



# Mid-Term Review of the UN Development Assistance Framework for Malawi (2008-2011)

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Final Draft



United Nations MALAWI



## 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
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
HSA	Health Surveillance Assistance
HIMS	Health Information Management Systems
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistant
IDP	Internally Displaced Persons
IEC	Information, Education and Communication
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
IMS	Information Management Systems
IP	Implementing Partner
JFFLS	Junior Farmer Field and Life Skills
MASEDAMalawi	Social and Economic Database
MEC	Malawi Electoral Commission
MoE	Ministry of Education
MoGCCD	Ministry of Gender, Children and Community Development
MGDS	Malawi Growth and Development Strategy
MoAFS	Ministry of Agriculture and Food Security
MoDPC	Ministry of Development Planning and Cooperation





MoEMNR	Ministry of Energy, Mines and Natural Resources
MoF	Ministry of Finance
MoH&P	Ministry of Health and Population
MoI	Ministry of Irrigation
MoJCA	Ministry of Justice and Constitutional Affairs
MoLGRD	Ministry of Local Government and Rural Development
MoWCD	Ministry of Water and Development
MoPwDEE	
MNMR	
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	
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
PMTCT	Prevention of Mother-to-Child Transmission
PMNCH	Partnership for Maternal, Newborn and Child Health
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 Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	UN Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNIDO	UN Industrial Development Organization
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene Promotion
WFP	World Food Programme
WHO	World Health Organization
YFHS	Youth friendly Health Services

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## Executive Summary

### Background

Malawi is an underdeveloped country facing many disadvantages. It is landlocked, resource poor, rain dependant, and overwhelmingly rural with high population growth rates and limited arable land. 44 per cent of children under five are chronically malnourished, and almost every family is affected by disease, most notably malaria, and HIV and AIDS. Over half the population lives below the poverty line and more than 20 per cent are unable to meet their minimum food requirements. Malawi is susceptible to external shocks, both economic and natural, which further reinforces endemic poverty.

In pursuit of economic growth and poverty reduction, the Government has articulated development goals in the Malawi Growth and Development Strategy (MGDS, 2006-2011), to which the UN's Development Assistance Framework (UNDAF, 2008-2011) is aligned. The UNDAF adopts a unified results-based approach, linking the contributions of several UN Agencies to strategic outcomes in a time-bound framework. Coherence has been further enhanced by the recent establishment of the One Fund, which promotes a common approach to resource mobilization and resource allocation.

Since the signing of the current UNDAF in 2007, one major change in the country context has been the President's articulation of nine key priorities in May 2009. These priorities are essentially drawn from existing national development goals and so are not completely new. Specific to UNDAF has been the inclusion of youth development and empowerment as one of the 'priorities within priorities'; a development welcomed by the UN.

### MTR purpose, scope and methodology

The Mid-Term Review provides an opportunity for the UN country team to assess collective performance in respect of 'delivering as one.' The review has been carried out as a participatory, self-evaluation exercise focusing on UN programs and processes over the past two years; current MGDS-UNDAF alignment; and expected results for UNDAF implementation 2010/2011. Background documentation reviewed for the MTR included reports submitted by UNAs, as well as external reports, particularly related to poverty monitoring. A senior UN Inter-Agency Mission provided additional insights to the review process, following their week-long visit to Malawi. Joint UN efforts have thus gone into the review itself, and to the revision of UNDAF resource requirements. A common monitoring and evaluation framework has also been updated.

The MTR culminates in a Joint Strategy Meeting (JSM) at which the updated UNDAF and associated matrices will be presented, discussed and officially endorsed.

### UNDAF performance and results

Despite very high transaction costs for UN staff members, there continues to be strong commitment to 'delivering as one'; and to the UN reform agenda overall. The Government of Malawi has welcomed ongoing UN efforts to streamline the multiplicity of projects and processes in favor of harmonized and aligned approaches. As a signatory to the Paris Declaration on Aid Effectiveness, Government's preference is for aid to be delivered through the modality of general budget support, and for development partners to align with sector-wide approaches (SWAps). The UNDAF is thus seen as a





useful programming instrument through which the UN can position its collective support more strategically in the changing aid environment.

UN support at the macro, meso and micro levels has led to varied progress and results in each of the five principal UNDAF areas. To strengthen Government capacity in the area of **food and nutrition security**, the UN has 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 ASWAp and the National Education Sector Plan (NESP), has also been facilitated. Proxy impacts for 2008/09 show mixed progress towards 2011 targets, however. **Agricultural productivity** improved in sites where food security was the focus of project activity. A focus on community agro-forestry and afforestation improved land productivity in particular, 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. The **Junior Farmer Field and Life Skills (JFFLS)** initiative has also proven to be particularly successful, with the establishment of school gardens. Just under 790 girls and boys engaged in hazardous farm work, were however, re-integrated in various school and education-related activities. This exceeded the target of 750 children withdrawn from child labour. Capacity support has also been extended to improve the skills of stakeholders in the management of national and productive resources, through **sustainable land management and conservation agriculture** practices. Overall, however, the impact of results achieved thus far 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 with respect to the JFFLS, target both in and out-of-school youth in more districts.

On **social protection**, the UN has tested pilots and innovations on unconditional and conditional cash transfers, increasing the knowledge base on effective social support in the Malawi context. There is now a clear need to scale up projects, however, and take a wider program approach to the provision of social protection. The way forward very much hinges on an enabling policy environment, and Cabinet's endorsement of the Social Support Policy is therefore highly anticipated. Through a Cabinet directive, the social cash transfer scheme was piloted in seven districts, but no decision has been made on the future of the scheme and what form it should take. This has in turn affected donor commitment to the scheme. Lengthy delays with disbursements from the Global Fund prevented a timely flow of funds, putting the cash transfer scheme at risk. With a significant decline in resources allocated from the national budget to social support, gains made thus far, and recognized by policy makers in neighboring countries, could potentially be affected.

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. 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.

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 been slow by all accounts. However, 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. Preventive **child health** interventions have had mixed success toward UNDAF targets. Immunization coverage is generally good while use of mosquito nets is still low. Unfortunately, progress made in developing capacity on key maternal, newborn and child health practices at community and household level cannot be measured directly as there is currently no reliable monitoring system. The UN could make a difference by reinforcing use of the Village Health register. A simple user-friendly tool could also be developed using the data sets that have already been collected at health centre level to feed into district level data sets. Data aside, the expansion of village clinics is nonetheless 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. 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.

The **nutrition** profiles for Malawi indicate that a higher contribution to mortality is from the mild and moderate forms of malnutrition compared to severe malnutrition. However, more resources go to treating severe acute malnutrition with limited resources focused on mild and moderate acute malnutrition. The just completed micronutrient survey is a follow up to the 2001 surveys and provides an evaluation of progress made so far in addressing micronutrient malnutrition. Findings will inform a plan of action to control micronutrient deficiencies in Malawi. Current activities to address vitamin A deficiencies include Child Health Day campaigns twice a year reaching over 90 per cent of under-fives. Efforts are also underway to implement sugar fortification at scale. Although a range of activities are undertaken to address malnutrition within the first two years of a child's life, funding continues to be very limited. There is need to strengthen activities at facility and community level to address this, in the next two years and beyond.

World Breastfeeding Week campaigns were also carried out in all 28 districts in Malawi, complemented by national panel discussions on infant and young child feeding aired on radio in Chichewa. About 80% of the population is estimated to have been reached through the medium of radio. Key messages were also disseminated in churches and mosques, complemented by health education talks.





The national Nutrition Policy and Strategic Plan have been finalized and currently await signature. 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.

Net enrolment rates continue to be high in the first two grades, achieving almost **universal education** for both boys and girls. Retention rates are low, however, as less than 50 per cent of learners complete standard 5. 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.

UN support to youth development has 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 females and 42 per cent of males have comprehensive knowledge of HIV. These figures are expected to increase in the next two years.

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, and has since been incorporated in national documents. Significant progress has been made in the area of academic effectiveness and relevance, where teacher training in interactive and child-friendly approaches was the primary activity. In all areas where training has so far been 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. In collaboration with the MoH, children in the 679 targeted schools are de-wormed through the program. Non-food assistance is provided by way of construction materials for feeding shelters, kitchens and storerooms.. Program documentation related to the Universal School Meals Program has been finalized and a handover strategy developed for Government to take over the program. In all, 39 Ministry of Education and Ministry of Local Government officials have been trained in various areas related to school-feeding implementation.

Despite a late start the **WASH** sector is slowly moving from a project to a more system-based SWAp. Governance structures for the SWAp, as well as investment plans and sector information systems are under development. The UN has assisted 12 districts with an analysis of strategies and investment needs required for districts to achieve the WASH MDGs. Support to a District and National Geographical Information System mapping exercise is also underway, 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 enhancement of district capacity.

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 percent. Institutionalising training in hygiene has begun 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.

The inclusion of **youth development and empowerment** as one of the nine priorities of the new Government is recognized by the UN as a welcome development that deserves support. The recent national population and housing census shows that young people constitute 39 per cent of the population. HIV prevalence amongst this age group stands at 11 per cent. Unemployment is a priority concern as an estimated 300,000 enter the labour market every year in search of scarce jobs. Teen pregnancies and early marriages are additional challenges with unsafe abortions and subsequent deaths all consequences that youth have to face. There is need to establish strong links to social services, and enhance collaboration particularly on HIV/AIDS and sexual and reproductive health services. There may also be scope for clear support from non-resident agencies on youth employment issues, complementing livelihoods support and life skills currently being extended through UN programs.

In the context of 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. In the timeframe under review, 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. Out of the ten results targeted for 2009, one was achieved and four are partially achieved. 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 have been 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, and one-on-one technical support provided to local assemblies as they implement their HIV/AIDS plans, are expected to further strengthen capacity to implement HIV and AIDS responses at sub-national level. 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.

With respect to **good governance**, a notable achievement in 2008 was the general buy-in by Government and development partners of the policy shift recognizing **access to justice for all**. The establishment of Community Victim Support Units (CVSUs) has expanded the Access to Justice Program's reach. Working collaboratively on education, health, community development and social welfare services provides holistic assistance to vulnerable groups, especially women and children. Significant progress has been made in the area of **child protection**. Premises have been allocated by the MoGCCD





for the establishment of a child-friendly court in Lilongwe. The UN is supporting 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 has been finalized which will guide stakeholders on how best children can report cases of abuse and exploitation. Following training, the Malawi Police Service is engaging play therapy sessions with children at district police and sub-stations, as one method of helping them cope with the aftermath of abuse. Child protection has also been integrated in schools through the child-friendly schools initiative.

Through the **Capacity Development** for Public Sector Management Program, Government embarked on a review of the outdated Malawi Public Service Regulations (MPSR). 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 has developed standard bid documents to be used by District Assemblies. These efforts are being complemented by training in procurement and ethics for entities within the public, quasi-public and private sectors. Capacity-development support has also been 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 is also providing capacity support to increase the level of gender analysis in budgeting and expenditure tracking processes. Joint UN efforts have gone into supporting the gender mainstreaming unit in the MoGCCD, to better coordinate across public institutions and functions. Training for District Assembly structures has been carried out as part of an overall effort to engender district planning and implementation processes, and gender focal points have had their TORs clarified. Review meetings of all public sector gender focal points have been 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 has 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) and six of the 16 Sector Working Groups (SWGs) established by Government are currently operational<sup>1</sup>.

In line with the SADC gender protocol, 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. This is viewed as a positive development, particularly with respect to the endorsement of a revised Gender Policy, and a review of other gender-related laws which have been before the Cabinet Committee for a long time. The UN has further supported a number of initiatives by Government and CSOs on **gender-based violence**. A small group of men who formerly perpetrated violence have gone through awareness-raising programs and become agents of change in their communities.

## Key Findings

Key findings emerged from the MTR summarized as follows. In a number of UNDAF 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** through which to deliver support.

**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 can adequately inform policy dialogue with Government, donors and stakeholders on scaling-up of good practice.

The UN will also need to deepen/expand **alignment** not just at the level of MGDS priorities, but additionally with sector planning and review processes. This will further reduce transaction costs associated with parallel UNDAF processes. The institutionalization and operationalization of SWGs will facilitate alignment at this level to a large extent, but it is suggested the UN examine how many of the remaining 10 SWGs its' internal capacity can realistically support operationalizing. The forthcoming Government-led Division of Labour exercise and ongoing work on the Joint UN Capacity Development Strategy will likely provide additional guidance in this respect.

Despite a considerable investment by the UN, national capacity constraints continue to affect delivery and results on key development outcomes, 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. While improvements have been recorded in a number of UNDAF areas, it is too early to gauge whether solutions found are sustainable over time. A harmonized approach showing the UN doing the right kind of training, and doing it better, has been proposed as a way forward. Towards this end, the UNCT may wish to take stock of the considerable capacity support delivered to date, and assess what impact support 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 provided is demand-driven.

Internally, a number of clusters raised the same concern around areas of **duplication and overlap** within the current UNDAF, and the need for cross-cluster collaboration. A clear mechanism guiding outcome leaders, and providing implementation support where needed was raised as a priority for the coming year. As the UNCT works on addressing this issue, 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 MoPDC-UN interface needs to be strengthened as no mechanism currently exists for the joint monitoring of MGDS/UNDAF performance and results. In addition, the UN has been challenged to include a role for non-state actors in planning, implementation and review processes.

Although the proposed structure of the One Fund and criteria for disbursement were extensively discussed at the September UNCT retreat, there is need to further define how resources will be disbursed to various agencies. Absorption rates and delivery on funding allocated remain strong concerns, however. In part, low delivery may relate to factors internal to the UN or within the UN's ability to influence/change. External factors to do with the capacity of Government and IPs to absorb and deliver on increased funding will need to be unpacked further, within the context of UN's joint capacity support to Malawi.





## Resource requirements

Resource requirements for the implementation of the UNDAF are revised and an amount of US\$ 443 million (an increase from US\$ 331 million) is estimated at the time of the MTR.

Resource mobilization has thus far drawn on funding available to, or raised by, individual UN Agencies. The recent establishment of the One Fund moves the UNCT to a common approach on resource mobilization, with funding for resource gaps expected to be leveraged from this source.

## Section 1: Introduction

### 1.1 Background

Guided by a number of building blocks, the UN Development Assistance Framework (UNDAF) adopts a unified results-based approach, linking the contributions of several UN Agencies to strategic outcomes in a time-bound framework. Coherence has been further enhanced by the recent establishment of the One Fund, which promotes a common approach to resource mobilization and resource allocation. The UNCT's transition towards a harmonized approach to cash transfers will further advance joint programming efforts, system-wide coherence, and accountability for results.

Progress on reform is highly relevant given Malawi's aid environment. In the FY 2007/2008, ODA totalled 13.5 per cent of GDP with 97 per cent of this incoming aid delivered through general budget support (GBS), sector/earmarked funding, and projects<sup>3</sup>. As a signatory to the Paris Declaration on Aid Effectiveness (2005), the Government of Malawi's preference is for aid to be delivered through the GBS modality, and for development partners to align with sector-wide approaches (SWAs). The UNDAF is thus a key instrument through which the UN can position its collective support more strategically in the changing aid environment. Government has welcomed the UN's reform agenda, and ongoing efforts to streamline the multiplicity of projects and processes in favor of harmonized and aligned approaches. This mid-term review thus presents an opportunity to assess the UN country team's collective performance and results with respect to 'delivering as one.'

