



# UN Malawi

## One Plan Annual Report 2009

The United Nations' collective objective is to support Malawi to achieve the Millennium Development Goals and contribute to equitable economic growth and poverty reduction by strengthening systems of accountability and the delivery of quality social services to every child, woman and man.

## List of Abbreviations

ACSD	Accelerated Child Survival and Development
ADP	Agricultural Development Program
ART	Anti-Retroviral Therapy
AWP	Annual Work Plan
BFHI	Baby-Friendly Hospital Initiative
BEmONC	Basic Emergency Obstetric and Neonatal Care
CA	Conservation Agriculture
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CBO	Community Based Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CDC	Centre for Disease Control and Prevention
CFSI	Child-Friendly Schools Initiative
CHAM	Christian Health Association of Malawi
CHBC	Community Home Based Care
CIDA	Canadian International Development Agency
CLTS	Community-Led Total Sanitation
CONGOMA	Council for Non Governmental Organizations in Malawi
CTC	Community-based Therapeutic Care
CVSU	Community Victim Support Units
DA	District Assemblies
DAP	District Action Plan
DCP	Democracy Consolidation Program
DFID	Department for International Development
DIP	District Implementation Plan
DoDMA	Department of Disaster Management Affairs
DNHA	Department of Nutrition, HIV and AIDS
ECD	Early Childhood Development
EHP	Essential Health Package
EU	European Union
FAO	Food and Agricultural Organization
FBO	Faith Based Organization
FIMA	Financial Inclusion in Malawi
GBV	Gender-based violence
GoM	Government of Malawi
HACT	Harmonized Approach to Cash Transfers
HADG	HIV and AIDS Donor Group
HIMS	Health Information Management Systems
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistant
IDP	Internally Displaced Persons
IEC	Information, Education and Communication
IFPRI	International Food Policy Research Institute
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
IMS	Information Management Systems
IP	Implementing Partner
JFFLS	Junior Farmer Field and Life Skills
MASEDA	Malawi Social and Economic Database
MEC	Malawi Electoral Commission
MoAFS	Ministry of Agriculture and Food Security

MoEST	Ministry of Education, Science and Technology
MoGCCD	Ministry of Gender, Child Development and Community Development
MGDS	Malawi Growth and Development Strategy
MoDPC	Ministry of Development Planning and Cooperation
MoEMNR	Ministry of Natural Resources, Energy and Environment
MoF	Ministry of Finance
MoH	Ministry of Health
MoIT	Ministry of Industry and Trade
MoIWD	Ministry of Irrigation and Water Development
MoJCA	Ministry of Justice and Constitutional Affairs
MoL	Ministry of Labour
MoLHUD	Ministry of Lands, Housing and Urban Development
MoLGRD	Ministry of Local Government and Rural Development
MoSD&PwD	Ministry of Social Development and People with Disabilities
MoT	Ministry of Tourism
MoTPI	Ministry of Transport and Public Infrastructure
MoYDS	Ministry of Youth Development and Sports
MVAC	Malawi Vulnerability Assessment Committee
NAC	National AIDS Commission
NAF	National Action Framework on HIV/AIDS
NAPA	National Adaptation Plan of Action
NESP	National Education Sector Plan
NGOGCN	NGO Gender Coordination Network
NSO	National Statistics Office
OPC	Office of the President and Cabinet
OVC	Orphans and Vulnerable Children
PDV	Prevention of Domestic Violence
PLHIV	People Living with HIV
PMNCH	Partnership for Maternal, Newborn and Child Health
PMTCT	Prevention of Mother-to-Child Transmission
RBM	Results-based management
SADC	Southern African Development Community
SCT (S)	Social Cash Transfer (Scheme)
SEA	Sexual Exploitation and Abuse
SHN	School Health and Nutrition
SRH	Sexual and Reproductive Health
SWAp	Sector Wide Approach
ToTs	Training of Trainers'
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	UN Population Fund
UNGASS	United Nations General Assembly Special Session
UNGG	United Nations Gender Group
UNICEF	United Nations Children's Fund
UNIDO	UN Industrial Development Organization
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene Promotion
WASHTED	Centre for Water, Sanitation, Health and Appropriate Technology Development
WFP	World Food Programme
WHO	World Health Organization
YFHS	Youth-Friendly Health Services

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# UN Malawi

## 'Delivering as One' Annual Report 2009

### Introduction

#### One Plan Malawi (2009-2011)

The One Plan Malawi (2009-2011) is a holistic overview of UN support at country level, specific to each of the calendar years up to 2011. The One Plan operationalizes the UN's Development Assistance Framework (UNDAF), translating broad goals into annualized results to be achieved through the collective effort of the UN country team. The intention has been to maximize coherence and synergy within the UNCT, achieving greater impact on the ground by combining the comparative strengths, technical expertise and financial resources of each UN Agency. It is therefore intended to be the bridge document between the strategic UNDAF and the Annual Work Plans of individual UN Agencies, facilitating a much easier monitoring and reporting of progress towards UNDAF outcomes.

There are two main features of the One Plan: annualized results and an accompanying budgetary framework that provides costing detail for annualized results, available resources and funding gaps. Within the context of UN reform, the UNCT additionally committed to undertaking transformation in a number of key business practice areas so as to more effectively and efficiently deliver support at country level. These business practice areas include UN common services, a move to common premises and greater internal harmonization and alignment including on communication and advocacy, as well as humanitarian coordination and disaster management. Progress on these fronts will be reported on separately as the focus of the One Plan is around collaborative and joint programming support to Malawi.

Implementation arrangements follow those set out in the UNDAF. The UNCT adopted a cluster-led approach to the delivery of the outcomes identified in the UNDAF. Based on comparative advantage, one agency head has taken the lead at cluster/theme level and on behalf of partner UNAs, engages on policy matters in discussions with Government and other partners. This arrangement provides the basis for development of more effective joint programming. It also facilitates 'delivering as one' teams with clear leadership based on accountability for results. The Resident Coordinator holds agency heads ultimately accountable for the achievement of UNDAF program outcomes and in turn is answerable to the Government and its partners for the overall role and performance of the UN system.

#### The Annual Review Process

The annual review of the One Plan coincided in 2009 with the UNDAF Mid-Term Review which culminated in a Joint Strategy Meeting (JSM). The process afforded the UNCT an opportunity to update and improve MGDS-UNDAF alignment, and propose changes to expected results, implementation strategies and resource requirements. Government stakeholders and implementing partners took part in technical consultations around the review of achievements thus far, and priorities going forward. At the same time, the main results and M&E framework were also updated. Lessons learned as a result of implementation informed adjustments proposed by Cluster Conveners. These changes were taken forward for discussion at the JSM, with a view to endorsement at the latter high level meeting. Updated documents thereafter replaced current versions for the remaining UNDAF timeline.

## Report Structure

The One Plan Annual Report covers progress and results for the 2009 calendar year. Included are the contributions of all UN Agencies', both resident and non-resident. Since information on the overall country context, key outcomes, and program strategies draws on what is reflected in the UNDAF, this information is not re-stated in the interest of brevity. It is therefore highly recommended that the UNDAF Mid-Term Review report be read in conjunction with the One Plan report, for a comprehensive overview of UN support to Malawi's Growth and Development Strategy, and the government's key priorities.

The One Plan report has been prepared collaboratively, by an external consultant working closely with the UN Resident Coordinator's Office and drawing on inputs provided by Cluster Conveners. The report is structured along five main parts: following the introduction, part II accounts for 'delivering as one' progress and results in 2009. Challenges and opportunities are also elaborated on. This is followed in part III by a presentation of expected results for 2010 and 2011, the majority of which remain the same as those listed in the original matrix of the current One Plan document. Part IV outlines the UNDAF/One Plan budgetary framework, with information on expenditure in 2009, resources available to continue implementation in 2010, and estimated funding gaps. As the One Fund has only recently been established at country level, this part of the report will also include information on allocation and disbursement criteria, and management arrangements proposed by the UN Resident Coordinator. Part V summarizes key lessons learnt and specific action points going forward, identified by the UNCT during implementation this past year.

**Figure 1: Participating UN Agencies in the One Plan**

### **Resident Agencies**

Food and Agricultural Organization (FAO)  
Joint UN Programme on HIV/AIDS (UNAIDS)  
UN Development Programme (UNDP)  
UN Population Fund (UNFPA)  
UN High Commissioner for Refugees (UNHCR)  
UN Children's Fund (UNICEF)  
World Food Programme (WFP)  
World Health Organization (WHO)

### **Non-resident Agencies**

International Labour Organization (ILO)  
UN Capital Development Fund (UNCDF)  
UN Educational, Scientific and Cultural Organization (UNESCO)  
UN Industrial Development Organization (UNIDO)  
UN Human Settlements Programme (UN HABITAT)  
UN Environment Programme (UNEP)

## Part II: Results achieved in 2009

UNDAF Malawi has five principal outcomes that were identified in consultation with Government and development partners. Outcomes contribute to national priorities set out in the Malawi Growth and Development Strategy (MGDS), and re-stated in the President's recent articulation of 9 key priorities. The five thematic pillars of UNDAF Malawi are:

- 1) *By 2011 Government policies and local and national institutions effectively support equitable economic growth and the achievement of food and nutrition security while minimizing or reversing environmental degradation.*
- 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.*
- 3) *Increased equitable access to and utilization of quality basic social services by 2011.*
- 4) *National response to HIV and AIDS scaled up by 2011, to achieve universal access to prevention, treatment, care and support.*
- 5) *Good governance, gender equality and a right based approach to development enhanced by 2011.*

Against these outcomes, the One Plan identified results expected to be achieved in each of the years 2009 through to 2011. Annual reporting intends to thus show progress and achievements towards longer-term UNDAF outcomes. In 2009, the UNCT built on much of the process-intense work that was carried out in 2008. At the macro level, notable achievements have resulted from UN support to upstream processes related to a number of key MGDS priorities. Institutional capacity-building continues to be a major challenge however, despite the significant investment made by individual UN Agencies. Rethinking the delivery of capacity development support, and strengthening one unified

country team approach are among the key priorities identified by the UNCT going forward. Micro-level support to communities and beneficiaries has yielded positive results across all five principal areas, which have in turn informed policy dialogue and program priority-setting.

