



Government of Malawi



Government of Malawi / UNFPA 8th Country Programme 2019-2023

Evaluation Report



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Map of Malawi



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Abbreviations and acronyms

AGYW:	Adolescent Girls and Young Women
AIDS:	Acquired Immunodeficiency Syndrome
ANC:	Ante-Natal Care
AU:	African Union
AY:	Adolescents and Youth
BEmONC:	Basic Emergency Obstetric and Neonatal Care
CBO:	Community Based Organisation
CEDAW:	Convention on the Elimination of all Forms of Discrimination Against Women
CEmONC:	Comprehensive Emergency Obstetric and Neonatal Care
CO:	Country Office
COVID:	Corona Virus Disease
CP:	Country Programme
CP8:	Eighth Country Programme
CPD:	Country Programme Document
CPE:	Country Programme Evaluation
CPR:	Contraceptive Prevalence Rate
CPW:	Child Protection Worker
CSE:	Comprehensive Sexuality Education
CSO:	Civil Society Organisation
CVSU:	Community Victim Support Unit
DAC:	Development Assistance Committee
DCS:	Development Cooperation Strategy
DEC:	District Executive Committee
DEM:	District Education Manager
DFID/FCDO:	Department for International Development/Foreign, Commonwealth Development Office
DHIS:	District Health Information System
DoDMA:	Department of Disaster Management Affairs
DPD:	Director of Planning and Development
DSWO:	District Social Welfare Office
DYO:	District Youth Office
EmONC:	Emergency Obstetric and Neonatal Care
ENAP:	Early New-born Action Plan
EQ:	Evaluation Question
EQA:	Evaluation Quality Assessment
ERG:	Evaluation Reference Group
ESARO:	Eastern and Southern Africa Regional Office
ESP:	Essential Services Package
EU:	European Union
FAO:	Food and Agriculture Organisation
FEDOMA:	Federation for Disability Organisations in Malawi
FFF:	Freedom From Fistula Foundation
FGD:	Focus Group Discussion
FP:	Family Planning
FSW:	Female Sex Worker
FPAM:	Family Planning Association of Malawi
GBV:	Gender Based Violence
GBVMIS:	Gender Based Violence Management Information System
GDP:	Gross Domestic Product
GENET:	Girls Empowerment Network

GEWE:	Gender Equality and Women Empowerment
GGGI:	Global Gender Gap Index
GII:	Gender Inequality Index
GIZ:	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
GNI:	Gross National Income
GoM:	Government of Malawi
HCT:	Harmonised Cash Transfer
HDI:	Human Development Index
HIV:	Human Immuno Deficiency Virus
HMIS:	Health Management Information System
HRBA:	Human Rights Based Approach
IASC:	Inter-Agency Standing Committee
ICPD:	International Conference on Population and Development
IMR:	Infant Mortality rate
KII:	Key Informant Interview
KOICA:	Korea International Cooperation Agency
LGBTQI:	Lesbian, Gay, Bisexual, Trans, Queer and Intersex
LNOB:	Leaving No One Behind
MACOHA:	Malawi Council for the Handicapped
MAGGA:	Malawi Girl Guides Association
mCPR:	modern Contraceptive Prevalence Rate
MDG:	Millennium Development Goal
MDHS:	Malawi Demographic and Health Surveys
MGDS:	Malawi Growth and Development Strategy
MICS:	Multiple Indicator Cluster Survey
MMR:	Maternal Mortality Rate
MoEST:	Ministry of Education Science and Technology
MoHP:	Ministry of Health and Population
MW2063:	Malawi Vision 2063
NGOs:	Non-governmental Organisations
NOYD:	Ntchisi Organisation for Youth Development
NYCOM:	National Youth Council of Malawi
NYP:	National Youth Policy
OCHA:	United Nations Office for the Coordination of Humanitarian Affairs
ODA:	Official Development Assistance
OECD:	Organisation of Economic Cooperation and Development
OMT:	Operations Management Team
PAC:	Post-Abortal Care
PCC:	Parent-Child Communications
PD:	Population Dynamics
PMT:	Programme Management Team
RHCS:	Reproductive Health Commodity Security
SBA:	Skilled Birth Attendant
SDG:	Sustainable Development Goal
SIGI:	Social Institutions and Gender Index
SRH:	Sexual and Reproductive Health
SRHR:	Sexual and Reproductive Health and Rights
TA:	Traditional Authority
TFR:	Total Fertility Rate
ToC:	Theory of Change
TOR:	Terms of Reference

UNAIDS:	United Nations Joint Programme on HIV and AIDS
UNCG:	United Nations Communication Group
UNCT:	United Nations Country Team
UNDAF:	United Nations Development Assistance Framework
UNDP:	United Nations Development Programme
UNEG:	United Nations Evaluation Group
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children’s Fund
UNSDF:	United Nations Sustainable Development Framework
UPR:	Universal Periodic Review
US\$:	United States Dollar
USAID:	United States Agency for International Development
VAWG:	Violence Against Women and Girls
WFP:	World Food Programme
WHO:	World Health Organisation
YFHS:	Youth Friendly Health Service
YONECO:	Youth Network and Counseling

Key facts table - Malawi

Table 1: Fact Table - Malawi

Land	
Geographical location ¹	Malawi, formerly known as Nyasaland, is a landlocked country located in south-eastern Africa, bordered by Zambia to the northwest, Tanzania to the northeast, and Mozambique to the south, southwest, and southeast. It lies between latitudes 9° and 18°S and longitudes 32° and 36°E.
Land area ²	118,484 km ² (45,747 Sq. mi).
Terrain ³	The Great Rift Valley from north to south, Lake Malawi to the east making up over three-quarters of Malawi's eastern boundary, mountainous sections (Zomba and Mulanje peaks), and plateaus of Malawi surrounding the Rift Valley
People	
Population ⁴	19.6 million (2021)
Government ⁵	<ul style="list-style-type: none"> Malawi is a multiparty republic whose original constitution of 1966 was replaced with a provisional constitution in 1994, which was officially promulgated in 1995 and has since been amended. Malawi is headed by a president who is the head of state and government and up to two vice presidents, all of whom are elected by universal suffrage. In addition, the president appoints the cabinet. Unicameral legislature (National Assembly) whose members are elected by universal suffrage and serve five-year terms.
Economy	
GDP Per Capita (US\$) Current Prices ⁶	US \$ 626.3 (2021)
GDP Growth Rate (%) ⁷	2.8 % (2021-22)
Proportion of Population below the National Poverty line (%) ⁸	74% (2021-2022)
Income distribution (GINI Coefficient) ⁹	38.5 (2021)
US\$ Labour Productivity Per Worker – Total ¹⁰	2200\$ (2020)
Working-Age Population Employed ¹¹	8.5 million (2021/22)
Social and Health Indicators	
Human Development Index Rank ¹²	174 (2020)
Unemployment rate (overall) ¹³	6.0% (2019)

