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Draft country programme document**

Malawi

Summary

The draft country programme document (CPD) for Malawi is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of \$53,140,000 from regular resources, subject to the availability of funds, and \$220,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2024–2028.

* E/ICEF/2023/24.

** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 13 June to 3 July 2023. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2023 second regular session, and in the other designated languages four weeks in advance.

Programme rationale

1. Malawi has a population of 19.8 million,¹ of which 51 per cent are children between 0 and 17 years old and 24 per cent are adolescents (10–19 years).²
2. Despite economic and structural reforms under an ambitious vision for 2063 (Malawi 2063),³ Malawi remains one of the poorest countries in the world, with the second highest proportion of people living in extreme poverty in sub-Saharan Africa in 2020.⁴ Some 61.7 per cent of the people of Malawi are multidimensionally poor. Poverty is higher in rural areas (70 per cent) than in urban areas (25.7 per cent).⁵ The incidence of multidimensional poverty among children is 60.5 per cent. Social services and social protection coverage remain largely inadequate to alleviate the vulnerabilities of children steeped in poverty, with inequities in access to social services further excluding especially the most marginalized children, including those with disabilities and albinism, and those living in areas prone to climate-related shocks.
3. The economic growth of Malawi is unlikely to reach pre-coronavirus disease 2019 (COVID-19) projections amid macroeconomic shocks, including high inflation, unemployment and low agricultural productivity, further threatened by the severe impact of climate change. Fiscal deficit and external debt are significant obstacles to growth, with the debt servicing allocation exceeding that for all social sectors combined. The economic decline constrains the country's ability to fund national policies and provide adequate services for children. The share of public spending on sectors benefiting children is forecast to drop to 28 per cent of the total national budget in 2023–2024, the lowest level in five years.⁶
4. Malawi is ranked fifth in the 2021 Global Climate Risk Index.⁷ According to the Children's Climate Risk Index (UNICEF, 2021), Malawi is among the top 40 countries with high climate risk for children and the most vulnerable communities. Malawi is highly susceptible to climate and environmental shocks, including flooding, drought, cyclones and extreme heat. Such shocks have recently increased in frequency and magnitude and are among the greatest threats faced by the children of Malawi. A recent study⁸ noted that climate-related hazards have resulted in the loss of life; displaced thousands of people; and damaged or disrupted roads, health facilities, schools and power supplies across the country. Facing frequent outbreaks of cholera, endemic malaria and the re-emergence of polio and other vaccine-preventable diseases, Malawi needs a resilient and responsive health system to be able to deal with multiple simultaneous crises.
5. Malawi children, adolescents and women experience multiple deprivations in terms of survival. Maternal mortality, at 381 deaths per 100,000 live births, is among the highest in the world.⁹ Neonatal mortality, at 26 deaths per 1,000 live births, is also high and accounts for approximately half of the deaths in children under the age of 5 years. The under-5 mortality rate is 56 deaths per 1,000 live births, with a gaping difference between the poorest and the wealthiest quantiles (62 vs 39 deaths per 1,000

¹ Malawi, National Statistical Office (NSO), 2018–2050 Population Projections report (2020).

² Ibid.

³ Malawi, National Planning Commission, *Malawi 2063: Malawi's Vision – An inclusively wealthy and self-reliant nation* (2020).

⁴ World Bank, *Malawi Poverty Assessment* (2020).

⁵ Malawi, NSO, *Malawi Multidimensional Poverty Index Report* (2021).

⁶ *Malawi Rapid National Budget Analysis for 2023–24*.

⁷ Germanwatch, *Global Climate Risk Index 2021*, p. 8.

⁸ *Climate Landscape Analysis for Children in Malawi* (2022).

⁹ World Health Organization (WHO) and others, *Trends in Maternal Mortality: 2000 to 2020* (2023).

live children).¹⁰ Significant causes of child death are malaria, HIV/AIDS, pneumonia and diarrhoea. An estimated 41,000 children are not immunized against polio and other vaccine-preventable diseases, and 52,000 children aged 0–14 live with HIV.¹¹ Bottlenecks include inadequate coverage of health services in rural areas, limited qualified health-care personnel, inadequate health-care financing¹² and weak community health delivery platforms within primary health-care (PHC) services.

