



# One Plan Annual Report 2011





**UN Vision 2016:** UN Agencies working coherently and effectively to support the government and the people of Malawi to achieve prosperity, human rights and well-being

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## LIST OF ACRONYMS

ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral Drugs
ASWAp	Agriculture Sector Wide Approach
CA	Conservation Agriculture
CBO	Community Based Organization
CBCC	Community Based Child Care
CC	Climate Change
CFS	Child Friendly Schools
CISANET	Civil Society Agriculture Network
CMAM	Community-based Management of Acute Malnutrition
CMS	Central Medical Stores
CSOs	Civil Society Organizations
DAO	Delivering as One
DODMA	Department of Disaster Management Affairs
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
ECAM	Employers Consultative Association of Malawi
ESIP	Education Sector Implementation Plan
FAO	Food and Agriculture Organization
HACT	Harmonized Approach to Cash Transfer
HSSP	Health Sector Strategic Plan
HTC	HIV Testing and Counselling
ILO	International Labour Organization
M & E	Monitoring and Evaluation
MCTU	Malawi Chambers of Trade Union
MDG	Millennium Development Goals
MDHS	Malawi Demographic and Health Survey
MGDS	Malawi Growth and Development Strategy
MoAIWD	Ministry of Agriculture Irrigation and Water Development
MoE	Ministry of Education
MoGCCD	Ministry of Gender, Child and Community Development
MoH	Ministry of Health
MoLGRD	Ministry of Local Government and Rural Development
NAC	National Aids Commission
NASFAM	National Association of Smallholder Farmers in Malawi
NSO	National Statistical Office
ODF	Open Defecation Free Area
OVC	Orphan and Vulnerable Children
PMNCH	Partnership for Maternal, Newborn and Child Health
PMTCT	Prevention of Mother to Child Transmission
SAQMEC	Southern Africa Quality Education Consortium
SCT	Social Cash Transfer
SLM	Sustainable Land Management
SP	Social Protection

TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNCDF	United Nations Capital Development Fund
UNCT	United Nations Country Team
UNDAF	United Nations Development Framework
UNDAF AP	United Nations Development Framework Action Plan
UNDP	United Nations Development Program
UNEP	United Nations Environment Program
UNESCO	United Nations Education and Science Commission
UNFPA	United Nations Populations Fund
UNHABITAT	United Nations Human Settlement Program
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
VMMC	Voluntary medical male circumcision
WFP	World Food Program
WHO	World Health Organization
YFHS	Youth Friendly Health Service

## EXECUTIVE SUMMARY

While human resources and time were heavily invested in the formulation of the new UNDAF 2012 – 2016, efforts have been made to attain development goals as set out in the UNDAF 2008 – 2011. Positive achievements have been recorded in all five UNDAF outcomes in 2011.

### PROGRESS TOWARD UNDAF OUTCOMES

#### ***UNDAF Outcome 1 Food and Nutrition Security***

Breaking the country's dependence upon rain fed agriculture through the scale up of irrigation schemes and the promotion of crop diversification was a priority that the UN continued to focus on in 2011 through initiatives to enhance agricultural productivity, especially at household level, and to stimulate production for commercial purposes by linking producers with processors and exporters. 62 frontline extension workers were trained in Food and Nutrition. 4 nutrition education training sessions for 24 staff (6 males and 18 females) and selected 90 farmers mostly women were conducted. The targeted 9,844 farmers and staff were trained in production of different crops & livestock and fish rearing. 12 microfinance institutions increased their client outreach by 34 percent, from 888,684 (2009) to 1,192,733 (2011). The outreach to female clients increased from 46 to 51 percent during the same period, from 480,784 to 611,409. At least 80 percent of 1,500 out of school adolescent boys and girls who were provided with livelihood skills training are effectively utilizing the skills. 18 trainers received trainings on 'Start and Improve Your Business' modules and subsequently provided training to 120 young entrepreneurs and potential entrepreneurs. In the area of Climate Change, the UN supported the government in setting up a national response framework to manage climate change and started pilot Climate Change adaptation activities in 7 districts. A total of 3,319 efficient fuel wood stoves were produced and are utilized by 2,883 households. Responding to unsustainable environment and natural resources management which is costing Malawi 5.3 percent of its GDP, or \$191 million per year, the UN attempts to influence policy and decision-makers on the importance of sustainable through development of knowledge products like the "Economic Valuation of Sustainable Natural Resource Use in Malawi" and the "Malawi State of the Environment and Outlook Report".

#### ***UNDAF Outcome 2: Social Protection & Disaster Risk Reduction***

The Social Cash Transfer (SCT) Program in 2011 reached 26,197 households. Furthermore, as a result of the UN's advocacy, the Government of Malawi raised the counterpart funding to the program from MWK50 Million to MWK70 Million in 2011/12 budget. An additional \$ 20 million was leveraged from development partners to scale up the SCT program. A draft Disaster Risk Management (DRM) Policy was finalised. DRM issues have been integrated in the primary school curriculum. In addition, district preparedness and response capabilities have been significantly improved through new contingency plans, updated baseline data, improved communication means and pre-positioned relief supplies.

### ***UNDAF Outcome 3: Social Development***

The UN contributed to the attainment of improved health indicators in 2011. 75 percent of young people accessed and utilized Youth Friendly Health Services; 85 percent of health facilities provided free modern family planning methods and 72 percent of all deliveries were done by skilled attendants; Four thousand (100 percent) hard to reach village clinics practiced community case management of childhood illness; and 94 percent of children under five years were fully immunized. The UN has contributed significantly to the improvement of doctor to population ratios to 1:30,000 (from 1:60,000 5 years ago). The UNV doctors in referral hospitals have increased the efficiency of hospital wards resulting in an additional 4,000 Malawians having access to life saving treatments. In nutrition, 96 percent of children were reached with Vitamin A and deworming coverage up from 86 percent; household use of iodized salt increased from 86 percent to 93.4 percent; and 632 metric tonnes of Ready-to-Use Therapeutic Food were purchased to treat 52,730 children suffering from severe acute malnutrition in the country. In water supply and sanitation, the UN's contribution resulted in 175,000 people being served by 700 new/rehabilitated community water points and 52,000 households being reached with improved sanitation. In Education, over 300,000 learners directly benefited from a range of Child Friendly School initiatives which included provision of 44 new classrooms, 35,000 pupils' desks; teacher training of 158 female teachers and capacity development of 101 school management structures. Through the Joint UN Programme on Adolescent Girls, 210 adolescent girls aged 10 – 19 years were provided with scholarships. In addition, over 3,000 children withdrawn and prevented from child labour were re-integrated into basic education.

### ***UNDAF Outcome 4: HIV/AIDS***

Studies on Human Rights and HIV/AIDS and Legal Assessment for HIV and AIDS Environment were conducted to produce evidence for advocating for removal of punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV and AIDS. In 2011, PMTCT Services expanded to 650+ sites; 10,000 students were reached with Life skills programming; 1,000,000+ persons were tested for HIV infection and 1,500,000 condoms were distributed. In treatment, care and support, 300+ ART sites were functional; 300,000 persons are alive and on ART. On impact mitigation, 1,500 affected households benefited from livelihood and food security support

### ***UNDAF Outcome 5: Good Governance***

Awareness on the right to development was raised in over 100 communities, reaching approximately 1 million people and resulted in communities being empowered to hold duty bearers accountable and to initiate local development projects that respond to their immediate needs. As results, fish pond, schools and clinics were built which enable people to have additional income, get access to medical services and education. Baseline surveys and capacity needs assessments were conducted in the Democratic Governance Sector. The Malawi Socio-Economic Database and the Aid Management Platform were upgraded and launched on-line in 2011, used by 58 Government departments and 26 resident and non-

resident development partners. A total of 150 senior and middle level managers, i.e. Principal Secretaries and Directors, participated in a 6 week leadership and management training courses. On gender, 6,277 people accessed Gender-Based-Violence services – of these 70 percent were women. Gender Budgeting Guidelines were revised and used as resource tool both at national and district level budgeting. Twenty women parliamentarians were trained in Parliamentary Procedures. A gender machinery white paper developed, with the UN support, revealed a number of concerns. These include fragmentation of the gender machinery; weak coordination mechanisms and unfocussed leadership; limited understanding of gender and its dimensions amongst policymakers; lack of clarity on mandates, roles and responsibilities of stakeholders; and lack of institutional and individual capacity for joint programming. The UN will support the Government to implement the White Paper recommendations through engagement in the Gender and Youth Sector Working Group.

### **PROGRESS TOWARDS UN REFORM**

In 2011 the UNCT continued furthering its DAO efforts through the implementation of the Malawi Transformation Plan of which the key deliverables are aligned with the UNDG Strategic Priorities.

#### ***UNDAF 2012-2016 and UNDAF Action Plan***

On the UN Day 24 October 2011 the UN together with the Government of Malawi launched the UNDAF 2012-2016. The UNDAF formulation benefited greatly from the UN playing an active role in the consultation on the Malawi Growth and Development Strategy, through Government-led Sector Working Groups. The deliberations during the UNDAF consultative process have brought forward a number of salient issues that are worth highlighting;

- *National Ownership*: the participatory nature of the consultation process has established clear coherence with national development frameworks, plans and strategies.
- *UN Focus*: the UNDAF proposes a broad menu of development dialogue areas that reflect the UN's analysis of national plans and strategies and maximizes the UN's comparative advantage, positioning and capacity to deliver.
- *Aid Effectiveness*: the UN is seeking further engagement in the Malawi agenda on aid effectiveness and efficiency and strengthening existing governance structures for the implementation of the UNDAF through the division of labour which allows for mutual representation, shared leadership and accountability among UN agencies. After the launch of the UNDAF the UNCT embarked on the formulation of the UNDAF Action Plan, which will be an operational document for the UNDAF and which replaces individual agency program documents.

#### ***Framing Gender Policy and Programs as the Key to MDG Achievement***

Gender analysis and an MDG gap analysis performed by the UNCT suggested that strengthening health, education and job opportunities for girls and women would be essential to accelerate MDGs achievement. The UNCT requested a first-ever regional mission of gender experts to assist with the development of a breakthrough strategy on the



acceleration of the three Goals that are lagging behind (MDG 2, 3 and 5). At the core of the strategy is a cross-sector approach focusing on girls, with integrated service delivery at the district level, supported by line ministries and overseen by the Ministry of Gender. This approach represents a shift in focus from project work to policy and program engagement with other ministries and district authorities. The development of a joint UN program for integrated service delivery for girls recommended by the inter-agency mission will be built on the experience from the current Joint UN Programme on Adolescent Girls. The case shows how the UN can combine and leverage regional expertise with strong national credibility, relationships and programs to facilitate high-level engagement in policy and program development and to develop and implement innovative solutions to cross-sector issues. It also shows the importance of framing policy goals and programmatic strategies in terms that resonate with the top priorities of key national decision makers.

### ***Coherent and Coordinated UN Engagement in Capacity Development in Sector Wide Approach***

One of the development challenges facing Malawi is limited capacity at institutional and personal levels. While capacity development was identified as a key priority for both the Government and the UN as the country moves toward SWAPs, it was noted that a coherent and coordinated UN engagement in capacity development is currently missing. A nascent UN capacity development strategy was conceptualized with close engagement of inter-agency capacity development experts at country, regional and HQs levels. However, breaking silo mentality and addressing fragmented approaches to capacity development proved to be more challenging than initially expected for the UN in Malawi. A phased approach was introduced and as a first step, capacity diagnostic model was developed taking into account different existing tools and local context. In view of the strategic priority that Government has accorded to food security; agriculture sector was selected as the first trial of the capacity diagnostic tool. The findings of the diagnostic study in agriculture not only unveiled capacity development areas where the Government should focus their efforts but also serve as foundation for the formulation of a second generation UN capacity development strategy that presents a coherent and coordinated UN engagement in capacity development in SWAPs.

## **STRUCTURE OF THE REPORT**

The One Plan Annual Report covers progress and results for the 2011 calendar year. Included are the contributions of UN Agencies; both resident and non-resident. The report is structured along four main parts: Section 1 is the introduction on delivering as one work in the country, section 2 discusses the progress reports in the five UNDAF Clusters. Included are the issues in implementation, the scope for programmatic synergies, integration of cross cutting areas, alignment of outcomes to MGDS, challenges, opportunities and lessons learnt. Section 3 presents the expenditure overview of the One Plan in 2011.

## **SECTION 1 INTRODUCTION: DELIVERING AS ONE IN MALAWI**

### **1.1 UNDAF 2008-2011**

The primary objective of UNDAF 2008-2011, as a programmatic response of the UN's system to the development needs and priorities of Malawi, was to help the country achieve the Millennium Development Goals, which were locally articulated in MGDS, in full compliance with the Paris Declaration on Aid Effectiveness. Working from the national priorities outlined in the MGDS, the UN Country Team identified five UNDAF outcomes in areas where the UN has a unique contribution to make as a development partner, both in terms of its technical expertise and of the role it could play in a changing aid environment. The five UNDAF outcomes were: 1) By 2011, Government policies local and national institutions effectively support equitable economic growth and the achievement of food and nutrition security while minimizing or reversing environmental degradation; 2) By 2011, 20 percent of the population comprising the ultra poor and the vulnerable that can be negatively impacted by economic shocks and disasters are sufficiently cared for and protected through access to social protection and disaster risk reduction measures; 3) Increased equitable access and use of basic social services by 2011; 4) National response to HIV and AIDS scaled up by 2011, to achieve universal access to prevention, treatment, care and 5) Good governance, gender equity and rights based approach to development enhanced by 2011. The Outcomes were further elaborated as Country Program Outcomes and Outputs. The UNDAF also highlighted the cross cutting issues of human rights, gender, disaster risk reduction and capacity development.

The UNDAF 2008-2011 also posed as a vehicle for advancing the UN's reforming agenda, enabling various UN agencies in Malawi to deliver as one by aligning to a single strategy thereby making the UN more coherent and efficient.

### **1.2 ONE PLAN 2009-2011**

Recognizing the shortfalls of the UNDAF 2008-2011 document to comprehensively cover the areas where UN agencies were working in the UNDAF and due to a lack of an operational document that bridged the high level strategic UNDAF and the Agencies' work plans, the UN Country Team, in its retreat of March 2009 decided to develop the One Plan 2009-2011. The distinguishing feature of the One Plan from the UNDAF was the annualized expected results and their associated budgets. The annualized expected results helped the UN Country Team to assess annual progress of the UNDAF desired outcomes.

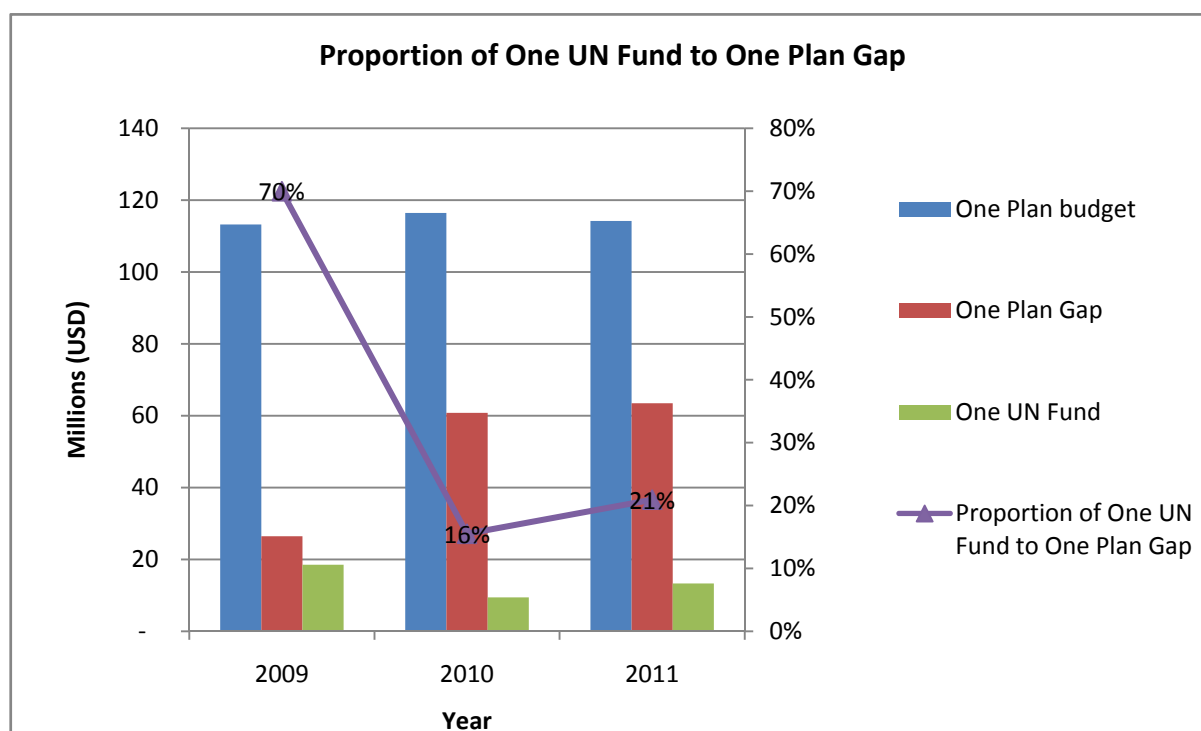
The One Plan was to be reviewed annually by a Joint Strategy Committee, with full participation of the key stakeholders including national counterparts, UN Agencies, resident and non-resident, Development Partners and Civil Society Organizations.

### **1.3 ONE UN FUND**

The objective of the One UN Fund, which became operational in December 2008 was to support the coherent resource mobilization, allocation and disbursement of donor resources to the One Plan. Whilst allowing donors to fund a strategic plan for a coordinated

UN response, the One UN Fund enhances the flexibility of GoM and the UN to respond to the key development challenges in Malawi within its mandate and comparative advantage.

The One UN Fund has been instrumental in covering the funding gap of the One Plan thereby helping in the up scaling of interventions. The figure below indicates the One Fund allocation as a proportion to the One Plan funding gap.



The allocation of One UN Funds for 2011 is presented in the table below 1:

**Table: 2011 One Fund Allocation**

Total allocation by agency	Tranche 1 (USD)	Tranche 2 (USD)	Total (USD)
UNICEF	2,749,343	1,094,696	3,844,039
WFP	722,983	445,827	1,168,810
UNDP	2,525,294	945,870	3,471,164
FAO	739,570	246,000	985,570
WHO	903,227	330,535	1,233,762
UNFPA	808,326	205,398	1,013,724
UNIDO	160,000	84,462	244,462
UNHABITAT	70,000	30,000	100,000
UNAIDS	430,000	203,928	633,928
ILO	285,261	42,062	327,323
UNESCO	22,500	40,000	62,500
UNCDF	162,309	51,753	214,062
<b>TOTAL</b>	<b>9,578,813</b>	<b>3,720,531</b>	<b>13,299,344</b>

<sup>1</sup> A comprehensive report detailing the financial performance of the One UN Fund in 2011 will be produced by the Administrative Agent in the second Quarter of 2012

## SECTION 2: ONE PLAN RESULTS ACHIEVED

### 2.1 CLUSTER 1: FOOD AND NUTRITION SECURITY AND ECONOMIC GROWTH

Malawian economy remains predominantly agriculture-based. Pro-poor economic growth and poverty reduction depend upon Malawian small holder farmers' being able to move away from subsistence farming and the constant threat of hunger. Most farmers cannot afford agricultural inputs such as seed and fertiliser, have limited access to markets and to credit. The main thrust of the MGDS I was to create wealth, through sustainable economic growth, as a means of reducing poverty. Agriculture was singled out as the priority sector; it was envisaged that the sector would lead economic growth. Attainment of the MDGs was therefore dependent upon a vibrant agriculture sector.

The UN support in this area focused on strengthening capacity for development and implementation of Government economic, food and nutrition policies, ensuring economic growth in the agricultural sector is inclusive and contributes to achievement of the MDGs. UN agencies provided technical expertise to institutions to improve coordination, institutional and community implementation capacity, monitoring and evaluation of programmes on economic growth, food, and nutrition security.

Breaking the country's dependence upon rain fed agriculture through the scale up of irrigation schemes and the promotion of crop diversification was a priority not the least as a basis for improving nutrition security. The main target of food security interventions was the small farmers with the objective of boosting and diversifying production and adding value to agricultural produce.

The UN further supported initiatives to enhance agricultural productivity, especially at household level, and to stimulate production for commercial purposes by linking producers with processors and exporters. At the same time, the UN identified business and investment opportunities that linked the private sector to producers. The UN also contributed to improving agronomic and post-harvest practices, including by supporting replication and scale up of successful approaches.