¹ Malawi: Geography, environment, and climate, <https://en.wikipedia.org/wiki/Malawi>

² Malawi: Geography, environment, and climate, <https://en.wikipedia.org/wiki/Malawi>

³ Malawi: Geography, environment, and climate, <https://en.wikipedia.org/wiki/Malawi>

⁴ World Development Indicators (WDI), Macro Poverty Outlook, and official data, World Bank

⁵ 1995 Constitution of Malawi

⁶ World Development Indicators (WDI), Macro Poverty Outlook, and official data, World Bank

⁷ World Development Indicators (WDI), Macro Poverty Outlook, and official data, World Bank

⁸ World Development Indicators (WDI), Macro Poverty Outlook, and official data, World Bank

⁹ World Development Indicators (WDI), Macro Poverty Outlook, and official data, World Bank

¹⁰ Labour Market Profile Malawi – 2022/2023, Danish Trade Union Development Agency

¹¹ Malawi, The World Bank, <https://data.worldbank.org/country/MW>






¹² Human Development Report 2020, Malawi, UNDP













¹³ Labour Market Profile Malawi – 2022/2023, Danish Trade Union Development Agency

Per capita public health expenditure US\$ ¹⁴	30.40 (2019)
Literacy Rate (10 years and above) – Total ¹⁵	Both sex 62% Male 70%, Female 55% (2015)
Total Fertility Rate ¹⁶	4.4 (2018)
Infant Mortality Rate per 1000 live births ¹⁷	42 (2017)
Under-five Mortality Rate per 1,000 live births ¹⁸	63 (2017)
Maternal Mortality Ratio per 100,000 live births ¹⁹	439 (2017)

Sustainable Development Goals Status: Malawi

Key to colours: For SDG indicators

	On track or maintaining SDG achievement
	Moderately improving
	Stagnating
	Decreasing
	Trend information unavailable

		Status of Sustainable Development Goals		
Goal		Trend	Indicator and Source	Status
 SDG3 (Good health and wellbeing)			Maternal mortality ratio per 100,000 live births ²⁰	349 (2017)
			Neonatal mortality rate (per 1,000 live births) ²¹	19.1 (2020)
			Mortality rate under-5 (per 1,000 live births) ²²	38.6 (2020)
			Incidence of tuberculosis (per 100,000 people) ²³	141.0 (2020)
			HIV prevalence (per 1,000) ²⁴	1.2 (2020)
			Healthy Life Expectancy at birth (years) ²⁵	65.6 years (2019)
			Adolescent fertility rate (births per 1 women ages 15-19) ²⁶	137.6 (2015)
 SDG5 (Gender equality)			Proportion of births attended by skilled health personnel (%) ²⁷	89.8% (2016)
			Estimated demand for contraception that is unmet (% women married or in union, ages 15-49) ²⁸	73.9 % (2016)
			Proportion of seats held by women in national parliaments (%) ²⁹	22.9 (2020)

¹⁴ The World Bank, https://www.theglobaleconomy.com/Malawi/health_spending_per_capita/

¹⁵ The World Bank, <https://data.worldbank.org/indicator/SE.ADT.LITR.ZS?locations=MW>

¹⁶ Malawi Housing and Population Census 2019

¹⁷ Malawi Demographic and Health Survey 2015-16

¹⁸ Malawi Demographic and Health Survey 2015-16

¹⁹ Malawi Demographic and Health Survey 2015-16

²⁰ Sustainable Development Report, 2022, <https://dashboards.sdindex.org/static/profiles/pdfs/SDR-2022-malawi.pdf>

²¹ Sustainable Development Report, 2022, <https://dashboards.sdindex.org/static/profiles/pdfs/SDR-2022-malawi.pdf>

²² Sustainable Development Report, 2022, <https://dashboards.sdindex.org/static/profiles/pdfs/SDR-2022-malawi.pdf>

²³ Sustainable Development Report, 2022, <https://dashboards.sdindex.org/static/profiles/pdfs/SDR-2022-malawi.pdf>

²⁴ Sustainable Development Report, 2022, <https://dashboards.sdindex.org/static/profiles/pdfs/SDR-2022-malawi.pdf>



²⁵ Sustainable Development Report, 2022, <https://dashboards.sdindex.org/static/profiles/pdfs/SDR-2022-malawi.pdf>

²⁶ Sustainable Development Report, 2022, <https://dashboards.sdindex.org/static/profiles/pdfs/SDR-2022-malawi.pdf>

²⁷ Sustainable Development Report, 2022, <https://dashboards.sdindex.org/static/profiles/pdfs/SDR-2022-malawi.pdf>

²⁸ Sustainable Development Report, 2022, <https://dashboards.sdindex.org/static/profiles/pdfs/SDR-2022-malawi.pdf>

²⁹ Sustainable Development Report, 2022, <https://dashboards.sdindex.org/static/profiles/pdfs/SDR-2022-malawi.pdf>

Status of Sustainable Development Goals				
Goal		Trend	Indicator and Source	Status
	SDG10 (Reduced inequalities)		Gini index (0-100) ³⁰	37.3 (2018)
	SDG17 (Partnerships for the goals)		Government spending on health and education ³¹	5.3 (2020)

³⁰ World Data Atlas (2022); <https://knoema.com/atlas/Malawi/GINI-index>

³¹ Sustainable Development Report, 2022, <https://dashboards.sdindex.org/static/profiles/pdfs/SDR-2022-malawi.pdf>

Structure of the Evaluation Report

The Evaluation Report is structured according to the UNFPA Evaluation Handbook. The first chapter is the introduction. This chapter provides the purpose and objectives of the 8th Government of Malawi/UNFPA Country Programme, the scope of the evaluation as well as the methodology and process. The second chapter presents the country context, specifically outlining the main development challenges and national strategies, followed by the role of external assistance both overseas development aid and the United Nations Sustainable Development Framework for Malawi.

