

Evaluation of the Government of Malawi and UNICEF Country Programme of Cooperation 2019-2023

Final Report

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UNICEF Country
Programme of Cooperation
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CONTENTS

LIST OF FIGURES	v
LIST OF TABLES	vi
ACKNOWLEDGEMENTS	vii
ACRONYMS	viii
EXECUTIVE SUMMARY	xi
Malawi Country Programme	xi
Evaluation Purpose, Focus and Methods	xi
Findings	xi
Conclusions	xiii
Lessons learned	xiv
Recommendations	xv
1 INTRODUCTION	1
2 CONTEXT AND OBJECT OF EVALUATION	1
2.1 Country Context	1
2.1.1 Geographic and demographic Context	1
2.1.2 Socio-Economic and Political Context	1
2.1.3 Key Development Issues in Malawi	2
2.1.4 National Response to Development Issues	5
2.2 The Malawi-UNICEF Country Programme 2019-2023	5
2.2.1 Presentation and Objectives	5
2.2.2 Budget and Key Implementing Partners	6
2.2.3 Theory of Change	7
3 PURPOSE, OBJECTIVES AND SCOPE	7
3.1 Purpose and Objectives of the Evaluation	7
3.2 Users and Usage of the Evaluation	8
3.3 Scope of the Evaluation	8
4 APPROACH AND METHODOLOGY	9
4.1 Criteria and Questions	9
4.2 Evaluation Matrix	10
4.3 Evaluation Approach	10
4.4 Methodology	11
4.4.1 Data Collection Methods	11
4.4.2 Data Analysis	12

4.5 Quality Assurance.....	12
4.6 Ethical Considerations	12
4.7 Evaluation Limitations	13
5 EVALUATION FINDINGS.....	13
5.1 Relevance.....	13
5.1.1 Alignment with global, national, and sectoral priorities and frameworks	13
5.1.2 Alignment with the needs of children, adolescents, and young people.....	15
5.1.3 Adaptation and responsiveness to changing context.....	16
5.1.4 Integration of Gender, Equity, Human Rights, and Inclusion Dimensions.....	18
5.1.5 Integration of Youth Empowerment and Climate Change.....	20
5.2 Coherence	22
5.2.1 Coherence of Change Management Approaches and Strategies	22
5.2.2 Coherence with key UNICEF strategies and international commitments.....	26
5.2.3 Complementarity and Coordination with efforts of other development partners	28
5.2.4 Comparative advantage and Strategic Positioning of UNICEF	30
5.3 Effectiveness	31
5.3.1 Achievement of outcomes and outputs – an overview.....	31
5.3.2 Contribution of Pillar and Matrix Management approaches	34
5.3.3 Contribution of SBC	42
5.3.4 Contribution of Innovation.....	45
5.3.5 Contribution of Performance Monitoring system.....	47
5.3.6 Contribution of gender, equity, human rights, and inclusion	48
5.3.7 Contribution of Youth Empowerment and Climate Change	50
5.3.8 Contribution of Public Finance for Children (PF4C).....	52
5.3.9 Geographic Convergence	53
5.3.10 Responding to Emergencies.....	54
5.3.11 Contribution to Emergency Preparedness	56
5.3.12 Factors influencing the achievement of CP results.....	58
5.4 Efficiency	59
5.4.1 Financial Resources	59
5.4.2 Human Resources	62
5.4.3 Role of Pillar approach and Matrix Management.....	62
5.5 Sustainability.....	63
5.5.1 Sustainability of results	63
5.5.2 Implementation strategies and sustainability	65

5.5.3 Changing donor priorities and sustainability of results	66
5.6 Orientation Towards Impact.....	68
5.6.1 Changes in the lives of rights holders and duty bearers	68
5.6.2 Likelihood of long-term impacts	70
6 CONCLUSIONS, LESSONS LEARNED AND RECOMMENDATIONS.....	71
6.1 Conclusions	71
6.2 Lessons Learned	74
6.3 Recommendations	76

LIST OF FIGURES

Figure 5.1: Progress on CP outcome indicators (2019-2021)	32
Figure 5.2: Progress on CP output indicators (2019-2023)	33
Figure 5.3: % of children 6-59 months with severe wasting (baseline, target and actual)	35
Figure 5.4: Trend in Pupil Permanent Classroom Ratio 2017-2021	36
Figure 5.5: Budget Allocation and Utilization by Programme component (2019-2022)	59
Figure 5.6: Overall Utilization Rate by Programme component (2019-2022)	60
Figure 5.7: Total Output Planned and Total Utilization by Programme Component (2019-2022)	60
Figure 5.8: Donor Contribution to the Malawi-UNICEF Country Programme (2019-Q3 2022)	67

LIST OF TABLES

Table 2.1: UNICEF's Key Government Partners	6
Table 3.1: Users and Possible Uses of the Evaluation	8
Table 3.2: Malawi Country Programme Scope	8
Table 4.1: Main Evaluation Questions	9
Table 4.2: Evaluation Approaches	10
Table 6.1: Recommendations	77

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ACRONYMS

ADC	Area Development Committees
ADDA	African Drone and Data Academy
AEC	Area Executive Committees
AGYW	Adolescents Girls and Young Women
BFHI	Baby Friendly Hospital Initiative
C4D	Area Development Committees
CBCC	Community Based Child Care Centres
CCC	UNICEF's Core Commitments for Children in Humanitarian Action
CDF	Community Development Fund
CDR	Community Development and Resilience
CFYC	Child and Youth-Friendly Community
CLAC	Climate Landscape Analysis for Children
COVID-19	Coronavirus disease 2019
CO	Country Office
CMAM	Community Management of Acute Malnutrition
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPIMS	Child Protection Information Management System
CPR	Comprehensive Programme Review
CPW	Child Protection Workers
CRC	Convention on the Rights of the Child
CRVS	Civil Registration System
CSO	Civil Society Organization
CUCI	COVID-19 Urban Cash Intervention
CYFCI	Child and Youth Friendly Communities Initiative
DCPC	District Civil Protection Committees
DE	Developmental Evaluation
DEC	District Executive Committees
DHS	Demographic and Health Survey
DHIS	District Health Information System
DIP	District Implementation Plans
DODMA	Department of Disaster Risk Management
DTT	District Training Team
ECD	Early Childhood Development
ECE	Early Childhood Education
EHP	Essential Health Package
EIB	European Investment Bank
EPI	Expanded Programme on Immunization
ERG	Evaluation Reference Group
ESARO	Eastern and Southern Africa Regional Office
FCDO	Foreign, Commonwealth and Development Office
FGD	Focus Group Discussion
FIC	Fully Immunized Children
GDP	Gross Domestic Product
GEROS	Global Evaluation Reports Oversight System

GPE	Global Partnership for Education
HIV	Human Immunodeficiency Virus
HPV	Human papillomavirus
HSS	Health Systems Strengthening
ICCM	Integrated Community Case Management
ICHIS	Intelligent Community Health Information System
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
INGO	International Non-Governmental Organization
IR	Inception Report
JPGE	Joint Programme for Girls Education
LCA	Life Cycle Approach
MALGA	Malawi Local Government Association
MCO	Malawi Country Office
MCP	Malawi Country Programme
MDA	Ministries, Departments and Agencies
MDG	Millennium Development Goal
MESIP	Malawi Education Sector Improvement Project
MHM	Menstrual Hygiene Management
MICS	Multiple Indicator Cluster Survey
MIP-10	Malawi Implementation Plan
MNCH	Maternal, Newborn and Child Health
MNSSP II	Malawi National Social Support Programme II
MoE	Ministry of Education
MoG CDSW	Ministry of Gender, Children, Disability and Social Welfare (MoG CDSW)
MoH	Ministry of Health
MoHP	Ministry of Health and Population
MUAC	Mid Upper Arm Circumference
MW2063	Malawi 2063 Vision
NAIP	National Agricultural Investment Plan
NCPS	National Child Protection Strategy
NRB	New Registered Births
NSSP	National Social Support Policy
NYCOM	National Youth Council of Malawi
OECD/DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
ORR	Other Resources Regular
PF4C	Public Financing for Children
PROSPER	Promoting Sustainable Partnerships for Empowering Resilience
PSEA	Physical, Sexual Exploitation and Abuse
PWD	Persons with Disabilities
RAM	Results Assessment Modules
RCCE	Risk Communication and Community Engagement
REKM	Research, Evaluation, and Knowledge Management
RRF	Results and Resource Framework
RUTF	Ready to Use Therapeutic Food
SBC	Social Behaviour Change Communications
SCTP	Social Cash Transfer Programme
SDG	Sustainable Development Goal

SGBV	Sexual and Gender-Based Violence
SHR	Sexual and Reproductive Health
SNAP	Survival, Nurturing Relationships, Age-Appropriate Activities, and Psychosocial Support
SP	Social Protection
SRHR	Sexual and Reproductive Health Rights
SRSP	Shock Responsive Social Protection
SSSP	Shock Sensitive Social Protection
TGE	Total Government Expenditures
ToC	Theory of Change
ToR	Terms of Reference
UBR	Unified Beneficiary Registry
UFA	Utilization Focused Approach
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group Norms and Standards
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
USAID	United States Agency for International Development
USD	United States Dollar
VDC	Village Development Committees
VSLA	Village Savings and Loan Schemes
WASH	Water, Sanitation and Hygiene
WB	World Bank
WSP	Water Safety Plans
WHO	World Health Organization

EXECUTIVE SUMMARY

Malawi Country Programme

The Government of Malawi and UNICEF Country Programme of Cooperation 2019-2023 (henceforth, “the CP”) aimed to contribute to the realization of children’s rights in line with international conventions and standards. UNICEF has introduced the integrated life cycle Pillar approach to ensure that its work makes the greatest impact during key windows of opportunity in the lives of children. The CP pillars are: (a) early childhood development (0-5 years); (b) school-age children (6-18 years); and (c) child-friendly, inclusive, and resilient communities. To support the implementation of the CP, a cross-sectoral management structure applying the principle of Matrix Management was adopted. The CP was implemented across the three regions of Malawi.

Evaluation Purpose, Focus and Methods

The Country Programme Evaluation (CPE) had a dual purpose: (a) learning from the CP implementation to inform the next programme cycle (2024-2028); and (b) accountability of UNICEF Malawi for results to diverse stakeholders, including the UNICEF Executive Board, international donors, and the government of Malawi. The CPE gives particular attention to the following areas of focus: gender, equity, human rights, and inclusion; UNICEF’s positioning and strategic advantage in Malawi; the cross-sectoral/Pillar approach and its contribution to national and programmatic results; the linkages among international, regional, national, and institutional strategies; the humanitarian-development nexus; the performance monitoring systems; Public Financing for Children (PF4C); innovation; and youth empowerment and climate change.

The CPE adopted a combination of approaches, including the Theory-Based Approach, the Utilization-Focused Approach, the Participatory Approach, Systems-based Approach, and Human-rights, Gender Equality and Equity-based Approach. The CPE was guided by the OECD/DAC criteria of relevance, coherence, effectiveness, efficiency, sustainability, and orientation towards impact. Different lines of inquiry informed the CPE, including document review, key informant interviews, an online perception survey, and focus group discussions. The CPE began in June 2022, with a field mission in all three regions of Malawi and in the five districts of Lilongwe, Chikwawa, Mangochi, Kasungu and Mzimba, from September 19 to 30, 2022. The field visits coincided with the school holiday period in Malawi, which reduced participation of children, including adolescents.

Findings

Relevance

The CP is closely aligned with the national development strategies and sectoral priorities of the Government of Malawi (GoM), the United Nations Sustainable Development Cooperation Framework (UNSDCF – 2019-2023), UNICEF global priorities, and with SDGs. Overall, the CP has been consistent with the needs of children, including adolescents, and young people in Malawi. However, programming to meet substantive needs of street connected children, children with disabilities (including those with albinism), and vulnerable boys has fallen short. The CP is highly recognized for being flexible, responsive, and adapting to contextual changes, particularly the COVID-19 pandemic and other successive emergencies.

The CP is human rights centred and has integrated gender, with some gender transformative interventions, though inconsistently. Inclusion is a key deliberate aspect of interventions such as social cash transfer, but specific vulnerabilities, including disabilities, are not robust in the design of pillar interventions. The CP included initiatives that aimed to involve adolescents and youth in development efforts, as well as climate change related interventions.

Coherence

The Pillar approach and the Matrix Management structure stand out as coherent due to their alignment with the key bottlenecks in addressing the needs of children in Malawi. The CP has made progress in implementing these change management approaches, which has improved internal programme coherence.

However, they remain a work in progress and require regular review and adjustments until they are fully part of the Country Office's organizational culture.

The CP has well integrated UNICEF's Core Commitments for Children in Humanitarian Action (CCCs) and UNICEF Gender Action Plan (GAP). UNICEF's interventions have been highly complementary to other interventions and programs under the UNSDCF, with strong evidence of complementarity with other UN Agencies, and to the efforts of the national government and other development partners. However, working as one UN Team remains a challenge and joint coordination between UN Agencies in Malawi is far from optimal as there is still competition for funds between each other and the Agencies have procedures that vary between them.

Finally, as the UN Agency with a children rights mission, UNICEF is perceived to be strategically well positioned in Malawi, with a well-defined niche and a vast range of experience and expertise. It has a clear comparative advantage in capacity development and institutional strengthening, as well as having a strong network in Malawi, in particular with government institutions.

Effectiveness

The CP has generally made good progress towards achieving planned downstream results related to improved access to social services by children in Malawi, and upstream results related to systems and capacity strengthening. However, the achievement of holistic results has been challenging due to factors such as insufficient funding and limited awareness of the Pillar approach by UNICEF's donor and government partners. There is evidence of effective cross-sectoral collaborations across pillars, but such collaborations are not equally and fully operational in all three pillars, which has slowed down provision of integrated children's services.

Social and Behaviour Change (SBC) activities have been effective in some areas to contribute to changes in social norms and behaviours of targeted individuals and communities, but less effective at transforming gender norms. SBC activities are perceived as receiving the least funding and are generally of a short-term nature, which limits their contribution to programme results.

The CP has supported the introduction of promising innovations, with some concrete results in terms of responding to the humanitarian and development needs of children. However, the lack of a clear innovation governance framework and of long-term funding mechanisms limit the contribution of UNICEF's innovation work to overall programme results.

The CP's monitoring system is adequate for planning and measuring progress towards Programme objectives and is also specific enough to capture Pillar/sectoral and output differences. However, inconsistency in generating and/or utilizing appropriately disaggregated data sometimes challenges the ability to underline the concrete contribution of gender, equity, and social inclusion approaches to pillar results.

The CP interventions have contributed to the empowerment of the Malawian youth, notably by strengthening the enabling environment for them, equipping them with civic competencies, as well as creating job opportunities through social innovation and entrepreneurship. The CP also made significant contributions in terms of building resilience to reduce the impacts of climate. PF4C interventions were, to a large extent, able to deliver the planned outputs and contribute to the CP results. However, these interventions are contingent on institutional changes and reforms at all levels of government, which requires further time for their full potential to be realized.

The CP has not been able to apply the geographic convergence approach, to provide coordinated, sectoral inputs in the same geographic locations. This approach has been challenging to implement due to factors such as lack of common understanding on the approach and the constant need to respond to emergencies.

The CP has been effective in supporting the GoM's responses to various emergencies, in particular the response to the COVID-19 pandemic and other outbreaks (e.g., cholera), while ensuring continued access to basic services during emergencies. The CP has also contributed to improved emergency preparedness and resilience in Malawi, by strengthening the capacity of relevant stakeholders, including communities. Notwithstanding, efforts to apply the nexus approach at national level could be improved.

Efficiency

Overall, mobilizing adequate funding resources has been a persistent challenge for the CP. Nevertheless, mobilized financial resources were generally appropriately allocated and used effectively in most interventions given the effective management approaches. There are areas for improvement, including timely delivery, overcoming bureaucracy, lack of equity and gender-targeting, and addressing high overhead costs. The staff complement of the Country Office has been optimal throughout, with required capacities in the relevant fields of the CP. The application of the Pillar approach and Matrix Management style has led to cost-effective use of human resources. However, the fact that the CP funding was largely mobilized sector wise has constrained efforts towards joint programming, thus limiting the cost-effectiveness of activities.

Sustainability

The likelihood that the benefits of the CP continue after the end of the Programme is both variable and moderate. Some results may be sustainable over time (e.g., system for cold chain in place, knowledge, and capacity), but others require ongoing resources to ensure sustainability. While collectively the CP strategies have contributed to addressing capacity gaps at various levels (national and sub-national) and, as such, helped to ensure sustainability over time, implementation of interventions through NGO partners is perceived as less likely to foster government ownership and sustainability of results.

Orientation towards Impact

The CP has contributed to progress in children's rights at the strategic level in terms of strengthening the enabling environment (through a range of national strategies, systems frameworks, plans and programmes) and in so doing enhanced the capacity of the GoM and other duty bearers to realize children rights. Some interventions have already registered positive impacts on the living conditions of children at school and in their homes, as well as on women. However, potential impacts from other initiatives are likely to occur in the medium-to-long term. Some unintended negative impacts have been registered as well (e.g., tension amongst and within households as a result of cash transfer top-ups).

Conclusions

Relevance

The CP programming was highly aligned with the GoM's plans and policies and is perceived to have remained relevant (over time) with evolving priorities, despite major changes in the country and global context since 2019. The CP interventions provided responses to the most pressing needs of vulnerable children, including adolescents, in Malawi. In terms of integrating cross-cutting issues, the design of the CP is strong on human rights and gender components, but it is 'mixed' from an equity and inclusion perspective. Programming to meet substantive needs of children with albinism, street connected children, vulnerable boys, and children at risk of child marriage has fallen short.

Coherence

Generally, the CP is coherent internally and has integrated key UNICEF strategies and international commitments. The ambitious innovations launched during the CP, including the Pillar approach and the Matrix Management style, have been successfully rolled out and demonstrated their potential to achieve results. Externally, this CPE paints a positive picture of UNICEF strategic positioning in Malawi, given its comparative advantages in terms of upstream and downstream work. The CP's work has been highly complementary to the work of other partners, including other UN Agencies. However, there is a need to continue to maximize efforts in joint programming, delivering as one, alongside regularized, joint monitoring with other UN Agencies.

Effectiveness

The CP has had a positive performance and is on track towards achieving the targets of outcome and output-level indicators. Nevertheless, the optimal achievement of results at country level has generally been challenging due mostly to insufficient funding.

The WASH sector remains an area that needs to be prioritized, given its implications on other sectors such as health, nutrition, and education. Despite the significant increase in terms of birth registration, more work is needed to ensure data is entered in a timely way, and that people obtain birth certificates in a timely manner. The education sector has suffered from insufficient funding due, in part, to the re-focusing of donor priorities. The lack of robust integrated packages of interventions across the three pillars has limited the achievement of the desired results. This is largely associated with donor funding modalities which are still sector-driven, as well as the fact that the GoM is still organized in a sectoral, not child-centred manner.

Efficiency

Generally, mobilized financial resources were appropriately allocated and used effectively in most interventions given the effective management approaches implemented. Gender interventions benefited from the strategic allocation of resources due to the comprehensive articulation of gender action points for each pillar. Human resources have been adequate to implement the CP.

Sustainability

Overall, in Malawi, sustaining many results remains highly reliant on international development funding, and given changing donor priorities, their sustainability is questionable. A trend has been noted of bilateral donors having to reduce and re-focus priorities because of COVID-19. Gaps in consistency in funding can lead to successful pilot programs not being scaled up and/or terminated due to lack of resources, thus limiting the likelihood of being sustained.

Orientation towards Impact

The CP has enhanced the capacity of the GoM and other duty bearers to realize children's rights as well as created changes in living conditions of children at school and in their homes. However, many interventions implemented by the CP are only likely to register impacts in the medium-to-long term (e.g., SBC interventions addressing norms). It will be important for the negative unintended impacts of the CP interventions to be mitigated to ensure long-term impact over time.

Cross-cutting Issues

The CP was designed with the deliberate purpose of promoting children's rights (including adolescents) across all its pillars and promoting gender equality. In both development and humanitarian contexts, the CP has achieved good gender results, though grey areas remain. Inclusion intervention results are inconsistently addressed although consciousness of the issue of disability is starting to increase. Equity-related results are generally hard to discern from most of the results. The CP has achieved results in terms of youth empowerment, but contributions have not necessarily been made based on a clear definition of the role of UNICEF in promoting the youth development agenda in Malawi. The CP has been responsive to climate change issues, with a results framework which included climate specific indicators, thus influencing achievement of results in this area.

Lessons learned

The following lessons learned about the CP performance in Malawi are considered as transferable to other country programmes in Malawi and in other contexts.

Lesson 1: Implementing a LCA in a Country Programme involves complex processes and requires important changes (in people's mindsets and organizational systems, structures, and practices) both within the implementing organization and external partners. These changes must happen before the LCA can influence change in results for children.

Lesson 2: Close partnerships and coordination are strong success factors for a development cooperation program.

Lesson 3: Piloting innovative approaches is a necessary condition for identifying good practices in a particular context, their scaling up is a sufficient condition to bring about lasting changes in the situation of children at the societal level.

Lesson 4: In a country where communities are repeatedly hit by different shocks, short-term and reactive emergency responses can save lives, but their longer-term development effects are limited. These can only

occur when emergency and humanitarian actions are included as part of the overall planning, as these will always be a key part of the Country Programme.

Lesson 5: For geographical convergence to produce the results expected, it needs to be mainstreamed within the Country Office, understood, and adhered to by all stakeholders concerned, internally and externally.

Lesson 6: Deliberately and consistently implementing gender transformative and socially inclusive programming at scale, as well as institutionalizing it in workflows, is what will ensure sustainable and comprehensive programming that ‘leaves no one behind.’

Recommendations

The recommendations presented below are focused on enhancing the strategic positioning of UNICEF, both internally and externally, as well on institutional and implementation mechanisms in next Country Programme.

Strategic Recommendations

Recommendation 1: The next Country Programme of Cooperation should prioritize programmatic areas, initiatives, and geographies, with a strong equity focus. Prioritization should be based on UNICEF’s comparative advantages in Malawi, the potential risks in the global and national programming environment, as well as continuity of key results achieved in the in the Country Programme 2019-2023.

Recommendation 2: Build on the achievements and progress of the life cycle Pillar approach and Matrix Management structure and advance these approaches with the objective of improving programme coherence and demonstrating results.

Recommendation 3: Reconsider the focus on geographical convergence in the next Country Programme of Cooperation. Geographical convergence should be intimately linked with the life cycle Pillar approach to reinforce each other to accelerate results for vulnerable children.

Operational Recommendations

Recommendation 4: Consolidate UNICEF Malawi’s innovation work and ensure a governance framework that helps to continuously respond to practical needs for innovation across the Programme.

Recommendation 5: UNICEF Malawi should continue providing critical support for the Malawian government responses to emergencies (e.g., health and nutrition-related emergencies, climate change shocks such as floods and drought), while ensuring integration of emergency and humanitarian actions into its overall planning through an enriched NEXUS-based approach.

Recommendation 6: UNICEF Malawi should continue paying particular attention to youth empowerment as a cross-cutting dimension and clearly define the role of UNICEF Malawi, based on its comparative advantages.

Recommendation 7: Build on the gains made by sustaining and strengthening the institutionalization of gender, as well as inclusion, to ensure alignment of the Country Programme with the agenda of the new UNICEF Gender Policy and GAP III.

Recommendation 8: Consider further investing in and developing MCO capacity to greater align with the Government of Malawi’s decentralization policy.

1 INTRODUCTION

The Universal Management Group Limited (hereinafter, “Universal”) is pleased to submit this final report to the United Nations Children’s Fund (UNICEF) Eastern and Southern Africa Regional Office (ESARO) for the Country Programme Evaluation (CPE) of the Government of Malawi (GoM) and UNICEF Country Programme of Cooperation 2019-2023.

The CPE covers the full programme cycle, in accordance with the Terms of Reference (ToR) (see ToR in Appendix I). The evaluation had a macro level focus on the Programme management and results structures, as well as a focus on service delivery outcomes and outputs. The evaluation assignment began in June 2022, with a field mission in all three regions of Malawi and in the five districts of Lilongwe, Chikwawa, Mangochi, Kasungu and Mzimba, from September 19 to 30, 2022.

The purpose of this evaluation is dual: (1) learning from the implementation of the CP to inform the design of the next UNICEF CPD 2024 to 2028; and (2) accountability of UNICEF Malawi for results to key internal and external stakeholders, including the UNICEF Executive Board, international donors, and the Government of Malawi.

This report consists of six sections. Following the introduction, Section 2 includes a description of the country context and object of the evaluation. Section 3 provides an overview of the evaluation purpose, objectives, focus, scope, and Section 4 summarizes the evaluation approach and methodology. Evaluation findings are presented in Section 5, while evaluation conclusions, lessons learned, and recommendations are provided in Section 6.

The report also includes several appendices which are presented in a separate volume (Volume II).

2 CONTEXT AND OBJECT OF EVALUATION

2.1 Country Context

2.1.1 Geographic and demographic Context

Malawi is a landlocked country in Southeast Africa, bordering Zambia, Tanzania, and Mozambique, with a surface area of 118,484 km.¹ The country is administratively divided into three regions (Northern, Central, and Southern) and 28 districts, with a population that is currently estimated at 19,907,178 of which 51.7% is under the age of 18 and 66% under the age of 25.² The population is projected to reach 30 million by 2030, with the number of children projected to almost double to 16.2 million.³ The majority of Malawians, 84.4%, live in rural areas whilst 15.6% live in urban areas.⁴

2.1.2 Socio-Economic and Political Context

Malawi remains one of the least developed countries in the world, ranking 169 out of 189 countries on the Human Development Index.⁵ Poverty remains high, with 50.7% of the population living below the poverty line in 2019/20, and 60.7% of children being multidimensionally poor.⁶ Malawi’s gross domestic product (GDP) declined to 0.8% in 2020 from 5.4% in 2019 which is largely attributed to the COVID-19 pandemic

¹ The World Bank in Malawi (2022). The World Bank. <https://www.worldbank.org/en/country/malawi/overview>.

² World Population Review: Malawi Population Live (2022). World Population Review. <https://worldpopulationreview.com/countries/malawi-population>.

³ UNICEF Policy Brief Child Poverty in Malawi (2022). UNICEF. <https://www.unicef.org/esa/media/8451/file/UNICEF-Malawi-2018-Child-Poverty-in-Malawi-Policy-Brief.pdf>.

⁴ The Fifth Integrated Household Survey (IHS5) 2020 Report (2020). The Government of the Republic of Malawi.

⁵ UNDP (2022). Human Development Index (HDI). <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI>

⁶ UNDP (2022). Human Development Index (HDI). <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI>

but rebounded to 2.8% in 2021.⁷ Despite efforts to improve child well-being, the country has not made the adequate investments to counter the extensive deprivations (including child mortality, child labor, malnutrition, poverty, food security, and dietary diversity) endured by its children, owing to the small size of its budget, and the limited capacity of its economy to produce the required revenues. Malawi is facing a challenging and rapidly deteriorating macro-fiscal outlook characterized by increasing exchange rate pressures, unsustainable levels of domestic debt, and limited available fiscal space.⁸

Malawi is a multi-party democracy, with three branches of government (the executive, legislative, and judiciary). The country has successfully held regular elections including peaceful transfer of power for decades. Devolution of governance in Malawi operates through local government structures and traditional authorities (Tas). The local government system consists of 28 district councils, four city councils, two municipal councils and one town council, elected in 2014 for a duration of five years.⁹

2.1.3 Key Development Issues in Malawi

Malawi faces many interconnected developmental challenges which impact the realization of children's (including adolescents') rights in the country. They are briefly discussed below across a range of areas that are of strategic importance to UNICEF-Malawi.

Health

Progress has been made in reducing under-5 mortality, as this dropped from 232 per 1,000 live births in 1990 to 56 per 1,000 live births in 2019-2020.¹⁰ Yet, some 40,000 children under five years of age die every year from preventable or easily treatable diseases.¹¹ Mother-to-child transmission of Human Immunodeficiency Virus (HIV) decreased by 84% between 2000 and 2016;¹² and the incidence of stunting fell from 47% in 2010 to 35.5 % in 2019-2020.¹³ Maternal mortality in Malawi is among the highest in the world, despite declining from 1,100 to 439 maternal deaths per 100,000 live births over the period of the MDGs (2000-estimates-2015).¹⁴ This is in part due to high rates of early sexual debut, child marriage and adolescent birth rates with adverse maternal and neonatal outcomes. During the past five years, there has been a downward trend of vaccination in Malawi, which has put the focus on increasing coverage, to ensure that children have adequate vaccines and receive the full schedule of immunizations.¹⁵ Malawi remains a high HIV-burdened country despite great strides in the prevention and treatment response which has seen national prevalence decline from 9.4% in 2015 to 8.9% in 2021.¹⁶ HIV prevalence remains disproportionately higher among the female youth 15-24 years at 2.8% compared with 1.4% among the male counterparts.¹⁷

Nutrition

Malawi has made significant strides in reducing nutrition related deprivation in terms of wasting and undernutrition, but stunting remains steady for children under-5: boys (39%) and girls (32%).¹⁸ Moreover, feeding statistics indicate a deteriorating condition whereby the country has experienced a downward trend from 2010 to 2015 in both the exclusive breastfeeding of infants aged 0 to 6 months (71% to 61%) and the complementary feeding of children aged 6 to 23 months (19% to 8%). 63% of children aged 6 to 59 months are anaemic and many children in Malawi often suffer from micronutrient deficiencies, which include anaemia and zinc deficiency.¹⁹ A leading cause of malnutrition and micronutrient deficiencies is poor diets,

⁷ World Bank (2022). Malawi GDP Growth (Annual %). <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=MW>.

⁸ UNICEF Malawi (2021). National Malawi Budget Brief. Malawi.

⁹ Broich, T., Mtengula, A. (2018). Political Economy Analysis of the Budget Process in Malawi.

¹⁰ National Statistical Office (2021). Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

¹¹ Global Health Observatory, <http://apps.int/gho/data/node.country.country.MWI>

¹² UNICEF (2017). HIV Estimates.

¹³ National Statistical Office (2021). Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

¹⁴ Malawi Demographic and Health Survey (2010). 2015-2016.

¹⁵ UNICEF Malawi (2019). Health Strategy Note 2019 – 2023 Country Program.

¹⁶ Ministry of Health (2018). Malawi Population-Based HIV Impact Assessment (MPHIA) 2015-2016: Final Report.

¹⁷ Ministry of Health (2021). Malawi Population-Based HIV Impact Assessment (MPHIA) 2020-2021: Final Report.

¹⁸ National Statistical Office (2021). Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report.

¹⁹ UNICEF Malawi (2018). The Nutrition Programme in Malawi.

with only 8% of children aged 6-23 months meeting the minimum acceptable diet.²⁰ The key barriers to improved nutrition are sociocultural behaviours and beliefs,²¹ low levels of education, access to information, a lack of food variety at the household level, recurring external shocks, and WASH and health related hazards.

Child Protection

Violence is a daily reality in the lives of children in Malawi, as 82% of children experience violent discipline at home, out of which 17% are severe forms of punishment. Gender-based violence among adolescents is unacceptably high as one in five girls and one in seven boys experience at least one incident of sexual abuse before the age of 18. Malawi has historically had one of the highest rates of child marriage in the world, with 38% of women who are 20-24 years of age and 21% of women 15-19 years of age married before the age of 18. The primary reasons for early marriage are the desire to form a family, poverty, and unwanted pregnancies. Birth Registration for children under-5 has seen a significant increase to over 50%, however the percentage of children who receive a certificate is low at 22%.²² The number of Child Care Institutions has increased significantly in the last decade from 104 institutions in 2011 to 169 in 2017.²³ However, the number of children in institutional care has decreased from 10,136 in 2014 to 8,049 in 2017.²⁴ According to the ILO's Support for the National Action Plan Programme, designed to combat child labour in Malawi, over 5,511 children have been withdrawn or prevented from entering child labour.²⁵

Education

Attendance at early childhood education (ECE) programmes is low at 34% and much more likely among urban children (51%) than rural (31%) and higher among the richest (51%) than the poorest households (21%).²⁶ While free primary education has led to 91% net enrolment in primary school,²⁷ the completion rate for primary school is just 50%.²⁸ Girls (38%), children living in urban area (65%), and the richest households (67%) have a higher chance of completing primary school than males (29%), children in rural areas (27%) and children in the poorest households (11%).²⁹ In terms of primary school net attendance rate, 93% of children of primary school age attended primary school or a higher level (MICS, 2021). According to the Education Statistics Report 2021, the primary school dropout rate increased from 4% in 2020 to 4.4% in 2021.³⁰ Some 12% of children of lower secondary school age attend lower secondary school or a higher level.³¹ Lower secondary school completion rate is low (23%), especially for children living in the poorest households (3%).³² Only 10% of children of upper secondary school age attend upper secondary school or a higher level.³³ Upper secondary completion rate is very low (4%), especially for poor households (less than 1% for children living in households in the first three quintile).³⁴ Moreover, dropout rates at upper secondary school ages are high, with girls (37%) at a higher risk of dropping out compared to boys (31%).³⁵ These high dropout rates suggest the need to expand access to alternative and accelerated learning through multiple pathways and ensure these programmes lead to examination and certification equivalent to those in the formal system.

²⁰ Ibid.

²¹ Examples include food taboos, particularly during pregnancy.

²² UNICEF Malawi: RAM (2022)

²³ The Government of Malawi (2019). Reintegrating Children from Institutional Care A Feasibility Study on a Model for Malawi.

²⁴ Ibid.

²⁵ ILO (2022). Going child labor free in Malawi. <https://www.ilo.org/global/about-the-ilo/multimedia/features/malawi/lang-en/index.htm>.

²⁶ National Statistical Office (2021). Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid.

³⁰ Department of Education (2021). 2021 MALAWI EDUCATION STATISTICS REPORT.

³¹ National Statistical Office (2021). Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report.

³² Ibid.

³³ Ibid.

³⁴ Ibid.

³⁵ Ibid.

Water, Sanitation and Hygiene (WASH)

The 2021 MICS report indicates that three in every four households in Malawi have basic drinking water services: 91% in urban areas and 71% in rural areas.³⁶ At the same time, 46% of the household population use basic sanitation facilities in rural areas while the proportion of the urban population using limited sanitation services is 49%.³⁷ Of the households without water on premises, 26% in urban areas spent over 30 minutes fetching water per day (in 2021) compared to almost half (48%) in the rural areas.³⁸ 28% of the population has basic hygiene services: slightly declined from 51.5% in 2015/16 to 50.7% in 2019/20,³⁹ more than 1 person in 2 in urban and 1 person in 4 in rural areas. In 2021, over half of the urban population (53%) used shared sanitation facilities and 37% in the rural areas.⁴⁰ Children in Malawi are prone to diarrhoea, cholera, and other water-borne diseases mainly because of poor sanitation and hygiene. Only 10% of Malawians wash their hands with soap, according to the WHO/UNICEF Joint Monitoring Programme, while 73% experience inadequate access to sanitation and 30% have no access to improved water services.⁴¹

Social Protection

Poverty remains high in Malawi and people's living conditions have been exacerbated by recurring external shocks including COVID-19. The social protection (SP) sector in Malawi is guided by the National Social Support Policy (NSSP), which is operationalized through the second Malawi National Social Support Programme II (MNSSP II) (2018-2023).⁴² There are limitations to social protection programmes in Malawi. For example, the Social Cash Transfer Programme (SCTP) is implemented in rural areas only and, apart from the COVID-19 Urban Cash Intervention implemented in Malawi's four cities, poor urban dwellers have not received regular cash assistance. In fact, poverty rates have increased between 2017 and 2020.⁴³ Moreover, the SCTP is limited in terms of coverage; the current modality targets the 10% of the poorest per district which excludes significant vulnerable populations.⁴⁴ The SCTP monthly transfer value is not adjusted for inflation; hence, the transfer value continuously erodes given spikes in inflation.⁴⁵

Climate Change

In the last decade, Malawi has experienced climate change and climate variability, which has contributed to various devastating climate shocks (such as erratic rainfall, droughts, prolonged dry spells, and strong winds) and affected various sectors of the country's economy.⁴⁶ Climate change-related issues impacting Malawi's children include, but are not limited to, a lack of energy access, floods and droughts, and water scarcity. UNICEF Malawi's second Climate Landscape Analysis for Children (CLAC) report found that climate change is worsening multidimensional poverty indicators in the country, as 25 out of the 28 districts were found to have high social and economic vulnerability to climate change due to poor access to health, nutrition, WASH, and other services.⁴⁷

COVID-19

The COVID-19 pandemic stagnated Malawi's economy, as evidenced by the deceleration of growth to 1.7% in 2020 from 5.7% in 2019, due to a partial lockdown of the economy, resulting in subdued economic activities—mainly in tourism, the accommodation and food subsectors, transportation, and agriculture.⁴⁸ The impact of COVID-19 on children's poverty, survival and health, learning, and safety are far-reaching, but its effects have been disproportionately severe among the most disadvantaged. For example, UNICEF's rapid assessment of teen pregnancies and child marriages during the onset of the COVID-19 pandemic

³⁶ Ibid.

³⁷ Ibid.

³⁸ World Bank (2022). The World Bank in Malawi.

³⁹ National Statistical Office (2021). Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report.

⁴⁰ Ibid.

⁴¹ UNICEF, WHO (2022). WHO/UNICEF Joint Monitoring Programme Database. <https://washdata.org/>.

⁴² Government of Malawi (2018). MNSSP II.

⁴³ UNICEF Malawi (2022). Budget Brief 2021/22: Social Protection.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ <https://www.afro.who.int/photo-story/tropical-storms-flooding-and-cholera-malawi-faces-cholera-emergency-amidst-severe>

⁴⁷ UNICEF (2021). CLAC: Malawi.