### 1.2 The UN Development Assistance Framework (UNDAF) 2008-2011

The drafting of the existing UNDAF was overseen by the Joint UNDAF Steering Committee, co-chaired by the Ministry of Finance and the UN Resident Coordinator. Working from the national priorities outlined in the MGDS, the UNCT assembled several 'building blocks' from which the UNDAF was developed. These included: 1) a Position Paper on the Role of the UN in Malawi; 2) a Situation Analysis from a Human Rights and Gender Perspective; 3) a Gap Analysis of the MGDS from a Human Rights and Gender Perspective; 4) a Capacity Needs assessment of the MGDS from an MDG perspective; 5) the UN Business Plan, including a skills and competency assessment; and 6) the Integrated UNDAF Resource Mobilization Plan. An UNDAF retreat with development partners provided further input.

Given how necessarily broad in scope the MGDS is, the UNCT identified where a meaningful contribution could be made given the UN's comparative advantage and capacity at the time. During the UNDAF retreat, four of the five MGDS themes were adopted as the core UNDAF outcomes. The reversal of HIV and AIDS replaced MGDS theme 4 on infrastructure. UNDAF's fourth priority is aligned to the National Action Framework on HIV/AIDS (NAF). In addition to five core outcomes, the UNDAF had four cross-cutting areas: human rights; gender; disaster risk reduction; and capacity development for implementation. On all of the above, the UN was to consolidate and strengthen its partnership with Government in the delivery of results.

Since the signing of the current UNDAF in 2007, one major change in the country context has been the President's articulation of 9 key priorities, at his inauguration ceremony and State of the Nation address in May 2009. These priorities are essentially drawn from existing GoM development goals and so are not completely new. Specific to UNDAF has been the inclusion of youth development and empowerment as one of the 'priorities within priorities'. The UN views this as a welcome development that deserves support. A snapshot of the principal themes covered by the 9 priorities, the MGDS and the UNDAF is given below.



**Table 1.1: Snapshot of 9 priorities, MGDS and UNDAF**

President's 9 point agenda	MGDS 2006-2011	UNDAF 2008-2011
<ul style="list-style-type: none"> <li>• Agriculture and Food Security</li> </ul>	Sustainable Economic Growth	Sustainable Economic Growth and Food and Nutrition Security
<ul style="list-style-type: none"> <li>• Green Belt Irrigation and Water Development</li> </ul>	Social Protection	Social Protection and Disaster Reduction
<ul style="list-style-type: none"> <li>• Education, Science and Technology</li> </ul>	Social Development	Social Development
<ul style="list-style-type: none"> <li>• Transport Infrastructure and Nsanje Inland Port Development</li> </ul>	Infrastructure Development	HIV and AIDS
<ul style="list-style-type: none"> <li>• Integrated Rural Development</li> </ul>	Improved Governance	Good Governance
<ul style="list-style-type: none"> <li>• Public Health Sanitation and HIV/AIDS</li> </ul>		
<ul style="list-style-type: none"> <li>• Youth Development and Empowerment</li> </ul>		
<ul style="list-style-type: none"> <li>• Energy, Mining and Industrial Development</li> </ul>		
<ul style="list-style-type: none"> <li>• Climate Change, Natural Resources and Environment</li> </ul>		

### 1.3 Principles of implementation

UNDAF implementation is guided by the following principles:

**Alignment:** to the MGDS, as expressed through the Development Assistance Strategy;

**Timeliness:** timely UN responses to national priorities;

**Cost-effectiveness:** as an integral part of the UN Business Plan, services and program implementation delivered cost-effectively;

**Focus:** working with Government in areas where the UN had a clear comparative advantage relative to other development partners and actors; and

**Sustainability:** designing interventions that promote sustainable solutions and long-term viability.

### 1.4 Implementation arrangements

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 UN' teams with clear leadership based on accountability for results. The Resident Coordinator holds agency heads 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.



## 1.5 MTR purpose, scope and methodology

The **purpose** of the Mid-Term Review is to provide an overall assessment of progress and achievements against stated outcomes in the UNDAF. The **scope** of the review covered three main components: UN programs and processes over the past two years; current MGDS-UNDAF alignment; and expected results for UNDAF implementation 2010/2011. The review looked at the following criteria:

- progress towards or achievement of results;
- support to upstream processes, (policy advocacy, research and analysis);
- challenges and opportunities related to internal dynamics or external factors;
- issues specific to implementation;
- lessons learned and specific action points; and
- expenditure to date plus projections for the remaining UNDAF timeline.

The MTR has been carried out as a participatory, self-evaluation exercise. Cluster conveners aggregated inputs from outcome leaders overseeing the implementation of activities and delivery of results. Cluster reports were then consolidated by an independent consultant working closely with the RCO. A senior UN Inter-Agency Mission provided important insights in the form of an Aide-Memoire following their week-long visit to Malawi. Key documentation, including reports on poverty monitoring, provided further context information<sup>4</sup>. Joint UN efforts have thus gone into the review itself, and to the revision of budget figures and resource gaps. A common monitoring and evaluation framework has also been updated.

The MTR culminates in a Joint Strategy Meeting (JSM) at which the updated UNDAF and associated matrices will be presented, discussed and officially endorsed.

## 1.6 Report structure

The report has five main sections: the first gives the introductory part of the report, in which background information is provided on UNDAF Malawi (2008-2011) and the Mid-Term Review. In the section that follows, the report details UNDAF performance and results up to the mid-point of implementation. This section also provides information on challenges and opportunities, as well as lessons learnt and specific action points to be taken. In Section 3 an overview is provided of the upstream work that the UNCT has been engaged in, as part of UNDAF implementation. This includes UN support to policy development, policy dialogue, advocacy, data-collection, research and analysis. Section 4 has two parts: the first, gives an overall analysis of UNDAF progress thus far, drawing on inputs from cluster reports and the UN Inter-Agency Mission's Aide-Memoire, as well as Government and donor perspectives shared at recent consultation workshops. The second part of section 4 sets out the main findings on MGDS-UNDAF alignment. Finally, a summary of UNDAF resource requirements is provided in section 5. Expenditure up to the mid-point of implementation plus projections for the remaining two years of UNDAF informs a revision of the consolidated budget presented in this section of the report.

The UNDAF Results Matrix and M&E matrix have also been updated, and suggested revisions are shown in the two main annexes attached to the main report.

## Section 2: UNDAF performance and results

### Progress towards UNDAF outcomes

At the mid-point of UNDAF implementation, the UNCT has provided support at the macro, meso and micro levels achieving varied progress and results. The use of baselines, targets and indicators included in the M&E framework has enabled evidence-based progress to be reported on in the MTR. Data challenges persist however, in part due to the lack of robust indicators and baselines, and in part due to data quality issues. Gender-disaggregated information continues to be a key challenge. The UN is consistent on evidence-based programming and decision-making, however, including recognizing where weaknesses persist and framing specific action points in response. This comes through in the reporting of results set out below.

### 2.1 MGDS Theme 1/UNDAF Theme 1

**MGDS:** Sustainable economic growth and the achievement of national food security

**UNDAF Outcome:** 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.

#### Cluster outcomes:

- *Strengthen Government capacity to coordinate and implement food and nutrition security policies and plans by 2011.*
- *Nutrient friendly agricultural productivity increased, especially at household level, and oriented towards commercialization*
- *Enhanced conservation of natural resource base by 2011*

**MDG 1:** Eradicate extreme poverty and hunger.

**MDG 7:** Ensure environmental sustainability.

#### 2.1.1 Cluster overview

To strengthen Government capacity in the area of food and nutrition security, the UN has supported the development of a SWAp and subsequent aligning of development partners' plans and policies to those of Government. This work was complemented by several initiatives to boost agricultural productivity and efficiency, reduce child labour in agriculture and provide vulnerable or disadvantaged groups with skills to engage in gainful and sustainable farming activity. In support of the conservation of Malawi's natural resource base, the UN has been working on two main fronts: first, on the rising effects of climate change, and second, on natural resource depletion.

An additional output for 2010 has been proposed under the first outcome: *to strengthen UN interagency and Government coordination and collaboration to facilitate the adoption and scaling-up of best practices on Food and Nutrition Security*. The additional output has been suggested because of persistent overlap concerns over the past two years, which now requires urgent intervention.

#### 2.1.2 Results achieved

##### ***Strengthened Government capacity to coordinate and implement food and nutrition security policies and plans by 2011***

The primary focus has been to provide capacity and policy support to Government, with particular attention to food and nutrition security. A Policy Technical Advisor appointed to the Department of Nutrition, HIV and AIDS at the Office of the President and Cabinet (OPC) has been in place since June 2008. The Advisor has facilitated the inclusion of food and nutrition policy in sector strategies and

plans under development, including the ASWAp and the National Education Sector Plan (NESP) through the School Health and Nutrition (SHN) program. Following Government's launch of the program, and official request for technical assistance, an additional Technical Advisor to the Ministry of Agriculture and Food Security (MoAFS) will be recruited to assist in the coordination and implementation of the nutrition component in ASWAP.

Training combined with the use of IEC materials (developed in Chichewa) on improved and diverse dietary needs and measures to prevent high levels of malnutrition have improved national capacity on nutrition issues. This has directly contributed to a decline in the proportion of those found to be nutrient deficient in the ultra poor population.

***Nutrient-friendly agricultural productivity increased, especially at household level, and oriented towards commercialization***

The UN has delivered most of its support to the agricultural sector through this outcome, including facilitating the development of the ADP, now known as the ASWAp. In the past two years, the land area under small-scale irrigation and water harvesting increased; households livelihoods have improved due to crop and livestock diversification; and food security has been enhanced due to promotional activities around diversity in nutrition. 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.

Special attention has been given to the interests of vulnerable groups in agriculture, i.e. women, youth, and people with disabilities. Agricultural input kits including fertilizer, maize and vegetable seeds were distributed to enable vulnerable groups to engage in sustainable farming/economic activity. School gardens and the Junior Farmer Field and Life Skills (JFFLS) initiative have been particularly successful, achieving their full target (41 sites in 6 districts were reached, 40 sites had been the target). 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.

The withdrawal of boys and girls from farm labour also exceeded targets set: 789 girls and boys were reintegrated in various school and education-related activities, exceeding the goal of reaching 750 children. Reinforcing school attendance and providing families with support for income generating activity further prevented children from returning to hazardous work. At the national and policy level, a list of tasks considered hazardous for children below the age of 18 has been drafted, and a National Plan of Action on Child Labour is about to be finalized.

***Enhanced conservation of natural resource base by 2011***

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 mid-term, over 90% (465ha/500 ha) of the hectareage of agricultural land targeted for afforestation, and sound land and water management, has been covered. Capacity to manage national and productive resources has been strengthened and a number of community agro-forestry and afforestation activities have been successfully completed. Land productivity has improved due to the above activities, as households are now able 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. The incidence of stunted growth has also declined, although there remains an ongoing need to ensure nutrition support during a child's first two years of life because the onset of malnutrition occurs within this short period.





### 2.1.3 Challenges and opportunities

Key challenges identified by the cluster include:

- Poor coordination and cross-cluster collaboration has led to fragmented interventions and a duplication of efforts and expenditure. FAO and UNICEF both work on nutrition and water, sanitation and irrigation, but in different clusters. The lack of a clear UN support strategy posed additional difficulties in the implementation of activities, exacerbated by the low participation of other UNAs in the cluster's programs.
- Nutrition activities have not been allocated adequate funding in the national budget, limiting the technical and financial resources available to Government. This is likely to be exacerbated by the absence of nutrition in the President's recent statement of 9 key priorities.
- Government's managerial capacity in the area of food and nutrition security is also limited; exacerbated by a lack of clarity on the implementation and coordination of nutrition activities within the ASWAP. This will persist in the absence of a Technical Advisor supporting MoAFS.
- In general, there has been a lack of strategic alliance-building with the donor community.
- Although extensive skills-training was carried out for smallholder farmers, agricultural technologies were not readily understood and/or taken up due to low literacy levels. This has in turn affected productivity potential. The low capacity of Government extension workers and the lack of access to markets are other factors limiting higher productivity yields. Strategies are needed to link productivity to (improved) nutrition, and capacity on the same needs to be enhanced.
- 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. Massive environmental degradation and the global financial crisis are other factors impeding growth in the immediate term, but sustainable land management and conservation agriculture practices are likely to reverse current trends over time.
- There is limited capacity overall to deliver and mainstream key issues related to Climate Change and Environmental and Natural Resources (ENR); and translate Government priorities into effective interventions at local level. Greater community awareness and an attitude change in support of ENR are also needed. The lack of a strong M&E system to capture progress and results in this area is a major challenge, as is the link between governance and ENR management interventions, given the lack of by-laws; challenges with enforcement; and the lack of awareness of the duties and responsibilities of different actors.

Opportunities identified include the following:

- The availability of resources through the One Fund is expected to fill funding gaps, and provide much needed resources to address some of the challenges pointed out above, (Cluster 1 was allocated \$6.7m (36%) of the \$18.5m extended window of funding).
- The DNHA is linked to the OPC which gives high visibility to interventions on food and nutrition security. The greenbelt initiative, climate change, and ENR management were included as part of the President's 9 priorities, giving political impetus to important objectives such as a reduced dependence on rain-fed agriculture, and the expanded production of food crops (maize, rice,

wheat, legumes, beans, peas, sunflower and sugarcane). The Farm Input Subsidy Program (FISP) and the development of an ASWAp will further support these goals.

- Locally available, tailor-made studies at the Bunda college (under- and post-graduate levels), and at the Natural Resources College (diploma level technician training) provide good prospects for improving technical and managerial capacity in nutrition.
- Given the increased donor interest and support to programs implemented under this Cluster, the opportunity to deepen/expand programmatic synergy among UNAs implementing activities on nutrition, agriculture and climate change presents itself. Internal UN cohesion will complement efforts to strengthen partnerships with the donor community.

### 2.1.4 Issues in Implementation

There has been no follow-up to concerns raised in previous reports (mid-year progress reports and annual reports for 2008) around the [lack of cross-cluster collaboration](#) and the [overlap](#) between outcome 1.1 (concerned with support to food and nutrition security policy), and outcome 3.2 (implementing nutrition interventions). Disjointed collaboration has led to the [duplication of activities](#) with IPs and double spending e.g. UNDP and FAO both conducted “post harvest training activities” with Government without coordinating support. Other areas of overlap can be found in activities related to disaster risk reduction (DRR), climate change, environment and energy, and sustainable land management (SLM). Nutrition and SLM have not been integrated in the DRR framework for instance, and in other activities related to microfinance, small and micro-entrepreneurship, as well as in the Millennium Village Program (Mvp). The agri-business component has also not been integrated or linked to the support the UN is providing to improve entrepreneurship in post-harvest technologies. Strong coordination is thus needed in the year ahead, which should include sourcing funding wherever gaps exist: e.g. in the area of functional literacy and institutional rural development (IRD).

Through various field projects, Cluster 1 is integrating cross-cutting issues of gender and addressing the care and support needs of AIDS-affected children. The [impact](#) support has had varies, depending on the resources and skills available in households caring for vulnerable children. The Cluster thus promotes a mix of interventions deliberately targeting members of the community who are affected and/or infected with HIV and AIDS. Farming and life skills have been provided to OVC through the JFFLS initiative; and PLHIV were linked to locally managed micro-finance institutions, such as the Village Revolving Funds. Vulnerable female-headed, child-headed and elderly-headed households as well as the disabled were supported through various projects. Staff of IPs and farmers also benefited from gender and HIV/AIDS training.