The third chapter covers the UN and UNFPA strategic response as well as the UNFPA response through the current CP8 country programme. The fourth chapter provides the findings of the evaluation covering all the evaluation questions with respect to relevance, effectiveness, efficiency, sustainability, coordination, coverage and connectedness. The conclusions to the report are provided in the fifth chapter and these are given at strategic and programmatic levels. The sixth chapter provides the recommendations, and these are also given at strategic and programmatic levels. There is also indication for the recommendations being short-term, or medium term or long-term. Finally, the report provides the following annexes: terms of reference, list of persons/ institutions visited and interviewed, documents reviewed, evaluation matrix, stakeholders map, data collection tools, a sample of CP interventions, performance measurement framework, CPE agenda and categories of FGDs conducted.

Acknowledgement

The United Nations Population Fund (UNFPA) wishes to express gratitude to all institutions and individuals who contributed to the successful completion of the Country Programme Evaluation (CPE) of the 8th Government of Malawi / UNFPA Country Programme, 2019-2023 in Malawi.

Special gratitude goes to the Ministries, Departments and Agencies (MDAs) that were consulted during the CPE that included: Ministry of Health and Population (MoHP); Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW); Ministry of Youth and Sports (MoYS); Ministry of Education, Science and Technology (MoEST); National Statistics Office (NSO); National Youth Council of Malawi; National Planning Commission; African Institute of Development Policy; District assemblies and District technical officials of Dedza, Mangochi, Mulanje, Nsanje and Nkhata Bay districts. The time availed and keen interest shown by the beneficiaries to provide their views and voices is well appreciated.

Special gratitude also goes to the key partners from the UN system such as Resident Coordinator's Office, UNDP, UNICEF, UN WOMEN, UNHCR, UNAIDS and WFP who participated in the evaluation. An appreciation also goes to the development partners such as Government of Iceland, KOICA, FCDO who spared their valuable time to give their insights. We would like also to thank the leadership and staff of the INGOs, local NGOs, and Academic Partners who participated in the evaluation.

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We appreciate the participation of members of the Evaluation Reference Group, especially those who took time to provide comments towards improving the quality of the CPE design and reports. The information provided, despite other commitments, was very useful in enriching this report. The Evaluation Team hopes that the findings and recommendations presented in this report positively contribute to building a sound and evidence-based foundation for the development of the next country programme for Malawi.

This acknowledgement will be incomplete if we would let the enormous work of the evaluation team go unrecognised. We thank them for providing their expertise to conduct this evaluation.

Executive Summary

Background: 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 and being informed by the lessons from the previous programme.

Purpose of Evaluation: The goal of the 8th Country Programme Evaluation (CPE) was to demonstrate accountability to stakeholders for the results achieved, to support evidence-based decision-making, to contribute important lessons learnt to the organisation's knowledge base, and to provide independent inputs to the next UNFPA CP cycle and the strategic direction of the organisation's continued role. The **audience for the CPE report** include UNFPA Country Office (CO), Regional Office (ESARO), UNFPA Headquarters, and the Executive Board, as well as key government agencies, national partners, development partners, including funders and UN agencies in the country.

Programme: The CP8 contributed to the UNFPA's Global Strategic Plan aim for 2018-2021, which was to achieve universal access to Sexual and Reproductive Health (SRH), realise reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the International Conference on Population Development (ICPD) Programme of Action. Human rights, gender equality and population dynamics helped to improve the lives of women, adolescents, youth and leaving no one behind. The Sexual and Reproductive Health and Rights (SRHR) thematic component had two outputs, first, increasing national and subnational capacity to provide high quality integrated SRH services and information to the most marginalized women and young people, especially adolescents, including in humanitarian settings and the second, increasing the capacity of Ministry of Health and Population (MoHP) to effectively forecast, procure and distribute SRH commodities and maternal health life-saving drugs, including last mile tracking. The Adolescents and Youth (AY) component focused on increasing the capacity of young people at national and sub-national level for their empowerment to make informed choices about their SRHR, exercise leadership and participate in the development at national and local levels. The Gender Equality and Women Empowerment (GEWE) component focused on strengthening the capacity of the public sector, human rights institutions, civil society organizations at national and sub-national level as well as communities to prevent and address gender-based violence (GBV) and sexual exploitation. The output on Population Dynamics (PD) focused on improving national capacity to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy.

Methodology: The CPE was comprised of five phases: (i) preparatory phase; (ii) design phase; (iii) field phase; (iv) reporting phase; and (v) facilitation of use and dissemination phase and based on a set of ten questions corresponding to the five Organisation for Economic Cooperation and Development (OECD) – Development Assistance Committee (DAC) criteria: relevance, effectiveness, efficiency, sustainability, coordination, and two UNFPA criteria (coverage, connectedness). The CPE triangulated data collection methods, including document review, key Informant Interviews (KIIs) and focus group discussions (FGDs). Stakeholders for KIIs were selected for participation in the evaluation using purposive sampling and, in this regard, the stakeholders' map was used for stakeholder sampling for data collection. The evaluation team was aware that most of the UNFPA interventions were implemented at national and sub-national levels, which made it challenging to identify the direct beneficiaries of the interventions. The CPE adopted an inclusive, participatory and utilisation-based approach, involving a broad range of partners and stakeholders and ensuring gender balance. The validation of findings and recommendations was done through regular consultations with the evaluation managers, meetings with Evaluation Reference Group and a final

stakeholders' validation workshop. The CPE was conducted according to the UNFPA Evaluation Policy, UN Evaluation Group, Ethical Guidelines, and the UN Norms and Standards for evaluation in the UN System.

