5: Good governance, gender equality, and a rights based approach to development enhanced by 2011								
Outcome 1.8 By 2011, an	Output 1.8.1 Improved access to	UNICEF CP Output 1.8.1.1 800 change agents (disaggregated by	Indicator 1.8.1.1 Number of change agents (disaggregated by	Regular Resources				

UNDAF Programme Component	UNDAF Output	Expected CP Outputs	Indicators with targets	Indicative Resources by Programme Component ('000 USD)					
				2008	2009	2010	2011	Total	
(1)	(2)	(3)	(4)	(5)					
<p>informed public actively claiming good governance and human rights. (UNDAF 5.1)</p> <p>Indicator Percentage of women aged 20-24 years who had one or more births before 18 years of age Target : TBD Baseline : TBD</p> <p>Indicator Percentage of births registered by school entry age Target : 80 Baseline: 0</p>	<p>information through diversified and increased channels of communication by 2011 (UNDAF 5.1.1)</p>	<p>type, e.g. Community Child Protection Workers, community-based paralegals) actively helping people realise their rights and duties (UNDAF 5.1.1.i)</p>	<p>type, e.g. Community Child Protection Workers, community-based paralegals) actively helping people realise their rights and duties Target: 800 Baseline : 400 Means of Verification: Ministry's Reports</p>	253	253	253	252	1,011	
	Other Resources								
					1,818	1,818	1,818	1,818	7,272
	<p>Output 1.8.2 Formal and informal justice systems strengthened to improve access to justice, in particular to marginalised groups, through adherence to the Constitution and applicable international standards by 2011 (UNDAF 5.1.2)</p>	<p>UNICEF CP Output 1.8.2.1 80% of 'cases' resolved in the informal justice systems (UNDAF 5.1.2.i)</p> <p>Number of child friendly courts set up and operational (UNDAF 5.1.2.iii)</p>	<p>Indicator 1.8.2.1 Proportion of 'cases' resolved in the informal justice systems Target: 80 Baseline : 65 Means of Verification: Ministry's Reports</p> <p>Indicator 1.8.2.1 Number of child friendly courts set up and operational Target: 9 Baseline (2006) : 3 Means of Verification: Ministry's Reports</p>						
	<p>Output 1.8.3 Enhanced government and civil society capacity to comply with and domesticate international human rights treaties, including but not limited to reporting requirements by 2011 (UNDAF 5.1.3)</p>	<p>UNICEF CP Output 1.8.3.1 a. Increased political commitment and resources leveraged for children through active involvement at policy level (UNDAF 5.1.3.i)</p> <p>b. Child participation promoted through Child Parliaments & at least one meeting of the Child Parliament per year</p>	<p>Indicator 1.8.3.1 Increased political commitment and resources leveraged for children through active involvement at policy level Target: TBD Baseline (2006/07) : 35% Means of Verification: Ministry's Reports</p> <p>Indicator 1.8.3.1 Child participation promoted through Child Parliaments & at least one meeting of the Child Parliament per year Target: 1 per year Baseline : TBD Means of Verification: Parliament's Reports</p>						
	<p>Output 1.8.4 Enhanced government and civil society capacity to respond to the rights of</p>	<p>UNICEF CP Output 1.8.4.1 a.80% of births registered by school entry age</p>	<p>Indicator 1.8.4.1 Per cent of births registered by school entry age</p>						