### 2.1.5 Overall lessons learnt and specific action points

Although UN programs and project activities are aligned to MGDS theme 1 and directly contribute to the achievement of the first Millennium Development Goal, the Cluster could consider including activities on water and sanitation as well as on tourism, wildlife and culture, depending on the results of the Government-led Division of Labour exercise. Experience thus far shows that small projects scattered across a number of sites will not achieve much impact on the ground. The Cluster should therefore consider setting a ‘big picture’ vision for UN support in this area, and as part of that vision, include more support to Government on policy issues. Related to this, targets set too low need to be





revised to cover as many poverty stricken households at district level as possible. Indicators also need to be revised to address discrepancies and overlap. The continued involvement of stakeholders (resident and non-resident UNAs; ministries and Government departments) will ensure anomalies are picked up and corrected in planning and review processes.

A specific action point is for more proactive resource mobilization with donors, and the implementation of cross-cluster activities that make most use of the UN's comparative advantage. The monitoring and evaluation framework could also be further engendered by the UNDAF's M&E and Gender TWGs. Finally, all annual work plans should include a contribution to UNDAF outcomes, with better coordination of mutually reinforcing activities, and a better grouping of activities under central themes (e.g. irrigation, diversification, and so on).

## 2.2 MGDS Theme 2/UNDAF Cluster 2

**MGDS Theme 2:** Social protection and Disaster Risk Reduction

**UNDAF Outcome:** 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.

**Cluster outcomes:**

- *Proportion of vulnerable groups benefiting from social protection increased by 2011.*
- *Government will have disaster risk reduction and emergency management systems and practices for efficient response at national and sub-national levels.*

**MDG 1:** Eradicate extreme poverty and hunger

DRR interventions impact on all MDGs (cross-cutting)

### 2.2.1 Cluster Overview

Alongside key development partners, the UN's primary role in social protection has been to support the creation of an enabling policy environment and strengthen institutional capacity to implement a scaling-up of quality interventions. In the area of disaster risk reduction, the UN has been working on bringing key issues to the fore of the development agenda through advocacy, policy dialogue, technical advice and capacity building support.

***Proposed modified outputs:***

Outputs have been modified to better reflect an approach closer to Government needs, in line with efforts already undertaken and new developments in disaster risk management. However, for the purpose of the JSM, it should be clarified that there are no new outputs among those listed below.

- 2.2.1 *Disaster risk reduction policy, and the institutional framework including planning mechanisms, regulations and new or amended legislation, in place by 2011.*
- 2.2.2 *Disaster risk reduction is incorporated in key Government policies, relevant UN programs, and school and professional training curricula for improved safe behavior practices by 2011.*
- 2.2.3 *Capacity is built at national and sub-national levels for effective integration of disaster risk reduction, and emergency management in development planning, by 2011.*
- 2.2.4 *Multi-hazard Contingency Plans are developed at the national and district level, and operationalized in 2011.*

2.2.5 *Emergency management and early recovery structures and systems are strengthened to effectively respond to local conditions by 2011.*

2.2.6 *An Information Management System is developed to quantify disaster risks in 2011.*

## 2.2.2 Results achieved (social protection)

The proposed [Social Support Policy](#) has been reviewed by the newly appointed Minister of Development Planning and Cooperation. The final draft will be submitted to Cabinet for endorsement before the end of 2009. Extended policy deliberations have meant the completion date of the [National Social Support Program](#) (NSSP) has had to be pushed forward to April 2010. Various donors have aligned to support the program's development but the legal framework will need to first be clearly established. Government allocated 0.4% of its 2009/10 budget towards social support (protection), a third less of what was allocated in the previous fiscal year. Not included is the allocation for the Agricultural Input Subsidy program, which takes up approximately 9.4% of the national budget. Advocacy has been undertaken by the UN together with the Ministry of Gender Child and Community Development (MoGCCD) and Ministry of Development Planning and Cooperation (MoDPC) for increased allocation of the budget towards social support. Negotiations are also currently underway with Ministry of Finance (MoF), Ministry of Local Government and Rural Development (MoLG&RD) and development partners on joint financing modalities for social protection, starting with a pool fund for the Social Cash Transfer Scheme (SCTS). This process is being supported by an international Technical Advisor (TA).

In terms of direct social support, the UN has implemented several [projects and pilots](#), to gauge lessons for the ongoing design of policy and expanded program interventions. Findings have continued to increase the knowledge base and inform awareness-raising activities on social protection among key policy makers, donors, and civil society stakeholders. By the end of March 2009, the SCTS had reached just over 24,051 beneficiary households in seven districts of Mchinji, Salima, Chitipa, Likoma, Phalombe, Machinga and Mangochi. Seven SCT secretariats were established in these districts, along with 218 Community Social Protection Committees (CSPC). 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. The potential for using technology to establish linkages to other rural development and social protection programs will also be explored e.g. linkages to the Agricultural Inputs Subsidy Program (AISP), school bursaries and Public Works Programs (PWPs). Alternative delivery mechanisms will be tested for one year.

The JFFLS program was carried out in the six districts of Mangochi, Mchinji, Machinga, Lilongwe, Dowa and Ntcheu. 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 Project (CFLP) reached 11,100 beneficiary households (60,000 individual beneficiaries) in Machinga and Chikwawa 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.

Two other pilots were implemented in the first half of UNDAF implementation. The School Meals program is currently providing meals to 642,000 in-school learners. The UN, through WFP, is supporting Government in the development of a Universal School Meals program alongside other stakeholders. The Food for Assets / Livelihood (FFA) program was implemented in Machinga and Balaka and reached a total of 7,000 beneficiaries.

The UN has also been supporting [institutional capacity development](#). An internal capacity assessment has been carried out 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). The ICA includes plans to strengthen the SCTS secretariat with two senior Government officers. An M&E officer and an administrative assistant have additionally been seconded to MoGCCD to reinforce capacity. With UN and donor support, the MoGCCD has 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 to build in sustainability.

Experiences from Malawi have been shared throughout the region as well as internationally given the increased recognition of cash transfers as a key component of a comprehensive SP package. In 2009, a number of field visits were conducted for a number of development partners including the EU, GTZ, multiple UNICEF National Committees and the media.

### 2.2.3 Challenges and Opportunities (social protection)

There have been a number of contributing factors to the slow progress of SP policy and program development in Malawi. The main challenges are:

- delays in the passing of the Social Support Policy which has in turn delayed the development of a comprehensive SP program, and donors have not yet come forth on funding;
- limited Government capacity at both the national and district levels; and
- lengthy delays with fund disbursements from the Global Fund which has held up the timely execution of the SCTS.

Several opportunities have also been identified:

- more senior level Government commitment to social support is now evident, particularly from MoDPC, MoGCCD, MoPwD&E, MoLGRD and MoF;
- two senior advisors funded by the EU have been assigned to MoDPC and MoGCCD;
- the Social Support Policy is expected to be endorsed by Cabinet before the end of 2009;
- the SCTS has been scaled up in 7 districts following a Cabinet directive; and

- joint financing modalities for SCTS are in place and preparations are ongoing for a Social Support Basket Fund.

#### 2.2.4 Issues in Implementation (social protection)

Currently, the SCTS targets ultra poor and at the same time labour-constrained households, while the CFLP targets the ultra poor who are not labour-constrained. The Universal School Meals (USM) Program aims to reach all in-school children while the JFFLS targets youth, providing them with livelihood options. The Integrated Household Survey (IHS), to be conducted by the NSO, will help identify areas of overlap, synergy and gaps with respect to these SP programs and the beneficiaries they reach.

There is also need for better coordination in the design of SP programs with those focused on DRR, as well as jointly establishing an IMS at national and district level. Joint collaboration could start with data collection on the most marginalized populations, working with MVAC and NSO. Programs relevant to the needs of vulnerable populations could thereafter be developed with support channeled through shorter-term DRR support or longer-term SP programs. There is also a need for better linkages between Cluster 2 and Cluster 3 overall, to maximize synergy with respect to social service provision and social development outcomes.

#### 2.2.5 Results achieved (disaster risk reduction)

A number of steps have been taken towards the development of policy governing DRR. 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. Stakeholder meetings throughout the policy development process have also been used as a platform for DRR awareness creation and advocacy.

A study on the *Economic and Financial Decision-Making in DRR* was commissioned in a bid to generate data that would support advocacy on mainstreaming DRR in Government policies. Findings show that actual loss in economic value when added to the cost of disaster response ends up being higher than costs incurred by reducing risks and taking mitigation measures. Study results have been shared with stakeholders and will be used to lobby for resources.

The UN has also supported the Department of Disaster Management Affairs (DoDMA), District Assemblies, and District Commissioners with training. DoDMA is the coordinating body on DRR, while District Assemblies are the main IPs. To date, four out of nine DoDMA officials and 10 District Assembly staff have been trained in the module on Disasters and Development: Reducing Risk – Protecting Livelihoods.

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 *inter alia*, define who the relevant stakeholders are, and what skills they need in respect to flood risk management. The strategy will be complemented by Flood Preparedness Plans which have been developed for 8 of the 14 flood-prone districts. To build community resilience, preparedness planning has been decentralized further to involve District, Area and Civil Protection Committees. Community emergency preparedness planning has been encouraged under the Early Recovery Program which was implemented during the 2008/09 floods in all 14 flood-prone districts. Communities were shown how to engage in small-scale irrigation, environmental rehabilitation and community capacity-building as part of disaster preparedness. An Early Recovery Framework was developed to further guide future recovery efforts.





### 2.2.6 Challenges and opportunities (disaster risk reduction)

In the area of DRR, one major **challenge** has been the delayed completion of the preparatory phase of the DRR Policy. Prolonged negotiations with the team of consultants contracted to complete this work has meant many of the results expected by June have been postponed to end of the year. These include the DRR Framework, Flood Risk Management Strategy, Road Map Development and finalization of the draft Operational Guidelines.

Communication between central and district Government is an additional challenge, 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, as well as Government's information management capacity are also affected.

With respect to **opportunities**, the National Platform, with a secretariat established, provides a forum for DRR partners to work cohesively on strategic planning and joint programming based on policy. This should promote a more harmonized approach to the identification of needs, formulation of projects, and implementation of activities in 2010.

Climate change is currently high on the political agenda both nationally and internationally. In Malawi, political will, interest and understanding is evident and growing. Growing donor interest in DRR is also evident, given the realization that support in this area will also have an impact on climate change goals given the higher frequency and intensity of hydro-meteorological hazards. DRR could potentially draw on resources for climate change once cross-sector collaboration is strengthened. This process has already started. More inclusive planning will need to take place within the sector, however, before additional resources can be secured.

Implementation of activities had previously been slowed down due to capacity issues in DoDMA, the main GoM counterpart on DRR. There has since been a three-fold increase in the number of officers assigned to DRR, from 3 to 9 technical staff members, with further significant expansion envisaged in 2010. This will contribute to effective coordination and better continuity of long-term DRR interventions, which have been sidelined in the past whenever a humanitarian short-term crisis response arose. To further strengthen the capacity of both UNDP and DoDMA, the UN has recruited an Advisor who will be assigned to the Ministry, providing strategic advice on DRR issues. There is a clear need to re-strategize long term planning of activities to create a holistic 'investment' package for DRR and avoid fragmented projects/activities. With renewed interest from various partners the process towards this end will be successful.

### 2.2.7 Issues in Implementation (disaster risk reduction)

Progress in DRR has been slowed down with the occurrence of seasonal disasters and DoDMA's priority focus on emergency response. Staff turnover in DoDMA, IPs and UNDP has affected implementation, as have substantial delays in the disbursement of funding from donor to implementer, as well as from Government to implementer. The technical oversight of programs as well as overall monitoring and evaluation, should be enhanced through capacity building at all levels, and across planning, technical and managerial functions. Incoming staff are expected to go a long way towards addressing capacity constraints.

## 2.2.8 Specific action points (social protection and disaster risk reduction)

- Develop comprehensive curricula, modules and training programs for both national and district level staff working on SP and DRR.
- Consider development of SP and DRR curricula for universities and colleges.
- Improve coordination with, and involvement of civil society and the private sector (e.g. financial institutions and communication providers) in the SP and DRR agenda and program.
- Enhance capacity of civil societies working at community level to improve the impact of DRR resilience programs.
- More clearly define the SP institutional framework, including roles and responsibilities of key actors, working with various line ministries and obtaining their agreement.
- Government to prioritize decisions around the level of transfers and coverage.
- Through the planned IHS, identify areas of overlap, synergy and gaps with respect to the different SP programs and the beneficiaries they reach.
- Provide input to the design of the IHS to ensure that gaps and needs of the poor and vulnerable are identified and appropriate interventions designed in the National Social Support Program.
- Link IHS, SP, agriculture, irrigation and water databases to new spatial DRR database.
- Build on the momentum of decentralization, including of fiscal responsibilities, and align joint financing modalities for the SCTS with the Local Development Fund (LDF).
- Focus on synergies between SP and DRR and enhance cooperation and joint programming.
- Standardize planning, training materials and communication at national and district level.



## 2.3 MGDS Theme 3/UNDAF Cluster 3

### MGDS Priorities:

**3.1 (Health):** To increase life expectancy, decrease maternal mortality rates and decrease child morbidity and mortality rates including deaths due to diarrhea, especially in children under 5 years of age.

**3.2 (Basic education):** To equip students with basic knowledge and skills to enable them to function as competent and productive citizens in a free society.

**3.3 (Water and sanitation):** Basic water requirements of every Malawian are met while the country's natural ecosystem is enhanced, and access to water is enhanced to within 500m distances.

**3.4 (Nutrition):** Ensuring active health life with reduced burden of diet-related illness, deaths and disability for men, women, boys and girls living in Malawi.

**UNDAF Outcome:** Increased equitable access to and utilization of quality basic social services by 2011

### Cluster outcomes:

1.1 *Equitable access to essential health services increased.*

1.2 *The proportion of girls and boys enrolment, attendance, completion and achievement increased.*

1.3 *Equitable access to and use of safe water supply, sanitation and hygiene in rural and peri-urban areas and promotion of environmental health.*

1.4 *Improved nutrition outcomes for under-5 children, pregnant and lactating women, PLWHA and other at risk groups.*

**MDG 1:** Eradicate extreme poverty and hunger.

**MDG 2:** Achieve universal primary education.

**MDG 4:** Reduce infant mortality.

**MDG 5:** Reduce maternal mortality.

**MDG 6:** Combat HIV and AIDS, malaria and other diseases.

**MDG 7:** Ensure environmental sustainability.

### 2.3.1 Cluster overview

Guided by the common UN framework, arrangements for cluster leadership have been made on the basis of each agency's comparative advantage. The **health** outcome group encompassing child health, reproductive health, and policy, systems and standards is under the leadership of WHO whereas water, sanitation and hygiene promotion (WASH), nutrition, and education outcomes are spearheaded by UNICEF. The *Accelerated Child Survival and Development (ACSD)* report and the *Road Map for the Reduction of Maternal and Neonatal Morbidity and Mortality* represent the key strategic documents guiding the implementation and monitoring of progress within this sub-cluster. The UN continued to work towards improving collaboration and 'delivering as one' while striving to align major initiatives with national planning processes. Technical support has been jointly provided to the MoH, in its efforts to deliver the essential health package through the SWAp. In 2009, the partnership between various agencies on maternal, newborn and child health as well as the associated catalytic initiative, worked well towards common goals. Given the need to focus and intensify efforts, the community case management of common illnesses and community-based maternal and newborn care have been areas of common interest to all three UN health agencies (UNFPA, UNICEF and WHO).