Key Findings: Regarding **relevance**, the four components of UNFPA's CP8 are highly relevant to the priorities of the GoM policies, and strategies as well as Malawi's United Nations Sustainable Development Framework (UNSDF) 2019-2023 and the international commitments, UNFPA mandate and to the needs of the beneficiaries. The associated interventions of the four thematic components were consistent with the priority components of the ICPD, the 2030 SDG Agenda and the three transformative results of UNFPA's strategic plan. As for the UNFPA's response to the changing needs in the political and humanitarian context, the Country Office (CO) was flexible to respond to the new government policies, developed a Response Plan to the COVID-19 pandemic and implemented it as a plan of action from the onset of this emergency. The Plan of Action encompassed key interventions and high priority areas to reduce the impact of the pandemic to development and humanitarian interventions.

About **effectiveness**, the CP8 had 78 percent out of nine outcome indicators in the range of achieved and most likely to be achieved. There were two outcome indicators which did not have achievement data indicated. Therefore, there is need for the CO staff to ensure that they select/adopt indicators for which collection of data is easily available and verifiable. In addition, CO programme officers and IPs need to get involved in the definition, and development of a meta data indicator reference sheet at the onset of the CPD.

Under the first CP output on **Integrated SRH**, UNFPA support contributed to improved capacity of health facilities to provide EmONC services and the improved skilled birth attendance (SBA) implies that the risk of mothers getting complications during labour and delivery remained low. The number of women and girls living with fistula receiving treatment with UNFPA support was over-achieved (297 percent); 5562 clients versus a target of 2000 were treated. 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 Minimum Initial Service Package (MISP) for humanitarian response with UNFPA support; towards surgery, unit 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 FP for adolescent girls aged 15-19 years in focus districts was likely to be achieved (58 percent of target); that is a cumulative total of 456,530 additional users out of a target of 794,250 were reached (2019-2021); (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, a further analysis shows a slight decline in birth rates for adolescent girls and young women in the UNFPA focal districts (Nkhata Bay, Dedza, Mchinji, Mangochi and Chiradzulu). The life skills programme for marginalised adolescent 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.

Under **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 MoGCSW, Police Victim Support Units and 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 settings, UNFPA helped to address GBV experienced by women and adolescent girls /disadvantaged women and girls during COVID-19 pandemic and also the flooding that devastated communities in Nsanje, Chikwawa, Mulanje and Phalombe districts.

The GBV Technical Working Group is considered as an effective mechanism for discussing issues in humanitarian and emergency situation. UNFPA supported the GBV Technical Working Groups at national as well as district levels. 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 the provision of resources to respond to GBV in humanitarian and emergency situations was reported to be a challenge by the stakeholders. Under **PD**, significant achievements were made namely: (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.

Efficiency: The CO made good use of its resources to deliver results. Based on the review of financial documents, stakeholders' interviews, reviews of Annual Work Plans and Progress reports, all the four thematic components have made good use of the resources. Activities employed to achieve outputs were found to be highly appropriate. 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. However, there were reports of too much bureaucracy within the financial management system which gave rise to delays in the disbursement of funds to IPs.

Sustainability: With respect to sustainability, the evaluation found 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.

Coordination: UNFPA is an active member of the United Nations Country Team (UNCT) 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. The UNFPA field offices have strengthened the coordination between UNFPA and district assemblies and IPs. The results achieved under Delivering as One have served as a base for the GoM and the UN system to jointly pursue the national priorities contained in Malawi Vision 2063 (MW2063) and the localization of the SDGs.

Coverage: Regarding coverage, there is evidence that the country programme 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 met their needs.

Connectedness: 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 their resilience at national and community levels during the humanitarian crises.

Key lessons learnt include the following: (i) there is limited sustainability of political will around supporting the SRHR programme such that the financing for SRHR including FP commodities remains largely donor

dependent; (ii) UNFPA support made significant contributions in addressing harmful cultural practices at community level especially with regards to child marriages and initiations rites by bringing about norm change; (iii) the occurrence of too many policy changes in the UNFPA financial accountability system constraints speedy IP implementation; and (iv) the GoM has recognized the importance of data generation and use and it plans to mobilise 1 percent of programme funding to a pool to support the generation of data.

Main Conclusions

Strategic Level:

The GoM/UNFPA's CP8 is well aligned to the national and international development priorities. The CP effectively responded to the changing political environment and needs including humanitarian settings. UNFPA is a dependable strategic partner to the GoM, other UN agencies and leading bilateral agencies. 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.

Though UNFPA has a robust financial management, there were however constant delays between requisition of funds by IPs and disbursement by UNFPA, low absorptive capacity of IPs and all this affected timely and quality implementation of interventions. UNFPA CO should review the length of time between requisition and disbursement of funds to enhance efficiency. The utility of some outcome and output indicators fell short of the expected standard as some of output indicators were not accurately measuring the results of the programme.

Programmatic Level:

UNFPA has done a commendable job in ensuring adequate reproductive health commodity security (RHCS) including FP products. However, there is limited sustainability of political will around supporting the SRHR programme; the financing for SRHR including procurement of FP commodities remains largely donor dependent. The Comprehensive Sexuality Education (CSE) intervention influenced positive behaviour change among adolescents and the youth. Despite a multi-sectoral approach using Social and Behaviour Change Communication (SBCC), negative cultural and religious factors still prevail which affect adolescent girls' access to education, access to ASRH services and their participation in decision. 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 and rampant child marriages. Integrated women and girl's empowerment and livelihood strategies were effective in reducing the risk and vulnerability to GBV and harmful practices such as early and child marriages. UNFPA made significant contributions in addressing harmful cultural practices especially with regards to child marriages and initiation rites by bringing about changes in attitudes, behaviours and eventually norm change.