Malawi's economic development and well-being of its citizens depend on its natural resources. Unsustainable Environment & Natural Resources Management (ENRM) is costing Malawi 5.3 percent of its GDP, or \$191 million per year, according to a Report by the UNEP – UNDP Poverty Environment Initiative that was finalized in 2011. Through development of knowledge products like the *"Economic Valuation of Sustainable Natural Resource Use in Malawi"* and the *"Malawi State of the Environment and Outlook Report"*, the UN attempts to influence policy and decision-makers on the importance of sustainable ENRM. This is further bolstered through the development of guidelines on integration of ENRM in executive decision-making, national budgeting and District Planning. This upstream work is supported by the development of the Monitoring & Evaluation framework for environmental sustainability, linked to and using the Environment Sustainability Criteria which were finalized and printed in 2011. Environmental indicators were included in the ASWAp, through support of UNDP and UNEP. UN supported in 2011 the National Climate



Change Programme (CCP), assisting the Government in setting up a national response framework to manage climate change, e.g. by supporting national structures' (Technical Committee (TC) and Steering Committee (SC)), developing a CC Policy Roadmap, exploring possibility for ENR + CC SWAp, Drafting an Investment Plan, developing and populating a CC website, and started pilot CC adaptation activities in 7 Districts.

### 2.1.1 PROGRESS TOWARDS UNDAF OUTCOMES AND THE UN'S CONTRIBUTION

#### CP Outcome 1.1- Strengthened Government capacity to coordinate and implement food and nutrition security policies and plans by 2011

Under this outcome, Food and Nutrition (F&N) strategies were integrated in ASWAp and Education Swap. A food and nutrition Technical Advisor (TA) was recruited and placed in the Ministry of Agriculture, Irrigation and Water Development. In addition, 62 frontline extension workers were trained on ToT in F&N and 6 government officers from NHDR, MoH, MoAFS and MoGCCD were supported in pursuing MSc in Food Security and Human Nutrition.

As a way of improving Government's capacity in planning, the UN trained 50 central government planning officers in Results Based Management and MDG based planning and costing tools. In addition and in order to ensure that the Budget is aligned to the MGDS II, the UN supported sixteen (16) Sector Working Groups in coding activities and strategies in the MGDS II into budget frameworks. These interventions have resulted in an improved Monitoring and Evaluation Framework for the MGDS with well defined indicators, baselines and targets. It has also resulted in increased focus on poverty reduction, unemployment, MDG goals and targets, and gender.

The UN has also provided best practices drawn from the Millennium Villages Concept, such as the school feeding programme and distribution of Long Lasting Insecticide Nets (LLINs) which have been included in the MGDS. With UN's advocacy, Nutrition has both been recognized as its own sub-theme under social development and mainstreamed, especially under the areas of child and youth development and HIV and AIDS. UN has also contributed to coordination of development partners' support for the process of establishing the IRD Sector Working Group.

#### CP Outcome 1.2: Nutrient friendly agricultural productivity increased, especially at household level, and oriented towards commercialization by 2011 and plans by 2011

Land under irrigation farming increased by 84 percent and benefited 2,283 people (i.e. 671ha put under irrigation out of the planned 800ha). This increased the number of families having maize (food) from winter cropping filling the food shortage gap that is normally experienced during lean period of November to March.

A total of 9,844 farmers and staff were trained in production of different crops & livestock as well as fish rearing in Mzimba and Kasungu. A complementary intervention to diversify food consumption included the training of 90 women, mostly farmers in preparing diversified diets from the diversified farm produce.

Two out of three adaptive research technologies, namely Conservation Agriculture (CA) and manure making and application were introduced and are being practiced by close to 89 percent (400 out of the planned 450) new farmers. In addition, about 800,000 trees were planted. Part of manure made was applied to the planted 11,340 assorted fruit trees (papaya, guava, mango, banana, orange, avocado and Mexican apples). While these technologies act as coping mechanism to climate change, they are also increasing food availability through improved soil fertility.

7 maize mills were installed and accompanying trainings conducted for CBOs. In addition, five community managed Grain Banks (GB) were constructed to combat post harvest agriculture losses and promote food availability during lean period of the year. Close to 4,000 farm families and small traders are keeping their 2010/2011 harvests of maize, soya beans, beans and groundnuts in those GB. Part of the stored maize grain was loaned to those who run out of food during lean months of November and December 2011 and this will continue till next harvest in March 2012.

500 rural bakery owners were trained on processing and utilization of High Quality Cassava Flour (HQCF). This resulted in stronger and reliable market for 840 cassava farmers as demand for raw cassava for processing into HQCF improved, thus improving income for cassava farmers, from MWK 5/Kg to at least MWK 10/Kg (FWT); consequently developing 3 rural cassava processing cottage industry that employs at least 50 off-farm workers. In addition, 2,000 farmers were supported and linked to a more stable local market for cassava. The farmers sold 11 tonnes of cassava chips.

10 Young Socio-Economic Leaders were trained in enterprise development based on the Songhai Youth Development Model and 3 Neno Youth Development Centre managers were trained as trainers. 810 women entrepreneurs were trained in business management. Of these, 680 were engaged in 'Direct to Home Distribution' of UNILIVER products. Only 117 were actively engaged and made a total sales of MWK 11,2 million, with a profit margin of 25 percent. In addition, 45 community members (30 women and 15 men) were trained in cage-fish farming and are expected to harvest and realize close to MWK 3 million in February 2012.

12 microfinance institutions were supported with loans and grants and capacity building, including technology improvements, Human Resource, Financial management and Monitoring and Evaluation systems. The 12 microfinance institutions increased their client outreach by 34 percent from 2009 to 2011, from 888,684 to 1,192,733 clients. The outreach to female clients also increased from 46 percent to 51 percent during the same period, from 480,784 to 611,409 female clients.

The UN further supported training of youth Facilitators (25 females, 34 males) in agricultural and life skills using Junior farmer Field and Life Skills methodology aimed at improving their livelihoods. The youths were from youth clubs and National Association of Smallholder Farmers in Malawi (NASFAM) and Farmers Union of Malawi from Zomba, Chikwawa, Thyolo, Neno, Mzimba, Lilongwe, Mchinji, Ntchisi, Kasungu and Rumphi districts.

Under the same key result, at least 1,500 out of school adolescent boys and girls were provided with livelihood skills training across Malawi. Each of the youth who completed the training was provided with startup materials. At least 80 percent of those trained are effectively utilizing the skills. A National Internship programme for 3,000 young people who have completed tertiary education but unemployed has been established and is operational.

The Malawi Decent Work Country Programme (M-DWCP) (2011-2016) was launched in August 2011. The M-DWCP identifies three main priority areas for action over the period of its implementation: a) Creating more and better employment and income generating opportunities, particularly for vulnerable groups including youth, women and persons with disabilities; b) Enhancing and extending the coverage of social protection and c) Building the capacities of the Government and social partners to improve service delivery.

Briefing sessions were conducted for Principal Secretaries for various Ministries which was presided over by office of the the Chief Secretary to the President and Cabinet. A Workshop was conducted for M-DCWP Advisory and Implementation Committee to present and adopt the Monitoring and Evaluation and Implementation Plan for the Decent Work Country Programme for Malawi.

From 2008 to 2011, 5,818 children were withdrawn and prevented respectively from child labour. These children were supported with placement in schools and scholastic materials including school uniform. 1403 parents of poor children and 12 Community Child Labour Committees were also supported with income generating materials in order for them to be able to support and keep their children in school and not in child labour. 2 Capacity Development Workshops on Child Labour in Agriculture were conducted (May 2011) for Senior Managers, Technical Staff from Agriculture, Labour, Gender, Development Planning, Education, Malawi Congress of Trade Union (MCTU), Employers Consultative Association of Malawi (ECAM) and Civil Society Organization were conducted on child labour on concepts and a roadmap on the Priority Actions on Child Labour in Agriculture was developed. One Capacity Development Workshop on Child Labour in Agriculture was conducted for district staff (Agriculture Extension, Education, Labour, Local Government, NASFAM, YONECO and Chiefs). This was part of creation of harmonized practice of network for national level structures to combat child labour. Baseline Surveys on Child Labour in district Kasungu, Mulanje and Mzimba district were conducted to information the concentration, characteristics of working children and causes of Child Labour.

A ToT was conducted for 18 trainers on Start and Improve Your Business (SIYB) modules. These trainers were drawn from Ministries of Labour, Youth and from various NGOs. Thereafter these trainers conducted a supervised training of entrepreneurs in all the three regions of Malawi where 120 young entrepreneurs and potential entrepreneurs were trained. Again, 950 youths were provided with community vocational skills training from 2008 to 2011.

UN supported Government to mobilize \$19.3 million from AfDB (14 million) and from EU (5.3 million) for the private Sector Development programme to be implemented from 2012-

2016. 5.3 million will go to quality assurance, standards, accreditation and metrology for Malawian export products. \$14 million will go to strengthening of the Private Sector and facilitate and upgrade access to local and international markets for Small and Medium Enterprises. The image of Malawi Investment Promotion Agency (MIPA) has been improved through the establishment of a functional website and production of promotion materials. An investor survey was also conducted for 130 companies, with funding from the UN.

### CP Outcome 1.3: Enhanced conservation of natural resource base by 2011

Land under community-based natural resources management, improved integrated water resources management and improved land use practices increased by 25 percent by 2011. A total of 430 ha of land in 5 Districts (Mzimba, Kasungu, Balaka, Mangochi, Machinga) covering 1,247 households was put under conservation agriculture. Approximately 12000 hectares of land was planted with 512,320 trees in these 5 Districts.

Activities for Sustainable Land Management (SLM) under a \$2.6 million Global Environment Facility (GEF) funded programmes have started in 4 Districts (Neno, Mwanza, Balaka, and Blantyre), where land degradation hotspots have been identified and workplans for improved land and water management were drafted. In addition, 5 river embankments and 6ha irrigated for winter cropping in Balaka and Kasungu Districts were rehabilitated. The Environmental Sustainability Criteria Framework completed, including land and water indicators, and tested in Mchinji and Dedza Districts, to be used for planning and monitoring purposes

Clean Development Mechanism (CDM) capacity building programmes were undertaken and a “Fiscal Space” report, describing the carbon sequestration potential of trees in protected areas, was completed, and is being used for further planning. Sustainable land & water indicators were included in Agricultural SWAp and an M&E framework for environment and natural resources sector completed and used for planning purposes.

One of the key achievements in Disaster Risk Management (DRM) was the inclusion of “Social Support and Disaster Risk Management” as a thematic area in the draft MGDS II. The DRM Policy was finalized and is ready for cabinet approval. The UN facilitated the establishment and capacitated Disaster Risk Reduction Development Officers in 14 Districts

In the same year, the National Energy Demand Assessment Report was finalized, to be used for National Energy Planning. A total of 3,319 efficient fuel wood stoves were produced and are utilized by 2,883 households in Machinga, Balaka, Mangochi. Climate Change, Natural Resources and Environmental Management have been included as one of Key Priority Areas (KPAs) in draft MGDS-2. In addition, a roadmap to Climate Change (CC) policy was established and TORs for CC Policy developed and CC and Environment & Natural Resources (ENR) Management was mainstreamed in the new DRM Policy. A CC financing options report and Investment plan have been drafted. In order to improve the dissemination of information, a CC website was developed and populated and is currently running.

Pilot CC adaptation activities were initiated in 7 Districts in 2011. The “Decentralized Environmental Management guidelines for Districts”, “Guide to Executive Decision Making”



and “Guidelines for Integrating the Environment into Budgeting Process” were finalized for use in planning and budgeting at national and district level.

A total of 10 women trained as entrepreneurs in briquette-making and selling. An additional 182 women and 20 men in two slum areas of Lilongwe City were trained in public private sector partnerships, gender equality and empowerment in service delivery, and they have increased their combined income by MK1m in 2011 through compost-making and –selling.

### 2.1.2 CHALLENGES

- Delays in implementation due to lack of proper planning on the part of our implementing partners
- Lack of predictability and timing of funds disbursements leading to poor implementation
- Different Disbursement modalities – has affected implementation leading to poor delivery against One UN funds
- Lack of baseline data in most cases, that had a bearing in measuring achievement/impact. Without baseline study and proper monitoring and reporting, it’s difficult to calculate on how much UN intervention has contributed to the target, given that agencies are reporting on both core and non core activities.
- Limited technical capacity among some Implementing Partners, especially around “new” issues like climate change
- Delays in disbursement of funds
- Inadequate coordination during project implementation in some cases
- Delays in procurement processes
- Limited participation by Government partners.
- Delays in establishment and operationalization of SWGs
- Policy changes
- Delay in development and launching of MGDS II
- Farmers received poor technical and business support services as a result their efforts for crop diversification (ie shifting from tobacco to cassava) did not yield positive results. Producer prices were perceived below the expected amount. Due to poor technical support, the produce had low quality due to poor storage facilities.

### 2.1.3 OPPORTUNITIES

- Availability of One UN Fund
- Establishment of Sector-Working Groups
- Continued interest of Development Partners
- Development of Successor MGDS and Integrated Rural Development Strategy
- Government promotion of use of CA
- Greenbelt initiative

### 2.1.4 ISSUES IN IMPLEMENTATION

*Overlapping areas and gaps in implementation*

- Climate change, as a newly emerging issue, was not given appropriate attention and room in the UNDAF 2008-2011, and was slightly misplaced under the 1.3.3 Access to Energy Key result.

### *Scope for programmatic synergies*

- There is scope for further integration of Climate Change, Environment and Natural Resources and Disaster Risk Management in national and Development Partner planning mechanisms. This is attempted during the programming of the UNDAF 2012 – 2016, and will be featured under Outcome 1.3.

### *Identification of cross cluster issues and action points*

- Under Cluster 1, Outcome 1.2 focus on improved food production and productivity and the nutrition education on how to prepare and produced crop and livestock products for families to get essential mineral nutrients.
- Disaster Risk reduction was dealt with under UNDAF Outcome 1.3 and 2.2. Most work and expenditures are reported under outcome 2.2. DRR should in future be dealt with in 1 Outcome to avoid duplication.

### *Level of integration of cross-cutting areas (gender, human rights & capacity development)*

- FAO and ILO jointly facilitated capacity development trainings on Child labour in agriculture – mainly on clarity on concepts around child labour and in agriculture for senior managers, technical and extension staff from Ministry of Agriculture, Labour, Gender, Development planning, NASFAM and CISANET to also agree on linkages and collaboration in elimination and prevention of child labour.
- FAO facilitated meetings and prioritization workshop on capacity needs assessment to integrate rural Employment and decent Work with key stakeholders from government line ministries e.g. agriculture (Planning, Fisheries, and extension Department), civil society, producer organizations and academia
- FAO contributed to the ASWAp process to include integration of Youth employment as cross cutting issue in integration of rural employment and decent work. This was done through an issue paper and inputs sent to ministry of agriculture and DCAFs road map. There is need to properly address/attach the issue through the ASWAp focus area Institutional strengthening and capacity development (analyse how its linked and how it can address rural employment issues with child labour and youth employment as cross cutting)
- UNDP has supported capacity development of key planning staff in the central Government in Results Based Management and planning and costing in order to improve the national planning and monitoring systems.
- A national Climate Change Programme, aiming at mainstreaming Climate Change in national and sub-national policy making, planning and budgeting, was spearheaded by UNDP and involved the participation of UNEP, FAO, WFP and World Bank, funded through a variety of donors through a special One UN Climate Change window

### *Alignment of UNDAF outcomes to the MGDS*

- UNDAF outcome 1 was aligned to MGDS theme one on sustainable economic growth. The alignment was strong in terms of agriculture but weak in terms of Trade and Industry Development. Support to national planning framework overlapped with UNDAF cluster five on economic governance, and therefore will be under cluster five in the new UNDAF.

#### **2.1.5 LESSONS LEARNED**

- Government needs to improve institutional procurement systems
- Need for capacity development for increasing awareness and adoption of improved practices
- Training in project/programme planning and budgeting using UN standard guidelines
- High level UNDP – Government Dialogue on how best to strengthen technical capacity in Government.
- Implementing Partners need training in Government and UN procurement systems
- Need for periodic studies to provide baseline data

## **2.2 CLUSTER 2: SOCIAL PROTECTION AND DISASTER RISK REDUCTION**

The challenges of Malawi become more complicated with the existence of aspects of society that are non-resilient to economic shocks as well as natural disasters. As a way of responding to this problem, the MGDS has established Social Protection and Disaster Risk Management as a thematic pillar in the government's response. The UN has largely been involved in providing technical support to the drafting of the social support policy and the implementation of safety nets in various districts in Malawi as well as supporting the Government in preparedness for responding to and recovering from disasters to reduce the risks of hazards.

By end 2011, the UN had successfully assisted the government to mobilize resources and provided technical support to establish policy and institutional frameworks in the area of social protection and disaster risk management. The social support final draft policy is now ready for Principal Secretaries and Cabinet for their approval. Coordination mechanisms that are needed for the implementation of social support programmes have been setup and structures for DRM policy implementation have been developed.

The UN agencies (UNDP, WFP, UNICEF, FAO, UNDP, UNHCR, UNFPA, and UN HABITAT) have also been keen in implementing activities in emergency management and the establishment of systems and structures for coordination of humanitarian assistance during natural disasters. The humanitarian agencies continue to build the capacity of the government to coordinate and manage disasters. Furthermore, the linking of disaster risk management (DRM) and climate change is being supported together with the mainstreaming of disaster risk management (DRM) activities of being undertaken with the ministries of the Malawi Government through sector working groups and direct collaboration.

#### **2.2.1 PROGRESS TOWARDS UNDAF OUTCOMES AND THE UN'S CONTRIBUTION**

## CP Outcome 2.1: Proportion of vulnerable groups benefiting from social protection increased by 2011

Beginning in 2008, the UN supported the Malawi Government to draft the Social Support Policy of which a final draft was approved by the Cabinet Committee on Social Development and HIV and AIDS in 2010. In 2011, the UN's focus area was to continue advocating for the passing of the Policy by the full Cabinet. This included the UN and other development partners jointly writing and holding a meeting with the then Ministers of Ministry of Finance, Ministry of Development Planning and Cooperation and Ministry of Gender, Children and Community Development to lobby for the speedy passing of Policy. The Policy has not been endorsed. Major challenges in this regard include regular changes to the cabinet and infrequent cabinet meetings in recent years.

In 2011 the UN supported the finalization of the development of a costed National Social Support Programme (NSSP) with a clear M&E framework. Five main programmes were agreed upon and have been included in the design, these being, public works programmes (PWP), social cash transfers (SCT), school meals, village savings and loans (VS&L) and microfinance. These programmes at scale would reach in excess of 5 million people across all age groups and 2.8 million school going children through school meals programme at a total cost of \$450million over a five year period. The costed NSSP has been validated by stakeholders through the Social Support Technical Committee (SSTC) and has been widely circulated for final inputs.

The capacity of the Division of Poverty Reduction and Social Protection in the Ministry of Finance and Development Planning has been strengthened through secondment of staff. Two officers from the National level, together with one officer from a key social protection implementing district, were supported to attend the World Bank Safety Nets Core Course in Washing DC, USA, from 5 – 16 December 2011. This, in addition to the support given to the day to day operational costs of the division, has resulted in increased skills and capacity at the national and decentralised levels and contributes to the formation of a strengthened institutional framework for social protection in Malawi.

Since 2006, the UN has been continuously supporting the Government of Malawi's Social Cash Transfer Programme (SCTP). Through the Public Sector Investment Programme government made a budgetary allocation totaling MWK 50 Million in the 2010/11 that was increased to MWK 70 million in the 2011/12 national budget. Capacity development at National level resulted in the design of a solid management structure and renovations of a new office for the National SCT Secretariat.

At District and local level, capacity was strengthened through learning exchange visits and trainings of district staff. The SCTP had been suspended in Salima District for a period of two years due to anomalies in targeting households enrolled on the programme. The UN supported the Salima District Council to restart the programme, which included retraining of the District team, the community Social Support Committees (CSSC), retargeting of beneficiaries and enrolment. As the result, National Aids Commission (NAC) has since resumed funding the programme in Salima District.



Multi-sectoral coordination and information management systems and capacity were developed at national, district and local levels to ensure implementation and monitoring of the national social protection programme by 2011.

The Malawi Child Friendly Districts Initiative was launched in 2011 jointly by the Ministry of Local Government & Rural Development and the Ministry of Gender, Children and Community Development. It seeks to build the capacities of local councils to allow them to plan, monitor and deliver quality services for children. A key aspect of the initiative is its multi-sectoral design and the objective of strengthening linkages between social protection and essential services such as health and education.