6. Malnutrition is still a public health issue in Malawi; 35.5 per cent of children under 5 years suffer from stunting, 12.8 per cent are underweight, and 3 per cent are wasted.¹³ Some 63 per cent of primary school children are iron deficient, and 60 per cent are zinc deficient; 32 per cent of women of reproductive age suffer from anaemia. Multiple Indicator Cluster Survey (MICS 2019–2020) data indicate that 83 per cent of children aged 6–23 months are “food poor”,¹⁴ facing food insecurity due to climate change impacts and poverty. Contributing factors include low awareness and knowledge among caregivers of optimal childcare practices and low capacity of front-line personnel to provide nutritional services and promote positive practices.

7. Birth registration, critical to ensuring access to social services, remains low, at 67 per cent of children under the age of 5 years.¹⁵ A third of children still need to be registered, mainly among people in poor rural areas. Bottlenecks include inadequate capacity of the civil registration system, including weak coordination and limited knowledge among caregivers of the importance of birth registration.

8. Access to safe and quality water, sanitation and hygiene (WASH) services remains challenging, with adverse impacts on child health, nutrition and educational outcomes. Approximately 26 per cent of households in rural areas do not have access to basic drinking water services, 54 per cent lack access to basic sanitation services, and 72 per cent need hand-washing facilities with soap.¹⁶ Over 24 per cent of schools and health institutions have no WASH services.¹⁷ The lack of WASH services disproportionately affects women and girls who walk long distances to fetch water daily. Barriers include repeated disruptions of WASH supply systems due to frequent disasters such as floods and drought, and inadequate capacity for planning and implementing climate-resilient innovative options. WASH standards still need to be completed, with limited sector investment.

9. Further efforts are required to improve the quality of early childhood development (ECD) services and their integration with other sectors. While 59 per cent of children aged 3 to 4 years are developmentally on track in physical, social emotional development and learning, only 17 per cent are developmentally on track in literacy-numeracy, and only 34 per cent are enrolled in early childhood education (ECE).¹⁸ Community-Based Child Care Centres (CBCC) are run by unqualified personnel, often resulting in poor service quality that contributes to poor learning outcomes among children in primary education. These centres are not currently integrated into the public education system, but plans exist to integrate them. ECE is not mandatory in Malawi, and without a national ECE framework and standards, government spending remains limited.

¹⁰ Malawi, NSO, MICS, 2019–2020.

¹¹ Joint United Nations Programme on HIV/AIDS estimates, 2022.

¹² WHO, Global Health Expenditure Database.

¹³ Demographic and Health Surveys (DHS), 2016.

¹⁴ “Food poor” is defined as the proportion of children who do not have access to the minimum dietary diversity to meet their growth and development needs.

¹⁵ MICS, 2019–2020.

¹⁶ Ibid.

¹⁷ WHO and UNICEF, Joint Monitoring Programme data.

¹⁸ MICS, 2019–2020.

10. The completion rate in primary education increased from 53 per cent in 2020 to 56 per cent in 2022, and the net enrolment rate (NER) decreased from 90 per cent in 2020 to 88 per cent in 2022 due to COVID-19. In secondary education, NER has remained low, at 16.6 per cent in 2022, with adolescent girls' dropout rate increasing from 6.4 per cent in 2019 to 7.4 per cent in 2022.¹⁹ Child labour, child marriage and early pregnancy contribute to dropout. At the same time, limited coverage of services in remote areas and a lack of flexible and alternative learning modalities suppress learning. Schools' lack of WASH facilities contributes to low attendance, particularly among girls.

11. The quality of education remains low. Only 18.9 per cent of children aged 7–14 years have foundational literacy skills, and 12.6 per cent have foundational numeracy skills.²⁰ Teachers lack the capacity to deliver gender-responsive pedagogies, and only 25 per cent of teachers use teaching aids in learning environments.²¹ The pupil–classroom ratio is 98, while teachers must be equipped to address diverse needs in an overcrowded classroom.²² Frameworks and standards must be stronger to support safe, resilient, inclusive, and alternative learning environments. Opportunities for girls to transition from school to work are constrained, with 24.9 per cent of girls aged 15–19 years not in education, employment or training compared to 13.7 per cent of boys.²³

12. In 2022, the Malawi Human Rights Commission (MHRC) reported a rise in child abuse cases, ranging from child labour to physical and sexual abuse and negligence. Fourteen per cent of children aged 5–17 years are engaged in labour, mainly those living in rural areas and the poorest households. Corporal punishment is common in schools and childcare institutions; 82 per cent of children aged 1–14 years experienced violent discipline at home, and the proportion of children subject to severe punishment increased from 6 to 17 per cent.²⁴ Meanwhile, caregivers lack adequate knowledge and skills in positive discipline and care, while children are unaware of their rights and the mechanisms through which they can seek protection. Coordination remains weak for referral mechanisms, and legal frameworks on banning corporal punishment are ill-enforced.

