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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Malawi

Proposed indicative UNFPA assistance: \$45.5 million: \$10.5 million from regular resources and \$35 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2019 - 2023)

Cycle of assistance: Eighth

Category per decision 2017/XX: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	5.3	15	20.3
Outcome 2	Adolescents and youth	2.1	10	12.1
Outcome 3	Gender equality and women's empowerment	1.1	5	6.1
Outcome 4	Population dynamics	1.0	5	6
Programme coordination and assistance		1.0	-	1
Total		10.5	35	45.5

I. Programme Rationale

1. Malawi population, estimated at 17.4 million in 2017, has an annual growth rate of 2.8 per cent and is projected to reach 41.2 million by 2050. The population is youthful, with 47 per cent below the age of 15. By the age of 18, 47 per cent of girls are already married and 29 per cent aged 15-19 have begun child bearing contributing to 25 per cent of all pregnancies annually. Poverty is still widespread, exacerbated by high fertility and the high dependency rate of 91 per cent. The Government has adopted the demographic dividend as a conceptual framework to guide programming and policy formulation to accelerate socio-economic development.
2. Maternal mortality ratio has declined from 675 in 2010 to 439 per 100,000 live births in 2015-16, due to increased contraceptive use, improved access to emergency obstetric care services from 2 to 40 per cent and increased skilled birth attendance from 71 to 90 per cent over the same period. More efforts are needed to scale up the provision of and access to quality emergency maternal and neonatal care, including through community engagement and male involvement, to further reduce maternal mortality and morbidities. Obstetric fistula prevalence among women of reproductive age is estimated at 0.6 per cent.
3. Malawi has made progress in reducing total fertility rate from 5.7 in 2010 to 4.4 in 2015-16 mainly due to increased uptake of modern contraceptives. The contraceptive prevalence rate increased from 42 to 58 per cent for married women in the same period. However, contraceptive prevalence rate among adolescents remains low at 37.5 per cent, leading to one of the highest adolescent birth rates in Africa of 136/1000. Limited comprehensive sexuality education, prevailing myths and misconceptions associated with contraceptive use remain challenges in the efforts to address adolescent fertility.
4. The HIV prevalence among men and women aged 15 to 49 decreased from 10.6 in 2010 to 8.8 per cent in 2015-16 although prevalence among sex workers and men who have sex with men is still high at 62 per cent and 21 per cent respectively. New HIV infections have steadily declined from 74,000 in 2012 to 34,000 in 2017, though with over 50 per cent of the new infections occurring among adolescent girls and young women aged 15-24. The high HIV-prevalence among girls and women is attributed to early sexual debut; harmful cultural practices, including child marriage; lack of empowerment of girls and women to negotiate for safe sex; and limited access to HIV prevention information and services.
5. Gender-based violence is still a major concern in Malawi. In 2015-16, about 34 per cent of women aged 15-49 have ever experienced physical violence and 21 per cent have ever experienced sexual violence. Although Malawi has made improvements in the legal and policy frameworks to ensure women empowerment and gender equality; deep rooted harmful cultural practices, high gender inequality (0.614) and weak accountability systems affect access to justice and realization of sexual and reproductive health and rights.
6. Malawi is a disaster prone country with 15 out of the 28 districts experiencing droughts and floods yearly. Government has an annual contingency plan in place to guide emergency response interventions. However, challenges regarding district level cluster coordination, limited availability and utilization of reliable and disaggregated data in emergencies and inadequate knowledge of the minimum initial services package negatively impact the effectiveness of response interventions, particularly for pregnant and lactating women, adolescents and young people.
7. The seventh country programme contributed directly to the: (a) declined maternal mortality ratio by ensuring access to quality emergency obstetric and neonatal care services in 19 designated obstetric care facilities; training of 120 midwives; operationalizing 33 maternal death surveillance response committees; and training of 200 service providers in maternal death surveillance and response; (b) increased contraceptive prevalence rate through ensuring continuous availability of a range of

modern contraceptives by training 880 family planning service providers in long acting reversible contraceptives, bilateral tubal ligation and hormonal injectable contraceptives and strengthening the logistical management information system leading to zero per cent of stock outs of family planning commodities in tertiary and district hospitals. Continuous availability of contraceptives through a comprehensive supply chain management system will require strengthening to consolidate the gains accrued in the 7th country programme; (c) decreased number of new HIV infections through 20 “Condomize” campaigns reaching 82,246 young people and providing access to information and services for high risk groups such as sex workers and out-of-school youth; (d) development and enactment of the Gender Equality Act, including its operationalization through advocacy and engagement with traditional leaders; review of the Prevention of Domestic Violence Act, roll-out of “End child marriage” campaigns and institutionalization of gender studies in colleges; (e) increased investment in and utilization of integrated youth-friendly health services through the establishment of the inter-ministerial committee on adolescents and youth and the establishment of nine youth service centers; and (f) prioritization of population dynamics in the Malawi Growth and Development Strategy III through the dissemination and adoption of the 2015 demographic dividend study and support the review of national population policy.