Below, a narrative summary outlines results achieved in each of the five principal clusters. A more detailed account can be found in the consolidated M&E Framework, attached as Appendix A.

### Cluster I: Economic growth and national food security

To strengthen Government capacity in the area of food and nutrition security, the UN supported the development of the Agriculture SWAp and subsequent aligning of development partners' plans and policies to those of Government. The inclusion of food and nutrition policy in sector strategies and plans under development, including the A-SWAp and the National Education Sector Plan (NESP), was also facilitated.

The promotion of sustainable land and water management as well as conservation agriculture, have yielded positive results. Activities related to capacity building for tree nursery management, the establishment of village wood lots, and the sowing, out-planting and tree tendering of seedlings have been particularly successful. By the end of 2009, over 90% (465ha/500 ha) of the hectare of agricultural land targeted for afforestation, and sound land and water management, had been covered. Capacity to manage national and productive resources was strengthened and a number of community agro-forestry and afforestation activities successfully completed. These interventions improved land productivity, enabling households to have more than one harvest a year from land under irrigation. This has contributed to food security at household level,

and is expected to have had some impact on the number of ultra poor living below the poverty line.

In addition, several initiatives have been undertaken to boost agricultural efficiency, and provide vulnerable or disadvantaged groups with skills to engage in gainful and sustainable farming activity. Agricultural input kits including fertilizer, maize and vegetable seeds were distributed to enable vulnerable groups to engage in sustainable farming/economic activity. The Junior Farmer Field and Life Skills (JFFLS) initiative has also proven to be particularly successful, with the establishment of school gardens. Just less than 790 girls and boys engaged in hazardous farm work were re-integrated in various school and education-related activities. This exceeded the target of 750 children withdrawn from child labor.

Capacity support was extended to improve the skills of stakeholders in the management of national and productive resources, through sustainable land management and conservation agriculture practices. A task force on conservation agriculture was also established and their capacity strengthened. The UN has furthermore strengthened business management capacity in the sector; promoted the reduction of post-harvest loss through, for instance, the use of metallic silos for the storage of maize grain in program sites; as well as supported value addition in fish breeding. Training combined with the use of IEC materials (developed in the local language Chichewa) on improved and diverse dietary needs and measures to prevent high levels of malnutrition have improved national capacity on the same.

Proxy impacts show mixed progress towards 2011 targets, however. Agricultural productivity improved in sites where food security was the focus of project activity. Overall, however, impact has not been significant as projects were implemented in only a few districts. There are plans to go to scale on the number of sites reached and to target both in and out-of-school youth in more districts. This will be the focus of a forthcoming UN joint programme on youth employment and empowerment in response

to the inclusion of youth development in Government's 9 key priorities.

### **Cluster 2: Social Protection and Disaster Risk Reduction**

The UN tested pilots and innovations on unconditional and conditional cash transfers, increasing the knowledge base on effective social support in the Malawi context. By the end of March 2009, the [Social Cash Transfer Scheme](#) (SCTS) had reached just over 24,051 beneficiary households in seven districts. SCTS secretariats were also established in these districts, along with 218 Community Social Protection Committees (CSPCs). Sixty-five trainers were trained on the SCT methodology in addition to over 2,616 CSPC members. Consultancy firms have been hired to identify alternative financial service providers so as to ease the transaction burden at district level. Alternative delivery mechanisms will be tested in the coming year.

The JFFLS program was implemented in six districts. To date 3,280 young people have been equipped with essential livelihood and life skills. Tailor-made resource materials on agriculture, life skills, and social protection were developed for the JFFLS sites and distributed to beneficiaries, with 123 facilitators trained through a ToTs program.

During its eight months of implementation the Cash and Food for Livelihood program (CFLP) reached 11,100 beneficiary households (60,000 individual beneficiaries) in two districts. Out of these households, 3,552 were food beneficiary households, 3,542 were cash beneficiary households and 4,006 were mixed cash and food beneficiary households. A mid-term evaluation of the CFLP was conducted by IFPRI in April 2009 and a post-intervention survey is planned. Two main findings revealed that: (1) cash transfers, subject to the level of injection, have a higher chance of supporting the acquisition of household assets and ensuring children/youth complete school; and (2) delivery of support through

the banking system requires close collaboration and timely information-sharing between NGO partners and banks.

Implementation of two other pilots continued in 2009. The School Meals program is currently providing meals to 642,000 in-school learners. The UN is supporting Government in the development of a Universal School Meals program alongside other stakeholders. In addition the Food for Assets / Livelihood (FFA) program was implemented in two districts reaching a total of 7,000 beneficiaries.

With respect to institutional capacity development, the UN supported an internal capacity assessment following the division of Poverty Reduction and Social Protection functions within Government. A work plan with deliverables has subsequently been developed with clear ToR for program officers. An administrative assistant has been seconded to MoDPC in support of the scheme.

MoGCCD has also undertaken an Institutional Capacity Assessment (ICA). Senior staff appointed to the SCTS secretariat, an M&E officer, and an administrative assistant will additionally reinforce capacity in the Ministry. With UN and donor support, the MoGCCD developed a comprehensive plan for the Department of Social Welfare. The plan sets out a medium and long-term capacity development path at national and at district level, and includes support to the Magomero Training College in the interest of long-term sustainability.

To enhance awareness among policy makers and partners, various field visits were organized for key Ministers and orientation on social support provided to MoDPC and line ministries. High level officials have also participated in a recent World Bank/UN meeting on social protection, held in Egypt. Delegations from Zimbabwe and Liberia have recently visited Malawi to learn from social protection livelihood programs and the SCTS, and a Government study visit to South Africa to attend an Economic Policy Research Institute (EPRI) training

course was supported by the UN. Given the increased recognition of cash transfers as a key component of a comprehensive social protection package, a number of field visits were conducted in 2009 for development partners including the EU, GTZ, multiple UNICEF National Committees and the media.

A number of steps have been taken towards the development of policy governing **disaster risk reduction**. As part of the process, Operational Guidelines for responding to disasters and a DRR Framework are being developed. These tools aim to establish the basis for a common response by key DRR actors. The Disaster Risk Management component of the MGDS is yet to be elaborated, and as a consequence disaster management continues to be reactive rather than proactive, with an emphasis placed on the coordination and implementation of emergency response without adequate attention paid to preparedness. Consequently, stakeholder meetings throughout the policy development process have been used as a platform for DRR awareness creation and advocacy. Among information shared, are study findings that show the costs of actual loss and disaster response in comparison to risk reduction and mitigation.

As floods are an annual occurrence in Malawi, a Flood Risk Management Strategy has been drafted, following the completion of a capacity needs assessment. The strategy is expected to be finalized before the end of 2009 and will be complemented by Flood Preparedness Plans so far developed for 8 of the 14 flood-prone districts. Climate change is currently high on the political agenda both nationally and internationally, given the higher frequency and intensity of hydro-meteorological hazards. Better cross-sector collaboration and more inclusive planning are therefore crucial, and the process of establishing synergy between DRR and climate change has begun. To augment national capacity, the UN has been providing training to the Department

of Disaster Management Affairs (DoDMA), District Assemblies, and District Commissioners.

### Cluster 3: Social development

The 2009 MDG report highlights good progress on **infant and under-five mortality reduction** and a potential to reach if not surpass MDG 4 by 2015 if current efforts in rolling out high impact interventions are coupled with a focus on the newborn. Progress toward **maternal mortality reduction** has however been slow by all accounts. The target for provision of BEmONC at facility level has surpassed the 50 per cent UNDAF target. Skilled delivery is currently at 62 per cent - close to the target of 75 per cent. Despite the roll-out of the IMCI approach at facilities level, the target set has not yet been reached. Preventive **child health** interventions have had mixed success toward UNDAF targets. Immunization coverage is generally good while use of mosquito nets is still low. The expansion of village clinics is now urgent, as only 21 per cent of hard to reach areas that were identified as needing such structures, are presently covered.

UN partners have demonstrated their comparative advantage and continue to effectively assist Government in the development of guidelines, policies and systems. District capacity was developed for epidemic preparedness and response especially for cholera and avian influenza and more recently with H1N1. Through commendable collaborative efforts between relevant partners, timely action was taken to investigate and respond to the typhoid outbreak in the Neno district. However, efforts remain to ensure that all districts have an updated operational emergency preparedness plan for the major epidemic diseases such as avian influenza, malaria, cholera, meningitis, and dysentery. This target will be reached by the end of the current UNDAF cycle.