⁴⁸ African Development Bank (2022). Malawi Economic Outlook.

found an 11 per cent increase in teenage pregnancies in the period from March to July 2020 compared to the same period in 2019.⁴⁹

2.1.4 National Response to Development Issues

The GoM has developed several responses to the above issues, underpinned by the Malawi Growth and Development Strategy and the Malawi 2063 Vision (MW2063) and operationalized by the Malawi 2063 first 10-Year Implementation Plan (MIP-1) 2021-2030.⁵⁰ There are several other sectoral policies and plans that aim to contribute to the achievement of Malawi's development objectives. These include, but are not limited to, the following: (1) National Agricultural Investment Plan (NAIP) 2018-2022;⁵¹ (2) National Resilience Strategy 2018-2030;⁵² (3) National Multi-Sector Nutrition Strategic Plan 2018-2022;⁵³ (4) Malawi National Social Support Programme II 2018-2023;⁵⁴ (5) National Strategy for Adolescent Girls and Young Women 2018-2022;⁵⁵ (6) Health Sector Strategic Plan II (2017-2022) to be followed by Health Sector Strategic Plan III (2023-2030) and Health Financing Strategy (2023-2030);^{56,57} (7) National Education Sector Investment Plan 2020-2030;⁵⁸ and (8) Malawi Climate Resilient WASH Financing Strategy 2022-2032.⁵⁹ Worth mentioning also are the Local Government Act and National Decentralization Policy (1998).^{60,61}

2.2 The Malawi-UNICEF Country Programme 2019-2023

2.2.1 Presentation and Objectives

The Malawi - UNICEF Country Programme (hereinafter, "CP") under review started in 2019 and is being implemented until 2023. The CP aims to support the GoM to meet its commitment to respect, protect and fulfil children's rights in line with international conventions and standards. This mission is carried out through an integrated life cycle Pillar approach to programming, aligned with the UNSDCF pillars. The CP pillars are: (a) early childhood development (0-5 years); (b) school-age children (6-18 years); and (c) child-friendly, inclusive, and resilient communities. The Pillar approach was conceived to ensure that UNICEF's programming makes the greatest impact during key windows of opportunity in the lives of children in Malawi.⁶²

To support the implementation of the CP, a cross-sectoral management structure applying the principle of Matrix Management was adopted (along with other tools). The UNICEF Malawi Country Office (hereinafter, "MCO") commissioned a developmental evaluation (DE) to accompany and inform the operationalization of these programmatic and organisational changes. Phase I of the DE resulted in, among other deliverables, a theory of change (ToC) that depicts a pathway to MCO's goal of structurally facilitated integration (also referred to as change management), learning frameworks, as well as the timing for the change management strategies.⁶³ Phase II of the DE focused on facilitating continuous learning and rapid real-time feedback to the MCO to accompany the ongoing change process and to enable 'course correction' through informed changes along the way.⁶⁴

The CP was implemented across the three regions of Malawi. Details on the geographic locations (including districts) of the CP interventions are provided in Appendix II.

⁴⁹ UNICEF Malawi (2020). COVID-19 Situation Report.

⁵⁰ Government of Malawi (2021). Malawi 2063 First 10-Year Implementation Plan (MIP-1). National Planning Commission, Lilongwe, Malawi.

⁵¹ Government of the Republic of Malawi (2018). National Agricultural Investment Plan (NAIP).

⁵² Department of Disaster Management (2018). National Resilience Strategy (2018-2030) Breaking the Cycle of Food Insecurity.

⁵³ Department of Nutrition, HIV and AIDS (2018). National Multi-Sector Nutrition Strategic Plan 2018–2022.

⁵⁴ Government of Malawi (2018). MNSSP II.

⁵⁵ Government of Malawi (2018). National Strategy for Adolescent Girls and Young Women 2018-2022.

⁵⁶ Government of Malawi (2017). Health Sector Strategic Plan II (2017-2022)

⁵⁷ Nthanda Times (2023). HSSP III aligned to Malawi 2063.

⁵⁸ Ministry of Education (2020). National Education Sector Investment Plan 2020-2030.

⁵⁹ Government of Malawi, UNICEF Malawi (2022). Malawi Climate Resilient WASH Financing Strategy 2022-2032.

⁶⁰ Government of Malawi (1998) National Decentralization Policy.

⁶¹ They are currently under review with UNICEF support.

⁶² UNICEF Malawi (2021). Annual Report 2020.

⁶³ UNICEF Malawi (2019). UNICEF Malawi Structurally Facilitated Integration Developmental Evaluation Phase I Report.

⁶⁴ Child Frontiers (2021). Developmental Evaluation Phase II: Journey Towards Structurally Facilitated Integration Final Report UNICEF Malawi.

In 2020, the MCO commissioned a Comprehensive Programme Review (CPR) to rethink the CP priorities, with a vision towards optimization, strategic focus, and agility, allowing the delivery of better, accelerated, and impactful results for the children in Malawi. The overall conclusion of the CPR was that the CP key outcomes and theory of change (ToC) remained valid. The output results were all reviewed, and the result structure made leaner and more focused, with a reduction in the outputs from 12 to 9, and a revision of all output indicators to incorporate predominantly standard programme indicators. Strategic shifts were made in the Results and Resource Framework (RRF) to align with Malawi Vision 2063, including a shift from service delivery to system strengthening, modelling for scale-up, reinforced engagement in lagging agendas (such as Early Childhood Development (ECD)/ECE, inclusive education, child marriage) and accelerated action in public financing for children (PF4C), Youth and Climate Change.

2.2.2 Budget and Key Implementing Partners

As of November 2022, the CP allocated budget is about USD 262 million for the period under review. The current utilized amount is USD 216 million. Detailed analysis of the CP budget and funds utilization by programme component is provided in Section 5.4.1. The main funding partners and/or donors include the Government of Malawi, Foreign, Commonwealth, and Development Office (FCDO), Government of Germany, Government of Ireland, Government of Japan, Government of Norway, United States Fund for UNICEF, United Kingdom Committee for UNICEF, United States Agency for International Development (USAID)/Food for Peace, Swiss Committee for UNICEF, and the Finnish Committee for UNICEF.

The CP is jointly executed with the government and other national partners, spanning from the civil society, private sector, United Nations (UN) Agencies and academia. Table 2.1 presents the key government partners by outcome area.⁶⁵ The main international NGOs include United Nations Multi Partner Trust, Global Partnership for Education, and GAVI. While UN Agencies include Food and Agriculture Organization (FAO), UN Office for Coordination of Humanitarian Affairs, and World Food Programme (WFP).

Table 2.1: UNICEF's Key Government Partners

OUTCOME AREA	KEY GOVERNMENT PARTNERS
Nutrition	Ministry of Health, Ministry of Agriculture, Ministry of Education, Ministry of Gender, Community Development and Social Welfare, Department of Nutrition, HIV and AIDS
Health	Ministry of Health, Local Councils, Subvented Health Organizations
WASH	Ministry of Water and Sanitation, Ministry of Natural Resources and Climate Change, Local Government Authority, National Water Resource Authority, Ministry of Health
Education	Ministry of Education, Ministry of Gender, Community Development and Social Welfare, Local Councils, Ministry of Labour, Education Institutions (such as universities and other higher learning institutions, National Council for Higher Education, etc.), Malawi Law Commission, Malawi Police
Child Protection	Ministry of Gender, Community Development and Social Welfare, Judiciary, Local Councils, Malawi Human Rights Commission, Ministry of Labour, Malawi Police Service, UNFPA, UN Women, UNDP, World Vision, Save the Children
Adolescents and Youth	Ministry of Gender, Community Development and Social Welfare, Ministry of Education, Subvented Organizations, Ministry of Labour, Ministry of Youth and Sports, Ministry of Natural Resources and Climate Change, Ministry of Agriculture, Local Government Authorities

⁶⁵ UNICEF (2022). Malawi Budget Briefs 2021/22.

OUTCOME AREA	KEY GOVERNMENT PARTNERS
Social Protection	Ministry of Gender, Community Development and Social Welfare, Ministry of Finance and Economic Affairs, National Local Government Finance Committee, National Planning Commission, National Statistical Office
Public Finance 4 Children	Ministry of Finance and Economic Affairs, National Planning Commission, National Local Government Finance Committee, Parliament of Malawi, Ministry of Gender, Community Development and Social Welfare, Malawi Local Government Association
Cross-Sectoral	National Statistical Office, Ministry of Finance and Economic Affairs, Ministry of Gender, Children Community Development and Social Welfare, Ministry of Education, Ministry of Health, UNFPA, UN Women, UNDP, World Vision, Save the Children

2.2.3 Theory of Change

The MCO developed a theory of change (ToC) for the CP and specific ToCs for each Pillar. These ToCs describe the pathways through which results are expected to be achieved and the assumptions that determine success. Appendix III presents the ToC diagram developed for the CP as a whole, while Appendices IV V, and VI provide the theories of change diagrams for the Pillars.

The CP ToC (Appendix III) outlines the highest-level change the CP intends to contribute to in the current context as follows: “girls and boys in Malawi, especially the most disadvantaged and deprived, realize their rights”. This change is achieved through four outcome areas: three “Pillar -related outcomes”: early childhood; school-age children; child-friendly, inclusive, and resilient communities; and “programme effectiveness” which provides quality assurance and support to the pillars. These outcome areas are articulated in an integrated way to respond to the major deprivations of children in Malawi. The ToC further discusses the key bottlenecks the CP seeks to address, the core programme implementation strategies, expected changes at outcome level, pathways to these changes, and key assumptions. Finally, the ToC identifies gender equality, equity, human rights, inclusion and participation, and resilience as cross-cutting themes that are incorporated into different aspects of the CP’s work.

3 PURPOSE, OBJECTIVES AND SCOPE

3.1 Purpose and Objectives of the Evaluation

The broad **purpose** of this evaluation, as per the Terms of Reference (ToR), is dual as follows:

- Learning from the implementation of the country programme to inform the design of the next UNICEF CPD 2024 to 2028, while promoting effective decision-making.
- Accountability of UNICEF Malawi for results to key internal and external stakeholders, including the UNICEF Executive Board, international donors, and the government of Malawi.

The specific **objectives** of this evaluation are to:

- Assess the relevance, effectiveness, efficiency, coherence, sustainability, and orientation towards impact of the Malawi Country Programme 2019-2023 with particular focus on the implementation of the cross-sectoral/Pillar approach and change strategies and their contribution to national and programmatic results, equity, gender equality, child rights, as well as UNICEF’s strategic positioning in relation to its child rights mandate.
- Identify and document key lessons from the current MCP implementation to make the best use of UNICEF’s change strategies, good practices, and innovations.

- Provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies and introduce new interventions in the design of the next Malawi Country Programme, taking into consideration national development priorities and the 2030 Agenda for Sustainable Development in the country.

3.2 Users and Usage of the Evaluation

The main users, as well as the intended or possible use of the results of this evaluation by each group of users, are presented in Table 3.1 below.

Table 3.1: Users and Possible Uses of the Evaluation

Users		Potential uses and interests
Primary	UNICEF Malawi Country Office	<ul style="list-style-type: none"> • Input for development of next Country Programme Document • Refining or redesigning implementation strategies • Make improvements to current Country Programme • Accountability to UNICEF Executive Board and to Government • Effective decision making
	Government of Malawi	<ul style="list-style-type: none"> • Evidence of results achieved through the Country Programme and recommendations for improvement by UNICEF and Government • Development of the next CPD and UNSDCF • Effective decision making
Secondary	Development partners	<ul style="list-style-type: none"> • Identification of UNICEF contributions in sectors supported by donors • Identification of the most promising strategies to be supported in the framework of future collaborations
	United Nations Country Team (UNCT)	<ul style="list-style-type: none"> • Development of the next UNSDCF • Identification of inter-agency and cross-sectoral collaboration opportunities
	Implementing partners	<ul style="list-style-type: none"> • Evidence of results achieved through the Country Programme, of lessons learned and on promising strategies
	UNICEF Headquarters and ESARO	<ul style="list-style-type: none"> • Assessment of UNICEF's performance at country level • Approval of the next country program between UNICEF and the Government of Malawi 2024-2028
	Rights holders and duty bearers	<ul style="list-style-type: none"> • Children, including adolescents, and women as direct beneficiaries of appropriate and effective interventions • Community actors and their structures as recipients of improved assistance

3.3 Scope of the Evaluation

Drawing on the ToR and inception interviews, the various elements that define the scope of the CPE are presented in Table 3.2.

Table 3.2: Malawi Country Programme Scope

SCOPE	DESCRIPTION
Temporal	<ul style="list-style-type: none"> • The evaluation covers the MCP work since 2019 until the end of the field work (September 2022).
Geographic	<ul style="list-style-type: none"> • National (high level analysis), with emphasis on remote and poorest areas and districts where MCP programmes converge.
Programmatic	<ul style="list-style-type: none"> • The entirety of UNICEF's engagement in the country, and therefore, covers interventions funded by all sources, and includes any humanitarian or emergency response supported by UNICEF Malawi during the period under evaluation. The CPE also examines the contribution of the MCP to advancing national development results (MGDS III) and the SDGs through the UN Cooperation Framework results. However, the evaluation is not meant to be an assessment of the full results framework.

SCOPE	DESCRIPTION
Organisational	<ul style="list-style-type: none"> The human and financial resource mobilization and use, the management structure, the monitoring, and reporting systems of the MCP.

The CPE had a particular focus on the following areas of concern:

- Gender, equity, and human rights as cross-cutting themes across evaluation criteria and evaluation questions.
- UNICEF's positioning within the development community and national partners in relation to its child rights mandate.
- The cross-sectoral/Pillar approach and its contribution to national and programmatic results, considering the Theory of Change (ToC).
- The linkages among international, regional, national, and institutional strategies to bring about overall improvement in the status of children with a view to clarify the roles and responsibilities of national stakeholders and how UNICEF interventions can add value and contribute to policy development and systemic improvements.
- The humanitarian-development nexus and whether the MCP is building resilience in a context of cyclical shocks (floods, drought, disease) in Malawi.
- The performance monitoring systems in place at national and UNICEF levels, the quality of indicators and their capacity to estimate, measure and communicate results, including the measurement of horizontal issues (gender, participation, equity, most vulnerable, disability).
- Deep dives into programmes not evaluated during the current Country Programme, such as PF4C and Innovation.
- Youth empowerment and climate change as cross-cutting issues.

4 APPROACH AND METHODOLOGY

4.1 Criteria and Questions

The CPE structured its assessment around the OECD/DAC evaluation criteria of relevance, coherence, effectiveness, efficiency, sustainability, and orientation towards impact.⁶⁶ With the latter, the CPE did not aim to draw conclusions about the impact of the current CP, but to assess the likelihood of the intended, positive impacts becoming a reality. The main evaluation questions that guided the evaluation process, identified in relation to the criteria, are shown in Table 4.1.

Table 4.1: Main Evaluation Questions

CRITERIA	MAIN EVALUATION QUESTION
Relevance	To what extent and how has the Government of Malawi and UNICEF Country Programme of Cooperation (2019-2023) been a relevant response to improve the situation of children in this country?
Coherence	To what extent is the Government of Malawi and UNICEF Country Programme of Cooperation (2019-2023) coherent internally and externally?
Effectiveness	To what extent and how has the Country Programme achieved the expected results?
Efficiency	To what extent and how has the Country programme used resources optimally to achieve its objectives?
Sustainability	To what extent are the results achieved by the Country Programme likely to be sustained over time?
Orientation towards Impact	To what extent are the Country programme results likely to lead to expected impact?

⁶⁶ OECD (2010). DAC Guidelines and Reference Series Quality Standards for Development Evaluation.

4.2 Evaluation Matrix

Based on the evaluation questions suggested in the ToR, an evaluation matrix was developed to serve as the overall analytical framework for the evaluation, guiding the data collection, analysis, and reporting processes. The evaluation matrix also reflects the main evaluation criteria and includes, for each of the main evaluation questions, sub-questions, indicators, data sources and proposed data collection methods (see Appendix VII). Worth noting is that some of the evaluation questions suggested in the ToR were slightly refined by the evaluation team or complemented with a few additional questions to reflect insights from inception interviews. A second effort was to separate the main evaluation questions (see Table 4.1) and the sub-questions operationalizing the main questions. A summary of the changes made to the questions in the ToR can be found in Appendix VIII.

4.3 Evaluation Approach

The CPE was guided by the United Nations Evaluation Group Norms and Standards (UNEG),⁶⁷ UNEG Ethical Guidelines,⁶⁸ UNEG Codes of Conduct for Evaluation⁶⁹ as well as recent UNICEF Guidance provided on Country Programme Evaluations.⁷⁰ The evaluation team adopted a combination of approaches for undertaking the CPE (see Table 4.2).

Table 4.2: Evaluation Approaches

APPROACHES	DESCRIPTION
Theory based approach (TBA)	The TBA was used to assess the contribution of the CP to the desired changes (outcomes) about promoting children's rights in Malawi. The evaluation team used the CP ToC to undertake analysis and draw conclusions about whether and how the CP contributed to observed results.
Utilization-focused approach (UFA)	In adopting the UFA ⁷¹ , the evaluation team pursued and prioritized the usefulness of the CPE to its intended primary and secondary users. Doing so ensured the relevance, utility, and uptake of recommendations of the evaluation, towards informing the onward trajectory of the MCO work in Malawi.
Participatory Approach	This approach was adopted to ensure a meaningful involvement of the widest possible representation of stakeholders involved in the CP implementation, triangulation of data, and appropriation and buy-in of findings, conclusions, and recommendations among stakeholders. Throughout the evaluation process, the evaluation team worked with the UNICEF ESARO and MCO offices to mobilize the participation of key stakeholder representatives at country, regional, district and/or community levels.
Systems-based Approach	By adopting the systems approach, ⁷² the evaluation team assessed not only the progress made by the CP towards achieving the results defined in its results framework but also the systemic factors influencing the results, including the limitations of the broader system, and how the relationships among the different actors in the system facilitated or inhibited the achievement of results.
Human-rights, gender equality and equity-based approach	As required by UNEG, the evaluation applied this approach to assess the extent to which these principles were mainstreamed in CPE design, delivery strategies and results achievement. The assessment was mainly framed around the <i>Leaving No one Behind (LNOB)</i> principle of the UN Sustainable Development Agenda 2030. ⁷³

⁶⁷ UNEG (2017). [Normes et règles d'évaluation](#).

⁶⁸ UNEG (2008). [UNEG Ethical Guidelines for Evaluation](#).

⁶⁹ UNEG (2008). [UNEG Code of Conduct for Evaluation in the UN System](#).

⁷⁰ UNICEF (2020) Summary Guidance on CPE documents

⁷¹ Patton, Michael Quinn (2008) Utilization-Focused Evaluation: 4th edition. Thousand Oaks, Ca: Sage Publications

⁷² Williams B. and Imam I., (2006). Systems concepts in evaluation: An expert anthology. Los Angeles: EdgePress, American Evaluation Association.

⁷³ Applying a Human Rights Based Approach to Programming: Experience of UNICEF (2001). Prepared for UNICEF by Dorothy Rozga.

4.4 Methodology

The team used several methods to collect and analyse data as detailed below.

4.4.1 Data Collection Methods

Sampling

The evaluation team used a nonprobability sampling, mixing convenience sampling and purposive sampling. Two levels of sampling were considered in this evaluation as follows:

- **Stakeholder Sampling:** The selection of the specific informants at national, regional and district levels followed a purposive, rather than a randomized sampling approach, while allowing for both snowballing and opportunistic sampling. Furthermore, the following criteria were considered: familiarity with the CP interventions and level of interest in the evaluation, to ensure information richness; likelihood of conducting interview (i.e., accessibility of stakeholders by the evaluation team); gender, to ensure the mix of stakeholders represent gender diversity; and diversity of stakeholder perspectives (example, ensuring a good mix of stakeholders at national and sub-national stakeholders. The major categories of sampled stakeholders included: UNICEF MCO staff, central government, local government, other implementing partners, international development partners, and community level beneficiaries. The selection of participants to FGDs was based on the same criteria and on practical inputs from field teams and on the types of CP interventions that were to be visited in selected districts. Adolescents and youth were also interviewed in this CPE, and a gender lens was equally applied in both their sampling and involvement. The evaluation team ensured to visit both male and female youth activities supported by UNICEF in selected districts.
- **Geographic Sampling:** The CPE had a national scope from a high-level analysis standpoint, covering all three regions of Malawi. However, the team determined a geographic sampling strategy for field data collection, allowing for in-depth analysis of some of the CP interventions at district level. Five districts were sampled for field visits, namely: Lilongwe, Chikwawa, Mangochi, Kasungu and Mzimba. Details on these districts and the criteria followed to select them are provided in Appendix IX.

Document Review

A preliminary review was undertaken during the Inception Phase, supporting the refinement of the evaluation methodology and the development of the evaluation matrix. Throughout the Data Collection Phase, an in-depth review was conducted, to answer the evaluation questions as outlined in the evaluation matrix. Approximately 250 documents were reviewed (the list can be found in Appendix X).

Semi-Structured Interviews and Focus Group Discussions

Semi-structured interviews with selected key stakeholders were conducted during both the Inception Phase and the Data Collection Phase, and through video conference or phone/Skype as needed. Inputs from 173 (102 male/71 female) key informants and 14 FGDs (155 participants: 44 male/111 female), including two FGDs with adolescents/youth (3 male/10 female), were gathered for this assignment (see List of Stakeholders Consulted and FGD organized in Appendix XI). All consultations were guided by interview protocols organized around the main evaluation questions. These protocols are presented in Appendix XII.

Perception Survey

An online survey was deployed between 07-30 October 2022 to gather perceptual data from key stakeholders on UNICEF's relevance and strategic positioning within the development community and national partners in relation to its child rights mandate. Input from 46 stakeholders (out of 108 targeted) was gathered through the e-survey. Based on the stakeholder map/list developed at the inception phase, the selection of respondents was guided by the following criteria: familiarity with UNICEF and its work in Malawi, their level of interest in the evaluation, and diversity of perspectives (e.g., inclusion of stakeholders at national and district levels, government stakeholders, donors, etc.). The survey questionnaire (consisting of Likert-scale and open questions) used during the data collection phase is presented in Appendix XIII.

Debriefing Presentations

At the end of the fieldwork in Malawi on September 30, 2022, the evaluation team presented the preliminary observations to the MCO teams. On October 24, a presentation on preliminary findings and recommendations was made to UNICEF teams and external stakeholders. Both presentations were followed by a discussion with participants. This enabled the evaluation team to validate emerging evaluation findings and engage in discussions around potential recommendations.

4.4.2 Data Analysis

Descriptive, Quantitative, and Qualitative Analyses

To analyse the data, the following methods were combined: i) *descriptive analysis* was used as a first step to understand the context in which the MCO operates and the results achieved through the implementation of CP before moving on to more interpretative approaches; ii) *quantitative analysis and descriptive statistics* were used in the analysis of CP performance data, collected mostly from regular monitoring reports and other outcome and process monitoring reports and dashboards, as well as annual reports. Descriptive statistics was applied to the data collected from the online survey; iii) *qualitative analysis* was used for content analysis applied to the material from different lines of inquiry (e.g., documents interview data) to analyse and identify common trends, themes, and patterns in relation to the evaluation questions.

Triangulation

Triangulation was at the core of the data analysis process, ensuring that the evaluation findings were informed by several lines of evidence. This increased the reliability of information and contributed to the quality, integrity and credibility of the evaluation conclusions and recommendations.

Contribution Analysis

The CPE examined the contribution of the CP to advancing national development results (MGD III) and the SDGs as well as the contribution of the MCO to emergency responses resilience building. In so doing, the CPE recognized the important roles that the government and other stakeholders have played in producing national-level results and framed the CP's contribution to the overall national results accordingly.

4.5 Quality Assurance

The CPE was subject to both internal and external quality assurance processes for all deliverables. Internally, in addition to the Team Leader, who ensured high quality outputs and deliverables assigned to each team member, the evaluation team worked with a dedicated Senior Quality Assurance Advisor, who reviewed all major deliverables prior to submission to ESARO. Externally, CPE deliverables were reviewed by the MCO, ESARO, and the Evaluation Reference Group (ERG) established for this evaluation process. The ERG consisted of both internal and external stakeholders and was chaired by the ESARO Evaluation Section.

4.6 Ethical Considerations

The CPE adhered to UNEG evaluation norms and standards, the revised UNICEF Evaluation Policy of 2018, approved by its Board of Directors, as well as the UNICEF procedure for ethical standards in research. Accordingly, the evaluation team ensured safeguarding and ethics throughout the evaluation process. This includes, but is not limited to, ensuring informed consent, protecting privacy, confidentiality, and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results did no harm to participants or their communities. Regarding participation of young people, the evaluation team consulted those aged at least 18 and above (the youth), and adolescents aged 15 and above. For schooled minor adolescents, evaluators ensured obtaining parental permission through school principals and administrators. For unschooled minor adolescents, the process of obtaining parental (or other guardian's) permission was facilitated by UNICEF's implementing partners working closely with this category of adolescents. Details on the specific actions undertaken by the evaluation team to conform to the above norms and standards of the highest ethical level can be found in Appendix XIV. The Inception Report was subject to independent ethical review by the Health Media Lab (HML) Institutional Review

Board; suggested revisions were made before the final Inception Report was approved. The ethics review approval letter is provided in Appendix XV.

4.7 Evaluation Limitations

There were a few limitations to the evaluation, related mostly to availability of stakeholders, as described below.

While all evaluations face the challenge of stakeholder availability, the CPE was conducted at a time when some stakeholders in Malawi were yet more difficult to access. In particular, the data collection phase occurred at a time when many other evaluations were being conducted in Malawi, looking to collect data with many of the same stakeholders (examples: evaluation of UNDAF, WFP Malawi CSPE). In many cases, stakeholders had weak internet connections, especially in the district; there were instances where certain stakeholders were either not consulted or consultations were not conducted as planned (e.g., some meetings were shortened; others were postponed several times and ended up not happening because stakeholders could not make it). These limitations were mitigated through two key strategies: first, the evaluation team allocated more time than usual to planning interviews and FGDs; second, multiple options for communication were offered to key informants, such as calls via Skype, Zoom, or in writing.

Another challenge is that only a few children, including adolescents, participated in focus group discussions in this evaluation due to the difficulty to mobilize them, as the field visits coincided with the school holiday period in Malawi. The evaluation team mitigated this limitation by ensuring that questions about participation of children (including adolescents) in the CP and respect for their rights were asked to the parents and/or guardians who participated in the evaluation. Their testimonies were further triangulated with those of consulted teachers and other UNICEF's implementing partners working closely with children, such as NGOs. Altogether, these duty bearers were able to provide insights into the effects of the CP activities on children, including adolescents.

5 EVALUATION FINDINGS

5.1 Relevance

5.1.1 Alignment with global, national, and sectoral priorities and frameworks

Finding 1: The objectives and interventions of the Malawi - UNICEF Country Programme are closely aligned with the national development strategies (i.e., MGDS III – 2017 – 2022, Malawi 2063) and sectoral priorities (examples: nutrition, health, WASH, education, child protection) of the Malawi Government. They are also aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF – 2019-2023), itself aligned with the MGDS III, and with most UNICEF global

The CP is aligned **with national strategic areas of focus** to address children rights related challenges in Malawi. With the goal to support the GoM to meet its commitment to respect, protect and fulfil children's rights in line with international conventions and standards, the CP is consistent with the long-term national and international development frameworks such as the Malawi Growth and Development Strategy III (MGDS III) 2017 – 2022 and Malawi 2063 Vision (MW2063), MW2063 Midterm Implementation plan (MIP) 2021 – 2030, and the SDGs. Originally, the CP was linked to MGDS III and over the course of its implementation it has been aligned to the Malawi 2063 including the **First 10-Year Implementation Plan** (2021-2030). The MIP 2021 – 2030 guides 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. Specifically, the CP is aligned with SDGs 1, 2, 3, 4, 5,6,8,10,11, 13, 15, 16 and 17.⁷⁴

Guided by the principles of children's rights, equity, gender equality, inclusion, and resilience, and supporting evidence-based, integrative, and innovative programming, **the CP is credited for making**

⁷⁴ UN. SDGs. <https://sdgs.un.org/goals>

visible the child rights agenda in MW 2063. The CP design considered the life course of children and focuses on the windows of opportunity in early childhood (especially the first 1,000 days) to provide every child with the best start in life and early adolescence, to keep girls and boys in learning settings and on course to optimally transition into a healthy and productive adulthood.

The CP interventions were designed to respond to the challenges identified in different sectoral policies and strategies as outlined in the CP document, Pillar, and sector Strategy Notes. For example, Pillar III interventions are aligned with the MGDS-III's key priority areas (agriculture, water development and climate change management; education and skills development; health and population) and other development areas (disaster risk management and social support; gender, youth development, persons with disability and social welfare; human settlement and physical planning; environmental sustainability; HIV and AIDS management; nutrition; peace and security).⁷⁵ PF4C interventions are aligned with the Decentralization Policy and Fiscal Decentralization, Public Finance Management Act and Local Government Act, that are key elements of the public sector reform efforts to create an enabling environment to support adequate, efficient, effective, equitable and transparent budgeting for social sectors.

Alignment of the CP with the country's needs and priorities is **also evidenced by the fact that its three Pillar outcome areas⁷⁶ mirror those of the United Nations Sustainable Development Cooperation Framework** (UNSDCF – 2019-2023), namely Pillar 1 (Peace, Inclusion, Effective Institutions), Pillar 2 (Population Management and Inclusive Human Development), and Pillar 3 (Inclusion and Resilient Growth).⁷⁷ The CP further draws on UNICEF global goals and priorities as described in **the UNICEF Global Strategic Plan (2018-2021)**, largely inspired by the SDGs, notably: ensuring that every child: (a) survives and thrives; (b) is protected from violence; (c) lives in a safe and clean environment; and (d) has an equitable chance in life.⁷⁸

Finally, the CP is **well aligned with human rights and gender priorities at national level**, the UNICEF Strategy and Gender Action Plan, and broader UN Joint agenda, envisioned by UNSDCF. This is evidenced by how the CP is supporting Ministries, Departments and Agencies (MDAs) to domesticate the CRC and to deliver on their mandates through the development and/or implementation of a wide range of laws, policies, national action plans, systems and programmes supporting childcare and protection (including in areas of justice, education, nutrition, health, HIV and AIDS, ECD and WASH). There are specific interventions that utilise not just gender responsive approaches but also gender transformative approaches that instil positive masculinities and behaviours in male learners,⁷⁹ as well as changing cultural norms related to menstrual health and hygiene.⁸⁰

Consulted stakeholders at all levels confirmed the alignment of the CP with the GoM priorities. In their views, this alignment has been ensured by the fact that government is the main partner in all of UNICEF's programme areas and has a leadership role in coordinating the programme design and planning. For example, they cited the annual joint work plan that reflects the priorities and collaboration mechanisms in the CP implementation, and which is developed between the GoM and the United Nations in Malawi.⁸¹

Although the CP is generally well aligned with national priorities, the following gaps were observed.

On the one hand, government respondents felt that by implementing interventions related to positive parenting practices mostly through Pillar 1 (the first 1000 days), the CP has not sufficiently aligned with the priority of the GoM to target parental behaviour change throughout the child lifecycle.⁸² However, it seems that this priority has only become more prominent under the new National Child Protection Strategy (2022-2026), after the development of the CP. Interestingly, the UNICEF Gender Action Plan (2022-2025) is also moving beyond the first 1000 days by targeting the strengthening of "parent and caregiver outreach strategies to address the formation and impact of gender norms for children, including adolescents."⁸³ On the other hand, consultations with the Ministry of Health (MoH) indicated that initiatives such as Baby

⁷⁵ The Government of the Republic of Malawi (2017). Malawi Growth & Development Strategy III

⁷⁶ Early childhood, school age, and inclusive communities

⁷⁷ UN Team Malawi (2018): United Nations Sustainable Development Cooperation Framework (UNSDCF) 2019 - 2023

⁷⁸ UNICEF (2018). UNICEF Strategic Plan 2018-2021. New York, NY 10017, USA.

⁷⁹ E.g., Ujamaa Pamodzi's Empowerment Transformation Training.

⁸⁰ For example, the practice of locking up a girl who has started menstruation up to 7 days is being eradicated.

⁸¹ United Nations Sustainable Development Framework (2019-2023): 2022 Joint Work Plan

⁸² National Child Protection Strategy (2022-2026)

⁸³ GAP III, paragraph 22.

Friendly Hospital Initiative (BFHI)⁸⁴ which is believed to have contributed to improving infant and young child feeding indicators in the past has not been considered in the current CP interventions. The review of the UNICEF's health and nutrition strategy notes confirmed that BFHI was not an intervention area for the current CP.⁸⁵

5.1.2 Alignment with the needs of children, adolescents, and young people

Finding 2: In general, the Malawi-UNICEF Country Programme aligns with the needs of children, including adolescents, and young people. However, given the call and UNICEF's mandate to "leave no child behind" there are questions on whether the Programme has aligned well with the needs of marginalized children, especially street connected children, children with disabilities (including those with albinism), and vulnerable boys.

The **CP is well aligned with the development and humanitarian needs of children, including adolescents, and young people.** Through the alignment with the national policies, the MCO has ensured these needs are integrated. The annual joint work plans include specific activities that will lead to the achievement of results at output and outcome levels, thus ensuring the needs of children are met. The interventions are available to children, including adolescents and youth, through ensuring systems strengthening, service delivery and demand creation as verified through interviews with direct beneficiaries of the interventions as well as review of relevant documents. As a central government interviewee detected, *"UNICEF's support is found in almost every area of developing appropriate statutory and strategic documents on child protection."* NGOs also remarked that among the UN agencies, UNICEF has been the most instrumental in pushing for and supporting the development and review of laws, policies and strategic frameworks affecting children in Malawi (including girl children) in pursuant to CRC standards.

Under Pillar I, the CP recognizes the particular needs of adolescent girls, who have targeted interventions such as Iron and Folic Acid (IFA) supplementation implemented at the national level. Generally, there is action to meet the needs of children regarding strengthening Early Childhood Development (ECD) services, which focus on positive parenting and early stimulation at household level and foster the creation and capacitation of Community Based Child Care Centres (CBCCs). These are outlined in the RAMs, ECD Pillar Strategy Note, and the 2017 National Policy of Early Childhood Development. In the area of health and nutrition, needs of children have been met through Integrated Community Case Management (ICCM) of malaria and nutrition in outreach clinic services for hard-to-reach areas. In 2020, the Country Office reports *"one hundred and twenty village clinics were opened in two hard to reach areas of the two districts where sick children are being managed for malaria, diarrhoea and fast ARI (fast breathing) following training of 120 Health Surveillance Assistants."*⁸⁶ The use of the Care Group model under the Afikepo programme was also seen by FGD participants as a vital strategy in strengthening community and household knowledge in nutrition, gardening, exclusive breastfeeding, hygiene and vaccinations. Beneficiaries in the central region remarked *"there has not been a malnourished child here since this project started two years ago."*⁸⁷ Pointing to assets (vegetable gardens and livestock), beneficiaries in the North remarked: *"we have healthy children who are being fed nutritious food as we now grow our own crops and rear livestock for meat. We don't struggle to buy food anymore."*⁸⁸ However, beneficiaries identified some gaps, including access to irrigation water, fertilizer, seed, and accessible health centres.

Under Pillar II, a review of relevant documents displays that using the life-cycle approach, the country programme supports initiatives to ensure that children, including adolescents, will access integrated social services through schools and other learning platforms. Pillar II makes strategic interventions at the primary school level such as flexible learning spaces to increase children's access to safe primary schools; supporting second shifts 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, focus was on operationalizing open and double shifts; ensuring school safety; reducing financial barriers to lower

⁸⁴ <https://apps.who.int/nutrition/topics/bfhi/en/index.html>.

⁸⁵ UNICEF Malawi (2017). Nutrition Strategy Note 2019-2023 Country Programme; UNICEF Malawi (2017). Health Strategy Note 2019-2023 Country Program.

⁸⁶ Country Programme Full Approved Report 2019: RAM 2020

⁸⁷ Women's Focus Group Discussion, Kaluluma, Kasungu.

⁸⁸ Women's Focus Group Discussion, Visepo, Mpherembe, Mzimba.

secondary education; and ending child marriage. Specific strategies have been developed to get and keep girls in secondary school. Alternative, non-formal and second-chance learning has been scaled up, with a focus on teen mothers. Respondents, including school children, highly commended the introduction of WASH facilities and services in schools, including the fact that surrounding communities benefit from these water facilities. However, some FGD and local government respondents were concerned that it is mostly a few (surrounding) communities that have easy access to school taps, and that women and girls living further from the schools still walk long distances to access the school taps or they continue to rely on unpotable water. With regards to inclusive education, reviewed documents revealed successful joint advocacy with the Royal Norwegian Embassy and the United States Agency for International Development (USAID) ensured the development of an Inclusive Education Policy addressing specific education needs of children with disabilities, out of school children and promoting girls' education along the implementation of the National Education Sector Plan 2020-2030.

The core of Pillar III is to provide an enabling environment and systems for children, including adolescents and youth in Malawi to realize their rights. The Pillar was designed based on sound analyses and available evidence about children's (including adolescents') rights in Malawi. The Pillar Strategy note (2018) identified the challenges related to children's rights in Malawi as being rooted in a combination of issues, spanning from harmful social norms and socio-cultural factors, weak family and community institutions, weak implementation of policies, limited enforcement, and monitoring of legislation to ensure children's rights to protection, lack of supply-side capacities, and lack of demand-side knowledge.⁸⁹ To respond to these challenges, Pillar III interventions are focused on the following four areas: (a) social accountability, (b) social norms, behaviours and practices, (c) resilience of households and communities, and (d) a national and decentralized administrative system. Interviews with stakeholders at national, district and community levels confirmed the relevance of these intervention areas, indicating that all together they had the potential to address children's policy and legislative needs, while enabling activities at district level with outreach to communities.

In terms of addressing the needs of vulnerable children with multiple deprivations, the evaluation found **that programming to meet substantive needs of children with albinism, street connected children, and vulnerable boys has fallen short**. With regards to street connected children, the common concern, among UNICEF, Government and NGO interviewees, is that just including this group in case management is not good enough, since "all the needs relating to survival, nurturing relationships, age-appropriate activities, and psychosocial support (SNAP) affecting vulnerable children are more pronounced in street children compared to other children."⁹⁰ As for children with disabilities, interviewed UNICEF staff and consulted documents suggest that, under Pillar II, efforts have been made to address the needs of children with disabilities, including albinism and children requiring diverse assistive devices with assistive devices. Still, the issue emerging from document review as well as interviews with other donors, UNICEF staff and government officials is that, apart from Pillar II, other pillars have inconsistently addressed children with disabilities/albinism; and that more still needs to be done to meet the substantive needs that can truly help the children to thrive at scale. Furthermore, because financial support in education is targeting girls, many government respondents felt that the exclusion of vulnerable boys from poor households is only contributing to their high school dropout rates as well.

5.1.3 Adaptation and responsiveness to changing context

Finding 3: Across the three pillars, the Malawi-UNICEF Country Programme has aligned with current contextual challenges, children's needs (including those of adolescents), and priorities of the last four years, while being flexible. In so doing, the Programme has been responsive and adapting to changes underway given the shifting political and economic situation and other circumstances in Malawi, particularly in view of the COVID-19 pandemic and other successive emergencies (the 2022 Tropical Storm Ana, and subsequently Cyclone Gombe, Polio and Cholera Outbreaks, etc.).