Despite the abolition of school fees in 1994, over 10 per cent of eligible children in Malawi do not attend school, and 35 per cent of those who enroll complete standard 8. The good news is that net enrolment rates are high in the first two grades, achieving almost **universal education** for both boys and girls, but retention rates are low (less than 50 per cent complete standard 5), leaving school without literacy skills which continues the vicious cycle of illiteracy and poverty. The sub-cluster's response has

been mainly focused on support to policy and capacity development work at all levels - upstream; district and community levels; as well as implementation of the Child-Friendly Framework at school level. The most progress has been made in the area of teacher training in interactive and child friendly approaches. 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 in this area. The target to construct and furnish 750 classrooms is equally on course, although continued effort is needed if the CFS goal of ensuring that all schools are gender-sensitive, promoting equity and equality is to be met.

Inadequate or absent **water supply and sanitation** facilities compromise hygiene leading to the prevalence of preventable environmental disease. This contributes to poor health, loss of productivity and exacerbation of poverty. An estimated 3 million women and 1.2 million children are directly affected by the poor coverage of water supply and sanitation in Malawi. In order to achieve set goals the water, sanitation and hygiene promotion (WASH) sector is beginning formal implementation of a sector-wide approach (SWAp) with sector investment plans (SIPs). An Operation and Maintenance framework is also being developed in addition to a geographical information system that will generate data to inform policy dialogue and programming. The scaling-up of Community-Led Total Sanitation (CLTS) is also being looked into, promoting hygiene practices using a multimedia approach, as well as the promotion of a WASH package for schools.

**Nutrition** remains a high priority for Government as indicated by its explicit inclusion in the MGDS. Government has also created a Department of Nutrition, HIV and AIDS (DNHA) in the Office of the President and Cabinet (OPC) to provide policy guidance, ensure coordination, and support resource mobilization. Malawi is still characterized by high levels of chronic malnutrition (stunting) of close to 50 per cent among children under the age of five years. Vitamin and mineral deficiencies remain a public health concern. Areas of focus to reduce malnutrition have included: 1) breastfeeding promotion strategies and behavior change communication to improve complementary feeding; 2) the integrated management of acute malnutrition in children and pregnant/lactating women; 3) strategies to increase micronutrient intake; 4) strategies to improve food availability; and 5) food and nutrition surveillance. Activities were implemented through strategies around communication, monitoring and evaluation, capacity development, and service delivery. Gender concerns and results-based management were mainstreamed throughout.

### 2.3.2 Results achieved (Health)

#### *Increased proportion of women, men and young people accessing sexual and reproductive health services*

The capacity to deliver YFHS was strengthened in 23 of Malawi's 28 districts through the training of health workers and through the supply of drugs and reproductive health commodities to targeted health delivery service points. Monitoring of youth friendly services was strengthened through the development, printing and distribution of monitoring tools to all districts. This contributed to young people having increased access to SRH services, and additionally supported data-gathering on services being given to young people. Fifty-three per cent (318 out of 595) of Malawi's health centers were found to be offering YFHS according to national guidelines. From the 2009 Welfare Monitoring Survey, the UN was able to confirm that 80 per cent of young people aged 10-24 years had undergone HIV testing.





### ***Proportion of women accessing obstetric care increased***

Overall, there has been good progress toward upgrading facilities to provide Basic Emergency Obstetric and Neonatal Care (BEmONC) in the country. Capacity has been developed as a result of training of service providers, and the process of including emergency obstetric and newborn care (EmONC) in the pre-service curriculum for nurses has been initiated in all 14 nurse training institutions. Coverage of BEmONC has increased from 65 to 84 of the 109 facilities (77%). According to administrative data, 56 per cent of pregnant women had made at least 2 antenatal clinic visits while 61 per cent had received 2 doses of the tetanus toxoid vaccine.

Technical support was provided in the revision of the “Road Map” M&E tool in order to strengthen monitoring and evaluation of reproductive health interventions. Assistance was also provided to institutionalize maternal death audits at the district and community level. At national level, an established committee continues to meet regularly and has produced a report outlining the status of maternal death audits, and key areas for improvement.

### ***Communities with enhanced capacity to implement key maternal, newborn and child health practices***

In 2009, supported by the UN, 1’045 health surveillance assistants (HSAs) received basic training. A total of 229 HSAs also received in-service training for management of common childhood illnesses; 437 other HSAs were trained on the community-based maternal and newborn health package and 307 were trained in community case management. Trained HSAs were provided with job aids, basic equipment and supplies for the effective promotion of key family care practices. According to the 2009 Welfare Monitoring Survey, 47 per cent of children below five years, slept under an insecticide treated net (ITN). The 2009 Integrated Management of Childhood Illnesses (IMCI) Survey reported that 46 per cent of caregivers sought care for fever/malaria, 32 per cent for ARI while 20 per cent sought care for diarrhea.

Support was also extended to the promotion of appropriate infant feeding practices, through commemoration of a breastfeeding week. Government was additionally supported to reach all communities through letters to their leaders. The capacity of Government departments and relevant stakeholders was strengthened through technical assistance on empowerment of communities. This is expected to result in communities participating more effectively in maternal, newborn and child health issues. Various community level committees, e.g. the Safe Motherhood Task Forces, Village Health Committees and Area Development Committees, have been oriented on various issues of maternal and neonatal health where increased access to skilled attendants at birth has been promoted. So far a total of 40 community-based distribution agents have been trained and 240 provided with refresher training on promoting access to family planning services.

### ***Increased proportion of under-five children accessing preventive interventions at all levels***

Government has been supported to increase coverage of preventive interventions for children through the delivery of a package of services encompassing immunization, vitamin A, de-worming and ITNs. This is carried out twice a year through the Child Health Days (CHD). Vitamin A supplementation reached 95 per cent of children aged 6-59 months while 100 per cent of children aged 12-59 months were de-wormed.

Capacity has been enhanced for the Expanded Program of Immunization (EPI) disease surveillance in 13 districts and an active surveillance search has been conducted in all 28 of Malawi’s districts. Measles

immunization reached 90 per cent coverage at national level. EPI performance reviews have also been supported at national and regional levels. At national level, the current non-polio acute flaccid paralysis (AFP) rate is 2.7/100,000 under-15 population and stool adequacy 81 per cent against the targets of 2.0/100,000 and the minimum of 80 per cent for AFP stool samples collected within 14 days of onset of paralysis. Non measles febrile rash reporting is at 2.6/100,000 population (target is 2.0/100,000). In addition, 78 per cent of the districts have reported at least one suspected measles case with blood samples collected for serology tests against the target of 80 per cent.

### ***Increased proportion of health facilities managing common childhood illnesses according to national standards***

As a result of continuous efforts to roll out the IMCI approach at facility level, 47 per cent of Malawi's health facilities have at least 60 per cent of their health workers trained in IMCI and managing sick children. According to the 2009 IMCI survey, about 77 per cent of cases of sepsis, pneumonia, and fast breathing requiring oral antibiotics, were prescribed correctly. According to the baseline assessment on quality of pediatric care conducted in 2009, most HIV/AIDS and its related conditions (92.3%) as well as malnutrition (73.5%) were assessed, classified and treated according to standard guidelines.

### ***Existence of guidelines, policy and systems development, in collaboration with other operating partners, for equitable delivery of the EHP***

UN partners provided technical and financial support to Government in the development and revision of various key guiding documents and policies as set out below. In some cases, the UN also provided support in the dissemination of documents.

- Revision and dissemination of *District Development Planning System Handbook (DDPS)* which provides guidelines for community support groups and community level action.
- The Sexual and Reproductive Health and Rights policy has been finalized and the revision has taken into consideration emerging issues in the country like male involvement and obstetric fistula, as well as key regional documents, notably 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 to include emerging issues.
- 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 to improve the M&E of services at district level. The capacity of District Health Management teams' on result-based planning has also been strengthened through the development of results-oriented District Implementation Plan guidelines.

Technical and financial support was also provided to the MoH to enable 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 strengthen analytical capacity on health issues and equity health care. This is expected to improve the knowledge base on health issues more broadly.

UN partners supported Government to conduct a situation analysis and plan of action to improve the Human Resource Management Information System. 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.

#### *Increased capacity for epidemic preparedness and response*

UN agencies assisted Government in the procurement of cholera control commodities. Capacity support to strengthen and manage emergency preparedness and response for flood victims was also extended, in addition to support on national preparedness and response to H1N1. Government has also been supported to conduct a Non-Communicable Disease (NCD) survey that quantifies the magnitude of the NCD burden and its contribution to the burden of disease.

### **2.3.3 Results Achieved (Education)**

#### *All primary schools implementing new curriculum including life skills*

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. The target is to train 100 per cent of primary teachers and to provide the necessary teaching and learning materials by 2011. So far 86 per cent of the teachers have been trained in Life Skills Education, and half that number in Guidance and Counseling, a topic that has been recently introduced. New materials have also been developed and distributed to all schools, but as the program is rolled out, supplementary materials could also be additionally distributed to schools.

In terms of coverage, 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, and will be reached by 2011. Studies are ongoing to determine learners' level of knowledge of HIV and Life Skills. 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 ready in this regard.

Interventions in support of youth development have focused mainly on HIV/AIDS Life Skills, ensuring that the correct knowledge and skills is shared to reduce the risk of HIV transmission. So far studies have shown that about 41 per cent of females and 42 per cent of males have comprehensive knowledge of HIV. These figures are expected to increase in the next two years, although the target may be elusive given the mobility of youth. As youth represent 39 per cent of the national population, an estimated 300,000 young men and women are entering the labour market each year, in search of scarce jobs. The UN could augment its support to address other priority concerns,

#### *Percentage of schools implementing CFS approach*

This component contributes significantly to the goal of improving education enrolment, attendance, completion and achievement rates. The Child Friendly School (CFS) framework was adopted as the practical vision/definition of quality education, and has since been incorporated in national documents. A child-friendly school in Malawi is thus defined through five components: 1) it is academically effective and relevant; 2) it is safe, protective and health promoting; 3) it is gender sensitive and promotes equity and equality; 4) it is community engaging and rights-based; 5) and it is inclusive. Varied progress has been achieved in the implementation of these five components, as the analysis below shows.

The most progress has been made in the area of academic effectiveness and relevance, where teacher training in interactive and child-friendly approaches was the primary activity. Over 80 per cent of teachers have so far been trained, and the remaining 20 per cent will be trained by 2011. At operational level, however, effectiveness has been compromised by other factors such as high teacher-pupil ratios and inadequate classrooms.

In order to ensure that all primary schools were engaging the community and had developed effective school-community partnerships, Parent-Teacher Associations (PTA) or School Management Committees (SMC) were to be trained on CFS approaches. So far, slightly over 40 per cent of the PTAs have been trained, and it is unlikely that this target will be met. The initiative has been well received by Government and development partners, however, since it resonates well with initiatives to strengthen school-based management.

It is also unlikely that the target of ensuring 50 per cent of schools are rights-based and inclusive will be met. The plan had been to train all teachers and head teachers in selected schools on inclusive approaches, but so far only 10 per cent of teachers have been trained. It has also emerged that other inputs such as classroom equipment and classroom design are among needs critical for this component of the CFS to be achieved. Being resource heavy, pooled funding among development partners will be recommended, also to ensure the component is given high priority.

The target to construct and furnish 750 classrooms is nonetheless, on course. So far over, 300 classrooms have been constructed and furnished, while over 150 schools are under construction. The UN will continue to provide leadership in the search for cost effective approaches. This will help increase the pace and quality of delivery as the national deficit exceeds 30,000 classrooms.

To date, over 35 per cent of schools have teachers and head teachers trained on gender sensitive approaches. This is expected to contribute to the goal of ensuring that all schools are gender-sensitive, and promote equity and equality. It is unlikely that all teachers will be trained by 2011, however, but a probable estimate of 80 per cent is likely to be reached.

In all areas where training was conducted, teaching, learning materials, and manuals were developed to support post-training implementation. A cross-sector approach has furthermore been adopted to ensure synergy with interventions promoted for OVC, as well as those undertaken for WASH, health and nutrition. This cross-sector collaboration extends to Government partners.

#### ***Percent of children in vulnerable areas benefiting from school meals increased to 100 per cent***

In terms of service delivery, it is expected that all learners in the 679 targeted schools are provided with a hot mid-morning porridge of Corn Soya Blend (CSB, 100 g per child per day) while 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 a particular month. The table below shows the proportion of daily nutrient requirement for a child that the portion of 100g Corn Soya Blend provides. In collaboration with the MoH, children in the 679 targeted schools are also expected to be de-wormed. In addition, besides promoting school gardens, the 21 schools participating in the Junior Farmers Field and Life Schools initiative also received food (maize meal and pulses) for distribution during afternoon sessions.





**Table 2.1: Proportion of daily child nutritional requirements met by the CSB in School Meals Program**

NUTRIENT	DAILY REQUIREMENT MET BY CSB	NUTRIENT	DAILY REQUIREMENT MET BY CSB
Protein	60%	Calcium	100%
Energy	18%	Folate	55%
Iron	38%	Niacin	43%
Vitamin A	100%	Riboflavin	33%
Vitamin C	100%	Thiamine	16%
Vitamin B12	100%		

To date, 683,824 learners, up from the planned 635,000, regularly receive the corn soya blend while 136,962 receive the take-home ration of maize grain. During 2009, 473,529 children were de-wormed. The School Meals Program also provides non-food assistance 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. Program documentation related to the Universal School Meals Program has been finalized and a handover strategy developed for Government to take over the program. In all, 39 Ministry of Education and Ministry of Local Government officials have been trained in various areas related to school-feeding implementation.

A school-feeding baseline carried out to compare schools receiving school meals to those that were not receiving meals revealed the following notable results. 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. The table below provides a summary of these findings.

**Table 2.2: Indicators and achievements of the School Meals program in Malawi**

INDICATOR	OUTCOME
Enrollment	41% higher overall and 51% higher for girls in targeted schools
Attendance	3% and 4% higher for boys and girls respectively
Pass rates	6% higher for boys and 5% higher for girls

*Source: School-Feeding Baseline Study 2007*

***All school-age refugee children benefit from a good quality education***

The education of refugee children is going relatively well. The results of the quality assessment of the Dzaleka School for refugee children are expected soon and will provide a basis for quality improvement. UNHCR is leading the assessment team on behalf of the UNCT.

***Policies and systems development supported as part of Education Sector SWAp***

In the lead role of the group of education donors for the past two years, the UN has seen through the achievement of a number of milestones. Comprehensive analytical work has underpinned planning and policy documents. A *Country Status Report; Capacity Analysis studies of 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), in addition to the Education Policy Agenda. The

MoE has also made its submission to the FTI, a complex process requiring many studies and close collaboration with several Government ministries, notably Finance and Procurement.