Given that supervision, monitoring and evaluation still represent challenges in the context of a weak **health information management system**, UNDAF

partners provided technical and financial support in 2009 towards: 1) a follow-up IMCI health facility survey which assessed progress on quality of care services; 2) a baseline assessment on quality of pediatric care in referral health facilities across the country (this has helped to identify service delivery issues related to pediatric care and areas for improvement); 3) monitoring visits which were conducted in 23 districts, helping to assess the status of implementation of youth-friendly health service provision; and 4) the first review meeting with districts and stakeholders of the PMNCH and Catalytic Initiatives. A number of child health and reproductive health program reviews were also undertaken to identify issues and provide recommendations on improving service delivery and program implementation.

Currently, there is a study being conducted to identify the magnitude of unsafe abortions in Malawi, following a strategic assessment on the same. Study findings will inform policy dialogue and decisions around legalizing safe abortion in Malawi.

UN partners provided technical and financial support to Government in the development and revision of various key guiding documents and policies. These include:

- Revision and dissemination of *District Development Planning System Handbook (DDPS)* which provides guidelines for community support groups and action.
- The Sexual and Reproductive Health and Rights policy has been finalized taking into consideration emerging issues such as male involvement and obstetric fistula, as well as key elements of the Maputo Plan of Action.
- The National Health Policy and the National Health Bill were drafted; guidelines for the management of diarrhea were updated to include reference to the efficacy of zinc; and the malaria policy document was revised.

- Case management guidelines were adapted for paediatric in-patient care, infant feeding and counseling in the context of AIDS.
- Training curriculum for HSAs has been re-organized.
- District health management teams were trained in health systems research and their capacity on result-based planning strengthened following the development of District Implementation Plan guidelines.

Technical and financial support provided to the MoH enabled the ministry to track spending patterns for SWAp resources at district level, as part of EHP implementation. Government was further assisted to conduct an assessment of the Service Level Agreements with CHAM, and identify gaps to be improved in the future. Apart from Government, other stakeholders including civil society organizations and academic institutions were trained to enhance analytical capacity on health issues and equity health care.

Life Skills education was identified as a key learning area within the new Primary Curriculum Assessment and Reform, and the UN has successfully provided leadership, resources and technical support to Government. So far 100 per cent of learners in public primary schools enjoy at least one hour of life skills lessons each week. A similar target is planned for learners in registered private schools by 2011. Life Skills has been included as a public examination subject at standard 8 commencing in 2010, and the UN will continue support to ensure all schools are well-prepared.

UN support to youth development focused mainly on ensuring correct knowledge and skills are passed on to reduce the risk of HIV transmission. So far studies have shown that about 41 per cent of young women and 42 per cent of young men have comprehensive knowledge of HIV. These figures are expected to increase in the next two years, in part due to preparations for exams.

There have been a number of developments at the education macro level but coordination among development partners and MoEST would be enhanced with the adoption of the SWAp approach. The UN could lead by example if they sign the JFA and MoU as one.

Comprehensive analytic work has provided useful data and information for planning purposes. A Country Status Report; Capacity Analysis studies at Primary and Secondary Education; and a Monitoring and Evaluation Capacity study have all been used in the development of the Education Sector Implementation Plan (2008-13) and the Education Policy Agenda. To improve education enrolment, attendance, completion and achievement rates, the Child Friendly School (CFS) framework was adopted as the practical vision/definition of quality education. Significant progress has been made in the area of academic effectiveness and relevance, where over 80 per cent of teachers have been trained in interactive and child-friendly approaches.

At operational level, however, effectiveness has been compromised by other factors such as high teacher-pupil ratios and inadequate classrooms. On the following three components, it is unlikely that targets will be met. Slightly over 40 per cent of the Parent-Teacher Associations (PTA) have been trained on the components of the CFS framework; while only 10 per cent of teachers have been trained in rights-based and inclusive approaches. In addition, over 35 per cent of schools have teachers and head teachers trained on gender sensitive approaches. It is thus probable that a target of 80 per cent teachers and head teachers will receive the gender training by 2011. In all areas where training was conducted, teaching, learning materials, and manuals were developed to support post-training implementation.

Plans to construct and furnish 750 classrooms are, nonetheless, on course. So far, over 300 classrooms have been constructed and furnished, and over 150 schools are under construction. The UN will

continue to provide leadership in the search for cost effective approaches as the national deficit exceeds 30,000 classrooms.

A school-feeding baseline study revealed that enrollment is 41 per cent higher overall and 51 per cent higher for girls in particular, where school meals were provided. Attendance is 3 per cent and 4 per cent higher for boys and girls respectively; and the pass rate was 6 per cent higher for boys and 5 per cent higher for girls. Through the School Meals Program all learners in the 679 targeted schools are provided with a hot mid-morning porridge of Corn Soya Blend (100 g per child per day). Girls and orphaned boys in standards 5-8 receive a monthly take-home ration of maize grain during the lean period of January to April, provided they attend a minimum of 80 per cent of school days in the month. The 21 schools participating in the Junior Farmers Field and Life Schools initiative also received food (maize meal and pulses) for distribution to learners during afternoon sessions. This past year, the Universal School Meals Program was finalized, and a handover strategy for Government to take over the program has been developed. Training of MoE and MoLG&RD on school-feeding implementation has started.

In collaboration with the MoH, children in the 679 targeted schools are de-wormed through the program. Non-food assistance was also provided by way of construction materials for feeding shelters, kitchens and storerooms. UN support has resulted in the construction of 523 kitchens, 516 store rooms and 216 feeding shelters in 95 schools, in addition to the establishment of 158 school gardens.

Malawi has made significant progress in increasing access to [water](#), [sanitation and hygiene promotion](#) (WASH) services. Currently access to safe water supply is 75 per cent and access to sanitation is at 61 per cent which means the country is on track to achieving the related MDG. Despite a late start, the WASH sector is slowly moving from a project to a more system-based SWAp. Governance structures

for the SWAp are under development. The UN has assisted 12 districts with an analysis of strategies and investment needs required to fully achieve WASH MDGs. Support to a District and National Geographical Information System mapping exercise is ongoing, and mechanisms for the regular updating of water and sanitation data are being instituted. Currently, system analysis and design has been completed, and hardware and software procured, and distributed to all 28 districts. Data collection is currently complete in seven districts, and data systems training has been provided to national and district facilitators. District atlases have also been developed to help users visualise the distribution of all water points in their locality and make informed decisions about WASH interventions.

Extensive recruitment and training by the UN has contributed to the further enhancement of district capacity. Twelve District Water Officers were recruited. In addition, training was provided to District Water Officers, 43 District Coordination Team members from 15 districts, as well as Engineers from MoIWD. Training conducted by the Water Engineering and Development Centre (WEDC), Loughborough University, UK in collaboration with WASHTED and University of Malawi, has further enhanced in-country capacity. Key aspects will be incorporated in future training.

Until the recent adoption of the Sanitation Policy, the legal and policy framework governing the sector was outdated, and guidelines inadequate. In addition to the new policy, the establishment of a Directorate of Sanitation has been a major development at the macro level. At the beginning of the program, there was a strategic shift from a supply driven approach to community-led approaches in sanitation, which involved the social marketing of program-produced and subsidized concrete slabs. Twelve percent of Malawi's households still practice open defecation. Under the Community-Led Total Sanitation (CLTS) strategy, the community analyzes their own sanitation profile, their defecation practices, and

what collective action needs to be taken to become open defecation free (ODF). CLTS presents an opportunity to scale up household latrine construction and use without hardware subsidy, and to move Malawi to an open defecation-free environment

For sanitation, CLTS has been introduced in 10 of the 12 WASH districts with 346 villages triggered where work is in progress. In the triggered villages a total of 1,126 new latrines have been constructed by the families themselves. This gives a total of 10,850 new users of sanitation facilities in 122 ODF villages. Triggering in various districts is now an ongoing activity and by the end of the current program, is expected to result in more villages becoming ODF.

A WASH package approach (safe water; sanitation facilities; 3 key hygiene practices; and drinking water in classrooms) was adapted in 182 schools, benefitting a total of 109,758 children. The hygiene program alone has reached 610 schools, benefitting approximately 4,011 teachers and 517,201 school children. Hand-washing practices are poor in Malawi: proper hand-washing after using the latrine ranged from 35-50 percent and before feeding or cooking was less than 10 per cent. Institutionalizing training in hygiene is thus being carried out in earnest. Hygiene education teachers' booklets on the '3 Key Hygiene Practices' have been developed, differentiated by standards/classes, revised and approved by the Ministry of Education, and printed for all primary schools. Hygiene promotion through training of teachers remains one of the strategies to accelerate the adoption of hygiene practices.

In water supply, the UN has continued to provide direct support to communities in 2009. To date, 886 boreholes have been drilled and fitted with hand pumps, serving over 221,500 new users. A further 34,504 users have been reached through the rehabilitation of boreholes. In line with the water policy where operation and maintenance is defined as the responsibility of beneficiary communities, the

UN has supported capacity development to equip communities with skills to fulfill their roles. This has been by way of training and support to water point management committees, caretakers, and pump mechanics, in addition to procuring spare parts, looking at supply chains, and promoting sustained community mobilization.

The national [Nutrition](#) Policy and Strategic Plan have been finalized and currently await signature. Implementation of the Strategic Plan has been costed at US\$324 million for 5 years. On the donors' side, a Development Partners Group on Nutrition was formed, which meets once quarterly to support implementation of the Nutrition Policy. The UN provides leadership on technical issues at this forum, assisting also with resource mobilization and donor coordination.