13. Sexual violence among adolescents is high and worsened by high adolescent HIV and pregnancy rates – one in five girls and one in seven boys reported having experienced at least one incident of sexual abuse before age 18 – and 38 per cent of women aged 20–24 were married before age 18. Bottlenecks include harmful gender and social norms, gender inequality and discrimination against girls, limited knowledge and access to sexual and reproductive health, and weak case management systems.²⁵ Malawi has yet to sign the Eastern and Southern Africa Ministerial Commitment: Fulfilling our promise to education, health and well-being for adolescents and young people (2021–2030).

14. Malawi signed the African Charter Disability Rights Protocol in 2022. However, mainstreaming of disability issues in key social sectors needs to be strengthened, ensuring that people with disabilities have access to education, health care and assistive devices; and that mental health and psychosocial support and justice are

¹⁹ Education Management Information System (EMIS), 2021 and 2022.

²⁰ MICS, 2019–2020.

²¹ Malawi Longitudinal School Survey, 2021.

²² EMIS, 2022.

²³ African Institute for Development Policy, Copenhagen Consensus Center and National Planning Commission, “A Cost-Benefit Analysis: Improving industrialization and youth employment in Malawi” (2021).

²⁴ MICS, 2019–2020.

²⁵ UNICEF Malawi, Situational Analysis for Vulnerable Children (2021).

available for survivors of violence and abuse.²⁶ The Government committed to 21 Universal Periodic Review recommendations calling for more significant commitment to ensuring the full range of human rights of persons with albinism.

15. The Government of Malawi is committed to making progress towards realizing child rights and achieving the Sustainable Development Goals through its 2021–2030 implementation plan (MIP-1)²⁷ and various sectoral plans. To guarantee child rights, more effective implementation, enforcement and monitoring of these plans are required, as highlighted in the recommendations of the Committee on the Rights of the Child.²⁸ The 2022 Malawi Voluntary National Review underscored the need for government to address economic instabilities and increase fiscal space, address inequality and disparities in social services, develop human capital among front-line workers and caregivers, and strengthen the resilience of national systems to mitigate economic and climate shocks. The recent evaluation of the UNICEF Country Programme 2019–2023 highlighted the need for UNICEF to refocus on equity and support national capacities for preparedness and resilience to respond to emergencies, such as health- and nutrition-related emergencies and climate and environmental shocks.

Programme priorities and partnerships

16. The new country programme envisages the progressive fulfilment of the rights to survival, development, education, protection and participation of all children, including adolescents, especially the most vulnerable and those at risk of being left behind, in an inclusive, resilient and protective environment. This vision is aligned with the Malawi 2063 vision and its 2021–2030 implementation plan (MIP-1), the African Union’s Agenda 2063; UNICEF Strategic Plan, Gender Action Plan III and Innovation Strategy; and the Sustainable Development Goals. The country programme derives from and contributes to United Nations Sustainable Development Cooperation Framework (UNSDCF) 2024–2028, fully leveraging the comparative advantage of UNICEF, specifically to strategic priority area (SPA) 3 (Ensuring Sustainable Investments and Outcomes in Human Capital Development), SPAs 1 (Support Sustainable, Diversified, and Inclusive Growth), 2 (Strengthen Institutional Governance) and 4 (Adapt to Climatic Change, Reverse Environmental Degradation and Support Energy Transition).

17. Priorities of the proposed country programme were formulated in close dialogue with the Government of Malawi and through consultative processes involving children and adolescents, civil society organizations (CSOs), donors and Malawi-based representatives of Executive Board members.