⁸⁹ Community Voices: A Contribution Towards the Situation Analysis of Women and Children in Malawi, Munthali et al., June 2017; Polygyny and HIV in Malawi, Reniers, G, and Tfaily, R., Demographic Research DOI: 10.4054/DemRes.2008.19.53; Situation analysis of vulnerable children in Malawi, Government of Malawi and UNICEF, 2014; WHO/UNICEF Joint monitoring Programme, JMP 2017; UNICEF Malawi (2018). Pillar III Strategy Note; 2019 – 2023 Country Program.

⁹⁰ GoM, Reference Manual for Child Protection Workers (2021). Manual development supported by UNICEF.

The CP is viewed by most consulted stakeholders at all levels, including with the Malawi government and donors, as generally being flexible, adaptive, and responsive to a changing context and emerging issues and needs, more so than many other implementing partners or donors. According to interviews and document review, the **CP underwent modifications during implementation necessitated by a number of external and internal changes in programme contexts**. First, external changes included changes in the politically elected leadership that resulted in shifts in government priorities (e.g., fighting corruption; addressing poverty and creating jobs, especially for youth, women and the deprived; investing in infrastructure, agriculture and boosting housing, energy, and water sectors), making it necessary for the CP to make adjustments. Secondly, measures taken to contain the spread of COVID-19, including restrictions in travel and human contact, led to operational changes requiring review and adjustment of the programme priorities, and what could be feasibly delivered in the context of the COVID-19 pandemic. As revealed by UNICEF staff, the MCO was able to effectively renegotiate in certain cases the repurposing of funds to address emergencies in the wake of COVID-19. Thirdly, adaptations to activities, indicators and outputs were made to address COVID-19 based on gaps, needs in different areas, and availability of funding.⁹¹

For COVID-19, this included focusing on port of entries; offering remote education during lockdowns notably through private and community radio broadcasting; providing radios and printed self-study materials; intensified UNICEF support for school-based continuous professional development for teachers during the pandemic; training of teachers in child pedagogy; mentorship and remedial education to support accelerated learning after the reopening of schools; and provision of COVID-19 prevention supplies. As noted in interviews, district government officials were of the view that the CP adapted very quickly to COVID-19 demands, ensuring that partners had capacity to utilize online communication tools, but also to ensure that school learners and communities (e.g., caregivers under the Afikepo⁹² nutrition program and other participants in community projects) were safe through the provision of COVID-19 prevention supplies (masks, pails, soap).

Adaptations were also made to address other emergencies such as cholera and polio outbreaks, flooding, and cyclone emergencies.⁹³ Door-to-door campaigns for COVID-19 and polio vaccinations were viewed as part of the country programme's agility. During Tropical Storm Ana and Cyclone Gombe, UNICEF was quick to support the Department of Disaster Risk Management (DODMA) in affected districts with gender responsive technical assistance as well as resources to support the education and other needs of children, including adolescents. The CP also expanded social protection programming by introducing Shock Responsive Social Protection to address food insecurity during lean seasons.

In view of the changing programme context, the MCO management team commissioned a **CPR in 2020 that resulted in adaptation of the CP**, including a shift from service delivery to system strengthening, modelling for scale up, reinforced engagement in lagging agendas (ECD/ECE, inclusive education, child marriage) and accelerated action in public PF4C, Youth and Climate Change, all aligned with Malawi Vision 2063.⁹⁴ In general, the key priority areas as defined at the beginning of the CP remained unchanged (in terms of the key outcomes and theory of change (ToC), but the approach to achieving the results changed. According to interviewed stakeholders, these shifts have allowed the CP to remain coherent with evolving global and national priorities in relation to the rights of children, including adolescents, in Malawi.

Intervention specific adaptations based on evidence of efficiency and cost effectiveness were also reported. For example, as noted in interviews, there was a shift in vitamin A supplementation from campaign based to routine and integration in the Expanded Programme on Immunization (EPI); inclusion of adolescent nutrition; introduction of the complementary feeding bowl to improve complementary feeding at the household level; and distribution of multiple micronutrient powders. When these adaptations were being considered, the food system approach to nutrition should also have been considered. However, this

⁹¹ COVID-19 Response: Real-Time Evaluation Report, 2020.

⁹² "Afikepo" means in Malawi's Chichewa "Let them (the children) develop to their full potential". The Afikepo Programme is a joint effort between the Government of Malawi (GoM), UNICEF, and WFP to address nutrition issues through a multi-sector integrated approach in the 10 districts of Chitipa, Karonga, Nkhata Bay, Mzimba, Kasungu, Nkhota-Kota, Salima, Chiradzulu, Thyolo, and Mulanje (source: University of Sydney, University of Malawi, UNICEF, and FAO. (2019). Baseline Report for Afikepo Nutrition Program and Nutrition Sensitive Agriculture Component in Malawi, P.3).

⁹³ KAP Study Afikepo, 2020.

⁹⁴ Situation Analysis 2019, 2020, 2021, 2022.

⁹⁴ UNICEF (2021). Comprehensive Review. Malawi Country Programme Document 2019-2023.

was not the case, even though the UNICEF Nutrition Strategy 2020–2030,⁹⁵ which has guidance on the food systems approach, had been published at the time of the CPR, when other priorities such as the adolescent agenda were included in the CP.

5.1.4 Integration of Gender, Equity, Human Rights, and Inclusion Dimensions

Finding 4: The design of the Malawi-UNICEF Country Programme is human/child rights centred in furtherance of key international frameworks. The UNICEF Gender Action Plan (GAP) II inspired the centrality of gender integration in the CP design and the development of a country Gender Equality Strategy that responds to the child life cycle. While GAP II's emphasis was on mere gender responsive programming, the CP included some gender transformative interventions, though inconsistently. Child poverty and equity-focused criteria were key to the selection of target districts, resulting in coverage of some remote and hard-to-reach areas across Malawi, albeit limited. Inclusion is a key deliberate aspect of interventions such as social cash transfer, and the CP's Strategy Notes exhibited intent to include the most disadvantaged boys and girls. However, specific vulnerabilities, including disabilities, are not robust in the design of pillar interventions, and the country Gender Equality Strategy is 'inclusion' blind.

The evaluation found that the design of **the CP is strong on human rights and gender components, and integrated equity considerations; but it is 'mixed' from an inclusion perspective.** In terms of human (children) rights, the CP is guided by the UN CRC, the Convention on the Elimination of all Forms of Discrimination against Women, and the 2030 UN Agenda for Sustainable Development and related frameworks.

The theory of change (ToC) across the CP programming areas, support the four pillars of child rights under the CRC, namely survival, development, protection, and participation.⁹⁶ For example, the ToC for Pillar I promotes positive parenting in support of ECD, care and learning; as well as high-impact early childhood services – which uphold the rights of the child to survival, development, and protection. The ToC for Pillar II pursues the right of all children to education, including through integrated social services at school level, with the aim of holistically ensuring the development, protection, and participation of the child in both development and humanitarian situations. The ToC for Pillar III supports the development of a sustainable enabling environment to strengthen national and decentralized systems and services for child survival, social and child protection, child development, and participation of young people in decision making.⁹⁷ Strategy Notes for the CP explained how the human rights centred approach would be pursued through identifying and transforming attitudes, practices and behaviours undermining the promotion of child rights through the life cycle approach and service delivery platforms.⁹⁸ Generally, all envisaged outcomes and related outputs in the CPD were designed with a view to promote and strengthen child rights in different phases of a child's lifecycle based on sound analyses and evidence about the situation of children's and adolescents' rights in Malawi.⁹⁹

With regards to gender, at the program level, gender inequality is recognized as one of the most significant barriers to reducing poverty, sexual and gender-based violence and harmful practices. The UNICEF Malawi Gender Equality Strategy used available evidence to systematically identify strategic gender action points and indicators across the CP's three pillars and in workflows.¹⁰⁰ However, key informants noted some gender related gaps in program design, including that **focus was on collecting quantitative sex disaggregated data, and not on qualitative data to explain the statistics.** Relatedly, **focus was on mere gender responsive programming, as opposed to gender transformative programming.** For example, Pillar I has not reached the point of transformation outlined in a recent UNICEF review of gender transformative approaches in health, nutrition, and HIV in Africa, namely that “a gender transformative

⁹⁵ UNICEF. (2020). Nutrition for Every Child: UNICEF Nutrition Strategy 2020-2030.

⁹⁶ Country Programme Document: Malawi, as above.

⁹⁷ Country Programme Document: Malawi, as above.

⁹⁸ E.g., Strategy Notes on health, education, child protection, social policy, communications.

⁹⁹ E.g., as documented in reports such as “The Life Cycle (Situation) Analysis of Children and Women in Malawi” and the “UN Root Cause Analysis.”

¹⁰⁰ UNICEF Malawi Gender Equality Strategy, 2019-2023.

approach addresses: policies, legislations and budgets; formal systems and services; and underlying social structures with the underlying intent to transform unequal gender power relations.”¹⁰¹

While gender responsive programming produced some results across the pillars (e.g., deliberate effort to include women or men, or boys and girls in community/school level structures and committees; girls being provided with education scholarships and washrooms, etc.), **there was no consistent emphasis on interventions to aid structural shifts to gender roles, norms, and attitudes across all areas of programming.** Of course, exceptions were found in some interventions, such as those implemented by Ujamaa Pamodzi Africa (which target male and female learners in empowerment transformation trainings, resulting in the boys’ behavioural and attitudinal changes towards girls and women) (see also section 5.3.6); the Afikepo (targeting changing social norms so that men too can acquire skills to prepare nutritious foods; the Positive Gender Socialization Training Pack for CBCCs developed by the Ministry of Gender to address discriminatory roles, expectations and practices among children from an early age, and to promote gender equality in the delivery of ECD and parenting services.¹⁰² The call for gender transformative social protection under UNICEF GAP III (2022-2026) is likely to strengthen the quality and quantity of gender transformative programs in UNICEF.¹⁰³

The conceptualization of equity versus inclusion needs to be clarified better as the two concepts tend to overlap. However, to the extent that equity stands for geographical reach, the design of the Strategy Notes was informed by the need to have “target districts” with representative geographical coverage, as well as to address high levels of poverty and inequalities that trigger poor human development indicators. Site visits witnessed interventions in remote areas (e.g., schools at far ends of districts where NGOs hardly go), and hard-to-reach areas (e.g., those with difficult terrain and difficult to pass, especially in rainy seasons). Door-to-door and mobile vaccine services have been introduced with the intention to reach those in hard-to-reach areas and those who cannot easily access a health facility, including due to disabilities, poverty, etc. However, the evaluation found that the concept of “UNICEF districts” limits equity. This is because UNICEF only covers a few Traditional Authority areas in such districts. Also, it was felt that the UNICEF districts are few, and the lack of national coverage translates to low equity. Furthermore, the fact that UNICEF “wants to do everything” concerning the child in the UNICEF districts was perceived as short-changing equity goals, since resources/interventions are very thinly spread and do not reach every deserving child in the targeted districts. Nevertheless, UNICEF has tried to be equitable by selecting its target districts across the three regions of Malawi.

In terms of inclusion, the CP intentionally included key interventions such as the SCTP and the shock responsive social protection program (Pillar III), which by design are meant to target the ultra-poor, who are both socially excluded by others and who typically exclude themselves. The SCTP was strengthened by conceptualizing it more broadly, thereby benefiting ultra-poor children in both rural and urban areas – but targeting them by specific vulnerability criteria is work in progress (this is further discussed in section 5.3.2). Worth mentioning is that the recent UNICEF Malawi Gender Program Review report has made a recommendation for UNICEF to advocate for redefinition of the SCTP targeting criteria to include gender vulnerability markers.¹⁰⁴ Contextualizing this recommendation within the scope of UNICEF’s global strategic direction implies considering how social cash transfer programming could facilitate the achievement of the global indicator on gender transformative and gender responsive social protection.¹⁰⁵ Therefore, this would go beyond merely targeting women as SCTP beneficiaries, to ensuring that their specific socio-economic outcomes are being deliberately planned and monitored.¹⁰⁶

By design, Pillar II sought to improve the identification of persons with disabilities (PWD), support the delivery of services to them, and improve accessibility to them. The CP reports regularly on the number of children with disabilities accessing basic education through UNICEF-supported programs, although

¹⁰¹ UNICEF, A Review of Gender Transformative Approaches Gender-Transformative Approaches and Promising Practices in and Promising Practices in Health, Nutrition and HIV Health, Nutrition and HIV Programming in Africa: From Theory to Practice from Theory to Practice (2020), p.8. Available at: <https://www.unicef.org/media/127671/file/Assessment%20Report%20%28English%29.pdf>

¹⁰² Country Programme Full Approved Report 2019: RAM 2019

¹⁰³ UNICEF Gender Responsive Social Protection Background Paper, 2021; UNICEF GAP III 2022 – 2026.

¹⁰⁴ UNICEF Malawi (2022). Gender Program Review report.

¹⁰⁵ UNICEF Gender Responsive Social Protection Background Paper, 2021.

¹⁰⁶ Ibid.

disaggregation by sex and type of disability is not reported for these numbers. Under Pillar I, inclusion (disability) is integrated in some areas.

In 2020, a Situation Analysis of Children with Disabilities was completed leading to the Malawi government formulation of a policy framework on children with disabilities.¹⁰⁷ Activities to promote inclusion of children with disabilities have been included in the CP rolling work plans (2022–2023).¹⁰⁸ Birth registration certificates have been designed to capture disability. However, most disabilities are invisible at birth, and the challenge is to figure out how programming can capture hidden disabilities that manifest as a child grows. Despite these efforts, there is agreement among UNICEF and external stakeholders that **disability is not consistently and comprehensively addressed in interventions under Pillars I and III**. A contributing factor is that the design of the Country Gender Equality Strategy is skewed towards gendered interventions (including those targeting pregnant adolescents, adolescent mothers, and adolescent fathers), and does not visibly integrate other socially excluded and marginalized groups, *in case*: those with disabilities. The fact that the MCO's focus has been on having a 'gender' specialist and a 'gender' strategy leaves issues of social inclusion at the peripheral.

5.1.5 Integration of Youth Empowerment and Climate Change

Finding 5: The Malawi - UNICEF Country Programme included initiatives that aimed to involve (engage) adolescents and youth in development efforts. The development of the National Youth policy and the National Youth Investment Plan provide an opportunity to further promote youth empowerment and employment, in line with the Malawi government agenda. Climate change has been supported directly and indirectly by the Country Programme activities, primarily through Pillar III community resilience initiatives. There is an opportunity to develop an integrated approach to embed climate change considerations in a more structured, direct, and intentional way into the design and implementation of the Programme, as seen through the development of the Climate Resilient WASH Finance Strategy (2022-2032).

Youth Empowerment

The evaluation found that, **by design, the CP sought to empower youth through participation in decision making processes**, encouragement, and support to the development of youth-led organizations, as well as ensuring their participation in the planning, implementation, monitoring and reporting of development initiatives. A central part of the UNICEF approach also involved supporting the development of youth targeted policies and strategies, but also advancing the position that youth issues should be reflected in all sectoral policies and strategies.

Relating to Pillar I, the CP planned on strengthening and improving youth friendly health services, supporting, and educating youth living with HIV (and their parents), and improving services for youth with disabilities. Alongside this was to engage and support the GoM to design and implement youth national programming. A secondary and complementary aspect of the approach involved increasing community participation and positive empowerment through education on issues of sexual and reproductive health (SHR) and HIV.

Under Pillar II, the CP included a focus on youth empowerment through life skills training, including their participation as advocates. The CP ensured that the approach involved the GoM embracing the need to actively engage youth in decision making processes. The CP included initiatives such as the Joint Programme for Girls Education (JPGE) empowering students and strengthening accountability and management of primary and secondary schools, through the registration of school-based councils established in UNICEF supported districts. This was complemented by support to the registration of youth-led organizations with the National Youth Council of Malawi (NYCOM) – facilitating their recognition, access and enabling their work. In addition, the CP planned collaboration with CSOs/NGOs working with Youth, such as Plan International to host the 2019 Generation Unlimited Youth Challenge in Malawi. A specific focus on re-engaging out of school youth, such as teen mothers, to ensure they are provided with

¹⁰⁷ A Situation Analysis of Children with Disabilities in Malawi. July 2020
(<https://www.unicef.org/malawi/media/4606/file/A%20Situation%20Analysis%20of%20Children%20with%20Disabilities%20in%20Malawi%20.pdf>)

¹⁰⁸ Country Programme Full Approved Report 2019: RAM 2020

alternative, non-formal or second-chance learning opportunities was planned, as were collaborative initiatives advancing life skills, and productive livelihoods (such as education for small farming for out-of-school boys).

Under Pillar 3, the CP planned to engage and empower youth participation by amplifying their voices through those identified/appointed as “UNICEF Youth Advocates”. Notably, these advocates were advanced as key participants and leaders promoting climate resilience, raising awareness of climate change issues, and changing attitudes, encouraging, and promoting resilience and preparedness. Another salient initiative targeting youth specifically is the “Child and Youth Friendly Communities Initiative” (CYFCI). This UNICEF-led initiative sought to support municipal governments in realizing the rights of children and youth at the local level, notably by enabling them to have a voice and actively participate in the development that the district intends to achieve. Interviewed District Officials in Chikwawa expressed appreciation of this initiative, indicating that it will empower the district youth to demand services that correspond to their prevailing needs. Details on the progress made towards implementation of the CYFCI and other initiatives evoked above are discussed in Section 5.3.7.

Finally, through its Research, Evaluation, and Knowledge Management (REKM) Section, the MCO initiated a ground-breaking partnership with academia to engage young people in evidence generation and dissemination activities. MCO’s ‘Fun and Funky’ approach won the UNICEF global knowledge management award for the innovative engagement with young student artists to disseminate the evidence generated by UNICEF through the use of performing arts. The approach has gained appreciation and is now being used by other universities and public sector organizations in Malawi. This innovative approach has helped young people to learn more about high quality evidence produced by UNICEF and use the approach for advocacy for child rights in Malawi.

Climate Change

The MCO acknowledges that Malawi is vulnerable to the effects of climate change and has made climate resilience a target of the CP and many of its interventions.^{109,110} Climate change has mainly been mainstreamed directly through Pillar III as reflected in its output 3: *“Households and communities are resilient to climate change and economic shocks and are supported to overcome chronic vulnerabilities that affect children”*. In so doing, the CP included climate specific indicators in the results framework, which has influenced the achievement of results. Pillar III has envisioned activities that aimed at fostering the climate change agenda at national and community levels. Examples of such activities include the following: support to the conduct of climate studies, setting up systems for preparedness to mitigate against climate-related emergencies, support to community-led climate and disaster resilient Water Safety Plans (WSP), community-based catchment management and water conservation, introduction of climate-sensitive water systems, and support to the development of climate sensitive strategies.¹¹¹

Other CP Pillars have mainstreamed climate-change only indirectly. In Pillar I and Pillar II, the WASH section has taken the lead in this area, by building on the work of other sections. For example, there are aspects of the Pillar I health system strengthening work that can be linked to climate change as a secondary focus, such as the solarization of health facilities. The nutrition section has worked on capacity building to respond to continuous droughts/lean season and this degree of integration has increased over time, particularly since 2019. The Pillar I rolling work plans (2021 – 2023) have activities on systems strengthening for risk informed programming, including climate change and resilience at the sub-national level through provision of technical and financial support to national and district health offices to develop policies, guidelines and strategies for emergency preparedness response and resilience building (e.g., for COVID-19, Ebola, cholera, polio, drought, floods). However, climate change activities specific to Pillar I are wanting. The RAM report for 2020 indicates that climate change alongside other activities were temporarily shelved due to funding and human resource gaps.¹¹²

¹⁰⁹ UNICEF Malawi (2018). Pillar III Strategy Note; 2019 – 2023 Country Program

¹¹⁰ UNICEF Malawi (2018). Pillar I Strategy Note; 2019 – 2023 Country Program.

¹¹¹ UNICEF Malawi (2018). Pillar III Strategy Note; 2019 – 2023 Country Program.

¹¹² Country Programme Full Approved Report: RAM 2020.

5.2 Coherence

5.2.1 Coherence of Change Management Approaches and Strategies

Finding 6: The Malawi-UNICEF Country Programme's fundamental purpose has been to enable a shift from a sector-driven approach to a life cycle Pillar approach to programming, with Matrix Management structure for human resources as an enabler, and in so doing, foster inter-sectoral convergence and respond in a holistic manner to the needs of children, including adolescents, and women, especially the most marginalized. Progress has been made in implementing these approaches, which has contributed to considerable learning and improved internal Programme coherence, but they remain a work in progress and require regular review and adjustments to further increase their coherence.

The CP launched an ambitious innovation, the Pillar approach, aimed at enabling a shift from a sector driven approach to a life cycle approach (LCA) to programming. To operationalize the Pillar approach, the Matrix Management style, a new integrated office organizational structure,¹¹³ was adopted along with Task Teams. This evaluation has established that the MCO has made notable progress in implementing these approaches, particularly during the first two years of CP implementation, which has contributed to considerable learning and improved internal programme coherence, but they remain a work in progress and require regular review and adjustments to further increase their coherence.

Through testing and experimentation, the MCO has gained a deeper level of conceptual clarity about the functionality of the Pillar structure, notably by moving from the initial four pillar configuration¹¹⁴ to the current three pillars, which serve as the CP result areas, with cross-sector Task Teams working to achieve pillar outcomes. Consulted UNICEF teams and documents revealed that Pillar coordinators are responsible, among other things, for coordinating the work within and across the pillars, while accountability for results remains the responsibility of Task Teams Leads and their team members.¹¹⁵ However, reflections about the relevance and governance of each of the three Pillars as structures for effectively delivering the CP remain a work in progress.

During interviews, most UNICEF staff felt that achieving integration and child-centred ways of working has been easier in Pillar I and Pillar II than in Pillar III, as the former involve less sectoral and leadership complexity. Pillar II is mostly made up of education sector professionals, with only a few matrixed staff, and involves one section Chief (of education) who also serves as Pillar coordinator. Pillar I is dominated by health and nutrition sectors – which are traditionally used to working closely with each other and involves two section Chiefs of whom one must serve as Pillar coordinator. On the contrary, Pillar III is far more heterogenous, with several interrelated disciplines¹¹⁶ and more than four section Chiefs of whom one is responsible for the Pillar coordinator role. There is a shared feeling among many interviewees that the activities promoting children friendly, inclusive, and resilient communities could be incorporated within the other two Pillars, and the documents reviewed in this evaluation suggest that this perception is not new.¹¹⁷ The differences in the degree of complexity pose the question of whether the same leadership arrangement should be equally applied in each of the three pillars.

As reflected in both interviews and documents, the MCO has fairly achieved the desired shift in management and staff's mindset, one which sees cross-sector collaboration as the key to effective service delivery and achieving holistic results for children. Most consulted UNICEF staff consistently acknowledged that cross-sector work is a necessity for the CP to be child-centred and felt that the Pillar approach has provided an opportunity to overcome sectoral thinking and achieve real programme convergence. However, during interviews most UNICEF staff indicated that the approach could be improved to enable achievement of results. These findings echo the results and conclusions of the DE II report, indicating that MCO staff, both national and international, have high levels of satisfaction with the Pillar approach and are confident and optimistic about working in an integrated manner. *"The MCO has moved*

¹¹³ The Matrix Management style involves two-dimensional management structure with a horizontal reporting line in addition to a vertical reporting line.

¹¹⁴ Initially "Programme effectiveness" was considered as a 4th Pillar, but it is now considered as the operational support required for each of the three Pillar rather than a result area in itself.

¹¹⁵ UNICEF Malawi (2020). Terms of Reference for Pillar Coordinators. Revision 1, 03022020

¹¹⁶ Involves the following: Child Protection, Social Policy, WASH, CDR, SBC, Local Governance

¹¹⁷ MCO Reflection & Learning Paper, The functioning of MCO's programmatic Pillars in 2019, UNICEF Malawi.

from the excitement generally associated with applying new ideas through the complexity of putting these ideas into practice and all the other challenges associated with the day-to-day detail of change. (...) the fact that most staff are “happy” is a testament to the success and progress with how the MCO is handling the change management process in its specific context” (p.25).¹¹⁸

Finally, according to consulted UNICEF teams, **working through programmatic Pillars, Task Teams, and Matrix Management has improved the relevance and quality of the CP programming and implementation in the MCO**, although there is still room for improvement, especially in terms of streamlining leadership roles and accountability mechanisms. Despite not being fully changed, the Office's *modus operandi* has significantly embraced the integration principles. For example, Pillar I allows for integration, under the same management structure, of health, nutrition, education, protection, WASH and Social and Behaviour Change (SBC) interventions, all of which are equally relevant for a sound ECD. In Pillar II, integration allowed to pay attention to issues of student health and hygiene and aspects of protection of children while at school, in addition to aspects of access to and quality of education. Moreover, the attention to water and sanitation facilities at schools, support to inclusion of life-skills into the curriculum and promotion of non-violent forms of discipline in schools are important aspects of a more holistic approach applied to the work in this pillar.

The evaluation has found that **the Pillar approach has enabled the CP to better mainstream the cross-cutting issue of gender**. First, UNICEF interviewees observed that, under the Pillar approach, the implementation of gender actions has been more coordinated and comprehensive, because different sectors in a pillar have worked towards the same gender results. With the support of the Gender Specialist, the Pillar approach made it easier for sectors to holistically appreciate gender-specific issues in their sector and integrate these issues in programming. As a result, the value of sex-disaggregated data across the organization is appreciated better and the collection and reporting of this data became more consistent in pillar-based and mid-year/annual reporting. There is also increasing consciousness to collect disability data (although consistency is still needed), resulting in some efforts to improve inclusive programming and results.

Second, the Pillar approach enhanced close collaboration of sectors within UNICEF through the establishment of UNICEF gender Task Teams.¹¹⁹ According to the outgoing Gender Specialist, these Task Teams became a key entry point to obtain resources for gender programming from sectors that would not have ordinarily felt an envisaged gender intervention was their business: *“Nutrition gave us money for the development of Positive Gender Socialization Training Packs for Social Workers and Caregivers. We also got a lot of money under Pillar II because the CPD facilitated close and better interaction between ‘Gender’ and UNICEF education colleagues.”* Task Teams such as the Prevention of Sexual Abuse Task Team have galvanized various UNICEF sectors to collectively focus on achieving same gender and human rights centred results across various programming areas.

Third, consulted UNICEF staff explained that **the Pillar approach has brought visibility to gender as a strategy for enhancing program effectiveness**. Gender mainstreaming in workflows has been systematically and practically achieved and influenced a new way of doing business within the MCO. For example, the CP institutionalized gender in workflows by: developing guidelines to integrate gender in the partnership agreement document, ensuring that all proposals and concept notes and technical assistance to government have a gender perspective, and providing guidance on including a gender marker in resource mobilization (financial and human), etc. And overall, the institutionalization of gender in workflows has strengthened the political will of managers and leadership. Of course, other staff felt that more needs to be done in this area, to ensure that the depth of gender mainstreaming by section Chiefs, leadership and staff becomes a regular corporate practice within the Country Office.

¹¹⁸ Child Frontiers (2021). Developmental Evaluation Phase II: Journey Towards Structurally Facilitated Integration Final Report. UNICEF Malawi

¹¹⁹ Members formulate TORs that guide them plan tasks at the beginning of each year and

Finding 7: The Pillar approach, the Matrix Management style, and the Social and Behaviour Change (SBC) as implementation strategies stand out as coherent due to their alignment with the key bottlenecks in addressing the needs of children in Malawi. While, overall, UNICEF Malawi leadership and teams are positive about these approaches and believe that they should be pursued, going forward there is wide acknowledgement that some challenges need to be addressed through continuous review, discussion, and adjustment, until the approaches are fully part of the Country Office's organizational culture.

The Pillar approach, the Matrix Management style, and the SBC strategies are integral part of the theories of change¹²⁰ that were developed for the CP. While the Matrix Management style was perhaps a new concept in the MCO, the principles underlying the Pillar approach and the SBC were not totally new. However, all together, these approaches and strategies **stand out as coherent due to their alignment with the key bottlenecks** impeding meeting the needs of children in Malawi.

To begin with, consulted UNICEF staff acknowledge that the Pillar approach was coherent with the need to ensure that MCO interventions were more integrated and carried out in a multi-sectoral fashion. By using age groups to define its outcomes, the CP aligned with the lifecycle approach, which is generally perceived as a means of maximizing results for children, enabling them to enjoy the right to the best start to life and reach their full potential as they pass from infancy to adolescence. The Pillar approach and Matrix Management style are generally seen by UNICEF teams as having added value, by institutionalizing systems and structures fostering integration.

Despite the general agreement about the need to keep the Pillar approach, many interviewees felt that its effective implementation has remained a persistent challenge due mainly to organizational management issues. A general feeling among UNICEF interviewees is that **pillar-related leadership needs to be further clarified, as the responsibilities of Pillar Chiefs and the boundaries of their power are not always understood by all** – especially that decision-making power remains with section chiefs. For example, it appeared to be confusing for some staff, from the hierarchical point of view, when a particular pillar section Chief is requested to report to the pillar coordinator, yet both Chiefs are at the same level. This arrangement was also seen as causing challenges in resolving in-pillar issues, as when both Chiefs need equal share of resources to implement interventions.

Linked closely to the Pillar approach is the structure of **Task Teams** which was also introduced to encourage cross-sectoral work. As reflected in both interviews conducted for this evaluation and previous studies, UNICEF staff felt that Task Teams have somewhat shown their potential, by enabling different thematic expertise within the MCO to come together to collectively address an issue. Examples of successful Task Teams which were cited during interviews include the cholera Task Team and the Staff Safety COVID-19 Task team. However, interviews revealed that **the concept of Task Teams appears to have lost momentum recently**. Some staff argued that the MCO has introduced so many Task Teams that only a few were operational, and that there is a permanent tension in terms of balancing section work with involvement in various Task Teams. This tension has lowered down staff participation in Task Teams and negatively affected the effectiveness of this structure. Besides, interviews indicated that some Tasks Teams – such as the “disability task team” and “adolescents task team”, were shadowed by the successive emergencies which the MCO had to attend to. Overall, there is sparse evidence that the cross-sector thematic and programmatic Task Teams have facilitated the achievement of expected results to-date. It would be more appropriate to say that they have operated alongside the Pillar Teams and not in an integrated manner.

Responding to the competing demands of sectoral interventions for funding inside pillars appeared to be a challenge that needs to be addressed by the MCO, as it can potentially lead to **competition over financial resources**. The implementation of the approach has demonstrated, in fact, that the potential for competition over staff and program resources identified in the Development Evaluation has arisen and needs to be addressed (i.e., eliminated) to ensure smooth implementation. For instance, all sections in Pillar I hold responsibility to deliver towards certain outputs with maximum financial outlay for the nutrition and health sections and least for the education section. As the core sectors in the Pillar I, nutrition and health raised more resources for the pillar budget than others; however, it seems that there was competition over these

¹²⁰ UNICEF Malawi CO developed a theory of change for the entire CP and specific ToCs for each Pillar.

resources when early childhood education (ECE) outputs got discontinued, and the related activities could not be implemented due to lack of funding, which limited results in this area.

On the other hand, UNICEF teams' perceptions on the coherence of **the Matrix Management style** are generally positive, as reflected in both interviews and documents.¹²¹ Indeed, most staff agreed that the adoption of this form of organizational structure allowed cross-collaboration between staff and sections that did not always have opportunities to work together previously. This in turn has improved cross fertilisation of knowledge as well as communication within the MCO. Interviews indicated that even the "operations" staff, who had initially remained largely untouched by integration, are increasingly adhering to the matrix style, as evidenced by the budget officers who seat in the PPM section, being responsible for budget of this entire section and working closely to clear the communication challenge. Even though these budget officers are not officially matrixed, they are working that way, and it has improved work.

Consulted UNICEF matrixed staff acknowledged that the Matrix Management style has offered them the opportunity to work outside their traditional technical sections and/or hierarchical structures, which further strengthened their interpersonal skills and helped them develop new skill sets. At the same time, they recognize that at the beginning of the CP, there were a lot of uncertainties, conflicts of responsibilities, confusion, and ambiguities with reporting lines. Some reported that there has always been an issue of isolation, as only a small number of matrixed staff are working in Pillars that are dominated by colleagues from one or two technical backgrounds. Notwithstanding, it appeared that, overall, matrixed staff are increasingly finding their way and continue to benefit their 'home' Pillars (see illustrative quote in Box 5.1).

Box 5.1: Perception on challenges and progress made by matrixed staff

"Matrixed staff often face the issue of dealing with two bosses, especially when these are new to Office and do not necessarily understand the new approaches. For example, every manager, line manager and technical manager, would want you to be in a meeting at the same time. If the technical boss does not understand it, that can mess up the life of a matrixed staff!! For me, I have sorted it out with my technical boss: I am full-time in the Pillar where I am matrixed and only works with my home Pillar on ad-hoc basis. This has worked very well."

Source: Interviews (UNICEF staff)

This evaluation has identified a few issues that ought to be addressed for matrixed staff to be more comfortable with this structure. First is the **issue of lack of clear division of responsibilities of matrixed staff between their functional and technical roles**. According to most interviews, what is expected from matrixed staff in terms of key performance indicators (KPIs) is not clear for both the matrixed staff and their functional and technical managers. In the absence of well-defined KPIs, matrix staff are confused about how to satisfy their functional and technical managers' expectations. Second is the **issue of work overload for the matrixed staff due to competition over them by their managers**. This issue was consistently emphasized during interviews and attributed mainly to the confusion about the power dynamics between the functional and technical managers, as well as the poor communication between them and matrixed staff. Consulted teams felt that many managers who have had no first-hand familiarity with Matrix Management tended to have difficulties to quickly appreciate the merits of the structure, while others tried to maximize their own advantage vis-à-vis others, thus overwhelming the matrixed staff.

Finally, all stakeholders consulted acknowledge that **the MCO's SBC strategy has been critical in promoting children's rights in Malawi**. SBC interventions aimed to change the environments in which duty bearers act, making it easier for individuals and communities to influence protective practices for children. These interventions addressed the key challenges affecting children rights in Malawi, as demonstrated by various studies.¹²² Most consulted stakeholders felt that **SBC interventions should be continued and intensified**, to ensure that parents, teachers, children, local government, and community leaders across Malawi recognize the devastating impact of violence in schools, families and other social spaces and take action to promote positive practices and norms and ensure these spaces are safe for children to live.

¹²¹ Child Frontiers (2021). Developmental Evaluation Phase II: Journey Towards Structurally Facilitated Integration Final Report. UNICEF Malawi

¹²²Such as: (1) Community Voices: A Contribution Towards the Situation Analysis of Women and Children in Malawi, Munthali et al., June 2017; (2) The Life Cycle (Situation) Analysis of Children and Women in Malawi and the UN Root Cause Analysis. Community Voices: A Contribution Towards the Situation Analysis of Women and Children in Malawi, Munthali et al., June 2017.

5.2.2 Coherence with key UNICEF strategies and international commitments

Finding 8: The integrated services approach has yielded improved collaborative efforts, while delivering on UNICEF's Core Commitments for Children in Humanitarian Action (CCCs) and UNICEF Gender Action Plan (GAP). There has been good progress in addressing prevention, mitigation, and preparedness measures through both direct response efforts and by leading efforts to coordinate responses through the cluster approach. The country programme has mostly been on track in meeting sectoral commitments in the CCCs, although some gaps remain, including in the area of disability CCCs.

Overall, key UNICEF strategies and international commitments are integrated. The CP's approaches have been primarily centred towards facilitating the implementation of UNICEF's GAP (2018-2021)¹²³ and display alignment with the CCCs. An illustrative example is the fact that nutrition priorities indicated in the GAPs (2018–2021, 2022-2025) are integrated. Adolescent girl's nutrition, specifically indicated in both strategy documents, is a priority nutrition intervention in Malawi. So is quality maternal nutrition, to ensure that every child, including adolescents, survives and thrives with access to nutritious diets, quality primary health care, nurturing practices and essential supplies. With regards to gender priority actions generally, the CP's June Mid-Year Review displayed consciousness for programming to start adapting to the UNICEF GAP III (2022-2025), and identified key intermediate priorities that align with the GAP III for the MCO to implement in year 2022/23 (e.g., adolescent nutrition and pregnancy care; HIV and Human papillomavirus (HPV) prevention).¹²⁴

The evaluation found that the CP has good integration of CCC principles. For example, an analysis of the scale of implementation of six health CCCs (leadership and coordination; maternal and neonatal health; immunization; child and adolescent health; strengthening of health systems and services; and community engagement for behaviour and social change) established the integration of all these CCCs in the CP intervention areas. These have been achieved through, among others, UNICEF's leadership in COVID national planning and response, as well as leading as Vice Chair of Health Donor Group and Chair of HIV and AIDS Donor Forum, etc.¹²⁵ Similarly, an analysis of the integration of three HIV related CCCs (prevention and testing; access to HIV treatment; and community engagement for behaviour and social change) found that that all three have been integrated in the CP programming. Interventions have included, but not limited to, HIV prevention messaging to adolescent girls through schools, HIV testing for infants and pregnant women, and engagement via peer support, mentor mothers and teen clubs.¹²⁶ While an analysis showed that eight nutrition related CCCs have been integrated in the CP intervention areas, this has involved, among others, co-leading the nutrition cluster at national level, supporting the DHIS2/Community Management of Acute Malnutrition (CMAM) database, supporting the development of policy frameworks to deal with stunting and micronutrient deficiencies,¹²⁷ food fortification, IFA supplementation, etc. (full analysis can be found in Appendix XVI).

Humanitarian action in the CP has been seen in the context of Tropical Storm Ana and Cyclone Gombe, the COVID-19 crisis, and the Shock Responsive Social Protection Programme. In this area, there have been mixed results in the integration of CCCs on humanitarian cash transfers, as well as cross-cutting CCCs on gender and disability in the CP programming. For example, with regards to the CCC to *promote unconditional and unrestricted humanitarian cash transfers*, the CCC recognizes that while a range of implementation models can be used to implement cash transfer programs, UNICEF should first consider the possible use of existing national social protection systems.¹²⁸ UNICEF Malawi has been doing this by working solely through government systems. The CP has supported Shock Responsive Social Protection (SRSP), which has enabled extended coverage of support to the ultra-poor within and beyond the mainstream SCTP, so long as they are food insecure. UNICEF has invested extensively in system strengthening for SRSP, promoting several innovations (harmonized GRM, e-payments, among others)

¹²³ See CPD Document; UNICEF Malawi Gender Equality Strategy (2019-2023).

¹²⁴ UNICEF Malawi, Promoting Gender Equality in UNICEF's Malawi Program: Guided by Gender Action Plan III 2022, Power Point Presentation

¹²⁵ Country Programme Full Approved Report: RAM 2019; 2020; 2021.

¹²⁶ RAM3 End-Year Summary Narrative 2019; RAM 2020.