UNDAF Programme Component	UNDAF Output	Expected CP Outputs	Indicators with targets	Indicative Resources by Programme Component ('000 USD)					
				2008	2009	2010	2011	Total	
(1)	(2)	(3)	(4)	(5)					
	children. (UNDAF 5.1.4)		<p>Target: 80 Baseline (2006) : 0 Means of Verification: Ministry's Reports</p>						
		b.Hague Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption ratified.	<p>Indicator 1.8.4.1 Hague Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption ratified. Target: To be ratified Baseline (2006) : Not ratified Means of Verification: Ministry's Reports</p>						
		c.Childcare Protections & Justice Bill enacted.	<p>Indicator 1.8.4.1 Childcare Protections & Justice Bill enacted. Target: Bill enacted Baseline (2006) : Not enacted Means of Verification: Ministry's Reports</p>						
		d.Wills and Inheritance Bill enacted.	<p>Indicator 1.8.4.1 Wills and Inheritance Bill enacted. Target: Bill enacted Baseline (2006) : Not enacted Means of Verification: Ministry's Reports</p>						
		5% of children engaged in child labour	<p>Indicator 1.8.4.1 % of children engaged in child labour Target: 5 Baseline (2006) : 26 Means of Verification: Ministry's Reports</p>						
Outcome 1.9 By 2011, improved national capacity to formulate policy, manage, monitor and deliver services to protect the rights of vulnerable groups. (UNDAF 5.2)	Output 1.9.1 Strengthened systems for the collection, analysis and utilisation of disaggregated data for policy-making, planning , programming and integrated monitoring and evaluation by 2011 (UNDAF 5.2.3)	UNICEF CP Output 1.9.1.1	Indicator 1.9.1.1 The Malawi Socio-Economic Database (MASEDA) used to monitor the Malawi Growth and Development Strategy (MGDS) of 2007-2011 Target: Baseline : Means of Verification: EP&D and NSO Reports	Regular Resources					
		a. The Malawi Socio-Economic Database (MASEDA) used to monitor the Malawi Growth and Development Strategy (MGDS) of 2007-2011 (UNDAF 5.1.3.i)		1,240	1,240	1,240	1,239	4,959	
				Other Resources					
				689	689	689	689	2,756	
Indicator Proportion of		b.100% ministries with fully operational	Indicator 1.9.1.1 Per cent ministries with fully operational M&E systems by 2011 Target: 100						

UNDAF Programme Component	UNDAF Output	Expected CP Outputs	Indicators with targets	Indicative Resources by Programme Component ('000 USD)					
				2008	2009	2010	2011	Total	
(1)	(2)	(3)	(4)	(5)					
ministries with fully operational M&E systems Target : 100% Baseline : TBD		M&E systems by 2011 (UNDAF 5.1.3.ii)	Baseline : TBD Means of Verification: Ministry's Reports						
Outcome 1.10 By 2011 gender equality and women's empowerment enhanced (UNDAF 5.3) Indicator No of women in decision making position by 2011 Target : 30% Baseline : TBD	Output 1.10.1 Mechanisms to reduce violence against women and children strengthened by 2011 (UNDAF 5.3.5)	UNICEF CP Output 1.10.1 a.Number of functional Victim Support Units increased to 401 (UNDAF 5.3.5.i) b.Proportion of cases of gender-based violence prosecuted per year increased to 505 (UNDAF 5.3.5.ii)	Indicator 1.10.1.1 Number of functional Victim Support Units increased to 401 Target: 100 Baseline : 34 Means of Verification: Ministry's Reports Indicator 1.10.1.1 Target: 505 Baseline : TBD Means of Verification: Ministry's Reports						
				Regular Resources					
				7,537	7,537	7,536	7,534	30,144	
				Other Resources					
				23,508	23,508	23,508	23,508	94,032	
				TOTAL					
				31,045	31,045	31,044	31,042	124,176	