18. The programme emphasizes reaching the poorest children, those living with disabilities, including those with albinism, and those living in remote parts of the country or in areas perpetually affected by natural disasters and climate and environmental shocks. Efforts will be made to improve the quality of evidence generated and data collected (i.e., disaggregated data) and their use in identifying these most at-risk children. Based on the analysis of causes and drivers of inequity, the programme will deliver an integrated package of services across the continuum of care from early childhood to adolescence in response to children’s multiple, interconnected vulnerabilities.

²⁶ African Committee of Experts on the Rights and Welfare of the Child, “Fact-finding mission in the Republic of Malawi on matters of children with albinism” (2022).

²⁷ Malawi, National Planning Commission, *The Malawi 2063 First 10-Year Implementation Plan (MIP-1), 2021–2030* (2021).

²⁸ United Nations Human Rights Office of the High Commissioner, “Malawi”. Available at www.ohchr.org/en/countries/malawi.

19. UNICEF will apply the following change strategies to accelerate results for children:

(a) Evidence-based advocacy and communication to mobilize political and public will, drive policy changes, generate resources, empower children and young people as active citizens, build awareness and affinity with the UNICEF brand, and promote action for children's rights;

(b) System strengthening and improved service delivery at all levels, with a focus on building high-quality, inclusive and shock-responsiveness systems and services;

(c) Community engagement and social and behaviour change (SBC) approaches to promote norms favourable to child rights and create demand for services;

(d) Engagement with public and private sector partners and within the United Nations system to influence public investments and reinforce decentralized governance; and

(e) The leveraging of innovation and digital technologies for young people as social entrepreneurs to improve service delivery effectiveness and accelerate climate actions.

20. The country programme reflects priorities identified through the gender programmatic review conducted in Malawi in 2022. Gender-transformative programming will be promoted in all outcome areas to address gender inequities and ensure adolescent girls have access to sexual and reproductive health care, alternative learning opportunities, gender-sensitive WASH facilities, and services for survivors of gender-based violence.

21. Risk-informed programming across the humanitarian and development nexus in the country programme will contribute to strengthened disaster preparedness; enhanced climate adaptation/mitigation and response; and increased resilience capacities of institutions, communities and young people. Programming aligns with UNICEF Core Commitments for Children in Humanitarian Action and the Inter-Agency Standing Committee's Transformative Agenda.

22. The country programme includes three components: child survival and development; learning, skills development and protection; and social policy. All components are supported by programme and operational effectiveness and efficiency imperatives.

Child survival and development

23. This component seeks to ensure that children and mothers, especially the most vulnerable, in both development and humanitarian settings, have access to and utilize equitable, high-quality services in primary health care, HIV/AIDS, nutrition, ECD and climate-resilient WASH; and that they adopt positive health-seeking, dietary, parenting and hygiene practices. The outcome aligns with national health, nutrition and WASH sector frameworks and will contribute directly to UNSDCF outcomes on human capital development.

24. Preventing and mitigating recurrent shocks related to climate change and other health emergencies is a key priority. UNICEF will support efforts to generate evidence on emerging impacts of climate change on children. This evidence will be used to leverage increased capacity for planning, monitoring and advocacy for policies and budget allocations that will enable coordinated multisectoral action in emergency preparedness, response and climate resilience.

25. To reduce under-5 mortality, UNICEF will support health system capacities at national, district and subdistrict levels to provide quality of care and services in an integrated manner and enhance functionality at all levels. This support will help to improve the management of supplies and cold chain systems; strengthen community-based service delivery platforms and referral systems for the prevention and treatment of childhood illnesses; increase coverage of immunization and HIV services; and expand access to adolescent sexual and reproductive health care, and mental health and psychosocial services (MHPSS), especially in rural areas. It prioritizes enhancing evidence-informed programme monitoring, improving disease surveillance, and strengthening health system resilience, preparedness and response to health emergencies.

26. UNICEF will support the scale-up of nutrition services for children, adolescents and women, including nutrition counselling, caregiver promotion of good nutrition practices, micronutrient supplementation and early detection and treatment of wasting, and work with partners in addressing the factors that perpetuate poor diets and contribute to food and nutrition insecurity. UNICEF will collaborate with the ministries of Health, Education, Social Services and Agriculture in a multisectoral approach aimed at the prevention and treatment of malnutrition, gender-responsive SBC strategies and social transformation. The focus will be on food systems transformation to improve diets, services and practices for children and adolescents; increased access to social protection mechanisms; the promotion of positive social norms, practices and behaviours; and improved access to affordable, diverse and nutritious diets.

