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Draft country programme document**

Malawi

Summary

The draft country programme document (CPD) for Malawi is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of $67,500,000 from regular resources, subject to the availability of funds, and $274,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019–2023.

* E/ICEF/2018/8.

Programme rationale

1. Over half of the 18.2 million Malawians are under the age of 18 years. It is projected that by 2030, the overall population will reach 30 million, with the number of children almost doubling to 16.2 million.[1] The Government considers the youthful population to be a demographic dividend that could spur national development.

2. Malawi has made remarkable progress towards child well-being. The under-5 mortality rate declined from 232 per 1,000 live births in 1990 to 55 per 1,000 live births in 2016; mother-to-child transmission of HIV was reduced by 84 per cent between 2000 and 2016; and the incidence of stunting fell from 47 per cent in 2010 to 37 per cent in the period 2015–2016.[2]

3. Despite such progress, most children and women continue to experience deprivation. Malawi ranks 170 out of 188 countries on the Human Development Index.[3] Poverty is widespread, with over 70 per cent of the population living on less than $1.90 per day.[4] Only 10 per cent of households have electricity.[5] About 63 per cent of children suffer from multi-dimensional poverty.[6]

4. Over one third of Malawian children are stunted, compromising their health, well-being and development potential and contributing to cognitive impairment.[7] An estimated 40,000 children under 5 years of age die each year from preventable and treatable illnesses, including neonatal causes, pneumonia, diarrhoea and malaria. About 40 per cent of such deaths occur during the first 28 days of life, and 80 per cent of those during the

[1] Population projections, National Statistical Office of Malawi. Available from http://www.nsomalawi.mw/index.php?option=com_content&view=article&id=135%3Aprojected-population-by-age-and-sex-for-malawi&catid=8&Itemid=3.

[2] Malawi Demographic and Health Surveys (MDHS), 2010, 2015–2016.

[3] Human Development Report, 2016, United Nations Development Programme.

[4] World Bank, 2013.

[5] Malawi Growth and Development Strategy III, 2017.

[6] Ministry of Finance and Economic Planning and UNICEF, Child Poverty in Malawi. Available from https://www.unicef.org/malawi/MLW_resources_childpoverty.pdf.

[7] MDHS, 2015–2016.

first week. Only 2 per cent of health facilities provide emergency obstetric and neonatal care that meets basic standards. Data on health-seeking behaviours for childhood illnesses show that the education level of mothers in Malawi is a determinant of whether children will be taken to a health facility for consultation or treatment: mothers with a primary education are 10 per cent more likely to do so than those without (68 per cent and 58 per cent, respectively).[8] Immunization coverage in many districts has been declining since 2011.[9]

5. Malawi has one of the highest rates of premature birth in the world: 18 per cent of all babies are born too early and 13 per cent have low birth-weight. The adolescent birth rate is high (143 per 1,000 live births), with about 30 per cent of babies born to mothers 19 years of age or younger. These young mothers are more likely to give birth to preterm and underweight babies, and experience higher neonatal mortality rates (37 per 1,000 live births) than women aged 20 to 29 years (22 per 1,000 live births).[10] Maternal mortality rates are among the world's highest, with 439 maternal deaths per 100,000 live births.[11]

6. Children in Malawi are prone to diarrhoea, cholera and other water-borne diseases, mainly as a result of poor sanitation and hygiene. Only 10 per cent of Malawians wash their hands with soap. Inadequate access to sanitation (42 per cent) and water (67 per cent)[12] contributes to child mortality and morbidity.

7. A declining proportion of children are benefiting from optimal infant and young child feeding practices, as evidenced by the downward trend from 2010 to 2015 in both exclusive breastfeeding of infants aged 0 to 6 months (71 per cent to 61 per cent) and complementary feeding of children aged 6 to 23 months (19 per cent to 8 per cent).[13]

[8] Ibid.

[9] UNICEF, 2016.

[10] MDHS, 2015–2016.

[11] Ibid.

[12] World Health Organization/UNICEF Joint Monitoring Programme, 2017.