A *Consumer Acceptability Study* was finalized and results discussed with Government and the Illovo Sugar Company. Agreement was reached to begin sugar fortification in April 2009. A pilot was conducted with 20MT of sugar fortified with vitamin A. Results from both the acceptability test and quality assurance tests showed that Malawian sugar can be fortified without affecting the product's quality, taste or visual properties. The *Stability Study of sugar fortification under local conditions* is ongoing and expected to be finalized by March 2010.

The first round of Child Health days was carried out in April 2008 reaching 2,265,343 (95%) children aged 6-59 months with vitamin A and 1,842,377 (100%) children aged 12-59 months with de-worming. A total of 91,353 (65%) post-partum women within eight weeks after delivery were supplemented with vitamin A capsules during Child Health Days. A total of 1,545,762 caretakers were reached with high impact messages on exclusive breastfeeding, feeding a sick child, vitamin A rich foods, de-worming, hand-washing with soap, the use of iodized salt and Insecticide Treated Bed Nets (ITNs). The second round of Child Health Days will be conducted in

November 2009 and is expected to reach the same number of children (95%).

The World Breastfeeding Week campaigns were carried out in all 28 districts in Malawi. The theme was 'Vital Emergency Response: Are You Ready?' At national level, panel discussions on infant and young child feeding were carried out on radio in Chichewa reaching about 80% of the population. A one-day meeting was held to sensitize journalists on the prevention and treatment of malnutrition in emergencies, as well as sensitize them on the BFHI, on PMTCT, on HIV and infant-feeding, and on the code of marketing of breast milk substitutes. This led to a newspaper supplement on issues covered during the sensitization meeting. The main highlight of the campaign was a one day event in the Nsanje district, held in August of this year, with special guest, the Principal Secretary for Nutrition, HIV and AIDS in the OPC. Districts participating in the event, engaged in drama, put up IEC materials at outpatient departments, carried out community sensitization, and monitored the code of marketing of breast milk substitutes. Key messages were also disseminated in churches and mosques, complemented by health education talks.

A Micronutrient Survey was carried out in July 2009 with support from CDC. Data entry has been completed, and data cleaning and analysis, including of biological samples is underway. The micronutrient survey report is expected to be finalized by December 2009. A project on the use of Rapid SMS in three health facilities for real time delivery of nutrition data was piloted successfully. The use of RapidSMS has now been expanded to 15 sites and will eventually reach 140 sites nationally. CTC has also been scaled up to 365 sites for therapeutic feeding, which covers 60 percent of health facilities nationwide. Over twenty thousand children have been treated as of August this year (20,701 in all). Supplementary feeding has been provided to 100,157 under-five children; 41,940 pregnant and lactating women and 7,341 severely malnourished children

who were treated in Nutrition Rehabilitation Units. To further strengthen national capacity in this area, the adaption of the WHO/UNICEF guidelines on Infant and Young Child Feeding was completed, and trainers at national level have been trained on the same. The course has subsequently been rolled out to all PMTCT sites in 10 districts. Training to 220 HSAs was provided on implementation, output monitoring, reporting, and commodity management in supplementary feeding programs.

#### **Cluster 4: HIV and AIDS**

Apart from challenges with the continuous supply of OI drugs in all service delivery points, most indicator targets on access to treatment, care and services have either been achieved or are likely to be achieved by 2011. Out of the ten results targeted for 2009, one was achieved and four are partially achieved.

The UN supported Government to improve national and district-level capacity to coordinate, manage and monitor HIV responses in line with the Three Ones Principles. Support to the review of the National AIDS Framework and support to the development, evaluation and implementation of HIV/AIDS sector strategies in Agriculture and Transport have contributed to a more focused and effective policy framework. Capacity support to the fishery and forestry sectors has improved relevant implementation.

Employers and workers organizations across sectors were trained in policy development and implementation of work place policies. This is expected to lead to an increased number of workplaces implementing comprehensive HIV and AIDS policies and programs on a sustained basis. Advocacy sessions with CEOs from the private sector were also carried out in 2009.

Support to the mid-term review of the National Action Framework on HIV and AIDS (NAF) leading

to its extension; and the review and rationalization of the functions of the Malawi Partnership Forum have contributed to improved governance and accountability mechanisms. Efforts have also been made to facilitate donor coordination through support to the HIV and AIDS Donor Group (HADG). Greater involvement of PLHIV and civil society in policy processes is being fostered through better coordination with CSOs. Policy space to debate new strategies such as male circumcision, and targeted interventions for most-at-risk populations is still needed, however.

The percentage of HIV positive women and their infants receiving a complete package of PMTCT services to reduce the risk of Mother-to-Child transmission has increased to over 40 per cent. Following the intensified training of teachers in Life Skills and the procurement of related materials, the percentage of young people aged 15-24 able to identify HIV prevention methods and rejecting misconceptions about HIV has is expected to increase significantly in the coming two years. The percentage of children, young people and women accessing HTC services is also growing. With support from the UN, more infected young people are now participating in HTC and other related services, through teen-clubs. The percentage of sexually active population using condoms at last-risk sex still remains low at 47 per cent for men and 30 per cent for women. Efforts have been stepped up to introduce and scale up the promotion of female condoms. UN-supported health workers, have trained service providers, as well as hairdressers, in all aspects of female condoms.

Preliminary results of the desk review on male circumcision were disseminated, and a full-fledged study commissioned. The uptake of male circumcision remains low in Malawi, however and national dialogue on HIV and sex work has been intensified. The UN is supporting an advocacy meeting on Most-at-Risk-Populations during which issues of MSM, sex workers and people living with

HIV will be discussed. To address gender inequality, the UN has worked through the Women, Girls, and HIV Program to achieve the following results: 1) a training manual on Women, Girls, HIV and AIDS was developed and is currently being pre-tested; 2) research looking at negative cultural practices in four districts as well as the mapping of organisations working only on gender and HIV was conducted; 3) four CSOs received the first disbursement of grants for one year of program activity; and 4) M&E tools for the Women, Girls and HIV program were developed.

Significant strides have been made in increasing access to a continuum of HIV treatment and care services. Paediatric formulations have been introduced: until recently adult tablets were being divided with tablet cutters in order to align dosages to paediatric needs. Laboratory back-up for diagnosis has been strengthened with 41 CD4 cell count machines distributed across the country. In 2005, there were 66 public and 23 private facilities offering ART to 37,840 and 977 patients respectively. During 2008, almost 64,000 people were newly enrolled on ART, and by March 2009 the number of patients on ART had increased to 147,000. This represents more than half of those in need of ART. Of those enrolled for the first time, 61 per cent are women. The extent of ART drug resistance is below 5 per cent and is monitored regularly.

Over 19,000 PLHIV received nutritional support. Food rations were provided to four districts, to a total of 12,403 and 5,189 households looking after orphans and chronically ill patients respectively. Training was also provided to a very small number of households and PLHIV groups, on livestock production and irrigation. This was complemented by provision of livestock and inputs, and by the establishment of links to micro-finance institutions. The *Situation Analysis on Livelihood-based Social Protection Models for OVC* was finalized and promising prototypes identified and analyzed. These are being incorporated in the extended National Plan of

Action for OVC. 900 Child Corners were strengthened to provide psycho-social support services to children and 1,000 Corners overall, received kits. 1,500 Community-based Childcare Centers (CBCCs) were strengthened with the support of District Assemblies and civil society organizations.

Interventions have thus contributed to the following proxy impacts: a continued decline in HIV prevalence; the reduction in death rates due to access to ARVs; and the existence of workplace and sector policies leading to reduced attrition due to AIDS-related deaths.

### **Cluster 5: Good Governance**

The establishment of Community Victim Support Units (CVSUs) expanded the Access to Justice Program's reach. Working collaboratively on education, health, community development and social welfare services provided holistic assistance to vulnerable groups, especially women and children. Significant progress was made in the area of **child protection**: a Government delegation presented the Convention on the Rights of the Child State Report in Geneva earlier this year, and concluding observations are guiding follow-up policy and program responses at country level. Premises have been allocated by the MoGCCD for the establishment of a child-friendly court in Lilongwe, and draft plans drawn up. The UN supported the judiciary through technical assistance to the National Juvenile Justice Forum, building capacity in their area of focus. A report on the establishment of a national helpline was finalized to guide stakeholders on how best children can report cases of abuse and exploitation. Following training, the Malawi Police Service trialed play therapy sessions with children at district police and sub-stations, as one method of helping girls and boys cope with the aftermath of abuse. Child rights and protection have also been integrated in schools through the Child-Friendly Schools Initiative, and the UN linked 780 Child Protection Workers (CPW) with CVSUs to further

their recognition in communities. CPWs are also being progressively included on Government's payroll which will further enhance their status and capacity. So far 300 of the total of 780 CPWs are expected to be integrated. The UN is further linking CPWs with schools as part of the Child-Friendly Schools Initiative.

Through the Capacity Development for Public Sector Management Program, the government embarked on a review of the outdated Malawi Public Service Regulations (MPSR) with UN support. Handbooks for ministers and principal secretaries have been reviewed and amended. To improve transparency and accountability at district level, the Office of the Director of Public Procurement developed standard bid documents to be used by District Assemblies. These efforts were complemented by training in procurement and ethics for entities within the public, quasi-public and private sectors. Capacity development support was additionally extended to the MoDPC through the recruitment of close to 50 additional M&E staff, assigned to various districts to strengthen data collection and analysis at this level. For the health sector, over 40 UNV medical doctors were recruited and placed in central and district hospitals throughout the country. This has improved delivery of both primary and secondary healthcare services previously affected by the acute shortage of medical personnel.