Annex II: Malawi UNDAF M&E Calendar 2008-2011

		2008	2009	2010	2011
M&E activities	Surveys & studies	<ul style="list-style-type: none"> - Population and Housing Census (PHC) - Micro-nutrients Survey - Facility based IMCI assessment - Child poverty analysis 	<ul style="list-style-type: none"> - Population and Housing Census (dissemination) - Integrated Household Survey (IHS 3) - Demographic and Health Survey (DHS) - HIV&AIDS Sentinel Surveillance Survey - HIV&AIDS Behavioural Surveillance Survey 	<ul style="list-style-type: none"> - Population and Housing Census (dissemination) 	<ul style="list-style-type: none"> - Multi Indicator Cluster Survey (MICS) - HIV&AIDS Sentinel Surveillance Survey - HIV&AIDS Behavioural Surveillance Survey - Life Skills Survey
	Monitoring systems	<ul style="list-style-type: none"> - Malawi Vulnerability Assessments (MVAC) - Agriculture MIS - Health Management Information System (HMIS) - HIV&AIDS Country Response Information System (CRIS) - Education Management Information System (EMIS) - Disaster Risk Reduction MIS - District Database - Logistics Management Information System - CEDAW reporting - UNGASS reporting 	<ul style="list-style-type: none"> - Malawi Vulnerability Assessments (MVAC) - Agriculture MIS - Health Management Information System (HMIS) - HIV&AIDS Country Response Information System (CRIS) - Education Management Information System (EMIS) - Disaster Risk Reduction MIS - Social Protection MIS - District Database - Logistics Management Information System 	<ul style="list-style-type: none"> - Malawi Vulnerability Assessments (MVAC) - Agriculture MIS - Health Management Information System (HMIS) - HIV&AIDS Country Response Information System (CRIS) - Education Management Information System (EMIS) - Disaster Risk Reduction MIS - Social Protection MIS - District Database - Logistics Management Information System - CEDAW reporting - CRC reporting - UNGASS reporting 	<ul style="list-style-type: none"> - Malawi Vulnerability Assessments (MVAC) - Agriculture MIS - Health Management Information System (HMIS) - HIV&AIDS Country Response Information System (CRIS) - Education Management Information System (EMIS) - Disaster Risk Reduction MIS - Social Protection MIS - District Database - Logistics Management Information System
	Evaluations	<ul style="list-style-type: none"> - Evaluations of Agency programmes/projects - Evaluation of ACSD - Baby Friendly Hospital Initiative (BFHI) assessment - UNDAF Annual Review 	<ul style="list-style-type: none"> - Evaluations of Agency programmes/projects - UNDAF Mid Term Evaluation 	<ul style="list-style-type: none"> - Evaluations of Agency programmes/projects - UNDAF Annual Reviewb 	<ul style="list-style-type: none"> - Evaluations of Agency programmes/projects - UNDAF Final Evaluation

		2008	2009	2010	2011
	Reviews	- MGDS Annual Review - MDG Progress Reports - NAF Review (HIV&AIDS)	- MGDS Annual Review - MDG Progress Reports - NAF Review (HIV&AIDS)	- MGDS Annual Review - MDG Progress Reports - NAF Review (HIV&AIDS)	- MGDS Annual Review - MDG Progress Reports - NAF Review (HIV&AIDS)
	Support activities	- Joint supervisory and monitoring visits to project/programme sites	- Joint supervisory and monitoring visits to project/programme sites	- Joint supervisory and monitoring visits to project/programme sites	- Joint supervisory and monitoring visits to project/programme sites
Planning references	UNDAF evaluation milestones	- UNDAF Annual Review	-UNDAF Mid Term Evaluation	- UNDAF Annual Review	- UNDAF Final Evaluation
	M&E capacity development	- M&E trainings for sectors, districts, CSOs - MASEDA trainings for sectors, districts, CSOs	- M&E trainings for sectors, districts, CSOs - MASEDA trainings for sectors, districts, CSOs	- M&E trainings for sectors, districts, CSOs - MASEDA trainings for sectors, districts, CSOs	- M&E trainings for sectors, districts, CSOs - MASEDA trainings for sectors, districts, CSOs
	Use of information	- MASEDA - Annual Budget process - MGDS Annual Reviews - MDG Reports	- MASEDA - Annual Budget process - MGDS Annual Reviews - MDG Reports	- MASEDA - Annual Budget process - MGDS Annual Reviews - MDG Reports - UNDAF 2012-2015 preparation process	- MASEDA - Annual Budget process - MGDS Final Evaluation - MDG Reports - MGDS 2012-2016 preparation process
	<i>Partner activities</i>	Major M&E activities of Government and other partners that use and/or contribute to the M&E activities above.	Major M&E activities of Government and other partners that use and/or contribute to the M&E activities above.	Major M&E activities of Government and other partners that use and/or contribute to the M&E activities above.	Major M&E activities of Government and other partners that use and/or contribute to the M&E activities above.