¹²⁷ Through interventions such as Afikepo, SUN, deworming, Vitamin A supplementation, multiple micronutrient powders, food fortification, Infant and Young Child Feeding (IYCF) counseling at health facility and community level

¹²⁸ UNICEF, Core Commitments for Humanitarian Action, section 2.2.8.

that resulted in donors being able to increasingly channel resources through the national SCTP. However, a UNICEF evaluation study noted that SRSP has encountered the inherent limitation of under-coverage since other food insecure ultra-poor in project communities are excluded, leading to tensions at times.¹²⁹

Under the 2022 Cholera Response, UNICEF provided affected districts with acute watery diarrhea periphery and community kits, nutrition screening services, and WASH supplies. The MCO also supported risk communication and community engagement strategies.¹³⁰ One of the key lessons is that more funding is needed to accelerate the integrated response to contain and manage the current cholera outbreak and prevent further outbreaks during the rainy season.¹³¹

One of the core commitments for UNICEF during emergencies is AAP (Accountability to Affected Populations), which entails ensuring that affected children and families participate in the decisions affecting their lives, are properly informed and consulted, and have their views acted upon.¹³² The CPD utilized social and behaviour change communication as a key channel for disseminating critical information to affected populations during the COVID-19 Outbreak Crisis, as well as during Tropical Storm Ana and Cyclone Gombe. UNICEF interviewees shared that during the COVID response, UNICEF's participation in the Early Multi-Partner Gender Rapid Assessment aided the development of relevant strategies to guide the practical response to gender related COVID-19 challenges on the ground. Since UNICEF works with IPs and uses evidence generated by these partners in programming, this CCC could have been met to an extent. **However, an evaluation of the COVID 19 Response found that AAP was not well accomplished, and** more engagement with communities on issues affecting them (access to health services, protection, referral) was necessary in order to accomplish AAP. The challenge in satisfying AAP lies in identifying agents of change at community level, and engaging youth groups so that AAP mechanisms are not one-way communication or fluke two-way communication.¹³³ As this section later reveals, inclusion gaps related to affected children with disabilities in the COVID-19 response were discovered and addressed because of feedback received during monitoring – which illustrates the flexibility of the CPD to act on views from the ground.

There are several gender CCCs,¹³⁴ one of which targets *ending GBV, GBV prevention, and risk mitigation*. UN partners consulted for this evaluation explained that UNICEF co-chairs the Protection Cluster which houses the GBV sub-cluster – chaired by UNFPA.¹³⁵ As such, while the CP may not have directly implemented GBV interventions during Tropical Storm Ana and Cyclone Gombe, it supported the Ministry of Gender to deploy District Gender Officers from non-humanitarian districts to help with gender interventions in humanitarian districts. Generally, as co-lead of the Protection Cluster, the MCO has used advocacy and capacity development to ensure humanitarian systems and services are safe, clean, protective, and responsive to the needs and rights of children and women. And as a Cluster Lead for Child Protection and WASH, UNICEF played a key role in supporting vulnerable populations to gain and maintain access to continued delivery of social and protective services in emergencies. The CP, however, made direct and robust GBV input during the COVID-19 response. This included “developing special mechanisms for reporting on human rights abuses, including prevention from PSEA, collecting and analysing data of COVID-19 secondary impacts on children and women, and technical support for inclusion of specific rights, needs and vulnerabilities of women and children.”¹³⁶

The deployment of district gender officers to humanitarian districts during Tropical Storm Ana and Cyclone Gombe contributed to the integration of another gender CCC aimed at achieving *“gender-responsive programming, including a lens on adolescent girls.”* A contribution to this CCC was made through the active and strategic role of the MCO Gender Specialist to ensure the integration of a gender perspective in all response mechanisms across COVID-19 clusters, as well as the collection of data according to gender and gender-based vulnerabilities.¹³⁷ The CCC on *“supporting gender-responsive interventions that address the*

¹²⁹ UNICEF Malawi, Evaluation of UNICEF's Work on Cash Transfer Programming in Emergencies' (2021).

¹³⁰ UNICEF Malawi (2022). Action Against Cholera. UNICEF Response Plan.

¹³¹ Ibid.

¹³² Section 2.1.6.

¹³³ Real Time Evaluation of UNICEF'S Response to the COVID-19 Outbreak Crisis in Malawi: Final Evaluation Report, 27 January 2021, pp. 43, 44

¹³⁴ Section 2.4.1.

¹³⁵ These operate under the Department of Disaster Risk and Management.

¹³⁶ UNICEF Malawi, UNICEF'S Response to the Covid 19 Outbreak Crisis in Malawi (2021).

¹³⁷ Ibid.

different needs of girls, boys, men and women” was also integrated to an extent, allowing vulnerable children and women to access emergency services.

With regards to disability CCCs,¹³⁸ the evaluation of UNICEF’s response to the COVID-19 Outbreak Crisis in Malawi observed the lack of indicators to capture data on children with disabilities. Similarly, other child-related vulnerabilities, such as ultra-poor street children, and school dropouts were not accounted for.¹³⁹ Positively, the evaluation recorded that due to monitoring feedback, UNICEF supported the distribution of braille materials to about 1,000 children with disabilities in 17 learning centres.¹⁴⁰ This partially meets the CCC commitment that *barriers faced by children with disabilities will be included in needs assessments and analysis, and incorporated in humanitarian program planning and monitoring*. However, more can be done to conduct these assessments prior to implementation of interventions.

Overall, the responses to children with disabilities fall short of the CCC commitments on inclusion, namely that children with disabilities will participate in the design of programs and in the decisions that affect their lives; that children with disabilities and their caregivers will have safe access to humanitarian programs. The need for robust disability data to inform programming is clear from the UNICEF GAP II (2018-2021), which guided that “to fully identify which children are disadvantaged, to what extent and in what manner, disaggregation of data by sex is essential, but often in combination with other disaggregated data (age, poverty, disability, etc.). UNICEF will prioritize the collection and analysis of disaggregated data and promote more sophisticated measures of gender inequality, beyond gender parity.”¹⁴¹

5.2.3 Complementarity and Coordination with efforts of other development partners

Finding 9: The Country Programme’s interventions have been highly complementary to other interventions and programs under the United Nations Sustainable Development Cooperation Framework (UNSDCF), with strong evidence of complementarity with other UN Agencies. Although the UNSDCF clearly outlines coordination mechanisms - some of which are UNICEF-led, working as one UN Team remains a challenge and joint coordination between UN Agencies in Malawi is far from optimal as there is still competition for funds between each other and the Agencies have procedures that vary between them. The Programme support has also been complementary to the efforts of the national government and other development partners.

The CP strongly promotes a collaborative mechanism for the MCO to work alongside stakeholders including (but not limited to) Government institutions, UN agencies, international financing agencies, and NGOs/CBO partners. Being a long-standing partner for Government and other agencies, UNICEF has leveraged on its comparative strength, and planned, implemented, and advocated for children’s issues, in complementarity with other players. Complementarity is generally seen at three levels: coordination/joint programming, policy/programmes, and use of existing (government) structures.

When it comes to joint programming, **the evaluation found that UNICEF has been involved in more than 10 UN Joint Programmes**, including the Promoting Sustainable Partnerships for Empowering Resilience (PROSPER),¹⁴² the SDG Joint Programme/UN Joint Programme SP4SDG – Social Protection for SDGs,¹⁴³ the Afikepo Nutrition programme,¹⁴⁴ the Joint UN Work on Health Systems Strengthening

¹³⁸ Section 2.4.2.

¹³⁹ UNICEF Malawi, UNICEF’S Response to the Covid 19 Outbreak Crisis in Malawi (2021).

¹⁴⁰ UNICEF Malawi, UNICEF’S Response to the Covid 19 Outbreak Crisis in Malawi (2021).

¹⁴¹ UNICEF GAP II 2018-2021, Paragraph 66.

¹⁴² Partners for PROSPER are Concern Worldwide, FAO, GOAL, Kadale Consulting, RCO, UNDP, UNICEF, United Purpose, WFP: Available at <https://malawi.un.org/sites/default/files/2020-05/Fact%20Sheet%20PROSPER%20-%2030%20March%202019.pdf>. The programme is in four districts: Chikwawa, Phalombe, Mangochi and Balaka. The purpose is to “strengthen the resilience of more than 1 million vulnerable people against climate-induced shocks from drought and floods by promoting the use of Malawi’s social protection systems” (Annual Report, 2019, p. 56).

¹⁴³ Implemented by UNICEF, WFP, and ILO under which UNICEF has supported Shock-Sensitive Social Protection (SSSP) by adapting/strengthening the Malawi social protection system to meet emergency food needs and reduce the vulnerability of those most at risk of food insecurity – Fact Sheet, Social Protection for the Sustainable Development Goals (SP4SDG).

¹⁴⁴ Collaboration between UNICEF and WFP

(HSS)¹⁴⁵, the Spotlight Initiative¹⁴⁶, and the JPGE III.¹⁴⁷ The **MCO has also engaged in various partnerships**, including a strategic partnership with USAID, which has facilitated the implementation of the Adolescents Girls and Young Women Strategy (AGYW) and the establishment of its secretariat within Ministry of Youth, Sports, and Culture. The partnership for AGYW implementation at district level has expanded with many local and international NGOs participating to upscale minimum package of activities. UNICEF has further strategically partnered with the World Bank and the European Investment Bank (EIB) and leveraged financing for urban sanitation, a traditionally underfunded sub-sector with high fiduciary risks. Based on modelled climate resilient approaches, the MCO collaborated with other development partners to support the development of a Climate Resilient WASH financing strategy.¹⁴⁸ Finally, in partnership with Airtel Africa and the Ministry of Education, the MCO finalized a 5-year continental project, which aims to make digital learning across Malawi a reality.^{149,150}

Consulted **UN partners indicated having positive experiences of working and coordinating with UNICEF in these programmes**. They see UNICEF as very collaborative and very visible in diverse UN joint programming affecting girls, women, and vulnerable children (including in humanitarian programmes). UNICEF is particularly appreciated for providing complementary technical inputs and playing leadership roles in UN coordination mechanisms such as Joint Work Plans, Joint Strategy Meetings, M&E, Gender, and Human Rights (including leading the last two). Currently UNICEF leads UNSDCF Pillar 2 on Population Management and Inclusive Human Development (and co-leads the Education Sector Joint Fund). Development partners confirmed that UNICEF generally consults them to discuss pertinent issues through bilateral donor meetings and/or sector working groups, which enables them to design interventions that complement one another, avoiding overlaps. In addition to discussing and reflecting on their respective programs, development partners pursue advocacy together with the MCO and perceive UNICEF as adding value.

The **CP's strategic choice to implement the interventions within government systems helps to avoid duplication**.¹⁵¹ The close working relationship between UNICEF and GoM offers greater collaboration in the processes of policy and program formulation, implementation, and monitoring. It promotes efficiency and offers opportunities for capacity development. Practically, as seen before, UNICEF-supported interventions are both aligned with national policies and relevant sectoral plans and strategies, as well as integrated into national systems for delivering services. UN partners unanimously acknowledged that UNICEF has been behind momentous policy and advocacy results for children, with policy, legal and strategic frameworks produced in various areas of social policy, child protection, ECD, health, nutrition, and education.

Notwithstanding the above progress, several challenges were noted by interviewees and in document reviews. First, although there is joint planning, **joint coordination during implementation and monitoring remains weak and this interrupts the aspiration of “delivering transformation as One UN.”** Some key informants cited a *“lack of coordination within the UN agencies from the start of the proposal and moving forward and not acting as a joint program”* and that *“there appears to be territorial boundaries with agencies with each agency trying to protect their own interests”*, which sometimes affects achievement of geographical convergence of UN agencies' work. Hence, from the point of view of some interviewees, there is an opportunity for UN organizations to work better together. This is not necessarily viewed as a UNICEF issue per se, but an overall UN issue where the various UN agencies are competing for funds between

¹⁴⁵ 'Umoyo Wathu', funded by FCDO, focuses on cutting maternal and newborn deaths in half, and aimed at halving maternal and newborn deaths in 6 districts. UNICEF is the lead coordinating partner (the other UN agencies are WHO and UNFPA), while the agreement is with resident coordinator office – Annual Report, 2021).

¹⁴⁶ Aimed at addressing violence against women and girls (EVAWG) in line with Sustainable Development Goal (SDG) 5), under which UNICEF is collaborating with UNDP, UNFPA and UN Women

¹⁴⁷ Co-implemented by UNICEF, UNFPA and WFP to improve access, quality and relevance of education for girls, through addressing key known threats to girls' education – Norwegian Ministry of Foreign Affairs, Fact Sheet: UN Joint Program on Girls Education – Malawi, 2019.

¹⁴⁸ UNICEF (2021). Annual Report

¹⁴⁹ UNICEF (2022). RAM

¹⁵⁰ With this partnership, 20 schools (10 primary and 10 secondary) have been identified to be equipped with world class digital technologies and internet connectivity as well as gadgets in form of computers. The project is expected to reach a minimum of 100 schools within 5 years (source: UNICEF 2022. RAM)

¹⁵¹ For example, in the Afikepo nutrition programme. UNICEF focusses on Nutrition while FAO focusses on agricultural production.

each other and have procedures that vary between them that make it an added challenge to comprehensively work together.

Second, some national stakeholders indicated that the UNICEF planning process is still primarily top-down, driven by headquarter and regional priorities aimed to harness UNICEF's comparative strengths. This approach at times fails to accommodate robust programming around pressing national issues that are not ranked as global priorities (the case of street connected children was cited as an example). At the district levels, stakeholders were generally of the view that unlike in the past, they are no longer consulted by UNICEF teams to identify and prioritize interventions that need attention at the ground level: *"the ultimate projects and areas of focus are generally decided by UNICEF, and District Implementation Plans have to bend towards UNICEF priorities at times."*

5.2.4 Comparative advantage and Strategic Positioning of UNICEF

Finding 10: As the UN Agency with a children rights mission, UNICEF is perceived to be strategically well positioned in Malawi, with a well-defined niche and a vast range of experience and expertise. It has a clear comparative advantage in capacity development and institutional strengthening. UNICEF's strong networks in Malawi, in particular with the government of Malawi, provide a comparative advantage. UNICEF used its comparative advantage to maintain its strategic position, notably through partnerships with other development partners, NGOs, and facilitating partnerships between GoM and the private sector.

Consulted external stakeholders consistently acknowledged that one of the key comparative advantages of UNICEF is **its focus on children**. This is equally recognized by UNICEF staff, development partners, government and implementing partners. The survey conducted for this evaluation confirms that UNICEF's child rights mission is the comparative advantage of UNICEF compared to other UN agencies (81% stating that this is a comparative advantage to a significant extent). In addition, 93% responded that UNICEF played a leadership role in child protection to some or a significant extent.

Other comparative advantages for UNICEF include the fact that UNICEF has established **strong partnerships and buy-in and ownership with government institutions** at national and local levels, enabling its presence at all levels. The survey conducted for this evaluation shows that 64% of respondents felt that the nature of UNICEF's relationship with government was a comparative advantage to a significant extent. All sources informing this evaluation confirmed that this allows UNICEF to influence government plans and policies. In addition, **UNICEF's brand recognition** was seen as a major comparative advantage. More than half (55%) cited UNICEF's brand recognition as a comparative advantage of UNICEF to a significant extent. This positive reputation was confirmed in interviews across stakeholders.

As the only UN Agency that focuses solely on children rights, which are multidimensional in nature, UNICEF has developed vast experience and **expertise across Topic Areas**, which is perceived as a clear value added. In the survey conducted for this evaluation, 45% of respondents felt that UNICEF's sectoral programme coverage was a comparative advantage (to a significant extent) for UNICEF relative to other UN agencies. Overall, 89% responded that in health, UNICEF played a leadership role to some or a significant extent. In both nutrition and education, this was 86%, with 80% stating the same for adolescent and youth involvement (engagement). Three quarters said this was the case to a significant or some extent for gender equality (75%) and humanitarian action/emergency (74%).

UNICEF Malawi's **comparative strength compared to other UN agencies and development partners is also perceived to be in the PF4C area**, where not only interventions are viewed as crucial to the GoM public financial management reforms, but also the GoM is dependent on the technical support in social protection provided by the MCO. Given this comparative strength in the public financial management reform space, other UN agencies and development partners have sought partnerships with the MCO which have provided useful inputs for their own programs. Namely, PF4C interventions have partnered with the IMF in the development of sectoral data on social sector spending, which was an input in the new financing facility/ECF between the IMF and the GoM. District and national stakeholders also emphasized UNICEF's strong comparative advantage over other partners in **capacity building and institutional development/strengthening**. The evaluation survey highlighted that 48% felt that UNICEF's technical expertise was a comparative advantage to a significant extent.

In terms of positioning, the **UNICEF MCO implemented a set of new approaches which gives the Office the position of strategic influence** it requires to promote children's rights (including those of adolescents) in Malawi in the coming years. Consulted UNICEF staff believe that the programmatic convergence implemented through the Pillar approach is a strategic positioning factor for UNICEF. The same staff added that the Office has increased presence in platforms and fora for advocacy, with improved upstream presence resulting in better budgeting for children (including adolescents); this is another area which strategically positions UNICEF. Finally, many of the national-level instruments developed with UNICEF support such as the Climate Resilient WASH financing strategy confer to UNICEF's position of strategic influence in the country.

5.3 Effectiveness

5.3.1 Achievement of outcomes and outputs – an overview

Finding 11: The Malawi-UNICEF Country Programme has generally made good progress towards achieving downstream results related to improved access to social services by children in Malawi, including adolescents, and women, especially the most vulnerable, and upstream results related to systems and capacity strengthening (e.g., policies, plans, institutions, training of professionals). As of 2021, the Programme was on track towards achieving most outcome and output results across the three Pillars and other outcome areas. The results achieved have laid the foundation for fostering changes in the conditions of children, including adolescents, in Malawi.

Progress made towards achievement of CP outcomes

The Results Assessment Modules – (RAMs) generated from inSight¹⁵² and reviewed by the evaluation team indicate that, **for the period until 2021, the CP was overall on track towards achieving outcome and output-level results under the three pillars and other CP outcome areas.** The figures below provide a summary of the CP performance at outcome and output levels. Appendix XVII displays the detailed CP performance matrix.

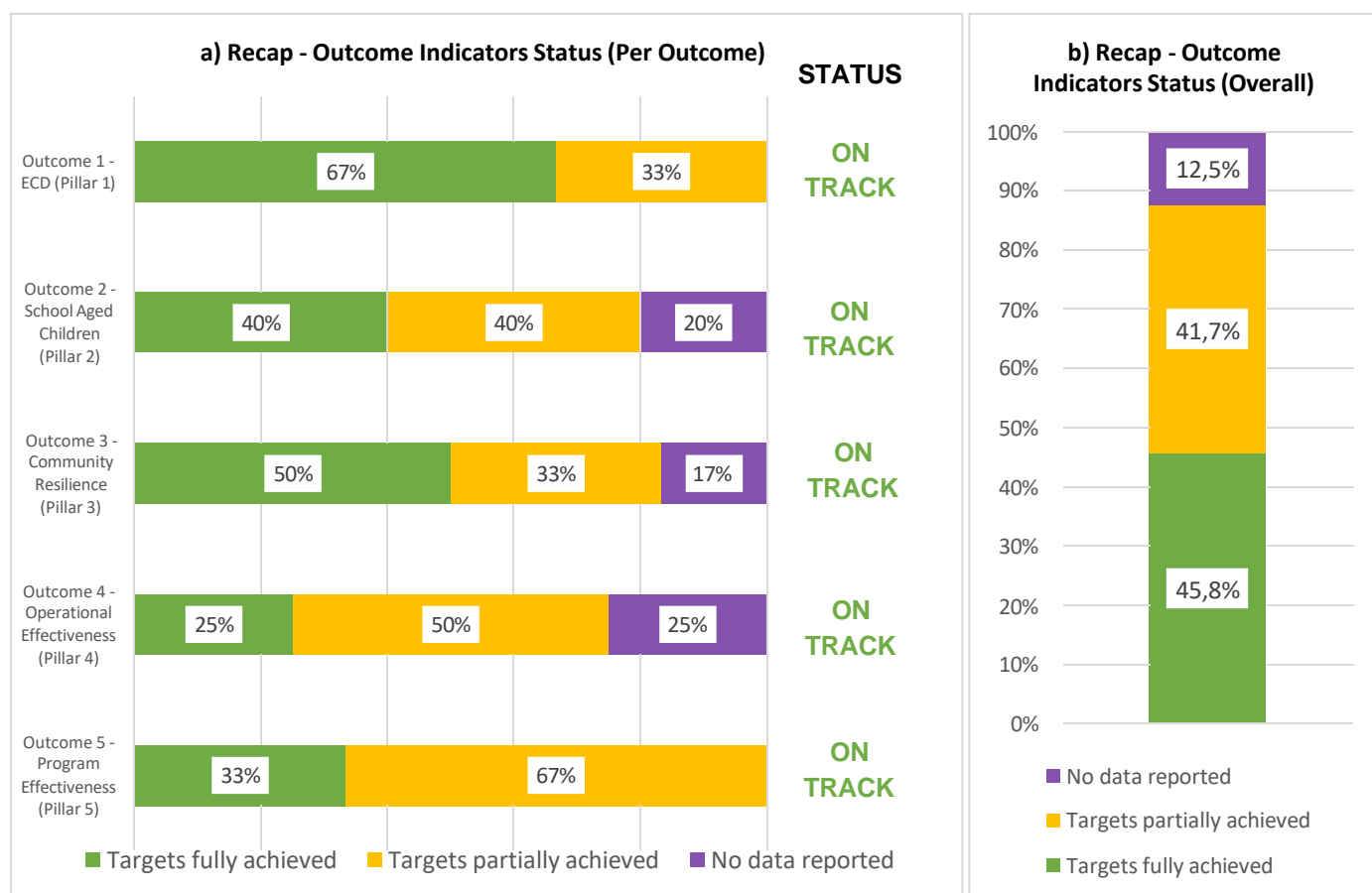
The results presented in Figure 5.1 (b) suggest that, for the period 2019-2021, 45.8% of the outcome indicators have their targets fully achieved, 41.7% of the outcome indicators have their targets partially achieved, while 12.5% of the outcome indicators have no data consistently reported on their targets. From Figure 5.1 (a), it appears that all outcomes have their overall status described as *On Track* for the period under review.

- Under **Outcome 1** – Early Childhood Development (Pillar I), it appears that 67% of the indicators have their targets fully achieved, while 33% have their targets partially achieved for the period under review. All indicators were reported on consistently across the years.
- Under **Outcome 2** – School Aged Children (Pillar II), it is noted that only 40% of the indicators have their targets fully achieved, 40% of the indicators have their targets partially achieved, while 20% of the indicators have no data consistently reported on their targets. Across the years, progress values towards set targets were consistently reported on all indicators but one.¹⁵³
- Under **Outcome 3** – Community Resilience (Pillar III), the findings show that 50% of the indicators have their targets fully achieved, 33% of the indicators have their targets partially achieved, while 17% of the indicators have no data consistently reported on their targets.
- Under **Outcome 4** – Operational Effectiveness, it is noted that 25% of the indicators have their targets fully achieved, 50% of the indicators have their targets partially achieved, while 25% of the indicators have no data consistently reported on their targets.
- Under **Outcome 5** – Programme Effectiveness, it appears that 33% of the indicators have their targets fully achieved, while 67% have their targets partially achieved for the period under review.

¹⁵² This is the UNICEF's flagship performance management system which provides staff with programme and operations performance information, using dashboards, management reports, data cubes and assessment modules.

¹⁵³ Indicator 27 - Percentage of schools with water and sanitation facilities separated for boys and girls (68294)

Figure 5.1: Progress on CP outcome indicators (2019-2021)

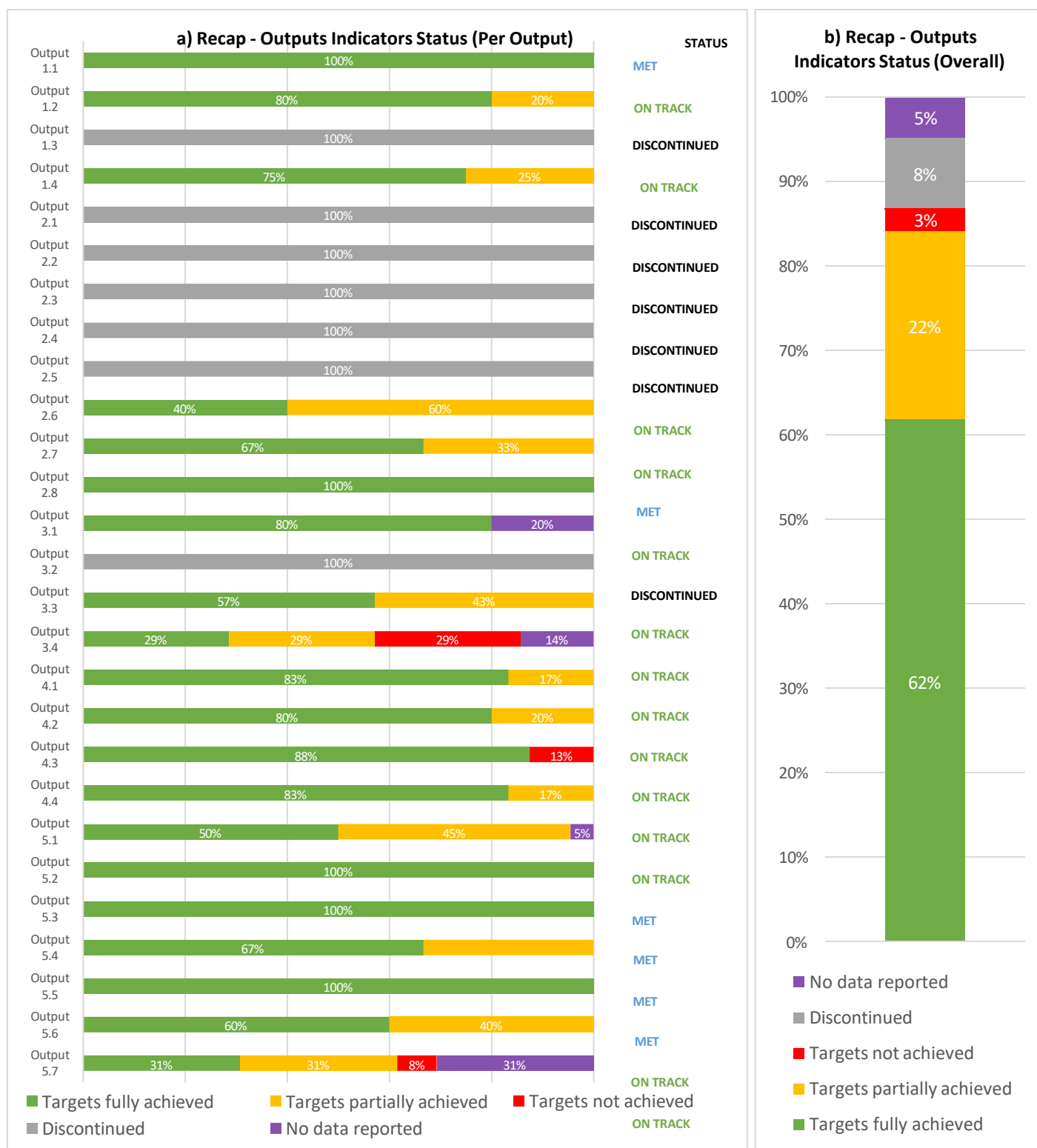


Progress towards achievements of outputs

The analysis of the overall performance of the CP at output level is presented in Figures 5.2 (a) and (b) below. Figure 5.2 (b) suggest that, for the period 2019-2021, 62% of the output indicators have their targets fully achieved, 22% of the output indicators have their targets partially achieved, 3% of the output indicators have their targets not achieved, while 5% of the output indicators have no data consistently reported on their targets. This Figure shows also that 8% of the CP outputs have been discontinued as of 2021.

The results displayed in Figure 5.2 (a) show that, for the period 2019-2021, 6 outputs had their status described as *Met*, 14 outputs were *On Track*, while the remaining seven outputs had their status described as *Discontinued*. Five of the 7 discontinued outputs belong to the Outcome 2 (Pillar II). These outputs were discontinued following the CPR and PBR approval in March 2021.

Figure 5.2: Progress on CP output indicators (2019-2023)



Likelihood of the CP achieving output and outcome results

In view of the above results, it is likely that, at the current funding level and given the lifting of some of the COVID-19 restrictions that has allowed for close monitoring of implementation of the CP interventions, the set targets for certain outputs (e.g; outputs 1.2, 1.4; 4.1, 4.2, 4.4) could be achieved by the end of the current CP. For example, for Pillar I, UNICEF has reached many of its targets over the past 4 years, including progress in HIV testing and treatment, vaccinations, and WASH in health facilities. The CP has come close to reaching targets consistently in areas of birth registration and quality of MNCH, but only partially achieved the target for percentage of children with diarrhoea receiving zinc and oral rehydration salts. If funding in health continues, and a focus remains on addressing health, it is likely that all output targets can be met. Across the Pillars, several of the CP activities helped GoM's institutions to move from policy to implementation and to provide direct services to children and their families. In so doing, the CP interventions created changes in their living conditions, and thus contributed to outcome-level results. However, given that these are mostly of medium-to-long term nature, they are likely to be achieved beyond the lifetime of the current CP.

5.3.2 Contribution of Pillar and Matrix Management approaches

Finding 12: The three Pillar approach – comprising early childhood, school age, and inclusive communities - and Matrix Management style have been satisfactorily rolled out and in a complementary manner during the current Country Programme. There is evidence of the contribution of these approaches to achieving country programme-level results. However, the optimal delivery of integrated program responses and achievement of holistic results in the UNICEF-supported districts has been challenging due to several factors, including internal (e.g., insufficient funding) and external (limited awareness of the Pillar approach by UNICEF's donor and government partners) factors.

Roll out of Pillar and Matrix Management approaches

Evidence collected from documents and interviews demonstrates that the three Pillar approach and the Matrix Management style have been satisfactorily rolled out, producing results in humanitarian and development domains.

Since its design, the CP laid a strong focus on joint programming and each Pillar Strategy Note included outputs that reflected all relevant sectoral lenses, translating into pillar-oriented results frameworks and workplans. Interviews revealed that the planning process for each Pillar is primarily conducted through the overall planning process used for the entire CP and is anchored by the Programme Planning and Monitoring section. The overall plans are further refined on an annual basis through the development of rolling-work-plans which outline the Pillar outputs, implementation strategies, as well as monitoring and reporting frameworks to track progress. The evaluation found a match between the Pillar strategic notes and annual workplans, which has enabled achievement of country programme-level results. There are also indications that the use of Matrix Management has started producing results towards the outcome structure.

Improved access to basic services

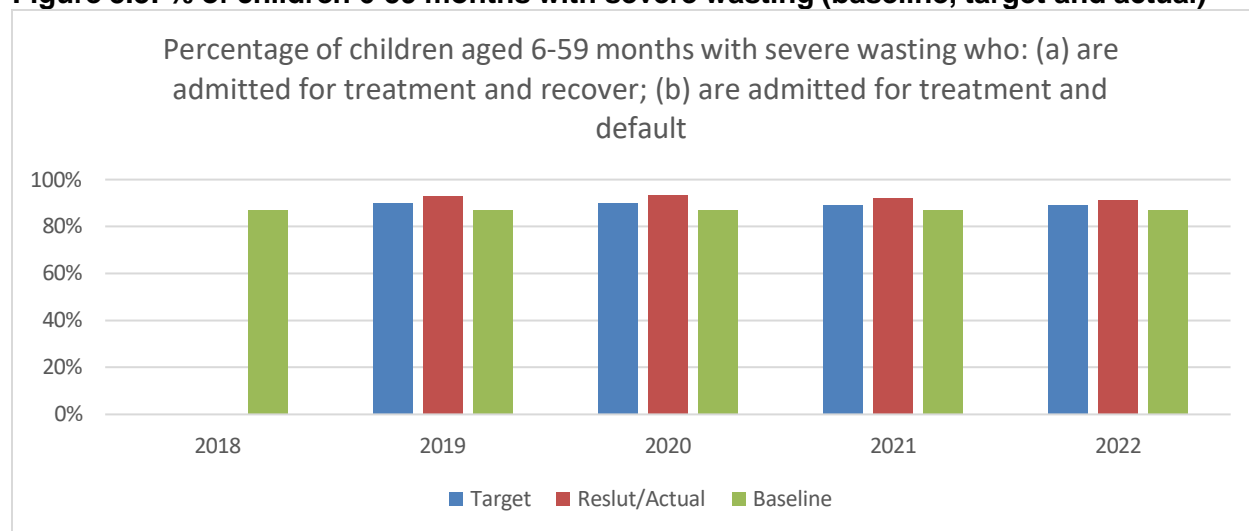
The available data and assessments suggest that the CP interventions contributed to improving and expanding quality basic services for children through the three Pillar approach, as demonstrated by the achieved progress on some indicators.

In Pillar I, **the integration of CMAM into ICCM** of malaria, pneumonia and diarrhoea, and integration of HIV testing services in sexual and reproductive health is believed to have enabled achievement of good results. For example, over the period of the CP, the percentage of HIV exposed infants receiving a virological test for HIV within 2 months of birth has increased from 61% in 2018 to 85% in 2022, while the percentage of children living with HIV receiving ART increased from 61% in 2020 to 74% in 2022. Despite the challenges brought by the COVID-19 pandemic, the country has sustained high vaccination coverage due to UNICEF support to the Ministry of Health (MoH). The percentage of children vaccinated with three doses of DTP/Penta containing vaccines increased from 84% in 2018 to 94% in 2021. While the number of health facilities with functioning cold chain increased from 839 in 2020 (baseline) to 1095 in 2022.¹⁵⁴

¹⁵⁴ UNICEF Malawi: RAMs (2019, 2020, 2021, 2022)

The CP interventions also contributed to the expansion and improvement of quality of nutrition services for children under 5 and school age children in Malawi. Micronutrient supplementation with IFA for adolescents in and out of school and vitamin A integrated in EPI were expanded. The percentage of health facilities providing Vitamin A supplementation increased from 50% in 2021 to 68% in 2022, with 371,400 children receiving Vitamin A supplementation in 2022. Access to treatment of acute malnutrition also improved in the period under review, as the cure rate (% of children recovered) in the Community based management of Acute malnutrition remained consistently higher than the baseline and the target; and significantly above the SPHERE standard for good programme performance of 75%. To expand access to nutrition screening services and early detection of malnutrition, the CP introduced family Mid Upper Arm Circumference (MUAC) and trained caregivers to assess nutritional status of their children. Additionally, complementary feeding bowl has been introduced to improve food intake among children under five.

Figure 5.3: % of children 6-59 months with severe wasting (baseline, target and actual)



Source: Evaluation team (based on RAMs)

The Afikepo programme, which integrates health, nutrition, WASH and agriculture to address the whole child, is another example demonstrating how integrated programmes contributed to country-level results. For example, exclusive breastfeeding increased from 60.8% at baseline to 64.4% in 2020; while households with handwashing facilities increased from 22.6% at baseline to 62.3% in 2020.¹⁵⁵ Also, as part of the EPI, the MCO introduced support to integrated delivery of child interventions in which immunization campaigns included distribution of Vitamin A and deworming tablets.

Birth registration has been promoted in Pillar I as part of the Child Protection programme which belongs to Pillar III, and thanks to this cross-pillar integration nurses and midwives have been given the mandate to fill in birth notification forms. This has resulted in an increase of under 5 birth registration rates in Malawi, from 2% in 2018 (baseline) to 50% in 2022.¹⁵⁶ Despite this achievement, there is an outstanding gap that needs to be tightened, namely the challenge of improving the speed of printing and collection/distribution of birth registration certificates. According to UNICEF and district government interviewees, this challenge persists partly because the operations of new registered births (NRB) are still quite centralized despite having district offices and there is low community demand for birth certificates. Some argued that there has been no clear engagement over how the UNICEF governance team could be more involved in the civil registration system (CRVS) through ensuring that devolved NRB systems are working effectively and efficiently to serve their jurisdictions. UNICEF interviewees also emphasized that the challenge is associated with the fact that civil registration indicators are not adopted across departmental targets within UNICEF. Furthermore, the UNICEF health sector is yet to explore integrating the CRVS and the Health Information Management System.

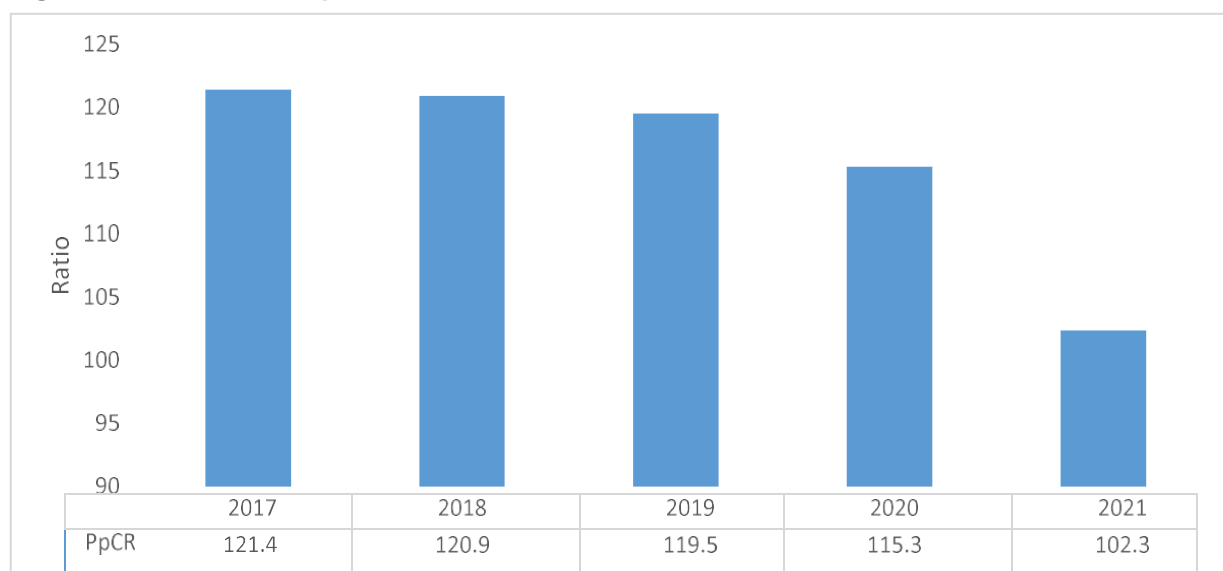
¹⁵⁵ KAP Study Afikepo, 2020.