[13] MDHS, 2015–2016.

Sixty-three per cent of children aged 6 to 59 months are anaemic.[14] Undernutrition often continues into adolescence, with 35 per cent of adolescent girls aged 15 to 19 years anaemic and 13 per cent underweight.[15] Micronutrient deficiencies can lead to impaired cognitive development and function. Key barriers to improved nutrition are sociocultural behaviours, low levels of education and access to information and a lack of food variety at the household level.

8. While Malawi has had some success with the prevention of mother-to-child transmission of HIV (PMTCT), many challenges remain, especially those associated with low levels of early infant diagnosis, treatment and retention in care. According to UNICEF estimates from 2017, only 31 per cent of HIV-exposed infants are diagnosed within the first three months of life. Thirty per cent of children living with HIV who are not on antiretroviral therapy (ART) will die before their first birthday and 50 per cent by their second birthday. The HIV infection rate among girls and young women aged 15 to 24 years, many of whom bear children, is three times higher than that of males in the same age group.[16] Among adolescents aged 15 to 19 years, only 38.9 per cent of females and 43.1 per cent of males have comprehensive knowledge about HIV.[17] With the growing youthful population, such low levels of knowledge threaten successes in epidemic control.

9. Birth registration rates are extremely low, at 2 per cent for children under 5 years of age.[18] A national effort in 2017 registered more than 4.5 million children under 16 years of age, but the potential for substantially increasing birth registration coverage has yet to be realized.

[14] Malawi micronutrient survey, 2015–2016.

[15] MDHS, 2015–2016.

[16] Malawi population-based HIV impact assessment, 2014.

[17] MDHS, 2015–2016.

[18] National Registration Bureau, Ministry of Home Affairs and Internal Security 2016.

10. The majority of young children (71 per cent) are subjected to violent discipline, and over one third of children under 5 years of age live with a mother who is the victim of intimate partner violence.[19]

11. In spite of its importance for brain development, school readiness, resilience and well-being, early childhood development (ECD), including care, stimulation and learning, has not received adequate attention. Parents are not provided with the information or support necessary to develop responsive and positive parenting skills. The Government recently incorporated a new module on parenting, including early stimulation, in its ECD training package, identifying it as one of the priorities in the updated national ECD policy. About 40 per cent of children aged 3 to 5 years are enrolled in early learning and care centres, mostly community-based childcare centres, which lack the resources and capacity to provide quality services.

12. Nearly all children enter primary school, but only 35 per cent transition to secondary school.[20] Among secondary school students, only 4 per cent are from the lowest wealth quintile. Among this group, less than 1 per cent complete secondary school compared with 42 per cent from the highest wealth quintile.[21] Challenges include an insufficient number of primary and secondary schools; lack of qualified teachers; safety concerns; few resources for alternative or non-formal learning; and inadequate intersectoral linkages. Learning outcomes are low and drop-out and repetition rates high. Reasons for school drop-out, especially for girls, include sociocultural practices and norms, sexual violence, poverty and a lack of facilities for children with disabilities and adolescent girls during menstruation.

13. Child marriage rates in Malawi are among the world's highest: almost half of all females marry before reaching the age of 18 years and nearly 10 per cent before reaching

[19] Malawi Millennium Development Goals endline survey, 2014.

[20] Education Management Information System, 2015/2016.

[21] Situation of out-of-school children in Malawi, Demographic and Health Survey, 2015–2016, UNICEF internal paper, 2017.

the age of 15 years.[22] As a result, adolescent girls tend to drop out of school and are at higher risk than women for violence, HIV and early pregnancy.

14. Community-level systems lack accountability and qualified human resources necessary to create an enabling environment supportive of children. Momentum is growing within the Government and among partners to support decentralization processes, social accountability and resilience-building for households and communities. The community support of early learning through community-based childcare centres and activities for adolescents through Children's Corners demonstrate the motivation of communities to support children despite the lack of resources.