8. Key lessons include: (a) regular capacity building, mentoring and coaching of critical government partners is required to address the high turn-over of staff; (b) integration of vocational skills in adolescent and youth programmes yields greater programme results, considering the correlation between employment, education and empowerment; (c) continuous engagement with media networks improves the effectiveness of policy advocacy and social behavior change communication interventions; and (d) limited utilization of innovative information sharing platforms among young people in rural areas requires UNFPA investments in broadcast and outdoor media.

II. Programme Priorities and Partnerships

9. The proposed country programme for 2019-2023 was developed in consultation with Government, United Nations agencies, development partners, human rights institutions and civil society organizations and is in line with the Government of Malawi’s priorities as outlined in the Malawi Growth and Development Strategy III (2017-2022) which responds to the 2030 Agenda for Sustainable Development. It is also aligned to the UNFPA Strategic Plan for 2018-2021 and the 2019-2023 United Nations Development Assistance Framework for Malawi.

10. The country programme will use multiple strategies to achieve the programme objectives, including policy advocacy and dialogue, knowledge management and strategic partnerships at national level, and service delivery and capacity development interventions in five districts (Nkhata-bay, Chiradzulu, Mangochi, Dedza and Mchinji). The districts have been maintained to consolidate gains from the seventh country programme and to scale up interventions to the whole district.

11. In line with the Delivering as One principle, UNFPA will further partner with other United Nations agencies to implement joint programmes in the area of evidence generation, family planning and adolescent sexual and reproductive health. Strategic partnerships will be strengthened and consolidated with key Government Ministries; United Nations agencies; private sector; media networks; and academia. Collaborating with civil society organizations, including faith-based institutions, will be critical in reaching out to hard-to-reach communities thereby ensuring that no one is left behind.

A. Outcome 1: Sexual and reproductive health and rights

12. *Output 1: Health workers, including midwives in the five focus districts, have improved capacities to provide high-quality integrated sexual and reproductive health services and information to the most marginalized women and young people, especially adolescents, including in humanitarian settings.* The country programme will (a) scale up combined HIV prevention efforts at national level with a focus on key populations; (b) continue to provide maternal and new-born care equipment and life-saving

commodities to designated health facilities to provide quality and comprehensive maternal health care services; (c) build capacity and leadership of Government in obstetric fistula management; (d) provide technical support towards implementation of the costed family planning action plan; (e) scale up outreach activities and establishment of youth-friendly health service centers; (f) continue supporting existing maternal death surveillance and response systems; (g) provide technical and material support to training colleges, associations and regulators to improve pre and in-service midwifery training; and (h) train health workers and civil protection committees to ensure effective and coordinated delivery of minimum initial service package delivery in humanitarian settings.

13. *Output 2: Ministry of Health is better able to effectively forecast, procure and distribute sexual and reproductive health commodities and maternal health life-saving drugs, including last mile tracking.* In close collaboration with United Nations agencies, external development partners and the media, UNFPA will (a) continue to monitor availability of sexual and reproductive health commodities at all levels and further improve the supply chain system; (b) advocate for implementation of the Family Planning 2020 and London Summit commitments, including increased national budget allocation for family planning; (c) distribute and track reproductive health commodities and life savings drugs where required; and (d) engage with health workers and community-based organizations to dispel myths and misconceptions around family planning.

B. Outcome 2: Adolescents and youth

14. *Output 3: Young people, particularly adolescent girls, are more empowered to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development at national and local level.* UNFPA will, including through the Joint Programme on Youth: (a) scale up life skills-based age-appropriate in- and out-of-school comprehensive sexuality education; (b) conduct national and community level advocacy to address socio-cultural barriers that prevent adolescent girls from exercising their sexual and reproductive health rights, including ending child marriages; (c) provide technical support towards implementation of the fertility-related recommendations of the demographic dividend study; (d) intensify support on collection, dissemination and use of youth-related data; (e) provide technical assistance towards advocacy platforms for youth engagement on development issues; (f) train and raise awareness among young people on accessing sexual and reproductive health information and entrepreneurship; (g) support development and implementation of a national youth investment strategy through the inter-ministerial committee on youth; and (h) build capacity of community facilitators to conduct parents and children sessions on sexual and reproductive health and rights.