27. UNICEF will support policy and legislative action to improve the availability of safely managed WASH services and address emerging challenges related to environmental and climate change impacts on child health. UNICEF will support the development of evidence-informed WASH standards; the implementation of innovative, climate-resilient WASH services in communities, schools and health centres; WASH sector capacity-building; and community engagement in delivering quality water systems and management and promotion of good hygiene practices. UNICEF will advocate for increased investments in the sector as central to mitigating public health outbreaks such as cholera.

28. Through the integrated SBC approach, UNICEF will continue supporting CBCCs as critical platforms to sustain demand for high-quality childcare services and promote positive parenting and nurturing care practices, especially for vulnerable families in rural areas. This includes strengthening these centres to be inclusive of children with disabilities; building capacities of front-line staff to improve the quality of integrated ECD services with linkages to other social services; and strengthening CBCCs in their work of empowering parents and caregivers to adopt behaviours and positive practices related to child discipline, nutrition and hygiene, and in promoting increased demand for birth registration and access to early learning.

Learning, skills development and protection

29. This component seeks to ensure that children and adolescents – especially those who are vulnerable – are learning in education settings that are healthy, safe and inclusive; they acquire transferable skills for the twenty-first century; and they benefit from child protection services that are gender responsive, equitable and inclusive, including in emergencies. The outcome aligns with the National Education Sector Investment Plan (2020–2030) and National Child Protection Strategy (2022–2026) and will contribute directly to UNSDCF SPA 3 on human capital development.

30. To reduce violence, and to strengthen protective learning environments and the quality of education for improved learning outcomes, UNICEF will support efforts to

strengthen policies, strategies, monitoring and supervision systems to improve learning systems to be inclusive, healthy, safe, gender-sensitive, shock-responsive and resilient to respond to disasters and climate change adaptation. Priority will be given to strengthening the primary school curriculum. This will be aligned with teacher professional development and learning assessment: improving the foundational skills of learners at the appropriate grade levels; and building teacher capacities to deliver inclusive and gender-sensitive pedagogies. It will support effective policy enforcement for a comprehensive response to violence.

31. To expand ECE coverage, UNICEF will assist the Ministry of Education in piloting preschool education in primary schools. UNICEF will support a costing analysis that informs the pilot and will help with the integration of CBCCs into the national education system. To improve ECE quality, UNICEF will support the development of national ECE standards, efforts to ensure that children with disabilities have access to preschools, and capacity-building and training of ECE teachers and ECD front-line staff.

32. The programme will address multiple barriers to secondary school enrolment, such as child marriage, child labour and adolescent pregnancy, which keep children and adolescents out of school and deprive adolescents of employment or training. UNICEF will support efforts to improve the relevance, inclusiveness and gender sensitivity of learning opportunities by integrating non-formal learning pathways into the national education system. This will include working closely with the ministries of Education and Youth and Local Government to scale up community-based alternative learning and skills programmes, in both formal and non-formal settings.

33. To address violence against children, UNICEF will support strengthening the social service workforce to increase coverage and quality of protection services for survivors of violence, neglect, exploitation and harmful practices. UNICEF will work with the government to ensure that legislation pertaining to child rights protection, and especially the age of the child, complies with international standards and addresses the recommendations made by the United Nations Committee on the Rights of the Child²⁹ to professionalize the social welfare workforce and address the shortage of qualified front-line workers in the protection sector.

34. Community-based child protection authorities and structures will be supported in providing rehabilitation, MHPSS and in using SBC approaches to address harmful social and gender norms. Rights holders will be engaged as change agents and equipped with knowledge and skills to improve their use of reporting mechanisms.

Social policy

35. This component seeks to safeguard the rights of the most vulnerable children in Malawi through inclusive and evidence-based social protection and efficiently financed social services. The outcome aligns with the National Social Support Programme and Social Cash Transfer Programme Strategic Plan for 2022–2027 and will contribute to all four UNSDCF SPAs.