15. The 2016 gender audit illustrated the support provided by UNICEF to integrate gender into governmental sector strategies. It also reaffirmed the persistence of gender inequalities related to social norms and practices that are especially harmful to girls, such as child marriage, aspects of initiation rites, child labour, biased gender socialization and the low value placed on girls' education. By most socioeconomic measures, girls and women in Malawi are worse off than boys and men in terms of educational attainment and literacy, wage equality, inheritance laws and political participation. Gender inequality remains one of the most significant barriers to reducing poverty, sexual and gender-based violence and harmful social practices.

16. Malawi is vulnerable to the effects of climate change, which include an increasing frequency of droughts and floods that affect the health, nutrition, education and welfare of children and resilience of families to shocks. Malawi ranked 55 on the 2017 Index for Risk Management, placing it in the medium-risk category. However, it ranked 16 on the environmental vulnerability index, indicating a high level of vulnerability. During the floods and drought in the period 2015-2017, about 40 per cent of the population (6.7 million persons) needed humanitarian assistance. Children, particularly girls, and women in the poorest communities are among the most vulnerable in the recurrent humanitarian situations in Malawi. Coping mechanisms force many young adolescent girls into early marriage, sexual exploitation or child labour.

[22] MDHS, 2015–2016.

17. A practical lesson learned from country programme implementation is that integrated programming should be part of a country programme starting with the design and planning stages. The community management of acute malnutrition (CMAM) programme evaluation affirmed that well-designed and planned integrated community outreach services from the start of a programme facilitate access and uptake, reduce equity gaps and increase linkages between interventions and partners. The increasing focus of Malawi on decentralization presents an opportunity to support bottom-up, integrated and synergistic community-based design and planning and reduce programme transaction costs.

18. The principles of leaving no child behind and realizing rights for all children in Malawi provided the rationale for the programme's priorities. These are, for early childhood: parenting, high-impact social services and early stimulation and learning; for middle childhood and adolescence: quality learning, multi-sectoral services and active citizenship; and in communities: decentralization, community ownership and attention to changing harmful social norms. These targeted priorities are also aimed at addressing the multiple dimensions of poverty, vulnerability, inequality and rights violations affecting girls, boys and women. They were informed by (a) a life-cycle analysis of the situation of children and women in Malawi; (b) community dialogues; (c) root cause analysis; and (d) other key data and information, including best practices and lessons learned from programme implementation, research and evaluations as well as interactions with stakeholders and end-users.

19. Evidence related to the life course of children and lessons learned emphasize the need to focus on all developmental phases of children's lives, especially two key windows of opportunity: (a) early childhood, from 0 to 3 years, especially the first 1,000 days, to provide every child with the best start in life; and (b) early adolescence, to keep girls and boys in learning settings and on course to optimally transition into a healthy and productive adulthood. The UNICEF comparative advantage, as a long-term advocate for and expert on children's rights, positions it well to support the Government in finding innovative ways to best achieve and sustain results for children throughout each phase of their life cycle.

Programme priorities and partnerships

20. The overall goal of the country programme is to support the Government of Malawi to meet its commitment to respect, protect and fulfil children's rights in line with international conventions and standards. It will be guided by the principles of children's rights, equity, gender equality, inclusion and resilience, and will support evidence-based, integrative and innovative programming. The vision is for all girls and boys in Malawi, especially the most disadvantaged and deprived, to realize their rights.

21. In addition to vertical and at-scale programming, such as immunization and, potentially, ECD (donor funding is anticipated), the country programme will support targeted districts and traditional authorities, selected on the basis of evidence, to enable integration and synergy to effectively, holistically and equitably address children's rights.

22. The country programme aligns with the national priorities articulated in the Malawi Growth and Development Strategy (MGDS) III, 2017–2022, which guides the Government's efforts to transform Malawi into a productive, competitive and resilient nation, progressively realizing the Sustainable Development Goals and the Africa 2063 vision of prosperity, well-being, unity and integration. The country programme will contribute to four of the five MGDS III outcome areas and seven development areas.