¹⁵⁶ UNICEF Malawi: RAMs (2019, 2020, 2021, 2022)

In Pillar II, the MCO approach, which focuses on facilitating support for the Ministry of Education (MoE), has made contributions towards the Pillar outcome achievement. Within the framework of the Malawi Education Sector Improvement Project (MESIP) supported by the Global Partnership for Education (GPE), the World Bank (WB) and the Government of Norway, the CP contributed to improved access to primary education, including by supporting the construction of 158 new primary schools. The MCO leveraged WB and EU support to secondary education through the implementation of the EUR 36 million “Improving Secondary Education in Malawi” programme and the US\$100 million “Equity and Quality Learning at Secondary (EQUALS)” programme led by the WB. With USAID support, UNICEF Malawi worked on improving access to secondary education by constructing some additional 250 secondary schools. As shown in Figure 5.4, there has been great progress in the pupil per classroom ratio as a result of these efforts.

In Pillar III, **the CP interventions contributed to improving and expanding government service delivery, as demonstrated by the achieved progress on some indicators.** For example, the “Number of girls and boys reached by cash transfer programmes through UNICEF-supported programmes” has increased from 431,700 in 2020 (baseline) to 619,295 in 2021 (against a target of 500,000). There has been an increase in the “Share of public spending on sectors benefiting children”, from 29.4% in 2018 (baseline) to 33.1% in 2021 (against a target of 31%). Furthermore, in 2020, budget allocation to the EPI increased by 282% and the Government’s contribution to social cash transfer program increased by 61% in its 2019/20 budget.

Figure 5.4: Trend in Pupil Permanent Classroom Ratio 2017-2021



Source: EMIS 2021, p.113

In the Child Protection domain, **the CP contributed to increased reporting on violence, increased access to psycho-social support services, and combatting child marriages.** Evidence collected from UNICEF annual reports show that, throughout the CP period, thousands of new cases of violence against children have been reported each year: 30,000 were reported in 2022 (mid-year), against 35,000 cases in 2021, 58,000 cases in 2020, and 37,000 cases in 2019. Concurrently, the Programme reached out to 161,936 as of September 2022, against, 117,787 in 2020, and 30,000 in 2019 children aged 6 to 18 with psycho-social support services through Children’s Corners across the country including in emergency-affected districts and evacuation sites. In 2022, and in partnership with Nkhoma Synod,¹⁵⁷ the Programme reached over 1,900,000 congregants (with messages on child protection including ending child marriages).

¹⁵⁷ The Church of Central Africa Presbyterian

Reportedly, thanks to this partnership, no marriages involving children have been officiated within the Nkhoma Synod congregations in the same year.¹⁵⁸

In the Social Protection domain, **the CP supported national scale-up of the Malawi SCTP resulting in increased numbers of children in households receiving cash assistance.** The number grew to over 294,000 beneficiary households in 2019, up from 276,000 in 2018, while the number of children in households receiving consumption support increased from 431,700 to 622,323.¹⁵⁹ In 2022 (September), over 303,800 vulnerable households (1,333,286 individual members of which 583,174 are children) were receiving monthly cash transfers via SCTP through UNICEF continued support to government.¹⁶⁰

Furthermore, **the CP supported the design, testing, and institutionalizing of shock-sensitive elements in the Malawi National Social Support Program.** This led to an estimated 177,687 people (among them close to 100,000 girls and boys in areas affected by food insecurity or flooding) receiving cash-based emergency assistance through the existing channels (vertical expansion) in 2019; while the programme also benefited about 38,900 shock-affected households during the lean season with additional top-ups in 2020.¹⁶¹ Finally, the Programme supported the design and operationalization of the government led COVID-19 Urban Cash Intervention (CUCI), helping the GoM to expand its social protection system to accommodate the needs created by the pandemic. In 2020, 199,640 households were registered under the CUCI, and it reached more than half a million individuals who were classified as informal workers and/or poor, across four major cities.

The evaluation has found that **the Pillar approach has contributed to the achievement of several results towards gender institutionalization.** For example, in terms of staff training, there was a target to train 35 UNICEF staff in gender transforming programming,¹⁶² which was partially achieved in 2021 by training 24 staff members (69%). Thus, decent strides were made although ideally, all staff members ought to have the same level of knowledge if gender transformation is to be fully institutionalized in all aspects of UNICEF programming. In terms of training of UNICEF Implementing Partners (Ips) on gender integration skills, the target was fully achieved (according to the 2022 RAM document). From a baseline of zero in 2020, 34 staff members were trained in 2021, against a target of 35. Still, it is unclear if the original target of having these trainings annually is being met.

The presence of gender integration tools has also been tracked, and this was partially achieved in 2021, with two sector specific checklists on gender integration for UNICEF programming developed against a target of 3 (baseline was zero in 2020). Interviewed local NGOs and central government stakeholders felt that the NGOs that UNICEF works with are mostly international, and therefore capacity building of local NGOs is still a gap. However, this is not to say that UNICEF is completely not working with national NGOs, because the NGO Child Rights Coalition and the Malawi Local Government Association (MALGA) are notable examples.

Despite the above achievements, **the optimal delivery of integrated program responses and achievement of holistic results at country level, or at least in the UNICEF-supported districts, has been challenging.** In the WASH area, under Pillar III, limited progress has been made on key indicators. Notably, the “percentage of the population using basic drinking water services” in Malawi has slightly improved over the CP period, as in 2021, this population was 69% (against a baseline of 67% in 2018). No progress has been made on the “proportion of population using basic sanitation services”: this population was estimated at 26% in 2021 (against a baseline was 42% in 2018).¹⁶³ Overall, despite the progress made, Malawi is off-track to meet SDGs 6.1 and 6.2 and the country needs to accelerate progress to meet the targets set for the first 10 years of Vision 2063.

It appears to have been challenging for the CP to translate some of its broad and ambitious WASH intents into concrete action. *In casu*, the CP had envisioned the support to community-led climate and disaster resilient Water Safety Plans (WSP), research and development activities for groundwater

¹⁵⁸ UNICEF Malawi Annual Reports (2019, 2020, 2021); UNICEF Malawi RAM (2022)

¹⁵⁹ UNICEF Malawi: RAM (2019)

¹⁶⁰ UNICEF Malawi: RAM (2022)

¹⁶¹ UNICEF Malawi: RAM (2019; 2020)

¹⁶² The outgoing Gender Specialist also mentioned that in 2019, UNICEF staff underwent Gender Responsive Programming Training although actual numbers are unavailable.

¹⁶³ RAM (2020), RAM (2021)

development, support to community-based catchment management and water conservation, etc. However, implemented interventions were mostly WASH-focused, whereas efforts to support water resources management have been limited.

In the child protection area, **despite some notable progress made, the level of violence against children in Malawi has unfortunately remained high**, as evidenced by the fact that 82% of all children in Malawi aged 1-14 years were subjected to some form of violent discipline in 2021.¹⁶⁴ Consulted MCO and government interviewees noted that, at 38% of girls who were married before they turned 18 in 2021,^{165,166} the envisaged result of eliminating child marriage is far from being achieved and this is of serious concern.

Moreover, **the conceptualization of ‘the most vulnerable children’ under Pillar III is unclear to allow for concrete tracking of interventions affecting them**, as well as how such interventions contribute to programme results. Street connected children, children with disabilities and vulnerable boys emerged during all child protection related interviews (UNICEF, government, and NGOs) as being left behind. Central government interviewees recognized the need for systematic disability data to transcend the education sector to the child protection system, *“children with disabilities, including those with albinism, are one of the vulnerable groups and there is need to provide evidence-based guidelines on how Social Workers, the judiciary and police can protect them more.”* The omission to substantively include responses for these and other vulnerable children in the new National Child Protection Strategy (NCPS II, 2022-2026) is thus a glaring gap. NCPS II’s monitoring framework has nothing on children with disabilities and special needs. The strategic action mentioned is the promotion of “sex, age, and disability data use to inform policy and programming,”¹⁶⁷ which is difficult to attain without deliberate results-based outputs, activities, and indicators. As for street connected children, they only appear in NCPS II’s implementation strategy without a prior situation analysis, and indicators specific focus on the street child herself/himself.

In the area of education, **despite the MCO contributions, Malawi faces challenges as evidenced by national statistics**. For example, the primary school dropout rate has been increasing. The dropout rate in 2021-2022 academic year was 4.7%¹⁶⁸ (against 3.4% in 2021), while the secondary enrolment rate continues to be low, making the prospects of Malawi reaching SDG 4 secondary education targets by 2030 unlikely. In terms of total number of primary schools, the period 2017-2021 evidenced a growth of approximately 1.71 % per annum,¹⁶⁹ which was expected to reduce the distance from school and have an impact on addressing several challenges in critical areas, including quality of learning, accessibility, safety, community participation and retention. However, measured against the location of students and the number of additional schools during the period, Malawi is still challenged to have enough schools within the optimal distance area.¹⁷⁰

Consulted UNICEF and central government interviewees felt that **promoting children’s right to education will be difficult to achieve if existing coordination challenges between Pillar I and II continue to exist**. Government interviewees noted, *“half of the 1 million learners who enrol in primary schools from ECD centres annually either repeat or drop out, reflecting weak transitioning strategies that leave most primary schools unprepared for the ECD graduates.”* Questions that need to be answered include how collaboration between ECD caregivers and the primary school teachers can be strengthened. Additionally, since pedagogy in preschool is different from that in primary school, there is need to examine how primary school and ECD curriculum (which is delivered through an offline tablet)¹⁷¹ could be aligned to teach those graduating from ECD effectively.

Finally, the overall transition rate between lower and upper secondary education was 22% in 2018 (baseline) and had not changed by 2022. The transition rate between primary and lower secondary

¹⁶⁴ RAM (2021)

¹⁶⁵ MICS, 2019/20

¹⁶⁶ UNICEF (2021). Annual Report. RAM (2021)

¹⁶⁷ Under Action 5: Extend CPIMS coverage, usability and feasibility, and ensure monitoring.

¹⁶⁸ (girls 4.8%)

¹⁶⁹ EMIS (2021)

¹⁷⁰ The MoE emphasizes a focus on closing the distance gap between the student population and institutions to less than 5 km.

¹⁷¹ Under the School Readiness Initiative, the Rodger Federer Foundation uses the model of “the Early Learning Kiosk,” an offline tablet with several tools and apps to capacitate teachers in early childhood education in a comprehensive manner - <https://rogerfedererfoundation.org/publications/early-learning-kiosk>

education has barely moved for both boys and girls in Malawi. At baseline (2018), 35% of girls and 34% of boys were transitioning; yet by June 2022, only 36% of girls and 37% of boys were transitioning from primary to lower secondary education (against the targets of 41 percent of girls and 38 percent respectively). The fact that vulnerable boys (e.g., street connected children, boys from ultra-poor households) are omitted from UNICEF's education scholarships is also viewed as impacting poorly on overall education results.¹⁷² However, some UNICEF staff justified this exclusion of boys on the basis that the UNICEF scholarships are mainly targeted at adolescent girls because of the vulnerabilities they encounter in accessing secondary education, and yet secondary education is very essential for their development outcomes and future potential. NGO stakeholders remarked that, overall, Malawi is still lacking a functional education system that can deliver desired results for both girls and boys.

Systems Strengthening

The CP has strengthened the capacity of government institutions and CSOs, notably through the development of sector planning documents, strategies, and policies opening pathways for system strengthening. This is evident in the work of all three Pillars as demonstrated below.

In Pillar I, **the CP contributed to the review of the Food and Nutrition Bill** which is awaiting tabling in the Malawi National Assembly for passing into law. The Code of Marking Infant and Young Child Foods has also been reviewed. The CP supported enforcement of laws such as those on food fortification; and integration of nutrition commodities such as ready to use therapeutic food (RUTF) into the Essential Health Package (EHP).

In Pillar II, **the MCO analytical work and policy consultations have contributed to the development of national education strategies and policies.** Of note, the Education Sector Analysis informed the development of the National Education Sector Strategy (2020-2030), with key recommendations focusing on affordable cost of secondary education, learning outcomes, and linking secondary education with skill development. Besides, a review of free primary education was initiated focusing on quality improvements, while an assessment of the implementation of the National Teacher Education Strategy was completed with key recommendations focusing on reinforcing the continuous professional development of teachers, especially women, and including persons with disability in the teachers' workforce. Finally, a readmission policy for girls who dropped out from school due to teenage pregnancy, early marriage and GBV was introduced, and 600 girls were readmitted to complete secondary education.

In Pillar III, **the MCO's advocacy activities contributed to the Presidential assent to the National Children's Commission Act**, as well as the passing of the Parliamentary motion to prioritize children in all Parliamentary sittings and draft a Bill to establish a National Children's Commission, which was passed and assented to by the President in 2019. The adoption of the Social Work Practitioners Bill seeking to professionalize the social service workforce and the signing of a "Call to action to end child marriage in Malawi" are two other important achievements.¹⁷³ In the **systems strengthening and capacity development domain**, an important milestone consisted in the national scale-up of the SCTP through improved targeting using the Unified Beneficiary Register, and through vertical and horizontal expansion during annual lean season and scaling up of harmonized e-payment system.¹⁷⁴ The Programme also supported the rolling out of programme-based budgeting to local authorities to improve the efficiency and effectiveness of budget utilization, as well as a comprehensive review of the fiscal decentralization systems in Malawi to improve the functionality of local government and strengthen sub-national PFM systems. An action plan was developed on how to improve public finance management within the local government system (see also Section 5.3.8).

The contribution to the SMS reporting systems for the Malawi Police Service, which allows police to track changes in trends and frequency of reports of violence, and the continuous support to the collection of administrative data through Rapid Pro for police, judiciary, and social welfare, as well as One Stop

¹⁷² By June 2022, only 37 percent of boys were transitioning from primary to lower secondary education from a baseline of 34 percent.

¹⁷³ UNICEF Malawi Annual Reports (2019, 2020, 2021)

¹⁷⁴ As of 2022, the national harmonized e-payment system has been scaled up to 4 districts and being used to disburse social cash transfers to 39,527 households (over 97,000 individual members)

centres, are equally commendable. These elements of systems strengthening were widely viewed by national and district stakeholders consulted in this evaluation as critical to break the silence on violence against children and women and ensure they receive the services they need.

Finally, **several policies and strategies aimed at putting the child at the centre of all government planning were developed and/or revised with the MCO support**. These include: the review of the National Decentralization Policy, the revision of the National Youth Policy and the development of a National Youth Investment plan; the development of a Climate Resilient WASH financing strategy, the development of the National Sanitation and Hygiene Strategy (2018-2023), the development of a 2-year National Plan on Mental Health and Psycho-Social Support (MHPSS), the review of Adoption Act, the review and gazetting of Regulations for the Child Care, Justice, and Protection Act to improve implementation, the development of National Child Protection Strategy (2022-26) and its National Plan for Action (NAP).

All categories of **stakeholders consulted at national and sub-national levels acknowledge that the strengthened national and sub-national systems and institutional capacities** constitute an important building block for effective provision of improved basic services in Malawi. However, they recognize also that the technical and financial capacity required to implement these instruments remains problematic in the absence of continued support by UNICEF and other partners.

Challenges in achieving optimal results

Internally, the issue of **insufficient funding** has been consistently emphasized by consulted stakeholders as having played a significant role in limiting the achievement of results. Although financial resources may have been adequate for delivering on most planned intermediate results, such as piloting interventions, revising policy documents, and delivering trainings, resources have remained insufficient for meeting the CP objectives.

Externally, the issue of **limited awareness of the Pillar approach among UNICEF partners** has been cited by many interviewees as an important impediment to achieving results. Consulted UNICEF staff acknowledge that, initially, section chiefs and top management did a lot of presentations to government and donor communities to explain the new MCO's approach, but it seems that achieving buy-in has been challenging. The interviews established that the GoM does not apply the LCA and, as such, all MDAs, and government structures still work with the MCO through a sector-based approach that generally aligns with the technical sections (education, protection, WASH, etc.). Interviewees noted that more work needs to be done to encourage the integration across different sectors at the Malawi government level.

For example, there were challenges identified in differences between the MoE and MoH on their approach to sexual and reproductive health and rights (SRHR). Notably, the MoE will not allow people to go into schools to teach on comprehensive sexual health education and will not allow the distribution of condoms given different opinions about sexual education. Hence, UNICEF and other partners are trying to find common ground in terms of policies between the two ministries.

Donor funding modalities is another factor emphasized during interviews as limiting the effects of the Pillar approach on children results. UNICEF staff confirmed that, for the most part, MCO resources mobilisation strategy is still sector-driven, which often limits efforts towards pillar programming and operationalising joint interventions. This is linked to the fact that **not many donors are flexible, as they tend to have target areas and make funding available primarily through thematic interventions**, which often made it challenging to allocate pillar budget in a cross-sectoral and integrated manner. Due to these factors, the current CP has suffered from lack of significant integrated packages of intervention funded by donors and implemented in an integrated manner. Consulted UNICEF staff felt that there has not been full integration and programmatic convergence in part because the current CP interventions were designed as standalone interventions. As such, integration efforts have often been done after the interventions have already been designed and funded.

Finding 13: While there is evidence of effective cross-sectoral collaborations across pillars, such collaborations are not equally and fully operational in all three pillars. Sectoral silos continue in practice, which has slowed down provision of integrated children's services and achievement of results.

The evaluation found evidence of effective cross-sectoral collaborations within and across the three Programme pillars, but they are limited to a few sectors.

Cross-pillar collaborations are best reflected in programmes like WASH in schools and WASH in health care facilities which are implemented through Pillar II and Pillar I respectively, with contributions of WASH experts who technically belong to Pillar III. According to interviews, this arrangement allowed for effective and efficient utilization of the budget allocated to WASH services in Pillar I and Pillar II, which was previously not easy without the technical knowledge of a WASH specialist. The latter also contributes to Pillar I proposal writing processes, ensuring that WASH elements are considered and have budget once funding is granted.

The MCO has also made efforts to increase cross-pillar collaboration through joint proposal development, and joint programming, although these efforts are still limited. For example, consulted UNICEF Teams and documents in this evaluation confirmed that the three pillars jointly prepared a multi-sectoral proposal, which helped the MCO to mobilize enough resources and implement a holistic COVID-19 Response Plan.¹⁷⁵

The MCO has also identified some **important “inter-pillar programme priorities” which are underpinned by the Pillar approach** and are expected to boost cross-pillar collaborations and facilitate the achievement of more cross-sectoral results. These priorities include the Child and Youth-Friendly Community (CFYC) Initiative, ending child marriage and climate change.¹⁷⁶ At the time of this evaluation, the CFYC Initiative has been piloted in two districts of Chikwawa and Nsanje, demonstrating how sectoral integration can be done in real-life involving all pillars into a multisector focus. Consulted district officials confirmed that Chikwawa has already developed a CYFC Initiative strategic plan for the period 2022-2026 to guide the implementation (see also Section 5.3.7).

Despite the progress made, **collaborations are not equally and fully operational across all three pillars - sectoral silos continue in practice, which has slowed down achievement of integrated children's services and results.** While the CP was able to deliver in a cross-pillar manner for certain sectors like WASH, the same cannot be said for other sectors such as social policy and child protection. There were some UNICEF interviewees who, according to their experience, viewed the Pillar approach as obstructing collaboration at times. For example, the child protection section is represented in each of the Programme pillars,¹⁷⁷ but it seems that this has more weakened than strengthened the section, in terms of collaboration with other sectors. Other staff indicated that cross-sectoral collaboration would happen in earnest when there is more joint monitoring and joint proposal writing.

Similarly, interviews indicated that while Pillar I and Pillar II are supplied with matrixed staff by Pillar III (e.g., local governance experts who technically belong to the social policy section), the opposite is not always true in the case of Pillar III. Furthermore, all sections that may need particular “matrixed staff positions” have not necessarily obtained them, which has hampered achievement of sound results. For example, during interviews, child protection staff felt concerned that the biggest gap in child protection was SBC because every section, except theirs, has it. It is felt that a strategic way to address this gap is to matrix SBC to child protection so that there is always someone to focus on the sensitive issues the portfolio tackles, instead of only accessing SBC staff when they are not busy elsewhere. Overall, there seems to be an equity issue in Human Resources across pillars, as some pillars have special budget officers that other sections or pillars do not have, while some sections have more Temporary Appointments than others.

¹⁷⁵ COVID-19 Response: Real-Time Evaluation Report, 2020.

¹⁷⁶ Child Frontiers (2021). Developmental Evaluation Phase II: Journey Towards Structurally Facilitated Integration Final Report. UNICEF Malawi.

¹⁷⁷ Pillar 1 - birth registration and parenting; Pillar 2 - education (safe schools); Pillar 3 - community

5.3.3 Contribution of SBC

Finding 14: There is evidence that SBC activities implemented through the three Pillars have been effective in some areas to contribute to changes in social norms and behaviors of targeted individuals and communities for the benefit of the rights of children. But in other areas, SBC has been less effective at shifting perceptions and transforming gender norms, and more work needs to be done to develop and implement effective strategies. Despite being generally recognized as central to work across three pillars, SBC activities are perceived as receiving the least funding and are generally of a short-term nature, which limits their contribution to Programme results. SBC activities that can spur transformation could be further prioritized by UNICEF since some are not even part of program design but are only introduced years after implementation has started. While some behaviors changed during COVID 19, this change was not comprehensive enough due to limitations of Risk Communication and Community Engagement (RCCE) strategies.

The evaluation findings demonstrate that **SBC (then C4D) interventions have been child-centric and gender responsive and have increased uptake of services**. Interviewed stakeholders both within the MCO and implementing partners believe that SBC activities fostered programmatic convergence (across all three Pillars) and helped many duty bearers (e.g., parents, families, district councils, and community leaders) to be aware of their responsibilities in ensuring respect of children's rights. They also acknowledge that children as rights holders (especially the poor and vulnerable) were targeted to help them understand and realise their rights and, ultimately, foster their inclusion in local and national development processes. Focus group discussions in visited districts have confirmed that these SBC activities have helped them change the way they behave and their attitudes to different issues. In that regard, community members have been enabled to prepare and act timely to reduce the possibility of harm and loss from disasters, parents have started adopting child-friendly practices, etc.

Under Pillars I and II, **there has been general awareness on desired health, sanitation and hygiene and nutrition behaviours** and corresponding improvements on the indicators as reported in specific project level evaluations. In 2021, a total of 4,905,609 primary caregivers of children aged 0-23 months received Infant and Young Child Nutrition (IYCN) counselling in the context of COVID-19. Complementary feeding of children 6-23 months improved via the care groups and care givers in households who are trained on infant and young child feeding with a focus on complementary feeding module. The proportion of children being fed Minimum Dietary Diversity rose from 30.4 percent to 39.3 percent and Minimum Acceptable Diet (MAD) from 24.3 percent to 26.6 percent (Afikepo KAP Survey 2020 and 2021, respectively).¹⁷⁸ In 2022, over 10 million people were reached with lifesaving messages on COVID-19, cholera, and polio, with 400,000 having engaged in feedback.¹⁷⁹

In terms of gender responsive SBC interventions, **interviewees and documents indicate success in acceptance and uptake of HPV vaccination**, with 233,000 girls vaccinated in 2019.¹⁸⁰ Furthermore, interviewees mentioned that under Pillar I, gender responsive interventions included campaigns, such as on violence free child disciplining by parents and guardians. Positive fatherhood campaigns were also conducted to raise awareness of the role of fathers in child caring practices. It has been reported that in 2022, 1,423,043 parents and caregivers have been reached "with targeted parenting programmes at community level", with an additional 1 million "online audiences...engaged with information on positive parenting through "Global parenting month" (and) ECD media campaign."¹⁸¹

SBC further addressed gender bias in child feeding practices to ensure that girls' nutrition is not compromised by cultural taboos that prevent girls from eating certain foods. Furthermore, for ECD, a 'positive socialization package for caregivers' was developed. As for Pillar II, SBC interventions included a general campaign on menstrual hygiene management (MHM), which involved the development of MHM Training Manuals and Guidelines in collaboration with Ministry of Education. One high impact outcome of this campaign was that at national level, Parliament removed taxes on menstrual pads. SBC also tackled sexual and gender-based violence (SGBV) and child marriage as issues overlapping Pillars II and III,

¹⁷⁸ Country Programme Full Approved Report: RAM 2021.

¹⁷⁹ UNICEF Malawi: RAMs (2020, 2021)

¹⁸⁰ Country Programme Full Approved Report: RAM 2019.

¹⁸¹ Country Programme: Draft RAM 2022.

including by strategically working with thousands of faith and traditional leaders to ensure vulnerable populations, including adolescents, young women and children with disabilities, are reached with critical information.

Under Pillar III, **there was consciousnesses to ensure that Information, Education and Communication (IEC) materials were not perpetuating gender stereotypes.** With regards to specific campaigns focused on WASH and menstrual hygiene, interviewed teachers and learners said the cultural practice of locking up a girl who had started menstruation was significantly reducing. UNICEF and NGO interviewees also noted that Pillar III SBC efforts promoted boys' and girls' participation in decentralization structures, and this included district campaigns for girls and boys to contribute to discussions in Village Development Committees (VDCs), Area Development Committees (ADCs) and District Executive Committees (DEC). Program results do not vividly demonstrate the results of these campaigns at the three levels; however, a Spotlight Initiative partner in Mzimba gave the example of a Youth Club that engaged the ADC to construct a health centre with a maternity wing in order to meet health needs of children and pregnant mothers, among others. A site visit by the evaluation team confirmed ongoing work to construct a big health centre with funding from the Community Development Fund (CDF). With respect to inclusion, UNICEF and NGO interviewees observed that under Pillar III, IEC materials have been deliberately inclusive. For example, messages were simplified by using pictorial materials, which effectively reached the illiterate and those who are slow to grasp written content.

However, not all SBC work has been as effective. For example, there are issues with COVID-19 vaccine acceptance as identified in interviews and documents, with men having a lower uptake rate overall.¹⁸² And issues of culture and traditional practices are still noted in many documents as a challenge. For example, the endline evaluation of the Maternal, Newborn and Child Health (MNCH) Survival programme noted that “in both the project and comparison districts patriarchal societies are the main drivers of low demand in accessing MNCH services.”¹⁸³

Generally, the evaluation identified some areas of SBC improvement. To start with, site visits to schools (e.g., in Kasungu and Mzimba) found that learners participating in platforms that have been created under Spotlight or Safe Schools/JPGGE III are just given verbal information on child-related rights/issues, with no IEC materials in sight (e.g., posters) to continue reinforcing the messages daily.

In the case of JPGGE III, there are concerns by UNICEF and NGO staff that SBC campaigns have been generic without focusing on and addressing context specific factors that facilitate poor education attainment by girls and boys in different localities. For example, it was noted that some localities are notorious for the migration of young men to South Africa; some for fishing activities; and some for sending out young girls to urban/peri-urban areas to work as domestic workers. As a UNICEF interviewee noted, “*customized SBC interventions that say to communities ‘we understand and are keen to respond to the peculiar needs/challenges facing your children/young people’ would be more effective at driving change.*”

Another challenge identified by NGO partners is that **SBC in some programs is not treated as important as in other program areas.** As an NGO interviewee observed, “*for example, under the JPGGE, SBC activities, implemented through Story Workshop, were only initiated three years after the start of the program instead of right from the beginning.*” In addition, interviewees felt the MCO had not prioritised SBC as seen from three perspectives: low funding (some implementing partners experienced what they called “unrealistic budget cuts” in their proposals to UNICEF); short-term nature of the SBC projects; and not including SBC from the programme design stage: “*We think some resources were not fully mobilized and allocated. For instance, Social and Behaviour Change Communication was not fully integrated from the beginning*” (interview).

On their part, FGDs of Afikepo caregivers joined government district staff in observing that branded materials such as T-shirts and clothes wrappers (zitenje) are usually in short supply despite being a way of disseminating information, giving project participants a collective identity, and inspiring others who have not yet joined the interventions. A uniform approach would communicate to relevant project beneficiaries that UNICEF cares about equity and equality.

¹⁸² Pillar 1 Presentation 2022.

¹⁸³ Endline Evaluation MNCH Programme, 2020.

Overall, UNICEF staff and UN partners recognized the fact that in the quest to achieve gender transformative results, SBC should comprehensively address the issue of gender norms as a subset of social norms, instead of generalizing ‘social norms’. In terms of inclusion, the police noted the absence of messages targeting children with albinism despite the life-threatening challenges that they face (e.g., abductions for ritual/black magic purposes).

Generally, **while the SBC activities implemented with the support of UNICEF Malawi are widely perceived by the partners as likely to make a significant contribution** to shifting individual and community beliefs, values, and social norms in the field of children's rights in Malawi, **it is still difficult to achieve their ultimate impact at societal level, if they are not implemented at scale.** Certainly, the SBC activities have created important output-level results, but it is still early to tell whether these results will lead to sustainable shifts in social norms. As indicated by most implementing partners, notably NGOs, most of these SBC interventions were implemented within the framework of short-term plans (e.g., three months) and some as pilot initiatives. All stakeholders informing this evaluation acknowledged that the SBC-related initiatives have created some momentum, which should be kept and brought to scale and through long-term interventions to create meaningful shifts in social norms. This should include ensuring that SBC is universally matrixed to all programming areas within UNICEF, including those working towards positive cultural and gender norms, e.g., through child protection and other development interventions. Furthermore, for SBC to reinforce foundational systems to work with communities across pillars, there is a need for a high-level coordination of the SBC capacity in the Office, with real technical supervision of the matrixed staff by the SBC manager.

Under the COVID-19 response, UNICEF remarkably applied innovation to quickly establish platforms for capturing and sharing feedback, such as U-Report, SMS and the Humanitarian Field Monitoring Dashboard.¹⁸⁴ Furthermore, the MCO and its partners refocused SBC activities on emergency activities, and collaborated with the media to highlight the impacts of COVID-19 on children and families.¹⁸⁵ Risk Communication and Community Engagement (RCCE) was deployed as one of the main channels to raise awareness and capture feedback from communities. However, an evaluation of the COVID-19 response acknowledged shortcomings related to contradictions of public messages as well as misinformation; cumbersome processes to get messages validated for dissemination; resistance by some health staff to adopt protective measures; and limited access to messages in rural communities.¹⁸⁶ The evaluation observed that “one key lesson was that RCCE in rural areas achieved limited results due to poor access to radio and other media and lack of adequate engagement with communities. While there were occasional face-to-face or van messaging platforms, they could not achieve permanent awareness and behavioral change due to lack of consistent reinforcement of the messages.”¹⁸⁷ Another lesson drawn was that “influencers and youth clubs at community level can be the drivers of change on awareness and practices but need more support to become the link between the new messaging and the traditional communities.”¹⁸⁸

¹⁸⁴ Real Time Evaluation of UNICEF'S Response to the COVID-19 Outbreak Crisis in Malawi: Final Evaluation Report, 27 January 2021, p. 25

¹⁸⁵ Ibid. pp. 22, 25

¹⁸⁶ Ibid. pp. 29, 34

¹⁸⁷ Ibid. pp. 34

¹⁸⁸ Ibid. p.43

5.3.4 Contribution of Innovation

Finding 15: The Malawi – UNICEF Country Programme has supported the identification and introduction of promising innovations for application in Malawi. Innovation activities to date have been aligned with Programme objectives, with efforts to improve access to data and information tools, and to support real-time monitoring. Various degrees of successful piloting and scaling of innovations were observed in different districts in Malawi, with concrete results in terms of responding to the humanitarian and development needs of children. Although the Country Office has been able to mobilize innovation capacity internally (by setting up an innovation unit, with staff), the lack of a clear innovation governance framework and of long-term funding mechanisms to bring UNICEF-supported flagship innovations to scale limits the performance of the innovation unit and the contribution of innovation approaches to overall Programme results.

The evaluation found that the CP has made important contributions in introducing potential innovations to help accelerate results for children in Malawi. As of 2022, the CP has a large innovation portfolio comprising 47 innovation initiatives that fall under three major bins: (1) digital innovations, (2) programme innovations, and (3) data innovations.¹⁸⁹ Appendix XVIII provides details of the CP innovation portfolio. **innovation portfolio comprises technological and non-technological innovations**, which, according to some interviewees, has contributed to shifting the perceptions of MCO staff who generally used to equate innovation with “technological innovation”. The MCO’s innovation activities are highly aligned with the CP objectives, as they aimed mostly to improve access to data and information, while responding to the humanitarian and development needs of children. The following examples demonstrate that various degrees of successful piloting and scaling of innovations have been achieved, with concrete results.

With reference to **digital innovations**, accounting for 47% of the total portfolio, a variety of initiatives and approaches have been supported. These include the “Intelligent Community Health Information System” (ICHIS) which was piloted in Kasungu district in 2021 and aims to improve access to and use of community-based data through an integrated digital platform.¹⁹⁰ The “Child Protection Information Management System” (CPIMS) has been migrated to the RapidPro platform and, following a pilot phase, was scaled up nationally and is now successfully used by the Police, the National Child Justice Forum, and the Ministry of Gender, Children, Disability and Social Welfare (MoG CDSW). Also, worth mentioning are RapidPro-based applications such as the “COVID-19 Quarantine management” (mQuarantine) that allowed the Ministry of Health to interact with those in self-isolation and quarantine and track in real-time their conditions,¹⁹¹ and the RapidPro-based Nutrition Commodities Tracking System which was scaled up nationally and was being utilized by 270 health facilities to monitor stocks across 28 districts nationwide in 2019,¹⁹² and the U-Report, a free mobile-based opinion polling service, which regularly collects perspectives from young Malawians.

Support to **programme innovations**, which represent 28% of the total portfolio, has benefited initiatives such as the “African Drone and Data Academy” (ADDA) which seeks to equip youth in Malawi and elsewhere with skills they need to use drones to benefit children and their communities. Interviews revealed that, at the time of the evaluation, about 675 young people¹⁹³ from 25 countries (60% female, 50% Malawian) have graduated from the ADDA (see also Section 5.3.7). The MCO also supported the integration of “Human-centred and design thinking techniques” into the various programs to accelerate service delivery. UNICEF-supported programme innovations also include the “COVID-19 Youth Innovation Challenge”¹⁹⁴ which enabled 6,200 participants to obtain design thinking skills and ideate solutions to combat the pandemic.

Finally, **data innovations**, which represent 13% of the total portfolio, appear to be an increasing priority in the MCO innovation work. The evaluation found that real-time data collection, geo-information and satellite imagery have been used to inform programme design and that data-related technology has been invested in and scaled up to strengthen the implementation, effectiveness and focus of the CP. The use of drones and geospatial technologies in the areas of emergency response, disaster preparedness and community

¹⁸⁹ UNICEF Malawi (2022). Innovation Strategy. Draft 1.

¹⁹⁰ UNICEF Malawi (2021). RAM. UNICEF Malawi (2021). Annual Report

¹⁹¹ Ibid.

¹⁹² UNICEF Malawi (2019). RAM

¹⁹³ Participants to the programme must be between 18-24 years

¹⁹⁴ Organized in partnership with Segal Family Foundation and ESARO

resilience, and strengthening of health supply chains, illustrates the importance of this type of innovations. For example, the 4P2C Data Intelligence, a GIS data hub, has been scaled up to support oversight and decision-making of Nutrition, Social Policy, Education, and Community Development and Resilience (CDR) programs.¹⁹⁵ Collected data is organized and analysed into a common infrastructure under the 4P2C data platform.¹⁹⁶ Worth mentioning is also the “*Climate Change Flood Modelling initiative*” which aims to strengthen the communities and government’s capacity to prepare for and respond to flood disasters, using remote sensors and satellite imagery.¹⁹⁷

Despite the above achievements, there are several factors which still limit the performance of the MCO innovation programme and its influence on the CP results. During interviews, it was consistently recognized by UNICEF staff that **the innovation programme has suffered from lack of a strong institutional architecture and clear governance framework**. Until recently, the Office did not have an explicit innovation strategy, which implied insufficient clarity about how MCO intended to go about innovation, what it intended to achieve, and how staff across the pillar’s sections could contribute.

In 2022, an innovation strategy was drafted but, at the time of writing, this strategy has not yet been endorsed and adopted (as it was still getting inputs from the UNICEF ESARO and HQ for finalization).¹⁹⁸ Consulted UNICEF staff at country and regional level felt that the adoption and implementation of this strategy would constitute an important step towards consolidating innovation achievements. The draft strategy highlights the gravitas of a governance framework that will help MCO to rethink its innovation programme, notably by focusing on a more well-balanced portfolio that delivers high impact across the CP pillars.

Although the MCO has established an innovation unit with a formal responsibility of facilitating innovation work across the CP pillars and other components, **the dual misalignment on the role of innovation and its value added to Programmes has limited its influence**. The mentality in the past was that innovation involves standalone (digital and technological) experiments that are separate from broader country office-level outputs or - assumed - to have their own. The lack of understanding that innovations should be Programme-led (and supported by the Innovation Unit) is believed to have contributed to the miscoordination of innovation interventions. Interviews also indicated that, at times, the innovation unit suffered from a lack of continued leadership and, at the time of this evaluation, the Programme Officers for various innovation streams in this unit had different “temporary” reporting lines, which was due to vacancies in the section, most notably the Innovation Manager.¹⁹⁹ Consulted staff, including from the innovation unit, emphasized that this situation has negatively affected how innovation and the innovation unit are perceived internally, by other MCO teams.

Another challenging feature of the MCO innovation work is that **many of the supported initiatives are pilots of which costing analysis is yet to be done to gain an in-depth understanding of their cost-effectiveness** (compared to possible alternatives). For example, all consulted sources, including the summative evaluation of the drone initiative,²⁰⁰ emphasize the need to understand the cost of using drones, to objectively give guidance on sustainability or scaling up of the drone technology.

Finally, it appeared that the mainstreaming (and scale up) of UNICEF-supported innovations into national systems requires **preconditions which are not readily available in Malawi, notably government leadership in public innovation financing**. Interviews with MCO and ESARO innovation experts revealed that, although the GoM is generally open to and supportive of innovations, it lacks financial resources to bring promising innovations to scale. The situation is further complicated by the fact that innovation initiatives in Malawi are often donor driven; yet not many donors are committed to the objective of achieving scale. Most consulted stakeholders believe that as MCO’s innovation work evolves and takes on new challenges, new partnerships will be important to bring successful pilots to scale, including engaging the private sector.

¹⁹⁵ UNICEF Malawi (2020). RAM.

¹⁹⁶ <https://malawi.4p2c.org/portal/home/>

¹⁹⁷ UNICEF Malawi (2022). RAM.

¹⁹⁸ UNICEF Malawi (2022). Innovation Strategy.

¹⁹⁹ Design thinking (reporting to PPM section); T4D (reporting to Health section); ADDA (reporting to Education section); Drones for Good (reporting to Deputy Rep. Programmes).

²⁰⁰ UNICEF Malawi (2020). Summative Evaluation of the Impact of Using Drones.