36. UNICEF will support the operationalization of the Malawi National Social Protection Programme III to improve coverage, quality and inclusivity of social protection interventions in response to the needs of the most vulnerable children and families. UNICEF strategic action will enhance government capacity to design and implement integrated social protection policies and strategies; improve social assistance targeting; strengthen national delivery systems to respond to various

²⁹ United Nations Committee on the Rights of the Child, CRC/C/MWI/CO/3-5, Committee on the Rights of the Child, Concluding observations on the combined third to fifth periodic reports of Malawi (Geneva, 2017).

shocks effectively in a timely way; establish solid, intersectoral linkages through sustainable “cash-plus” models; produce progressive evidence; and improve sector coordination.

37. Within the Malawi public finance management strategy (2023–2028) and roll-out of a new decentralization policy, UNICEF, in coordination with government and partners, will enhance capacity to implement improved legislation and frameworks for financing social sector service delivery. UNICEF will focus on strengthening planning, expenditure and reporting systems for the social sectors and finalizing an evidence-based devolution process as a primary mechanism to support adequate service delivery for children. UNICEF will continue to support efforts to improve budget transparency and oversight and will continue to produce evidence on sectoral spending in support of improvements and better targeting of sectoral programmes and investments, ensuring equal opportunities for all to achieve their full potential and support of advocacy for improved allocations of domestic resources.

38. UNICEF will support national partners in their regular production and use of evidence on multidimensional child poverty to inform government efforts to address key deprivations of children and families as a priority in social policies, frameworks, budgets and the design of poverty reduction programmes.

Programme effectiveness

39. The delivery of efficient and effective programmes will be supported by rigorous strategic planning, monitoring, research, evidence generation, knowledge management, innovation and evaluation to inform programming. Evidence-driven advocacy, communication and partnerships combined with the piloting and scale-up of innovations will accelerate the realization of child rights. UNICEF will continue to strengthen social accountability and equity-based, disability-inclusive, gender-transformative and risk-informed programming across all programme components and to ensure investment in governance effectiveness and management systems, including good stewardship of financial and human resources.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	14 160	112 952	127 112
Learning, skills development and protection	9 808	84 062	93 870
Social policy	5 323	8 010	13 333
Programme effectiveness	23 849	14 976	38 825
Total	53 140	220 000	273 140

Programme and risk management

40. The Ministry of Finance and Economic Affairs coordinates UNICEF cooperation with the Government of Malawi. The CPD is derived from the UNSDCF, with implementation and monitoring done through strategic priority groups. UNICEF and UNFPA co-lead the UNSDCF strategic priority area three, which is aligned with the MIP-1 human capital development enabler. UNICEF will contribute to improved inter-agency coordination and synergies through joint programming and resource

mobilization for enhanced United Nations coherence in contributing to national plans and strategies for achieving the Sustainable Development Goals.

41. Potential external risks related to the increased vulnerability of Malawi to natural disasters, climate change and environmental health will be mitigated in coordination with other United Nations entities. Regular analysis, situation monitoring, joint development of inter-agency early warning and emergency preparedness platforms, and fundraising strategies will help to make interventions resilient to shock and minimize risk. For internal risks related to partnership management and financial stewardship, UNICEF will apply the harmonized approach to cash transfers and will uphold the 'do no harm' principle in all its operations, including mechanisms to strengthen accountability to affected populations and actions to safeguard children from sexual exploitation and abuse.

42. Resources will be mobilized from bilateral and multilateral donors and global programme partnerships to prioritize Malawi and leverage innovative approaches to support efficiency and effectiveness of partnerships with key government institutions, CSOs and relevant United Nations agencies.

43. This CPD outlines the contribution of UNICEF to national results for children and serves as the primary unit of accountability to the Executive Board for achieving results and resources assigned to the programme. Accountabilities of managers at the country, regional and headquarters levels concerning country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring, learning and evaluation

44. UNICEF will work within the UNSDCF and build partnerships with government, academia and CSOs to strengthen national monitoring, evaluation, research and knowledge management capacities and systems and support improving the quality, availability and use of data and evidence to improve programming. Rigorous analysis, monitoring and evaluation of the situation of children, adolescents and women will be undertaken, ensuring data are disaggregated by age group, geographic area, sex, wealth quintile and disability, whenever possible. Evidence will be used to monitor and evaluate the situation of children, especially in humanitarian crises, and to evaluate outcome-level results, including Sustainable Development Goal equity achievements, to guide strategies that will bring high-impact, cost-effective interventions to scale.

