



Government of Malawi



## Evaluation Brief

### Evaluation of the Government of Malawi / UNFPA 8th Country Programme (2019-2023)

#### Context

The Government of Malawi/ UNFPA 8th Country Programme (CP8) (2019-2023) was developed in collaboration with a diverse range of stakeholders, including the Government of Malawi (GoM), Ministries, Departments and Agencies, development partners/ UN agencies, civil society organisations, academia and the private sector to support the GoM to respond to national priorities. The development of CP8 was informed by the then United Nations Development Assistance Framework (UNDAF) /United Nations Sustainable Development Cooperation Framework (UNSDCF) for Malawi, which is aligned to the country's development and priorities.

#### Subject of the evaluation

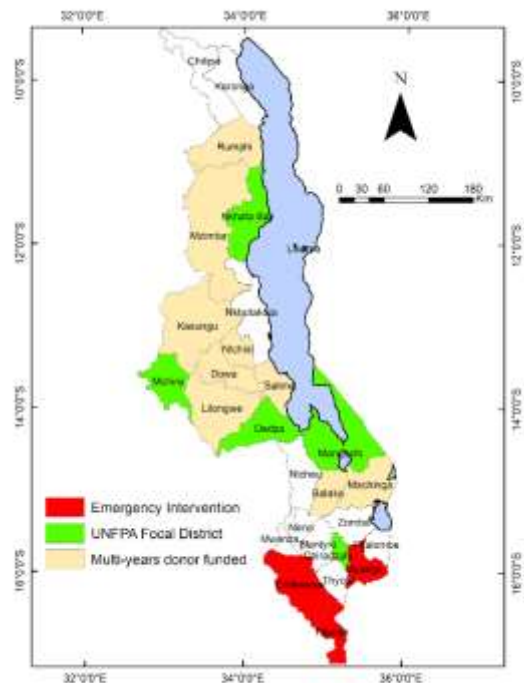
The evaluation of the CP8 was to provide an independent assessment of the relevance, effectiveness, efficiency, sustainability, coordination, coverage and connectedness of programme as well as the extent to which the programme addressed gender equality; and to draw key lessons and provide a set of clear and forward-looking, strategic and actionable recommendations for the new programming design.

#### Purpose of the evaluation

The purpose of the evaluation was to (i) account to stakeholders (Government, UNFPA, donors, implementing partners and beneficiaries) the programme results and (ii) provide an evidence base for the design of the related and/or successor programmes. The **intended users (target audience)** of the evaluation are (i) UNFPA Malawi Country Office (CO); (ii) the GoM; (iii) Implementing Partners (IPs) of the CP8; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the UNCT; (vi) ESARO; and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) the local CSOs and international NGOs.

#### Methodology

This was a theory-based and utilisation evaluation, drawing on the intervention logic, as represented in the performance measurement framework. The evaluation was premised upon a set of ten questions corresponding to the four OECD evaluation criteria of relevance, effectiveness, efficiency, sustainability; and three UNFPA criteria of coordination, coverage and connectedness as well as a set of assumptions. The evaluation team sampled **five districts** selected from the three regions of Malawi where UNFPA is implementing its programmes. The first tier of districts categorized as five focal districts (green colour) namely: Nkhata Bay, Mchinji, Dedza, Mangochi and Chiradzulu. The second tier comprises the emergency intervention districts (red colour) namely: Chikwawa, Nsanje and Mulanje. The third tier comprises the multi-year donor funded districts (cream colour), which are Salima, Kasungu, Ntchisi, Mzimba, Machinga, Dowa, Rumphi, Lilongwe, and Balaka.



The evaluation comprised four main levels of evidence namely: desk-based review of relevant documents; key informant interviews; focus group discussions with programme beneficiaries and observation of youth health friendly services (YHFS). The evaluation adopted an inclusive and participatory approach, involving a broad



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range of implementing partners (IPs) and stakeholders including women and adolescent girls living with disability and ensuring gender balance. Content, comparative and qualitative analyses were used plus quantitative techniques, such as financial and value for money analyses.

## Key Findings

The CP8 was **aligned to the national, regional and international development priorities**, as outlined in the Malawi Vision 2063 (MW2063); the ten year Malawi Implementation Plan 1; UNFPA Country Programme (2019-2023); the global UNFPA Strategic Plan (2018-2021); the Maputo Plan of Action 2016-2030 for the Operationalization of The Continental Policy Framework for Sexual and Reproductive Health and Rights. In addition, it was in line with the International Conference on Population and Development (ICPD) Programme of Action; the 2030 Sustainable Development Goals (SDG) Agenda and the three transformative results of UNFPA's strategic plan.