A SWAp will soon be introduced in the Education Sector, and the JFA and MoU await signature. Preparatory work is expected to provide a basis for harmonized planning and implementation by Government and development partners, and will hopefully put the sector on a path of sustainable growth.

### ***Children withdrawn and prevented from child labor integrated and retained in basic education and vocational training***

A situation analysis of the Technical and Vocational Education Sector is ongoing, that will culminate in a stakeholder workshop which will also assist in clarifying the roles and responsibilities of key actors. Expanding opportunities for young people to access vocational or livelihood skills training is at the core of ongoing UN support in the area of technical and vocational education, and is likely to include capacity development of Government and key IPs.

The ILO is in the process of preparing a report on the situation analysis of child labor.

## **2.3.4 Results achieved (water, sanitation and hygiene promotion)**

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 related MDGs. The UN's support to upstream processes aims to influence policy reform and decisions at higher level and is complemented by support to service provision at community level.

### ***Increased number of water points constructed/repaired in rural and peri-urban communities and schools***

In schools, the impact of inadequate water, sanitation and hygiene practices contributes to pupil absenteeism, especially among adolescent girls. The lack of facilities is exacerbated by a lack of privacy and safety, leading to low enrollment, high drop-out rates, low performance and an inability to complete primary education. In 2008, a National School WASH Assessment<sup>5</sup>, the country's first ever comprehensive analysis of water, sanitation, and hygiene in primary schools was conducted in 5,379 of the country's 5,460 schools. The report paints a worrying picture. While 81 per cent of schools use a protected water source, only 23 per cent have acceptable sanitation and only 4 per cent provide hand-washing facilities with soap. To close the gap the report points to a need to construct about 1,000 boreholes, more than 8,000 hand-washing facilities and 37,000 latrines in more than 4,000 schools at a cost of US\$36.8 million.

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, UN support has resulted in over 886 boreholes drilled and fitted with hand pumps in the past two years, serving over 221,500 new users and 34,504 users reached through rehabilitation of boreholes.



### *Increased number of improved sanitation facilities/repared in rural and peri-urban communities and Schools*

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.

### *Policy and sector reform in the context of a SWAp*

Despite a late start, the sector is slowly moving from a project to a SWAp. Governance structures, as well as investment plans and sector information systems supporting a SWAp are under development. The UN has also assisted 12 districts with an analysis of strategies and investment needs required for districts to achieve the WASH MDGs.

In line with the water policy where it is stipulated that operation and maintenance is the responsibility of beneficiary communities, WASH has been involved in community 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.

Another important activity underway is support to the District and National Geographical Information System mapping exercise which will institute mechanisms for the regular updating of water and sanitation data. Currently, system analysis and design has been completed, and hardware and software has been procured and distributed to all 28 districts. Training for national and district facilitators has been conducted. Data collection is currently underway and completed in seven districts thus far. The development of district atlases is ongoing with two district atlases completed. Atlases help users to visualise the distribution of all water points in their locality. Users can also visualize operational and non-operational water points or identify where spare part supply shops are located. This will help users, districts teams and communities to make informed decisions on water, sanitation and hygiene.

Twelve District Water Officers have been recruited which has contributed to the enhancement of district capacity. In addition, training has been extended 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 on WASHTED. Key aspects will be incorporated in future training.

### ***Increased proportion of the population and school children adopting improved hygiene practices***

Hand-washing practices are poor in Malawi: proper hand-washing after using the latrine ranged from 35-50 per cent and before feeding or cooking was less than 10 per cent<sup>6</sup>. Institutionalising training in hygiene has begun 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.

Due to financial constraints, many of the activities planned with funds from voluntary sources were not carried out, as this funding did not come through. There are plans to carry some of these activities forward, as the One Plan will accordingly show.

### **2.3.5 Results achieved (Nutrition)**

The national Nutrition Policy and Strategic Plan have been finalized and currently await signature and printing. 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.

The sugar fortification pilot at Illovo Sugar Company has been completed and results documented. A *Consumer Acceptability Study* has also been 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 Dr. Mary Shawa, 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 RapidSMS 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 adaptation 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.

### 2.3.6 Challenges and opportunities

**Health:** In a context of weak community-based monitoring systems and community structures, the scaling-up of community-based maternal, neonatal and child health interventions has been a **challenge**, in addition to maintaining quality services. There is potential for quick wins with community case management of malaria, pneumonia and diarrhea as well as community-based maternal and newborn care through the existing network of HSAs. A renewed focus is needed however, on coordination of interventions at the decentralized level. Another challenge will be reaching and sustaining the average annual reduction rate that is needed to ensure that progress towards MDG 4 remains on track.

Reliable data from service delivery points remains another key challenge because of the persistence of conflicting data for the sector. This can be mainly attributed to the inadequate capacity of personnel both at national and district level to generate data and monitor data quality. Coordination of stakeholders involved with the YFHS programs has been slow to take off at the district level. In addition, since the end of the emergency human resource plan, the MoH is no longer providing funding to the Christian Health Association of Malawi (CHAM) and other health institutions that were active in hard-to-reach areas. Prospective students from rural areas who benefitted from bursaries are likely to also face challenges accessing training institutions. These developments will likely have a negative impact on health targets.

Reiteration of interest in reducing maternal and newborn mortality by the health partner agencies (UNICEF, UNFPA, WHO, World Bank) coupled with a demonstrated commitment of the Government through 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 Neonatal Morbidity and Mortality in Malawi. To some extent, the One Fund provides an additional opportunity to close funding gaps.

The continuous commitment of PMNCH/CI/EU/Maternal Health Trust Fund donors and progress made thus far in aligning these initiatives with the DIP, offers a platform for intensification of efforts and an assessment of impact which will guide the rolling out of cost-effective interventions. Harmonization of the planning format between Ministries of Health and Local Government and the introduction of results-

based planning at the district level will facilitate collaboration and a better focus of key interventions, thereby strengthening evidence-based programming and reducing duplication.

**Education:** There are weak systems of accountability throughout the system, which consistently compromises the achievement of annual targets. Inter-ministerial coordination continues to be inadequate across key ministries, and yet if strengthened, holds considerable potential to achieve greater impact in the sector. There is an inequitable allocation of funds between sub-sectors within education, notably primary and university education. Funding for youth development programs is inadequate and limits the scope for launching programs responsive to the main challenges youth face. Currently youth programs carry an over-emphasis on HIV/AIDS awareness and education. There are institutional and organisational capacity constraints at the MoYDS and the MoES&T. If these are addressed, opportunities for alternative education and training for youth can be created. Coordination among education development partners and the MoE is expected to be strengthened with the adoption of a SWAp, but the UN should lead by example, by signing the JFA and MoU as one.

**WASH:** Until the recent approval by Cabinet of a Sanitation Policy, key stakeholders in the sector had inadequate capacity and unclear institutional roles to provide required services. A number of **challenges** face the rural sanitation sub-sector, some of which are:

- inadequate institutional capacities to technically oversee and manage sanitation;
- outdated acts and inadequate guidelines within the legal and policy framework;
- household sanitation perceived as a benefit for only the household, minimizing subsequent financial support; and
- inadequate skilled personnel in the sector, because it is difficult to retain qualified staff at both national and district levels.

The CLTS approach presents an **opportunity** to scale up household latrine construction and use, so as to move Malawi to an ODF environment. A SWAp for the sector presents an opportunity for harmonization which will hopefully reduce demands on implementing partners overloaded with a multiplicity of plans, reports and modalities. The new Sanitation Policy and the establishment of the Directorate of Sanitation will bring visibility to the profile of sanitation.

**Nutrition:** A major **challenge** has been limited financial support to the nutrition sector. The MoH's ceiling for nutrition activities from the Health SWAp is inadequate for the expected results to be delivered. Resource constraints have forced the sector to leverage resources from other sectors such as HIV and AIDS to be able to sustain and scale up programs in line with national plans. Resource constraints have also resulted in only a partial scale up of SFP to all CTC sites.

The established Nutrition Development Partners Group is an **opportunity** to advocate for nutrition with donors and line ministries. The integration of nutrition with ACSD and PMTCT has made additional resources available. The DNHA in the Office of the President and Cabinet is helping to drive the national nutrition agenda through coordination, resource mobilization and policy guidance. Partners and donors are also increasing investment in nutrition namely; Irish Aid, Clinton Foundation, European Union, DFID, and CIDA. National capacity to produce therapeutic supplements like *Plumpy Nut* locally, is facilitating the rapid scale-up of Community Therapeutic Care (CTC) for those affected by severe malnutrition.



### 2.3.7 Issues in Implementation

**Health:** Although timing is harmonised for planning and review sessions, collaboration is weak between the health and nutrition outcome groups and needs strengthening. The linkage between health and nutrition has improved as a result of joint planning between these two outcome groups. Necessary time needs to be set aside during the planning phase to facilitate the exchange of ideas on issues cutting across outcome groups (primarily prevention of HIV, YFHS, water and sanitation in school, and nutrition in health and education).

Gender equality could still be more actively linked into the UNDAF planning process. 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.

During the May 2009 Joint UN-GOM quarterly monitoring visit, the following programmatic shortcomings were raised: 1) there is no consistency in the quality of DIPs – more effort needs to go into ensuring Plans are technically sound, and implementation is better monitored; 2) fund allocation to public health programs, initiatives and interventions needs to be prioritized in DIPs; 3) improvements are needed in the supply chain management to ensure the availability of generic drugs at facility and village clinic levels; 4) coordination of transport logistics is not yet optimal; 5) the functioning of national and district inter-sectoral technical committees should be looked into, and adequate orientation provided on an ongoing basis to HSAs and village committees. Orientation would cover emerging issues and new initiatives; and 6) the quality of care provided at IMCI facilities, as well as the quality of paediatric care provided at district and tertiary hospitals needs to be improved in the scaling-up of interventions. The availability of supplies for paediatric care is also an area of concern.

**Nutrition:** Internally, there is need to rationalize overlap between nutrition covered under cluster 1 and cluster 3. Meetings for both clusters have proven to be too demanding, taking time away from implementation. Externally, health workers have been trained by various programs without coordination, resulting in duplication. Training also takes health workers away from service delivery points, and so needs to be better rationalized. There is also overlap in the development of Guidelines e.g. on maternal and child health, infant feeding, PMTCT and IMCI. Attention to reducing the incidence of overlap will bring down high and unnecessary transaction costs, as well as ensure program funds are not wasted due to duplication of activities. There are areas where the UNCT can learn from good practice: e.g. UNICEF's procurement of therapeutic milk for the severely malnourished was complemented by the referral of children to a supplementary feeding program after discharge, where WFP provided food supplements for continued care. Government provided drugs for treatment of infections and diseases in this case.

On a different issue, much of the community work is carried out by male HSAs and women are unlikely to feel comfortable discussing maternal or reproductive health issues with male health workers. Advocacy needs to be sustained to convince the MoH to employ more female HSAs. An inadequate focus on gender in M&E forms used by programs, and the lack of robust gender-related indicators in the M&E framework has led to the perpetuation of data gaps with respect to disaggregated information. This has subsequently also affected implementation.

### 2.3.8 Overall lessons learnt and specific action points

**Health:** Lack of real time data especially at community level does not support timely corrective measures. As a result there is a heavy reliance on periodic nationwide surveys which undermines any genuine focus on improving the existing health information system. The UN has a comparative advantage in leveraging available resources for the development of a community-based health information system that would promote knowledge development and management at all levels.

Although Malawi has made notable progress in reducing under-five mortality, there is a climate of complacency that 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.

Progress has also been slow in the reduction of maternal mortality despite a well-articulated and sound Roadmap and a commitment of partners to its implementation. Attention seems to focus on the lack of resources, when what is needed is a comprehensive analysis of bottlenecks, so that areas in need of support can be identified, and resources leveraged from well-funded interventions such as HIV/AIDS. With renewed interest in maternal mortality reduction at both the global and regional levels, there is need to take stock of progress made in Malawi and prioritize cost-effective interventions likely to contribute to further maternal mortality reduction. This would include EmONC.

**Education:** Macro-level policy and capacity support needs to be complemented with downstream support to lower level structures. Decentralisation, in particular, should be supported by all stakeholders, as success will pave the way for innovative approaches, such as school-based management, and greater ownership of interventions at community level. Empowered local communities can more actively monitor service delivery and hold service providers accountable. Recent experience points to some promising results in engaging parliamentary committees in the social sector, and the UN could lead other stakeholders in this regard.

**WASH:** The successful implementation of CLTS requires strong champions and largely depends on key drivers like community natural leaders, village headman and committed HSAs. WASH needs to add its support to the decentralization process through increased support of district institutional capacity building. Developing a SWAp for the sector requires patience (usually working at the pace of the slowest), advocacy and negotiation skills. There is need for improvement in making use of data and documentation of best practices to scale up initiatives. Inadequate and untimely routine information from systems such as the National Nutrition Surveillance and Health Management Information Systems does not strengthen the evidence-base for policy dialogue and programming purposes. Finally, District Implementation Plans (DIPs) are all based on yearly targets but a longer planning horizon of at least five years is needed to ensure annual plans are linked to longer term goals.

**Nutrition:** Child Health Days have the potential of reaching over 4 million children annually but there is limited integration of child survival interventions at scheduled events. This is mainly because programs in the MOH focus on specific health issues, and carry out separate, parallel and costly campaigns. It is suggested that CHDs be taken up at directorate level, so that events can be implemented in a better integrated way. There is also a significant amount of post-basic training provided to HSAs without coordination. A database is suggested on HSA training at district level, with the EHP committee endorsing training plans to minimize duplication. The job description of HSAs also needs to be updated and could be part of this exercise.





The UN is in fact supporting different district and community structures without coordinating support. This should be addressed as part of 'delivering as one', and reinforced by joint field visits carried out together with MoH officials. In specialized programs, such as targeted nutrition, the complementarity of activities goes a long way towards providing a complete treatment package for malnourished people and this should serve as the impetus for greater internal coordination. The UN does need to move on from implementing numerous small-scale activities in favour of fewer high impact interventions implemented at scale. A detailed plan outlining and costing activities will need to be developed to support scaling-up, however, thorough enough to inform donors looking at potential funding areas and resource gaps.

## 2.4 MDGS Theme 4/UNDAF Cluster 4

**MGDS Priority:** Prevent the spread of HIV infection among Malawians; provide access to treatment for people living with HIV and AIDS and to mitigate the health, socio-economic and psycho-social impact of HIV and AIDS on the general population and high risk groups.

**UNDAF Outcome:** National response to HIV and AIDS scaled up by 2011, to achieve universal access to prevention, treatment, care and support.

**Cluster outcomes:**

- 1.1 Improved equitable access to and uptake of preventive services.
- 1.2 Improved and equitable access to and uptake of AIDS treatment, care and support services.
- 1.3 Reduced social and economic impact of HIV and AIDS on families and communities.
- 1.4 Improved national and district level capacity to coordinate, manage and monitor HIV responses in line with the Three Ones principles.