In the context of disability inclusion, the programme did not explicitly include activities or outputs that are geared towards disability inclusion, but only marginally tackled the issue. There is no clear exit strategy for the flagship programmes (UN Joint Programme on Girls Education - Phase 2 and 3), the Strengthening Youth Programme (SYP) - Phase 2, and Action for Teens, which have registered success but are coming to an end in 2024, 2022 and 2024 respectively). 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 national system of data management information system.

Recommendations

Strategic Level:

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. (*Short-term*)

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 (MIP 1). (*Short-term*)

UNFPA should reduce the red tape (financial management system) in order to improve efficiency in implementation. As a matter of urgency, UNFPA should facilitate capacity building of IPs in financial management. In addition, there is a need for a culture change – bureaucracy should change and be replaced by innovative strategies to make the financial management system more efficient. (*Short-term*)

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 analyses of large household surveys and census datasets to come up with sub-national indicators or specific programme indicators. (*Medium-term*)

Programmatic Level:

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

UNFPA and partners should continuously advocate to government at the national and sub-national levels to make adequate annual budgetary allocations for SRH services. (*Short-term*)

UNFPA and partners should advocate for the enhancement of a transformative approach and encourage implementing partners (IPs) to continue working with traditional leadership and continuously engage parents in order to address negative cultural factors, which impede girls' access to education, access to ASRH services. (*Short-term*)

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 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. (*Medium-term*)

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. Such enhanced partnerships could also enable further inclusion of disability in UNFPAs' field monitoring by providing access to important disability networks at the local level. (*Medium-term*)

UNFPA should consider putting a clear exit strategy in place for the flagship programmes in order to ensure the sustainability of the gains achieved. (*Medium-term*)

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. (*Long-term*)

CHAPTER 1: INTRODUCTION

1.0 Purpose and objectives

The UNFPA Malawi Country Office (CO) commissioned the Country Programme Evaluation (CPE) of the eighth Country Programme (CP8) of Assistance to the Government of Malawi (GoM) in order to enhance UNFPA's accountability for results and analyse the relevance and performance of the 8th GoM/UNFPA Country Programme (CP) for Malawi (2019-2023). The CPE has three main purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based programming and decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD). In addition, the CPE is expected to contribute to the evidence-base for the next CP. The evaluation was forward-looking and took into account the most recent strategy and UNFPA Malawi programming orientations.

The overall objective of the evaluation was to assess the achievements of CP8 in the dynamic context of Malawi as well as its alignment to the UNFPA Strategic Plan and Sustainable Development Goals (SDGs).³² The specific objectives of the CPE are to:

- i. Provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support.
- ii. Provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- iii. Provide an assessment of the role played by the UNFPA Malawi CO in the coordination mechanisms of the United Nations Country Team (UNCT), with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Malawi CO in the coordination mechanisms of the Humanitarian Country Team (HCT), with a view to improving humanitarian response and ensuring contribution to longer-term recovery.
- iv. Draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

1.2 Scope of the evaluation

1.2.1 Thematic

The evaluation included all initiatives under CP8 funded by regular resources and other resources, and those implemented by Implementing Partners (IPs) and UNFPA. The evaluation covered the programmatic areas of sexual and reproductive health (SRH), adolescents and youth (AY), gender equality and women's empowerment (GEWE) and population dynamics (PD).

1.2.2 Geographic

With regard to the geographic focus, the evaluation targeted the IP offices and stakeholders at national and sub-national (district) levels. At the district level, the evaluation covered the following districts (17 districts out of total 28 districts) where UNFPA implemented interventions.

- Five UNFPA focus districts of Nkhata Bay, Mchinji, Dedza, Mangochi and Chiradzulu
- Emergency - Chikwawa, Nsanje, and Mulanje
- Multi-year donor funded projects - Salima, Kasungu, Ntchitsi, Mzimba, Machinga, Dowa, Rumphi, Lilongwe, and Baraka

However, field visits were in 5 districts of Dedza, Mangochi, Mulanje, Nsanje and Nkhata Bay.

1.2.3 Temporal

The evaluation covered interventions planned and/or implemented within the period of the current CP8 (2019-2023).

³² Malawi CPE TOR_R2U_First Step _ for publication 11 to 19 April 2020 (1)

1.3 Audience

The main audience and primary intended users of the evaluation are: (i) The UNFPA Malawi CO; (ii) the GoM; (iii) IPs of the UNFPA Malawi CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the UNCT; (vi) Eastern and Southern Africa Regional Office (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) local civil society organizations and international non-governmental organization (NGOs). In addition, the evaluation results will be disseminated using a stakeholders' workshop and will be available on the UNFPA Malawi website as well as on the corporate website for UNFPA evaluations.

1.4 Methodology and process

The evaluation was theory-based, utilisation focused and explored the contribution of the project interventions to the outcomes. The CPE was premised on the OECD criteria and UNFPA determined criteria of coverage, connectedness and coordination as per the terms of reference (TOR).³³

1.4.1 Evaluation criteria and evaluation questions

The evaluation systematically used the five OECD – Development Assistance Committee (DAC) criteria:³⁴ - relevance, effectiveness, efficiency, sustainability, coordination and two UNFPA criteria (coverage and connectedness).³⁵ Given the fact that the evaluation took place during the on-going COVID-19 pandemic, the evaluation team followed the UNFPA Evaluation Office guidance “Adapting Evaluation to the COVID-19 pandemic”. The Evaluation Team adopted the set of 10 key evaluation questions as shown in Table 2. The evaluation questions were unpacked and linked to corresponding assumptions, indicators, data sources and data collection methods and tools, which are indicated in the Evaluation Matrix (Annex 2).

Table 2: Evaluation criteria and evaluation questions

Evaluation questions
Relevance Evaluation question (EQ)1: To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs? EQ2: To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?
Effectiveness EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes; and (v) improved access to and utilization of high quality maternal health and family planning services in humanitarian settings? EQ4: To what extent has UNFPA successfully integrated human rights, gender perspectives, environment sustainability and disability inclusion in the design, implementation and monitoring of the country programme?
Efficiency EQ5: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme including the use of the mix of available resources (human capacity, financial, etc.) and the implementation modalities adopted to the COVID-19 context and humanitarian response such as floods and cyclones?