The programme **addressed the needs of women, adolescent girls and vulnerable groups** who were consulted about their priorities during programme design and implementation. The CO was flexible to respond to the changing needs in the political and humanitarian context, developed a Response Plan to the COVID-19 pandemic and implemented it as a plan of action from the onset of this emergency.

Under the first CP output on **Integrated sexual and reproductive health (SRH)**, UNFPA support contributed to improved capacity of health facilities to provide emergency obstetric neonatal care (EmONC) services and the improved skilled birth attendance implies that the risk of mothers getting complications during labour and delivery remains low. The number of women and girls living with fistula receiving treatment with UNFPA support was over-achieved (297%). The CO established and conducted emergency preparedness processes and activities to help mitigate risks in the event of an onset of a crisis. The target of identified vulnerable people provided with the minimum initial service package (MISP) for humanitarian response with UNFPA support; towards surgery, providing treatment or transport of fistula patients to and from the health facilities, was over-achieved. Under the second output of **family planning (FP)**, the following were achieved: (i) number of additional users of family planning for adolescent girls aged 15-19 years in focus districts was likely to be achieved (58 percent of

target); (ii) the demand for FP services by beneficiaries was sub-optimal due to funding constraint during 2020/2021 and the COVID-19 pandemic mobility restrictions.

For the **Adolescents and Youth (AY)**, the programme succeeded in going far beyond the set targets both for the outcome and output indicators. Although the **adolescent birth rate has remained high, there is a slight decline in the adolescent and young women birth rates in the UNFPA focal districts** (Nkhata Bay, Dedza, Mchinji, Mangochi and Chiradzulu). The life skills programme for marginalised girls, which aims to build their health, social and economic assets enabled adolescent young women and men to be empowered economically through the Village Savings Loans (VSLs). Through the national and district-level networks, **young people were empowered to participate in decision making and play a vital role in their own development** as well as that of their communities.

Under **Gender Equality and Women Empowerment (GEWE)**, UNFPA made significant contributions to respond to GBV and harmful practices at all levels. **UNFPA has demonstrated strong leadership and comparative advantages in the prevention and responses to GBV and harmful practices** such as child marriages with particular emphasis on linkages to SRH. The increased capacity to address GBV was recognized among the government and CSO partners, including the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW), Police Victim Support Units and Ministry of Health and Population (MoHP) as well as among the girls in the safe spaces through the Integrated Essential Services Package. **Positive changes indicated gender norms for preventing GBV, including harmful practices among non-traditional groups especially men and boys, traditional and also religious leaders.** With regards to GBV in humanitarian setting, UNFPA helped to address GBV experienced by women and girls/disadvantaged women and girls during COVID-19 pandemic and also the flooding that devastated communities in Nsanje, Chikwawa, Mulanje and Phalombe districts. UNFPA also made **significant contributions in women's economic empowerment through the survivor fund and also enhanced access to justice through the community fund.** However, delays by UNFPA in provision of resources to respond to GBV in humanitarian and emergency situations was reported to be a challenge by the stakeholders.



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Under **Population Dynamics (PD)**, significant achievements were made (i) UNFPA's technical support enabled the in-depth thematic analysis of the 2018 Population and Housing Census data and its use at national and subnational levels for monitoring purposes; (ii) Malawi's ability to leverage on how to use and manage novel technology in census data collection enhanced the south-to-south cooperation by sharing its success story towards digital census.

The monitoring and evaluation (M&E) function within UNFPA provided a commendable framework for tracking the alignment of IPs' work plans with the performance measurement framework (PMF). UNFPA championed the formation of a Data Group involving other UN agencies in order to enhance the national data management information system. However, continuous capacity building will be needed at national and sub-national levels.

There was **efficient use of human, financial, logistics and technical resources** by the programme since it was managed within the UNFPA CO system. The UNFPA administrative and financial systems for the CP were largely adequate and functional. UNFPA has a clear and robust system for ensuring checks and balances, and to ensure that IPs were accountable for deliverables in a timely manner. The **establishment of decentralised UNFPA field offices and presence of staff in the field enhanced efficiency of field implementation**. However, there were reports of too much bureaucracy within the financial management system which gave rise to delays in the fund disbursement to IPs.

With respect to **sustainability**, there is widespread ownership for interventions supported by UNFPA. Most stakeholders felt confident to continue planning and implementing the programmes without UNFPA support given the fact that their skills and technical capacity had been strengthened during the capacity building and training interventions. However, some interventions such as fistula repair and support to GBV survivors which require heavy funding were deemed not sustainable without continued external financial support.