The UN provided capacity support to increase the level of gender analysis in budgeting and expenditure tracking processes. Joint UN efforts supported the gender mainstreaming unit in the MoGCCD, to better coordinate across public institutions and functions. Training for District Assembly structures was carried out as part of an overall effort to engender district planning and implementation processes, and gender focal points had their TORs clarified. Review meetings of all public sector gender focal points were supported, as these forums

provide a platform for shared learning, and an action plan has been developed to guide operations.

With respect to effective aid coordination, Government adopted an Aid Policy and put in place an Aid Information Management System using the Aid Management Platform (AMP). With UN support, the Development Assistance Coordination Unit (DACU) in the Ministry of Finance and six of the 16 Sector Working Groups (SWGs) established by Government are currently operational<sup>1</sup>.

In line with the SADC Protocol on Gender and Development the UN supported a 50/50 campaign to increase the number of women taking part in political processes. Women in Parliament subsequently increased from 14 to 22 per cent after the recent elections. Since elections, Malawi signed the SADC Protocol in October 2009, an overarching framework for the implementation of other international commitments on the rights of women, such as CEDAW. These developments are viewed as positive signs of progress with respect to reducing gender inequality. There is renewed expectation that a revised Gender Policy will finally be endorsed, and other gender-related laws which have been before the Cabinet Committee for some time, will be reviewed so as to strengthen the national legal framework.

Since the launch of a national response on gender-based violence, the UN has supported a number of pilot initiatives by Government and CSOs. Highlights include: 25 duty bearers (magistrates and prosecutors) from the Nkhotatkota District trained in the Prevention of Domestic Violence Act and in application of the law. Forty GBV survivors were given psychosocial support (shelter, group therapy and training) at the MoGCCD's social rehabilitation centre. And 25 former perpetrators went through awareness-raising programs on GBV, masculinity and sexuality, and how they can effectively become

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*Health, agriculture, education, gender, justice, and water (trade and investment is coming up).*

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agents of change in their communities. To strengthen community action and response the UN strengthened CVSUs on effective preventive measures and response.

The detailed reporting of progress against 2009 results can be found in Appendix A.

### Challenges and Opportunities

In a number of areas, the UN has delivered support through small projects implemented across a number of sites and targeting a small number of beneficiaries. Moving forward, a key challenge will be for the UN to consolidate further, and identify **fewer, higher impact programs**.

Fragmented interventions and a duplication of efforts and expenditure across a number of UNDAF areas has been attributed to **insufficient coordination and cross-cluster collaboration**. Where outcome groups have worked on joint planning, attendance of meetings for separate groups comes at a high transaction cost. Overlap extends to the running of separate, parallel and costly nation-wide campaigns; and the duplicate development of guidelines. Duplication of training has transferred transaction costs to external partners, taking service providers away from delivery points.

There are also a number of areas where the UNCT sees a need to **review program focus**. Highlighted examples include the focus of social protection (mainly social cash transfers) currently hampering adequate linkages across and between other SP programs. On nutrition security, a focus on treatment and supplementation / therapeutic interventions, has undermined the key role of the agricultural sector and food-based approaches for the prevention of malnutrition. In addition, the nutrition profiles for Malawi indicate that a higher contribution to mortality is from the mild and moderate forms of malnutrition, although more resources go to treating severe acute malnutrition. The just completed micronutrient survey will inform

a plan of action to control micronutrient deficiencies in Malawi.

Besides improving internal coordination, better rationalization is needed of UN external support particularly to decentralized, community-level structures. Results-based planning at the district level - a critical area of UN support in the health sector - is one way to facilitate better coherence. Clusters have also highlighted joint monitoring visits to the field to minimize transaction costs for external partners. Given the linkages between human rights-based approaches and results-based management, related issues have been addressed to some extent in district level planning. Disaggregating of data at all levels is still weak however, and could be strengthened by including gender and human rights indicators in M&E frameworks.

Data and information management systems pose a major ongoing challenge, however. Conflicting data at sector level persists, and progress made in developing capacity cannot be measured as there is currently no reliable monitoring system. Lack of real time data, especially at community level, does not support timely corrective measures. There is potential for quick wins but a renewed focus is needed to strengthen national and district capacity to generate and monitor data and its' quality.

The policy framework has a direct impact on program delivery. A number of challenges face the rural sanitation sub-sector, where outdated acts and inadequate guidelines persist. Growth in the agricultural sector has been hindered by a policy and legal framework that is not conducive to micro-finance institutions and lending to producers. Delays in the passing of the Social Support Policy have in turn delayed the development of a comprehensive SP program, subsequently affecting donor funding. The HIV and AIDS report from the Special HIV and AIDS Law Commission is progressing towards becoming a law. There are concerns that if passed, the infringement of human rights in some sections of the report will adversely affect the national HIV and

AIDS response. Engagement of the UN in an advisory capacity is therefore important throughout the process.

The lack of by-laws, challenges with enforcement, and the lack of awareness of duties and responsibilities of different actors have affected program execution across a number of thematic areas. Government's managerial and technical capacity continues to be an additional major challenge, exacerbated by staff turnover. Communication between central and district Government is hampered by the lack of basic office equipment, such as fax, phone, computer, internet access and so on. The coordination and oversight of projects and programs are thus affected, as is capacity to up-scale. In response, the UN has supported the revision of policy, and carried out institutional assessments that incorporate a revision of ToRs for key personnel. Regular training has been provided and additional staff and advisors in key line ministries have been recruited. Locally available tailor-made studies are another avenue through which the UN is supporting sustainable capacity development interventions. This will be complemented by ongoing efforts to standardize training materials and strengthen communication mechanisms at all levels.

A number of lessons on HIV/AIDS workplace policies at enterprise level are expected to emerge from recent support extended using the National HIV/AIDS Policy (still in draft form). The Sexual and Reproductive Health and Rights policy has been finalized incorporating emerging issues such as male involvement and obstetric fistula, as well as key elements of the Maputo Plan of Action. The new Sanitation Policy and the establishment of the Directorate of Sanitation are expected to bring high visibility to the issue. Likewise, despite nutrition not being included in the '9 priorities', and limited financial support to the sector, the establishment of the DNHA in the President's Office, and the setting up of a Nutrition DPG are considered major

opportunities. The DNHA is helping to drive the national agenda through coordination, resource mobilization and policy guidance. The inclusion of food and nutrition policy in sector strategies and plans under development, including the A-SWAp and the National Education Sector Plan (NESP), are examples of early successes. Partners and donors are also increasing investment in nutrition, supporting the massive scaling up of CTC for those affected by severe malnutrition.

A new Parliament in Malawi offers a renewed opportunity to take gender issues forward as part of good governance. Women constitute 22 per cent of the new Parliament, and endorsement of the revised Gender Policy and other gender-related laws awaiting approval for some time is expected to now be passed. The nomination of the Vice-President as a Goodwill Ambassador for Safe Motherhood provides an opportunity to accelerate the implementation of the Roadmap for the Reduction of Maternal and Neo-natal Morbidity and Mortality in Malawi. Despite a well-articulated and sound Roadmap and a commitment of partners to its implementation, progress has been slow in the reduction of maternal mortality. In addition, although Malawi has made notable progress in reducing under-five mortality, a climate of complacency could undermine gains made thus far. Preventive efforts are not addressing the newborn, for instance, and achievement of MDG 4 will depend to a large extent on more aggressive efforts on neonatal mortality reduction. A comprehensive analysis of bottlenecks has also been recommended to identify areas in need of support so that resources can be leveraged from well-funded interventions such as HIV/AIDS.

There is however, concern that a number of priority program areas are not yet allocated adequate funding in the national budget. This limits the technical and financial resources available to Government, and entrenches an over-dependence on external financing to sustain and build on gains made thus far. This reliance comes at a cost. NAC

pool funding to support the national program on gender and HIV/AIDS has not been forthcoming and lengthy delays with fund disbursements from the Global Fund has held up the timely execution of key programs. The global financial crisis may be one major factor affecting the availability of external financing in the immediate term. The One Fund is expected to fill funding gaps but the UN will need to actively engage to understand dynamics behind problems of access and subsequently play an advocacy role.

A major opportunity is the increased donor interest and support in areas central to the UN's framework of support to Malawi. This includes donor interest in agriculture, food and nutrition security; disaster risk reduction and climate change; reducing maternal and newborn mortality, and in the area of governance more broadly. The establishment of sector-based dialogue mechanisms provides the UNCT with an opportunity to re-strategize long term planning of activities to create a holistic 'investment' package for what may now be fragmented projects/activities. Internal UN cohesion - inclusive of a One Fund at country level - will complement efforts to strengthen partnerships with the donor community. More inclusive planning will need to take place at sector level, however, before additional resources can be secured.