CP Outcome 2.2: Government will have disaster risk reduction and emergency management systems and practices for efficient response at national and sub national levels

Through the DRR Policy and Mainstreaming Projects UN supported the Department of Disaster Management Affairs (DoDMA) drafting a new Disaster Risk Management Policy, following a thorough analysis and using a highly consultative format. The Policy is now ready for discussion and acceptance by the Committee of Principal Secretaries and Cabinet. Operational Guidelines, outlining the type of hazards and coordination framework for disasters, have been finalized, and stakeholders in 25 Districts were sensitized. The National Contingency Plan for 2011 was reviewed, leading to an improved National Contingency Plan for 2012 for coordination of disasters at national level. DRM at local level has equally improved through the placement of capacitated Risk Reduction Officers in 14 vulnerable Districts, and the development of 6 new District Contingency Plans, in addition to the 10 existing plans. With support from donors, the resilience of some 400 vulnerable families in Nsanje and Chikhwawa districts was increased by completing flood mitigation measures, early warning systems and area contingency plans, including associated training. Some 200 families were supported in their livelihoods through supplementary crop diversification and irrigation activities with UN funding.

In order to assist the mainstreaming of DRR across different sectors the outcome also has a capacity building component. This is meant to ensure that officers in other sectors have the relevant knowledge to implement DRR in their activities. Officers at national district level and district levels have been trained in various aspects of DRMR and the most disaster prone districts have been appropriately equipped with communication materials. The trainings have covered areas of mapping in Geographical Information Systems, Vulnerability and Risk Assessment. Mainstreaming of DRR requires a strong coordination capacity. UN has supported government and DoDMA in particular, in ensuring building this coordinating capacity that DRR work is well coordinated. One such initiative involves the development of a stakeholder's data base that will enhance coordination by ensuring that DRR stakeholder data is centrally kept and managed. Others include redundant and free air to air communication systems, DRM trainings, upgrade of computer systems, networks and links to the districts for improved transparent response capabilities. Various awareness materials have been developed to improve local knowledge and preparedness.

UN has further supported capacity development of DoDMA, in particular in its coordination, planning and knowledge management role at National and District level, through specific

courses on Management, Monitoring & Evaluation and project proposal writing. In conjunction with the above mentioned plans and tools, DoDMA is now in a better position to respond to an emergency in a more timely and coordinated manner. Selected DoDMA staff was also trained in preparation for and attended the Climate Change Conference of Parties (COP17) in Durban, South Africa, which lead to an increased understanding and better linkages between DRM and the international Climate Change discourse. Further international links and networks on DRM were strengthened through support to DoDMA to attend regional (SADC, DIPECCHO) and global (ISDR Platform for DRR) conferences.

### 2.2.2 CHALLENGES

The social protection programme has been facing three main challenges including the following: 1) the delay by Cabinet in approving the Social Support Policy; 2) lack of scale up of Social Cash Transfer Program in 2011 due to delay in passing of Social Support Policy and subsequent reluctance of some donors to commit without Policy in place; and 3) weak capacity of the SCTP Secretariat in terms of both technical and staffing levels.

### 2.2.3 OPPORTUNITIES

With the increased number of DRM staff at district level there is an opportunity for government and development partners to utilise these skills that eases decentralised DRM roles and responsibilities and provides enhanced means of awareness rising

### 2.2.4 ISSUES OF IMPLEMENTATION

#### *Overlapping areas and gaps in implementation*

DRR and SP activities overlap in most areas as both programs tend to target the vulnerable population. The inclusion of SP and DRR in Cluster 2 was utmost important to maintain the linkage and intensify the relations between the two programmatic areas as well as the institutions traditionally most involved. Some interventions that qualified as social protection were viewed as a disaster response. There is need for this strong linkage and a better coordination between the two areas to ensure reduced vulnerability and increased resilience to external shocks. Communication and collaboration between actors needed further improvement.

#### *Scope for programmatic synergies and identification of cross cluster issues and action points*

Synergies existed between Clusters two and three. Cluster 3 has school meals activities as part of the Education Output. School meals are a social protection activity following the draft Social Protection policy.

#### *Level of integration of crosscutting areas*

Gender and HIV and AIDS are the cross-cutting issues in the UNDAF deliver as One programme. During planning and implementation processes the two issues were considered that they have dimensions to vulnerability both to shocks and disasters in Malawi. It should be noted that both DRM and SP focus on the most vulnerable and do take gender, human rights, HIV and AIDS, and disabilities into account in implementation of the activities.

### *Alignment of UNDAF outcomes to the MGDS*

In the domain of Social Protection and Disaster Risk Management, the UN's focus areas of support were fully aligned to the Malawi Growth and Development Strategy (MGDS) Theme 2 and were subthemes. The two subthemes have been given adequate focus and substantial improvements were made towards caring for the most vulnerable with limited factors of production that could be negatively impacted by economic shocks as well as the work towards the Disaster Risk Reduction in the socioeconomic impact of disasters. The impact of disasters on the vulnerable people was further reduced in various target districts.

Assets of the most vulnerable had increased and were given increased participation in the social and economic development of Malawi. Under the component of Disaster Risk Reduction (DRR) the UN has supported Governments effort to implement the National Disaster Risk Management Reduction Framework, based on the Hyogo Framework for Action Strategy; the integration of DRR and Disaster Management in the draft DRM Policy, planning, programmes and training; and increased the Governments capacity with respect to Disaster Management i.e. to prepare for respond to and recover from Disasters. The focus was on building and further developing Knowledge Management tools for an understanding, mapping and using hazard and vulnerability data. This included climate change and variability data of DRR and climate related risk. The UN also supported the development of strengthened capacities to implement DRR programs at all levels. Support has been given to the development of the DRM operational guidelines. Various studies have now also been endorsed by government paving the way for inclusion of recommendations into the new act and other government policies and plans.

For further integration and a better coordination effort for the government was supported by using the sector working groups as a means to start the wider coordination of disaster management and disaster risk reduction through the soon to be inaugurated National DRM Platform.

### **2.2.5 LESSONS LEARNED**

To ensure better coordination of stakeholders more sensitization of DRR and DM issues are important to further reduce potential negative impact of disasters through planning and integration of the subjects into all government policies and plans.

Further linkages were determined between SP and DRM, particularly with respect to school curricula, communication, data collection and analysis, and monitoring and evaluation. UN played an important role in providing further support to the Government.

In order to ensure proper linkage between Social Protection and Disaster Risk Reduction interventions a better integration of targeting indicators for the two programmes is required.. Generally UN agencies and other development partners should aim for better coordination and collaboration although much progress has been made.

Climate change has brought a lot of interest in the area of Disaster Risk Management

## **2.3 CLUSTER THREE: SOCIAL DEVELOPMENT**

In health, the maternal mortality ratio remains very high in Malawi. Despite the decrease from 984 to 675 per 100,000 live births (NSO 2004 & NSO and ICF Macro 2011) it still seems less likely that Malawi will meet its Millennium Development Goal 5. Direct causes of maternal deaths include sepsis, haemorrhage, obstructed labour, pregnancy induced hypertension and complications of abortion. Furthermore, the contraceptive prevalence rate of 46 percent among women of child bearing age (NSO & ICF Macro 2011) is still low considering the current population trends. Even though the under-five mortality rate has steadily declined from 180 to 112 deaths per 1,000 live births between the late 1990s and 2011 (NSO & ICF Macro 2011), most of the decline has occurred outside the neonatal and post neonatal periods. Neonatal sepsis, malaria, pneumonia, diarrhoea and anaemia continue to claim lives of many children in Malawi. Health system related issues continue to negatively affect the effectiveness of health interventions including tackling the emerging burden of non-communicable diseases and emergency preparedness and response.

Through the One Plan, the UN jointly provided support to government to address this situation by focusing on the following key result areas: (1) increased access to sexual and reproductive health, newborn and child health services; (2) strengthened results based planning and implementation; (3) epidemic preparedness; and (4) response as well as building an evidence base on the burden of non-communicable diseases. Strategies included capacity building for service delivery, community involvement, and advocacy, strengthening of the health system and strengthening partnerships with other stakeholders. The health outcome falls under the social development cluster and contributes towards the objective of the health sector wide approach (SWAp). Collaboration is done within the SWAp framework which is fully aligned to the Malawi Growth and Development Strategy. The health sub outcome mainly contributes towards achievement of MDGs 4 and 5. Cross-cluster issues include HIV, nutrition, gender, human rights and capacity development.

Under nutrition contributes to more than one third of all deaths in children under the age of five. In Malawi, the nutritional status of children has improved since the 2004 DHS to the 2010 MDHS (using the new WHO growth standards) with a decline in stunting from 53 to 47 percent; wasting from 6 to 4 percent and underweight from 17 to 13 percent. The 2009 National Micronutrient Survey (2009 NMS) revealed a significant decrease in the prevalence of vitamin A deficiency from 2001 to 2009 in all age groups; children 3 to 35 months 59.4 percent versus 22.9 percent; school-aged children 39.8 percent versus 8.5 percent; coverage for exclusive breastfeeding of children in the first 6 months of life also increased from 56.7 percent (2006 MICS) to 71 percent (2010 DHS). In addition, 92 percent of households used iodised salt, 83 percent had the recommended minimum levels (15 parts per million) of



iodine. The 2009 MNS urinary iodine results revealed optimal iodine nutrition for the country within WHO recommendations.

There have also been improvements in maternal nutrition with a significant decline in the percentage of those with any form of anaemia among non-pregnant, non-breastfeeding women from 46 percent in 2004 to 29 percent in 2010. Among pregnant women, the percentage with any anaemia has decreased from 47 percent to 38 percent. Additionally, vitamin A deficiency among non-pregnant women has declined from 55.6 percent in 2001 to 1.6 percent in 2009. However stunting still remains at 47 percent which, according to WHO, is considered a public health problem of very high significance; Malawi has one of the highest stunting rates in Sub-Saharan Africa.

The UN support in 2011 focused on the provision of technical assistance in the development of the national Nutrition Education and Communication Strategy (NECS) as a mechanism to address stunting in the country. The UN also supported the national salt iodisation program and the bi-annual Child Health Days where vitamin A was supplemented and deworming was provided to the under-five children as a means to reduce the deficiency with above 90 percent coverage. The UN support included provision of technical and financial support for scaling-up of the Community-based Management of Acute Malnutrition programme as well as provision of ready to use therapeutic food (RUTF) and supplementary foods.

The programme on equitable access to and use of safe water supply, sanitation and hygiene (WASH) in rural and peri-urban areas and promotion of environmental health by 2011 was aimed at supporting national efforts to achieve the Millennium Development Goals, in particular MDG 7, target 7c, within the framework of the Malawi Growth and Development Strategy (MGDS) on safe water supply, sanitation and hygiene promotion.

In Malawi, WASH is among the priority areas in the Malawi Growth and Development Strategy that also includes education, health care, HIV/AIDs and disaster management and also government's commitment to meet the MDGs by 2015. It is estimated that 3 million women and 1.2 million children are directly affected by the poor Water Supply and Sanitation coverage in Malawi.

The UN's support focused on the provision of water supply and sanitation in rural areas and on improving sanitation and hygiene promotion in rural and peri-urban communities. It also contributed to the child-friendly, rights-based school concept to ensure increased access of pupils to safe water supply, hygiene promotion as part of a comprehensive school health programme and gender-sensitive sanitation facilities.

Support was provided to the sector to undertake the annual Joint Sector Reviews, as part of strengthening the mechanisms for sector dialogue and sector adjustment to lay the ground for improving the Water, Irrigation and Sanitation SWAp and the sector performance in delivering services. In addition further support was rendered for the production of the Sector Performance Report (SPR) to provide a critical overview for the sector for the JSR (March 2011) and helped the sector to identify key undertakings for improving sector performance. Strategic support was also provided in developing the "Open Defecation Free Malawi by 2015" Strategy and the National Hand Washing Campaign Document, both of which were nationally launched at ministerial level in readiness for roll out in 2012.

In education, considerable progress has been made towards achievement of the MDG 2, i.e. achieving universal primary education. Completion rates for both boys and girls have generally increased. Specifically, the completion rate for primary schooling (standard 8) has increased from 22.9 percent in 2005 to 45 percent in 2010 for girls and from 30.1 percent to 53.1 percent for boys during the same period (Education Management Information system, EMIS). However, these figures are still substantially lower than the government's 2013 Education Sector Implementation Plan (ESIP) target of 76.2 percent, and girls' completion rates are lagging behind considerably. Therefore, greater gender equality is a major priority for achieving this MDG. According to the Joint Sector Review Report of November 2011, the challenges still facing the education sector in Malawi are: the low pass rate in primary education at 67 percent; the low performance in the Early Grade Mathematics Assessment (EGMA), the Early Grade Reading Assessment (EGRA), and the Southern Africa Quality Education Consortium (SAQMEC); high drop out rates for girls in upper primary and upper secondary; lower girls' retention and performance compared to boys at both primary and secondary levels; and the high pupil to qualified teacher ratio (PqTR) in primary schools of 91:1 and the high pupil classroom ratio (PCR) of 103:1 in primary education.

The education programme focused on increasing the proportion of girls' and boys' enrolment, attendance, completion and achievement. An additional and overarching component was support to sector reform, policy development and enhancing institutional and community capacity through a sustainable partnership framework. The agencies that were actively involved are: UNICEF mainly focusing on Life Skills Education and Child-friendly Schools (CFS), UNESCO, WFP focusing on school feeding, UNHCR focusing on refugee education, and ILO focusing on prevention of child-labour and re-integration of withdrawn children in basic education and vocational training.

### 2.3.1 PROGRESS TOWARDS UNDAF OUTCOMES AND THE UN'S CONTRIBUTION

#### CP Outcome 3.1 – Equitable access to essential health services

The UNDAF cluster 3 partners (UNICEF, WHO, UNFPA), in collaboration with Government, and other development partners, have made progress and achievements in support of an enabling environment for the health facilities to deliver quality maternal, newborn, child and adolescent care services through training, procurement of supplies and equipment, supervision and mentorship support at district level and health facility level.

In relation to maternal, adolescent and newborn health, achievements have been made in increasing the number of facilities, including youth clubs and youth corners, providing youth friendly health services (YFHS), currently at 1,640, well above the target of 180; proportion of postnatal mothers receiving modern contraceptives (52 percent vs. target of 45 percent); proportion of functional village health committees (VHCs) at 70 percent against the target of 65 percent; and the number of districts with community outreach for maternal, newborn and child health (MNH) activities (17 vs. target of 10). There has also been very good progress in the proportion of health facilities providing three modern family planning methods (85 percent) and proportion of deliveries done by skilled health workers (75 percent). Major effort is however needed to increase the number of basic emergency

obstetric and newborn care (BEmONC) sites (currently at only 2 percent), to reduce case fatality rates and to increase the proportion of young people accessing YFHS. The UN played a key role in supporting government to conduct the national emergency obstetric and newborn care (EMONC) assessment, the revision of the road map 2011-2016 for acceleration in reduction of maternal and neonatal morbidity and mortality which have helped to identify the bottlenecks and constraints in achieving MDG 4 and 5. Support has also been provided to strengthen provision of depopovera by health surveillance assistants at community level, to enhance the campaigns against obstetric fistula.

Notable achievements have also been made in the area of child health. For example, care seeking for diarrhoea and pneumonia has increased from 36.4 percent to 62.1 percent and 36.4 percent to 70 percent respectively (NSO & ICF Macro, 2011). Programme data also shows that a total of 306,924 children with malaria, pneumonia and diarrhoea were treated from village clinics at community level, an approach that is actively promoted and supported by the UN. In addition, health workers in all 29 targeted admitting facilities in the 10 Partnership for Maternal, Newborn and Child Health/Catalytic Initiative (PMNCH/CI) districts have been trained in child emergency care and supported to conduct quarterly paediatric death audits. The proportion of children under-five years of age sleeping under insecticide treated bed nets (ITNs) has increased from 38 percent (NSO & UNICEF, 2006) to 55 percent according to the Malaria Indicator Survey of 2010. The UN has also provided technical support in the preparation process for national mass distribution of long lasting insecticide treated nets (LLINs).

Malawi has continued to sustain high immunisation coverage rates. Eighty one percent (81 percent) of children are fully immunized (NSO & ICF Macro 2011) and programme data shows that 94 percent of children under one year of age have received the third dose of the pentavalent vaccine. In 2011, the UN supported government to introduce PCV13 vaccine. Additional support has been provided through provision of 10 million zinc tablets and malaria drugs for use in village clinics in the 10 PMNCH/CI districts as well as 480,000 sachets of Oral Rehydration Salts (ORS) which have been distributed across the country. Over 170 health surveillance assistants (HSAs) from the 10 PMNCH/CI districts have also been sponsored to undergo basic training. Despite these successes in child health, the number of health workers trained in Integrated Management of Childhood Illness (IMCI) at the first level health facility is still low. In three PMNCH districts (Lilongwe, Ntcheu and Dedza), less than 35 percent of health facilities have at least 2 health workers trained in IMCI and only four (Chiradzulu, Nsanje, Kasungu and Karonga) have at least 80 percent. There is need to improve health worker skills in managing sick children using the IMCI approach. This implementation period also experienced declining support for IMCI at first-level health facilities yet it is the health workers at this level who also serve as mentors and supervisors of HSAs serving in Village Clinics.

The UN has contributed towards improving health systems in Malawi. The 2004-2010 programme of work has been evaluated and the new health sector strategic plan (HSSP 2011-2016) is in place which emphasizes on the concept of primary health care and health promotion. WHO, UNICEF and UNFPA have actively participated in the technical working groups (TWGs) in the formulation of the health strategic plan. In 2010 and 2011, efforts were made to extend the high impact interventions beyond the CI/PMNCH districts through

the mobilisation of other resources. The UN agencies and donor partners provided both technical and financial assistance to these processes. Moreover, UN agencies provided financial and technical support to the SWAp secretariat to enable it to supervise all four zones and print 150 copies of the midyear review reports.

Through a collaborative effort, technical and financial assistance was provided for the commencement of the review of the Public Health Act 1948 which will result in a National Health Bill and an Alcohol Policy. The process of reviewing the National Health Bill (Public Health Act) has commenced and is on-going under the leadership of the Law Commission. The Health Surveillance Assistants (HSA) facilitators' manual, curriculum and HSAs manual were printed and distributed to all 28 districts. Furthermore 117 trainers (four trainers per district and zonal supervisors) were oriented.

The Human Resources Management Information System (HRMIS) has been rolled out to all 28 districts and the 4 Central Hospitals although the Human Resources officers in the districts are operating at different levels of competency. Technical support continued towards the HRMIS with computers being provided to all 28 districts. Furthermore, GIS training was conducted in two zones (north and central east) and the remaining three zones will be completed in 2012. Provision of GIS equipment to 28 districts for mapping of health facilities has been completed.

All 28 districts have been supported to improve the quality of their District Implementation Plans through technical and financial support toward coming up with the plans and peer reviews. The UN has supported the drafting of the guidelines for the multi-year district plans with a focus on the 10 PMNCH districts. The emphasis of the technical support has been on the need for the districts to focus on interventions that address the health related MDGs. In addition the district health promotion officers were oriented on how they can incorporate the primary health care concepts and the social determinants of health in the district implementation plans. Monitoring of how the Service Level Agreements (SLAs) between MOH and Christian Health Association of Malawi (CHAM) were assessed by the MOH through UN technical and financial support.

#### CP Outcome 3.2 – Improved nutrition outcomes for children under 5 years of age, pregnant and lactating women, PLWHA and other at risk groups

The UN has been critical to government in formulating nutrition policies, guidelines and strategic plans for implementation of nutrition interventions. Technical assistance was provided in formulation of the 2007 – 2012 National Nutrition Policy and Strategic Plan (NNPSP), review of Infant and Young Child Feeding Policy and the formulation of Nutrition Education and Communication Strategy which has been launched. Support was also provided in the adoption of the new WHO growth standards and incorporated in the revised Child Health Passport currently under print (800,000 copies) and developed training manuals for service providers. The UN supported the 2009 National Micronutrient Survey (2009 NMS) with the report cleared by CDC and rolled-out cell phone technology using Rapid SMS for nutrition which is fully functional in two districts, namely Chikhwawa and Salima where children in growth monitoring are reported and the government has adopted the technology for scale-up to all districts.