45. Midyear and annual reviews and field visits for performance monitoring will be conducted jointly with partners. Independent and high-quality evaluations will be undertaken as captured in the costed and Integrated Monitoring and Evaluation plan. This will help to assess results and indicators outlined in the annual work and management plans and emergency response plans and contribute to adaptive programming through timely adjustment of strategies. They require dedicated investment and support for administrative data systems and national household surveys as reliable data sources for use in child rights and Sustainable Development Goal monitoring and evaluation. The monitoring and evaluation of inter-agency programmes will be conducted jointly with other United Nations entities. Innovative digital monitoring systems will be deployed during emergencies for end-user monitoring and to solicit and act on feedback from affected populations in as near to real-time as possible.

Annex

Results and resources framework

Malawi – UNICEF country programme of cooperation, 2024–2028

Convention on the Rights of the Child: Articles 1–40
National priorities: UNICEF CPD contributes to (MIP-1) enabler 5 (human capital development) and enablers 1, 2, 3, 4, 6 and 7
UNSDCF: strategic priority areas involving UNICEF: 1–4
Related UNICEF Strategic Plan 2022–2025 Goal Areas: 1–5

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
<p>1. By 2028, more people, especially the most vulnerable groups, including women, youth, and people with disabilities, participate in and benefit from food and nutrition security and more diversified, inclusive and sustainable economic growth resilient to shocks.</p> <p>3. By 2028, more people,</p>	<p>1. Children and mothers, especially the most vulnerable and those living in hard-to-reach and remote areas, including in humanitarian settings, access and utilize equitable, high-quality, shock-responsive and resilient primary health care, HIV/AIDS, nutrition, ECD and climate-resilient WASH services, and adopt positive health-seeking, dietary, parenting and hygiene practices.</p>	<p>Percentage of children 0–11 months vaccinated with 3 doses of DTP-containing/Penta vaccine nationally*</p> <p>B: 89% T: 95%</p>	<p>DHS, MICS, Integrated Household Surveys, nutrition surveys</p>	<p>1.1. Government has increased capacity to plan, coordinate and ensure policies, budgets, and systems are resilient to mitigate disaster, environmental and climate change risks.</p> <p>1.2. Health systems have strengthened capacities to provide high-impact, equitable neonatal, child and adolescent, maternal health, HIV/AIDS services.</p> <p>1.3. Systems to ensure improved and equitable</p>	<p>Ministries of Health, Agriculture, Education and Gender; CSOs; universities; private sector,</p>	14 160	112 952	127 112
		<p>Percentage of children and adolescents living with HIV who receive antiretroviral therapy</p> <p>B: 82.56% T: 95%</p>						
		<p>Percentage of pregnant women receiving at least four antenatal visits*</p> <p>B: 51% T: 90%</p>						

<i>UNSDCF outcomes</i>	<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)</i>		
						<i>RR</i>	<i>OR</i>	<i>Total</i>
<p>in particular women, children and youth, especially the most vulnerable and marginalized, are resilient with access to and utilization of quality, equitable, efficient, gender and shock-responsive education, health, nutrition, WASH, social and protection services.</p> <p>4. By 2028, more people, especially the most vulnerable, including women and youth, are resilient to climate change and shocks, benefit from</p>		<p>Percentage of children under the age of 5 years who are stunted*</p> <p>B: 35.5% T: 30%</p>		<p>access to nutritional interventions for age-appropriate diets, practices and services for young children, adolescents and women are strengthened.</p> <p>1.4. Capacities of government and partners strengthened to implement innovative climate-resilient WASH, and provide quality, inclusive and safely managed services.</p> <p>1.5. Families and communities have increased capacities to register children's births and practise positive parenting and non-violent discipline, nutritional and good hygiene practices, and create demand for inclusive ECD and</p>				
		<p>Percentage of adolescent girls aged 15 to 19 years with anaemia</p> <p>B: 33% T: 25%</p>						
		<p>Percentage of infants aged 0–5 months who are exclusively fed with breastmilk.</p> <p>B: 64% T: 75%</p>						
		<p>Percentage of children aged 6–23 months receiving a minimum number of food groups</p> <p>B: 18% T: 35%</p>						
		<p>Percentage of children aged 36–59 months who are on track in at least three of four development domains*</p> <p>B: 59% T: 65%</p>						