5.3.5 Contribution of Performance Monitoring system

Finding 16: The Malawi – UNICEF Country Programme’s Results Framework includes intermediate and impact results, as well as process-oriented and outcome-oriented indicators. The monitoring system is adequate for planning and measuring progress towards overall Program objectives and is also specific enough to capture Pillar/sectoral and output differences. Timely technical tracking of progress has been done and indicators are measured and monitored through RAMs, but there is room for improvement, as there are many indicators where evidence needs to be generated in a more timely manner to improve tracking progress on output targets and progress towards Outcome achievement.

The evaluation found that the **performance monitoring system of the CP results is based on a Results Resources Framework that is presented at detailed level, associated upwards with UNICEF, UNSF, UNDAF and SDGs I in the CP Plan.** All relevant results are presented with associated baseline, and gender disaggregated targets. Results expected are associated with targets on process-oriented and outcome-oriented indicators. As such, the monitoring system is adequate for planning and measuring progress towards overall Program objectives. Annual reports from RAM follow global guidelines for reporting focusing on assessment of progress for outcomes and outputs, based on progress in achievement of annual indicator targets.

Concerning the **location of UNICEF inputs and results identified in the MCO Monitoring Framework,** the evaluation found that geolocation associates the relevance of the expected results, targets and indicators at the Outcome and associated Output level. This aspect of the results attribution is highly important for the purposes of attribution and reflecting where UNICEF is targeting its resources, expects results and the relevance of its work. Yet for Outcome 1-4 and associated outputs, geolocation identifies Malawi – MW. Only Outcome 5 indicates Central - MW2, Northern - MW1, Southern - MW3, Malawi – MW as the geolocation.

With regards to **on-site verification/observation, the assessment showed that two new indicators were added in Output 5.7** - cross cutting programme coordination support: indicator 5.7-13 - Percentage of programme visit recommendations completed (69865) and indicator 5.7-17 - Percentage of spot-check recommendations closed (69866). This is attributable to the need to identify progress towards implementation of initiatives and to verify the appropriateness of efforts. In addition, spot checks and site visits often yield opportunities to observe unintended results or consequences, to identify specific needs for technical assistance for example. Worth mentioning is that UNICEF uses external field monitors, and they were highly praised by district stakeholders as playing an important role in facilitating quality delivery of the CP interventions (particularly in the health sector). Importantly, the MCO achieved or was on track to achieve most HACT targets.

Data gaps have been identified indicating that some aspects of evidence gathering are challenging for the MCO. For example, there is strong evidence to show that social protection is not only important as an income multiplier, but also contributes to human capital formation, through education and skills building as well as health and nutrition improvements in Malawi. Due to gaps in technical data, UNICEF has provided technical assistance to government-led data collection and information management systems that have supported targeting and programming.

In addition, M&E frameworks in many MDAs have data gaps issues and cannot conduct essential analysis for preparation of MDAs progress reports – which affect the extent to which the CP performance monitoring and evaluation can be conducted.²⁰¹ Child protection is supporting various information management systems, but there is a need for capacity building for SWs and police to be generating robust data.

There is a strong need for data upgrading. For example, the evaluation found that violence against children data was last compiled in 2013. It is very costly, and the new CP should incorporate this as priority. MICS missed data on access and quality of justice (diversion), violent discipline in homes and home care institutions. Sexual abuse and violence against boys remain a grey area since most interventions are focusing on girls. However, through the innovation section, the CP has introduced some innovations aimed to improve the situation. Among others, the MCO introduced new digital technologies to accelerate results

²⁰¹ Scoping exercise for a harmonized management information system in selected ministries, departments, and agencies, GoM, May 2022.

such as RapidPro and drones as part of digital innovations and used advanced data science applications to improve UNICEF's programmatic response such as 4P2C, Flood Modelling as part of data innovation (see also section 5.3.4).

The MCO has established a Research, Evaluation and Knowledge Management (REKM) section which supports programme management, monitoring and evaluation. The focus of this section goes beyond regular programme evaluations to generate (and disseminate) evidence on the performance of the CP interventions, to include studies in response to national priorities as well as other research in an effort to consolidate lessons learned and facilitate knowledge-sharing. The REKM section also participates in programme monitoring and annual reviews with government and other counterparts to assess progress and to determine required action/interventions to achieve results.

Finally, when it comes to reporting, **the CP uses Results Assessment Module (RAM) in programme assessment with a statutory reporting requirement of twice a year.** Assessment reports are produced regularly and documented. In addition, through the programme effectiveness section, the CP supports the National Statistical Office (NSO) to carry out surveys to track outcome level indicators. A closer look at the RAM and Annual Reports (2019, 2020, 2021, Mid-2022) showed that they are thorough and well prepared and accompanied by output level results, narratives, and measurement of progress towards target achievement. These are aligned with Annual Management Plan (AMP), RAM and COAR where pillars are colour coded and the associated RAM report by WBS code. The code is reflected in all documents. Programme performance is established, innovations/best practices, gaps are identified, and remedial steps are well documented. For example, during COVID-19, a number of technological innovations were implemented including development of platforms such RapidPro, U report helped continue service provision through remaining in touch with programme beneficiaries.

Two useful tables contained in the AMP 2020-MCO 2019-2023 Hierarchy of Results and Annual Management Plan Indicators were not contained in the AMP 2021. These two are well presented and clear tables which allow users to easily identify programmatic emphasis and the indicators of change. Finally, the performance monitoring system has positively contributed through providing dashboard and comprehensive programme implementation status. The statutory requirements for programme review twice a year are adhered to and documented as seen from internal reports.

5.3.6 Contribution of gender, equity, human rights, and inclusion

Finding 17: The Malawi – UNICEF Country Programme's life cycle approach has provided an opportunity to identify practical gender-responsive interventions for all phases of the child's life cycle, thereby facilitating child-centred, gender equality (and sometimes inclusive) results in the pillars. However, inconsistency in generating and/or utilizing appropriately disaggregated data sometimes challenges the ability to underline the concrete contribution of gender, equity, and social inclusion approaches to pillar results.

Under Pillar I, the MCO Gender Equality Strategy has amplified gender responsive health and nutrition services.²⁰² Local government nutrition staff identified the Afikepo Programme as having contributed to program results even in remote parts of Malawi²⁰³ through its deliberate focus on children under five, pregnant women, adolescent mothers (who, according to district staff, were being left behind) and gate keepers (men and other local decision makers who influence social norms that affect child health and nutrition). **The CP also utilized the gender approach to build a culture of positive parenting practices in ECD, including to overcome low male participation in these programmes by working with male champions called 'super dads.'** However, the absence of disaggregated baseline and monitoring data at times makes it difficult to account for the contribution of such interventions to pillar results. For example, the MCO generically reported reaching 587,810 mothers, fathers, and caregivers through parenting programmes in 2021,²⁰⁴ as well as *"a slight increase in fathers' involvement in care giving to their children*

²⁰² UNICEF Malawi Gender Equality Strategy, 2019-2023.

²⁰³ For example, the evaluation team visited an Afikepo program village in Mpherembe, a very remote part of Mzimba with a very difficult terrain/road.

²⁰⁴ Country Programme Full Draft Report, 2021

. . . and timely vaccination of 92 percent of children.”²⁰⁵ Figures showing how the numbers of involved fathers have improved overtime are lacking.

Indeed, **the MCO reporting (RAMs)²⁰⁶ betrays a general pattern of omitting gender disaggregated data under Pillar I**, a concern for other evaluations too. For example, the evaluation of an MNC project noted that *“there were no gender and human rights targets and indicators in the project results framework. Consequently, there were no data collection tools for capturing gender and human rights indicators in the project.”*²⁰⁷ The lack of monitoring data for people with disabilities is also noted as a challenge.²⁰⁸ Though door to door and mobile vaccine services have indisputably reached those with disabilities as well as those in hard-to-reach areas,²⁰⁹ no specific data is routinely provided on how many were reached this way. Where people with disabilities were reportedly reached by health interventions (e.g., for COVID-19 messaging), the number is way below the proportion of people with disabilities,²¹⁰ which is 11.6% of the total Malawi population above 5 years.²¹¹

Under Pillar II, **there is a direct correlation between human rights and equity considerations and the CP results that have been witnessed** through the provision of educational support to vulnerable rural communities during emergencies (e.g., COVID-19 and tropical storms/cyclones). Several interventions were inherently gender responsive (e.g., Safe Schools under JPGE III, Spotlight Initiative’s SGBV interventions) and led to the achievement of several milestones under the results framework. For example, in 2021, it was reported that 262,627 children (128,702 girls and 123,927 boys) had improved confidence and skills to prevent and protect themselves from violence and were able to demand protection services and access violence reporting, referral and response services.²¹² Results have been equally achieved in terms of addressing the needs of children with disabilities, including albinism. For example, it has been reported that, in 2022, with UNICEF support, 108,906 children (56,617 girls) including out-of-school children were screened at the school to identify children with various functional difficulties. This screening on early identification of children with disabilities was done by 640 specialist teachers (324 females) who received comprehensive training prior to conducting this activity. Over 270 children (52 percent girls) were identified and referred for further clinical assessment. This was the first time ever that the Ministry of Health closely collaborated with the Ministry of Education to conduct mobile clinical assessments. The provision of assistive devices and treatment has helped children to fully participate in classes, thereby contributing to their learning experience.²¹³

Quantitatively, **some transformational gender approaches in interventions such as Safe Schools Program are challenging attitudes and beliefs, and changes in gendered social norms are starting to be visible** (for example boys respecting and protecting girls more through empowerment transformation trainings).²¹⁴ Additionally, WASH interventions (e.g., construction of girls’ washrooms), as well as provision of girls’ scholarships and construction of boarding hostels have aimed at improving education results for girls. Interviewees at school level confirmed that girls’ washrooms have reduced girls’ absenteeism. Inclusive programming is inherently part of Pillar II strategies, resulting in markable improvements in the quality of disability data in EMIS. For example, 2021 EMIS data meticulously captures sex-disaggregated data on students with disabilities, further disaggregated by area of functional difficulty (e.g., learning difficulty, visual impairment, hearing impairment, physical disability, albinism, and deaf/dumb).

Under Pillar III, the CP has supported the social protection flagship program, the SCTP – which aligns well with the GoM’s objective to eradicate poverty. Child protection interviewees at UNICEF, government and NGO levels further highlighted that **Pillar III results are being harnessed by interventions to address**

²⁰⁵ UNICEF Malawi: RAM 2021

²⁰⁶ For 2019, 2020, 2021

²⁰⁷ Endline Evaluation of MNC Survival Programme, 2020.

²⁰⁸ Malawi COVID-19 Response: Real-Time Evaluation Report, 2020.

²⁰⁹ E.g., Situation Report, October 20, 2021.

²¹⁰ For example, situation reports mentioned reaching a total of 19 or 378 people with disabilities with COVID-19 messaging – Situation Reports for July 29, 2022, and October 7, 2020 respectively.

²¹¹ Malawi Housing and Population Census, 2018. <https://malawi.unfpa.org/sites/default/files/resource-pdf/2018%20Malawi%20Population%20and%20Housing%20Census%20Main%20Report%20%281%29.pdf>; <https://malawi.unfpa.org/en/news/advocating-better-services-persons-disabilities>

²¹² UNICEF Malawi: RAM 2021

²¹³ UNICEF Malawi: RAM 2022

²¹⁴ Implemented by Ujamaa Pamodzi Africa.

key national child protection issues such as birth registration, child marriage, child labour and gender-based violence in both development and emergency settings. Generally, interviewees suggested that the pillar is supporting MDAs to achieve their statutory mandates in various ways, including through ensuring that there is civic education on national (child) laws (Law Commission), that laws related to children as well as juvenile offenders are being implemented from a child protection perspective (police), and that births are registered (NRB). For example, interviewees at the national police headquarters emphasized how provisions relating to diversion (alternative means of sorting out child cases to prevent detention) under the Child Care and Justice Act have received sharp focus under the CP, and middle managers were trained on how they can support diversion efforts of police child protection officers better. This has been important for marginalized groups of children in conflict with the law who often lack a voice.

5.3.7 Contribution of Youth Empowerment and Climate Change

Finding 18: The Malawi-UNICEF Country Programme interventions have contributed to the empowerment of the Malawian youth, notably by strengthening the enabling environment for them and by equipping them with civic competencies that enable their participation in decisions that affect their lives and the lives of their communities. Although on a limited scale, some Programme-supported interventions have also built the skills of youth and created job opportunities through social innovation and entrepreneurship. By mainstreaming climate change in its interventions, the CP achieved many results in terms of building resilience to reduce the impacts of climate on the most vulnerable children in Malawi.

Youth Empowerment

The CP has promoted youth empowerment in Malawi through the creation of an enabling environment for them, notably the revision of the National Youth Policy and the development of a National Youth Investment plan. These two instruments provide an opportunity to develop an integrated approach to embed youth empowerment in a more structured way into the design and implementation of the Programme's activities and initiatives. There are early indications of such a shift, with UNICEF addressing youth empowerment more directly and intentionally, as seen in the design and piloting of the CYFCI in Chikwawa and Nsanje Districts. District stakeholders consulted in Chikwawa acknowledge that the pilot has demonstrated the potential of the CYFCI to foster youth participation in development issues. Of note, they also confirmed that active participation of young people through District council structures has been critical to the development of the District's CYFCI strategic plan for the period 2022-2026. Consulted UNICEF staff and external stakeholders believe that, if implemented at scale, the CYFCI is likely to help the Government of Malawi and other duty bearers to respond to the challenge of realizing the rights of youth in communities.

Consulted stakeholders further observed that **throughout the CP period, young people were empowered to engage in decision-making processes at the school and community levels,** through student clubs and councils, for example. In 2020 alone a total of 200 youth led organizations were registered with the National Youth Council, providing more opportunities for young people to voice their concerns and contribute to the national dialogue about developmental issues. Almost 4,000 out-of-school clubs in 28 districts were established as a platform for youth participation at community level. UNICEF provided training and support to district-level authorities and frontline staff members, which allowed approximately 10,000 adolescents (4,200 girls and 5,800 boys) and young people to access improved youth-friendly services, including skills training and sports activities provided by the youth centres.²¹⁵

The CP has also supported interventions that aimed to equip youth with entrepreneurship skills and/or open opportunities for them to get a job. According to the ADDA manager at MCO level, the surveys conducted to determine the impact of the ADDA have revealed that 70% of responding graduates either got a job, promotion, or are involved in consultancy. In Malawi, particularly, the ADDA initiative has attempted to link graduate students with employers. At the time of interviews, at least 11 graduates were

²¹⁵ UNICEF Malawi (2020). Annual Report

being employed by three drone operators in the Country,²¹⁶ and the MCO was discussing with the operators about having an MoU to formalize the partnership.

Another initiative which aimed at strengthening youth entrepreneurship skills is the COVID-19 Youth Innovation Challenge. Hosted by the MCO in partnership with Segal Family Foundation and the Social Impact Incubator Malawi, the initiative benefitted a total of 6,248 people (aged 14-35 years) who participated in the challenge by submitting their innovative ideas on how to fight COVID-19. Of this number, some 10 finalists went on to participate in a 21-day social impact incubation and mentorship programme and worked to repurpose their ideas into market-based solutions. It has been reported that each of the top five was awarded US\$2,000 to build a prototype of their solutions with post-incubation support.

Climate Change

The CP achieved many results in terms of building resilience to reduce the impacts of climate change on the most vulnerable children's populations in Malawi. On the one hand, **the CP supported the conduct of Malawi's second CLAC** which identified all 28 districts in Malawi as being directly exposed to climate hazards and indicated that drought and flooding are becoming more common in certain parts of the country.²¹⁷ Consultations with key stakeholders in this evaluation, including UNICEF staff, donors, and government representatives, consistently emphasized that the CLAC study has contributed to increased focus on climate change in UNICEF's domains of interventions in Malawi.

Based on the information collected through both secondary and primary sources, the CP has **implemented interventions which provide sustainable access to WASH services in schools, healthcare facilities and communities, while addressing the risks associated with climate change.**²¹⁸ In particular, UNICEF-supported solar-powered water systems were widely viewed among consulted WASH stakeholders as making a big contribution to improved access to sustainable water services by the people of Malawi.

For example, in 2020 alone, UNICEF supported the construction of 13 solar water schemes (serving more than 57,000 people) and piloted market-based sanitation services in rural areas, benefiting 24,000 people.²¹⁹ In 2021, an additional 14 solar powered water schemes were constructed, serving 89,450 people (communities: 51,232 in development context and 19,550 in humanitarian situations; 16,737 learners; 164 teachers; 1,767 pupils in children's corners, and 62,018 people gained access to basic sanitation services). These results made a little, yet useful contribution to improving the WASH situation in Malawi.

In Pillar I and Pillar II, the WASH section contributed to streamlining of climate change and climate resilience interventions by building on the work of other sections. Notably, there are aspects of the health system strengthening work (e.g., solarization of health facilities) that can be linked to climate change as a secondary focus. For example, in 2022, 17 health care facilities received climate resilient safe solar powered water supply²²⁰ while solar panels for solar direct drive fridges were provided in 29 districts in 2019.²²¹

At the enabling environment level, the MCO collaborated with other development partners to support the **development of a Climate Resilient WASH financing strategy and Programmatic Framework.**²²² Developed for the next ten years in alignment with the Malawi Nationally Determined Contributions,²²³ which feature adaptation measures specific to the WASH sector, this strategy presents an opportunity for the MCO to pursue an integrated approach to embed climate change considerations in a more structured, direct, and intentional way into the design and implementation of the programme.

²¹⁶ Wingcapter was employing 3 graduates; Swap Acro was employing 2; while Tedsy – was employing 6 graduates. The first 2 operators are in health delivery (working with health centres), the third one is in Drone assembling.

²¹⁷ UNICEF (2021). CLAC: Malawi.

²¹⁸ UNICEF (2020). Scaling-Up Climate Resilient Sustainable Solar-Powered Systems for Institutions and Communities in Rural Malawi. Field Note.

²¹⁹ UNICEF Malawi (2020). RAM

²²⁰ Country Programme: Draft RAM 2022.

²²¹ Country Programme Full Approved Report 2019: RAM 2019.

²²² Government of Malawi and UNICEF (2021). Malawi Climate Resilient WASH Financing Strategy 2022-2032.

²²³ The Malawi Nationally Determined Contributions (NDC) articulates areas of priority for climate change management through both mitigation and adaptation measures needed to address challenges of climate change.

5.3.8 Contribution of Public Finance for Children (PF4C)

Finding 19: Public Finance for Children (PF4C) interventions were, to a large extent, able to deliver the planned outputs and contribute to the Country Programme results. However, PF4C interventions are contingent on institutional changes and reforms at all levels of government, which requires further time for the full potential of PF4C interventions to be realized.

The CP emphasizes improved evidence, capacity and systems for equity-sensitive planning, budgeting, and improved use of domestic resources for services of importance to children. The CP's PF4C interventions have been designed and implemented to contribute to these objectives (see Box 5.2). Interviews with the UNICEF MCO staff members identified that the PF4C interventions have been expanded since 2020, which can be attributed to access to grants that facilitated the increase in capacity and human resources. This evaluation has established that these interventions have produced some results.

Consulted stakeholders and documents indicated that a hallmark of PF4C interventions has been **the enactment of the National**

Children's Commission Act and establishment of the National Children's Commission.²²⁴

The Commission facilitates multisectoral coordination of children's issues and programmes across ministries and departments to ensure implementation of children's rights. It also monitors allocations of domestic and international resources earmarked for children's programs.²²⁵ These results were achieved thanks to UNICEF-supported research on public finance for child protection and strategic engagement with relevant institutions including the Parliament and the President Office.²²⁶ As testament to the sustainability of this structure (the Commission), Government and NGO interviewees noted that in the last two budget cycles, GoM has funded processes to ensure that the Commission becomes operational.

During the CP period, the MCO began publishing **budget briefs by section, as evidence generation tools to provide inputs for advocacy efforts with the MoFEA and local ministries to mobilize funding for children**. In total, 46 budget briefs have been published since 2019. PF4C interventions have had a significant influence on public spending in Malawi. PF4C has cultivated a space for public financial management to be actively engaged with, produced several solid evidence-based advocacy initiatives, and identified a niche for UNICEF to play a leading role with Government and other stakeholders. Most notably, UNICEF has actively shaped discourse regarding policy and legal frameworks through the design and operationalization of various processes, including financial instruments.

In fact, it has been reported that, in 2019, the MCO successfully advocated a 61% increase in the government's contribution towards the National SCTP.²²⁷ In addition, UNICEF analysis and advocacy helped make education spending more equitable by eliminating school fees for the poorest and setting up a public fund for scholarship for girls.²²⁸ As evidenced by the RAM, an indicator directly pertaining to PF4C interventions regarding the share of public spending on sectors benefiting children indicates the actual reported share of spending for 2019 was 32% of the national budget, equal to the 2021 target.²²⁹ Furthermore, PF4C activities contributed to the increase in budget allocations for vaccine procurement by

Box 5.2: PF4C Interventions Contribution to Country Programme results

PF4C interventions contribution to Country Programme results can be categorized into four groups: (1) supporting data and evidence generation to advocate for greater and better public investments in children and inform sector reforms, (2) engaging in the budget process to influence and support allocation decisions and improve spending performance, (3) empowering citizens including children and adolescents, communities and CSOs to track spending and participate in national/local budget processes, and (4) supporting domestic resource mobilization and facilitating service providers access to credit to expand domestic financing of services and programs. PF4C interventions have supported cross-sector financing within UNICEF, influenced budgets, supported budget analysis, trainings, and established partnerships with development partners and Government.

Source: UNICEF (2019). UNICEF's Work in Public Finance for Children Fact Sheet. UNICEF (2023). Public Finance for Children (PF4C) Major Achievements and Future Direction 2018-2023.

²²⁴ Ibid.

²²⁵ Ibid.

²²⁶ Ibid.

²²⁷ UNICEF (2019). Annual Report.

²²⁸ Ibid.

²²⁹ UNICEF (2019). RAM.

5 times in 2020/21 (from MK200 million in 2019/20 to MK1 billion in 2020/21).²³⁰ Finally, as of 2022, the MCO had successfully mobilized USD 2.1 million in resources for PF4C related initiatives.²³¹

The CP has **strengthened capacity of stakeholders in budgeting at all levels of government to improve spending outcomes for children**. Notably, UNICEF has been working with the Malawian Parliament to strengthen budget oversight function and with the Ministry of Finance, the National Local Government Finance Committee and International Finance Institutions to reinforce the country's public financial management system.²³² As a result, there has been an improvement in the budget allocations in social sectors and programmes for children, including increases for vaccinations, secondary education, early ECD, expansion of SCTP to cover urban areas, and increases in funding to Expanded Program on Immunization (EPI).^{233,234,235} The CP has also supported local governments to implement plans and budgets that reflect local child priorities and functioning social accountability mechanisms, which has implications for both PF4C and CDR related outcomes. In 2021, 2% of local governments, including municipalities, have implemented functioning social accountability mechanisms and specific activities to address child priorities, which is half of the intended target for 2021.²³⁶ Furthermore, the CP has facilitated strategic, multisectoral approaches in an integrated manner working with national, district, and community level structures to **enhance community engagement and participation, community feedback mechanisms, and accountability** to affected populations within COVID-19, and beyond.

The contribution of PF4C interventions to sustainable increases in public spending for children in Malawi is still constrained by various factors. First, PF4C interventions are contingent on institutional changes and reforms at all levels of the government, yet such changes are generally slow and take time to be fully implemented and show results. Furthermore, as stated by several interviewees, both within UNICEF and Government stakeholders, the MCO would benefit from the development of more communicative tools, similar to factsheets and policy briefs, that illustrate the various initiatives undertaken to advance public financial management and PF4C, including collaboration with various UN agencies and CSOs, for stakeholders beyond direct implementing partners. Arguably, this could support resource mobilization for the implementation of policy and legal frameworks and objectives.

5.3.9 Geographic Convergence

Finding 20: Despite the initial desire to focus on geographical convergence, the Malawi – UNICEF Country Programme has not been able to provide coordinated, sectoral inputs in the same geographic locations to address children's needs in a holistic manner and create maximum impact in the living conditions of children. Geographic convergence has been challenging to implement due to factors such as lack of common understanding on the approach and the constant need to respond to emergencies.

At the design of the current CP, the **MCO envisioned to follow a geographical convergence approach**,²³⁷ as stated in the CP document: "... 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."²³⁸ However, consultations with UNICEF staff and external stakeholders indicated that there was a lack of application of geographical convergence as a programme strategy despite being emphasized in the CP document. Document review confirmed that in lieu of application of this approach, the CP was implemented across the three regions of Malawi (see UNICEF Intervention Map in Appendix II).

The CP interventions have had various geographical scopes. For instance, the Afikepo programme was implemented in 10 districts of Malawi; the MoH's integrated ICCM platform targeted 13 districts, the MNH

²³⁰ UNICEF (2023). Public Finance for Children (PF4C) Major Achievements and Future Direction 2018-2023.

²³¹ Ibid.

²³² UNICEF (2020). Annual Report.

²³³ Ibid.

²³⁴ UNICEF Malawi (2022). Pillar 3 Mid-Year Review.

²³⁵ UNICEF Malawi (2020). 2019/20 Child Immunization Budget Brief.

²³⁶ UNICEF Malawi (2021). Country Programme Full Approved Report.

²³⁷ Geographic convergence approach involves providing coordinated, sectoral inputs in the same geographic location while strengthening referral mechanisms to address a child's needs in a holistic manner (source: UNICEF (2020). Draft Issue Paper on Convergence, UNICEF, New York.)

²³⁸ UNICEF CPD (2018), p.5

network learning Health Facilities support was provided to nine targeted districts, while the community behaviour tracking mechanism was scaled-up in 10 districts. Surely, each of these interventions has addressed some issues of vulnerable and underserved groups and responded to needs of children and women in the targeted districts, as the latter proved to be deprived of a variety of social services. However, **the fact that the different interventions did not necessarily target the same districts has limited their collective impact**; this has not allowed the many interventions to holistically address the needs of the same target groups in the same areas, which is the aim of the geographical convergence approach.²³⁹ Many of the consulted stakeholders acknowledged that the lack of convergence deprived the CP of various advantages, including avoiding spreading the resources too thinly and providing an opportunity for joint programming between the CP and development partners.

It appeared from interviews with UNICEF staff and external stakeholders that the implementation of the geographical convergence approach has been hampered by a lack of a common understanding amongst the MCO staff and staff of other partner agencies on what the core of the approach is and how it is to be implemented in the context of Malawi. For example, the evaluation also found that geographical convergence as an approach has not been taken up by other UN organizations. The successive emergencies during the CP period have also been cited as a factor which forced the MCO to spread its interventions across the three regions of the country to respond to the needs of affected populations. Interviewees at national and sub-national levels finally consistently evoked the lack of clear guidance on what the approach entails and how it can be implemented in Malawi.

Documents reviewed as well as interviews consistently refer to the “UNICEF – targeted districts” (or simply “UNICEF districts”).²⁴⁰ Some of the stakeholders felt that, while the districts selected for the current CP implementation were chosen supposedly because they had the lowest indicators data, there has not been any re-assessment over the years to validate the consistency of the district selection. The districts with the lowest data from the 2017 assessment, may not have remained in this position throughout the CP implementation. Some stakeholders at national level argued that the **support to “UNICEF districts” needs to be adapted over time to reflect results achieved and capacities built**, which will allow phasing out of support which is no longer required and further targeting of most vulnerable groups of children and women. All this suggests that there might be a need for a rotation to other districts in future interventions.

5.3.10 Responding to Emergencies

Finding 21: The Malawi - UNICEF Country Programme has been effective in supporting the Malawian Government's responses to various emergencies, in particular the response to the COVID-19 pandemic and other outbreaks (e.g., cholera), while ensuring continued access to basic services (e.g., ARVs) during emergencies. Although UNICEF emergency funding sometimes takes too long to reach implementing partners in the field, UNICEF support in these areas has generally allowed access to quality and child-centred humanitarian services to children and their families. In some cases, emergency interventions have transitioned to development successfully (e.g., oxygen plants from COVID-19) but, overall, UNICEF responses to emergencies are generally short-term in nature and reactive to the circumstances.

The evaluation found that the CP effectively responded to emergencies, in line with some benchmarks set in Core Commitments for Children in Humanitarian Action²⁴¹ as demonstrated below.

Preparedness and Timeliness

The CP has high levels of emergency preparedness. The MCO leads development of multi-hazard contingency plans at a national level as part of emergency preparedness. Informants in emergency prone areas reported that *“UNICEF appears prepared, and they know exactly what to do when there is an emergency”*. Consulted RAM documents suggest that the CP contributed to improved detection and management of outbreaks in Malawi, as evidenced by the “percentage of outbreaks detected and responded to within 72 hours” which has remained 100% throughout the evaluated period.²⁴² Interviewed

²³⁹ UNICEF (2020). Draft Issue Paper on Convergence, UNICEF, New York.

²⁴⁰ UNICEF Malawi: RAM (2019, 2020, 2021)

²⁴¹ <https://www.unicef.org/emergencies/core-commitments-children>

²⁴² UNICEF Malawi: RAM (2019, 2020, 2021)

stakeholders at all levels acknowledged that the MCO responds rapidly when emergencies hit. For example, cholera outbreaks in 2019 were responded to within 24 hours and contained in less than a week.²⁴³ However, a major challenge is the time it takes for funding disbursement for UNICEF to reach implementing partners in the field during emergencies (and in regular programming)²⁴⁴ due to internal UNICEF processes and procedures. This is noted as too long, and results in this work not truly being emergency-based (e.g., for the tropical storm Anna in January 2021, funding came in June 2021).

Equity

This evaluation established that **the CP has responded to the needs of the most disadvantaged children (including adolescents) and women during emergency situations, regardless of the kind of crisis.** Various emergency responses were supported,²⁴⁵ including the 2019 humanitarian response to cholera, food insecurity and Cyclone Idai induced flooding disaster benefiting over 600,000 people (including 329,030 children), the COVID-19 pandemic whose response covered the entire country, the delivery of emergency top-ups during the lean season reaching approximately 15,495 children and their families, the humanitarian response to food insecurity and floods benefiting about 480,000 people (including 244,000 children) in 2020, and the “cash-plus” interventions that supported resilient to climate-related and economic shocks in 2 districts (Balaka and Ntcheu) in 2021, reaching over 2,500 households with the VSLA. Also, in 2020, the CP supported the design and operationalization of the government led CUCI.

While equity was considered in emergency interventions, more work could be done to ensure the most vulnerable populations are the focus in an emergency. It was noted in interviews and documents that UNICEF’s emergency responses generally prioritize affected districts and the most vulnerable communities, including reaching the hard to reach through door to door. Notwithstanding, it was consistently highlighted by informants and FGD participants that addressing specific needs of people with disabilities is not done in a systematic manner. Similarly, other child-related vulnerabilities, such as ultra-poor street children, and school dropouts were not accounted for.

Humanitarian-Development Nexus: Transition to Development

In terms of applying the humanitarian-development nexus approach,²⁴⁶ **efforts have been made but there is still room for improvement.** Interviewed UNICEF staff indicated that the current CP has been informed by risk programming principles, and the CDR team specifically facilitates cross-sectoral integration and harmonisation of programmes for long term resilience. New initiatives have been put in place focusing on emergency prone districts of Chikwawa and Nsanje where focus is on supporting emergencies such as floods, cholera, drought, while implementing development programmes such as child and youth friendly communities. Some of the emergency responses supported by UNICEF Malawi have been integrated in ongoing development work, but in a reactive manner. In that regard, the Real Time Evaluation of UNICEF’s Response to the COVID-19 pandemic found that the CO linked most of its COVID-19 related interventions to an outcome of the CP or added new outputs related with the COVID-19 emergency response, which shows the adequate connectedness of COVID-related interventions.²⁴⁷

Informants indicated that UNICEF plays a key role in humanitarian work, including ensuring ongoing access to services throughout an emergency. For example, interviewees mentioned ensuring continued access to ARVs for people living with HIV in emergencies to ensure ongoing adherence. As noted in interviews and in documents, **in some cases, emergency responses can be easily transitioned to development,** for example in the case of oxygen plants, testing platforms, infection prevention and control capacity building, newborn care and infection, and access to water in health facilities.²⁴⁸ For example, UNICEF, donor, and national level government interviewees noted that oxygen plants can be used to provide oxygen for other needs beyond COVID-19, including for neonates. Standard operating procedures are being developed so that healthcare workers can know when oxygen is needed. However, trained bioengineers are needed to keep these oxygen plants up and running. In addition, momentum for funding of this work is needed to continue after an emergency as well, as UNICEF interviewees noted that donor interest can wane following

²⁴³ Country Programme Full Approved Report: RAM 2019.

²⁴⁴ Endline Evaluation of MNC Survival Programme, 2020.

²⁴⁵ UNICEF Malawi: RAM (2019, 2020, 2021)

²⁴⁶ <https://www.unicef.org/eu/humanitarian-development-nexus>

²⁴⁷ UNICEF Malawi (2021). Real Time Evaluation of UNICEF’S Response to the COVID-19 Outbreak Crisis in Malawi.

²⁴⁸ February 2022 PMT presentation. Health and HIV Section.

an emergency. Furthermore, continued work including research and evaluations is needed to ensure that UNICEF is implementing the most cost-effective interventions in emergencies (e.g; the case of drone technology in section 5.3.4). Other gaps remain to transition. For example, interviews indicated that, apart from linking the survivors to the AFIKEPO programme, currently there is no package given to emergency survivors to enable their transition.

Stakeholders consulted at national and district levels consistently indicated that **despite being comprehensive and containing an adequate integration of a variety of components, UNICEF responses to emergencies are generally short-term in nature and reactive to the circumstances.** They do not always consider the likelihood that some emergencies will endure in the long-term and/or re-occur, despite the country's obvious vulnerability to emergencies. Some stakeholders emphasized that, given that communities in Malawi are repeatedly hit by different shocks, it is crucial to acknowledge the importance of recovery activities (3-9 months after the shock) in addition to the immediate shock-responses which comes in during the first days and weeks after the shock.

It was identified across interviewees that UNICEF, with its long-term presence in Malawi and partnerships with Government and districts, is well placed to support recovery efforts - particularly in areas insufficiently covered by the emergency response or in areas where there is need to protect the gains made on longer-term development projects. One successful example is the Floods Cash Recovery Transfers, where UNICEF enabled the Government to utilize direct funds made available by donors for floods recovery efforts.

Coordination and Partnerships

The CP responded effectively to emergencies through coordination and partnerships. For example, it was noted in documents and interviews that UNICEF played a critical coordination role for the COVID-19 response, which was prepared in line with the GoM plan.²⁴⁹ Internal coordination at the MCO level is judged by informants as optimal. UNICEF staff confirmed that in time of emergencies, the Office swiftly coordinates sections' work to address challenges presented by the emergencies and quickly coordinates with partners to intervene. As noted in the Situation Analysis report, UNICEF is an active participant in the Humanitarian Country Team and the Inter-Cluster Coordination Fora, as well as co-lead for education, nutrition, and WASH clusters.²⁵⁰ UNICEF was a "key partner" in the health cluster throughout the COVID-19 response,^{251,252} and the supply chain coordinator for the COVID-19 response in Malawi.²⁵³ At the national level, UNICEF co-leads/co-chairs the nutrition cluster (the chair is the government's department of nutrition, HIV and AIDS) which gives UNICEF the authority to coordinate and mobilise resources for emergency response. However, the coordination is only pronounced at the national level. UNICEF has been criticized, by the district interviewees, for not sufficiently supporting district level coordination of the nutrition emergency response. The district level expects the level of coordination happening at national level to be replicated at district level considering a coordination structure is available at the district level.

5.3.11 Contribution to Emergency Preparedness

Finding 22: The Malawi - UNICEF Country Programme has strengthened the capacity of relevant stakeholders (including communities) to prepare themselves for natural disasters, contributing to improved emergency preparedness and resilience in Malawi. Most stakeholders recognize that despite the wide recognition that emergencies will continue to happen in Malawi, efforts to apply the nexus approach at national level in a meaningful way have been limited, mainly due to limited funding required to conceive and implement such an approach.

The evaluation found, based on interviews and document analysis, that **promoting the resilience of Malawian communities remained one of the priorities of the CP.** Several initiatives were implemented that contributed to enhancing the capacity of different categories of stakeholders at different levels (national, district, community) to better understand, assess needs, plan, and coordinate responses to emergency

²⁴⁹ UNICEF Malawi (2021). Real Time Evaluation of UNICEF'S Response to the COVID-19 Outbreak Crisis in Malawi.

²⁵⁰ Situation Analysis, June 30, 2019.

²⁵¹ UNICEF Malawi Annual Report 2020.

²⁵² COVID-19 Response: Real-Time Evaluation Report, 2020.

²⁵³ UNICEF Malawi Annual Report 2020.

situations. At the national level, the Programme supported the implementation of the National Resilience Strategy²⁵⁴ and strengthened the capacity of the MNSSP II, enabling it to flexibly cover emergency responses. As part of this strengthening, the Shock Sensitive Social Protection (SSSP) has been further institutionalized and now forms part of the new 5-year Strategic Plan of the SCTP.²⁵⁵

At a more sectoral level, interviews and documentation showed that UNICEF's work in emergency preparedness in health and nutrition sectors includes provision of equipment, technical support, and capacity building. For example, with COVID-19, this included development and capacity building related to oxygen plants²⁵⁶ and providing capacity building to government and Malawi Red Cross staff for COVID-19.²⁵⁷ At sub-national (and community levels), **the CP strengthened government's preparation and mitigation mechanisms for emergencies and improved district-level coordination in preparation for possible disasters.**²⁵⁸ Notably, interviews confirmed that the Local Government Ministry was supported to establish an innovative dashboard system for effective planning, coordination and decision making about emergencies. The skills of the DODMA and District Civil Protection Committees (DCPCs) were enhanced to act with speed before, during and after a disaster has occurred, according to documentation.²⁵⁹ In a similar vein, in partnership with Malawi Red Cross, the capacities in humanitarian assistance of implementing partners²⁶⁰ were strengthened.²⁶¹

Finally, UNICEF worked with COOPI and district councils to assess **community based early warning systems infrastructure in Chikwawa and Nsanje.**²⁶² As identified in interviews, the findings of this assessment informed and guided the restoration of damaged infrastructure as well as upgrading of systems. This has strengthened the capacities of local authorities in these districts and their communities in responding to climatic shocks. However, the infrastructure has suffered from vandalism, implying that efforts to educate community members on prevention of vandalism need to continue.