³³ Malawi Country Programme Evaluation ToR_R2U_Firts Step _ for publication 11 to 19 April 2022 (1)

³⁴ UNFPA Evaluation Office. (2019). Evaluation Handbook. How to Conduct a Country Programme Evaluation at UNFPA. Available at: www.unfpa.org/EvaluationHandbook

³⁵ The DAC Principles for the Evaluation of Development Assistance. OECD (2000).

Evaluation questions

Sustainability

EQ6: To what extent have UNFPA supported interventions contributed to ensure resource commitments/allocations by the government institutions and its partners including NGOs for either continuation or scaling up of the activities?

Coordination

EQ7: To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the HCT?

Coverage

EQ8: To what extent have UNFPA humanitarian interventions in response to natural disasters (floods, cyclones and droughts) systematically reached the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities; LGBTQI populations, etc.)

Connectedness

EQ9: To what extent has the UNFPA humanitarian response to natural disasters (floods, cyclones and droughts) taken into account longer-term development goals articulated in the results framework of the country programme?

EQ10: To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

1.4.2 Methods of data collection

The stakeholders selected at national and sub-national levels were consulted through interviews using a combination of face-to-face interaction and remote (online) access using various communication channels, which included Zoom, Microsoft Teams and phone calls, as appropriate and feasible, according to the COVID-19 pandemic context. The CO facilitated the setting up of appointments with the targeted evaluation participants. The appointments were made using the comprehensive Evaluation Agenda that had been prepared by the Evaluation Team as a roadmap to guide the entire process of the CPE from the design phase, data collection phase and all the way through to the reporting phase. The CPE agenda is provided in [Annex 9](#). The specific data sources were provided in the **Evaluation Matrix** (refer to [Annex 4](#)).

Levels of evidence: The evaluation comprised four main levels of evidence: a) desk-based review of relevant documents, b) key informant interviews (KIIs), c) focus group discussions (FGDs), and (d) observation of youth friendly health services at health facilities as shown in Figure 1. Under sub-section 1.4.5.3, there is differentiation of stakeholders interviewed.

Figure 1: Different data collection methods



The data in this evaluation was sequenced in such a manner that it would be collected simultaneously. In case of specific challenges which would not allow face-to-face interactions, online key informant interviews were conducted. The data collection methods are elaborated in the following sub-sections.

1.4.2.1 Document review

The evaluation team conducted an extensive review of relevant documents, to inform the evaluation design, and triangulated with primary sources. The Evaluation Manager identified and provided the main documents to the evaluation team as per UNFPA Evaluation Handbook guidelines. A list of documents consulted/reviewed is in [Annex 3](#).

1.4.2.2 Key informant interviews

The key informant interviews (KIs) were used to collect data relating to programming in the implementation areas as well as checking data on various issues including reasons behind observed levels of various quantitative indicators. For each thematic area, KIs were requested to explain the achievements or lack of them during the UNFPA programme period for all categories of the beneficiaries by gender as well as by vulnerable group; the interventions being implemented to address these challenges. The informants were selected among those who were directly and indirectly involved in the programme/project's activities at all levels. These included UNFPA staff (management and field staff), donors, and locally based public servants (health, gender, youth, education, community development) representatives of local non-governmental organizations (NGOs) involved in the thematic areas.

A combination of face-to-face and virtual KIs was conducted. The ET carried out KIs with stakeholders at national and sub-national levels (primarily sampled from the stakeholders map in Annex 6). The ET used semi-structured guides built on the key evaluation questions. The ET contacted the following potential KIs as shown in Table 3:

Table 3: Proposed districts and key informants by thematic area and level

Thematic area	Level	Key informants
Sexual and reproductive health and rights	National	<p>Government partners: Ministry of Health and Population Ministry of Gender, Community Development and Social Welfare Ministry of Youth and Sports Ministry of Education, Science and Technology</p> <p>NGOS/CSO partners Girls Empowerment Network Malawi Girl Guides Association - MAGGA Action Aid</p>
	Donor Community	UNFPA, UNAIDS, UNDP, UNICEF, DFID/FDCO, USAID
	District	<p>District Councils (includes all thematic areas) Dedza (Central region) – UNFPA focus district Mangochi (Central region) – UNFPA focus district Mulanje (South region) - Emergency intervention district Nkhata Bay (North region) – UNFPA focus district Nsanje (South region) – Emergency intervention district</p> <p>NGO/CSO partners Youth Network and Counseling (YONECO) Marie Stopes International (Banja la Mtsogolo) Family Planning Association Malawi (FPAM) Freedom From Fistula Foundation (FFF), Fistula Care Centre</p> <p>District Executive Committee (DEC) Director of Health Services District Nursing Officer Director of Planning and Development District Youth Officer District Social Welfare Officer District Agricultural Development Officer and CSOs.</p>
	Community	<u>Selected KIs</u> Traditional Authority

Thematic area	Level	Key informants
		Group Village Headman Religious Leaders and MPs.
Adolescents and youth	National	Government partners: Ministry of Youth and Sports Ministry of Education Ministry of Gender, Community Development and Social Welfare National Youth Council of Malawi
	Donor Community	(DFID, GiZ, JICA, Sida, EU) and AY (NORWAY, USAID, Sida, KOICA, UN Foundation)
	District	DEC District Education Manager Director of Planning and Development District Youth Officer District Social Welfare Officer
	Community	Child Protection Workers (CPW) Victim Support Unit Area Development Committee (ADC) Community Based Organization (CBO) Women Forum Police Forum Safe Space groups (Mentors and Mentees)
Gender equality and women's empowerment	National	Government partners: Ministry of Gender, Children, Disability and Social Welfare Ministry of Health and Population Ministry of Youth and Sports NGOs/Civil Society AMREF/NOYD/Action Aid Girls Empowerment Network Malawi Girl Guides Association - MAGGA Media Zodiak Broadcasting Malawi Broadcasting Corporation
	Partner and Donor Community	FAO, OCHA, UNICEF, WFP, Iceland, EU
	District	Districts (as above under SRH) District Health Officer, YFHS coordinator and CSOs YONECO District Gender Officer Social Welfare Officer District SRH Coordinator District Magistrate Police Victim Support Unit Coordinator District Youth Officer (DYO)
	Community	Officer in Charge of Health facility YFHS provider Child Protection Workers (CPW)