C. Outcome 3: Gender equality and women's empowerment

15. *Output 4: Government entities, National Human Rights institutions, Civil Society Organizations and communities at national level and in focus districts have improved capacities to prevent and address gender-based violence and sexual exploitation.* UNFPA will: (a) co-coordinate implementation of the national action plan on ending gender-based violence; (b) advocate for the operationalization and monitoring of the Gender Equality Act; (c) build the capacity of Ministry of Gender, Ministry of Health, police and judiciary on generating, analyzing and using gender-based violence data, including in humanitarian settings; (d) continue supporting national advocacy efforts on ending child marriages; (e) continue supporting One-Stop-Centre services to survivors of gender-based violence; (f) provide technical support for the implementation of gender-related laws and national action plans aimed at eliminating harmful cultural practices, including child and forced marriages; (g) scale up male involvement in sexual and reproductive rights and gender-based violence initiatives; (h) build capacity of faith-based organizations and community structures to eliminate harmful cultural practices; (i) consolidate UNFPA leadership role on gender-based violence during emergencies;

and (j) monitor application of minimum standards for prevention of sexual abuse and exploitation in humanitarian settings.

D. Outcome 4: Population dynamics

16. *Output 5: Public and private institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy.* The programme will provide technical support for (a) in-depth thematic analysis of the 2018 population and housing census data and use at national and sub-national levels; (b) implementation of national surveys, including Demographic Health Survey; (c) integration of demographic dynamics into national and sub-national development policies and plans, including disaster data mapping; and (d) implementation of the new national population policy and action plan.

III. Programme and Risk Management

17. This country programme document outlines UNFPA's contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountability of managers at the country, regional and headquarters levels with respect to this country programme is prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

18. Country office management will spearhead compliance with UNFPA led procedures and lead the team to deliver on results; engage in resource mobilization particularly through UN joint programming as well as leveraging resource opportunities such as from the Global Fund, Global Financing Facility, engaging bilateral donors and building strategic private public partnerships.

19. The programme will be implemented within the framework of the United Nations Delivering as One modality under the coordination of Ministry of Finance, Economic Planning and Development. UNFPA will continue to implement the Harmonized Approach to Cash Transfers. Partners will be selected based on their strategic relevance and ability to produce high quality results and appropriate risk analysis. National execution will be the preferable implementation modality. Implementation of the realigned country office human resource plan will ensure that the Country Office has sufficient staff with the appropriate skills mix to deliver expected results. Additional support required will be sought from the UN agencies, regional support teams, other country offices, south to south cooperation or from individual consultants.

20. Compliance with planned results may be threatened by potential programmatic risks such as budget ceiling reduction. To mitigate these potential risks, UNFPA will intensify innovative resource mobilization strategies. Malawi will hold general elections in 2019 that may delay UNFPA's programming if policies and governance structures change. Programme activities will therefore be planned in a manner that mitigates any possible disruptions.

IV. Monitoring and Evaluation

21. Relevant government institutions and UNFPA will monitor and evaluate the country programme guided by UNFPA policies and procedures, applying the principles of results-based management and accountability frameworks. These will include joint annual reviews and planning meetings, joint monitoring visits and spot checks, assessments, thematic evaluations and final country programme evaluation.

22. The country office will assist in strengthening national and sub-national monitoring and evaluation capacities and systems to strengthen results reporting. UNFPA will strengthen feedback mechanism with beneficiaries and implementing partners to inform evidence-based programme design and implementation. The Country Office will support monitoring and tracking of sustainable development goals, the United Nations Development Assistance Framework and the Malawi Growth and Development Strategy III.

RESULTS AND RESOURCES FRAMEWORK FOR MALAWI (2019-2023)