Overall, stakeholders consulted at the national level and in the districts recognize that these capacities have contributed to improved emergency preparedness and resilience by the Malawian government and other relevant stakeholders (including communities). An important challenge emphasized by most stakeholders is that **the implementation of the plans, strategies, and the actual use of strengthened skills, is not guaranteed given the weak capacities of beneficiary institutions**, either to replicate the trainings to more professionals and implementing partners or implement the plans due to limited funding from the GoM. Most key informants indicated that, generally, ministries and departments in Malawi lack financial capacity to intervene during emergencies.

Another challenge identified in many interviews with UNICEF staff and UNICEF documents²⁶³ is that development work has been affected by many emergencies, including COVID-19, cyclones, floods, cholera outbreaks, and polio outbreaks. However, it is also noted in interviews and documents²⁶⁴ that **these emergencies will continue to happen and need to be planned for and integrated as part of the overall development work.** In addition, while UNICEF is known for focusing their work on children, this focus can be a challenge, especially during emergencies. This was seen with COVID-19, as illustrated in the real-time evaluation report: *"it is also of key importance for UNICEF not to lose the focus on child needs and vulnerabilities"*.²⁶⁵ UN partners observed that more still needs to be done to prepare in advance for humanitarian gender responses as, currently, resources are often hastily mobilized when the emergency occurs. Furthermore, both UNICEF staff and UN partners agreed that gender interventions to harness resilience remain weak.

²⁵⁴ Government of Malawi (). Malawi National Resilience Strategy (NRS): Breaking the Cycle of Food Insecurity.

²⁵⁵ Country Office Annual Report, 2020.

²⁵⁶ February 2022 PMT presentation. Health and HIV Section.

²⁵⁷ Country Office Annual Report, 2021.

²⁵⁸ UNICEF Malawi (2017). Nutrition Strategy Note 2019-2023 Country Program.

²⁵⁹ UNICEF Malawi (2021). Annual Report

²⁶⁰ Through this partnership, 330 government and MRCS frontline workers received training on epidemic control leading to improved surveillance during emergencies, emergency WASH, cholera management, logistics and warehouse management, search, and rescue efforts.

²⁶¹ Country Office Annual Report, 2021.

²⁶² UNICEF Malawi, RAM (2021).

²⁶³ E.g., Pillar 1 Presentation 2022

²⁶⁴ Pillar 1 Presentation 2022.

²⁶⁵ COVID-19 Response: Real-Time Evaluation Report, 2020.

5.3.12 Factors influencing the achievement of CP results

Finding 23: The Country Programme has been positively and negatively influenced by internal and external factors during its implementation. Externally, the programme was delivered under strong government leadership and clear policy priorities and direction. On the other hand, the programme was delivered in a context of emerging multiple emergencies (such as COVID-19, Russia – Ukraine war, tropical storm Ana and cyclone Gombe, polio and cholera outbreaks) resulting in resource constraints and restricted overall programme implementation.

Internal Factors

Internally, the **Pillar approach and Matrix Management structure** were reported conferring the advantage of knowledge cross-fertilisation and strengthening programme response. However, **the lack of robust pillar level integration packages**, implemented at scale, has been cited as hindering the achievement of results, and full intervention convergence has not been achieved as programmatic silos have continued. Also, **data management issues** across programs led to under-reporting and lack of consistency.²⁶⁶ UNICEF is working on innovative ways to rectify some of these issues including m-quarantine, and different e-surveillance modalities.²⁶⁷

On the other hand, as noted in this evaluation, UNICEF has a **positive reputation**, is viewed as a convener and trusted partner. Altogether, these elements have positively influenced the CP results. Many consulted stakeholders also emphasized the importance of **UNICEF technical capacity and knowledge** of the Malawi national and local context as an important factor explaining the CP achievements.

External Factors

On the one hand, the **GoM leadership** in providing policy priorities and direction and implementation oversight, has been cited as an important factor in the achievement of the CP results. Similarly, the government implementation and coordination structures (for example in nutrition) are well articulated in Malawi.

On the other hand, the implementation of the CP interventions was impacted by the need to deliver on emerging priorities caused by **the global health pandemic of COVID-19 and other unanticipated emergencies** such as the tropical storm Ana and cyclone Gombe, polio and cholera outbreaks. The resource allocation to these emergencies has affected the continuity of some regular interventions. On the practical side, the COVID-19 pandemic has generated delays due to lockdowns and travel restrictions. This was particularly problematic for projects that involved field work, resulting in remote support to partners and limiting UNICEF's ability to validate implementation and reporting of the activities. On the positive side, it has been reported that the COVID-19 pandemic created opportunities to boost innovation activity at the MCO. Notably, opportunities to use drone operations for delivering test samples were used to quickly decongest border reception centres. A COVID-19 quarantine management system (mQuarantine) allowed the Ministry of Health and Population (MoHP) to interact with patients in self-isolation and quarantine and track in real-time their conditions, and a COVID-19 data modelling platform offered MoHP real-time predictive analytics for national and district level projections. A SCTP e-payment system was introduced as well.

Finally, many interviewees in this evaluation indicated that the **inadequacy of financial resources** in Government institutions to spend on social sectors and inadequate fiscal devolution in context of decentralisation are important factors that affected the work of the CP. At the same time, UNICEF staff and donors have recognized that external factors (e.g., COVID-19 pandemic, conflict in Ukraine, and other priority challenges) have inhibited donors from providing support at anticipated levels. The pandemic also had secondary impacts on children, including adolescents (e.g., increase in pregnancies, domestic violence, and early marriages).²⁶⁸

²⁶⁶ Pillar 1 Presentation 2022.

²⁶⁷ COVID-19 Response: Real-Time Evaluation Report, 2020.

²⁶⁸ UNICEF Malawi Annual Report 2020.

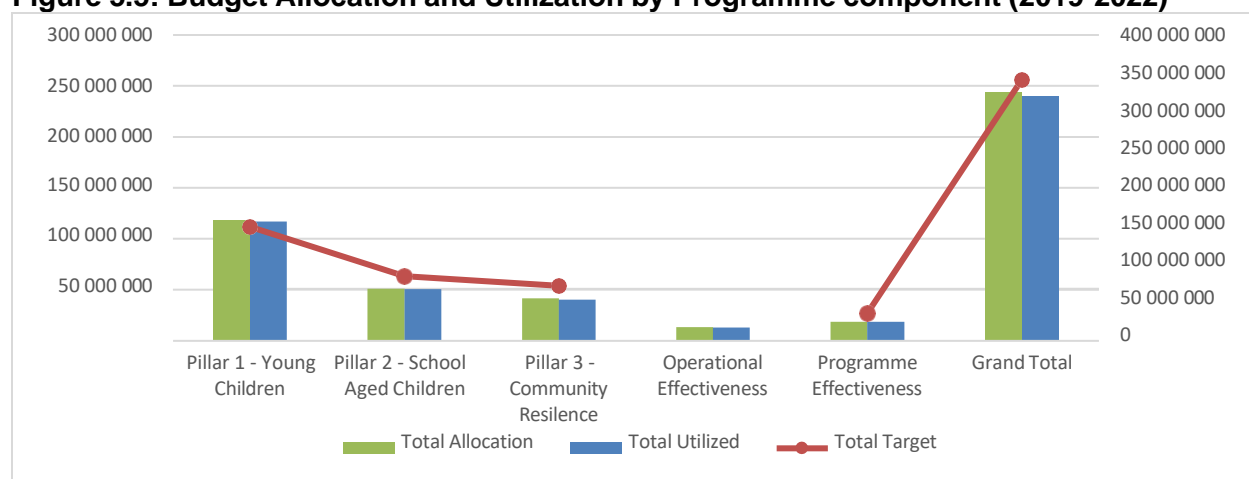
5.4 Efficiency

5.4.1 Financial Resources

Finding 24: In the current context of dwindling international development assistance and unanticipated crises such as COVID-19 and the Russia-Ukraine war, mobilizing adequate funding resources has been a persistent challenge. Nevertheless, mobilized financial resources were generally appropriately allocated and used effectively in most interventions given the effective management approaches. However, there are areas for improvement, including equitable distribution of funds across programme components, timely delivery, overcoming bureaucracy, lack of equity and gender-targeting, and addressing high overhead costs.

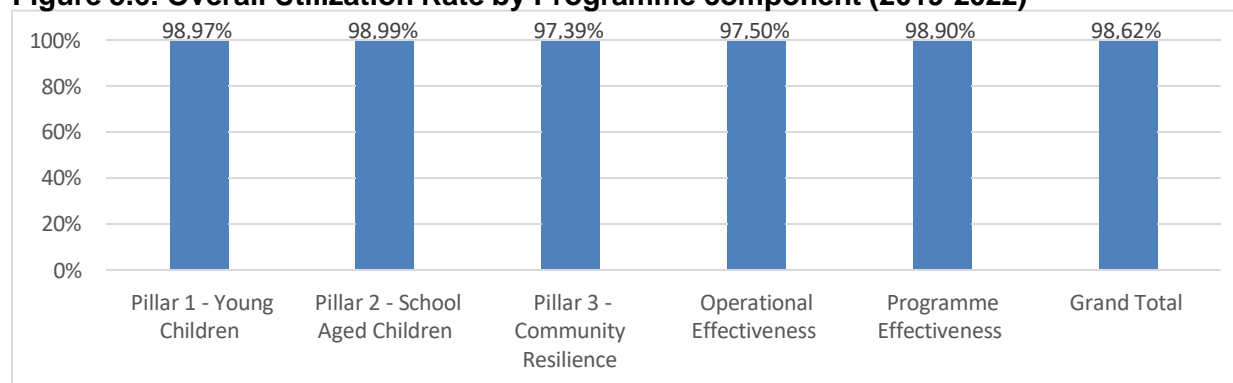
The analysis of the CP budget and expenses has shown that, overall, resource mobilization has been a challenge. As shown in Figure 5.5, the MCO has failed to achieve the intended funding target for each CP component but has achieved a high degree of utilization of allocated funding. The largest shortfall between funding target and funding allocated is for Pillar II by USD 33,257,581. Programme Effectiveness has the smallest shortfall in funding by USD 17,086,251. Noticeably, the UNICEF Malawi CPD (2019-2023) did not specify funding targets for Operational Effectiveness. Considering the funds allocated and utilized in nominal terms, the MCO has achieved a high degree of utilization of the existing funds across programme components. The gap between allocated and utilized funds was very low, ranging from USD 208,792 for Programme Effectiveness to USD 1,214,669 for Pillar I which was the largest programme component of the Country Programme. These findings indicate that despite the challenges in resource mobilization, the MCO was highly efficient in the use of the funds allocated. Figure 5.6 provides further evidence of the findings from Figure 5.7, that the MCO has been highly efficient with the utilization of funds across program components. The utilization rate from 2019 to 2022 indicates that across programme components almost a 100% of total funds have been used by the MCO.

Figure 5.5: Budget Allocation and Utilization by Programme component (2019-2022)



Source: UN Economic & Social Council (2018). Country Programme Document Malawi. UNICEF Malawi (2022). Funds Utilization Analysis Cube CPE 2019-2023. Note: There is no funding target for Operational Effectiveness.

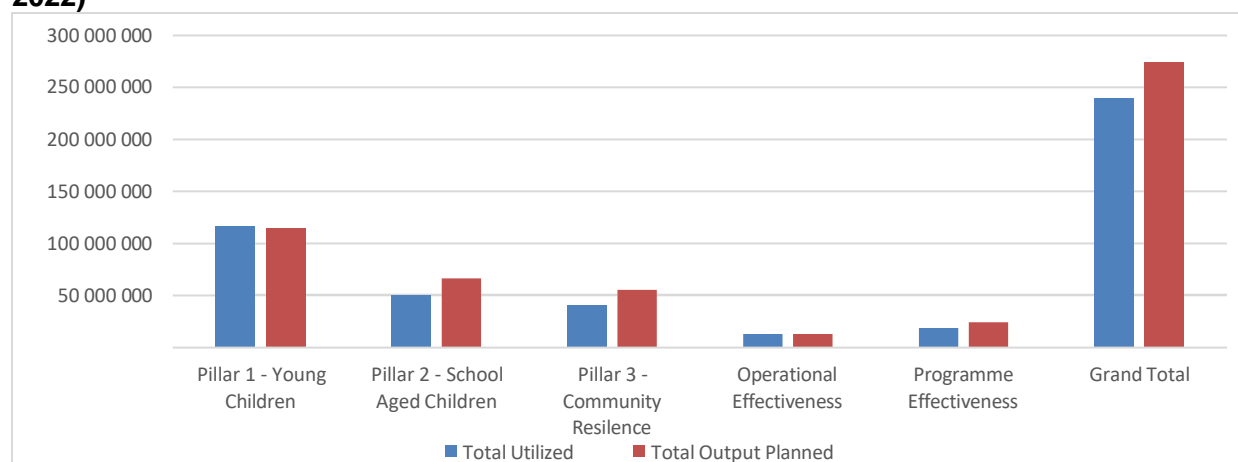
Figure 5.6: Overall Utilization Rate by Programme component (2019-2022)



Source: UNICEF Malawi (2022). Funds Utilization Analysis Cube CPE 2019-2023.

Overall, the funds utilized for the program components are consistently falling short of the funds needed to accomplish the CP objectives. As illustrated in Figure 5.7, the CP has been functioning with insufficient funding to achieve its goals, despite achieving the majority of planned outputs. Pillar II, Pillar III, Operational Effectiveness, and Programme Effectiveness have a reported financing gap between the funds utilized and the funds planned. However, there is variability in these gaps, ranging from a minimal gap as in the case of USD 8,317 for Operational Effectiveness to USD 15,684,740 for Pillar II and USD 14,914,334 for Pillar III, which constitutes around a quarter of the total funds planned. Notably, Pillar I, the largest programme component, has utilized more funds than planned by an excess of USD 2,258,099. These findings suggest that the MCO should review the distribution of funds across programme components to address these imbalances.

Figure 5.7: Total Output Planned and Total Utilization by Programme Component (2019-2022)



Source: UNICEF Malawi (2022). Funds Utilization Analysis Cube CPE 2019-2023.

According to most consulted stakeholders, **allocated funds have for the most part been adequate for delivering the CP planned intermediate results**, such as piloting interventions, revising policy documents, and delivering trainings. However, resources have remained insufficient to accomplish the full totality of the activities needed to meet the needs of children. For example, the CP resources have been insufficient for supporting the GoM to meet its commitment to ensure access to drinking water by all children in Malawi. Funding has also been insufficient for taking advantage of, and building on opportunities, particularly in scaling up successful pilot interventions, such as climate resilient water schemes, etc. Given these objectives are beyond the scope of the current CP, there is an argument to increase financial support for Malawi.

Factors such as the COVID-19 pandemic and the Russia-Ukraine war have resulted in a reduction in funds allocated to the CP. As evidenced by document reviews and key informants, these conditions caused a shortfall in Other Resources Regular (ORR) funding in 2020 resulting in a 54% reduction or USD 50.8 million from the anticipated USD 94.7 million in ORR receivables and deviation of anticipated funds towards the COVID-19 response.²⁶⁹ An important caveat is the contrast between old and new funding in the COVID-19 response. The MCO received a total of USD 17 million for programme activities and USD 6 million for procurement services; these resources did not represent new funding but rather a reprioritization of donor funds towards the COVID-19 emergency response.²⁷⁰ The negative consequence of a lack of new funding is demonstrated by the three joint UN programmes that UNICEF participated in, financed by the FCDO, which have forgone a reduction in budget and an estimated net loss of USD 50.8 million for the MCO (as seen above).²⁷¹

As a result, austere measures were undertaken by the MCO, including a hiring freeze, staff layoffs, prolonged vacancies, abolishment of positions, and project loss of USD 11.2 million against staff salaries and operations support cost.²⁷² Noticeably, staffing costs accounted for around 25% of the budget whilst total overhead, including staff costs, accounted for 35% of the budget, justifying the decision for consolidation of overhead costs and reprioritization of funds.

Financial resource allocations have been enhanced by the Programme Budget Review process which provides the opportunity to periodically assess allocations in a participatory manner. Moreover, the HACT workplan has identified the achievement of cross-sectoral programme delivery in terms of efficiency and effectiveness, including meeting or exceeding output targets for programme visits, follow-up, and spot checks.²⁷³ However, several consulted UNICEF staff mentioned that **challenges remain in terms of timely disbursements of funds which are hampered by arduous UNICEF administrative processes and funding delays.** These burdens are acute in emergency response situations and were noted across all Pillars. For example, the NGO Coalition and Child Rights has a five-year framework agreement with UNICEF MCO in which planning is for immediate activities only and thereafter, funds are liquidated. Planned activities for the Coalition are expected to be implemented in about three months but take six months of administrative processing with UNICEF to approve. These redundancies underscore the need for medium to long term support to allow proper programming to meet the needs of children, which would allow for more deliberate targeting of children needs.

The modality for the delivery of financial resources has been identified as an area of concern by several Government stakeholders at the national and district level. They felt that greater efficiency and cost effectiveness could be achieved if UNICEF MCO opted to fund the district councils directly and strengthened financial management oversight to prevent abuse. These stakeholders also stated that the current funding of interventions through NGOs is expensive and unjustifiable, given that there is increasingly technical and financial capacity within the Government to manage resources. However, the modality of delivery through NGOs has been propagated by the Cash Gate scandal,²⁷⁴ which brought into question the reliability of Government led delivery modalities.

The evaluation found that **within UNICEF, there is a positive perception that gender interventions benefited from the strategic allocation of resources** due to the comprehensive articulation of gender action points for each pillar under the Country Gender Equality Strategy. However, there is a lack of financial reports based on equity and gender dimensions. This deficiency warrants reflection on the reporting of equity and gender related financial outputs, indicators, and targets in the next CP. Notwithstanding, inclusion related financial reporting is visible in the COVID-19 response, the education, and WASH sector interventions.

Documents reviewed indicated that **the MCO responded to stakeholders' observations that children with disabilities were left out** by allocating resources to distribution of braille materials to about 1,000 children with disabilities in 17 learning centres.²⁷⁵ During this period, UNICEF MCO allocated financial

²⁶⁹ UNICEF (2021). MCO Programme Budget Review (PBR) Submission.

²⁷⁰ Ibid.

²⁷¹ Ibid.

²⁷² Ibid.

²⁷³ UNICEF (2021). Work Plan – HACT.

²⁷⁴ https://en.wikipedia.org/wiki/Capital_Hill_Cashgate_Scandal

²⁷⁵ UNICEF Malawi (2021). UNICEF'S Response to the Covid 19 Outbreak Crisis in Malawi.

resources to enhance the understanding of mental health problems and psychosocial difficulties survivors of SGBV.²⁷⁶ Site visits documented the construction of WASH facilities for children with disabilities, which, according to interviewed head teachers, had attracted children with disabilities students to enrol at their schools. As noted by UNICEF staff, Government stakeholders and development partners, the CP did not adequately target street connected children and children on the move, which suggests no or fragmented allocation of resources towards full inclusion of children with multiple vulnerabilities.

5.4.2 Human Resources

Finding 25: Human resources have been overall adequate to implement the Country Programme. Despite experiencing staff changes during the Programme period, the staff complement of the Country Office has been optimal throughout, with required capacities in the relevant fields of the Country Programme.

Overall, the MCO's leadership is viewed by consulted staff as having been able to effectively and efficiently mobilize and allocate the human resources, given the many changes (such as changes in the politically elected leadership that resulted in shifts in government priorities, the simultaneous rotation of MCO senior leadership - Representative and Deputy Representative, at the beginning of the CP) that occurred in the CP environment, posing significant challenges to maintain a motivated workforce. Administratively, throughout the CP period, MCO continuously identified and addressed needs for additional staff to enable the implementation of the CP.

During the implementation of the CP, **the MCO experienced staff changes** due to various factors. On the one hand, following the Comprehensive Review of the Programme undertaken in 2020, which included an affordability analysis of the CP, adjustments were made to the programme's human resources (e.g., abolishment of some posts) to fit within the dwindling funding.²⁷⁷

The recruitment of needed human resources to replace leaving staff has generally been timely done. As a result, at the time of this evaluation, **the MCO had sufficient staff:** most positions were filled across all units and UNICEF was in the process of recruiting for all vacant positions. Overall, the staff complement of the MCO has been optimal throughout, with required capacities in the relevant fields of the CP. Thus, it is reasonable to believe that the human resources that were available were utilized efficiently to register the results seen in the context within which the programme has been implemented.

5.4.3 Role of Pillar approach and Matrix Management

Finding 26: The Pillar approach and Matrix Management style have somewhat enabled sectors to cross-collaborate under the same structures (the Pillars, Task Teams), which has led to cost-effective use of human resources. However, the fact that the CP funding was largely mobilized sector wise has constrained efforts towards joint programming and operationalizing joint interventions, thus limiting the cost-effectiveness of activities.

Prior to the introduction of the Pillar approach and Matrix Management style, the CP was siloed into a sector driven model and there were issues with resources to support collaboration across sectors. Since implementation, **the two approaches have somewhat enabled sectors to cross-collaborate under the same structures (the Pillars, Task Teams), which has led to cost-effective use of both human and financial resources.** The reduction of silos and funding barriers through budget allocations has supported the timely and effective delivery of results. For example, UNICEF staff remarked that the Pillar approach ensured that instead of just relying on the Gender Specialist to produce gender results, most staff in their respective pillars took ownership to produce data disaggregated by age, sex and at times even disability and location (rural vs urban). The Pillar approach also ensured the earnest co-option of the Gender Specialist in COVID-19 and other humanitarian responses (i.e., tropical storm Ana and cyclone Gombe). All this meant that resources were used more effectively to timely uncover gender needs and gaps for practical programming across all pillars. With regards to resource use within pillars, the Gender Specialist confirmed that her work plan managed to get more resources (from nutrition and education sectors)

²⁷⁶ Ibid.

²⁷⁷ UNICEF Malawi (2021). Comprehensive Programme Review Malawi CPD 2019-2023.

because of the Pillar approach and the convergence strategy, thus affecting the optimal realization of human rights for children (see also section 5.2.1).

Sources informing this evaluation consider that **Pillar activities have been overall implemented within the intended timeframes, despite the delays in disbursing funds, especially in emergency response situations.** However, some UNICEF staff from smaller sectors (e.g., social policy and child protection) felt that timely delivery of results was at times affected. On the one hand, this happened while seeking to access funds from pillar resources in order to implement an intervention, only to discover that the money had already been utilized by others. On the other hand, outputs were affected by the fact that matrixed staff tend to be overworked as they report to two managers. Some sector Chiefs viewed their staff as doing more work under a sector to which they were matrixed, than for their main section, which constrained human resources.

In terms of financial resources mobilization at the CP level, **consulted stakeholders admitted that funding was largely mobilized sector wise, which limited joint programming and monitoring of interventions.** The fact that many donors made funding available primarily through sectoral interventions had been identified by Developmental Evaluation II as the most significant barriers to change within the MCO.²⁷⁸ As such, the Pillar approach has not necessarily increased cost-effectiveness of operations, for example those relative to field visits by the MCO personnel, as joint visits remained limited. Some interviewees at national level and in districts indicated that the fact that most UNICEF staff operate from Lilongwe impacts on the cost-effectiveness of their activities. For example, district stakeholders indicated that UNICEF monitoring missions are conducted only a few times in the life of a project, which does not allow them to dedicate sufficient time to each project and involved local partners. In most cases, they visit a group of districts at once and spend only a few days with implementing partners after which they return to Lilongwe. These short missions do not always allow to effectively and timely identify, discuss, and attend to all implementation challenges.

5.5 Sustainability

5.5.1 Sustainability of results

Finding 27: The likelihood that benefits of the Malawi-UNICEF Programme interventions continue after the end of the Programme is both variable and moderate. While some results may be sustainable over time (e.g., system for cold chain in place, knowledge, and capacity), there are many areas that require ongoing resources to ensure sustainability. In Malawi, sustaining many results remains highly reliant on international development funding, and given changing donor priorities, their sustainability is questionable. The successive emergencies in Malawi constrain the sustainability of the results from the emergency interventions, given the need to rebuild infrastructure, resettle populations.

Sustainability of Development results

The CP strategic choice to use existing government systems and structures and closely work with government in programme implementation appears to confer potential benefits of **ownership and sustainability** of the positive changes created by the CP.

A central element of sustainability of the CP results is also the institutional capacity strengthened at national and district/community levels. Evidence emerging from this evaluation indicates that **some of the systems and capacities built with the support of UNICEF are functional today and are likely to continue to do so in the future.** Interviewed government stakeholders, donors as well as UNICEF teams believe that, with the systems that have been developed, the vertical and horizontal expansions of national SCTP, for example, will continue to be implemented in Malawi with or without UNICEF support.

Equally, the strengthened capacities of government and implementing partners' staff in multiple technical areas are likely to be sustained. Although there is a high turnover of staff in government institutions, particularly at district level, which was identified as a key issue hindering institutional capacity building efforts and overall institutional memory, and thus sustainability, it can be argued that the knowledge and

²⁷⁸ Child Frontiers (2021). Developmental Evaluation Phase II: Journey Towards Structurally Facilitated Integration Final Report UNICEF Malawi.

capacity built can be sustained for some time. Health system strengthening encourages sustainability by developing capacity within government and putting in place systems and infrastructures within government to support sustainability in the longer term. Examples include systems for cold chain for vaccines, and capacity building at the district level (such as development of District Implementation Plans (DIPs) – so that government staff can plan within budget). However, these alone are not sufficient for sustainability, as **capacity building needs to be ongoing given turnover and new skills needed**, equipment needs to be maintained, and plans need to be funded.

Changes such as those affecting legislation (laws and policies) are likely to be sustainable. Government and NGO interviewees have indicated that children's rights are more likely to be promoted and protected in a calculated and sustainable manner, with the enactment of the National Children's Commission Act and establishment of the National Children's Commission, describing it as "*this milestone is a huge contribution that will facilitate the substantive implementation of child laws, policies and strategies*". As testament to the sustainability of this structure, the same interviewees noted that in the last two budget cycles, GoM has funded processes to ensure that the Commission becomes operational. Through the CP, UNICEF has also supported the introduction of Degree in Social Work program at University of Malawi, including the building of the capacity of many District Social Welfare Officers, which is another addition to the changes that will have lasting national impact as a result of the CP.

Sustainability in other areas (e.g., commodities such as vaccinations) remains a challenge without donor funding at this point. The same is true with ensuring sustainability of work done via SBC, as behaviour change takes time and consistent messaging is important. Similarly, for Climate Change and WASH, several stakeholders consulted expressed concerns that **sustainability of the results created by CP interventions and institutions (who should ensure continuity) remain highly dependent on international donor funding**. For example, in the view of many stakeholders, the implementation of the Climate and WASH Financing strategy remains a concern, without the continued support of donors. The sustainability of WASH infrastructure in rural areas is mainly affected by weak community-based management systems. Usually, the donors do provide for initial WASH investments which are then handed over to communities for continued management.

The CP interventions focused on areas that address structural issues, thus requiring longer term solutions and investments, need to be supported beyond the period of the CP. As in many other developing countries, Government spending in Malawi remains a determining factor for ensuring these investments. For example, the sustainability of the positive changes and effects of the PF4C interventions at the national level is contingent on the continued investments, ownership and buy-in by the Government for the ongoing public financial management reforms at all levels of Government. **Yet, the current fiscal conditions and public finances in Malawi do not allow the government to allocate sufficient budgets for different sectors** of the economy that benefit children directly (e.g., nutrition, WASH, education, and health). This makes the sustainability of results very unlikely.

Sustainability of Emergency results

This evaluation has identified **the short-term nature of UNICEF responses to emergencies as an important impediment to the sustainability of the results created by emergency interventions**. Many stakeholders, in government, donors, and implementing partners expressed the view that humanitarian/emergency actions, including those supported by UNICEF in Malawi, are generally short-term and focused on saving lives and alleviating human suffering in emergency situations. However, the lack of "after shock" interventions impede the possibility to sustain the results from emergency interventions. Stakeholders, both internal and external to UNICEF, emphasized that emergencies should be incorporated in all programming, and integrated into long term development plans that work to address poverty, promote economic growth, and address social inequities.

The fact that Malawi has faced many **successive emergencies over the past years was highlighted by most consulted stakeholders as an important impediment** to sustainability of results created by emergency interventions. The evaluation team's visits and consultations with stakeholders in the flood prone districts such as Chikwawa confirmed that these areas are constantly faced with the need to rebuild infrastructure, resettle populations, and shift resources back and forth between long-term development priorities and humanitarian response.

As seen previously, **some emergency results have transitioned to development successfully, implying that they are being sustained.** For example, oxygen plants and testing platforms scaled up in COVID-19 continue to be used for other conditions, infection prevention and control capacities can be applied in other areas, and access to water in health facilities is critical beyond emergencies.²⁷⁹ Another potential area for sustaining the results from emergencies is mental health interventions developed in humanitarian context to mitigate impact of COVID-19 and cyclones. According to interviewees, the mental health area has potential to be mainstreamed in the education system and services. The adoption of the Malawi National Mental Health Strategy has created an enabling environment for such sustainability. Additionally, the urban cash transfer interventions that were implemented to cushion the impact of COVID-19 amongst the urban poor also has potential to be translated into a sustainable intervention for urban vulnerable children such as families of street connected children.

5.5.2 Implementation strategies and sustainability

Finding 28: While collectively the mixed strategies of the Country Programme have contributed to addressing capacity gaps at various levels (national and sub-national) and for various duty bearers and holders of children's rights in Malawi and, as such, helped to ensure sustainability over time, implementation of interventions through NGO partners is perceived as less likely to foster government ownership and sustainability of results.

Service Delivery

Since the beginning of the CP, MCO envisioned a shift in the implementation approach from a strong emphasis on service delivery and commodity supply to increased up-stream work, focused on system strengthening.²⁸⁰ However, **support to service delivery continued, notably through NGOs**, which has contributed considerably to improving and expanding access to basic services, including WASH, child protection, social protection, and disaster management. According to the CP documents, delivery platforms to reach households and communities would be coordinated by the District Councils under the Ministry of Local Government and Rural Development.²⁸¹ Yet, as perceived by many stakeholders the MCO still relies too much on NGOs and CBOs, which may delay government ownership and threaten sustainability.

Although stakeholders recognize that implementing interventions through NGOs can help achieve targets more rapidly, **this modality is seen as impeding capacity-building efforts (to which the MCO itself contributes) and ownership of processes by government partners, thereby jeopardizing the sustainability of results.** Some of the interviewed stakeholders indicated that, in line with the decentralization policy, **the CP would benefit from a progressive hand over of delivery of responsibilities to decentralized government institutions.** Some informants from government, at national and district levels, felt that there would be greater efficiency and cost effectiveness if MCO opted to fund the district councils directly and strengthened financial management oversight to prevent abuse. The current funding of interventions through NGOs is further seen by some government interviewees as expensive and unjustifiable as it is felt there is technical and financial capacity within government systems to manage resources and implement interventions. In interviews with donors, UNICEF was also seen by some as an expensive partner (with high overhead) compared to others.

Systems strengthening and Capacity building

From interviews and consulted documents, **an important factor contributing to the sustainability of the CP results in Malawi is MCO's focus on interventions that strengthen systems and build the capacity of duty bearers** (at national, sub-national, and community levels) to provide social services. The support to development of sector planning documents, strategies, and policies opens pathways for the GoM to address children's rights issues in a more systematic and sustainable way. The training of professionals and staff of government institutions and implementing partners opens pathways to sustaining achieved results in targeted areas of intervention. However, our assessment considers that the replication and scale up of strengthened structures and skills as well as their sustainability are still fragile. It remains particularly difficult to know if, and to what extent, the capacity building activities (e.g., training activities) supported by

²⁷⁹ February 2022 PMT presentation. Health and HIV Section.

²⁸⁰ UNICEF Malawi (2018) Malawi Country Programme Management Plan 2019-2023

²⁸¹ UNICEF Malawi (2018). Pillar III Strategy Note; 2019 – 2023 Country Program.

the CP can be expanded beyond the few Ministries, districts, and individuals which were targeted by interventions. According to many interviewees, this situation is further complicated by the inability of government institutions to retain trained professionals, which pushes many of them to leave their jobs for greener pastures, contributing to the deficit of institutional memory, particularly at district level.

Inclusive engagement

According to many UNICEF staff and government stakeholders, **the CP was conceived in an inclusive manner, involving mostly actors at national level**. The implementation also involved various stakeholders, spanning from communities to civil society organisations, government, and private sector. Accordingly, this approach fostered ownership of intervention processes and therefore enhances prospects for sustainability of the CP results. By embracing this approach, the MCO worked through existing government structures²⁸² and systems (e.g., care group and childcare systems) and closely with government officials, which is seen by all stakeholders as an effective strategy and a key factor of sustainability over time. Community involvement is particularly seen by all-consulted stakeholders as a key factor that helps to ensure sustainability of achieved results over time (e.g., early warning systems, belonging to care groups). Mobilizing and engaging community leaders, as well as building their capacity are also seen as effective to encourage buy-in and sustainability.²⁸³

Finally, **the evaluation identified some aspects of the CP interventions that have built-in sustainability**. Notably, the distribution of start-up vegetable seeds and animals on a pass-on arrangement (e.g., under “Chiyambi Chabwino” nutrition project, implemented under World Relief) makes the system of beneficiaries self-sustaining if implemented as designed. The CP has also contributed to positive infant and young child feeding practices among caregivers, which are likely to be sustainable for those that have adopted the positive behaviours.

5.5.3 Changing donor priorities and sustainability of results

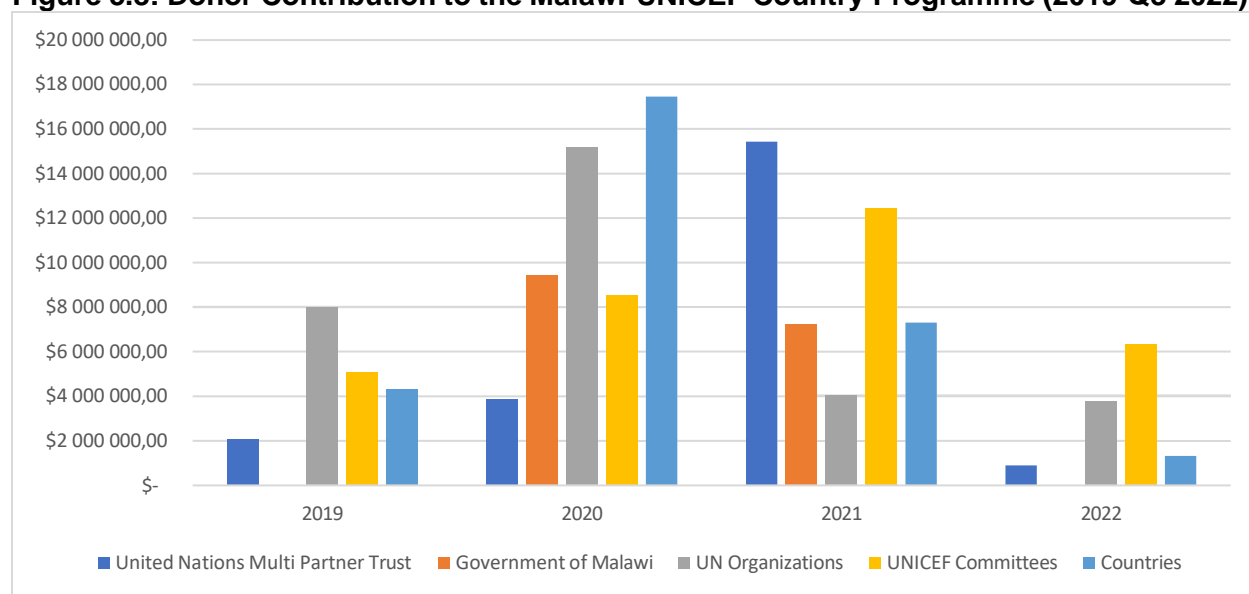
Finding 29: Donor support for Malawi - UNICEF Country Programme has been stable although fluctuating with emergency appeals, which demonstrates a high level of success. UNICEF Country Committees have been of increasing importance as have UN Agencies and the Multi-Partner Trust Fund. Some programming has reduced regular support due to limited availability of donor funds, changing priorities and investment shifts.

Considering the scale of Malawi’s needs and fiscal space, its key needs are in **education, health and food security** as reflected in the corresponding GoM’s spending priorities. Donor contributions flow on annual commitment basis and/or emergency or humanitarian appeals. While annual commitments are flexible, humanitarian appeals are typically focused on financing for specific needs. As can be seen in Figure 5.8, **vis-à-vis UNICEF, individual country (bilateral donors) contributions have been declining, with the Multi-Partner Trust Fund and UNICEF Committees playing a more significant role**. The continued high performance of UNICEF Committees may provide insight into successful fundraising approaches for UNICEF.

²⁸² For example, this includes working through the Local Government Ministry at the national level and through the District Councils at sub-national level

²⁸³ UNICEF Malawi (2020). Endline Evaluation of MNC Survival Programme.

Figure 5.8: Donor Contribution to the Malawi-UNICEF Country Programme (2019-Q3 2022)



Source: Evaluation team (based on UNICEF Malawi donor contributions database)

The donor investments are in education, health, food security and water, among others. Uniquely, UNICEF is able to collaborate with multiple partners, jointly and separately – both UN and Bilateral programmes - on multiple aspects of important programmes which provide society support for children and their families. Key priorities for donors underpin direct contributions to UNICEF. A complexity of the integrated programming model is that it does not necessarily align with donor priorities and must be broken down into thematic projects or programming. The evaluation **found that common donor priorities include** maternal, neonatal and child health, gender equality, girls' education, improved governance systems, sustainable livelihoods, and social cash transfers for poor households.

A trend has been noted of bilateral donors having to reduce and re-focus priorities as a result of COVID-19 or as coincidence in timing. WASH programming is an example of work which should be carefully focused, as donor priorities are typically tuned away unless in the case of disasters. International Financial Institutions such as the World Bank have played a critical role in this case in mobilizing resources, while UNICEF can mobilize technical assistance. Secondary Education is another area where donor priorities have been re-focused; in this case USAID plays a critical role in investing in adolescent education. Occasionally, gaps in consistency in funding can lead to successful pilot programs not being scaled up and terminated due to lack of resources (an example is technical skills for out-of-school boys in small agriculture). These trends in programming commitments and priorities need to be closely studied and reflected upon for the next CP.

The USA, EU/EC, Germany, Norway, Japan, and Sweden remain committed to collaboration with UNICEF. Other countries' commitments and plans need to be closely observed given their importance (such as FCDO) to determine whether there may be a reduction in the country program support, a change in priorities, or a shift in the way of doing business (such as through CSOs). Finally, donor contributions are supplemented by direct humanitarian appeals²⁸⁴ which must be taken into consideration when reflecting on the scope of the MCO's operations, which often overtake regular programming. A key collaborator in the humanitarian response area for UNICEF is the WFP. Combined the two UN agencies receive more than 60% of humanitarian funds and work closely together.