Regarding **coordination function**, UNFPA is an active member of the United Nations Country Team (UNCT) and the Humanitarian Country team (HCT) and the leadership role as co-chair or a lead of various fora is recognized and appreciated by other UN agencies. UNFPA is an influential key player at the national level and has held key responsible

positions in various committees and technical working groups (TWGs) contributing to the country's development agenda.

Regarding **coverage**, there is evidence that UNFPA CP conducted systematic target setting of beneficiary groups of marginalised and vulnerable population across varied socio-economic and geographic dimensions as well as ensuring that the humanitarian interventions were in areas where the need was greatest. The affected communities were mapped and there was disaggregated data in order to facilitate provision of appropriate services that meet their needs.

On **connectedness**, UNFPA's response during emergencies in the districts prone to floods and drought was timely, coherent and well connected with the population needs specifically when the benefiting population was among the UNFPA target population. UNFPA's flexibility to mobilise resources, open communication and functional working relationship with partners in the government and UN system enabled a rapid response to humanitarian crises due to COVID-19 pandemic and flooding brought by cyclones. UNFPA actively facilitated the building of capacity of IPs and community structures in order to strengthen the resilience at national and community levels during the humanitarian crises.

The COVID-19 pandemic stalled most activities in the short term period and this was an unforeseen high risk.

## Main conclusions

### Strategic Level

**Conclusion 1: Alignment of CP8 to national and international development priorities.** The GOM/UNFPA's CP8 is well aligned to national and international development priorities. The CP effectively responded to the changing environment and needs including humanitarian settings. UNFPA is a dependable strategic partner to the GoM, other UN agencies and leading bilateral agencies. Wide stakeholder consultation at national and sub-national levels during the design of the CP8 enhanced ownership and relevance. The implementation of CP8 was government-led and CP8 was responsive to changing national needs and environment especially in emergencies. However, there are emerging needs such as climate change effects as a risk factor for inadequate access to services (SRH, ASRH) and for GBV and harmful practices (early and child marriage) and



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cross-border movements (in relation to child marriages), which needs more attention.

**Conclusion 2: Risk of reduction in global funding for development work.** Due to the on-going COVID-19 pandemic, war in Europe and the economic instability, there is a risk of reduction in global funding for development work which potentially might constrain programming.

**Conclusion 3: Financial management and tracking system for accountability.** UNFPA has a robust financial management and tracking system that facilitates programmatic and financial accountability. However, there are constant delays between requisition of funds by IPs and disbursement by UNFPA and this affects timely and quality implementation of interventions. UNFPA has a clear system of ensuring checks and balances, and that IPs are accountable for deliverables and funds disbursed in a timely manner but it requires further strengthening to reduce the time between requisition and disbursement of funds.

**Conclusion 4: The monitoring and evaluation system.** The utility of some outcome and output indicators fell short of the expected standard as some of output indicators were not accurately measuring the outcomes of the programme. Some output indicators did not have achievement data and therefore, it was difficult to assess progress.

### **Programmatic level**

**Conclusion 5: Addressing underlying socio-cultural practices that fuel inequalities.** UNFPA interventions took into consideration the socio-cultural context of Malawi, addressed underlying socio-cultural practices that fuel inequalities and also the alarming rate of GBV prevalence among women; rampant child marriages.

It targeted key actors involved in the prevention and response to GBV, and at the same time it also directly worked with the concerned population presenting positive alternative role models and practices.

**Conclusion 6: Reproductive Health Commodity Security including FP products.** UNFPA has done a commendable job in ensuring adequate RH commodity security including FP products. However, there is limited sustainability of political will around supporting the SRHR programme; financing for SRHR including FP commodities. The financing for SRHR including procurement of FP commodities remains largely donor dependent.

**Conclusion 7: Comprehensive sexuality education.** Overall, the CSE intervention influenced positive behaviour change among adolescents and youth. Despite multi-sectoral approach using SBCC, PCC community door-to-door campaigns, negative cultural and religious factors which affect girls' access to education, access to ASRH services and their participation in decision making processes still prevail.

**Conclusion 8: Integrated women and girl's empowerment and livelihood strategies.** Integrated women and girl's empowerment and livelihood strategies were effective in reducing the risk and vulnerability to GBV and harmful practices. Combining economic empowerment for adolescent girls and women with gender transformative programming integrated with SRHR was effective in reducing risks and vulnerability to GBV and harmful practices including early and child marriage. However, the package needed to be standardized and context specific. Women, youth and adolescent strategies were stronger at SRHR integration but relatively weak at gender transformative programming and power analysis.