23. The United Nations country team, with UNICEF participation, has supported the MGDS III process, working with the Government to align the draft United Nations Development Assistance Framework (UNDAF) with the MGDS III. The pillars of the UNDAF are: (a) peace, inclusion and effective institutions; (b) population management and inclusive human development; and (c) inclusive and resilient growth. The country programme pillars are aligned with those of the UNDAF. They are: (a) early childhood (0–5 years); (b) school-age children (6–18 years); (c) child-friendly, inclusive and resilient communities; and (d) programme effectiveness.

24. **Early childhood:** If parents, parents-to-be and caregivers are informed and empowered and practise responsive, positive parenting in support of early childhood

development, care and learning, with a special focus on the first 1,000 days of life (beginning with conception) for optimal brain development, and service providers have the capacity to provide high-impact health, nutrition, hygiene and HIV interventions, model healthy behaviours, make referrals for protection services, promote birth registration and support parents to practise early stimulation, care and learning for their infants and children, then the country programme will successfully contribute to the outcome: girls and boys, aged 0 to 5 years, with a focus on the first 1,000 days, in targeted districts, benefit from early learning, caring and nurturing, a clean and protective environment and quality, integrated, high-impact interventions.

25. This theory of change supports the implementation of the national ECD policy and related sectoral and cross-sectoral policies at decentralized levels via strategic interventions and collaboration with key ministries (e.g., Ministry of Gender, Children, Disability and Social Welfare and Ministry of Health, including its Department of Nutrition, HIV and AIDS) and local, United Nations and international partners. Barriers to be addressed include parents' and caregivers' lack of information and skills to engage in responsive and positive parenting practices, and inadequate access to and demand for integrated high-impact early childhood services.

26. Key interventions will focus on evidence-based advocacy supported by the development of social movements and communication for development (C4D) interventions; community dialogue at all levels to increase awareness and buy-in for responsive and positive parenting practices; and the use of and demand by parents and other caregivers for an integrated early childhood package of interventions in line with national standards. Health and nutrition service delivery points will be supported to empower mothers, fathers and other caregivers with the knowledge to practise responsive, positive parenting, including early stimulation. Service providers will be supported to deliver quality, high-impact and integrated health, nutrition, HIV, education and protection services, including in humanitarian situations, to ensure optimal maternal, neonatal and child health and nutrition; emergency obstetric and neonatal care; immunizations; integrated case management of childhood illnesses; infant and young child feeding; the

prevention and treatment of severe acute malnutrition; micronutrient supplementation; deworming; PMTCT, early infant diagnosis and retention on ART; hygiene; referrals for cases of abuse and violence; birth registration; and early learning in formal and non-formal settings, including improving the quality and number of community-based childcare centres.

27. **School-age children:** If schools are accessible, inclusive, safe, prepared for any emergency, embody the principles of children's rights, meet national standards, have the support of families and communities and provide innovative and quality teaching, learning and assessment; out-of-school children and adolescents, including teen mothers, are provided with alternative, non-formal or second-chance learning opportunities; children and adolescents learn life skills and are empowered to become agents of change; and girls and boys, including out-of-school children and children with disabilities, have access to multi-sectoral services in school and through other learning platforms, then the country programme will successfully contribute to the outcome: school-age girls and boys (6–18 years), especially young adolescents (10–14 years), in targeted districts achieve essential learning outcomes and practise life skills, are safe from exploitation, harmful practices and violence and benefit from integrated social services.

28. This theory of change is based on the national commitment to the right of all children to education as well as the interrelated rights associated with survival, development, protection and participation, including in humanitarian situations. Under the leadership of the Ministry of Education, Science and Technology, these rights will be addressed through the school system and other learning platforms in targeted districts. Providing integrated social services for children and adolescents will involve working with social sector ministries, civil society and community-based organizations. Key barriers impacting children's school enrolment, attendance, performance, participation and completion rates relating to lack of access, relevance, quality, equity and gender equality in the education system will be addressed. These include an insufficient number of qualified teachers, secondary schools and alternative and non-formal learning opportunities; inadequate water, sanitation and hygiene (WASH) facilities and services, including menstrual hygiene

management; sexual and gender-based violence; secondary school fees; social norms that devalue girls' education and support child marriage and early pregnancy; a lack of awareness of education policies; and an absence of inter-sectoral linkages.