The 2009 National Micronutrient Survey revealed that the under-five vitamin A deficiency prevalence of 22 percent among children under five years of age has been achieved however the situation still remains a public health problem. There are also significant declines in vitamin A prevalence among school-aged children, women and men. In addition, bi-annual Child Health Days were conducted consistently from 2006 to 2011 reaching above 95 percent of children 6-59 months of age with vitamin A supplements and 95 percent of children 12-59 months were dewormed. Caregivers were also reached with high impact messages on exclusive breastfeeding, feeding a sick child, vitamin A rich foods, deworming, hand washing with soap, and use of ITNs. To sustain the gains, in the medium term, a sugar fortification programme with vitamin A has been supported with the UN providing technical support through-out the process. A number of trials were successfully completed and sugar fortification equipment was procured and installed at two Illovo Sugar factories ready for commissioning in March 2012 to ensure domestically consumed sugar is fortified with vitamin A.

Support was also provided to the national salt iodisation programme whereby all the salt in Malawi must be adequately iodised to prevent and control iodine deficiency disorders. About 82.6 percent of households (versus the target of 90 percent) use adequately iodised salt i.e having  $\geq 15$  parts per million (ppm) of iodine using the titration test. To ensure the salt is adequately iodised, a monitoring system for iodine levels in salt at port of entry and commercial levels has been strengthened across the country. Urinary iodine and a salt testing laboratory being run by the Ministry of Health Public Health Laboratory at central level have been established.

The UN provided technical and financial support for scaling-up Community-based Management of Acute Malnutrition (CMAM) through an out-patient therapeutic programme which increased health facility coverage from 64 percent (385 sites) to 79 percent (478 sites), just below 80 percent target and all districts in the country are implementing it. In 2011, 5 districts namely Zomba, Mulanje, Rumphi, Nkhatabay and Ntcheu were supported and increased coverage from 40 percent (49 sites) to 84 percent (104 OTP sites) with a total of 1,610 Community Health Workers (HSAs) trained and 2,649 volunteers and 2,107 community leaders oriented on the programme. The CMAM programme maintained the performance within international standards of cure rates, defaulter and death rate: OTP registered cure rates of above 90 percent, death rate of 1.9 percent and default rate below 6.3 percent while SFP reached 93 percent recovery rate, 6 percent defaulter rate and 1 percent death rate.

A total of 11,868 severely acute malnourished (SAM) children were admitted to OTP in 5 districts supported by the UN. Nationally, 36,626 SAM children were admitted in OTP and a total of 53,848 children under five years of age and 40,272 pregnant and lactating women were reached through the supplementary feeding program. UNICEF procured and distributed 632 metric tonnes (MT) of Ready-to-Eat Therapeutic Food (RUTF) for the CMAM programme expected to treat about 52,730 SAM children across the country. WFP procured 2,795 MT of Likuni Phala, 233 MT of vegetable oil and distributed to malnourished children under five years of age, pregnant and lactating women under the supplementary feeding program and NRUs. In addition, 41 MT of Likuni phala, 28 MT of oil and 19 MT of sugar, 89 MT pulses and 189 MT maize meal were distributed to children in NRUs and their caretakers.

### CP Outcome 3.3 – Equitable access to and use of safe water supply, sanitation and hygiene in rural and peri-urban areas and promotion of environmental health

The UNDAF supported Water, Sanitation and Hygiene (WASH) programme has been operational since October 2007-2011. The program supported 14 districts in Malawi namely Blantyre, Chiradzulu, Chitipa, Dowa, Kasungu, Karonga, Likoma, Lilongwe, Mangochi, Mchinji, Mwanza, Mzimba, Nkhata Bay and Salima in planning and implementation of integrated water, sanitation and hygiene at community level; health facilities, community based organisations (CBCCs), school sanitation and hygiene education and policy and sector reform at central level.

At central level, the key ministries involved include the Ministry of Agriculture Irrigation and Water Development (MoAIWD), Ministry of Health (MoH), Ministry of Education (MoE) and Ministry of Local Government (MoLGRD).

Documented official status of the WASH sector through the findings of the DHS show an overall increase in safe water coverage from 64 percent (91.1 percent in urban areas and 57.9 percent in rural areas) in 2004 to 79 percent (91.9 percent in urban communities and 76.9 percent in rural communities) in 2010. Despite these high percentage levels, there is a significant percentage of people not accessing safe water within the recommended 500 metre distance. For sanitation the figure for access to any sanitation is 86 percent (96 percent in urban and 83 percent in rural - National housing and Population Census 2008) but improved sanitation is reported at only 7.5 percent (19 percent in urban and 6 percent in rural – DHS 2010). In addition, evidence of safe hygiene practices such as using soap and water for hand washing at critical times is hard to come by, with some studies estimating coverage as low as 0.1 percent for all the four critical times.

According to the School WASH Report of 2008 about 81 percent of schools used protected water source and only 23 percent of schools had adequate sanitation facilities. Furthermore, hand washing status with soap in school facilities was registered at 4.2 percent while those washing without soap were at 14 percent. Only about 24.2 percent have adequate sanitary facilities for girls whereas only 20.7 percent have adequate facilities for boys.

#### *Water Supply*

The programme reached 186,020 people through 794 new and rehabilitated water points in 2011 out of a planned 175,000 people in the communities from 700 new / rehabilitated water points (113 percent progress against planned). From the 601 new water points, 505 were boreholes, 76 shallow wells and 20 gravity / piped scheme water points.

Functionality rate was reported to have improved in six districts and slightly deteriorated in one, the other districts did not provide updated assessments for 2011. The average functionality rate for the 14 districts is 79 percent so still remains an important issue that needs to be addressed.



**TABLE 1: SUMMARY WATER COVERAGE IN COMMUNITIES**

Year	No of People Reached	Cumulative Number
2007	180,000	180,000
2008	75,250	255,250
2009	212,000	467,250
2010	180,850	648,100
2011	186,020	834,120

*Sanitation*

In total 1,340 villages were triggered through the Community-led Total Sanitation (CLTS) approach in 2011 in the 14 WASH districts against the planned 1,404 representing a 95.4 percent achievement rate. There was a 10.9 percent increase in the total number of triggered villages over the 1,266 villages triggered in 2010 (table 3.2). Altogether 527 villages realised the Open Defecation Free (ODF) status, constituting 39 percent of the triggered villages. Overall the percentage of triggered villages that realised the ODF status was similar to that of 2010. In 2011, 12,815 new latrines were constructed in ODF villages and 66,240 new latrines were constructed in all communities (including those surrounding ODF and other triggered villages; 127 percent progress against planned). Overall the number of new latrines in ODF villages over the UNDAF period was 54,819 and 180,490 in all communities.

**TABLE 2: SUMMARY OF SANITATION COVERAGE IN COMMUNITIES IN WASH DISTRICTS**

Year	No. Of villages triggered	ODF villages	New latrines in ODF villages	New latrines in the district
2008	106	36	1,122	29,452
2009	773	310	33,221	39,804
2010	1,266	495	7,661	44,994
2011	1,340	527	12,815	66,240
Cumulative	3,485	1,368	54,819	180,490

*School WASH*

Overall 125 new / rehabilitated water points were constructed in 125 schools reaching 69,369 pupils in 2011. Overall 388 schools were provided with adequate latrines (according to sanitation guidance of 1:60 stance/pupil ratio), 168 new hand washing facilities, 144 new urinals, and 246 schools were reached with 3 key hygiene practices in schools in the 14 WASH districts in 2011. Consequently 194,000 pupils were served with gender sensitive and child friendly WASH facilities (table 3.9; 107 percent progress against planned).

**TABLE 3: SUMMARY RESULTS ON WATER AND SANITATION IN SCHOOLS**

Year	No of Pupils reached	Cumulative Pupils (Water Supply)	Sanitation Access (pupils)	Cumulative Pupils (Sanitation)
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	(Water)			
2007	48,000	48,000	48,000	48,000
2008	68,000	116,000	68,000	116,000
2009	42,000	158,000	73,620	189,620
2010	65,000	223,000	130,000	319,620
2011	69,369	292,369	194,000	417,770

#### *CBCCs and Health Centres*

Overall 26 new water points were constructed in CBCCs in 2011, reaching 2,673 children with safe water.

In 2011, 26 new latrines were constructed in CBCCs reaching 880 children; 3,530 children were reached with hand washing facilities in CBCCs as a result of 43 hand washing facilities constructed in WASH districts. In total 1,150 children in CBCCs were reached with messages on the three key hygiene practices out of 27 CBCCs which received the three key hygiene messages. In total four new water points were developed in health facilities and nine new latrines were constructed in health centres.

#### CP Outcome 3.4 – The proportion of enrolment, attendance and achievement by girls and boys increased

In 2011, the UN made significant contributions towards national education priorities. This year saw 500 public primary schools implementing a comprehensive package of child friendly schools (CFS). Over 13,250 teachers (27.5 percent of primary school teachers) are now knowledgeable about the principles and practices of CFS, benefiting over 945,000 learners as a result of teacher trainings in CFS methodologies since 2008. In 2011, 2,500 teachers were trained. Child Friendly infrastructure and resources for schools, i.e. classrooms, latrines and teacher's houses and teaching and learning materials were provided to the benefit of over 300,000 learners. A total of 44 new classrooms were constructed providing child friendly learning environments that are safe, well lit and well resourced. In addition, three teachers' houses and seven sanitation facilities at seven schools were constructed. A total of 210 adolescent girls aged 10-19 years in Mangochi and Chikwawa districts were provided with scholarships through a UN Joint programme on adolescent girls. In addition, 365 girls from six secondary schools in these districts received additional support in Science learning offered through Girls' Science Camps. A CFS handbook was developed for use by student teachers in teacher training colleges.

Approximately 15 percent of all primary school children (690,329 learners from 681 primary schools in 13 food insecure districts) benefited from school wet meals on each school day. Girls in the upper grades (standard 5-8) and orphan boys further benefited from the take home rations during the lean period to motivate them to attend school. At Dzaleka camp school, 100 percent of school age children residing at Dzaleka Refugee Camp benefited from quality education. A total of 2,851 were enrolled in primary school and 410 were enrolled at Dzaleka Community Day Secondary School and the Night School. Over 3,000 children were re-integrated in basic education as a result of the initiatives for withdrawing children and preventing them from child labour and reintegrating them into basic education and vocational training.

UNESCO and ILO, in collaboration with the African Development Bank, supported the reform processes for the TVET sector, with a focus on policy, institutional and pedagogical reforms. The key achievement was the harmonisation of the three TVET curricula, assessment and certification systems. This was buttressed by the review of current roles and responsibilities of players in TVET, the review of the existing TVET Policy, and the development of materials (entrepreneurship manual and administrative manual) for Technical Training Colleges (TTCs).

Over 200 policy makers, planners and managers in TVET received training in entrepreneurship and management. One TTC designated as a centre of excellence was provided with equipment and will continue to support in-service training for the entire TVET sector.

### 2.3.2 CHALLENGES

There were a number of challenges encountered in 2011 which had an effect on the implementation of planned activities and achievement of results. Some of the notable challenges include:

#### *Across programme areas*

- Limited absorption capacity of partners and counterparts in both funds management and data quality management has implications for programme implementation and quality control.
- Coordination constraints amongst development partners, Government and the UN agencies, resulting in poor planning and slow implementation of interventions.
- During the implementation period, the country experienced fuel shortages. This negatively affected the implementation and timely completion of most activities.
- Transport constraints: shortage of motor bikes for extension workers, and motor vehicle breakdowns, combined with difficult terrain and weather conditions, often posed an obstacle to efficient programme implementation.
- Devaluation of the Malawi Kwacha and the freeze of direct budget support from many donors negatively impacted the overall funding environment.
- Late disbursement of the funds delayed the commencement of implementation of activities. Changes in the bureaucratic procedures for disbursement of funds to implementers within the Government system posed another challenge.

#### *Health*

- In all programmatic areas, shortage of skilled personnel, inadequate health care facilities and limited infrastructure and referral systems are challenges in delivering quality services and scaling up interventions.
- The long standing limited capacity in supply chain management at all levels continues to cause stock outs of essential drugs at health facility level, which also affect availability of such commodities for community-based interventions.
- Management of Neonatal sepsis and its scale up plan in community based maternal and newborn care (CBMNC) was affected due to the delayed development of policy guidelines on the use of injectable antibiotics for newborn babies at the community level.

- Deployment and retention of HSAs for community case management (CCM) in the hard to reach areas has also been a challenge in the reporting period. Some HSAs deployed in hard to reach areas have not been retained due to lack of appropriate accommodation and poor access to basic services needed by their families in these areas. There is need for districts to design and implement an effective deployment strategy for HSAs within their catchment areas.
- The majority of partners engaged in CCM implementation delivered a partial package of CCM, which was not conducive to harmonised scale up of the complete package, including strengthening the health system.
- Supervision at both District and Community Levels has also been another challenge during implementation during this period. Supervision at implementation levels was insufficient and this was compounded by inadequate resources like motorbikes, vehicles and fuel. The number of professional staff trained as supervisors of community based interventions, including CCM, is also insufficient. There is need to continue with the strengthening of supervisory capacity and decentralization at facility and community levels.
- HSSP progress has been very slow because of need to consult widely and convince multiple stakeholders of the HSSP format and the needed interventions.
- The district health offices have been making operational plans once every year, which tends to consume a lot of time during the preparation. A way forward is for the districts to start making longer-term (3-5 years) strategic plans.
- The monitoring system does not capture equity of health care delivery in terms of access to health services and the needs of the poor and vulnerable populations.

#### *Nutrition*

- Shortage of skilled personnel in the nutrition sector; for instance, capacity constraints in the Ministry of Health and districts which are seriously understaffed at technical level, impacting on programme implementation.
- Delayed delivery of the sugar fortification equipment resulted in delayed commissioning of sugar fortification programme.
- Inadequate funding affected implementation of some activities. For instance, in the last half of 2011, the supplementary feeding programme was implemented without one commodity in the ration (oil), affecting the quality of the program due to lack of funds.

#### *WASH*

- Rising costs and shortage of cement on the market also impeded implementation as well as timely completion of construction of sanitary facilities in schools.
- Some NGOs still subsidize sanitation, which runs counter to UNICEF's 'zero subsidy' strategy.
- Funding constraints: not all activities of the 2011 annual work plan for WASH received funding; hence limited progress towards achievement of the targets set in this work plan was made.
- Generally limited financial resource allocation to some activities affected the general morale of extension workers and participants who felt that allowance rates provided by other organisations were higher.

- The mode of payment to the district (cash reimbursement against receipts) contributed to delays and a low rate of implementation of WASH activities.

### 2.3.3 OPPORTUNITIES

The following opportunities have been identified and if taken could have positive impacts on achievement of results:

#### *Health*

- Regular supportive supervision and regular review of programme activity implementation jointly by national level and district level staff have proven to be useful in determining the challenges on the ground and working out action plans.
- The HSSP has offered an opportunity to incorporate emerging issues like the emphasis on health promotion and primary health care. The SWAp arrangements make it possible to implement a coordinated approach to addressing existing health problems.

#### *Nutrition*

- Existence of NNPS as a platform for implementing nutrition interventions.
- Existence of nutrition coordination structures which are very well laid out at national and district levels but challenged by existence of several vacant posts.
- Finalisation and costing of National Nutrition Education and Communication Strategy (NECS) with focus on the Scaling-up of Nutrition (SUN) – 1,000 Special Days movement to reduce stunting has provided a platform to implement behaviour change and communication messages on nutrition which has been missing in the NNPS.
- Launch of NECS at national level in July 2011 with very high advocacy level, as Malawi is an early riser globally, provided an opportunity to many donors (USAID, Irish AID, CIDA, World Bank).

#### *WASH*

- The Decentralization policy provides an opportunity for direct programme delivery as well as for further building capacities of lower level structures and for enhancing community empowerment.

#### *Education*

- Development of systems, policies and a Sector Plan for education that has enhanced coordination among the Development Partners' support to the sector.
- Increased funding to the education programme has ensured that there are adequate resources towards achievement of planned activities and attainment of results.
- Commitment of the key government and NGO partners towards achievement of results for children in the education and youth sector.

### 2.3.4 ISSUES IN IMPLEMENTATION

#### *Overlapping areas and gaps in implementation*

- There are overlaps with nutrition in terms of health worker training; HIV and AIDS in terms of PMTCT and paediatric care; education in relation to adolescent health.

- Overlap exists between nutrition outcomes in UNDAF Cluster Three and Cluster One. Attending both cluster meetings will ensure synergies in the programmatic implementation.
- Advocacy has been very strong for hospital delivery. However, not all health facilities have waiting homes and very long distances to maternity care units continue to be a major challenge.
- Capacity Building: Middle managers and frontline workers training on integrated nutrition package with joint planning among clusters ease the burden of retraining the same people.
- Guideline development in focus areas of maternal health, child health, nutrition and HIV overlap, for example infant and young child feeding, PMTCT and IMCI. The harmonised review of the Child Health Passport with other programmes resulted in incorporating new WHO growth stands, infant and young child feeding messages, HIV, child health and malaria.

### *Scope for programmatic synergies*

- Participation of cluster members in various technical working groups dealing with related issues provide opportunities for programme synergies.
- The Child-friendly Schools (CFS) concept is by its very nature multi-sectoral, therefore significant overlaps exist across UNDAF clusters. For example, issues of child labour, child protection in schools, and gender fit within the CFS framework but are also covered in other clusters. Hence, there is need for increased multi-sectoral collaboration during the planning and implementation of CFS-related activities.

### *Identification of cross-cluster issues and action points*

- Lack of integration of nutrition and food security programs affecting health and nutrition status of the people. There is need to advocate for integrated interventions from the bottom to the top.
- In the UN, nutrition exists in UNDAF outcomes one and three. However, there is need to foster the relationship in these two clusters such that programmatic planning meetings are well attended by all relevant agencies and influence implementation of interventions.
- In the area of education infrastructure, there is need for EIMU and other partners to establish and maintain standardized unit costs for public school infrastructure which will be the key criteria for selection of contractors.
- On the job training on EMIS/DEMIS can help improve user skills to enter data and manage the databases, which would result in better data quality.
- Involvement of a wider array of stakeholders could improve service delivery in schools.

### *Level of integration of cross-cutting areas*

- To strengthen the gender component of health programming, emphasis was given to male involvement in community based activities in recognition of their role as decision makers in the family. The programme scope also addressed the continuum of care



from pregnancy to childhood to make sure that specific health issues affecting each individual life stage are addressed.

- An attempt was made to address equity issues deliberately targeting hard to reach areas with health and other interventions (especially community based interventions). The monitoring system, however, does not capture equity of health care delivery in terms of access to health services and the needs of the poor and vulnerable populations.
- A pertinent cross-cutting issue for further consideration is the inadequate focus on gender in M&E tools for programmes and the lack of disaggregated data.

### *Alignment of UNDAF Outcomes to the MGDS*

CP Outcome	MGDS
3.1: Equitable access to essential health services	Theme 3: Social Development Sub-Theme 1: Health and Population Sub-Theme 3: Gender
3.2: Improved nutrition outcomes for children under 5 years of age, pregnant and lactating women, PLWHA and other at risk groups	Priority 6: Prevention and Management of Nutrition Disorders, HIV and AIDS Theme 3: Social Development Sub-Theme 3: Gender
3.3: Equitable access to and use of safe water supply, sanitation and hygiene in rural and peri-urban areas and promotion of environmental health	Priority 2: Irrigation and Water Development
3.4 The proportion of enrolment, attendance and achievement by girls and boys increased	Theme 3: Social Development Sub-Theme 2: Education Sub-Theme 3: Gender

## 2.3.5 LESSONS LEARNED

### *Across programme areas*

- Using existing local structures are key in attainment of ODF and also in mobilizing local contributions in the construction of water and sanitation facilities.
- Collaboration among partners is very important in implementation of activities because there is no duplication of efforts and resources are put to maximum use.
- Supervision by central level staff helps in identifying areas which needs improvement.
- Multi-sectoral collaboration is a must for sustained programme success because resources are poured into one pool for effective programme management.
- Advance preparation for implementation of activities is vital.
- Joint planning and implementation facilitate the work process.
- Team work and hardworking spirit at all levels is of paramount importance if we are to ensure effective and efficient activity implementation and service delivery.

### *Health*

- There was too little time for the different clusters to discuss cross-cutting issues. More consultations between various outcome groups and within clusters are needed. Also

the clusters are aligned with different ministries. Joint monitoring, which can help us in resource leveraging, is limited. Processes between the UNDAF and SWAp review result in having two parallel structures that need further harmonisation.

- Early involvement of regulatory bodies is key to ensure policy change. After years of negotiation a study tour, involving Medical Council of Malawi, facilitated discussions and progress on the policy of management of neonatal sepsis at the community level. Experience continues to indicate that the absence of treatment for the newborn at community level still remains a gap.
- Community involvement at all levels of program implementation is vital for sustainability of development initiatives.