**Conclusion 9: Addressing harmful cultural practices at community level especially with regards to child marriages and initiation.** UNFPA has made significant contributions in addressing harmful cultural practices at community level especially with regards to child marriages and initiation rites by bringing about changes in attitudes, behaviours and eventually norm change. Strategic involvement of religious leaders, chiefs, parents at communities was critical to behaviour change.

**Conclusion 10: Disability inclusion.** In the context of disability inclusion, the programme does not explicitly include activities or outputs that are geared towards disability inclusion, but only marginally tackles the issue.

**Conclusion 11: Exit strategy for UNFPA flagship programmes.** There is no clear exist strategy for the flagship programmes (UNJPGE - Phase 2&3), the SYP - Phase 2, and Action for Teens, which have registered success but are coming to an end in 2024, 2022 and 2024 respectively). With so many success stories registered for in and out of school adolescents and youth, there is need to prepare an exit strategy to avoid the gains getting lost and put in place mechanisms for sustainability for example linking communities to other organisations.



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**Conclusion 12: National data management information system.** The mobilization by UNFPA of other UN agencies to form a Data Group was a significant milestone for a harmonized national data management information system linking all MDAs to the same system.

## Main recommendations

### Strategic level

#### *Short-term period*

**R 1. During the design and implementation of the next CP, priority should be given to wide consultations with key stakeholders at all levels, consolidation of strategic partnerships, and responsiveness to the changing environment and needs in development as well as humanitarian settings.**

Given the working environment under UNSDCF, the CP9 focus should be more on integrated programming approach - across development programme components including humanitarian interventions as well as across UN Agencies, if feasible. UNFPA CO should support MDAs and IPs on the adoption of appropriate methods to continuously reach and consult the marginalized, and most vulnerable populations. The CO should establish cross functional teams (in the country office) to avoid vertical project planning and management. **Priority:** High; **Directed to** UNFPA CO, MDAs, District assemblies and IPs.

**R 2. Given the on-going unpredictable political global environment (including potential reduction in global donor funding), UNFPA should position itself strategically in concert with other UN agencies (e.g. UNICEF) to contribute to the attainment of MW2063 and Malawi Implementation Plan 1.**

UNFPA CO should conduct semi-annual or annual environmental scanning of the global and local donor funding situation so that UNFPA is properly informed and able to take the right decisions on programming. **Priority:** Medium; **Directed to** UNFPA CO, UN agencies and MDAs.

**R 3. UNFPA should reduce the red tape (financial management system) in order to improve efficiency in implementation. There is a need for a culture change – bureaucracy need to change and replaced by innovative strategies to make the financial management system more efficient.** There is need for a technical review to identify the main bottlenecks in the bureaucracy and identify

novel strategies for improved efficiency; streamline the mechanisms for the transfer of funds to IPs to ensure timely access to these funds but at the same time facilitate oversight and accountability for IPs. **Priority:** High; **Directed to:** UNFPA CO, MDAs, District assemblies and IPs

#### *Medium-term period*

**R 4. There is a need for a strong M&E system in order to ensure that data is available all the time for purposes of monitoring programme implementation. In addition, some of the indicators were derived from nationally representative surveys including the Malawi Demographic Health Survey (MDHS) and Multiple Indicator Cluster Survey (MICS). However, the indicators were only available at national level, and not at district level in which the interventions were being implemented. UNFPA should engage the Department of Population Studies which has the capacity to conduct further analysis of large household surveys and census datasets to come up with subnational indicators.**

UNFPA CO should provide the relevant technical guidance on the measures to be taken to harmonise the indicators. As much as possible, CP9 should go beyond stating indicators in categorical form (yes, no) to strengthen measurements of the quality of outputs and the processes. The CO should ensure having an M&E staff dedicated to the task of liaison with the Department of Population Studies. **Priority:** Medium; **Directed to:** UNFPA CO.

### Programmatic level

#### *Short-term period*

**R 5. For the improvement of GBV programming, UNFPA CO should invest time to secure buy-in from the top leadership of national and local governments on the appropriate coordination model for MISP as well as establishing linkages among the different service delivery actors.**

UNFPA CO should provide technical assistance to strengthen coordination activities among government and CSO providers; UNFPA should popularize the male engagement strategy and plan for addressing gender barriers through male engagement and select the appropriate male engagement partners with the right expertise and experiences; and in the next CP, UNFPA should consider coming up with a mechanism that will ensure that the incentives for the mentors are provided in a



manner that will be sustainable. **Priority:** Medium; **Directed to:** UNFPA CO, MDAs, District assemblies and IPs.