**MDG 6:** Combat HIV and AIDS, malaria and other diseases.

### 2.4.1 Cluster overview

The national HIV prevention strategy has been finalized and is now an official document. This evidence-based reference document provides a better understanding of the dynamics of HIV transmission in Malawi. UN leadership and oversight throughout the process of developing the prevention strategy has been critical and continues to be drawn on. An operational plan to roll out the strategy is under development and the UN is supporting the process. A think-tank meeting to gauge input from stakeholders will start off the preparatory phase of the process. The UN in general has continued to provide programmatic and technical support to Government, NGOs, the private sector and civil society to manage and effectively respond to HIV and AIDS issues. Strategic and critical interventions were directed at supporting the scale up and up-take of HTC services, Life Skills education and Prevention of Mother-to-Child Transmission services, as well as supporting interventions for Most-At-Risk-Populations. The Cluster has also worked towards improving equitable access to and uptake of AIDS treatment, care and support services. While the main focus has been on supporting national response activities related to the provision of equitable access to HIV care services, there continues to be a deliberate effort to strengthen access to comprehensive community and home-based care. In its' third main focus area, the Cluster is supporting national efforts to reduce the social and economic impact of HIV and AIDS on families and communities. Deliberate effort has been made to go to significant scale in most activities.

#### *Proposed changes to UNDAF*

The HIV Prevention Strategy outlines key areas of focus for the next three years. Multiple and concurrent partnerships; discordant relationships; men who have sex with men; and sex work are identified as

key priority areas for intervention. The UN is adjusting to better align its support with the Strategy. Related to the Cluster's fourth outcome, revisions have been suggested to 1) expand capacity support to include MDG based planning and costing, M&E and research; 2) explicitly include gender and human-rights based approaches in HIV/AIDS mainstreaming guidelines and strategies; and 3) revise outcomes and targets vis-à-vis the impact mitigation policy level work related to OVC.

## 2.4.2 Results achieved

### *Improved equitable access to and uptake of preventive services*

A total of 518 health facilities are now offering PMTCT services. Over 184 health workers have been trained in combined regimen, and nutritional supplement materials have been procured and distributed. These interventions have increased 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 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 reached 50 per cent from the 41 per cent baseline. 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. However, 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. With support from UNFPA health workers, service providers and hairdressers have been trained in all aspects of female condoms.

Preliminary results of the desk review on male circumcision have been disseminated, and a full-fledged study has been commissioned. The uptake of male circumcision remains low in Malawi, however. National dialogue on HIV and sex work has thus been intensified. A high level stakeholders' meeting was held and resolutions made. 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. In terms of supporting gender mainstreaming in responses to HIV, the UN has worked through the Women, Girls, and HIV Program to achieve some of 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 totalling US\$ 180,000 for one year of program activity; and 4) M&E tools for the Women, Girls and HIV program were also developed.


### *Improved and equitable access to and uptake of AIDS treatment, care and support services*

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 on ART for the first time, 61 per cent are female. Over 19,000 PLHIV received nutritional support. The extent of ART drug resistance is below 5 per cent and is monitored regularly.

### *Reduced social and economic impact of HIV and AIDS on families and communities*

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 50 households and 9





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. The existing 900 Corners providing psycho-social support services to children were strengthened and 1,000 Corners overall, received kits. 1,500 Community-based Childcare Centers (CBCCs) were strengthened in collaboration with District Assemblies and civil society organizations.

### 2.4.3 Challenges and opportunities

There is need to commission a comprehensive study on the impact of Life Skills education in Malawi as the effectiveness of Life Skills education is constantly being questioned. 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. Concerns have also been raised regarding the difficulties that Civil Society organizations face in accessing financial resources, particularly the global funds from NAC for HIV programming. There is need for the UN to actively engage in understanding the dynamics of this problem and subsequently play an advocacy role. There is also need to develop and implement the Prevention Operational Plan in 2010 and 2011, as the UN has an opportunity to actively take part. NAC pool funding to support the national program on gender and HIV/AIDS has not been forthcoming which has affected implementation in a major way.

The treatment care and support component faces several challenges, including manpower shortage, inadequate clinic and pharmacy space, poor linkages/referral systems between TB and ART clinics and low pediatric patient enrolment. Early mortality is also high due to the delayed start of treatment. In rural areas access to ART remains limited due to the long travel distances to ART centers. Stock-outs of ARVs have to date been avoided but stock outs of Opportunistic Infections (OI) drugs happen from time to time disrupting service operations. Overall, the global economic crisis is affecting funding which is increasingly lower than for previous years.

Opportunities include the fact that the program is well articulated and guidelines and SOPs are in place. The program is also closely supervised by the centre and has well-validated program monitoring data.

### 2.4.4 Issues in Implementation

Membership of Cluster 4 is currently undergoing a number of changes (with the departure and arrival of a number of new members from key partner agencies). Consequently, all partners will need to ensure the necessary level of staff time and effort is invested to deliver on the recently approved and allocated One Fund resources for Cluster 4 partners. In particular, cluster members are encouraged to review and consolidate their efforts more strategically in line with the recently adopted global Outcome Framework 2009-11 for the Joint United Nations Programme on HIV/AIDS as a means of better contributing to the MGDS and the National Action Framework on AIDS. With respect to internal consistency, some overlap has been noted in community home-based care initiatives under both Outcomes 4.2 (Treatment, Care and Support) and 4.3 (Impact Mitigation). Efforts are underway to ensure the consolidation of these initiatives within Outcome 4.3.

## 2.4.5 Overall lessons learnt

Evidence-based programming is both cost effective and results-oriented. The development of the HIV prevention strategy informed by an in-depth understanding of national HIV and AIDS dynamics is a case in point.

The past two years have provided opportunities for further strengthening inter-agency harmonized planning and alignment of focus areas for support. FAO, UNDP, ILO and UNICEF provided both financial and technical support with an aim to achieve three outputs, namely; 1) a comprehensive HIV and AIDS policy framework developed which including issues related to workplace policy and condom distribution; 2) an increased number of public organizations at national level mainstreaming HIV/AIDS in their policies, plans and sector strategies by 2011 and 3) the strengthened capacity to implement, coordinate, monitor and evaluate HIV and AIDS response at national and sub-national level by 2011.

A number of lessons on HIV/AIDS work place policies have been learned at enterprise level. Satemwa and Lujeri Tea estates developed their policies using the National HIV/AIDS Policy (still in draft form) with the help of the ILO-HIV/AIDS project. Their members were trained by the project on how to develop and implement HIV/AIDS workplace policies and identify good practice.





## 2.5 MGDS Theme 5/UNDAF Cluster 5

**MGDS Priority:** Enhance good public sector management, ensure the absence of corruption and fraud, stimulate decentralization, enforce justice and rule of law, ensure security, stimulate good corporate governance, democratization and enhance dissemination information communication and technology.

**UNDAF Outcome:** Good governance, gender equality and a right based approach to development enhanced by 2011.

**Cluster outcomes:**

- *An informed public actively claiming good governance and human rights.*
- *Improved national capacity to formulate policy, manage, monitor and deliver services to protect the rights of vulnerable groups.*
- *Gender equality and women's empowerment significantly enhanced.*

**Interventions related to good governance impact on all MDGs**

### 2.5.1 Cluster overview

Without robust accountability systems, Malawi is unlikely to continue benefiting from significant international aid flows and private investment. Equally important, is Malawi's success at achieving inclusive growth and poverty reduction, which requires strong leadership, a competent, professional civil service, and responsive institutions at all levels. Sustainable and inclusive economic development requires democratic participation, the respect for human rights and an empowered population. Cluster 5 thus aims to promote effective and coherent UN action in the areas of good governance, gender equality, and a rights-based approach to development.

### 2.5.2 Results achieved

#### *Improved access to information through diversified and increased channels of communication*

Sixteen CSOs and public institutions of the Democracy Consolidation Program continued to produce and broadcast radio programs on governance and human rights. The different radio listening clubs formed in districts dialogued with duty bearers on the respect of human rights in the delivery of development initiatives and other public services. Some examples of what changed as a result of this dialogue include additional teachers recruited for a school in Nsanje, ineffective public officers in Dowa replaced, hospital disinfectant purchased to prevent a cholera outbreak in Nthache, and a school block in Lilongwe subsequently built.

The UN has been linking Child Protection Workers (CPW) with Community Victim Support Units (CVSUs) to ensure their further recognition in communities. This provides a base from which CPWs can do their work. Thirty-four Traditional Authorities (TAs) have so far been covered in Lilongwe, Karonga and Chiradzulu, and the program is now being rolled out in five more districts of Balaka (7), Machinga (14), Phalombe (6), Mulanje (7) and Chikwawa (11), which will expand out-reach to a further 45 TAs<sup>7</sup>. The program had aimed to establish CVSUs in 150 TAs in 2009, which means the UN is currently behind on its target in this area (34 have been reached, and roll-out to an additional 45 is ongoing, totaling 79 TAs).

CPWs are also being put on Government's payroll which further enhances their status and capacity. So far 300 of the total of 780 CPWs have been integrated. The UN is further linking CPWs with schools as

part of the Child-Friendly Schools Initiative in the Shire Highlands division (Phalombe, Chiradzulu, Mulanje and Thyolo).

***Formal and informal justice systems strengthened to improve access to justice, in particular to marginalized groups, through adherence to the Constitution and applicable international standards***

Strengthening the capacity of the MoJCA to effectively co-ordinate sector-wide activities is ongoing. A huge achievement in 2008 was the **general buy-in by Government and development partners of the policy shift in the justice sector which now recognizes access to justice for all the people of Malawi.** Facilitated by a UN recruited Technical Assistant, a concept paper outlining the possible design of a SWAp for the sector has been shared with development partners and stakeholders, and is currently being reviewed.

A building has been allocated by the MoGCCD for the establishment of a child-friendly court in Lilongwe. Draft plans of the court have also been drawn up. Government is strengthening the capacity of the judiciary in the handling of cases involving children in a child-friendly manner. Six CCTV cameras have been procured through the Global Fund for Mzuzu, Nkhonkhotakota, Mchinji, Mulanje, and Phalombe.

UNICEF is also supporting the judiciary by providing technical assistance to the National Juvenile Justice Forum, building capacity in their area of focus. Other juvenile justice interventions have included the training of 57 Reformatory School staff through Journey of Life community workshops. Skills are aimed at empowering schools to better protect children. With the Board of Visitors regularly meeting, fewer children are now in prisons. This year, 95 children have been transferred from prisons to reformatory schools and 27 released from reformatory schools back to their communities. The capacity of reformatory schools will be further enhanced with regulations being finalized by the MoJCA.

Building police capacity in data management is another result area in the justice sector. Agreement was reached with DFID to integrate this database in the wider justice reform program. Piloting of the database is expected in September.

A report on the establishment of a national helpline has been finalized. The report will guide stakeholders on how best children can report cases of abuse and exploitation. Child protection has now been integrated in schools through the child-friendly schools initiative. 100 ToTs and 1,054 teachers have been trained in child rights and protection across schools in the Shire Highlands Division. In the Northern Division, 176 TOTs have been trained; 200 TOTs in the Central and Eastern Division. The aim is to reach a total of 2,800 schools with training in child protection and child rights. In addition, 5,100 schools have been reached with IEC materials on child protection. Linkages are also being created between CPWs and schools in catchment areas located in the Shire Highlands Division.

***Enhanced Government and civil society capacity to comply with, and domesticate international human rights treaties, including but not limited to reporting requirements***

The CRC State Party Report was presented in Geneva in January this year, by a Government delegation comprising MoJCA, MOWCD and MoE. Concluding observations were sent to Government by the CRC Committee, and are guiding the MoGCCD in follow-up policy and program responses. Recommendations will be shared with line Ministries so that measures to ensure respect for children's rights can be taken.

***Enhanced Government and civil society capacity to respond to the rights of children***

A number of measures have been undertaken to improve the capacity of civil society to respond to the rights of children in the country. The Ministry of Labour has drafted the Child Labour Policy and the





National Plan of Action on Child Labour. Both are awaiting cabinet approval. Children carried out awareness-raising and lobbying activities for the passing of child-related legislation during the commemoration of the Day of the African Child. There has been progress in the setting up of a one stop service centre where victims of child abuse will have access to all necessary services in one place. Draft protocols for the operation of these centers have been finalized and a site for the temporary shelter of victims has been identified. Vehicles for the centre have also been procured.

The Malawi Police Service has been carrying out play therapy sessions with children at district police and sub-stations. These sessions help children to cope with the aftermath of abuse. To date, 65 police officers have been trained in play therapy, while an additional 18 officers are being trained as trainers. In future reports, the UN will provide data on women police officers being trained under these initiatives, and for the purpose of working with children at district police and sub-stations.

The MoGCCD carried out an assessment of probation services, the results of which will inform the training of new Probation Officers. This is expected to strengthen the capacity of Social Welfare offices. Various child protection networks, including the TWG on child protection, have been meeting and providing guidance on the implementation of child protection activities. The TWG met in April to strategize on the implementation of the CRC Committee's recommendations. Street children networks have also met twice to discuss this growing problem in Malawi. The disability network has met and discussed ways of reviving the group. And the child trafficking network met this past August, to strategize ways to prevent child trafficking during the 2010 World Cup.

#### *Improved national capacity to formulate policy, manage, monitor and deliver services to protect rights of vulnerable groups*

Through the Capacity Development for Public Sector Management Program, the Government embarked on a review of the outdated Malawi Public Service Regulations (MPSR). Handbooks for ministers and principal secretaries were reviewed and amended to address overlaps in roles and responsibilities.

Under the Capacity Development in Health Program, 41 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 in an environment experiencing an acute shortage of medical personnel.

Government has developed an Aid Policy and put in place an Aid Information Management System using the Aid Management Platform (AMP). Currently, six of the sixteen Sector Working Groups (SWGs) established by Government are operational<sup>8</sup>. UN support has been extended through funding to the Development Assistance Coordination Unit (DACU).

To improve transparency and accountability at district level, the Office of the Director of Public Procurement (O/DPP) has developed standard bid documents (SBDs) to be used by District Assemblies. These efforts are being complemented by training in procurement and ethics for entities within the public, quasi-public and private sectors.

Underlying all of UNDAF's core activity is support to improve the national M&E system, as data is central to evidence-based decision-making. As part of a joint program of support, the MoDPC has had its capacity strengthened through the recruitment of 33 M&E officers and 14 data entry clerks. Staff have been deployed to various districts throughout the country as a way of decentralizing data collection and analysis, strengthening capacity on the same at this level.

### ***Gender equality and women's empowerment significantly enhanced***

Advocacy has been undertaken with new Parliamentarians, the New Minister of Gender as well as the Women's caucus to draw their attention to gender-related laws which have been before the Cabinet Committee for a long time. **Malawi is among the four countries that have not signed the SADC protocol on gender and development.** The UN continues to lobby the Government because this protocol acts as a framework for the implementation of other international commitments on the rights of women, like CEDAW. In line with the SADC gender protocol, the UN supported a 50/50 campaign to ensure an increase in the number of women entering Parliament. The UN supported the Ministry of Gender and NGOGCN to support 237 female candidates with campaign materials and capacity building. The immediate result of these initiatives has been the increase of women in Parliament, from 14 per cent to 22 per cent.

The UN has also coordinated efforts to support a strengthening of the gender mainstreaming unit in the MoGCCD. This will enable the unit to better coordinate across public institutions. Training for District Assembly structures has been carried out as part of an overall effort to engender district planning and implementation processes. Review meetings of all public sector gender focal points have also been supported, as these forums provide a platform for shared learning. Focal points on gender have also had their TORs clarified and an action plan was developed to guide operations.