<p>National priority: Improve health and quality of the population for sustainable socio-economic development</p> <p>UNDAF outcomes: (a) By 2023, rights holders in Malawi access more accountable and effective institutions at the central and decentralized levels that use quality disaggregated data, offer integrated service delivery and promote civic engagement, respect for human rights and rule of law. (b) By 2023, Gender equality and the empowerment of women and girls in Malawi is enhanced. (c) By 2023, girls and boys 6-17 years particularly the most marginalized receive an integrated package of quality, health, nutrition, HIV, education and protection services. (d) By 2023, men, women and children access high impact comprehensive sexual and reproductive health rights and services</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Outcome 1: Sexual and reproductive health and rights</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Proportion of births attended by skilled health personnel. <i>Baseline: 90; Target: 95</i> Percentage of adolescent girls aged 15-19 who have their need for family planning satisfied with modern methods. <i>Baseline: 58; Target: 70</i> Contraceptive prevalence rate for all women. <i>Baseline: 45.2; Target: 60</i> Number of adolescents and youth (10-24) who have utilized integrated sexual and reproductive health services. <i>Baseline: 1,279,638; Target: 2,461,100</i> 	<p><u>Output 1:</u> Health workers, including midwives in the five focus districts, have improved capacities to provide high-quality integrated sexual and reproductive health services and information to the most marginalized women and young people, especially adolescents, including in humanitarian settings</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Percentage of health facilities in UNFPA focus districts providing emergency obstetric care. <i>Baseline: 66; Target: 100</i> Number of women and girls living with fistula receiving treatment with UNFPA support. <i>Baseline: 1,377; Target: 2,000</i> Number of identified vulnerable groups provided with minimum initial service package for humanitarian response with UNFPA support. <i>Baseline: 0; Target: 160,000</i> Number of public health facilities in focus districts providing quality adolescent-friendly integrated sexual and reproductive health services. <i>Baseline: 8; Target: 25</i> 	<p>Ministry of Health and Population; Ministry of Gender; World Health Organization; United Nations agencies; midwifery colleges; civil society organizations; media; and development partners</p>	<p>\$9 million (\$4 million from regular resources and \$5 million from other sources)</p>
	<p><u>Output 2:</u> Ministry of Health is better able to effectively forecast, procure and distribute sexual and reproductive health commodities and maternal health life-saving drugs, including last mile tracking</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of additional users of family planning for adolescent girls aged 15-19 years in focus districts. <i>Baseline: 141,000; Target: 794,250</i> Percentage of service delivery points with functional Logistics Management Information System. <i>Baseline: 85; Target: 98</i> 		<p>\$11.3 million (\$1.3 million from regular resources and \$10 million from other sources)</p>
<p>Outcome 2: Adolescents and Youth</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Percentage of women and men aged 15–24 who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV 	<p><u>Output 3:</u> Young people, particularly adolescent girls, are more empowered to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development at national and local level</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of identified marginalized girls in UNFPA focus districts that have successfully completed life skills programmes that build their health, social and economic assets. <i>Baseline: 350,000; Target: 600,000</i> A national comprehensive sexuality education manual for out-of-school youth in place. <i>Baseline: No; Target: Yes</i> 	<p>Ministry of Health and Population; Ministry of Youth; Ministry of Gender; Ministry of Education; Ministry of Local Government; civil society organization; United Nations</p>	<p>\$12.1 million (\$2.1 million from regular resources and \$10.0 million from other sources)</p>

<p>transmission. <i>Baseline:</i> 57.9 Female & 64 Male; <i>Target:</i> 70</p> <ul style="list-style-type: none"> Adolescent Birth rate. <i>Baseline:</i> 136/1,000; <i>Target:</i> 100/1,000 		<ul style="list-style-type: none"> Number of national and district level networks for the participation of young people in policy dialogue and programming. <i>Baseline:</i> 49; <i>Target:</i> 75 	agencies; and development partners	
<p>Outcome 3: Gender equality and women's empowerment</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. <i>Baseline:</i> 46.9; <i>Target:</i> 65 Proportion of ever partnered women and girls aged 15 and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months. <i>Baseline:</i> 24; <i>Target:</i> 20 	<p><u>Output 4:</u> Government entities, National Human Rights institutions, Civil Society Organizations and communities at national and in focus districts have improved capacities to prevent and address gender-based violence and sexual exploitation</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of women and girls, including persons living with disabilities, subjected to violence who received essential services in the five focus districts. <i>Baseline:</i> 1,300; <i>Target:</i> 4,300 Number of districts with a functional gender-based violence information management system in place. <i>Baseline:</i> 0; <i>Target:</i> 5 A costed national action plan for engagement of multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence in place. <i>Baseline:</i> No; <i>Target:</i> Yes A functional inter-agency coordination mechanism for reproductive health and gender-based violence in place at national and district levels. <i>Baseline:</i> No; <i>Target:</i> Yes 	Ministry of Gender; Ministry of Health and Population; Malawi Police; United Nations agencies; National Human Rights institutions; media; and civil society organization	\$6.1 million (\$1.1 million from regular resources and \$5 million from other sources)
<p>Outcome 4: Population Dynamics</p> <p><u>Outcome indicator(s):</u> Number of ministries with sustainable development indicators produced at the national level with full disaggregation where required. <i>Baseline:</i> 0; <i>Target:</i> 6</p>	<p><u>Output 5:</u> Public and private institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of districts with district development plans that explicitly integrate demographic dynamics, including changing age structure, population distribution. <i>Baseline:</i> 0; <i>Target:</i> 5 Number of districts that generate and use mapping to illustrate the vulnerability of their population to disasters and humanitarian crises. <i>Baseline:</i> 0; <i>Target:</i> 3 	National Statistics of Malawi; Ministry of Health and Population; Ministry of Economic Planning and Development; Ministry of Local Government; United Nations agencies; and development partners	\$6 million (\$1 million from regular resources and \$5 million from other sources)