**R 6. UNFPA and partners should continuously advocate to government at the national and sub-national levels to make adequate annual budgetary allocations for SRH services. The documented plan should show increasing annual government amounts matched with decreasing donor funds.**

UNFPA CO should invest time and energy to secure buy-in from the senior leadership of MoH and Ministry of Finance on a comprehensive plan and advocate for increased government allocation to the health budget. A series of meetings among the relevant stakeholders (government, donors, development partners and UNFPA) will be needed to discuss the content and modalities of the plan. The CO should allocate some funds for these meetings. **Priority:** High; **Directed to:** UNFPA CO, MDAs, District assemblies and IPs.

**R 7. UNFPA and partners should advocate for enhancement of a transformative approach and encourage IPs to continue working with traditional leadership and continuously engage parents in order to address negative cultural and religious factors, which impede girls' access to education, access to ASRH services.**

UNFPA should provide technical support to IPs in skills for lobbying traditional leaders to influence communities change/drop the negative practices and norms. UNFPA should invest in building capacity of human resources of IPs in gender transformative programming to address drivers and risk factors for GBV inherent in patriarchal norms. **Priority:** Medium; **Directed to:** UNFPA CO, MDAs, District assemblies and IPs.

*Medium-term period*

**R 8. UNFPA should provide support to enhance financial management and business skills among beneficiaries of the survivor fund. There should be mechanisms to ensure accountability and transparency in the management of the funds.**

UNFPA should make use of the available data and other knowledge products from gender analyses and advocate for advancement of gender equality, jointly with other relevant UN agencies coordinated through UN Gender Thematic Working Group. UNFPA should also aim for integrating male engagement strategy across the UNFPA's programming, moving beyond the GEWE. UNFPA should provide support

to enhance financial management and business skills among beneficiaries of the survivor fund. UNFPA and its partners should consider streamlining and standardizing the integrated SRHR/HIV/GBV package of services for women, youth, and adolescent groups but with strong focus on vocational skills training, **Priority:** Low; **Directed to:** UNFPA CO, MDAs, District assemblies and IPs.

**R 9. UNFPA should advocate for continuation of child marriage withdrawals to occur as part of a broader child marriage strategy within communities. Those partners supporting withdrawals should make sure that communities are prepared to offer girls assistance with education re-entry (e.g., school fees) or transition to livelihood opportunities (vocational training or seed grants) to help ensure a successful post-withdrawal transition.**

UNFPA CO should strengthen the humanitarian preparedness aspect of service providers (SRH, GE, AY) to identify and deal with risks, vulnerabilities and their underlying causes. At the same time, the CO should carry out capacity building of communities (connectedness and resilience building) as well as ensuring that adequate funds are available for these activities. **Priority:** Medium; **Directed to:** UNFPA CO, MDAs, District assemblies and IPs.

**R 10. The next CP needs to systematically incorporate specific and targeted activities aimed at disability inclusion in all areas of operation. UNFPA should consider enhancing partnership with organizations of persons with disabilities such as Malawi Council for the Handicapped, Federation for Disability Organisations in Malawi and other specialized stakeholders. Such partnerships could facilitate UNFPA's better understanding of the barriers faced by people living with disabilities, particularly those victims of SGBV.**

UNFPA CO should provide guidance on enhancing partnership with organizations of persons with disabilities such as Malawi Council for the Handicapped, Federation for Disability Organisations in Malawi and others to ensure issues of disability are comprehensively dealt with in the programme. **Priority:** Medium; **Directed to:** UNFPA CO, MDAs, District assemblies and IPs.

**R 11. UNFPA should consider putting a clear exit strategy in place for the flagship programmes in order to ensure the sustainability of the gains achieved.**

UNFPA CO should pro-actively engage the other UN agencies to jointly establish the exit strategies for the joint



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programmes and explain them to the IPs and beneficiaries. The CO should also identify staff to be dedicated to the activity. **Priority:** High; **Directed to:** UNFPA CO, MDAs, District assemblies and IPs.

*Long-term period*

**R 12. Within the Data Group, UNFPA should advocate for continuous capacity building in order to improve the data management information system at national and sub-national levels.** As a member of the Data Group, UNFPA should contribute technical advice on the data requirements, metadata needs, data coordination and utilization issues, to move the initiative forward. **Priority:** Medium; **Directed to:** UNFPA CO, UN agencies, MDAs and District assemblies.

**Reference:**

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