Gender responsive budgeting is one way the Government can ensure gains from growth are equitably shared. The UN is providing support on gender budgeting in the context of budget analysis and expenditure tracking. The Malawi Health Equity network has managed to carry out a gender budget analysis of the 2009/10 health sector budget. Findings were shared with the Parliamentary Health and Population committee, the Parliamentary HIV and AIDS committee, the Parliamentary Budget and Finance committee, as well as the Women's caucus. This ensured a broad base of parliamentarians understood and analyzed budget allocations in the health sector to ensure these were gender responsive. It has also influenced their contributions in the House.

### ***Strengthened women's access to financial services and markets to promote their engagement in economic life***

Financial Inclusion in Malawi (FIMA) has started the process of developing a National Strategy for Micro-Finance. To facilitate the process, a comprehensive demand and supply side survey started in March, is nearing completion. Critical input to a draft Micro-finance and Cooperatives Financial Systems Bill has been provided. FIMA has refined and adapted appropriate tools for the selection and screening of suitable investments. The association has also supported the recruitment of a high level Executive Director for the Malawi Micro-Finance network. The strategic needs of the five MFIs were identified and loans totaling US\$ 1'830'000 were disbursed to institutions which currently serve close to 200,000 clients. Women constitute 45 per cent of the latter group.

### ***Mechanisms to reduce violence against women and children strengthened***

Since the launch of a national response to gender-based violence, the UN has supported a number of initiatives by Government and CSOs. Highlights include: 25 duty bearers (magistrates and prosecutors) from 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. Support empowered women to return to normal life, providing them with skills to manage re-integration in society.





Men's involvement in gender-based violence was also tackled. To date, 25 former perpetrators have gone through awareness-raising programs on issues around GBV, masculinity and sexuality, and how they can effectively become agents of change in their communities. These men have gone on to do just that, becoming change agents in community GBV networks, and sharing their personal stories of transformation.

To strengthen community action and response to GBV, the UN has assisted the police to establish 34 community victim support units. Six core members in each unit were trained. Four community action groups are also being established in Mwanza and Ntcheu Districts and 20 community members trained on how to manage and refer GBV cases at community level. Training and reference guides for the support units have been developed, and so far, Karonga, Lilongwe and Chiradzulu DEC and Assemblies have been sensitized to work with the reference guide. Rape Management guidelines have been included in training provided to support units. Standard operating guidelines and TOR for the latter have been disseminated to 34 support units in all.

The UN also extended support to the MoGCCD to convene a national stakeholders' meeting which drew over 60 participants working on GBV interventions (CSOS, CBOs and Government). Development partners also attended the meeting. The aim was to ensure a multi-sector approach to GBV and explore synergies. The UN has supported the Ecumenical Counseling Centre to bring together the community for deliberations on the role of the church in addressing GBV in Malawi. An action plan has subsequently been developed.

### 2.5.3 Challenges and Opportunities

The first major **challenge** has been a divergence of view with respect to the UN's focus on capacity support to the justice sector for co-ordination and broadening access to justice, including for children; and Government's view that the MoJ should tackle broader issues of good governance. In addition, UNAs have not been able to undertake joint monitoring to ensure a co-ordinated approach to support in the governance domain. There is thus an urgent need to improve coordination among UNAs. Resource mobilization for funding gaps has been a challenge due to the current global financial crisis, although the One Fund provides a window of opportunity for leveraging resources. The capacity of implementing partners is another common challenge. For some, the capacity issue is brought about by understaffing; for others, the capacity issue is more about limited knowledge and skills in the management of donor-funded projects. Finally, the Access to Justice Program provides services to survivors of violence through Community Victim Support Units (CVSUs). Unfortunately, these services are provided in an open space which compromises confidentiality. The UN is looking into appropriate support responses.

**Opportunities** include the establishment of CVSUs which has widened the reach of the Access to Justice Program. Working together on education, health, community development and social welfare services provides holistic assistance to vulnerable groups, especially women and children. The integration of child protection activities in the education sector through the child-friendly schools initiative has gone some way towards promoting sustainability. 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. A new Parliament in Malawi offers a renewed opportunity to promote good governance. Women constitute 22 per cent of the new Parliament, which will help take gender issues forward, including endorsement of the revised Gender Policy and other gender-related laws.



## 2.5.4 Issues in Implementation

During the first half of the year, a number of implementation issues arose. A SWAp is currently being developed for the justice sector to provide a framework for more synergistic policy dialogue, programming and reviews. A baseline survey encompassing the whole democratic governance sector will inform priority-setting and planning ahead of the SWAp's development. A sector-wide approach will enable the UN to strengthen and focus on its' comparative advantage, in addition to helping MoJCA coordinate Government stakeholders and development partners.

The capacity of Social Welfare in child-friendly services is also being strengthened by UNAs collaborating on Cluster 3. To avoid duplication, it is recommended that a decision be immediately made as to the appropriate location of these activities. Output 5.2.4 (*strengthened capacity of Government, labour unions and relevant stakeholders to promote respect for the rule of law and enforce laws promoting workers rights*) is also better located under the cluster's first and not second outcome because labour laws are a human rights issue. Regarding cross-cutting issues, the UNDAF has integrated gender, human rights and capacity development across all clusters. 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. Unifying all UN and donor-supported capacity development is now crucial. A significant amount of capacity support has been provided to GoM and national stakeholders in recent years, some of which is duplicated in the absence of a coordinating mechanism. Already, the OPC is taking a lead role in improving how public service capacity support is delivered and coordinated, which the UN could align with, and support going forward.

## 2.5.5 Overall lessons learnt

- High staff turnover and the capacity of both IPs and the UN affect UNDAF implementation.
- The development of the One Plan was a fruitful exercise and a strong basis for harmonization.
- IP review meetings and standard reporting templates have improved co-operation between IPs and UNAs, improving achievement of results.
- Joint UN support to the 50/50 campaign by as well as the coordinated Gender Assessment by the UN Gender Group have demonstrated the added value of 'delivering as one.'
- UNAs seem reluctant however, to carry out joint UNDAF monitoring trips on an annual basis.

## 2.5.6 Specific action points

- Implementation of the HACT Capacity Development strategy being developed.
- Conduct regular AWP review meetings with IPS to resolve programme implementation issues.
- Support remaining SWGs become operational, and improve co-ordination between the national planning and review processes and the UN cycle.
- Harmonize interventions in the justice sector.
- Support and promote the creation of a Democratic Governance Secretariat within Government to facilitate coordination and the sector's transition to a SWAp.

- Support joint programs in gender and strengthening of MASEDA as part of ‘delivering as one.’
- Undertake joint UN monitoring activities, with Government participation.
- Conduct training activities for IPs on programme management including financial reporting.
- Harmonize activities implemented through the Access to Justice Program.



### Section 3: Policy advocacy, research and analysis

There have been no new ratifications of international standards in the timeframe under review; however, positive developments can be reported with respect to the national policy and institutional framework governing a number of UNDAF thematic areas. These are elaborated on below.

Overall, the UN continues to demonstrate its comparative advantage in upstream processes. Technical support has been extended to policy formulation, to the elaboration of guidelines and strategy documents, and in the carrying out of operational research and analysis. The lengthy time that policy processes can take leading up to adoption, is not unusual. On the UN's side, however, programming timelines have been affected in a number of UNDAF areas where clear policy direction is awaited.

The UN has been involved in the development of an [Agriculture Sector-Wide Approach \(ASWAP\)](#), and in aligning development partners' plans and policies to those of Government. A Policy Technical Advisor in the DNHA at the OPC has been instrumental in the incorporation of food and nutrition policy components in sector strategies and plans developed, particularly in ASWAP and the National Education Sector Plan (NESP).

To enhance awareness among policy makers and partners on [social protection](#) in Malawi, a field visit by Ministers of MoGCCD, MoDPC and MoF to the Mchinji SCTS was organized recently. Orientation on social support and the SCTS has also been organized for MoDPC and line ministries. The participation of high level officials from MoDPC, MoGCCD and MoLGRD at the World Bank/UN meeting on social protection - held in Egypt - also helped increase the knowledge base on social protection at the highest levels of Government. 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.

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. Stakeholder meetings throughout the policy development process have been used as a platform for DRR awareness creation and advocacy. 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 which have been developed for 8 of the 14 flood-prone districts.

One key priority for the UN in Malawi is to make significant strides on MDG 5, (reducing [maternal mortality](#)), as progress has been slow on all accounts. This year, a significant push has been given to raising the profile of maternal mortality and engaging high level political support. The elaboration and dissemination of the Reproductive Health Policy; successful advocacy leading up to the launch of CARMMA; and the nomination of the Vice President as Goodwill Ambassador for Safe Motherhood are notable achievements. A draft advocacy package on mother and new born health (MNH) has been used in the orientation of editors from the main media houses to expand news coverage locally. Advocacy has also focused on the better integration of sexual reproductive health and HIV issues, and the institutionalization of maternal death audits in district and community health processes.

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 the following critical areas: 1) a follow-up IMCI health facility survey was conducted in 2009 to assess progress on quality of care services; 2) a baseline assessment on quality of pediatric care in referral health facilities across the country was conducted in 2009 (this has helped to identify service delivery



issues related to pediatric care and areas for improvement); 3) monitoring visits 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 was held, and a number of child health and reproductive health program reviews were undertaken. The reviews helped to identify issues and provide recommendations on improving service delivery and program implementation.

Another major weakness noted in 2008 has been the lack of [results-based planning](#). In 2009, the UN jointly supported the training of national, zonal and district officers in results-based planning, and in the revision of the District Implementation Plan (DIP) format used by local government offices. The District Development Planning System handbook (DDPS) was also reviewed through the prism of results-based management, and guidelines for community support groups elaborated. The training curriculum used to train HSAs and facilitators, has additionally been reviewed to ensure a results-based orientation.

In the area of [education](#), there have been a number of developments at the macro level. 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](#). The [Child Friendly School \(CFS\)](#) framework has been adopted as the practical definition and vision to address quality of education concerns in Malawi, and has since been incorporated in national documents. The [Universal School Meal Program](#) has also been finalized, and a handover strategy for Government to take over the program developed. Training of MoE and MoLG&RD on school-feeding implementation has started. Coordination among education development partners and MoE would be enhanced with the adoption of the SWAp approach, but the UN could lead by example if they sign the JFA and MoU as one.

The [National Nutrition Policy and Strategic Plan](#) have been finalized and await signature and printing. The Strategic Plan has been costed at US\$ 324 million for 5 years. For the prevention and treatment of malnutrition, as well as emergency preparedness and response, the just-completed [Micro-nutrient Survey](#) provides an evaluation of progress made so far in addressing micro-nutrient malnutrition. Findings will inform the development of a Plan of Action to control micro-nutrient deficiencies in Malawi. A [Development Partners Group on Nutrition](#) has been formed and meets once quarterly to support the implementation of the Nutrition Policy. At this forum the UN provides leadership on nutrition, and assists with resource mobilization and donor coordination.

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. SWAp governance structures are additionally being developed, to better harmonize support and streamline transaction costs. A mapping exercise is ongoing as part of efforts to strengthen data collection on water and sanitation for district and national planning purposes. System analysis and design has been completed, hardware and software procured and distributed to all 28 districts, and training for national and district level facilitators has been conducted. So far, data collection is complete in seven districts.

Joint UN efforts have supported the development of the [HIV Prevention Strategy](#) informed by an in-depth understanding of national HIV and AIDS dynamics. Policy advocacy is still needed however, to accelerate implementation of prevention strategies. UN joint efforts supported the development of [HIV and AIDS law](#), and advocacy with the relevant Parliamentary Committee; an [HIV and AIDS Guide for Religious Leaders](#); and the development and implementation of [work place policies](#) in collaboration

with employers and workers organizations across sectors. The UN has additionally supported Government improve national and district-level capacity to coordinate, manage and monitor HIV responses in line with the Three Ones Principles. One-on-one technical support provided to local assemblies as they implement their HIV/AIDS plans, is expected to further strengthen capacity to implement HIV and AIDS responses at sub-national level.

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 (sex workers, prisoners, and men who have sex with men) is still needed.

With respect to good governance, a notable achievement in 2008 was the general buy-in by Government and development partners of the policy shift recognizing [access to justice for all](#). Significant progress has been made in the area of [child protection](#): a Government delegation presented the Convention on the Rights of the Child State Report in Geneva early 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 have been drawn up. The UN is supporting the judiciary through technical assistance to the [National Juvenile Justice Forum](#), building capacity in their area of focus.

Through the Capacity Development for Public Sector Management Program, Government embarked on a review of the outdated [Malawi Public Service Regulations \(MPSR\)](#). 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 has developed [standard bid documents](#) to be used by District Assemblies with UN support. These efforts are being complemented by [training in procurement and ethics](#) for entities within the public, quasi-public and private sectors. The UN is also providing support to increase the level of gender analysis in budgeting and expenditure tracking processes. Joint UN efforts have gone into supporting the gender mainstreaming unit in the MoGCCD, to better coordinate across public institutions and functions. Training for District Assembly structures has been carried out as part of an overall effort to engender district planning and implementation processes, and gender focal points have had their TORs clarified. Review meetings of all public sector gender focal points have been 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 has 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 \(DACU\)](#) and six of the 16 Sector Working Groups (SWGs) established by Government are currently operational<sup>9</sup>.

In line with the SADC gender protocol, 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. This is viewed as a positive development, particularly with respect to the endorsement of a revised Gender Policy, and a review of other gender-related laws which have been before the Cabinet Committee for a long time.





Within the UN, the recently concluded [Gender Assessment](#) established baselines of UNCT performance and achievements in a number of key gender equality areas. Since the audit, the UN's Gender TWG has reviewed the M&E framework and made suggested changes to engender indicators and highlight where data needs to be further disaggregated.

**Box 4.1: Strengthening gender mainstreaming capacity in the UN**

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To strengthen the UN's role in gender analysis and mainstreaming, including in the provision of support to IPs, an extensive Gender Assessment was recently conducted for UN Malawi. The assessment encompassed a gender scorecard with results that showed how well the UNCT was doing on gender mainstreaming and gender equality. The assessment also included a participatory gender audit of all resident UN agencies in Malawi. Interestingly, leadership on the assessment came from a non-resident UN agency with extensive experience in gender reviews. For Malawi, the process led to an extensive baseline on where the UNCT was, in terms of mainstreaming gender, against which progress can be measured in the years ahead.

There have also been challenges at the macro level, affecting program delivery. In the [agriculture sector](#), despite Government's focus on improving and increasing production, the [policy and legal framework](#) currently undermines the provision of much-needed finance to small producers. The UN should therefore consider setting a 'big picture' vision for support in the sector, and as part of that vision, include more support to Government on policy issues. Alliance-building with donors has been missing from the upstream work that the UN has carried out thus far, and should be prioritized going forward.

A [proposed Social Support Policy](#) has yet to be passed by Parliament, which has in turn delayed the development of a Social Support Program, and implementation of a number of planned activities. The UN is nonetheless optimistic that advocacy and awareness-raising among policy makers and IPs has sustained momentum, as the policy is currently being reviewed by the newly appointed Minister of Development Planning and Cooperation. Cabinet endorsement is expected before the end of the year.

The delayed completion of the preparatory phase of the [DRR Policy](#) has been a challenge internal to the UN. Prolonged negotiations with the team of consultants contracted to complete this work has meant many of the results expected by June have been postponed to end of the year. These include the DRR Framework, Flood Risk Management Strategy, Road Map Development and finalization of the draft Operational Guidelines.