**Part III: One Plan expected results for 2010**

<p><b>Cluster 1: Economic growth and national food security</b></p>	<ol style="list-style-type: none"> <li>1. Food and Nutrition Security integrated in new SWAps</li> <li>2. National Integrated Nutrition Action Framework (NINAF) developed</li> <li>3. Agricultural production under irrigation increased by 2%</li> <li>4. Farm management and marketing skills improved</li> <li>5. Human and infrastructure capacity for technology adoption strengthened</li> <li>6. 32,000 farmers adopting agronomic technologies, post harvest technologies and best practices</li> <li>7. Farmers' capacity to produce and sell enhanced</li> <li>8. Capacity of vulnerable persons to participate in agri-businesses improved</li> <li>9. National Plan of Action implemented and resources mobilized for 50% geographical coverage of agricultural based child labor</li> <li>10. Draft integrated natural resources management programme</li> <li>11. DRR roadmap in place</li> <li>12. Alternative energy technologies adopted by communities</li> </ol>
<p><b>Cluster 2: Social Protection</b></p>	<ol style="list-style-type: none"> <li>1. Social Support Policy and Programme operational.</li> <li>2. All funding modalities in place for the implementation of the Social Protection Programme.</li> <li>3. A percentage from the national budget allocated to Social Support.</li> <li>4. National Child Labour Policy and National Action Plan to Combat Child Labour in place.</li> <li>5. Increased financial and technical capacity of the Child Labour Unit in the MoL by 60 per cent.</li> </ol>
<p><b>Cluster 2: Disaster Risk Reduction</b></p>	<ol style="list-style-type: none"> <li>1. Draft DRR Policy submitted to cabinet for approval</li> <li>2. DRR sensitization, roadmap implementation initiated</li> <li>3. DRR framework endorsed</li> <li>4. Disaster Risk Management Plan implementation initiated</li> <li>5. Implementation of study outcomes initiated</li> <li>6. Humanitarian reform structures operationalized, inclusive of Humanitarian Fund established</li> <li>7. National platform established and inaugural meeting held for policy direction</li> <li>8. Flood Risk Management Strategy developed and priority areas implemented</li> <li>9. Operational guidelines Tested</li> </ol>
<p><b>Cluster 3: Health</b></p>	<ol style="list-style-type: none"> <li>1. 75% young people accessing and utilizing YFHS</li> <li>2. 40% of postnatal mothers receiving modern contraceptives</li> <li>3. Reduce case fatality rate to 2%</li> <li>4. 10 District Hospitals have community outreach program for MNH initiatives</li> <li>5. Distribute 6.9 million LLINs for universal access (1 net to 2 people)</li> <li>6. Final draft National Health Policy available</li> <li>7. Case fatality rates for Cholera reduced to 1%</li> <li>8. Advocacy for formulation of NCD programmes</li> </ol>
<p><b>Cluster 3: Education</b></p>	<p><b>Result 3.3.1: All primary schools implementing new curriculum including LS</b></p> <ol style="list-style-type: none"> <li>1. 15% of teachers in primary schools are trained on Life Skills education;</li> <li>2. Supplementary reading materials are provided to all schools;</li> </ol>

	<p>3. Life Skills is examined at standard 8 for the first time.</p> <p><b>Result 3.3.2: Percentage of schools implementing CFS approach</b></p> <ol style="list-style-type: none"> <li>1. 150 additional classrooms constructed in selected schools;</li> <li>2. 550 girls undergo pre-service teacher training programme and their teachers undergo CFS training;</li> <li>3. CFS training programme for key stakeholders is continues.</li> </ol> <p><b>Result 3.3.3: Percent of children in vulnerable areas benefiting from school meals increased to 100%</b></p> <ol style="list-style-type: none"> <li>1. School meals provided to target schools on a regular basis</li> <li>2. Universal School Meals Programme implemented if endorsed by government</li> </ol> <p><b>Result 3.3.4: All school age refugee children benefit from a good quality education</b></p> <ol style="list-style-type: none"> <li>1. Recommendations of the quality assessment on Dzaleka School for refugee children implemented.</li> </ol> <p><b>Result 3.3.5: Policies and systems development supported as part of Education Sector SWAp</b></p> <ol style="list-style-type: none"> <li>1. Reviews of key policy documents completed- Education Act; Education Policy;</li> <li>2. Support provided to SWAp implementation, particularly capacity through TAs;</li> <li>3. School Meals finalized and implemented;</li> <li>4. Technical and Vocational Education Policy reviewed.</li> </ol> <p><b>Result 3.3.6: Children withdrawn and those prevented from child labor integrated and retained in basic education and vocational training</b></p> <ol style="list-style-type: none"> <li>1. A technical and vocational training plan developed addressing the needs of youth developed and implemented</li> <li>2. A situation analysis on Child Labor with recommendations to address the same completed and plans for action implemented</li> </ol>
<p><b>Cluster 3: Nutrition</b></p>	<ol style="list-style-type: none"> <li>1. Nutrition Surveillance System improved in 28 districts to provide information at community, district and national level (designing tools, dissemination, 600 health workers trained on data collection, analysis and use).</li> <li>2. Nutrition prevalence and interventions at district and TA level mapped using GIS (MICS and other data).</li> <li>3. Nutrition Act developed (governing food standards, food safety, fortification standards, and nutrition products).</li> <li>4. Nutrition development partners meeting held.</li> <li>5. Fortified foods monitored (salt, vegetable oil, flour, RUTF, Likuni Phala, &amp; other nutrition products).</li> <li>6. IDD sentinel surveillance established (sentinel schools, urine iodine lab, and bulletin).</li> <li>7. Salt monitoring improved through quarterly stakeholders' meeting, quarterly bulletin, integration with CHDs, harmonization of standardization, district capacity-building, and the use of titration equipment.</li> </ol>

	<ol style="list-style-type: none"> <li>8. Social marketing conducted at community level for iodized salt, fortified sugar, and iron folate.</li> <li>9. Vitamin A supplementation and de-worming campaigns conducted twice in 2010 (once every 6 months).</li> <li>10. Zinc supplements to manage diarrhea, procured in collaboration with IMCI.</li> <li>11. Sugar fortification scaled up (premix and equipment purchased to enable 50% of the population to be reached).</li> <li>12. Food supplements in support of supplementary and therapeutic feeding distributed.</li> <li>13. Training of MOH/CHAM staff in commodity management.</li> <li>14. Complementary feeding supported for children aged 6-23 months old.</li> <li>15. Health workers and volunteers trained to ensure CTC sites are operational.</li> <li>16. Food assistance provided to 21,000 caregivers of NRU children in targeted centers and PMTCT mothers.</li> <li>17. Vegetable gardens at NRUs and CTC established.</li> <li>18. Active case identification rolled out in flood-affected and food-insecure districts.</li> <li>19. SFP supplies procured and distributed (scale up to all 340 OTP sites).</li> <li>20. Health workers from 65 new ART sites trained on management of acute malnutrition. Advocacy on nutrition care and support conducted as part of ART support.</li> <li>21. Nutrition information shared with 5 million people (CHDs, WBW, radio panel discussions, mobile vans; agriculture field and open days, 800 AEDOs, trained, TV, nutrition open days, IDD day, World Food Day, MP Kits, IEC materials, and schools).</li> <li>22. Key nutrition messages additionally promoted through main contact points including CTC, churches, mosque, IMCI, GMP, NRUs, PHC, ANC, MCH) and mass and transit media (films, documentaries, billboards, radio spots-panel discussions, and community radio).</li> <li>23. 10 new BFHI facilities certified (1,660 staff trained (1,600 hospital staff, 60 new BFHI assessors).</li> <li>24. New WHO standards piloted in Blantyre, Dowa, and Mzimba; 200 reference cards printed in addition to 3,000 boys' cards, 3,000 girls cards. Height boards prepared and uniscale, training of 300 health workers conducted.</li> <li>25. 526 PMTCT sites trained on HIV and Infant Feeding.</li> <li>26. Garden-based training materials and guidelines standardized.</li> </ol>
<p><b>Cluster 3: Water, Sanitation and Hygiene Promotion</b></p>	<p><b>Result 3.3.1: Increased number of water points constructed/repared in rural and peri-urban Communities by 2011.</b></p> <ol style="list-style-type: none"> <li>1. Water supply facilities constructed/rehabilitated serving 400,000 people in communities and schools</li> <li>2. 80% of the facilities constructed/rehabilitated continue to function.</li> <li>3. 95% of water points meet national water quality standards</li> </ol> <p><b>Result 3.3.2: Increased number of improved sanitation facilities in rural and peri-urban communities and schools by 2011</b></p> <ol style="list-style-type: none"> <li>1. New gender and child friendly sanitation facilities constructed, in line with national standards in 52,000 households and 240 schools.</li> <li>2. 70% of sanitation facilities are correctly operated and maintained.</li> </ol>