29. Strategic interventions at the primary school level will involve supporting second shifts and flexible learning spaces to increase children's access to safe primary schools; improving the teaching, learning and assessment processes to enhance learning outcomes and ensuring that children acquire foundational and life skills in line with national standards; and reintegrating teen mothers into school or other learning opportunities. At the secondary level, advocacy will focus on operationalizing open and double shifts; ensuring school safety; reducing financial barriers to lower secondary education; and ending child marriage. Incentive mechanisms, such as performance-based funding, will be explored. Strategies will be developed to get and keep girls in secondary school. Technology will be used to increase access to secondary education. Alternative, non-formal and second-chance learning will be scaled up, with a focus on teen mothers. Children and adolescents will access integrated social services through schools and other learning platforms. Services will include screening for and the provision of assistive devices; violence prevention and response; the provision of the human papillomavirus vaccination for girls; support of menstrual hygiene management and sexual and reproductive health; HIV prevention, testing, counselling and links to treatment; deworming; and micronutrient supplementation. Efforts will include building teachers' and administrators' capabilities, promoting non-violent discipline and supporting girls and boys to become agents of change in schools and communities, including on environmental sustainability and climate change adaptation.

30. **Child-friendly, inclusive and resilient communities:** If community members are able to practise positive social behaviours in the best interest of the child, demand quality, resilient and child-friendly services and hold duty-bearers accountable for such services; households and communities prepare for and become resilient to climate change and economic shocks and receive support to overcome chronic vulnerabilities that affect children; and national and decentralized administrative systems are strengthened through

support to the Government and local authorities to operationalize key policies and legal frameworks and develop plans and budgets for coordinated social services to address disparities and deprivations affecting children, then the country programme will successfully contribute to the outcome: girls and boys grow up in resilient, inclusive and child-friendly communities.

31. This theory of change supports the development of a sustainable enabling environment at the national and decentralized levels to ensure that the rights of girls and boys are protected and fulfilled in both stable and humanitarian situations. UNICEF will use its comparative advantage in the social sector to influence district councils, development committees, traditional authorities, national and local-level sectoral ministries, academic institutions, civil society and community-based organizations as well as United Nations and international partners to implement national policies and strategies for children at the community and district levels. Key barriers to be addressed include inadequate policy implementation; inefficient use of limited resources; weak coordination and accountability; lack of access to quality services; insufficient workforce capacity; limited access to information; inadequate participation and demand creation; harmful practices; and chronic vulnerability to shocks.

32. The principal interventions will focus on strengthening decentralized social services and related planning, monitoring and coordination processes. High-impact vertical programming will be coordinated and linked with integrated decentralized programming. The capabilities of community and district leaders, decision-makers, administrators and service providers will be strengthened to own and operationalize legal and social policy frameworks. The professionalization of sector front-line workforces to deliver and sustain integrated, quality services will be supported. Financial management and oversight in districts will be strengthened. Efforts to shift social norms, using evidence-driven C4D, will be aimed at achieving social and behavioural change to end child marriage, prevent and respond to violence, keep girls in school and address parenting practices. C4D will support demand creation for improving social services, including feedback mechanisms for community engagement and accountability. Evidence-generation and equity-focused

public financing for children will enhance the transparency of budgeting processes and allocations and the use of real-time and big data to inform policy, programming and advocacy for children's rights. Building the resilience of households, communities and institutions will involve support for resilient water resource management and other sustainable environmental practices; increased access to WASH services; shock-sensitive social protection; strengthened child protection and coping mechanisms; and an enhanced nexus among WASH, nutrition and livelihoods. Youth engagement, including through U-Report, will strengthen their voice and participation in decision-making.