## Section 4: UNDAF Overall Analysis

### 4.1 Key findings

In a number of UNDAF 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 through which to deliver support.

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 can adequately inform policy dialogue with Government, donors and stakeholders on scaling-up of good practice.

While the UN is deepening/expanding alignment at the level of MGDS priorities, progress on alignment with sector planning and review processes has been limited due to the Government challenges 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 UNDAF planning process will not yield desirable results. It is expected that the new UNDAF (2012 – 2016) formulation process will provide the UN and the Government with an opportunity to jointly tackle this issue by identifying a number of UN-related SWGs to assist its operationalisation. The forthcoming Government-led Division of Labour exercise and ongoing work on the Joint UN Capacity Development Strategy will likely provide additional guidance in this respect.

Despite a considerable investment by the UN, national capacity constraints continue to affect delivery and results on key development outcomes, 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>10</sup>, at all levels, national and district. The UNCT is well aware of the challenges: capacity development has so 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 solutions found 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>11</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<sup>12</sup> recommends the UN may also wish to take stock of the considerable capacity support delivered to date, and assess what impact that support 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 provided is demand-driven.

Internally, a number of clusters raised the same concern around areas of overlap within the current UNDAF, and the need for cross-cluster collaboration. A clear mechanism guiding outcome leaders, and providing implementation support where needed was raised as a priority for the coming year. As the UN works on addressing this issue, 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 MoPDC-UN interface needs to be strengthened as no mechanism currently exists for the joint monitoring of MGDS/UNDAF performance and results. In addition, the UN has been challenged to include a role for non-state actors in planning, implementation and review processes.

The table below is a summary overview of overlap concerns raised by clusters.

**Table 4.1: Areas of overlap in the UNDAF**

Cluster/Outcome	Program focus where better internal UN coordination needed
<b>CL 1 outcome 1.1</b> <b>CL 3 outcome 3.2</b>	Covers food and nutrition security policy support; Provides support to the implementation of nutrition interventions.
<b>CL 1 overall</b>	UNDP and FAO both supported Government on post harvest training activities without coordinating. Microfinance, SMEs and the Millennium Village Program (MVp) all have an agribusiness component that has not been integrated or linked to one of the outputs under outcome 1.2, which involves a non-resident UNA. FAO and UNICEF both work on nutrition, irrigation, and water and sanitation but in different clusters.
<b>CL 2 and CL 3</b>	Better coordination is needed between social protection and DRR programs. Joint efforts on an IMS at national and district levels proposed as a starting point. Closer cooperation is ongoing but links between SP/DRR programs and social services/social development also needed.
<b>CL 2, CL 3 and CL 5</b>	Overlap on activities supporting DRR, climate change, environment and energy, and sustainable land management (SLM). Concerns related to nutrition and SLM have not been integrated in the DRR framework.
<b>CL 3 and CL 5</b>	Activities addressing the plight of orphans and other vulnerable children (OVC) through capacity development of Social Welfare department being undertaken by Clusters 3 and 5 with no coordination.
<b>CL 3 and CL 4</b>	Linkages needed between services for PLHIV/AIDS and sexual and reproductive health (SRH).
<b>CL 4</b>	Some aspects of community home-based care appear to overlap (see Outcomes 4.2 and 4.3 on impact mitigation). This area may be better dealt with under 4.3.
<b>CL 4 and CL 5</b>	Capacity development for HIV/AIDS interventions being undertaken by both clusters with no cross-cluster coordination.
<b>CL 5</b>	Activities addressing GBV are part of outcomes 5.1 and 5.3. Capacity development of Social Welfare (on child-friendly services) also undertaken by Cluster 3. UNAs to undertake joint monitoring and ensure a co-ordinated approach in governance domain.

Clusters have proposed the following adjusted or additional outputs to those originally included in the UNDAF endorsed by Government in 2007. Changes are put forward as proposals pending official endorsement at the forthcoming JSM.



Cluster/Outcome	Additional outputs and/or adjustments proposed for the remaining UNDAF timeline
<b>CLUSTER 1</b>	An additional output is proposed under the first outcome due to persistent overlap concerns over the past two years, which now requires urgent intervention. In addition, modifications have been made to existing outputs to extend support to the green belt and other climate change initiatives, as well as natural resources and environment management (see revised UNDAF Results matrix).
<b>CLUSTER 2</b> <i>(Disaster Risk Reduction)</i>	Outputs have been modified to better reflect an approach closer to Government needs, in line with efforts already undertaken and new developments in disaster risk management. For the purpose of the JSM, it should be noted that no new outputs have been proposed as part of the modifications made (see revised UNDAF Results matrix).
<b>CLUSTER 4</b>	The HIV Prevention Strategy outlines key areas where program focus should be over the next three years. The UN thus proposes adjustments to outputs to better align its support with the Strategy. In addition, the UN proposes to support access to livelihood opportunities in addition to safety nets. Finally, related to outcome 4.4, revisions have been suggested to: 1) expand capacity strengthening support to include MDG based planning and costing, M&E and research; 2) explicitly include gender and human-rights based approaches in HIV/AIDS mainstreaming guidelines and strategies; and 3) revise outcomes and targets vis-à-vis the impact mitigation policy work related to OVC.

Finally, although the proposed structure of the One Fund and criteria for disbursement were extensively discussed at the September UNCT retreat, there is need to further define how resources will be disbursed to various agencies. Absorption rates and delivery on funding allocated remain strong concerns, however. In part, low delivery may relate to factors internal to the UN or within the UN's ability to influence/change. External factors to do with the capacity of Government and IPs to absorb and deliver on increased funding will need to be unpacked further, within the context of UN's joint capacity support to Malawi.

## 4.2 UNDAF-MGDS alignment

There are **two main but conflicting messages** to the UN on MGDS-UNDAF alignment. The first, is that the UNDAF is *generally* aligned but there are a number of points of departure between what Government framed as a priority, and what the UN put forward in response (see table 4.3 below). Going forward, the UN has been asked to deepen/expand support to accelerate implementation of the aid effectiveness agenda. Increased investment in the institutional and technical capacity of IPs, resource mobilization for the MGDS, and a strengthening of national systems and dialogue processes, are areas where the UN is seen to have a comparative advantage.

The second main message, this one echoed by donors, is that the UN has spread itself too thinly, and in the revision of UNDAF, should focus support in even fewer areas so as to deliver assistance more effectively. Government's forthcoming Division of Labour exercise is expected to reveal where development partners have a comparative advantage. 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 of several Government functions and sectors; and in promoting international best practice of aid delivery within SWGs and other dialogue structures.

Underlying reasons for the conflicting messages is likely attributed to GoM's wider interpretation of alignment at four levels: 1) aligning to country policies and strategies; 2) aligning UN systems to national



processes; 3) aligning to the MGDS timeframe, and ensuring timely disbursements; and 4) aligning by untying aid. The review process that the UN follows runs parallel to the annual MGDS review process. For the latter, SWGs (sectors) begin annual review work in August. The MoDPC consolidates sector inputs for the main MGDS Review which is held in October every year. By way of contrast, UNAs have quarterly progress meetings with GoM, as well as technical consultations around mid-year and annual review processes. Because the institutionalization of the SWGs is yet to take place, UNDAF/One Plan processes, including the MTR, unfortunately generates additional transaction costs for both the GoM and the UN as additional consultations are scheduled in the lead up to a high level Joint Strategy Meeting to endorse the revised UNDAF/One Plan. In addition, UNDAF indicators need to be further aligned with MGDS indicators as this is currently inconsistent; and the UNCT has been asked to make better use of the national M&E Master Plan as well as national data. This would in turn strengthen the NSO's capacity and the utility of data generated by poverty monitoring and routine data systems. The basic message is that the UNCT is still too inward-looking in a number of areas where the focus could be better oriented towards investing in, and strengthening national capacity.

**Points of departure outlined at a recent GoM-UN workshop**

**MGDS Theme 1/ UNDAF Cluster 1:**

- Water and sanitation differs: covered by MGDS theme 1 and addressed in UNDAF Cluster 3. UNDAF is very specific on WASH in peri-urban and rural areas, whereas MGDS takes a wider, national view.
- Nothing in UNDAF on trade, industry and private sector development.
- Integrated rural development in the UNDAF is not as specific as the MGDS.

**MGDS Theme 2/UNDAF Cluster 2:** Closely aligned but a decision was made to relocate school and supplementary feeding activities to CL 3 (Social Development).

**MGDS Theme 3/UNDAF Cluster 3:**

- Gender is covered under MGDS theme 3, and an outcome in UNDAF Cluster 5.
- Youth Development and Sports is covered by MGDS theme 3 but not in UNDAF Cluster 3.

**MGDS Theme 4/UNDAF Cluster 4:**

- In MGDS, theme 4 focuses on infrastructure; in UNDAF, Cluster 4 focuses on HIV/AIDS.
- There is no UN support to research and development, for instance, under the MGDS theme of infrastructure development.
- ICT and public administration is covered by UNDAF under Cluster 5 (outcome 2).

**MGDS Theme 5/UNDAF Cluster 5:** Gender is an outcome in UNDAF Cluster 5 but covered under MGDS theme 3.

## Section 5: UNDAF Resources

### 5.1 Resource requirements

By the time of the development of the UNDAF, the UN estimated that approximately **US\$ 331 million** would be spent on priorities over a period of 4 years, as set out in the UNDAF Results Matrix. The formulation of the One Plan (April 2009) and mid-term review of the UNDAF provide the basis for the revised figures (now at 443 million) presented in Table 5.1 below.

**Table 5.1 UNDAF Resource Requirements**

Theme (Cluster)	Current Resource requirements (US\$)	Revised Resource requirements (US\$)
<b>Theme 1: Sustainable Economic Development</b>	<b>45,900,000</b>	<b>US\$ 42,563,846</b>
<i>CP Outcome 1:</i> Strengthened Government capacity to coordinate and implement food and nutrition security policies and plans by 2011	10,000,000	US\$ 4,509,000
<i>CP Outcome 2:</i> Agricultural productivity increased, especially at household level, and oriented towards commercialization by 2011	24,400,000	US\$ 24,902,165
<i>CP Outcome 3:</i> Enhanced conservation of natural resource base by 2011	11,000,000	US\$ 13,152,681
<b>Theme 2: Social Protection and Disaster Reduction</b>	<b>27,866,895</b>	<b>US\$ 29,492,373</b>
<i>CP Outcome 1:</i> Proportion of vulnerable groups benefiting from social protection increased by 2011	25,316,895	US\$ 23,415,662
<i>CP Outcome 2:</i> Government will have disaster risk reduction and emergency management systems and practices for efficient response at national and sub-national levels by 2011	2,550,000	US\$ 6,076,711
<b>Theme 3: Social Development</b>	<b>91,983,000</b>	<b>US\$ 173,254,746</b>
<i>CP Outcome 1:</i> Equitable access to essential health services increased by 2011	23,235,000	US\$ 67,184,324
<i>CP Outcome 2:</i> Improved nutrition outcomes for under-5 children, pregnant and lactating women, PLWHA and other at risk groups by 2011.	12,696,000	US\$ 17,728,939
<i>CP Outcome 3:</i> Equitable access to and use of safe water supply, sanitation and hygiene in rural and peri-urban areas and promotion of environmental health by 2011	26,200,000	US\$ 32,040,081
<i>CP Outcome 4:</i> By 2011, the proportion of girls' and boys' enrolment, attendance, completion and achievement increased by 2011.	29,852,000	US\$ 56,301,402
<b>Theme 4: HIV and AIDS</b>	<b>60,050,000</b>	<b>US\$ 85,231,791</b>
<i>CP Outcome 1:</i> Improved equitable access to and uptake of preventive services by 2011	22,700,000	US\$ 28,713,341
<i>CP Outcome 2:</i> Improved and equitable access to and uptake of AIDS treatment, care and support services by 2011	600,000	US\$ 11,515,616
<i>CP Outcome 3:</i> Reduced social and economic impact of HIV and AIDS on families and communities by 2011	30,000,000	US\$ 39,866,853
<i>CP Outcome 4:</i> Improved national and district level capacity to coordinate manage and monitor HIV responses in line with the Three Ones Principles by 2011	8,750,000	US\$ 5,135,981
<b>Theme 5: Good Governance</b>	<b>113,225,000</b>	<b>US\$ 112,235,673</b>
<i>CP Outcome 1:</i> By 2011, an informed public actively claiming good governance and human rights.	32,125,000	US\$ 22,456,139
<i>CP Outcome 2:</i> By 2011, improved national capacity to formulate policy, manage, monitor and deliver services to protect the rights of vulnerable groups	67,100,000	US\$ 71,277,170
<i>CP Outcome 3:</i> By 2011, gender equality and women's empowerment enhanced	14,000,000	US\$ 18,502,364
<b>Total</b>	<b>US\$ 339,024,895</b>	<b>US\$ 442,778,429</b>



## 5.2 Resource mobilization

Resource mobilization has thus far drawn on funding available to, or raised by, individual UN Agencies. The recent establishment of the One Fund moves the UN to a common approach on resource mobilization, with funding for resource gaps expected to be leveraged from this source. Table 5.2 below provides an overview of UNDAF/One Plan financial picture as of October 2009.

**Table 5.2: Overview of financial figures**

UNDAF/One Plan Outcomes	One Plan 2009	One Plan Gap 2009	One Fund Allocation 2009	One Plan 2010	One Plan 2010 Gap	One Fund Allocation 2010
Outcome 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
Outcome 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
Outcome 3 - Social Development	50,516,290	11,821,157	6,794,587	51,441,073	19,853,375	6,794,587
Outcome 4 – HIV and AIDS	22,992,344	4,188,194	2,624,533	14,947,500	11,209,500	2,624,533
Outcome 5 – Good Governance	22,425,618	2,124,420	2,064,325	27,740,000	12,020,000	2,064,325
Total	119,248,051	31,949,239	18,500,937	117,067,523	60,812,325	18,500,937

## Appendices

### Appendix A: Updated UNDAF Results Matrix

### Appendix B: Updated UNDAF M&E framework

#### (Footnotes)

- <sup>1</sup> Health, agriculture, education, gender, justice, and water (trade and investment is coming up).
- <sup>2</sup> Public financial management, governance, environment, transport, data information systems.
- <sup>3</sup> MoF presentation at the MGDS-UNDAF Alignment Workshop, 21 October 2009.
- <sup>4</sup>

A full reference list of key documents can be found as an annex to the main report.

<sup>5</sup> A status report on Water, sanitation, and Hygiene in Primary Schools, Ministry of Education, Science and Technology, May 2008

<sup>6</sup>

UNICEF & GOM

2005; PSI, 2006.

<sup>7</sup> Traditional Authorities reached in each district are shown in brackets.

<sup>8</sup> Health, agriculture, education, gender, justice, and water (trade and investment is coming up).

<sup>9</sup> Health, agriculture, education, gender, justice, and water (trade and investment is coming up).

<sup>10</sup> Public financial management, governance, environment, transport, data information systems.

<sup>11</sup> UN Resident Coordinator at the September 2009 UNCT mid-year retreat.

<sup>12</sup> Inter-Agency UN Mission, Aide-Memoire, October 2009.





# United Nations

Office of the UN Resident Coordinator - MALAWI  
Tel: +265 1 773 500 Fax: +265 1 773 637  
www.unmalawi.org