Thematic area	Level	Key informants
		Victim Support Unit Area Development Committee (ADC) Community Based Organization (CBO) Women Forum Police Forum Safe Space groups (Mentors and Mentees)
Population Dynamics	National	Government Ministry of Finance National Statistical Office Ministry of Health and Population Ministry of Local government and Rural Development National Planning Commission
	Partner and Donor Community	DFID/FCDO, Norway, Iceland, USAID, UNDP, UNICEF
	District	Director of Planning and Development District Youth Officer (Ministry of Youth and Sports) District Gender Officer NICE and YONECO
	Community	Selected key informants Traditional Authorities; religious and cultural leaders Group Village Heads MPs and Ward Councilors.

1.4.2.3 Focus group discussions (FGDs)

In order to get beneficiaries' perception of the programme/project activities, convenience /purposive sampling of FGD participants was undertaken. The FGDs were conducted with beneficiaries in separate groups of seven to ten participants in the selected programme intervention districts. The FGDs were conducted with separate female (10-49 years) and male (10-55 years) participants in order to ensure that the participants were comfortable to share their perspectives. In each district, at least 2 FGDs were conducted and a total of thirteen (13) FGD sessions were conducted in the five districts visited. Gender and socio-economic status was taken into consideration when organising these FGDs to enable participants to be comfortable when speaking and interacting with one another in a language that they were comfortable with. The FGDs were held in both urban and rural areas and their location and distances from district towns are shown in [Annex 11](#). In addition to this, the evaluation team ensured that the FGDs are conducted with the youth and young women living with disabilities.

1.4.2.4 Observations

The ET employed an observation method in combination with the other approaches. Health facilities were visited and when staff were doing their normal routine activities. For example, the evaluation team observed the status and use of youth friendly health services (YFHS) and as well as the extent the facilities formalized the adolescent and youth-friendly aspects of services as per international standards, including respect for human rights and the interests of young people, gender inequality, confidentiality, and youth participation. The respondents (e.g. implementing partners, civil society, programme participants, donors, representatives of vulnerable and marginalized groups, people living with disabilities etc.) were given the opportunity to discuss freely about the programme and to propose what worked for them to make the programme better in their own context.

1.4.2.5 Validation process

Data validation was done on a routine basis at the end of every data collection day through debriefing sessions by the evaluation team. Data collected from multiple sources were triangulated to support and validate the evaluation findings. The gender aspect was incorporated throughout the analytical process at multiple levels. Additionally, the validation of data including the draft recommendation was sought through regular exchanges

with the CO programme staff; technical officers at national and field levels and the Evaluation Manager(s). Thereafter, the draft report was validated by the Evaluation Reference Group (ERG) and the UNFPA Regional Monitoring and Evaluation Advisor during a joint online meeting for quality assurance before submission to UNFPA CO.

1.4.3 Ethical considerations

The evaluation was conducted in accordance with the UNFPA Evaluation Policy, UN Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UNEG,³⁶ and the UN Norms and Standards for evaluation in the UN System.³⁷ The evaluation team adhered to the following accepted codes of conduct such as: a) adhering to the international norms and standards, b) seeking consent from respondents, c) maintaining confidentiality, d) keeping sensitive information, e) avoiding bias, f) being sensitive to issues of discrimination, g) avoidance of harm and (g) respect for dignity and diversity.

Obtaining consent: The Evaluation Team obtained oral/written consent from all respondents before they were interviewed including adolescent respondents who were aged below 18 years. As the evaluation also targeted adolescent beneficiaries some of whom were minors (i.e., aged less than 18 years), there was a requirement to separately address consent for participation in the evaluation that involved minors. For the minors, their parents or guardians provided oral and written informed consent on behalf of the child and the minors themselves also provided oral and written assent as required by the national and international guidelines for conducting research.

1.4.4 Data collection tools

The evaluation questions were translated into information needs, as displayed in the Evaluation Matrix in **Annex 4**. The Evaluation Matrix linked the evaluation questions with corresponding assumptions that were tested (operational definitions/indicators), sources of information and methods of data collection. In this regard, the Evaluation Matrix was further used as a basis for the development of the tools in the evaluation. The rationale for the selection of the tools was to get as much information from a wide variety of stakeholders as possible. The detailed data collection tools are contained in **Annex 7** and the categories are as follows:

- Desk review checklist
- KII guide for UNFPA CO and IPs staff (implementing SRHR, AY, GEWE and PD activities)
- KII guide non-implementers or organizations that are not implementing the CP interventions (but involved in the thematic sectors)
- KII guide for policy-makers and Ministry directors and or managers
- KII guide for UN agencies and development partners
- FGD interview guides for beneficiaries (separate guides for adolescent girls and young women; young men and male groups)
- Observation checklist/ site assessment guide (used at health facilities to check the status of youth friendly health spaces/corners)