33. For all three programme pillars, it is assumed that increasing support for early childhood interventions, the Government's commitment to children's education and the momentum for decentralization, supported through relevant policy implementation by the Government and partners, will result in the reinforcement of legal frameworks; inter-sectoral coordination; gender integration; inclusive coverage; resource generation; resilience among households, communities and institutions; demand creation; the reduction of harmful practices and norms; higher quality services; and compliance with national standards. Among the risks are inadequate leadership, resources, coordination and capacities, especially among frontline workers, decision-makers and administrators. Mitigating these risks includes capacity building and changing mind-sets that perpetuate inequities.

34. The programme effectiveness pillar will provide quality assurance and support for the other pillars, including the planning, monitoring and reporting; research, evaluation and the use of data to inform corrective adjustments in programming throughout the programme cycle and within the UNDAF. Innovations in programming will help to chart new pathways to fill development gaps, collect data and reach remote populations. The harmonized approach to cash transfers will be more efficiently implemented and programming will be better integrated with the supply chain. Evidence-based advocacy, public and private partnerships and external communications will raise awareness and support social movements in favour of priority areas, such as ending child marriage, while promoting gender equality and children's and women's rights. Humanitarian assistance

coordination, including emergency preparedness and resilience-building across the pillars, will ensure that humanitarian response, in accordance with the Core Commitments to Children in Humanitarian Action, is well managed, monitored and reported.

35. Malawi is participating in South-South and triangular cooperation with countries in Africa and Southeast Asia committed to halving maternal and neonatal deaths over the next five years, supporting each other through the Network for Improving Quality of Care for Maternal, Newborn and Child Health. The regional multi-country integrated programmes on sexual and reproductive health and rights, HIV and sexual and gender-based violence, supported by the Swedish International Development Cooperation Agency and involving UNICEF, the World Health Organization, the Joint United Nations Programme on HIV/AIDS and the United Nations Population Fund, will share experiences, frameworks and guidelines, including the successful practices of Malawi for reaching pregnant and breastfeeding adolescents.

Summary budget table[23]

Programme Pillars	*(Thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Early childhood	15 000	134 000	149 000
School-age children	12 500	72 000	84 500
Child-friendly, inclusive, resilient communities	15 000	57 000	72 000
Programme effectiveness	25 000	11 000	36 000
Total	**67 500**	**274 000**	**341 500**

Programme and risk management

[23] Given the vulnerability of Malawi to climate change and other emergencies, and on the basis of past trends, it is estimated that between $2 million and $8 million per year will be needed for humanitarian assistance.

36. This CPD outlines UNICEF contributions to national priorities and results for children, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

37. The United Nations country team will establish results groups aligned with the three UNDAF pillars as well as coordination mechanisms for each outcome area, which will be aligned with the MGDS III coordination mechanisms. United Nations staff participation in Government-led sector working groups will ensure that UNDAF implementation and monitoring are aligned with government processes. The United Nations programme management team meets monthly to monitor progress and improve coordination regarding UNDAF implementation, with support from technical groups. In support of the UNDAF and in collaboration with sister United Nations agencies, UNICEF will participate in the country's Development Cooperation Group and High-Level Forum on Development Effectiveness to improve advocacy and development outcomes for children.

38. UNICEF will continue to identify and mitigate critical risks to achieving programme outcomes, including within the framework of the National Resilience Strategy (2017–2030), which is aimed at breaking the cycle of food insecurity. It will build upon analyses of risks and vulnerabilities, such as the climate landscape analysis for children in Malawi working paper (2017) and recommendations from the workshop on guidance for risk-informed programming, held in May 2017, which reinforced the ability of UNICEF and partners to build community capacity to anticipate and respond to stresses that affect the well-being of children, families and communities. Managing and mitigating fiduciary risks will be supported through frequent spot checks and the systematic monitoring, audit and triangulation of disaggregated data.

39. Integrated programming provides an opportunity to achieve faster results for children; cost-effectiveness and efficiency; stronger linkages between development and humanitarian programming; gender integration; and the scale-up of successful

interventions. Theories of change for the pillars and sectors will allow planning and monitoring along integrated and sectoral lines.