### *Nutrition*

- Multi-sectoral collaboration through the national Nutrition Committee, the technical working groups and SUN Taskforce greatly facilitates the coordination of the implementation of nutrition programmes by partners and Government. There is need to advocate for integrated service delivery from the bottom to the top. For instance, CMAM being integrated in IMCI, this provides an opportunity for CMAM to get implemented together with IMCI as soon as the trainings for CMAM are completed. This also avoids HSAs being overloaded as it is not treated as a vertical programme.

### *WASH*

- Exchange visits act as motivator to both visitors and the hosts.
- Orientation of community structures helps in the better implementation of activities.
- Big activities such as construction of sanitary facilities should be done in stages or be contracted out.
- Fair allocation and timely processing of requests for resources for project activities by both the development partners and implementing entities ensure efficiency in implementation and remarkable progress towards the 2015 targets for the district.

### *Education*

- Policy level work and strategy development may produce less visible results in the shorter term but will produce more sustainable change in the longer term.
- Although education infrastructure development has been very successful, there is need to simultaneously implement several different types of capacity building and community engagement activities.
- Strong partnership among UN agencies has helped to improve education outcomes.

## **2.4 CLUSTER FOUR: HIV/AIDS**

The national HIV prevalence rate in Malawi is estimated at 10.6 percent (DHS 2010). Malawi continues to make laudable progress towards MDG 6 on HIV/AIDS prevalence, and has recently been identified as one of the countries to have reduced HIV prevalence by 25 percent (UNAIDS and Government of Malawi, 2010). This achievement, however, masks the reality that an estimated 70,000 new HIV infections continue to occur annually in Malawi; a situation only further confirmed by the fact that risky sexual behaviour is currently the leading cause of mortality in Malawi (College of Medicine Disease Burden Survey, 2010).

Unprotected hetero-sexual contact accounts for an estimated 88 percent of new infections; a rapidly growing proportion of which are young people. Approximately 10 percent of new infections are attributed to Mother to child transmission (MTCT), and young women aged 15-19 are three times more likely to be infected with HIV than their male counterparts of the same age.

More than 323,000 Malawian adults and children are alive and have access to antiretroviral therapy (ART) as of December 2011, and the rollout of the new “Option B+” ART and PMTCT guidance by the Government of Malawi holds out the promise of more effective combined prevention interventions in the future, with the growing importance of “treatment as prevention” recognized by all partners. Despite limited funds available for a number of interventions, progress was made towards the provision of safety nets and livelihood development opportunities to households with OVC and PLHIV; increasing the number of OVC and families receiving psychosocial support services; and expanding the number of children accessing basic social services through community based childcare centers.

AIDS has been identified as a critical national priority in the Malawi Growth and Development Strategy-2, as well as in the new National HIV Policy and National Strategic Plans on AIDS, both currently under finalization. UN System partners are directly engaged in improving national and district level capacity to coordinate, manage and monitor HIV responses in line with the “Three Ones Principles”, while further promoting the development of a supportive legal and policy environment. To anticipate the progress made, potential funding gaps in the national response were identified through the NASA process of 2010 as well as the National Ownership and Universal Access assessment exercises. Further, these processes contributed to an enhanced evaluation of national resource mobilization in 2011.

#### 2.4.1 PROGRESS TOWARDS UNDAF OUTCOMES

This UNDAF Cluster is intended to harmonize the collective comparative advantage of the UN System partners in Malawi in supporting the design, implementation and monitoring of strategies, guidelines and targeted interventions in support of the National Response to AIDS. The UN System partners in Malawi aim to stimulate develop and help harness the capacities of various public, civil society and private sector actors within all relevant sectors, at the national, district and local levels. The overall goal of this support and assistance has been to ensure the delivery of high-quality and cost-effective HIV prevention, treatment, care and support services to all those in Malawi who are in need of accessing these services, in support of the Government of Malawi’s stated targets and commitments to Universal Access and the Millennium Development Goals.

Under Country Programme Outcome 4.1 (“Improved and equitable access to and uptake of HIV prevention, services”) most of the targets were achieved. One hundred percent of primary and secondary school learners are now reached and exposed to life skills education, surpassing the 50 percent target of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission. In PMTCT, the target of 400 sites providing combination regimen and comprehensive PMTCT services was reached, as was the number of PMTCT sites with

Hb (hemoglobin) estimation capacity. The targeted number of sites (60) providing peer psychosocial support to HIV positive mothers was also reached. Community mobilization and participation in HIV & RH increased as well, reaching the targeted 75 communities, largely due to the training of over 450 community volunteers.

Efforts for HIV testing and counseling (HTC) to reach children, youth and women, as well as high risk population groups, were disrupted by the lack of test kits and reagents and the cancellation of the traditional HIV testing week. The target of 1,000,000 people was therefore not achieved with a poor showing for couple testing. Efforts to increase by 20 percent the percentage of the sexually active population using condoms at last high risk sex were also hampered by systemic supply chain hurdles and the non-availability of condoms in most rural and hard to reach areas.

Intensified mass media campaigns, the roll out of the Voluntary Medical Male Circumcision (VMMC) communication strategy, UN support in the development of MC policy in Malawi and support in the implementation of the SOP manuals contributed significantly to considerable increase in the uptake of voluntary medical male circumcision, although the target of 40 percent was not reached. A major challenge for this is sufficient skilled staff to perform MC. Although efforts were made to reach out to girls and women in order to increase their access to HIV and AIDS information and services, sex workers were difficult to reach largely due to the unorganized structure of the sex work industry and corresponding programming. Recent results of a situational analysis of sex work in Malawi should assist in developing more effective programming and enhance capacities to reach the established targets. Sex Work is a human rights issue as well as a gender issue and human rights abuses suffered by sex workers also compounded programming for them, as it did for Men who have sex with men (MSM). There are also a lot of opportunities for synergizing interventions in this sub-cluster. HIV Testing and Counseling is an entry point to PMTCT services and also reinforces prevention activities. Condom programming is also a cross cutting issue where condoms offer protection both for pregnancy protection and STI/HIV transmission.

Country Programme Outcome 4.2 ("Improved and equitable access to and uptake of AIDS treatment, care and support services") supported activities aimed at achieving improved and equitable access to and uptake of AIDS treatment, care and support services. For sites providing ART, especially to pregnant women and children, by the end of June 2011 449 sites were providing ART against a target of 300, while 382,953 patients had ever been started on ART against a target of 320,000. However, the proportion of children below 15 years of age started on ART was still short of the 90 percent target and 40 percent of HIV positive pregnant women were started on treatment compared to the 80 percent target. In the national laboratory system, the Early Warning Indicator HIV drug resistance survey was pushed forward to allow time for the cohort to mature, the 5 year laboratory strategic plan completed its second year of implementation and 30 percent of estimated HIV exposed infants in Malawi accessed testing using DNA PCR against a target of 70 percent. Very little progress was made in strengthening national capacity for drugs and commodities procurement and their supply, mainly due to the slow pace of CMS reforms. UNICEF instead continued to manage an in-country parallel supply chain system for all Global Fund financed HIV-related commodities through a private sector partnership, delivering these essential

commodities to over 600 sites. For increasing the number of PLHIV, 3,800 mothers on PMTCT were supported with nutrition supplements in 28 sites.

Country Programme Outcome 4.3 (“Reduced social and economic impact of HIV and AIDS on families and communities”) underlined the importance of mitigating the impact of HIV and AIDS on affected communities and families by providing basic needs including food assistance, livelihoods support, psychosocial support and early learning and stimulation. In terms of progress in this sub-cluster, food and nutrition assistance for households with people living with HIV and OVC was provided to 4,233 beneficiaries. Psychosocial support was provided to 222,110 children through 3,173 Children Corners with the aim of mitigating the impacts of HIV and AIDS on Children Affected by AIDS. This group is also benefitting from the Case Management framework and tools which were developed and pretested in Mchinji and Lilongwe in preparation for piloting in five districts. Significant progress was made towards strengthening the human resource capacity for the social welfare workforce. Curriculum on a Diploma/Degree in Social Work was developed and aligned to the University of Malawi Standard and will be adopted in September 2012 for the first intake of the students at the Social Work College, Magomero College. In the area of legislation and legal reform, the 1949 Adoption Act was reviewed and is awaiting enactment in Parliament. A Child Care Institutions study and rules and regulations for the Child Care Institutional Study were disseminated to i) the Impact Mitigation Technical Working Group members and ii) Proprietors of Orphanages in the Southern Region. Support was also provided to the Malawi Human Rights Commission which is monitoring the Orphanages against the set minimum standards.

Country Programme Outcome 4.4 (“Improved national and district level capacity to coordinate manage and monitor HIV responses in line with the Three Ones Principles”) focused on the critical importance of a series of enabling and empowering factors which are important building blocks of any effective response to AIDS, whether at the local or national levels. Progress in this area included finalization of the National HIV policy, the development of a Sustainable Financing Strategy for HIV and the National HIV and AIDS strategy (a successor to the NAF), all to be validated in early 2012. The legal environment assessment for HIV also commenced during the year and efforts are being made to exclude from the likely enactment of an HIV law the criminalization of PLHIV, mandatory testing for pregnant women, sex workers and domestic workers, and disclosure of HIV status to partners. To improve policy and decision-making, support was provided in completing a DHS and ANC sentinel surveillance. Data collection for the MSM Population Size Estimation started during the year, as well as development of the National HIV/AIDS workplace policy that takes into consideration the International Labour Standard on HIV and AIDS in the world of work.

Other studies included a sex work study, a baseline survey of human rights and HIV in Malawi (results yet to be disseminated), a comparative assessment of the national coordination framework, a detailed analysis of coordination and planning processes at the district level and the development of comprehensive district planning guidelines. A study on Gender Economic Empowerment and HIV and AIDS along the major transport corridors in Malawi was also completed, to be disseminated in 2012. For long term sustainability of the response, a demographic and economic modeling study was commissioned whose results

will be available in 2012. In a bid to strengthen capacities of government and CSOs in advocacy and implementation of the national response, the UN system technically and financially supported development of a Stigma and Discrimination Index in partnership with MANET+. Additionally, the Women & Girls and HIV gender Framework was launched in 2011 which will be followed by the Gender Score Card that will be finalized and launched in 2012. In partnership with the Ministry of Gender, the UN system supported implementation of the M&E sub-system in the gender sector.

The Outcome 4.4 team continued to work closely with colleagues in other Outcome areas in the HIV, Agriculture, Health, Social Protection and Gender Cluster Outcomes. Examples included the promotion of a gender-sensitive, gender-appropriate enabling environment in HIV programming; addressing household and family vulnerability factors, including work to coordinate social protection, social cash transfer, household nutrition, household livelihood and agricultural production initiatives; and the promotion of local authority and community capacity development. The cross-cutting areas of Gender, Capacity Development and Human Rights are all critically important aspects of effectively addressing the risks and vulnerabilities – particularly for women and young girls – to HIV infection.

#### 2.4.2 CHALLENGES; OPPORTUNITIES FACED AND LESSONS LEARNED

The major challenge for Malawi is the dwindling of HIV/AIDS resources and the concomitant high dependence on external funding for the national response to AIDS in Malawi. As long as Malawi heavily depends on donor funding for HIV/AIDS, the national response remains fragile and unsustainable, and consequently the UN system and other development partners have enhanced support for initiatives to assess sustainable financing options and develop a more effective investment framework for the national response over the coming year.

A second substantive challenge is the very high levels of new infections in Malawi- at approximately 70,000 new cases per year - yet the focus remains more substantively on treatment. A related challenge also remains with serious human rights abuses of some vulnerable and key populations (such as sex workers and Men who have sex with Men ); stigma and discrimination of people living with HIV infection continues to be one of the central barriers to effective HIV prevention and management of AIDS in Malawi. Although condoms were available at Central Medical Stores, it was hard to find condoms at district and health centre levels.

However, despite these challenges, there is still a good opportunity to negotiate human rights compliant interventions in the programmes given the fact that the new National Strategic Plan and the HIV Prevention strategy have provisions targeting such vulnerable groups. Key lessons include the growing need and recognition for mobilizing local resources for HIV/AIDS owing to the ever dwindling international resources. Also, it is still possible to have programmes for most at risk populations despite the lack of legal backing for such interventions by approaching the issues from the public health point of view.

The continuing shortage of skilled personnel, inadequate equipment and infrastructure negatively impacted on the scale up and delivery of quality services. Other difficulties included the limited absorption capacity of partners and counterparts in programme



implementation, funds and data quality management, and weaknesses in the supply chain management leading to stock-outs of drugs and related health commodities. Overall, health systems continue to need investments through available funding mechanisms and investments in electronic recording and reporting systems needed to be made to eventually minimize the need to physically collect data from facilities. On a more positive note, the availability of funding through the One UN Funding window and PAF provided additional opportunities for support to catalytic programme interventions during the year.

Although the number of OVCs has not grown at an accelerating rate due to provision of ART, the absolute number of affected and infected children is still large and their needs are increasingly complex, requiring integrated approaches. As such, most OVCs received assistance in a fragmented manner calling for a more comprehensive approach to address the needs of OVC and their families holistically. Despite progress made, dependency on volunteers to implement activities remains a challenge due to the lack of sustained incentives. Government is therefore developing a policy on caregiver incentives which will hopefully curb this problem. Inadequate financial resources to undertake some of the planned activities affected implementation of results, particularly in the area of food and nutrition support. Efforts are underway to raise and leverage resources towards this important area of care and support for PLHIV and OVCs.

Challenges in the enabling environment included continuous delays in the release of the DHS results creating a huge data vacuum and failure to inform the development of a number of strategies i.e. the MGDS, HSSP, NSP, and the UNDAF. The late release and receipt of financial resources from different UN HQs hampered the UN's ability to ensure timely implementation of planned activities and difficulties in discussing issues of human rights and key populations in Malawi (particularly MSM and SWs) led to slow progress on certain studies. The delay in the approval of the National HIV/AIDS Workplace Policy affected the dissemination and implementation of the policy and limited availability of local expertise in certain fields delayed procurement of services, for example the demographic and economic modeling, as well as HIV-Human Rights & Law.

### 2.4.3 ISSUES IN IMPLEMENTATION

#### *Overlapping areas and gaps in implementation; scope for programmatic synergies*

The HIV Cluster team continues to work closely with colleagues involved in the Agriculture, Health, Social Protection and Gender Cluster Outcomes in order to assure maximum programmatic coherence and synergy between the respective programmes of work of each related UNDAF cluster. The key issues of potential synergy (or overlap) are discussed below.

#### *Identification of cross-cluster issues and action points*

The key issues which are cross-cluster in nature and actions being taken are:

- Promotion of gender-sensitive and gender-appropriate HIV programming, including working to address various aspects of gender-based violence and gender mainstreaming within the context of Cluster 4 activities;
- Addressing household and family vulnerability factors, including work to coordinate social protection, social cash transfer, household nutrition, household livelihood and agricultural production initiatives between Cluster 4 and other activities promoted under clusters 1 and 3;
- Promotion of local authority and community capacity development, which also relates to the work of Cluster 5 in the areas of good governance, decentralization and capacity development.

### *Level of integration of cross-cutting issues (gender, human rights & capacity development)*

As noted above, Gender, Capacity Development and Human Rights are all critically important aspects of effectively addressing the risks and vulnerabilities – particularly for women and young girls – to HIV infection, as well as fundamental rights of PLHIV and sexual minorities. These issues are being actively integrated into the ongoing work of the Cluster.

### *Alignment of UNDAF Outcomes to the MGDS*

The work of UNDAF Cluster 4 is directly aligned to the National AIDS Strategy and the Malawi Growth and Development Strategy, as is evidenced in the following table:

UNCP Outcome 2007-11	NAF 2009-12	MGDS 1 – HIV/AIDS
4.1: Improved equitable access to and uptake of Prevention Services	Prevention & Behaviour Change PMTCT	Prevention, HTC & Behaviour change, including condom promotion PMTCT
4.2: Improved and equitable access to and uptake of AIDS treatment, care and support services.	Treatment, care & support	Treatment, care & support access for HIV, STIs and OIs
4.3: Reduced social and economic impact of HIV/AIDS on families and communities	Impact mitigation	Impact mitigation, nutrition and feeding Support and protection for infected and affected
4.4: Improved national and district level capacity to coordinate, manage and monitor HIV responses in line with Three Ones Principles	Mainstreaming & Capacity building M&E Coordination & planning	Mainstreaming M&E Capacity building for service delivery Planning and coordination

## **2.5 CLUSTER 5: GOOD GOVERNANCE**

Cluster 5 aims at promoting effective and coherent UN action in the areas of good governance, gender equality, and a right based approach to development. Agency members include UNDP, UNFPA, UNICEF, UNHCR, WFP, FAO, UNCDF, UN/habitat, and ILO.

The UN has contributed to a number of key initiatives to strengthen democratic governance, respect for human rights, access to justice for vulnerable groups, promoting gender equality, women empowerment and public service delivery. The scope of interventions included development of capacities of strategic democratic institutions and the understanding of human rights principles among the citizenry, strengthening leadership, results based management (RBM), including monitoring and evaluation (M&E) and development aid management capacities within the public service. Assistance has been provided to political parties who are also major players in the democratization process of the country but are faced with number of challenges. Through a United Nations Volunteers (UNVs) Programme, the UN has provided critical health care services in referral and district hospitals through deployment of 64 doctors. UNVs have also been deployed to strengthen planning capacities for orphan and vulnerable children programmes.

Malawi is on track to meet 5 out of 8 MDGs, those which are lagging behind have strong gender connotations: Goal 2: Achieve Universal Primacy Education; Goal 3: Promote Gender Equality and Empower Women; and Goal 5: Improve Maternal Mortality. The slow achievement of these MDGs is particularly indicative of deep seated gender inequalities in Malawi. The Government of Malawi (GoM) is however, is committed to address Gender<sup>2</sup> inequalities as outlined in the Malawi Growth and Development Strategy (MGDS 2012-2016). However, addressing gender equality and equity issues has been constrained due to weak coordination and implementation of gender related policies as well as entrenched traditional/cultural practices.

### 2.5.1 PROGRESS TOWARDS UNDAF OUTCOMES

#### CP Outcome 5.1: By 2011, informed public actively claiming good governance and human rights.

Since 2008 interventions on national and sub national level have resulted into significant changes. The outcome area shows a 55 percent increase of people demanding and accessing quality public services from duty bearers from 27 percent in 2006 to 42 percent in 2011. The access of women to food, shelter, infrastructure and education shows significant improvements since 2006. The percentage of females understanding key democratic principles have increased by 68.9 percent (from 29 percent in 2006 to 49 percent in 2011) and 37 percent more rural citizen are aware of key democratic principles (from 35 percent to 48 percent in the last 5 years). Interventions on community empowerment enabled rural citizens, especially women to demand public services. Here the follow up data are showing an increase of 25.9 percent among rural females who are claiming good governance and the right to development from respective duty bearers (from 27 percent in 2006 to 34 percent in 2011).

The UN in Malawi continued its policy upstream support to the Democratic Governance Sector through technical and financial assistance for Capacity Assessments and baselines surveys for Justice and Democratic Accountability institutions which provided fundamental

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<sup>2</sup>According to this programme the term Gender refers to the social differences between males and females that are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures.

documents and data for a 5 year democratic Governance sector strategy. A framework on benchmarking core capacities for the political parties in Malawi was formulated.

The Government and civil society have made significant gains in improving access to justice for women and children. The range and utilization of services has increased substantially in 2011. Community Victim Support Units have increased from none in 2008 to 300 in 2011 recording 11,238 cases of domestic violence, up from 969 in 2009. An additional of 510 people were trained in community victim support services increasing the number of workers in community victim support units to 1,800. In 2011, 8,231 women and children accessed child friendly and gender sensitive services through 101 Police Victim Support Units. In addition, 545 women and children who experienced sexual and physical violence received comprehensive medical, psychosocial and legal services at three One Stop Centres. Hospital based birth registration is being tested as is case management for the most vulnerable children.

Children's and youth participation has also been enhanced through the establishment of youth parliament and its linkage to the Malawi National Assembly. This will allow the views of children and the youth to be heard by policy makers.

Outcome 5.2: "Improved national capacity to formulate policy, manage, monitor and deliver services to protect the rights of vulnerable groups"

The UN facilitated Public Service Administration (PSA) trainings of 136 senior officials within the public service aimed at improving planning and management skills among other competencies. As a result, there is now a growing "self-realization" by those in leadership and management position of their weaknesses in managing people and understanding of rules and regulations that govern Government operations. The UN also assisted in the review of public procurement rules and regulations.