	<p><b>Result 3.3.3: Policies and systems development support together with other cooperating partners in the context of SWAP</b></p> <ol style="list-style-type: none"> <li>1. Water and Sanitation policies and implementation guidelines developed and operationalized.</li> <li>2. SWAp governance structures in place and operational.</li> <li>3. WES Aid Coordination Working Group, thematic sub-groups, Development Partners Group working cohesively through the SWAp.</li> <li>4. JSR assessing sector performance and results successfully conducted.</li> </ol> <p><b>Result 3.3.4: Increased proportion of the population and school children using at least three key improved hygiene practices by 2011</b></p> <ol style="list-style-type: none"> <li>1. 52,000 households and 240 schools reached with 3 key hygiene messages: (i) safe water handling and home treatment; (ii) proper use and maintenance of excreta disposal facilities); and (iii) hand washing practices.</li> </ol> <p><b>Result 3.3.5: Public Health act revised and enforced by 2011</b></p> <ol style="list-style-type: none"> <li>1. A draft Public Health Bill developed.</li> <li>2. The Public Health bill adopted and approved by Parliament.</li> </ol> <p><b>Result 3.3.6: National Environmental Health policy and guidelines formulated by 2011</b></p> <ol style="list-style-type: none"> <li>1. The National Environmental Health policy reviewed and adopted.</li> <li>2. Guidelines for the National Environmental Health policy developed and disseminated.</li> </ol> <p><b>Result 3.3.7: Systems for monitoring water and food quality strengthened by 2011</b></p> <ol style="list-style-type: none"> <li>1. Water and food surveillance system developed.</li> <li>2. The roll-out of the water and food surveillance system and the data generated is monitored.</li> </ol> <p><b>Result 3.3.8: Routine monitoring of hygiene standards in public places, e.g. markets improved 2011</b></p> <ol style="list-style-type: none"> <li>1. Tools and guidelines for monitoring of hygiene standards in public places developed.</li> <li>2. Tools and Guidelines for monitoring of hygiene standards in public places monitored.</li> </ol>
<p><b>Cluster 4: HIV and AIDS</b></p>	<p><b>Result 4.1.1: Increased percentage of pregnant women and children receiving comprehensive Prevention of Mother To Child Transmission services</b></p> <ol style="list-style-type: none"> <li>1. 800 health workers trained</li> <li>2. 480 health facilities providing PMTCT services</li> <li>3. 400 health facilities are providing the ARV Combination regimen for PMTCT</li> </ol>

	<p><b>Result 4.1.2: Increased coverage of high-quality gender-sensitive HIV Prevention services for young people in and out of school.</b></p> <ol style="list-style-type: none"> <li>1. 5,000 students in tertiary institutions including university colleges reached with life skills education</li> <li>2. 1,000 senior secondary school teachers in private secondary schools trained in Life Skills Education</li> <li>3. Life Skills activities documented, coordination mechanisms developed, Gaps identified.</li> <li>4. Students trained in condom use; 100,000 / 20,000 male /female condoms distributed.</li> </ol> <p><b>Result 4.1.3: Increased coverage of HIV testing and counseling to reach men as well as high-risk groups</b></p> <ol style="list-style-type: none"> <li>1. 800,000 males and 1,000,000 female sexually active population ever tested for HIV and received results.</li> </ol> <p><b>Result 4.1.4: Address concurrent and multiple sexual partnerships through the promotion of effective interventions, including the scaling-up of male and female condom access in all districts.</b></p> <ol style="list-style-type: none"> <li>1. Addressing Concurrent &amp; Multiple Sexual Partnerships (C&amp;MSP) as a Key Driver of the HIV Epidemic in Malawi; 200,000 women/300,000 men reached with messages and activities on C&amp;MSP.</li> <li>2. 1,000,000 male/200,000female condoms distributed.</li> <li>3. Decrease by 20% the number of Malawians reporting concurrent and multiple sexual partnerships.</li> </ol> <p><b>Result 4.1.5: Improved knowledge and increased capacity for policy and programme decision-making on the integration of male circumcision as an HIV prevention strategy for Malawi.</b></p> <ol style="list-style-type: none"> <li>1. Male circumcision situation analysis study findings disseminated and consultative programmes held. Advocacy programming designed and supported in support of including male circumcision as an HIV prevention option/choice for Malawi.</li> <li>2. Male circumcision implementation plan developed in a collaborative process with key public, civil society and private sector stakeholders.</li> </ol> <p><b>Result 4.1.6: Improved access to and use of gender-sensitive HIV prevention programming for women and girls.</b></p> <ol style="list-style-type: none"> <li>1. 10 district development plans integrate and implement specific HIV prevention programming for women &amp; girls in their district plans of action.</li> <li>2. MOWCD capacity developed to provide guidance, oversight and assessment of national and local gender programming for HIV prevention.</li> <li>3. Decrease by 25% the number of cases of gender-based violence against women and girls in the target districts.</li> </ol> <p><b>Result 4.1.7: Increased institutional capacity to manage HIV prevention programmes at national, district, and community levels and in the workplace.</b></p> <ol style="list-style-type: none"> <li>1. Situation Analysis on nature and magnitude of Sex Work in Malawi conducted and interventions for most-at-risk populations intensified and scaled up.</li> <li>2. Road map for implementation of the HIV Prevention Strategy developed and rolled out; National Consultation on the prevention strategy and training on the components of the strategy conducted.</li> <li>3. Key Priority areas from the HIV Prevention Strategy incorporated into the MGDS-II, the new UNDAF and district-level development plans.</li> <li>4. Capacity building of key implementing partners to ensure the design and implementation of effective, human-rights-based HIV</li> </ol>
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	<p>prevention programmes in Malawi.</p> <p><b>Result 4.1.8: Increased coverage of blood safety measures (screening, storage, distribution, and transfusion services) in accordance with national guidelines.</b></p> <ol style="list-style-type: none"> <li>1. 95 % of districts accessing safe blood and blood products from MBTS.</li> </ol> <p><b>Result 4.2.1: Increased number of sites providing ART especially to pregnant women and children and those co-infected with TB</b></p> <ol style="list-style-type: none"> <li>1. Number of ART sites increased to 260</li> <li>2. 300,000 patients ever started on ART</li> <li>3. 90% children ever started on ART, of all those in need</li> <li>4. 70% of HIV+ pregnant women started on ART, of all those in need of ART</li> <li>5. 90% of HIV+ TB patients start ARVs while on TB Treatment</li> </ol> <p><b>Result 4.2.2: Improved capacity of the national laboratory system to provide HIV diagnostic services and patient monitoring including HIV drug resistance.</b></p> <ol style="list-style-type: none"> <li>1. 50% of health facilities trained in Infant and Young Child Nutrition Counseling.</li> <li>2. Training for community extension workers on nutrition counseling, care and support for PLHIV in 25 districts.</li> <li>3. Evaluation of the comprehensive nutritional package for PMTCT mothers done in the 20 pilot health facilities.</li> </ol> <p><b>Result 4.2.3: Strengthened national capacity for drugs and commodities procurement, and supply</b></p> <ol style="list-style-type: none"> <li>1. Community level supply management skills improved through facility-focused training continued</li> <li>2. 100% of ART sites with no stock outs for ARVs</li> <li>3. 50% of ART sites supplied by CMS</li> </ol> <p><b>Result 4.2.4: Increased number of PLHAs, especially children, accessing nutritional support, including treatment for acute malnutrition</b></p> <ol style="list-style-type: none"> <li>1. 50% of health facilities trained in Infant and Young Child Nutrition Counseling</li> <li>2. Training for community extension workers on nutrition counseling, care and support for PLHIV in 25 districts</li> <li>3. Evaluation of the comprehensive nutritional package for PMTCT mothers done in the 20 pilot health facilities.</li> </ol> <p><b>Result 4.3.1: Increased number of households, especially those headed by women and the elderly, with OVC and PLWHA accessing safety nets and livelihood development opportunities.</b></p> <ol style="list-style-type: none"> <li>1. 1,000 households headed by women, elderly, with OVC and PLWHA benefiting from food security and agri-business interventions in target areas in 5 districts.</li> <li>2. Food rations provided to 12,403 households taking care of orphans and 5,189 chronically ill patients in four districts.</li> <li>3. 3,000 households taking care of orphans and chronically ill patients supported with livelihood activities.</li> </ol> <p><b>Result 4.4.1: A comprehensive human rights- and gender-appropriate HIV and AIDS policy framework, including an empowering and enabling legal and policy.</b></p> <ol style="list-style-type: none"> <li>1. Implementation of the national research strategy initiated.</li> </ol>
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	<ul style="list-style-type: none"> <li>2. Workplace including Education Sector Policy including disseminated and implemented.</li> <li>3. HIV and AIDS law drafted and passed by parliament.</li> </ul> <p><b>Result 4.4.2: Increased number of public and private organizations at national level mainstreaming gender- and human-rights sensitive HIV and AIDS responses in their policies, plans, and sector strategies.</b></p> <ul style="list-style-type: none"> <li>1. Mainstreaming guidelines implemented.</li> <li>2. Agriculture Sector HIV and AIDS Strategy officially approved/launched and implementation started.</li> <li>3. 10 District AIDS Coordinating Committees trained in Mainstreaming HIV and AIDS.</li> <li>4. Four new HIV and AIDS Sectoral Strategies developed in line with MGDS and NAF.</li> </ul> <p><b>Result 4.4.3: Strengthened capacity to design, implement, coordinate, monitor, and evaluate HIV and AIDS response at national and sub-national levels.</b></p> <ul style="list-style-type: none"> <li>1. Implementation of the national M&amp;E roadmap initiated</li> <li>2. National coordination capacity for the management of national response strengthened and sustained.</li> <li>3. Monitoring of the utilization of 2% ORT for HIV and AIDS interventions strengthened.</li> <li>4. Resource Tracking System developed and integrated with institutionalized National AIDS Spending Assessments.</li> <li>5. Advocacy strategy for traditional leaders developed and implemented.</li> </ul>
<p><b>Cluster 5: Good governance</b></p>	<ul style="list-style-type: none"> <li>1. Number of village committees on rights to development formed</li> <li>2. Number of people having access to justice increased by 60%</li> <li>3. Enhance 70% of capacity of state and government including civil society to report on international human rights legislation</li> <li>4. Basic social services delivery in 18 districts improved</li> <li>5. Public sector capacity development strategies implemented in key central ministries – functional HR planning units in key ministries established</li> <li>6. Quality data availability improved for evidence-based decision-making – the DHS and census data analyzed</li> <li>7. Develop strategy for strengthened capacity of government, labor unions and relevant stakeholders to promote respect for the rule of law, enforce laws promoting workers rights and increased protection of young workers’ rights</li> <li>8. Gender-related laws reviewed, enacted and used to grant justice to women</li> <li>9. 7 ministries to exercise gender budgeting</li> <li>10. Capacity among partners on gender mainstreaming of programmes and policy strengthened</li> <li>11. Diverse financial services available to low income groups including women</li> <li>12. Justice Delivery services available to all survivors of GBV</li> </ul>

## Part IV: Budgetary Framework

The establishment of the One Fund moves the UN to a common approach on resource mobilization. It is expected that resources for funding gaps of the One Plan (program) and transformation elements associated with UN reform (reflected in the Business Plan) will be leveraged from the One UN Fund and the Transformation Fund respectively. The Joint UN Resource Mobilization Strategy proposes a number of key guiding principles for UNCT members.