40. UNICEF will continue to work on early warning mechanisms to anticipate changes in programme implementation by enhancing the capacity and the use of data to predict environmental shocks and model shock-responsive mechanisms, including scale-up of social protection mechanisms in times of crisis and child-focused investment related to budgetary trends.

41. Real-time monitoring and feedback mechanisms, including the use of innovative approaches, such as imagery/mapping using drones, will support efficiency and effectiveness. Academic partnerships will contribute to the quality of programming, including with the University of Zurich for a longitudinal panel survey; the University of Cape Town on the human-centred design thinking approach; and several Malawian academic institutions in sectoral areas.

Monitoring and evaluation

42. Monitoring and evaluation will be based on the results and resources framework and the costed evaluation plan. The programme performance and humanitarian monitoring frameworks will be derived from annual work plans and management plan indicators and aligned to global and regional priority indicators.

43. The integrated monitoring, evaluation and research plan will guide the generation of evidence to inform programming. Mid-year and annual reviews, UNICEF field visits and joint monitoring visits with United Nations and government partners will contribute to assessing progress on results and ensuring timely adjustments. Quarterly inter-agency programme meetings and mid- and end-year reviews of the UNDAF results will be held.

44. UNICEF will continue to support data collection (e.g., Demographic and Health Survey, multiple indicator cluster surveys, Standardized Monitoring and Assessment of Relief and Transitions surveys) and develop national capacity in sectoral management information systems, civil registration and vital statistics, among other sources, to provide

disaggregated data for performance monitoring. Triangulated data will support reporting on international human rights conventions. New sources, including big data, crowdsourced data and U-Report, will support programme priorities and advocacy for children's rights.

45. The monitoring results for equity system approach will continue to assist UNICEF and its partners to identify and prioritize bottlenecks and monitor their removal, including during humanitarian crises.

46. Innovations will be evaluated to inform replication or scale-up and contribute to knowledge exchange.

Annex

Results and resources framework

Malawi – UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: articles 1–7, 9, 10, 12, 13, 15–20, 23, 24, 28, 29, 31, 34, 36, 37, 39 and 40 **National priorities:** Malawi Growth and Development Strategy (MGDS) III key priority areas: education and skills development; health and population management Other development areas: HIV/AIDS management; nutrition; gender, youth development, disability and social welfare; environmental sustainability; disaster risk management and social support; and integrated rural development

UNDAF outcomes involving UNICEF: outcome indicators measuring change that reflect UNICEF contribution

Percentage of children receiving early stimulation and responsive care from their parents or primary caregivers

Percentage of children under 5 years of age who are stunted

Percentage of infants born to pregnant women living with HIV and tested for HIV within their first two months of life

Transition rate to secondary education

Learning outcome improvement in primary education

Net attendance ratio in secondary school

Percentage of girls (15–19 years) who have given birth or are pregnant with their first child

Percentage of girls and boys (0–14 years) living with HIV who receive antiretroviral therapy (ART)

Percentage of girls (15–19 years) who have experienced physical or sexual violence and sought help to stop the violence

Percentage of pregnant women receiving at least eight contacts with skilled personnel in accordance with new World Health Organization (WHO) standards

Existence of a coordinated monitoring mechanism at the district level to track MGDS III and UNDAF-related indicators

Existence of national mechanisms for reporting, follow-up and implementation of treaty obligations

Primary government expenditures as a proportion of original approved budget, by sector (or budget codes or similar)