The Aid Management Information System (AIMS) was upgraded to allow the Government timely and accurately report on aid flows. Unlike in the past, Development Partners represented in the country are now able to provide aid information to the Government on a regular basis. By 2011, 66 percent of development assistance was reported on the national budget, up from 55 percent in 2008. An extra feature added to AIMS was the geo-coding which allows the Government show geographical allocation of aid. The information generated through the System has provided valuable input into the discussions between the Government and DPs in the various fora.

The UN has contributed towards promoting a platform for evidence-based planning and decision making. A major activity during the previous UNDAF Cycle was the finalization of the reports on the National Population Census and the 2010 Demographic Health Survey (DHS). To ensure accountability for results, the UN has supported the strengthening of monitoring and evaluation (M&E) systems in Government ministries, departments and agencies (MDAs). Currently, 60 percent of MDAs have functioning M&E systems. In addition, the UN is promoting institutionalization of results based management practices in all sectors. Among other interventions, sector economists and planners have trained in principles of RBM.

The UN has contributed to increased capacities in the health sector to serve vulnerable groups through the placement of UNV medical doctors in referral and selected district hospitals. This has resulted in a reduction in doctor to population ratio from 1:60,000 in 2007 to 1:30,000 in 2011. Apart from seeing patients, these doctors are transferring knowledge and skills to the nationals through capacity development initiatives.

Democratic and economic governance involve setting good policies, programs and regulations, which then have to be translated into implementable actions. For example, critical to democratic governance are efforts towards creating a critical mass of an informed citizenry that could actively claim good governance and human rights. While economic governance focuses on developing national capacities to formulate policies, manage, monitor and deliver services to protect the rights of vulnerable groups. As such, the two are cross-cluster issues and are relevant to all UNDAF Outcomes. They also provide enormous scope for not only programmatic synergies but cross-fertilization of ideas.

UNDAF Outcome 5 is consistent with Theme Five of the 2006 – 2011 MGDS: Good Governance whose main tenets include issues to deal with good public sector management, absence of corruption and fraud, decentralization, justice and rule of law, security, good corporate governance, democratisation and information communication and technology. Addressing these critical areas will be crucial for Malawi's sustainable development in the medium term.

#### Outcome 5.3: "By 2011 Gender equality and women's empowerment enhanced"

The outcome was partially achieved through implementation of five outputs. In order to *strengthen the legislative framework for gender equality and equity* three out of a target of five laws were reviewed and or approved. The UN supported advocacy for the Deceased Estates Bill and the Gender Equality Statute, both laws were approved in 2011. The Prevention of Domestic Violence Act was reviewed and disseminated. Policy makers were trained in gender budgeting, monitoring and gender analysis. Through this training, policymakers were able to participate in the development of Gender Responsive Budget guidelines which were disseminated to 45 District Officials. The UN provided technical support for mainstreaming gender into the MDGS<sup>11</sup>. Recommendations from the gender audits supported by the UN are feeding into the finalisation of the Gender and Youth Sector Strategy. To facilitate women's access to financial services and markets and promote women engagement in economic life, the UN trained 1659 in 2011 against a target of 3328 (4 year period) women entrepreneurs in business development and management. Support was also provided to develop reporting guidelines on Gender Based Violence (GBV) that assisted in strengthening nationwide monitoring interventions and service provision on GBV. Police Victim Support Units throughout the country were supported to have data bases for GBV cases. In addition, 184 paralegals were trained in management of GBV cases, and in turn they cascaded the training in communities. During the year 2011, 87 cases of GBV from zero have been reported.

### 2.5.2 CHALLENGES; OPPORTUNITIES AND LESSONS LEARNED

In general the Democratic Governance Sector is affected by a generic disparity. This affects the establishment of a coordinated approach to Justice and accountability mechanisms. The stake-holder buy in to agree on activities takes more time and is a laborious process, but has shown a lot of improvement as stakeholders developed terms of reference for a 5 year democratic governance sector strategy. The coordination and inclusive participation of various democratic governance stakeholders during the MGDS drafting process was not sufficient and resulted in an incomplete national development strategy. Gender issues, employment, population dynamics, capacity development and Governance had been largely omitted from past national development plans. Results matrixes and indicator frameworks had been insufficiently developed and MDGs had not been mainstreamed yet.

The suspended local elections in 2011 are still affecting program implementation and support. The absence of formally elected councillors, who would have the legal mandate to make or reform local level rules and regulations, makes it difficult for programs working on community empowerment to hold duty bearers accountable and effectively engage with formal structures for improved basic service delivery.

With the global economic crisis, another challenge met by the UN was mobilization of funds to meet the various resource gaps. This undermined program/project implementation. Global economic trends project that the crisis is likely to continue for some time in the foreseeable future. On the positive side though, the stalemate between the Government and CABS members has meant increased disbursements of development assistance through non-governmental organization (NGOs) and community based organizations (CBOs). The UN, being neutral and impartial, might act as an alternative for channeling out these resources.

There still are capacity challenges including limited capacity of district social welfare officers to support implementation of justice for women and children programs, challenges in information management at national level and the Government and NGO partners lack financial resources to effectively support efforts in improving access to justice for women and children.

The following six recommendations are made for improving justice for women and children: Harmonise and institutionalize coordination mechanism with a focus on delivery of results for women and children. Fast track the implementation of the already available laws and policies, while supporting effort to bring these legal frameworks in line with international standards. Put greater emphasis on improving the quality of available preventive and responsive services while supporting effort to expand scope and coverage. Continue to strengthen the capacity of core protection stakeholders including police, judicial, social welfare, health and civil society organizations to prevent and respond to violence. Greater focus on development of early identification, reporting, case management and referral systems and create and strengthening formal accountability mechanisms and information management system.

The UN in Malawi has continued its support to improved sector coordination in order to overcome identified challenges in Access to quality and timely justice services, basic public service delivery and strengthen the oversight function of democratic accountability



institutions. Democratic Governance Institutions have agreed on a coordinated approach and endorsed terms of references for a 5 year democratic governance sector strategy. This strategy will facilitate dialogue between the GoM, its development partners and other non-state actors to ensure that all parties clearly understand the priorities of the Government and ensure that there is efficient coordination, use and review of resources allocated to the priority reforms.

The preparation of the new MGDS also provides an opportunity for UN interventions. For the first time, capacity development and governance issues which were largely omitted from the past national development plans have been incorporated in the new MGDS.

The major challenge for the gender sector is the limited capacity in terms of human and material resources to promote gender equality in the country. The UN supported the development of a White Paper to identify capacity gaps of the National Gender Machinery which among other things revealed that the coordination mechanism of the National Gender Machinery is weak. The UN will continue to provide technical strengthen the coordination role of the Ministry of Gender. The MDGS and the UNDAF 2012 to 2016 as overarching frameworks present an opportunity to promote gender as it is adequately addressed. The UN is supporting the Government to develop an MDG Acceleration Framework on Gender Equality and Women`s Empowerment in order to mobilize resources. Structures such as the GWG and the institutionalization of the Gender and Youth Sector Working Group are an opportunity to strengthen planning, coordination, accountability and budgeting on gender equality issues.

The second challenge relates to the socio-cultural factors that make people believe that men should be leaders and women are followers. The UN will continue to promote women entrepreneurs, advocating for affirmative action to increase representation of women in politics and decision making positions. The 2014 elections present an opportunity to promote women in parliament. A lesson learnt is the importance of introducing affirmative initiatives, such as the 50:50 programme on women`s participation. The 50:50 campaign introduced in 2009 had significant impact; in the 2004 elections, 27 women were elected and in the 2009 Elections, a record 43 out of 193 members of Parliament were women.

## ANNEXES: ONE PLAN RESULTS MATRIX FOR 2011<sup>3</sup>



<sup>3</sup> All budget figures in the matrix, except the expenditure figures, are from the time the One Plan was developed in 2009. Expenditure figures are reported as of December 2011.



CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report	
CP Outcome 1.1: Strengthened Government capacity to coordinate and implement food and nutrition security policies and plans by 2011									
CP Output 1.1.1 - Provision of additional capacity to government to ensure that food and nutrition policies are integrated as part of SWAp development by 2011.	FAO, UNDP UNICEF	DNHA, MOAFS, MOH, Bunda College, NRC, National Nutrition Committee	535,000	0	0	535,000	270,468	Food and nutrition strategy integrated into Agriculture SWAp, Technical Assistance Provided to the Ministry of Agriculture, Irrigation and Water Development , the Technical Assistant has prepared work plan awaiting the approval from the ministry, 62 frontline extension workers trained at NRC	
			Food and Nutrition strategies are integrated in at least five SWAPs						
			Human and institutional capacity in Food and Nutrition security strengthened at all levels						
CP Output 1.1.2 - Strengthened Government capacity to coordinate and align development partners’ policies and plans by 2011.	FAO, UNDP UNICEF	DNHA, MOAFS, MOH, Nutrition Committee	190,000	0	0	190,000	203,755	Support to consultations and production of MGDS II and the development of the Integrated Rural Development strategy through production and dissemination of an IRD issues paper and Millennium Village scale-up study. MGDS recognize nutrition its own sub-theme under social development and is mainstreamed under HIV and AIDS and Children and youth development.  The MVP report gives best practices on how to obtain food security  Government and Development partners coordination in food and Nutrition security strengthened	
CP Outcome 1.2: Nutrient friendly agricultural productivity increased, especially at household level, and oriented towards commercialization by 2011and plans by 2011									
CP Output 1.2.1 - Land area under small scale irrigation and water harvesting increased by 22 percent by 2011.	FAO, WFP, UNDP, UNICEF	Ministry of Agriculture; Irrigation and Water	1,442,320	0	0		284,000	Land under irrigation farming increased by 84 percent benefiting 2,283 beneficiaries (i.e. 671ha put under irrigation out of the planned 800ha).	
			Agricultural production under irrigation increased 3metric tons per ha.						
			Land under irrigation increase 800ha						

CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
		development						This increased the number of families having maize (food) from winter cropping filling the food shortage gap that is normally experienced during lean period of November to March
CP Output 1.2.2 - By 2011, the proportion of farmers practicing diversification is increased to 55 percent in program areas (diversification in production - high value & nutritive crops, dairy, livestock & aquaculture).	FAO, WFP, UNDP, UNIDO	Ministry of Agriculture; Irrigation and Water development	866,657	39,675	0	826,675	1,011,183	The targeted 9,844 farmers in Mzimba and Kasungu are practicing diversified farming and are producing maize, yellow fleshed Irish and sweet potatoes, beans, cassava and either one female goat, or one female pig or 2 rabbits and 5chickens.
			Availability of different foods by 2011					
			Increased farm productivity on 3000 ha					
CP Output 1.2.3 - Three adaptive research initiatives supported in different zones by 2011.	FAO, WFP, UNIDO	Ministry of Agriculture	275,638	0	0	275,638	60,000	Two out of three adaptive research technologies, namely Conservation Agriculture (CA) and manure making and application are being practiced by close to 89 percent (400 out of the planned 450) new farmers. In addition, about 800,000 trees were planted by farmers and school children in 60 new schools from village tree nurseries. Part of manure made was applied to the planted 11,340 assorted fruit trees (papaya, guava, mango, banana, orange, avocado and Mexican apples). While these technologies act as coping mechanism to climate change, they are also increasing food availability through improved soil fertility
			Increased agricultural productivity					
			450 farmers practicing CA on 90 hectares					
CP Output 1.2.4 - Uptake of improved agronomic, crop	FAO, UNDP	ICRISAT; Salima District	950,460	180,000	126,200	644,260	177, 148	Five community managed Grain Banks (GB) constructed to combat post harvest
			Availability of foods					

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
protection and post harvest best practices doubled in areas where UN is working with government by 2011.	UNIDO WFP UNCEF	Agricultural Development Office	Availability of infrastructure for post harvest					agriculture losses and promote food availability during lean period of the year. This leads to availability of staple food throughout the year
CP Output 1.2.5 - Linkage and access to markets and financial institutions for the agro-sector increased by 33 percent by 2011.	UNDP UNIDO FAO	ICRISAT; Ministry of Trade and Industry, MIPA; MBS, Ministry of Agriculture	2,377,950	500,000	260,000	1,617,950	684,740	810 women entrepreneurs trained in business management. Of these, 680 women entrepreneurs trained in business management for women direct to home distribution of UNILIVER products. 117 women actively engaged, made a total sales of MWK11,2 million, with a profit margin of 25 percent. 45 community members (30 women and 15 men) trained in cage-fish farming and are expected to harvest and realize close to MWK3 million. In terms of agro-processing and value addition, equipment was provided for cage-fish farming and cassava chippers provided for cassava farmers resulting in increased efficiency of production. 12 microfinance institutions supported with loans and grants and capacity building, including technology improvements, Human Resource, Financial management and Monitoring and Evaluation systems. The support to the microfinance institutions enabled them to increase their outreach and serve more clients with improved income through access to better markets
			Improved farmer income through access to better markets				379,715	
							227,526	The 12 microfinance institutions increased their client outreach by 34

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
								percent from 2009 to 2011, from 888,684 to 1,192,733 clients. The outreach to female clients increased from 46 percent to 51 percent during the same period, from 480,784 to 611,409 female clients
							33,000	21 villages enabled to produce surplus and link with local markets
							200,000	840 rural farmers linked to reliable cassava processing enterprises and enabling them earn at least MWK10/per kg (FWT) from cassava sales
			Improved investments in value addition, and agro-processing.					500 rural bakery owners were trained in HQCF utilization in baking products; 3 cassava processing cottage industries established employing at least 50 workers
							45,000	7 maize mills installed and accompanying trainings for CBOs conducted
<b>CP Output 1.2.6</b> - By 2011 the number of women, young people and people with disabilities engaged in gainful and sustainable economic activities increased by 15 percent.	<b>FAO</b> UNFPA UNIDO UNICEF UNDP WFP	Ministry of Agriculture, Labour, Disabilities	90,600	20,000	10,000	60,600		A National Center for Agro-enterprise Center established. The Centre will train youths in agro-entrepreneurship. 9 youth, 4 National Center for Agro-enterprise Development staff, 2 UNDP staff and 3 Ministry of Youth officers have been trained as trainers in agro-entrepreneurship. Over a five year period, 66,386 people participated in the functional literacy programme, of which 33,100 (82 percent female, 18 percent male) have been certified as literate. Out of the literate

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
								people, 5,615 established two cooperatives and 11 cooperatives are to be established in different agro-business enterprises, including honey production and fish-farming an livelihood production
							78,000	In December, 2011, FAO supported training of 60 youth facilitators and in 2010, 58 youths (25 females, 34 males) trained in agricultural and life skills (Junior farmer Field and Life Skills methodology). The youths were from NASFAM and Farmers Union of Malawi from Zomba, Chikwawa, Thyolo, Neno, Mzimba, Lilongwe, Ntchisi, Kasungu and Rumphi
							125,000	3,500 vulnerable people supported by SATECH CBOs
			60 percent increase in number of women, young women and people with disabilities engaged in sustainable economic activities				300,000	Under the same key result, and through UNICEF between 2008 and 2011, at least 1,500 out of school adolescent boys and girls were provided with livelihood skills training across Malawi. Each of the youth who completed the training was provided with startup materials. At least 80 percent of those trained are effectively utilizing the skills. A National Internship programme for 3,000 young people who have completed tertiary education but unemployed has been established and is operational
							55,000	Vulnerable groups in 21 villages largely integrated in productive processes



CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report	
CP Output 1.2.7 - Child labor and hazardous work for young people reduced in agricultural sector	ILO, FAO UNICEF UNIDO WFP UNDP	Ministry of Labour, Agriculture	257,887	0	50,000	207,887	11,999	In May-July 2011, senior managers, technical staff from Agriculture, Labour, Gender, Development planning, ECAM, were trained in child labour (concepts and clarity). This was a collaborated effort between FAO and ILO. The extension worker training targeted staff from the same ministries including NASFAM, YONECO and Local government	
			80 percent geographical coverage achieved and reduction of child labour by 50 percent						
			Creation of harmonized practice network for national level structures to combat child labour						
			Increased number and geographical coverage of child labour and youth employment programmes in Malawi up to 55 percent.						
CP Outcome 1.3: Enhanced conservation of natural resource base by 2011									
CP Output 1.3.1 - Land under community-based natural resources management, improved integrated water resources management and improved land use practices increased by 25 percent by 2011.	UNDP, FAO, WFP, UNESCO	Ministry of Agriculture, Ministry of Lands, Ministry of Local Government	1,255,000	815,000	0	440,000	390,000	• Activities for Sustainable Land Management (SLM) under a USD2.6 million Global Environment Facility (GEF) funded programmes have started in 4 Districts (Neno, Mwanza, Balaka, Blantyre), where land degradation hotspots have been identified and work plans for improved land and water management drafted. • A total 430 Ha of land in 5 Districts (Mzimba, Kasungu, Balaka, Mangochi, Machinga) covering 1247 households under conservation agriculture. • Approx. 12000 hectares of land planted with 512,320 trees in these 5 Districts. • Rehabilitation of river embankments of 5 rivers, and 6 Ha irrigated for winter cropping in Balaka and Kasungu Districts. (WFP)	
			500 hectares of community land under sustainable land management practices						

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
			50 Hectares of land planted with trees for carbon trade				24,000	<ul style="list-style-type: none"> <li>• Clean Development Mechanism (CDM) capacity building programmes undertaken and “Fiscal Space” report, describing the carbon sequestration potential of trees in protected areas, completed, adopted and used for further planning</li> </ul>
			One Integrated water and natural mgt program				410,000	<ul style="list-style-type: none"> <li>• Sustainable land &amp; water indicators included in Agricultural SWAp;</li> <li>• Environmental Sustainability Criteria Framework completed, including land and water indicators, and tested in Mchinji and Dedza Districts, to be used for planning purposes</li> <li>• M&amp;E framework for environment and natural resources sector completed and used for planning purposes</li> </ul>
<b>CP Output 1.3.2</b> - Strengthened application of results of disaster risk assessment to natural resources management by 2011.	FAO, UNDP, WFP	Dept of Disaster Mgt Affairs, Min. of Agriculture Min. of Lands Ministry of Local Gov't	50,000	50,000	0	0		
			Policies and programs on DRR in place					DRM activities implemented and reported under UNDAF Outcome 2.2
<b>CP Output 1.3.3</b> - Increased access to alternative energy sources by 2011	UNDP, FAO, UNESCO	Min. of Agriculture, Min. of Lands, Min. of Local Government, Min. of Energy & Mines, Min.	1,740,000	810,000	0	930,000	162,000	
			Access to affordable energy services Increased					National Energy Demand Assessment Report finalized, to be used for National Energy Planning.  <ul style="list-style-type: none"> <li>• Environmental indicators were included in the Agricultural SWAp</li> </ul>

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
		of Economic Planning, Ministry of Water	Reduction in biomass use by 10 percent				288,000	<ul style="list-style-type: none"> <li>• 10 women trained as entrepreneurs in briquette-making and selling</li> <li>• A total of 3,319 efficient fuel wood stoves were produced and are utilized by 2,883 households in Machinga, Balaka, Mangochi</li> <li>• Process for installation of 15 biogas plants has been initiated</li> <li>• A total of 182 women and 20 men in two slum areas of Lilongwe City have been trained in public private sector partnerships, gender equality and women empowerment in service delivery, and they have increased their combined income by MK1m in 2011 through compost-making and -selling</li> </ul>
			Climate change mainstreamed in the development process				1,728,388	<ul style="list-style-type: none"> <li>• “Climate Change, Natural Resources and Environmental Management “one of Key Priority Areas (KPAs) in draft MGDS-2;</li> <li>• Roadmap to Climate Change (CC) policy established and TORs for CC Policy developed;</li> <li>• CC and Environment &amp; Natural Resources (ENR) Management mainstreamed in DRM Policy and Forestry Policy</li> <li>• A CC financing options report and Investment plan have been drafted, awaiting review.</li> <li>• Possibility for ENR + CC SWAp explored</li> <li>• CC website Developed and populated</li> <li>• Pilot CC adaptation activities in 7</li> </ul>