²⁸⁴ <https://fts.unocha.org/countries/134/summary/2022>

5.6 Orientation Towards Impact

5.6.1 Changes in the lives of rights holders and duty bearers

Finding 30: The Malawi - UNICEF Country Programme has contributed to progress in children's rights at the strategic level in terms of strengthening the enabling environment (through a range of national strategies, systems frameworks, plans and programmes) and in so doing enhanced the capacity of the Government of Malawi and other duty bearers to realize children rights. There is also evidence of changes in the living conditions of rights holders at school and in their homes.

Changes in the capacities of duty bearers

An important **difference made by the CP interventions has been the progress in children's rights at the strategic level in terms of strengthening the enabling environment**. According to interviews, the improved legislation, sector strategies and plans, and budgeting for children have enhanced the capacity of the Malawi Government and other duty bearers to realize children's rights. At national as well as sub-national levels, the boosting of institutional capacity and the strengthening of government systems resulted in changes in the ways efforts to promote children's rights are implemented. For example, consulted stakeholders and documents indicate that the strengthening of the SCTP led to improved targeting of beneficiaries using the Unified Beneficiary Register and improved payment solutions. This in turn resulted in increased number of households reached by the programme, as well as improved accountability both upstream and downstream.²⁸⁵

Changes in the ways decentralized programme coordination and implementation are also underway. The activities aimed at local capacity-building and community empowerment are contributing to addressing capacity gaps at subnational levels and to seize opportunities offered by GoM decentralization process. Interviews with District stakeholders confirmed that local actors have started embracing inclusive bottom-up participatory planning processes (see the example of the Chikwawa CYFCI development plan, which was developed through multi-actor and sector processes, involving youth). Similarly, PF4C interventions have empowered rights holders and duty bearers to engage in participatory approaches through the strengthening of transparency, public accounts, fiscal accountability, and parliament's ability to make the executive accountable.

Further changes in the lives of duty bearers include obtaining university degrees (e.g., District Social Welfare Officers), acquisition of solid child protection skills, and receiving capacity building at different child protection levels to improve systems. Central government interviewees acknowledged the CP's contribution to build capacity of Social Welfare staff in Malawi and applauded UNICEF's successful advocacy for the introduction of a Social Work Degree Program at the University of Malawi (UNIMA, then Chancellor College).

Interviewed teachers at district levels who are participating in Empowerment Transformation Trainings (under Ujamaa) noted that, *"as teachers, we have changed our attitudes and learnt how to handle learners better. We now know that some cases of abuse were being encouraged by our unequal treatment of girls and boys. Since the Ujamaa intervention, we are trying to handle both sexes equally, giving them equal responsibilities."* They further referred to the improvement of the teachers' own technical skills – *"the life skills topics that Ujamaa teaches are deeper, and we are marrying them with our own life skills curriculum so learners can understand the concept of life skills more practically."*

Finally, consulted documents and interviews indicate that **the positive parenting messages that parents have received have led to improvements in provision of positive skills development in parents**. This includes health, nutrition, prevention of violent parenting discipline, play and stimulation, early learning and safety and security. There has been a small increase in the involvement of fathers in providing care for their children.²⁸⁶

²⁸⁵ UNICEF Malawi, RAM (2021)

²⁸⁶ Country Programme Full Approved Report: RAM 2021.

Changes in the lives of rights holders

The SCTP provides assistance to children, **improving their living conditions at school and in their homes**. Focus group discussions with parents in visited communities and teachers in visited schools confirmed that children from SCTP beneficiary households have improved health, clothing, and overall quality of life and childhood. This confirmed the findings of the previous evaluation of SCTP which had shown that beneficiaries spent the cash transfer on their children's education expenses, including costs such as food, school uniforms and other clothing items.²⁸⁷ Transfers enhanced parents' ability to provide food provisions for children to eat during the school day, which they believe motivated children to study and helped them perform better at school. Another most salient SCTP impact on the lives of children is that beneficiary families improve their homes, with iron sheets for example, as well as constructing new homes that are more stable and resilient.²⁸⁸ Children from SCTP beneficiary families have therefore improved living conditions, which impacts positively on their development.²⁸⁹

Improvements of WASH services to households and communities, healthcare facilities and schools have fostered the development of a happy, healthy child and mother. During interviews with teachers and head teachers in visited schools, they confirmed that availability of clean water and good toilets reduced students' school absenteeism, while increasing students' regularity in schools. In focus group discussions, members of school WASH committees indicated that by having water throughout the school day, they could easily teach their students handwashing and sanitation lessons.

Lives of children have been saved through being treated for acute malnutrition. As discussed in section 5.2, the numbers of children with acute malnutrition have declined over time. Evidence at the national level, through surveys, has also shown decline in wasting over time.²⁹⁰ This development was corroborated by end users of the CP interventions consulted in this evaluation. As stated by some of the cluster members during FGD in Matelekera, Chikwawa district, *"The benefit that we have seen in this area is that our children are not wasted because we have been taught how to diversify our diet using six food groups"* (participant # 5). *"They also gave us some vegetable seed and chickens that have made it possible for us to diversify our diets according to the six food groups"* (participant # 8). Through health system strengthening programmes at various levels of government, there has been improved quality of care for MNCH, and increased testing and treatment of HIV, as noted in documents and interviews. For example, in districts supported by UNICEF as learning districts, neonatal deaths are lower than the national average (12 per 1,000 compared to 26 per 1,000).²⁹¹ This has been associated with work on collaboration, mentoring, supervision, research, and the Baby-AID kit.²⁹²

Finally, **positive changes of mindsets by girls and boys are also happening because of interventions such as those implemented by Ujamaa.** The learners themselves, especially girls, have made personal gains through mentoring interventions. For example, district NGO interviewees mentioned that girls have become more assertive and gained more self-esteem, which prompts them to confidently ask questions in class and ultimately influences the improvement of their academic performance. The education sector interviewees in Mzimba corroborated this impact by noting that, *"we had a visit by the Minister of Education, and girls were the ones that were boldly engaging her. The Minister noticed and pointed out that it's high time we also started mentoring boys because they weren't as assertive as the girls."* Interviewed teachers in rural primary schools confirmed that the mindsets of both boys and girls have changed for the better, *"previously, teachers would advise the learners against some conduct, but they would rebel. But this has changed."*

²⁸⁷ University of North Carolina at Chapel Hill and University of Malawi (2016). Malawi Social Cash Transfer Programme Endline Impact Evaluation Report.

²⁸⁸ Ibid.

²⁸⁹ RAM (2021)

²⁹⁰ Multiple Indicator Cluster Survey (MICS), 2020.

²⁹¹ Country Programme: Draft RAM 2022.

²⁹² Ibid.

5.6.2 Likelihood of long-term impacts

Finding 31: While some interventions have already registered positive impacts on the living conditions of children and women, potential impacts from other initiatives are likely to occur in the medium-to-long term. Some unintended negative impacts have been registered as well (e.g., tension amongst and within households as a result of cash transfer top-ups).

Positive Impacts

Evidence generated by UNICEF through evaluations has demonstrated that the **social cash transfers are used positively and have already registered impacts** that span a wider range of outcomes, with the overall impacts of the programmes on poverty, consumption, education, and health. Cash transfer programmes improve the wellbeing of targeted populations, especially the ultra-poor, notably by improving household food security – through increased real household consumption levels. The majority of SCTP beneficiary households participating in these evaluations confirmed that the transfers had improved education for children and nutrition outcomes.^{293,294} Previous evaluations have also found that cash transfer in emergencies has had direct impact on poverty and vulnerable people's lives, as beneficiaries used the money to invest in small income generating activities: buying livestock such as chickens, in order to eventually sell chicks or eggs to help with their children's education expenses or joining village savings and loans.²⁹⁵ It is likely that the impacts of these social cash transfers will continue in the medium to long-term if the funding continues.

WASH interventions have changed people's behaviours on hygiene, and reduced water-borne diseases. Using higher quality water from an improved source in schools or communities, or basic sanitation services generally impacts child growth. Stakeholders consulted at district and community levels, including teachers, parents, and students, confirmed that improved sources of drinking water and sanitation facilities in their areas have promoted the health of children and students, reducing cases of malnutrition and infections. If the WASH systems put in place are properly maintained, it is likely that they will continue to have a long-term impact.

The main positive impact registered by nutrition interventions is that **children's lives have been saved after successfully recovering from severe acute malnutrition.**²⁹⁶ These interventions improve food diversity, increase breastfeeding and complementary feeding at 6 months, which has an impact on the rates of malnourished children. Multiple interventions within health including ensuring vaccinations across a wide range of diseases, addressing outbreaks including COVID-19, strengthening the health system, ensuring quality maternal, newborn and child health, continued work in HIV (testing and ARTs), and continued work to register births have all helped to contribute to the main positive long-term impact of better health for children and mothers.²⁹⁷ **The long-term impact will ultimately be reduced morbidity and mortality.** For ECE, the long-term impact of the CP's work in Malawi will be to ensure more parents use positive parenting as they raise their children, potentially resulting in healthier and happier children.

Many other interventions implemented by the CP are **likely to register impacts in the medium to long-term.** For example, as described before, many SBC interventions that were implemented, aimed at addressing norms and challenges at the root cause, rather than merely tending to the symptoms. Since change in behaviours and attitudes does not happen overnight, these types of interventions will take time to produce the expected impact, and that largely depends on whether follow-up projects are conceived as long-term interventions.

²⁹³ UNICEF Malawi (2016). Malawi Social Cash Transfer Programme Endline Impact Evaluation Report

²⁹⁴ UNICEF Malawi (2022). Longitudinal impact evaluation of the Malawi Social Cash Transfer Programme.

²⁹⁵ UNICEF Malawi (2021). Evaluation of UNICEF's work on cash transfer programming in emergencies.

²⁹⁶ UNICEF Malawi: RAMs (2019, 2020, 2021, 2022).

²⁹⁷ COVID-19 Response: Real-Time Evaluation Report, 2020; KAP Study Afikepo, 2020; UNICEF Malawi: RAMs (2019, 2020, 2021, 2022).

Unintended Impacts

On the positive side, it emerged from interviews that PF4C interventions have helped discourse about governance structures towards the restructuring of decentralized governance system and conceptualizing a new approach which addresses specificity of districts/localities.

On the negative side, the evaluation of UNICEF's work on cash transfer programmes in emergencies identified unintended impacts such as forced sharing of assistance, increased tension amongst and within households as a result of cash transfer top-ups. Other negative outcomes include the fact that non-beneficiaries in some places become angry because they do not fully comprehend why they were ineligible for the programme, which may affect community cohesion.²⁹⁸ Some consulted stakeholders believe that these negative effects call for a 'cash plus care' approach including social behavioural change communication, grievance and redress mechanisms and a gender module for intra-household dynamics.

In addition, interviews with both central and district interviewees found that girls-only education interventions breed resentment by vulnerable boys. It is becoming apparent that while maintaining the emphasis on girls, the mission not to leave anyone behind should entail, given they are dropping out in concerning numbers too, and that UNICEF should ensure that boys are not left behind. It will be important for these negative unintended impacts to be mitigated to ensure long-term impact over time.

6 CONCLUSIONS, LESSONS LEARNED AND RECOMMENDATIONS

6.1 Conclusions

Relevance

The results of this evaluation lead to the conclusion that the CP as a whole and its specific interventions have been highly relevant to Malawi in terms of promoting children's rights. The CP was designed in the spirit of maximizing results for children through a shift to a life cycle approach, allowing to tackle children's rights challenges in a holistic manner. The CP programming was highly aligned with the GoM's plans and policies and is perceived to have remained relevant (over time) with evolving priorities, despite major changes in the country and global context since 2019. By applying the child rights-based approach in its programming (e.g., all strategy notes were informed by data and sound analyses that had established the most important children's rights issues in Malawi), the CP interventions provided responses to the most pressing needs of vulnerable children, including adolescents, in Malawi. The evaluation identified a few alignment gaps, including a misalignment with the priority of the GoM to (a) target parental behaviour changes throughout the child lifecycle, (b) ensure access to WASH services at community level. In terms of integrating cross-cutting issues, the design of the CP is strong on human rights and gender components, but it is 'mixed' from an equity and inclusion perspective. Programming to meet substantive needs of children with albinism, street connected children, vulnerable boys, and children at risk of child marriage has fallen short.

Coherence

Generally, the CP is coherent internally and has integrated key UNICEF strategies and international commitments. The ambitious innovations launched during the CP, including the Pillar approach, the Matrix Management style, and Task Teams stand out as coherently addressing the key bottlenecks to meeting the needs of children in Malawi. These change strategies have been successfully rolled out and demonstrated their potential to achieve results; although they remain a work in progress and the change needs more time to mature, they have contributed to considerable learning, improved cross-sectoral collaboration, programme relevance and quality of interventions. Externally, this CPE paints a positive picture of UNICEF strategic positioning in Malawi. UNICEF is perceived to be strategically positioned in

²⁹⁸ UNICEF Malawi (2021). Evaluation of UNICEF's work on cash transfer programming in emergencies. Evaluation Report.

Malawi, given its comparative advantages in terms of upstream and downstream work, especially in the areas of systems strengthening and capacity development. The work undertaken by the CP has been highly complementary to projects and programs of the GoM and other partners, including other UN Agencies. The MCO is seen as a team player within the UN system and among development partners in Malawi. Its leadership in the education and nutrition sectors, its coordinating role in emergencies and its active participation in joint UN programming, are particularly appreciated by all CP's stakeholders. Notwithstanding, there is a need to continue to maximize efforts in joint programming, delivering as One, alongside regularized, joint monitoring with other United Nations agencies.

Effectiveness

The evaluation has established that the CP has had a positive performance, as reported through available MCO results monitoring documents and confirmed by stakeholder consultations in Lilongwe, Mangochi, Mzimba, Chikwawa and Kasungu. While the CP components have performed differently in achieving the planned outputs and outcomes, the evaluation found that, overall, the MCO was on track towards achieving the targets of outcome and output-level indicators. Under the current CP, UNICEF and the GoM worked to improve access to quality services for children through the Pillar approach. The CP interventions contributed to improving and expanding these services, as demonstrated by the achieved progress on some indicators at national level (examples: under-5 birth registration has seen an increase from 2% in 2018 to over 50% in 2022, the percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth has increased from 61% in 2018 to 85% in 2022). The CP provided humanitarian support, including ensuring ongoing access to services throughout an emergency. However, there are opportunities for further work to build on a strong humanitarian-development nexus, including ensuring funding is in place, and developing the appropriate structures to integrate emergencies in the long-term work. The cross-cutting dimensions of gender equality, equity, human rights, inclusion, youth empowerment and climate change are well reflected in the programme results.

The improvements in access to basic services described above were achieved alongside (and benefited from) achievements in terms of systems strengthening and capacity development, as well as advocacy. The CP has strengthened the capacity of government institutions and CSOs, notably through the development of sector planning documents, strategies, and policies opening pathways for system strengthening. This is evident in the work of all three Pillars.

Nevertheless, the optimal achievement of results at country level, or at least in the UNICEF-supported districts, has been challenging in other areas of UNICEF work in Malawi due mostly to insufficient funding. Notably, under Pillar I, access to drinking water services in Malawi has slightly improved over the CP period, while no progress has been made in provision of basic sanitation services. This is not surprising though, as the WASH sector is under Pillar III which has received the least allocation among the three Pillars. Indeed, the evaluation has shown that WASH programming is an area of work where donor priorities are typically tuned out unless in the case of disasters. Although IFIs, such as the World Bank have started paying attention to this sector, the WASH sector remains an area that needs to be prioritized, given its implications on other sectors such as health, nutrition, and education. Despite the significant increase in terms of birth registration, more work is needed to ensure data is entered in a timely way, and that people obtain birth certificates in a timely manner.

Education, under Pillar II, is another area which has suffered from insufficient funding due, in part, to the re-focusing of donor priorities. Inconsistencies in funding for the education sector can lead to successful pilot programs not being scaled up and terminated due to lack of resources. Evidence further indicates that the execution of some Pillar II initiatives - such as in school construction - have been affected by changing priorities of donors. These trends in programming commitments and priorities need to be closely studied and reflected upon for the next CP. In particular, the declining budget trends demonstrated in this evaluation suggest that the MCO must make informed choices for UNICEF's future investments in Malawi, to ensure that the support is focused on the most essential areas of the work.

The three Pillar approach has somewhat contributed to achieving the CP results. However, to maximize the effects of this approach on children results, more needs to be done, both within the MCO and externally, to ensure full integration and programmatic convergence. Evidence from this evaluation also leads to the conclusion that the lack of robust integrated packages of interventions across the three Pillars appear to have hindered achievement of the desired results. This is largely associated with donor funding modalities

which are still sector-driven, as well as the fact that the MCO works with the GoM, which is still organized in a sectoral, not child-centred manner. All this has often acted as a deterrent to pillar joint proposal development, programming and operationalising joint interventions.

All in all, the results of this CPE show that the assumption identified in the CP's theory of change, namely that "donors and partners invest in children and work collaboratively and in coordination on integrated planning", and the largest risk identified by the theory of change of the "structurally facilitated integration" (which describes a change journey for the CO) namely that "there are not enough resources put toward supporting and catalysing the change and the training/knowledge/skill development required (specifically in results reporting), have at least partially been borne out.

Efficiency

Mobilizing adequate funding resources has been a persistent challenge for the MCO, given the current context of dwindling international development assistance and unanticipated crises such as COVID-19 and the Russia-Ukraine war. Nevertheless, **the evaluation concludes that mobilized financial resources were appropriately allocated and used effectively in most interventions given the effective management approaches implemented.** There is also a positive perception that gender interventions benefited from the strategic allocation of resources due to the comprehensive articulation of gender action points for each pillar under the Country Gender Equality Strategy. While allocated funds have for the most part been adequate for delivering the CP planned intermediate results, such as piloting interventions, revising policy documents, and delivering trainings, resources have remained insufficient to accomplish the totality of the activities needed to meet the needs of children. Overall, human resources have been adequate to implement the CP. Despite experiencing staff attrition during the Programme period, the staff complement of the MCO has been optimal throughout, with required capacities in the relevant fields of the CP.

Sustainability

The CP created many results that are likely to be sustained in the long run, but the likelihood is both variable and moderate, depending on the intervention areas. While some results may be sustainable over time, notably the policy and strategy instruments developed with the technical support of the MCO as well as capacity developed at individual, organizational and institutional levels in all sectors of UNICEF interventions, there are many areas that require ongoing donor resources to ensure sustainability. These include the continued provision of commodities such as vaccinations, ensuring sustainability of work done via SBC, as behaviour change takes time and consistent messaging is important, or PF4C interventions which are contingent on institutional changes and reforms at all levels of the government, yet such changes are generally slow and take time to be fully implemented and show results. Overall, in Malawi, sustaining many results remains highly reliant on international development funding, and given changing donor priorities, their sustainability is questionable. The successive emergencies in Malawi constrain the sustainability of the results from the emergency interventions, given the need to rebuild infrastructure and resettle affected populations. A trend has been noted of bilateral donors having to reduce and re-focus priorities as a result of COVID-19. Gaps in consistency in funding can lead to successful pilot programs not being scaled up and terminated due to lack of resources. These trends in programming commitments and priorities need to be closely studied and reflected upon for the next CP.

Orientation Towards Impact

Among other important differences made by the CP interventions is the progress in children's rights at the strategic level in terms of strengthening the enabling environment, which enhanced the capacity of the GoM and other duty bearers to realize children's rights. There is also evidence of changes in living conditions of children at school and in their homes due to programmes such as the SCTP. Evidence exists that improvements of WASH services to households and communities, healthcare facilities and schools have fostered the development of a happy, healthy child and mother, that lives of children have been saved through being treated by health and nutrition interventions, while positive changes of mindsets by girls and boys are happening because of interventions such as those implemented by Ujamaa. However, many other interventions implemented by the CP are only likely to register impacts in the medium-to-long term (e.g., SBC interventions addressing norms). Some unintended negative impacts have been registered as well, such as forced sharing of assistance, increased tension amongst and within households as a results of

cash transfer top-ups, or the fact that girls-only education interventions breed resentment in vulnerable boys.

Cross-cutting issues

This evaluation concludes that the CP was designed with the deliberate purpose of promoting children's rights (including adolescents) across all its pillars, including in the areas of operational and program effectiveness. This has been achieved by a focus on systems strengthening, especially the adoption of laws and policies to facilitate the implementation of the CRC in Malawi. The CP has solidly contributed towards promoting gender equality as evidenced by a robust country Gender Equality Strategy that proposed specific gender actions for each pillar, as well as indicators to be tracked through the main program results framework. The main strength of the CP in both development and humanitarian contexts has been to achieve human rights and gender results, though grey areas remain. In this regard, while certainly gender responsive, most indicators have not focused on qualitatively tracking gender transformative results to reveal actual changes to norms, attitudes, and practices that the interventions are triggering. Moreover, gender interventions targeting vulnerable boys as beneficiaries have been limited. When it comes to inclusion interventions results, these are inconsistently addressed because strategic focus has been on gender mainstreaming, although consciousness of the issue of disability is starting to increase. But in respect to equity results, these are generally hard to discern from most of the results. More needs to be done to systematically capture progress made for specific groups of children in the vulnerability cycle, entailing that interventions cannot yet claim to be leaving no child behind.

By design, the CP sought to empower youth through strengthening their competencies and skills, as well as promoting their participation in decision making processes. A central part of the UNICEF approach also involved supporting the development of youth targeted policies and strategies, notably the National Youth Policy and Youth Investment Plan. However, these contributions have not necessarily been made based on a clear definition of the role of UNICEF in promoting the youth development in Malawi. Finally, the CP has been responsive to climate change issues which have been mainstreamed directly and indirectly through the Pillars' work. The CP included climate specific indicators in the results framework, which has influenced the achievement of results. Some of these results, such as the Climate Resilient WASH financing strategy, present opportunities for the MCO to continue advancing climate change action in Malawi even more.

6.2 Lessons Learned

This section captures the key lessons derived from the analysis of the findings presented in Section 5.

Lesson 1:

Implementing a LCA in a Country Programme involves complex processes and requires important changes (in people's mindsets and organizational systems, structures, and practices) both within the implementing organization and external partners. These changes must happen before the LCA can influence change in results for children. The findings of this evaluation (notably Findings 6, 7) have shown that the implementation of the Pillar approach during the CP 2019-2023 needed to be accompanied by many other approaches and structures (e.g., Matrix Management style, Task Teams) and required a shift in mindsets of staff at all levels. Only then could the CP interventions start registering changes in results for children. At the same time, the findings show that the influence of the Pillar approach on the CP results is still limited by the lack of awareness of this approach outside of UNICEF, notably among government and donor institutions which still work with UNICEF through sectoral approaches (see Finding 12).

Lesson 2:

Close partnerships and coordination are strong success factors for a development cooperation program. The analysis conducted in this evaluation demonstrates that the UNICEF-Malawi CP 2019-2023 has achieved its results through close coordination with the GoM across all Pillars. Engagement with government actors at central and district levels ensured ownership of the processes and eased the establishment of local-level partnerships, including with local authorities, CSOs and traditional leaders, which ensured efficient, effective, and rapid outreach to communities. The partnerships, which further

extended to other development partners – including UN Agencies, civil society organizations and private sector, not only ensured the use of government structures, which is an important component for the smooth functioning, buy-in, scale-up and sustainability of the programme results, but also ensured avoidance of duplication of work. For instance, close collaboration and communication among UNICEF, Ministry of Education and other implementing partners helped to rapidly achieve significant results in providing safe school reopening during the COVID-19 pandemic at the earliest.

Lesson 3:

Piloting innovative approaches is a necessary condition for identifying good practices in a particular context, their scaling up is a sufficient condition to bring about lasting changes in the situation of children at the societal level. This evaluation showed that the CP has piloted several approaches in the country. However, unless these pilots are brought to scale, they can hardly create the expected impact on the lives of children in Malawi (related to Finding 15).

Lesson 4:

In a country where communities are repeatedly hit by different shocks, short-term and reactive emergency responses can save lives, but their longer-term development effects are limited. These can only occur when **emergency and humanitarian actions are included as part of the overall planning, as these will always be a key part of the Country Programme.** Findings from the evaluation reveal that UNICEF has played a key role in humanitarian work, including ensuring ongoing access to services throughout emergencies such as COVID-19, tropical storms and cyclones, floods, cholera, and polio outbreaks. The results also show that, in some cases, emergency responses can be easily transitioned to development, for example in the case of oxygen plants which can be used to provide oxygen for other needs beyond COVID-19, including for neonates. However, the CP emergency interventions have been generally short-term in nature and reactive to the circumstances and did not always consider the likelihood that some emergencies will endure in the long term and or come back, despite the country's obvious vulnerability to emergencies (related to Findings 21 and 22).

Lesson 5:

For geographical convergence to produce the results expected, it needs to be mainstreamed within the Country Office, understood, and adhered to by all stakeholders concerned, internally and externally. The findings of this evaluation (notably Finding 20) showed that geographic convergence as an approach has been challenging to implement during the current CP. Although the CP document alludes to the use of this approach (i.e., focusing the CP sub-national interventions on selected geographical areas), it appeared that there was no shared understanding of the approach across the Office and among external partners, how it was to be implemented and what it was expected to achieve. Moreover, the approach did not actually become the key guiding principle in programming, as there were no other key documents referring to it, with details of its implementation.

Lesson 6:

Deliberately and consistently implementing gender transformative and socially inclusive programming at scale, as well as institutionalizing it in workflows, is what will ensure sustainable and comprehensive programming that 'leaves no one behind.' Positively, the findings of the evaluation (notably Findings 4, 6, 17) have shown that the CP's approach of institutionalizing gender mainstreaming in workflows has been an innovative strategy to ensure that gender is accounted for in program results and that staff members have necessary gender mainstreaming capacity. However, gender responsive programming as promoted by the country Gender Equality Strategy is only a good entry point, and strides need to be made to attain gender transformative results that are now being prioritized in the UNICEF GAP III 2022 – 2026. Furthermore, limited framing of the country strategy (as an exclusively 'gender' strategy), as well as lack of conceptual clarity of what underpins 'inclusion' and 'equity' under the CP hindered adequate strategizing around inclusion and equity results. Disability inclusion was inconsistent due to the lack of indicators for continuously capturing data on children with disabilities.

6.3 Recommendations

The recommendations presented in this section have been formulated based on the findings and the conclusions of this evaluation. The preliminary recommendations were first discussed with a wide range of MCO staff and managers as well as external partners in a virtual presentation on the evaluation findings and recommendations, which was held on 24 October 2022. This process enabled the evaluation team to receive feedback, which helped to validate and refine the recommendations. The recommendations presented in Table 6.1 include two categories, strategic and operational. While **strategic recommendations** focus on enhancing the strategic positioning of UNICEF, both internally and externally, ensuring that the next CP creates a greater value for Malawi, **operational recommendations** are focused on institutional and implementation mechanisms necessary to achieve strategic recommendations.

Table 6.1: Recommendations

RECOMMENDATIONS	RESPONSIBILITY	PRIORITY AND TIMELINE	KEY FINDINGS
STRATEGIC RECOMMENDATIONS			
<p>Recommendation 1: Prioritization with Equity focus</p> <p>The next Country Programme of Cooperation should prioritize programmatic areas, initiatives, and geographies, with a strong equity focus. Prioritization should be based on UNICEF's comparative advantages in Malawi, the potential risks in the global and national programming environment, as well as continuity of key results achieved in the in the Country Programme 2019-2023.</p> <p>This will require:</p> <ul style="list-style-type: none"> • Prioritization exercise conducted in close coordination and consultation with the GoM, stakeholders and donors. • Analysis of available financing resources, ensuring that the planned results are achievable, taking into account macro-economic conditions, donor commitments, and including a partnerships strategy - including UN - based on UNICEF comparative advantages. • Focus on interventions that advance cross-pillar, working in carefully selected geographic areas to maximize programmatic, lifecycle and geographic convergence gains. • Base the CP on general equity principles and proper child deprivation analysis (e.g., using UNICEF's Multiple Overlapping Deprivation Analysis methodology), ensuring that the CP is clearer and more direct about equity dimensions (including the conceptualization of 'the most vulnerable children'). • Results framework with disaggregated indicators for convergence life cycle strategies, with focus on Persons with Disability and gender equality. 	<p><u>Lead:</u> UNICEF Malawi</p> <p><u>Support:</u> Government of Malawi</p>	<p><u>Priority:</u> High</p> <p><u>Timeline:</u> preparation and implementation of CP 2024–2028</p>	<p>Related to findings: 1,2,4,20,29</p>
<p>Recommendation 2: Programme Management</p> <p>Build on the achievements and progress of the life cycle Pillar approach and Matrix Management structure and advance these approaches with the objective of improving programme coherence and demonstrating results.</p> <p>This will require:</p>	<p><u>Lead:</u> Deputy Representative Programmes –</p> <p><u>Support:</u> Pillar and Section Chiefs</p>	<p><u>Priority:</u> High</p> <p><u>Timeline:</u> preparation and implementation of CP 2024–2028</p>	<p>Related to findings: 6,7,12,14</p>

RECOMMENDATIONS	RESPONSIBILITY	PRIORITY AND TIMELINE	KEY FINDINGS
<ul style="list-style-type: none"> • Further clarification and streamlining of pillar and Matrix Management-related roles and responsibilities, levels of authority, Task Teams, and mechanisms for accountability. • Educating partners (notably government and donors) about, and/or advocating for, their alignment with the life cycle Pillar approach. • Continue to ensure office-wide shared understanding of these innovative initiatives and concepts as well as what is expected from each other, staff as well as managers. • Identify, implement, and scale-up packages of holistic and cross-pillar interventions, actively engaging Task Teams, and harnessing CP investments in innovations and research. • Ensure inclusion of sex- and age-disaggregated, disability, and gender equality data 			
<p>Recommendation 3: Geographical Convergence</p> <p>Reconsider the focus on geographical convergence in the next Country Programme of Cooperation. Geographical convergence should be intimately linked with the life cycle Pillar approach to reinforce each other to accelerate results for vulnerable children.</p> <p>This will require:</p> <ul style="list-style-type: none"> • Clearly define (in a document) what the geographical approach means, how it will be implemented and what it is expected to achieve. • Engage with stakeholders (internal and external) on the geographical approach, to create a shared understanding (and buy-in of the approach). • Geographical targeting to avoid spreading the CP resources too thinly, albeit with thorough assessment of associated risks, especially the risk for UNICEF to lose donor resources. • Implement cross-pillar interventions together in the same geographical or administrative areas (districts/traditional authorities), providing a holistic perspective to interventions and the needs of children. • Strengthen the Office capacity to improve decentralized planning and maintain quality service delivery. • Minimize transaction costs for UNICEF and government agencies as well as for communities and target groups. 	<p><u>Lead:</u> MCO Management (Representative, Deputy Representatives, Pillar and Section Chiefs)</p> <p><u>Support:</u> Government of Malawi (relevant line ministries)</p>	<p><u>Priority:</u> High</p> <p><u>Timeline:</u> preparation and implementation of CP 2024–2028</p>	<p>Related to finding: 20</p>

RECOMMENDATIONS	RESPONSIBILITY	PRIORITY AND TIMELINE	KEY FINDINGS
<ul style="list-style-type: none"> Adapt monitoring system to assess whether the geographical approach actually delivers upon its expectations, in terms of results for children and women. 			
OPERATIONAL RECOMMENDATIONS			
<p>Recommendation 4 – Innovation</p> <p>Consolidate UNICEF Malawi's innovation work and ensure a governance framework that helps to continuously respond to practical needs for innovation across the Programme.</p> <p>This will require:</p> <ul style="list-style-type: none"> Expedite approval/ adoption of the (pending) Innovation Strategy. Reinforcement of the innovation unit with strong leadership capacity and resource. Adopt an integrated framework to guide investment in innovations that address the biggest bottlenecks that CP Pillars and other components are facing. Establish an internal institutional architecture that promotes and supports innovation across the Pillars and helps to tap into (and mobilize finances from) local and global innovation systems and partnerships. Leverage ESARO's experience, drawing on lessons from models and practices currently being used in other UNICEF ESARO Country Offices. 	<p><u>Lead:</u> Deputy Representatives – Programmes</p> <p><u>Support:</u> Pillar and Section Chiefs; Innovation Specialist/manager; ESARO innovation experts</p>	<p><u>Priority:</u> High</p> <p><u>Timeline:</u> preparation and implementation of CP 2024–2028</p>	Related to findings: 15
<p>Recommendation 5 – Responding to Emergencies</p> <p>UNICEF Malawi should continue providing critical support for the Malawian government responses to emergencies (e.g., health and nutrition-related emergencies, climate change shocks such as floods and drought), while ensuring integration of emergency and humanitarian actions into its overall planning through an enriched NEXUS-based approach.</p> <p>This will require:</p> <ul style="list-style-type: none"> Prepare for likely (“next”) humanitarian crisis, in particular climate (flood and drought) -related emergencies through increased efforts aimed at enhancing resilience in vulnerable communities. 	<p><u>Lead:</u> MCO Management (Representative, Deputy Representatives, Pillar and Section Chiefs, Emergency Specialists)</p> <p><u>Support:</u> Government of Malawi (Department of Disaster Management Affairs)</p>	<p><u>Priority:</u> High</p> <p><u>Timeline:</u> preparation and implementation of CP 2024–2028</p>	Related to findings: 21,22,27

RECOMMENDATIONS	RESPONSIBILITY	PRIORITY AND TIMELINE	KEY FINDINGS
<ul style="list-style-type: none"> Support planning and preparedness activities for disaster risk reduction (DRR). Identify core NEXUS indicators to measure effectiveness of approaches. Ensure exit strategies are developed alongside interventions. Support planning for disability inclusive emergency preparedness, resilience, response, and recovery. Strengthen the application of the CCCs as a programming framework to address implementation gaps, including in relation to disability inclusion during emergencies. 			
<p>Recommendation 6 – Youth Empowerment</p> <p>UNICEF Malawi should continue paying particular attention to youth empowerment as a cross-cutting dimension and clearly define the role of UNICEF Malawi, based on its comparative advantages.</p> <p>This will require:</p> <ul style="list-style-type: none"> Define the role of UNICEF in promoting the youth development agenda in close consultation with the GoM in the next CPD and ensure that there is clarity in identification UNICEF's comparative advantage. Advance UNICEF-supported National Youth Policy and Youth Investment Plan developed by the Ministry of Youth, Sport and Culture supporting the Government to move to using appropriate instruments and mechanisms to bridge an important gap in the public policy cycle. Continue and reinforce support to initiatives that provide young people with employment and entrepreneurship opportunities, such as ADDA, the youth innovation challenge (under Generation Unlimited). Mobilize Youth population to educate communities for environmental awareness and action and gender equality. 	<p><u>Lead:</u> MCO Management (Representative, Deputy Representatives, Pillar, and Section Chiefs</p> <p><u>Support:</u> Government of Malawi (Ministry of Youth, Sport, and Culture), UN Agencies, UN Resident Coordinator</p>	<p><u>Priority:</u> High</p> <p><u>Timeline:</u> preparation and implementation of CP 2024–2028</p>	<p>Related to findings: 5,18</p>
<p>Recommendation 7 – Gender Equality and Disability Inclusion</p> <p>Build on the gains made by sustaining and strengthening the institutionalization of gender, as well as disability inclusion, to ensure alignment of the Country Programme with the agenda of the new UNICEF Gender Policy and GAP III, as well as UNICEF Disability Inclusion Policy and Strategy (DIPAS) 2022-2030.</p> <p>This will require:</p>	<p><u>Lead:</u> Deputy Representatives – Programmes</p> <p><u>Support:</u> Gender Specialist, Pillar, and Section Chiefs</p>	<p><u>Priority:</u> High</p> <p><u>Timeline:</u> preparation and implementation of CP 2024–2028</p>	<p>Related to findings: 4,6,17</p>

RECOMMENDATIONS	RESPONSIBILITY	PRIORITY AND TIMELINE	KEY FINDINGS
<ul style="list-style-type: none"> • Implement findings of the Gender Programmatic Review to provide strategic direction on transformative programming. • Prioritize girls' leadership and agency, including by strengthening 'gender and technology' approaches as an emerging area of global interest to UNICEF. • Move from the merely gender responsive approach of GAP II to GAP III's focus on expanding gender transformative approaches throughout all UNICEF programming, as well as in institutional policies, partnerships, and capacities. • Redefine the SCTP programming to focus more robustly on gender transformative cash transfer programming as guided by the UNICEF global indicator on gender transformative and gender responsive social protection.²⁹⁹ • Invest much more in gender evidence generation so that in addition to quantitative data, qualitative data disaggregated by gender and inclusion/equity variables is produced. • Establish targets and develop interventions to contribute to transforming community knowledge, attitudes, and practices, while identifying community "process champions". • Prioritize girls' leadership and agency and gender transformative cash transfer. • Strengthen the next gender equality strategy for UNICEF Malawi by broadening the scope of this strategy (as well as the 'gender' position/portfolio) to visibly cover 'equity and inclusion' for more comprehensive promotion and protection of child rights. • Beyond collecting sex disaggregated data, strengthen the CP results framework with indicators on children (including adolescents) with multiple vulnerabilities (e.g., children with disabilities, street children, ultra-poor) across all pillars. • Integrate the principles of Convention on the Rights of Persons with Disabilities in CP strategies and consistently disaggregate disability data by sex and type of disability, in line with UNICEF DIPAS 2022-2030. 			
Recommendation 8 – Alignment with Decentralization policy	<u>Lead:</u> Deputy Representatives – Programmes	<u>Priority:</u> High	Related to Findings: 16,26,28

²⁹⁹ UNICEF Gender Responsive Social Protection Background Paper, 2021.

RECOMMENDATIONS	RESPONSIBILITY	PRIORITY AND TIMELINE	KEY FINDINGS
<p>Consider further investing in and developing MCO capacity to greater align with the Government of Malawi's decentralization policy.</p> <p>This will require:</p> <ul style="list-style-type: none"> Align MCO CP with and support the GoM devolution process. The processes of planning, coordinating, and monitoring at decentralized level following the Pillar approach require intensive and ongoing support at the field level. Facilitate cross-sectoral collaboration at decentralized level, and to be nimble in supporting both development and humanitarian interventions. Investment in and development of the MCO capacity for planning and monitoring of the CP interventions at decentralized level. Analyse required competences and capacity gaps, and decide accordingly, taking lessons from best practices in other UNICEF COs throughout the region (and beyond), while keeping in mind UNICEF Malawi's available resources. Engage government and other strategic partners in discussions to appreciate the suggestion on direct funding to district councils. 	<p><u>Support:</u> Pillar and Section Chiefs</p>	<p><u>Timeline:</u> preparation and implementation of CP 2024–2028</p>	

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