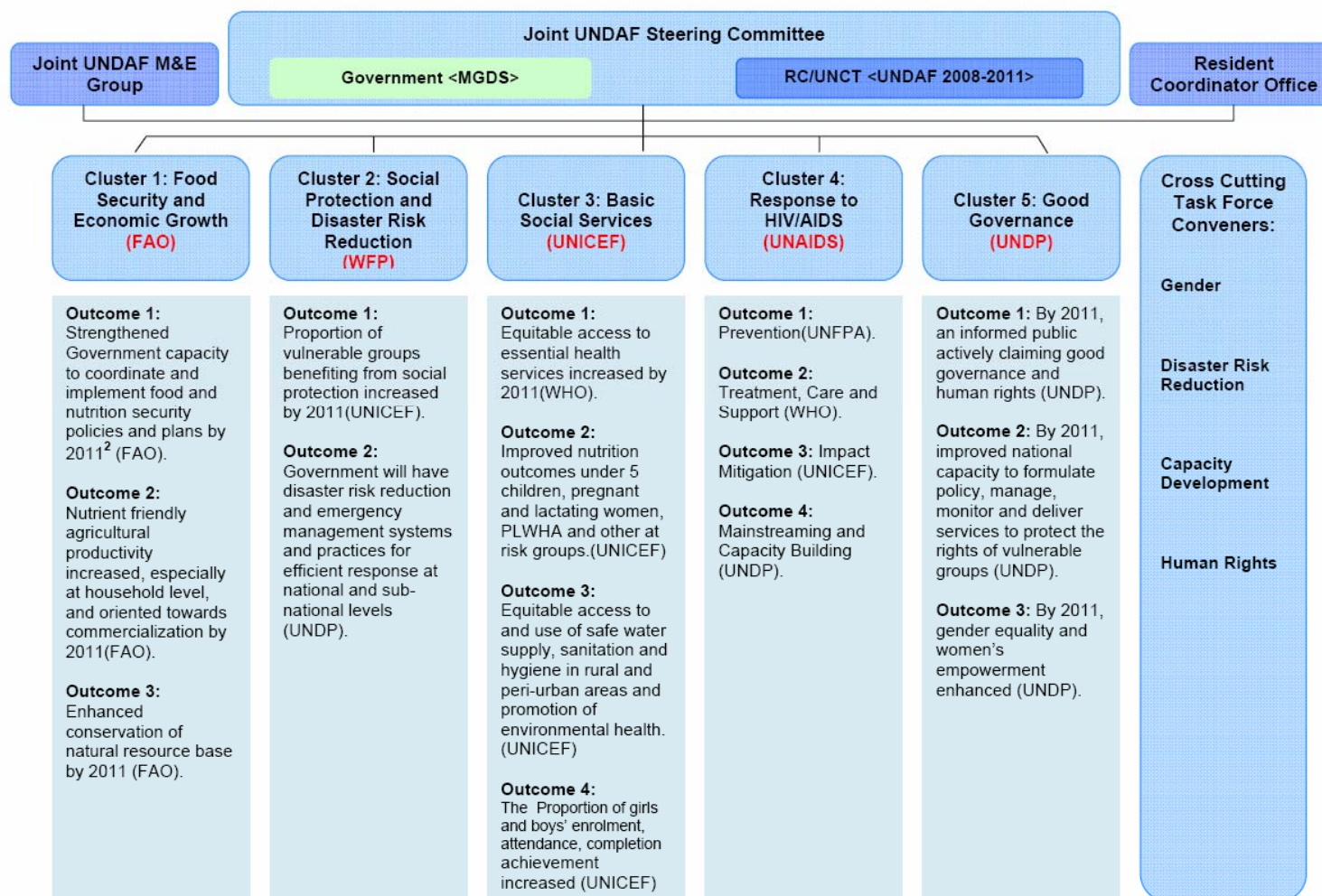
Note: Highlighted M&E activities are either taken up directly and/or supported by UNICEF

MALAWI UNDAF M&E CALENDAR 2008-2011

The objective of the UNDAF M&E calendar is to improve the coordination and use of M&E activities. The calendar provides a schedule of all major M&E activities, describing agency and partner accountabilities and responsibilities, the uses and users of information, the UNDAF evaluation milestones, and complementary partner activities.