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
								Districts
			Budgetary allocation to climate adaptation programs				240,000	<ul style="list-style-type: none"> <li>• CC an Investment Plan drafted.</li> <li>• “Decentralized Environmental Management guidelines for Districts”, “Guide to Executive Decision Making” and “Guidelines for Integrating the Environment into Budgeting Process” finalized for use in planning and budgeting at national and district level</li> </ul>
<b>CP Outcome 2.1: Proportion of vulnerable groups benefiting from social protection increased by 2011</b>								
<b>CP Output 2.1.1</b> - Policy and institutional frameworks for social protection put in place and funded through the national budget by 2011.	UNICEF, ILO, WFP, FAO, UNDP, UNFPA, UNHCR	OPC, MoWCD, ED&P, MoLGRD, MoF, SPCS & SPTC members, Civil Society and Dev. Partners	150,000	50000	100,000	0	59,227	
			Social Support Policy and Programme Operational.					Comprehensive National Social Support Programme has been developed.
			All funding modalities in place for the implementation of the SP Programme					Not yet done.
			A percentage from the national budget allocated to social support					Government allocated MK70m to Cash transfer Programme in the 2011/2012 Budget
			National Child Labour Policy and National Action Plan to Combat Child Labour implemented					
			Increased financial and technical capacity of the Child Labour Unit in the MoL by 80 percent					
<b>CP Output 2.1.2</b> - Multi-sectoral coordination and information management systems and capacity developed at national, district and local levels to ensure implementation and monitoring of the national social protection programme by 2011.	UNICEF, (UNDP, WFP, UNHCR, UNFPA, FAO)	OPC, MoWCD, ED&P, MoLGRD, MoF, SPCS & SPTC members, Civil Society	7,860,000	0	150,000	7,710,000		
			Capacity of Social Protection Division strengthened and expanded (Social Protection Steering Committee and Technical Committee) and function effectively in EP&D.				8,843.15	Support to capacity building of Social Protection division through training and operations
			Capacity of Social Cash Transfer Secretariat at MoWCD (National Secretariat) strengthened and functioning effectively at National level.				8,878.31	Support to capacity building of National Cash Transfer Secretariat operations and staff training

CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
		and Dev. Partners	Multi-sectoral coordination mechanisms function effectively at District in 16 Districts.				128,653.15	Support to Districts operations to implement Cash Transfer programme
			National level IMS in place and knowledge management improved at both national and district levels in 16 Districts.					Not yet done, rescheduled to 2012
			Scale-up of Households on the SCT Programme from 75,000 HHs to 105,000 HHs.				33,312.54	Support to Salima District to restart the Cash Transfer Programme. Programme currently reaching over 26,000 households and over 106,000 individuals.
			Social Protection Communication Strategy in place and lessons from Malawi shared and documented globally and nationally.					Communication Strategy rescheduled to 2012. Lessons from Malawi widely shared locally and globally through attendance in meetings and workshops
CP Outcome 2.2: Government will have disaster risk reduction and emergency management systems and practices for efficient response at national and sub-national levels								
CP Output 2.2.1 - Disaster risk reduction policy and institutional framework incl. planning mechanisms, regulations and new or amended legislation is put in place by 2008. Land area under small scale irrigation and water harvesting increased by 22 percent by 2011.	UNDP, WHO, WFP, FAO, UNICEF, UNHCR, UNHABIT AT	DoDMA,Mol WD, EP&D, District Assemblies (MoLGRD), MoLNR, MoICE, Civil Society and dev. Partners	200,000	100,000	0	100,000	40,000	
			Disaster Risk Reduction policy and Re- settlement policy in place (implementation initiated)					This is only for the development of the DRR policy and not re-settlement policy
							7,000	UN Habitat
CP Output 2.2.2 - Disaster risk reduction is incorporated in key Govt policies, relevant UN programs and school & professional training curricula for improved safe behavior practices by 2011.	UNDP, WFP, FAO, WHO, UNDP, UNHCR, UNICEF, UNFPA	DoDMA,Mol WD, EP&D, District Assemblies (MoLGRD), MoLNR, MoICE, Civil Society and dev. Partners,	100,000	50,000	0	50,000		
			Training curricular integrated and implemented in targeted institutions.				0	

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
		MoLNR, MoICE, Civil Society						
<b>CP Output 2.2.3</b> - Capacity is built at national and sub-national levels for effective integration of disaster risk reduction and emergency management into development planning and programming by 2011.	UNDP	DoDMA, MoIWD, EP&D, District Assemblies (MoLGRD), Mo LNR, MoICE, civil society and dev. Partners	70,000	50,000	0	0		
			<ul style="list-style-type: none"> <li>Cholera preparedness and response monitored and funding of cholera activities</li> <li>DIPs monitored</li> </ul>				0	
			<ul style="list-style-type: none"> <li>Avian influenza preparedness monitored</li> </ul>				0	
			<ul style="list-style-type: none"> <li>Support on pre-positioning of cholera drugs and supplies in cholera prone areas provided</li> </ul>				0	
			<ul style="list-style-type: none"> <li>Technical assistance provided in rapid assessment of populations affected by emergencies e.g. floods conducted</li> </ul>				77,500	Emergency assessments floods and food security
<b>CP Output 2.2.4</b> - Information management system in place to quantify disaster risks and losses and the relative impact on men and women by 2011.	UNDP, (UNICEF, WHO UNFPA, FAO)	DoDMA, MoIWD, EP&D, District Assemblies (MoLGRD), Mo LNR, MoICE, civil society & dev. Partners	100,000	40,000	0	60,000		
			Coordination of all disaster risk reduction activities improved				18,000	Done through knowledge sharing and coordination forums at national and district level
			Weekly update reports of epidemic prone diseases including cholera sustained and shared				0	
<b>CP Output 2.2.5</b> - Emergency preparedness plans are developed and operationalised at national and district level by 2008.	UNDP, WFP, UNICEF, UNFPA, FAO, WHO	DoDMA, MoIWD, EP&D, District Assemblies (MoLGRD), Mo AFS, MoLNR, MoICE, civil society & dev. Partners	50,000	50,000	0	0		
			National and district level Contingency plans reviewed and operationalized				65,500	National contingency plan reviewed and 6 new district contingency plans developed
<b>CP Output 2.2.6:</b> Emergency management and early recovery	UNDP, WFP,	DoDMA, MoIWD, EP&D,	100,000	100,000	0	0		
			100ha of land developed for small scale irrigation				0	

CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
structures and systems adhering to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) are strengthened to effectively respond to local conditions by 2011	UNICEF, UNFPA, FAO, WHO	District Assemblies (MoLGRD), Mo AFS, MoLNR, MoICE, civil society & dev. Partners	Cholera preparedness and response plans updated and monitored				0	
			Avian Influenza preparedness and response plans updated				0	
CP Outcome 3.1: Equitable access to essential health services increased by 2011								
CP Output 3.1.1 - Increase proportion of women, men and young people accessing sexual and reproductive health services by 2011.	UNICEF, WHO, UNFPA	Ministry of Health	2,976,000	580,135	1,252,750	1,143,115	907,888	
			80 percent young people accessing & utilizing YFHS					36 percent ( program report 2010)
			180 facilities providing YFHS					1640 facilities, including youth clubs and youth corners, are providing YFHS
			90 percent of health facilities providing three modern FP methods					85 percent (Emonc 2010)
			45 percent of postnatal mothers receiving modern contraceptives					52 percent (MDHS 2010)
CP Output 3.1.2 - Proportion of women accessing obstetric care increased by 2011	UNICEF, WHO, UNFPA	Ministry of Health	3,400,500	770,269	1,965,500	664,731	1,604,133	
			75 percent of all deliveries are done by skilled attendant					71 percent (MDHS 2010)
			Reduced Case fatality Rate to less than 1 percent					2.4 percent (EmONC 2010)
			60 percent of legible health facilities providing BEmOC					2 percent (EmONC 2010)
			75 percent of pregnant women accessing FANC during the first trimester					12 percent(MDHS 2010)
			55 percent of households aware of importance of facility delivery					97 percent based on ANC one visit
CP Output 3.1.3 - Communities with enhanced capacity to implement key maternal, newborn and child health practices by 2011	WHO, UNICEF, UNFPA	Ministry of Health	3,160,000	655,404	1,515,500	989,096	698,233	
			65 percent of functional VHCs addressing MNH issues					70 percent program reports
			10 districts hospitals have community outreach programs for MNH initiatives					17 district hospitals



CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
			50 percent Proportion of HHs implement ALL the 17 key care practices					The proportion of under five children sleeping under ITNs has increased from 38 percent (NSO & UNICEF, 2006) to 55 percent (malaria indicator survey of 2010)
<b>CP Output 3.1.4</b> - Increased proportion of under-five children accessing preventive interventions at all levels (facility, outreach and community) by 2011	UNICEF, (WHO)	Ministry of Health	6,500,000	625,674	5,621,000	253,326	635,928	
			0.7million LLINs distributed (to under ones)					Provided Technical support in the preparation process for national mass distribution of Long Lasting Insecticide treated Nets (LLINs)
			94 percent of U/5 children fully immunized					81 percent of children aged 12-23 months are fully immunized (NSO & ICF Macro 2011) and 94 percent of under ones have received the third dose of the pentavalent vaccine (programme data)
<b>CP Output 3.1.5</b> - Increased proportion of health facilities managing common childhood illnesses according to national standards by 2011	UNICEF, WHO	Ministry of Health	2,000,000	250,269	935,500	814,231	1,460,589	
			60 percent of U/5 children with have access to prompt treatment within 24 hrs. on onset of symptoms					Care seeking for diarrhea and pneumonia has increased from 36.4 percent to 62.1 percent and 36.4 percent to 70 percent respectively (NSO & ICF Macro 2011)
			100 percent of Health Facilities with at least two Health Workers trained in IMCI managing sick children					On average, 64.4 percent of health facilities in the 10 PMNCH districts have at least 2 health workers trained in IMCI, ranging from 32 percent to 93 percent, median 68.2 percent
<b>CP Output 3.1.6</b> - Existence of guidelines, policies and systems development, in collaboration with other cooperating partners, for equitable delivery of the EHP by	UNICEF, WHO	Ministry of Health	305,000	55,000	0	250,000	802,861	
			National Health Policy in place					The process of reviewing the national health bill (Public health Act) has commenced and in progress. The Law Commission is leading the process

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
2011.			Policy on non communicable diseases developed					Not yet developed. However the National Alcohol policy is under development
			HRMIS in place					HRMIS has been rolled out to all the 28 districts and the 4 Central Hospitals. Although the Human Resources officers in the districts are operating at different levels of competency. Technical support continued towards the HRMIS
			Result based district implementation plans developed					All the 28 districts have been supported to improve the quality of their District Implementation Plans through technical and financial support toward coming up with the plans and peer reviews. The UN has supported the drafting of the guidelines for the multi-year district plans with a focus on the 10 PMNCH districts. The emphasis of the technical support has also been on the need for the districts to focus on interventions that address the health related MDGs. In addition the district health promotion officers were oriented on how they can incorporate the primary health care concepts and the social determinants of health in the district implementation plans. Monitoring of how the service Level Agreements (SLAs) between MOH and CHAM were assessed by the MOH through UN technical and financial support. Results based DIP plan trainings were conducted in all the five health zones targeting all the 28 districts. In

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
								addition DIP peer reviews and quarterly review meetings were conducted in all the five zones
			Second generation SWAp arrangement developed					HSSP 2012-2016 is in place and the UN provided technical support. There was active participation in the Health Donor Group by UN agencies to discuss the HSSP and its core issues and interventions. As part of the community participation component of the Primary Health Care (PHC) task force has been put in place in order to lead the process of coming up with the policy (regarding community participation)

CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report	
CP Output 3.1.7 - Increased capacity for epidemic preparedness and response by 2011	UNICEF, WHO	Ministry of Health	954,800	50,000	246,000	658,800	74,072		
			Sustain CFR of less than 1						0 percent (MoH Cholera Update, Dec 2011)
			Capacity of laboratories in 3 central hospitals (one in each region) improved to handle highly infectious specimens such as Avian and Human Influenza caused by new subtype						Queens is fully capable, KCH is in the process
CP Output 3.1.8 - Existence of an evidence base on the burden of non-communicable diseases and advocacy strategy by 2011	WHO, UNICEF	Ministry of Health	200,000	0	76,500	123,500	43,575		
			Interventions for NCDs developed						NCD & Mental Health Strategic Plan 2011-2016 available (draft)
			Resources for NCDs prevention and control mobilized						NCD & Mental Health Unit established within the Department of Clinical Health Services
CP Outcome 3.2: Improved nutrition outcomes for under 5 children, pregnant and lactating women, PLWHA and other at risk groups by 2011.									
CP Output 3.2.1 - Policy and institutional frameworks for prevention and treatment of malnutrition and emergency preparedness and response strengthened at all levels by 2011	UNICEF		250,000	40,000	0	210,000	227,184.57		
			Technical assistance provided to the operational plans provided						Technical and financial support was provided in the development and finalization of National Nutrition Education and Communication Strategy (NECS) and district Scaling-up nutrition (SUN) - 1,000 Special Days roll-out plans focusing on reducing stunting
			Nutrition and food security information available for timely decision making						Supported rolling-out of cell phone technology using Rapid SMS for nutrition providing real-time data which is fully functional in two districts namely Chikhwawa and Salima where children in growth monitoring are being reported. A total of 7,500 under-five children (5,500 in Chikhwawa and 2,000 in Salima) have been reported to-date.
CP Output 3.2.2 - Improved and	UNICEF,		500,000	40,000	200,000	260,000	2,607,636		

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
sustained coverage of programmes for prevention of micronutrient deficiencies by 2011	(WHO, WFP, FAO)		Under 5 vitamin A deficiency prevalence less than 30 percent					Achieved. The under five Vitamin A deficiency prevalence is 22 percent which is less than target of 30 percent among under five children. There are also significant declines in Vitamin A prevalence among school-aged children, women and men
			90 percent of households using adequately iodized salt					Not achieved but progress made. About 82.6 percent of households (versus the target of 90 percent) use adequately iodized salt i.e. having ≥15 parts per million (ppm) of iodine using the titration test
<b>CP Output 3.2.3</b> - Improved management of moderate and severe acute malnutrition in facility and community based centres by 2011	WFP, UNICEF, WHO)		<b>3,353,314</b>	<b>40,000</b>	<b>0</b>	<b>3,313,314</b>	<b>5,784,289</b>	
			80 percent of health facilities has Community Management of Acute Malnutrition programme					Scaled-up Community-based Management of Acute malnutrition (CMAM) through Out-patient Therapeutic program across the country with increased health facility coverage from 64 percent (385 sites) to 79 percent (478 sites), just below 80 percent target and all districts in the country are implementing it
			Performance indicators for CMAM maintained within international standards					All health facilities in five district and nationally, implementing CMAM with focus on Out-patient Therapeutic and Supplementary Feeding programs maintained the performance indicators within international standards (OTP registered cure rates of above 90 percent, death rate of 1.9 percent and default rate below 6.3 percent while SFP

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
								reached 93 percent recovery rate, 6 percent defaulter rate and 1 percent death rate)
CP Output 3.2.4 - Improved knowledge and practices of households and communities for better nutrition by 2011	UNICEF		500,000	40,000	0	460,000	167,806.74	
			90 percent of caregivers of children under 5 years received messages on optimal infant and young child feeding					Large scale mass communication through radios, TV channels and newspapers with high impact messages on exclusive breastfeeding, feeding a sick child, vitamin A rich foods, de-worming, hand washing with soap, and use of ITNs, through radio programs jingles and newspaper adverts during Child Health days and World Breastfeeding week. Kasungu and Machinga districts were supported with goat project (livelihood) targeting malnourished children; technical and financial support was also provided during the national launch of the SUN-1,000 Special Days. Child growth curves have been finalized and a final draft training manual is in place. National level SUN-Launch also reached the message of malnutrition focusing on stunting nationwide
			80 percent of children 6–23 months with minimum dietary diversity and meal frequency					This activity was dependent on the roll out of the SUN-Nutrition education and communication strategy which has not taken place at the district level yet,

CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
								therefore targets have not yet been met
CP Outcome 3.3: Equitable access to and use of safe water supply, sanitation and hygiene in rural and peri-urban areas and promotion of environmental health by 2011								
CP Output 3.3.1 - Increased number of water points constructed / repaired in rural and peri-urban communities and schools by 2011	UNICEF	Ministry of Irrigation and Water Development	4,735,714	672,000	1,670,820	2,392,894	2,153,951	
			Facilities constructed/rehabilitated serving 300,000 people					186,020 people served through 794 new & rehabilitated water points
			85 percent of facilities constructed/rehabilitated continue to function.					88 percent of facilities constructed/rehabilitated continue to function
			95 percent of water points meet National water quality standards					N/A
CP Output 3.3.2 - Increased number of improved sanitation facilities in rural and peri -urban communities and schools by 2011	UNICEF	Ministry of Irrigation and Water Development	2,245,238	224,000	556,940	1,464,298	1,034,640	
			New gender and child friendly sanitation facilities constructed and meet National standards 104,000 households/240 schools					180,240 new house hold latrines constructed ; and 388 gender and child friendly school latrines in 246 schools constructed
			75 percent of sanitation facilities are correctly operated and maintained.					100 percent of school latrines are maintained
CP Output 3.3.3 - Policies and systems development support together with other cooperating partners in the context of SWAP by 2011.	UNICEF	Ministry of Irrigation and Water Development	599,122	291,200	278,470	29,452	514,542	
			WASH MGDS targets evaluated					Done in draft MGDS
			Swap Governance structures functional (WES Aid coordination Working Group, Thematic sub groups, Development Partners Group etc)					WES Aid coordination Working Group, Thematic sub groups, Development Partners Group functional and meeting regularly
			JSR successfully conducted. (Sector performance, undertakings etc)					JSR successfully conducted. Sector performance Report produced
CP Output 3.3.4 - Increased proportion of the population and school children adopting improved	UNICEF	Ministry of Health and Ministry of	1,245,238	224,000	556,940	464,298	1,054,995	
			104,000 HHs and 240 schools reached with 3 key hygiene messages					64,538 households and over 8,243 pupils reached with 3 key hygiene messages



CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
hygiene practices by 2011.		Irrigation and Water Development	[(i) safe water handing and home treatment, (ii) proper use and maintenance of excreta disposal facilities) (iii) hand washing practices]					
CP Output 3.3.5 - Public Health Act revised and enforced by 2011	WHO	Ministry of Health	20,000	5,000	0	15,000	0	
			Implementation of policy and guidelines monitored					To be done in 2012 -2016 plan - due to funding constraint
CP Output 3.3.6 - National environmental health policy and guidelines formulated by 2011	WHO	Ministry of Health	10,000	0	0	10,000	0	
			Implementation of National Environmental Health policy and guidelines monitored					To be done in 2012 -2016 plan - due to funding constraint
CP Output 3.3.7 - Systems for monitoring Water and food quality strengthened by 2011	WHO, (UNICEF)	Ministry of Health and Ministry of Irrigation & Water Dev	40,000	10,000	0	30,000	0	
			Effectiveness of water and food quality monitoring system evaluated				20,355.00	To be done in 2012 -2016 plan - due to funding constraint; Water Quality study to investigate bacteriological quality of drinking water from low cost water points initiated
CP Output 3.3.8 - Routine monitoring of hygiene standards in public places, e.g. markets improved by 2011	WHO	Ministry of Health and Ministry of Irrigation & Water Dev.	30,000	5,000	0	25,000	0	
			Effectiveness of routine monitoring of hygiene standards in public places evaluated					To be done in 2012 -2016 plan - due to funding constraint
CP Outcome 3.4: By 2011, the proportion of girls and boys’ enrolment, attendance, completion and achievement increased by 2011.								
CP Output 3.4.1: All primary schools implementing new curriculum that incorporates Life Skills for HIV prevention by 2011.	UNICEF, UNESCO	MoEST, MIE,	2,075,000	1,575,000	0	500,000	466,884	
			100 percent of all public primary schools implementing PCAR					100 percent of all public primary schools implementing PCAR
CP Output 3.4.2 - Percentage of primary schools implementing the “Child Friendly School (Joyful Learning) package” in Standard 1 – 8 increased to 80 percent by 2011.	UNICEF, WFP, UNESCO	MoEST, MIE, ACEM, Link, DAPP	7,199,275	450,000	6,727,275	22,000	5,207,203	
			505 of all public primary school teachers trained in CFS methodologies					Over 95 percent of schools are implementing at least one component of CFS. 505 (9.4 percent) public primary schools are implementing the full package of CFS