- Resources will continue to be mobilized at all levels (national, regional and global);
- Resources jointly mobilized will be channeled through the One Fund to support either joint programs or UN transformation;
- Strong preference will be given to un-earmarked contributions but earmarked funding will be accepted at outcome level, as well as to joint programs or joint initiatives by more than one UN Agency;
- Agencies will continue resource mobilization as in the past, with resources remaining within the control of the UN Agency;
- Agencies will keep RCO informed periodically to ensure regular updating of the budgetary framework; and
- Agencies agree not to approach donors committed to support the One Fund for independent fund-raising purposes.

### Allocation Criteria

Joint programs and joint initiatives are eligible for funding, so long as they are clearly aligned to UNDAF priorities and UN Agencies have a comparative advantage in the area of program focus. Proposals submitted for funding consideration should seek to obtain resources for priorities which would

otherwise be unfunded. The UNCT agreed by consensus on an allocation arrangement for the initial disbursement of funding to all five Clusters that would ensure equal access. Subsequent allocations following this first allocation will be performance-based, and dependent on absorption and delivery rates.

### Strengthening Government Leadership

The One Fund presents an opportunity to further align the UNDAF/One Plan with national priorities and Government-led processes. At the highest aggregate level, the UN Resident Coordinator proposes to partner with key Ministries, and co-lead resource mobilization efforts in-country. As in the past, UN Agencies will continue to jointly mobilize resources with Government counterparts for jointly-agreed priorities. UN and Government will ensure the timely and adequate availability of resources both in-cash and in-kind, for personnel, premises, supplies and technical assistance. To enhance the UN-Donor partnership, updated information on the delivery of commitments and the usage of funds will be provided on a quarterly basis, supplemented by joint UN-Donor trips to selected sites. Advocacy on the benefits of the One Fund will continue, with both Government and Donors to showcase the added value of a common pool of funding at country level. Over time, the UN commits to ensuring a notable decline in transaction costs associated with resource mobilization, funding disbursement and reporting processes.

Table 5.2 below provides an overview of the UNDAF/One Plan financial picture as of November 2009. A detailed budget report for 2009 can be found in Appendix B.

**Table 5.2: UNDAF/One Plan Overview [as of November 2009]**

<b>UNDAF/One Plan Outcomes</b>	<b>One Plan 2009</b>	<b>One Plan Gap 2009</b>	<b>One Fund Allocation 2009</b>	<b>One Plan 2010</b>	<b>One Plan 2010 Gap</b>	<b>One Fund Allocation 2010</b>
Cluster 1 - Food and Nutrition Security and Economic Growth	14,106,426	8,829,417	4,300,904	12,883,950	8,284,450	4,300,904
Cluster 2 - Social Protection and Disaster Risk Reduction	9,207,373	4,986,051	2,716,588	10,055,000	9,445,000	2,716,588
Cluster 3 - Social Development	50,516,290	11,821,157	6,794,587	51,441,073	19,853,375	6,794,587
Cluster 4 – HIV and AIDS	22,992,344	4,188,194	2,624,533	14,947,500	11,209,500	2,624,533
Cluster 5 – Good Governance	22,425,618	2,124,420	2,064,325	27,740,000	12,020,000	2,064,325
<b>Total</b>	<b>119,248,051</b>	<b>31,949,239</b>	<b>18,500,937</b>	<b>117,067,523</b>	<b>60,812,325</b>	<b>18,500,937</b>

## Part V: Overall Lessons Learned and Way Forward

Evidence-based programming and reporting is clearly a high priority for the UNCT, and shows that despite ongoing M&E challenges, the [knowledge base across all UNDAF areas has been strengthened](#) during the past two years of implementation. Data from operational research, studies and surveys, as well as practical lessons learned from the implementation of pilots and projects is able to sufficiently inform policy dialogue with Government, donors and stakeholders on scaling-up of good practice. Programs such as those implemented to support the HIV prevention and response, additionally generate well-validated program monitoring data essential to ongoing policy dialogue and priority-setting.

The UN could however improve its data collection, analysis and program planning with respect to the [gender](#) cross-cutting area, however. Program approaches and strategies targeting women alone were found to be insufficient, resulting in limited impact in the lives of women – particularly the poor and most vulnerable. The gender team recommends further reinforcement with activities that include men and community structures at large. Without the transformation of discriminatory practices, social beliefs and attitudes, gender inequalities will persist despite targeted interventions for women alone.

A recently-concluded UN gender assessment has paved the way for engendered planning, implementation and review processes – both UNDAF-related, as well as for IPs. To avoid duplication, Recommendations of the UN Gender Assessment will need to be streamlined in all ongoing and future programmes, and gender-sensitive M&E indicators included so that the UNCT is able to measure progress on mainstreaming. Gender equality could be further promoted through a gender-responsive budgetary framework, beginning with the budgets linked to the UNDAF and One Plan.

Despite considerable investment by the UN, national capacity constraints continue to affect program delivery and will affect how far the UN can go to scale on interventions. [Capacity development](#) is thus

clearly an area where the UN needs to review its engagement. Critical capacity gaps persist, and cut across several public functions<sup>2</sup>, at all levels, national and district. Capacity-building support has thus far been delivered mostly through stand-alone workshops, several of which are run concurrently, resulting in high transaction costs for counterparts and implementing partners. Training has in some cases been duplicated; and the extent to which capacity is strengthened has been questioned. Limited impact is further exacerbated by an inability to show efficiency gains for the resources that are collectively invested in capacity development. While improvements have been recorded in a number of UNDAF areas, it is too early to gauge whether gains are sustainable over time. A harmonized approach showing the UN doing the right kind of training, and doing it better, has thus been proposed as a way forward<sup>3</sup>.

Towards this end, the first phase of a [unified CD strategy](#) to promote better harmonization and coordination among UNAs, and improve the delivery of capacity support in-country has just been completed. The UN Joint Mission recommended the UN may also wish to take stock of the considerable capacity support delivered to date, and assess what impact this has so far had. Introducing quality assurance measures in future capacity-building programs may also ensure better accountability for results in this area; as would engaging Government to play a more substantive role in ensuring capacity support is demand-driven.

Progress on [alignment](#) with sector planning and review processes has been limited due to challenges faced by Government in institutionalizing the Sector Working Groups (SWGs). Until the SWGs are formally and fully operational, UN efforts to further reduce transaction costs associated with the UN planning and review processes will not yield desirable results. The forthcoming formulation process for the successor MGDS will provide Government and the UN with an opportunity to jointly identify a number

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<sup>2</sup> *Public financial management, governance, environment, transport, data information systems.*

<sup>3</sup> *UN Resident Coordinator at the September 2009 UNCT mid-year retreat.*

of SWGs where the UN can meaningfully support operationalisation (based on comparative strengths). The Government-led Division of Labor exercise will also likely provide additional guidance. Early indications are that the UN will be expected to take a lead role in the area of governance (economic and democratic processes); in capacity building across several Government functions and sectors; and in promoting international best practice of aid delivery within SWGs and other dialogue structures.

Internally, a number of clusters raised concern with several areas of overlap, and the need for **cross-cluster collaboration**. Also needed is further **rationalization of UN support to district and community structures**. A clear mechanism guiding outcome leaders, and providing implementation support where needed was raised as a priority in 2010. As the UN works on addressing these issues, the **greater involvement of stakeholders** in coordination was proposed as one way to enhance synergies and improve accountability for results and expenditure. In particular, **the MoDPC-UN interface** could be strengthened as no mechanism currently exists for the joint monitoring of MGDS/UNDAF-One Plan performance and results. In addition, the UN has been challenged to include a role for non-state actors in planning, implementation and review processes.

Despite the above bottlenecks and high transaction costs, at the end of its first year of implementing the One Plan, the UNCT has made steady progress on a number of fronts. In-depth diagnostic work underpinning the current UNDAF and One Plan comprised several building blocks<sup>4</sup> on which the

country team worked collaboratively. This diagnostic work informs a common vision of UN reform in Malawi, and provides sufficient detail to guide the process of transformation. Commitment to 'delivering as one' is also apparent at all staff levels within the UN country team, an additional positive sign that programming and operational coherence will continue to advance in the year ahead.

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<sup>44</sup> *A Position Paper on the Role of the UN in Malawi; a Situation Analysis from a Gender and Human Rights Perspective; a Gap Analysis of the MGDS from a Human Rights and Gender Perspective; a Capacity Needs Assessment of the MGDS from an MDG Perspective; the UN Business Plan including a skills and competency assessment; and the Integrated UNDAF Resource Mobilization Plan.*

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