Percentage of people using basic drinking water services

Percentage of people using basic sanitation services

Related UNICEF Strategic Plan, 2018–2021 Goal Areas

1. Every child survives and thrives

2. Every child learns

3. Every child is protected from violence and exploitation

4. Every child lives in a safe and clean environment

5. Every child has an equitable chance in life

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Girls and boys (0–5 years) in targeted districts, with a focus on the first 1,000 days, benefit from early learning, caring, nurturing, a clean and protective environment and quality, integrated, high-impact interventions.	Percentage of children receiving early stimulation and responsive care from their parents or caregivers B: 29% T: 50%	Multiple indicator cluster surveys (MICS)	Parents and caregivers, including adolescents, have the capacity to engage in responsive, positive parenting practices. Health and nutrition service delivery in targeted districts has the capacity to deliver quality maternal, newborn, and child health, HIV and nutrition services for all children and promote healthy behaviours. Community-based childcare centres meet national standards and numbers increase. Primary and secondary education: - Safe, inclusive schools - Quality teaching/ learning - Readmission of teen mothers - Scale-up of complementary, alternative, non-formal education Multi-sectoral services from school/learning platforms	World Bank, European Union, KfW Development Bank, German Federal Ministry of Economic Cooperation and Development, GAVI Alliance, WHO, World Food Programme, United Nations Development Programme, Joint United Nations Programme on HIV/AIDS, President's Emergency Plan for AIDS Relief, United Nations Population Fund, Japan International Cooperation Agency	15 000	134 000	149 000
	Percentage of girls and boys with severe acute malnutrition admitted for treatment and who recover B: 87% T: >90%	District Health Information System (DHIS) 2					
	Percentage of infants born to pregnant women living with HIV tested for HIV within their first two months of life B: 61% T: 90%	DHIS 2					
	Percentage of children vaccinated with pentavalent vaccine B: 84% T: 92%	MICS					
	Percentage of children with diarrhoea receiving zinc and oral rehydration salts B: 24% T: 50%	MICS/ Demographic and Health Survey (DHS)					
	Under-5 birth registration rate B: 2% T: 50%	National Registration Bureau Management Information System					
2. School-age girls and boys (6–18 years), especially early adolescents (10–14	Transition rate primary to lower secondary B: girls-36%; boys-34% T: girls-43%; boys-41% Lower secondary to upper secondary B: girls-19.8%; boys-23.8% T: 50%	MICS/ DHS/ Education Management Information System			12 500	72 000	84 500

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
years), acquire essential learning outcomes and practise skills for life, are safe from exploitation, harmful practices and violence and benefit from integrated social services, including in emergencies.	Percentage of girls (15–19 years) with anaemia B: 35% T: 25%	DHS	School-to-community forums in place for girls' and boys' participation				
	Number of adolescent girls receiving prevention and care interventions to address child marriage through UNICEF-supported programmes B: 231,000 T: 500,000	Child Protection Management Information System					
	Percentage of people using basic drinking water services B: 67% T: 80%	WHO/ UNICEF Joint Monitoring Programme					
3. Girls and boys grow up in resilient, inclusive and child-friendly communities that are supported by an enabling environment and systems that provide an equitable chance in life.	Percentage of people using basic sanitation services B: 42% T: 65%	WHO/ UNICEF Joint Monitoring Programme	Communities practise positive social behaviours in the best interest of the child and demand quality, resilient, child-friendly services. Communities hold duty- bearers accountable for the delivery of quality, resilient, child-friendly services. Households and communities prepare for and are resilient to climate-related and economic shocks, and		15 000	57 000	72 000
	Increasing share of public spending on sectors benefiting children B: 29.4% T: 34.4%	National budget					
	Number of girls and boys reached by cash transfer programmes through UNICEF-supported programmes B: girls-215,600; boys-216,100, total-431,700 T: total-660,000	Social Cash Transfer Programme Management Information System					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Percentage of outbreaks detected and responded to within 72 hours B: 100% T: 100%	Integrated disease surveillance system	overcome chronic vulnerabilities affecting children. Government and local authorities operationalize key policies and legal frameworks and develop plans and budgets for strengthened, coordinated social sectors, addressing disparities and deprivations.				
4. Enhanced programme effectiveness	Standard key performance indicators	inSight	Programme coordination; communication, advocacy, partnerships; cross-cutting operations support		25 000	11 000	36 000
Total resources					**67 500**	**274 000**	**341 500**