		Year 1	Year 2	Year 3	Year 4
UNCT M&E activities	Surveys/ studies	Investigations of a problem or assessment of the conditions of a specified population group. They can help to identify root causes, and findings are used to develop or refine programme strategy and/or define baseline indicators.			
	Monitoring systems	Typically this will include UNCT support to national information systems, with regular and fairly frequent reporting of data related to UNDAF results. In particular it should include UNCT support for national reporting to Human Rights treaty bodies.			
	Evaluations	An evaluation attempts to determine objectively the worth or significance of a development activity, policy or programme. This section includes all evaluations of agency programmes and projects contributing to the UNDAF, and the UNDAF evaluation			
	Reviews	Reviews will generally draw on agency and partners' monitoring systems as well as the findings of surveys, studies and evaluations			
Planning references	UNDAF evaluation milestones	Timing and sequence of the milestones in preparing and implementing the UNDAF Evaluation. These should make use of the M&E activities above.			
	M&E capacity development	A list of the major, planned capacity development activities to strengthen partner M&E capabilities.			
	Use of information	Any decision-making processes or events that will draw on the findings, recommendations and lessons from the M&E activities above. For example: national or international conferences, MDG reporting, reporting to human rights bodies, preparation of the national development framework, the prioritisation exercise, and preparation of the UNDAF.			
	Partner Activities	Major M&E activities of Government and other partners that use and/or contribute to the M&E activities above.			

ANNEX III: UN Malawi PROGRAMMING CLUSTER STRUCTURE



ANNEX IV: Key Statistics of Malawi

#	Indicator	Total	Male	Female	Unit	Year	Source
1.	Population	13.2	6.5	6.7	Millions	2007	Census Projections
2.	Total Fertility Rate (TFR)	6.3	-	6.3	Number	2006	MICS
3.	Crude Birth Rate	44	-	44	Per 1000 population	2006	MICS
4.	Crude Death Rate	19	23	21	Per 1000 population	1998	Census 1998
5.	Life Expectancy at Birth	47	46	48	Years	2007	Census Projection
6.	GDP Per Capita	161	-	-	USD	2005	Human Development Report 2007/2008
7.	Population Below Poverty Line (Total/Male/Female headed HHs)	52	51	59	Percent	2005	Integrated Household Survey
8.	Underweight	21	22	20	Percent	2006	MICS
9.	Adult Literacy Rate	69	77	67	Percent	2006	MICS
10.	Primary School Net Attendance Ratio	86	86	87	Percent	2006	MICS
11.	Under-5 Mortality Rate	122	125	119	Per 1000 live births	2002-2006	MICS
12.	Infant Mortality Rate	72	76	69	Per 1000 live births	2002-2006	MICS
13.	Measles Vaccination	84	84	85	Percent	2006	MICS
14.	Maternal Mortality Ratio	984	-	984	Per 100,000 live births	1999-2004	MDHS
15.	Proportion of births attended by skilled health personnel	54	-	54	Percent	2006	MICS
16.	Prevalence of HIV/AIDS (15-49)	13	11	14	Percent	2004	MDHS
17.	Condom use at last high-risk sex by young women & men (15-24)	-	58	40	Percent	2006	MICS
18.	Population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	-	42	42	Percent	2006	MICS
19.	Contraceptive Prevalence Rate	33	-	33	Percent	2004	MDHS
20.	Households having an Insecticide Treated Net (ITN)	38	-	-	Percent	2006	MICS
21.	Children below 5 years slept under an Insecticide Treated Net (ITN)	25	25	24	Percent	2006	MICS
22.	Safe Drinking Water	74	-	-	Percent	2006	MICS
23.	Basic Sanitation	61	-	-	Percent	2004	WHO-UNICEF Joint Monitoring Program Report 2006