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
<b>CP Output 3.4.3:</b> The percentage of vulnerable children benefiting from school feeding increased by 100 percent by 2011.	WFP, UNICEF	MoEST, Ministry of Education	6,400,000	0	0	6,400,000	9,225,402	65 percent of children in public schools in vulnerable areas benefiting from school feeding
<b>CP Output 3.4.4:</b> All (100 percent) of the school age refugee children benefit from a good quality education by 2011	UNHCR, UNICEF	JESUIT REFUGEE SERVICE (JRS)	470,000	415,000	48,000	7,000	370,621	100 percent of children in Dzaleka refugee camp benefited from good quality education offered by Dzaleka refugee camp school. A total of 3,261 children were enrolled in the school (2,851 were in primary and 410 were enrolled in the secondary school)
<b>CP Output 3.4.5 -</b> Policies and systems development supported together with other development partners, as part of the Education Sector Wide Approach to Programming (SWAP) by 2011.	UNICEF, UNESCO, UNFPA	MoEST, DPs	1,248,663	175,000	1,043,663	30,000	600,779	The ministry of Education was supported to develop the 2011/2012 Programme of Works and the Sector Wide Approach (SWAp) has been decentralized to district level. All districts were provided with capacity to effectively respond to education in emergencies. The MoEST was also supported to implement the newly developed policy on repetition and reducing class sizes
<b>CP Output 3.4.6 -</b> Children withdrawn and prevented from child labour reintegrated and retained in basic education and vocational training	ILO UNICEF, WFP	MoEST, MoWCD,	100,000		100,000		930,125	Over 3,000 children withdrawn and prevented from child labour were re-integrated in basic education
<b>CP Outcome 4.1: improved equitable access to and uptake of preventive services</b>								
<b>CP Output 4.1.1 -</b> Increased	UNICEF		1,333,933	1,083,933	0	250,001	1,312,667	

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
percentage of pregnant women and children receiving comprehensive Prevention of Mother To Child Transmission services	WHO, WFP		400 health workers trained					610 health providers were trained in the new integrated ART/PMTCT guidelines, 90 were trained as clinical mentors
			400 health facilities providing PMTCT services					400 health facilities were providing ARV combination regimen for PMTCT by end 2011
			400 health facilities are providing the ARV Combination regimen for PMTCT					400 health facilities were providing ARV combination regimen for PMTCT by end 2011
<b>CP Output 4.1.2:</b> increased coverage of blood safety measures (screening, storage, distribution, and transfusion services) in accordance with national guidelines	WHO		40,000	0	0	40,000	40,000	
			100 percent of districts accessing safe blood and blood products from MBTS					100 percent of districts have access to safe blood and blood products; issues remain with adequacy of supply versus demand
<b>CP Output 4.1.3</b> - Increased coverage of Life Skills education for young people in and out of school	UNFPA, UNICEF, UNESCO		500,000	300,000	0	200,000	485,000	
			6,000 standard 7 teachers trained in Life Skills Education					All Primary School teachers have been trained in the delivery of the new curriculum which includes Life Skills Education
			3,600 schools providing guidance and Counseling (from each school two teacher counselors to be trained)				78,018	3,859 public primary schools have at least one trained teacher counselor.
			2,000 Junior & senior Secondary school teachers trained in Life Skills Education					Life Skills Education has been streamlined in the Ministry of Education curriculum. As such teacher training is a component of the school system. 2,000 teachers have all been oriented and trained in Life Skills education. A further 500 female teachers were specifically trained to build a critical mass of trainers amongst female teachers

CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
			Pupil text book ratio for Life Skills reduced from 1:2 to 1:1					Ratio for Pupils' Life Skills text books in primary schools is still at 1:2
			60 percent of teachers in the TILPO network are trained under the framework of EDUCAIDS					This activity was not done. The host agency UNESCO is yet to establish country presence.
CP Output 4.1.4 - Increased coverage of HIV testing and counseling to reach children, youth, and women as well as high-risk groups	UNICEF (UNFPA, WHO)		200,000	100,000	0	100,000	272,767	
			800,000 males & 1,000,000 female sexually active population ever tested for HIV and received results					HTC was challenged by lack of test kits and reagents and the non-hosting of the traditional HIV testing week. Another challenge has been the lack of couple testing
CP Output 4.1.5: - Scale up of male and female condom access to all districts	UNFPA		1,000,000	500,000	0	500,000	720,000	
			Distribute 1,900,000 FC					Condom distribution was affected by systemic supply chain hurdles which saw the non-availability of condoms in most rural and hard to reach areas. Although condoms were available at Central Medical Stores, it was hard to find condoms at district and health centre levels
			Distribute 50,000,000 male condoms					
			Train 2,360 Service providers in comprehensive condom programming					
CP Output 4.1.6 - Increased capacity at district level to manage Sexually Transmitted Infections			15,000	15,000	0	0	15,000	
			All 28 districts have service providers re-oriented on the newly revised STI management guidelines					Service providers in all districts trained
CP Output 4.1.7 - Increased institutional capacity to manage HIV prevention programmes at national, district, and community levels and in the workplace			1,000,000	500,000	0	500,000	900,000	
			50 percent of sex workers reached with HIV prevention interventions					Although efforts were made to reach out to girls and women in order to increase their access to HIV and AIDS information and services, there were some challenges in reaching out to sex workers largely due to unorganized structure of the sex work industry and corresponding

CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report	
								programming. Human rights abuses suffered by sex workers also compounded programming for them	
			Key Priority areas from the strategy incorporated into the UNDAF during the Mid Term review.					Done as planned	
CP Outcome 4.2: Improved and equitable access to and uptake of AIDS treatment, care and support services for details.									
CP Output 4.2.1 - Increased number of sites providing ART especially to pregnant women and children	UNICEF	MOH, Baylor MSH, NAC, Lighthouse	250,000	150,000	10,000	90,000	378,538		
			Number of ART sites increased to 300						449 sites providing ART as of end of June 2011
			320,000 patients ever started on ART						382,953 patients ever started on ART as of end of June 2011
			90 percent of children in need of ART access services						10 percent of all patients ever started on ART are children below 15 years of age, representing 40 percent of those in need
			80 percent HIV+ pregnant women started on ART, of all those in need of ART						Only 80 percent achieved as of end 2011
CP Output 4.2.2 - Improved capacity of the national laboratory system to provide HIV diagnostic services and patient monitoring including HIV drug resistance	WHO, UNICEF	MOH, NAC, CDC, WHO, UNICEF	350,000	0	250,000	100,000	275,000		
			A prospective HIVDR survey conducted at 10 sites						Survey put on hold to wait for a mature cohort
			A 5 year laboratory strategic plan implemented						Plan under second year of implementation
			70 percent of all HIV exposed infants tested for HIV using DNA PCR						30 percent of estimated HIV exposed infants in Malawi accessed testing using DNA PCR
CP Output 4.2.3 - Strengthened national capacity for drugs and commodities procurement, and supply	UNICEF	MOH, NAC, CDC, WHO, UNICEF	15,000	15,000	0	0	15,000		
			Community level supply management skills improvement through facility-focused training continued						On-going
			100 percent of ART sites with no stock outs for ARVs						Not achieved due to disbursement and procurement delays

CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
			100 percent of ART sites supplies by CMS					Delivery of supplies still contracted out due to slow progress of CMS reforms
CP Output 4.2.4 - Increased number of PLHAs, especially children, accessing nutritional support, including treatment for acute malnutrition	FAO, WFP		250,000	0	200,000	50,000	225,000	
			100 percent of health facilities trained in Infant and Young Child Nutrition Counseling					completed as planned
			Training for community extension workers on nutrition counseling, care and support for PLHIV in 28 districts					completed as planned
			Comprehensive nutritional package (nutrition counseling, food support, food production & utilization) scaled up to 50 PMTCT sites					3,800 mothers on PMTCT supported with nutrition supplements in 28 sites
CP Outcome 4.3: Reduced social and economic impact of HIV and AIDS on families and communities								
CP Output 4.3.1 - Increased number of households, especially those headed by women and the elderly, with OVC and PLWHA accessing safety nets	UNICEF (FAO, WFP)		8,000,000	0	0	8,000,000	1,800,000	
			1,500 households headed by women, elderly, with OVC and PLWHA benefiting from food security and agri-business interventions in target areas in 5 districts.				550,000	constrained due to lack of funding; 80 percent achieved
			Food rations provided to 12,403 households taking care of orphans and 5,189 chronically ill patients in four districts				1,000,000	(1) This activity was scaled down in 2011 due to funding shortfalls, thus the downward trend from baseline to target  (2)Achievemenet: All 4,233 beneficiaries reached with food assistance
			3,000 households taking care of orphans and chronically ill patients supported with livelihood activities				250,000	constrained due to lack of funding; 80 percent achieved
CP Output 4.3.2 - Increased number of PLWHA, OVC and their families receiving psycho-social support	UNICEF	MOWCD, Civil Society, Faith Based Organization	1,000,000	0	0	1,000,000	200,000	
			Strengthen 2000 Children’s Corners to reach 160,000 children				200,000	2,500 Children's Corners supported cumulatively, with 500 additional in 2011. Support in form of training of volunteers in psycho-social support and provision of children's corner kits to

CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
								35,000 children aged 6-18
CP Output 4.3.3: Increased number of OVC receiving access to basic social services on an equitable basis	UNICEF WFP	MOWCD, Civil Society, Faith Based Organization	1,250,000	0	0	1,250,000	350,000	
			Strengthen 3000 community based child care centres reaching 225,000 children				350,000	3,500 CBCCs supported cumulatively, with 500 new CBCCs supported with early learning, nutrition support, learning and play materials, training of caregivers and school readiness reaching 50,000 children
			Roll out parenting programme in 10 districts reaching 75 percent of parents with children under two				-	activity constrained
CP Outcome 4.4: Improved national and district level capacity to coordinate manage and monitor HIV responses in line with the Three Ones Principles								
CP Output 4.4.1 - A comprehensive HIV and AIDS policy framework, including such areas as workplace policy and condom distribution, developed			105,250	10,000	0	95,250	457,848	
	ILO, UNDP, UNAIDS, UNICEF, UNFPA, WHO		Implementation of the national research strategy finalized.					National Research Strategy not yet developed, but a number of studies completed. DHS+ completed, ANC sentinel surveillance completed, BBSS underway, KYE/MoT study concept note developed, MSM Population Size Estimation commissioned, Legal environment assessment study commissioned, SW size estimation completed. Stigma & Discrimination Index Survey finalized, MHRC baseline survey on Human Rights & HIV completed



CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
			End term evaluation of NAF conducted and consultations begun on developing new NAF.					A new NAF (National Strategic Plan for HIV) has just been drafted, and is aligned to the MDGS. Independent review of the NAF have been conducted each year, and in 2011, this was also done
			Workplace including Education Sector Policy implemented.					Work place policy drafted awaiting cabinet approval, Labour Inspection Tools developed and tested in 9 Districts, Training Manuals specifically designed for Labour Judges and Industrial court staff identified. Training pending to next year after the National HIV/AIDS workplace policy is adopted by the Cabinet, National Transport Sector HIV/AIDS Committee (NATAC) revived to spearhead implementation of Transport Sector Policy and strategic Framework of action
			HIV and AIDS law implemented.					A Law Commission Report on HIV Law has been developed and pending passing into Law in parliament. However, due to UN concerted efforts, the passing of this into law has been postponed a number of times due to a few contentious issues which undermine basic human right principles. These issues have been brought to the fore by the UN, through different structures including relevant parliamentary committees
CP Output 4.4.2 - Increased number of public organizations at national level mainstreaming HIV	UNDP UNAIDS		100,000	50,000	0	50,000	250,000	
			Mainstreaming guidelines implemented.					Mainstreaming guidelines developed
			Agriculture Sector HIV and AIDS Strategy					Agricultural sector strategy developed

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
and AIDS responses in their policies, plans, and sector strategies			implemented.					and implemented.
			10 District AIDS Coordinating Committees trained in Mainstreaming HIV and AIDS.					District assessments completed and guidelines under development
			Four new HIV and AIDS Sectoral Strategies implemented.					Sectoral strategies under development once new NSP and HIV Policy are finalized.
<b>CP Output 4.4.3</b> - Strengthened capacity to implement, coordinate, monitor, and evaluate HIV and AIDS response at national and sub-national levels	UNDP UNICEF, UNFPA, WHO, WFP		654,200	70,000	0	584,200	659,278	
			Implementation of the national M&E roadmap finalized					A draft M&E Plan has been developed aligned to the new National Strategic Plan on HIV and AIDS. An accompanying this, a draft M&E Roadmap has also been developed. All these documents have been developed after a comprehensive National M&E Assessment, with broad consultations
			National coordination capacity for the management of national response strengthened and sustained.					Capacity building workshops were conducted for 6 groups from the membership of the Malawi Union for Informal sector (Malawi Crossborder traders associations, Mbawemi Cooperative society, Tipewe Commercial Sex Workers Group, Karonga Cargo Association, Mtakata Business Group and National Association of Business Women) using the ILO tools on Economic empowerment and HIV Package, PLHIV Networks reorganization concluded (MANET+ new architecture, as the

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
								leading umbrella organization for all PLHIV networks in Malawi), Hand over process of the local support groups from MANET+ to NAPHAM, COWLHA and the others PLHIV networks under completed, Capacity building for MIAA in M&E completed and report available
			Monitoring of the utilization of 2 percent ORT for HIV and AIDS interventions strengthened.					Monitoring of the utilization of the 2 percent ORT for HIV and AIDS was completed, with a report available and disseminated
			National and District Assembly staff trained in use of Resource Tracking System.					Development of local resource mobilization strategy completed, technical assistance provided to 11th Round proposal development, NASA completed and contributed directly to the identification of the need for improved local resource mobilization in support of the National Response to AIDS, Discussions ongoing with OPC and NAC on institutionalizing NASA. Districts and local levels enhanced mobilization (specifically in TB/HIV issues, including support groups activities and COWLHA activities),. District capacity for evidence informed HIV planning being enhanced through the development of district planning guidelines. Assessment of challenges in district planning was done, and used to inform the development of the guidelines
			Advocacy strategy for traditional leaders implemented.					Strategy initiated and to be carried forward into 2012 with NAC

CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
			Regulatory Frameworks for Institutional Care and Foster Care including Adoption Laws implemented.					Draft frameworks developed and final legal drafts completed and reviewed by Parliament
			GOM Training College offering Advanced Diploma in Social Welfare and Community Development					Done as planned
CP Outcome 5.2: By 2011, improved national capacity to formulate policy, manage, monitor and deliver services to protect the rights of vulnerable groups								
CP Output 5.2.1 - Strengthened capacity for participatory planning and co-ordination at the district level	UNDP UNICEF, WFP, UNCDF, UNHabitat	MoLGRD ( <i>Lead Institutions</i> ), MEPD, MoF	6,078,000	1,280,000	4,798,000	0	37,800	
			Basic social services delivery in 23 districts improved					Orphan and vulnerable children's data base developed in Ministry of Gender; OVC district strategic plans and action plans; child welfare community based activities in 12 districts
			Improved ownership of programs/projects through community participation in planning and efficient resource use/cost reduction					
CP Output 5.2.2 - Strengthened capacity in government for program implementation (procurement, human resource and financial management)	UNDP (UNAIDS)	OPC ( <i>Lead Institution</i> ), ODPP, DHRMD, NAO, MEPD, DISTMS	4,300,000	1,300,000	1,000,000	2,000,000	134,000	
			Public Sector Capacity Development Strategies implemented in key central Ministries -- capacity in public sector management and administration strengthened					Government has re-activated the public sector administration training program for senior-and -middle-level public sector managers. A total of 136 managers have been trained and are able to apply best management practices for effective service delivery
			National development planning systems improved – linkages between MoF and MEPD strengthened					Ministry of Finance and Ministry of Development Planning and Cooperation are now one ministry called Ministry of Finance and Development Planning. It is expected that the new arrangement will facilitate linkages between the development planning and resources management functions
CP Output 5.2.3 - Strengthened	UNFPA	MEPD ( <i>Lead</i>	3,550,000	2,350,000	700,000	500,000	60,000	

CP Outputs	Respon- sible UN Agency	Implemen- ting Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report	
system for the collection, analysis and utilization of disaggregated data for policy-making, planning, programming and integrated monitoring and evaluation	(UNDP, UNICEF, WFP, FAO	<i>Institution</i> ), MoLGRD, NSO, MoAFS, NSO, MoF	Quality data availability improved for evidenced-based decision making- the DHS and census results disseminated					DHS survey report disseminated and MASEDA indicators updated accordingly	
			Improved development planning and policy formulation - the MASEDA finalized and policies achievement reviewed					MASEDA is finalized and updated regularly	
<b>CP Output 5.2.4</b> - Strengthened capacity of government, labour unions and relevant stakeholders to promote respect for the rule of law and enforce laws promoting workers rights	ILO	MOLVT (Lead Institution), MoLGRD, DHRMD, MoJ, MHRC, ECAM, Malawi Law Commission, Ombudsman	100,000	50,000	0	50,000			
			Implement strategy on strengthened capacity of government, Labour unions and relevant stakeholders to promote respect for the rule of law, enforce laws promoting workers rights and increased protection of young workers rights						
CP Outcome 5.3: By 2011, gender equality and women’s empowerment enhanced									
CP Outputs	UN Agency	Implementing Partners	Total	Regular (Core)	Other (Non-core)	Gap	Expenditure	Progress Report	
<b>CP Output 5.3.1</b> - Strengthened legislative framework for gender equality and equity	UNFPA (UNICEF, UNDP, FAO, UNHCR, UNIFEM, UNESCO)	MoWCD, NGOGCN	500,000	484,800	0	15,200			
			Gender related laws reviewed enacted and used to grant justice to women					130,000	Gender Machinery White Paper finalized and (ii) Advocacy for gender related laws and training was conducted
			More women in decision making positions (in politics and public sector)					41,959	Women MPs training needs assessment finalized and 20 women trained in basic parliamentary procedures and processes
<b>CP Output 5.3.2</b> - Strengthened capacity for gender budgeting and monitoring at national and sub-national levels	UNFPA (UNICEF, FAO, UNAIDS, UNICEF)	MoWCD, NGOGCN, MoF, MEHN	1,000,000	300,000	150,000	550,000			
			All Ministries able to exercise gender budgeting					255,969	TOT for trainers conducted for sector planners, and (ii) analysis of health sector and (iii) tracking of district budgets also conducted

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
			National and sector Budgets that respond to targeted needs				<b>14,171</b>	Gender mainstreaming and budgeting guidelines disseminated to all districts in Central and Northern Regions
CP Output 5.3.3 - Capacity for gender analysis and gender mainstreaming strengthened	UNFPA (UNICEF, UNDP, UNESCO, ILO)	MoWCD, NGOGCN, MoF, MEHN	<b>1,500,000</b>	<b>900,000</b>	<b>300,000</b>	<b>300,000</b>		
			Capacity among partners on gender mainstreaming of programmes and policy strengthened				<b>87,014</b>	Gender audit of the education sector conducted at HQ, District, school level and community level and (ii) Gender audit for the Gender and Youth Sector in 12 districts and at national level conducted
			All Ministries generating sex disaggregated data and used for targeted programming					
CP Output 5.3.4 - Strengthened women's access to financial services and markets to promote women engagement in economic life	UNDP (UNFPA, UNCDF)	RA,MFIs, MAMN, DMS, RBM, MoF, MoIT	<b>1,500,000</b>	<b>700,000</b>	<b>600,000</b>	<b>200,000</b>		
			Diverse Microfinance Institutions (MFIs) able to provide financial services on permanent basis				<b>42,000</b>	178 women trained in business management
							<b>227,526</b>	
			Diverse Microfinance Institutions (MFIs) able to provide financial services on permanent basis				<b>379,715</b>	The 12 microfinance institutions increased their client outreach by 34 percent from 2009 to 2011, from 888,684 to 1,192,733 clients. The outreach to female clients increased from 46 percent to 51 percent during the same period, from 480,784 to 611,409 female clients
CP Output 5.3.5 - Mechanisms to reduce violence against women and children strengthened	UNFPA UNDP, UNICEF, UNHCR, FAO, UNAIDS, ILO	MoWCD, NGOGCN	<b>1,000,000</b>	<b>200,000</b>	<b>650,000</b>	<b>150,000</b>		
			Justice Delivery services available to all survivors of GBV				<b>60,000</b>	GBV guidelines developed, National Gender Programme Reviewed, Paralegal training for 184, Pro bono legal services provided (ii) Financial support was provided to Lilongwe District Council to identify, withdraw, rehabilitate and reintegrate 66 sexually exploited children

CP Outputs	Responsible UN Agency	Implementing Partners	Total (Planned) Budget	Regular Resources	Other Resources	Gap	Expenditure	Progress Report
			National wide Data on GBV cases available				356,000	Multi men campaign conducted, Psychosocial supported, GBV Database developed, training of 80 survivors of GBV, community awareness, celebrating international women`s days, training for 11,884 members on sexual violence