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
and have access to better managed waste, ecosystems and natural resources, including clean and affordable energy.		Percentage of population using at least basic drinking water services* B: 74% T: 100%		adolescent services.	NGOs, private sector			
		Percentage of population using at least basic sanitation services* B: 46% T: 65%						
3, 4	2. Girls and boys, including adolescents, especially those who are vulnerable learn in safe, healthy and inclusive pre-primary, primary, secondary and alternative education; acquire transferable skills; and benefit from gender-responsive, equitable and inclusive child protection services, including in emergencies.	Percentage of children aged 36–59 months attending an ECE programme. B: 34% T: 60%	Education Management Information System (EMIS)	2.1. Stakeholders at have increased capacity to develop improved policies, laws and bylaws that are adequately financed and enforced to foster resilient, coordinated and equitable responses to violence and improved learning environments. 2.2. The education system has increased capacity to deliver resilient, equitable, inclusive and	Ministry of Education, Ministry of Gender, Ministry of Youth and Sports, CSOs Ministry of Health, Malawi Police Service, NSO	9 808	84 062	93 870
		Percentage of children at end of primary (grade 5–6) achieving minimum proficiency levels in reading and mathematics. B: Standard 4 (Chichewa: 39%, English: 18%, Math: 29%) B: Standard 7 (Chichewa: 44.4%, English: 20.2%, Math: 23.9%) T: Standard 4 (Chichewa: 50%, English: 25%, Math: 35%) T: Standard (Chichewa: 55%, English: 27%, Math: 35%)	Monitoring Learning Achievement survey					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
		Transition rate between primary and lower secondary education B: 42.5% (42.3% girls) T: 48% (50% girls)	EMIS	quality learning that supports the transition from ECE to primary education and retention.				
		Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services B: 44 252 T: 71 500	RapidPro data	2.3. Stakeholders have increased capacities to expand alternative and diversified learning opportunities through transferable skills to learners and at-risk out-of-school adolescents.				
		Women (20–24 years) married before age 18* B: 37.7% T: 30%	MICS, DHS	2.4. Social service workforce and institutions have increased capacity to provide resilient, sustainable, inclusive and gender-sensitive rehabilitation services to all child survivors of violence and harmful practices. 2.5. Adolescent girls and boys, caregivers and communities have access to knowledge, skills				

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
				and support mechanisms to prevent violence and harmful practices; and demand quality and inclusive MHPSS, SRH, and education services.				
1, 3, 4 2. By 2028, people in Malawi, especially women, youth and those most left behind, experience more inclusive good governance, and robust political and civic participation.	3. More vulnerable children live in resilient communities and benefit from integrated, equitable, shock-sensitive, evidence-based and efficiently financed social protection and social services.	Extent to which measurement, analysis or policy advice has informed policies and programmes to reduce child poverty. B: Child poverty measures are unused or receive little traction in discussions involving government or in advocacy T: Child poverty measures have informed guiding documents, e.g., national development plans	Periodic sector review reports	3.1. Authorities at have improved capacity to design, implement and assess an efficient, effective, inclusive, shock-responsive and integrated social protection system. 3.2. Authorities have strengthened their capacity to design and implement improved policies, legislation and frameworks for planning, budgeting and financing of social sector service delivery.	NSO, line ministries, development partners	5 323	8 010	13 333
		Regular social protection transfers are maintained in times of crisis B: No T: Yes	Social Cash Transfer Programme Management Information System	3.3. National and subnational government	Ministry of Gender; development partners			
		Proportion of total government spending on essential services (education, health and social protection)* B: 32.2% T: 35%	National budget		Ministry of Finance, National Local Government Finance Committee, Ministry of Local			

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
				authorities have improved capacity to regularly produce and utilize evidence on child poverty and vulnerability.	Government, development partners			
1-4	4. Programme effectiveness	Standard key performance indicators	Insight	Programme coordination; planning, monitoring, reporting, evaluation, evidence generation and knowledge management, communication, advocacy, partnerships; innovations, cross-cutting gender, emergency and operational support to programme delivery.	NSO, National Planning Commission, universities, Ministry of Information	23 849	14 976	38 825
Total resources						53 140	220 000	273 140

* Outcome indicator aligned with the UNSDCF indicator.