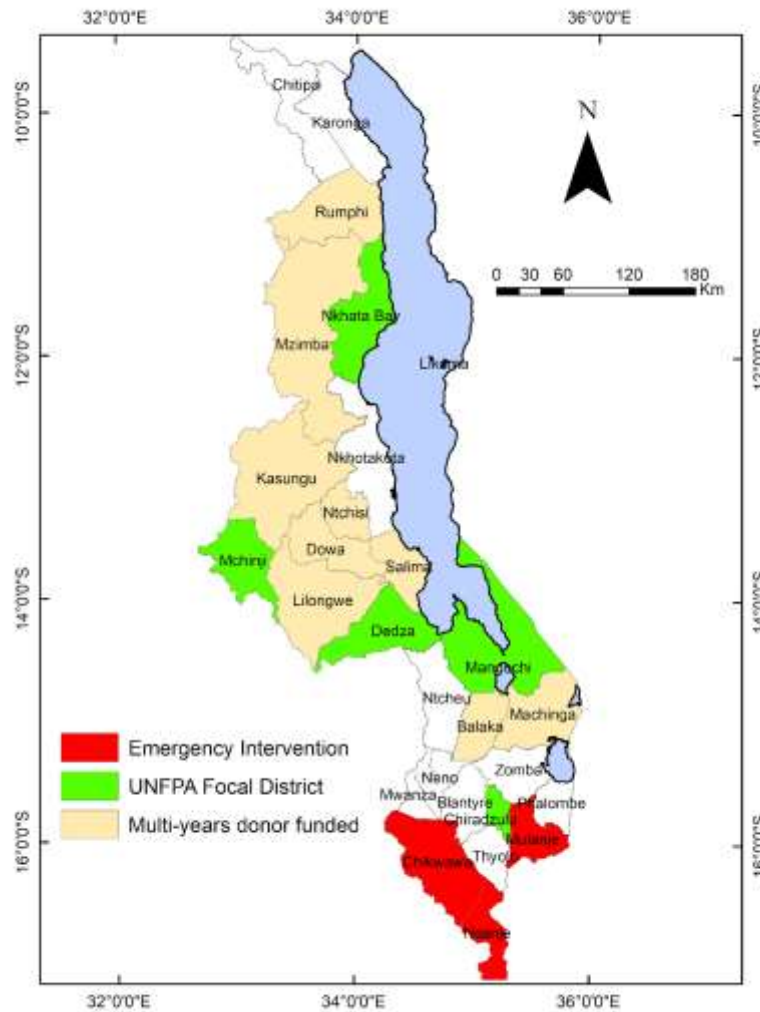
1.4.5 Selection of districts and stakeholders

The CPE8 was conducted in **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 as shown in Figure 21 (Map of Malawi) on the next page.

³⁶United Nations Evaluation Group, UNEG Ethical Guidelines, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102 and UNEG Code of Conduct for Evaluation in the United Nations system, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100 [Accessed 11 June 2022]

³⁷<http://www.unevaluation.org/document/detail/102> [Accessed 12 June 2022].

Figure 2: Map of Malawi showing the three categories of districts



Source: Malawi ET own drawing adapted from UNFPA Malawi TOR

Besides the three key factors, namely UNFPA focus districts, emergency intervention, and multi-year donor funded, the criterion for the selection of intervention districts was influenced by consideration of several demographic and socio-economic parameters based on available data sources in the country which includes the proportion of poor population (poverty headcount ratio), measure of inequality - Gini Coefficient district, fertility rate, contraceptive prevalence rate, and literacy levels. The selection of the district was also based on the humanitarian situation the district face or faced by various climate change effects resulting in an escalating humanitarian crisis.

1.4.5.1. Sample of districts

The qualitative component of this study was conducted in **5 districts**, namely **Nkhata Bay** in the northern region: **Dedza and Mangochi** in the central region, and then **Nsanje and Mulanje** in the southern region.

1.4.5.2 Assumptions of the causal links between the results

Furthermore, in keeping with the change (or lack of) in the outcomes during the evaluation period, the extent to which there was change or lack of in the outcomes also determined by the other factors including systems of kinship (patrilineal or matrilineal), ethnicity, economic activity, and rural-urban contrast. Furthermore, donors and development partners in Malawi were classified in various categories being either multi-lateral or bilateral. The list of donors included traditional donors, international financing institutions, non-traditional or emerging donors,

private sector, UN agencies and Trust Funds as well as government contribution. The evaluation team ensured that the selected districts fell at least in one of these sub-categories.

1.4.5.3 Differentiation of respondents

On the selection of different age groups, gender and vulnerable categories of people, the Evaluation Team was guided by the UN Sustainable Development Group programming principle of 'Leaving No One Behind'³⁸ and the different target beneficiaries of UNFPA Malawi 8thCP. The evaluation team consulted and interviewed 223 people (52 percent female; 48 percent male) as shown in Table 4. Of these, 111 were programme beneficiaries (59 percent female / 41 percent male) who were interviewed during FGD sessions. The categories of FGDs conducted are in Annex 11. A total of two hundred and twenty eight (228) people were approached for interviews and the response rate was 98 percent.

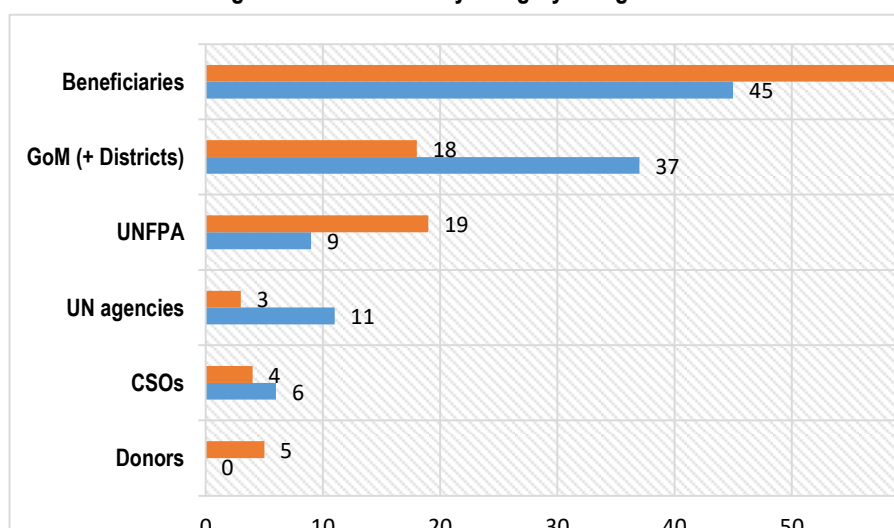
Table 4: Stakeholder by category and gender

Category	Female	Male	Total	
Programme beneficiaries (FGDs)	66	45	111	50
GoM (+ Districts)	18	37	55	25
UNFPA	19	9	28	13
UN agencies	3	11	14	6
CSOs/NGOs	4	6	10	4
Donors	5	0	5	2
Total	115	108	223	
Percentage	52	48	100	100

Source: Evaluation team analysis

Among the programme beneficiaries, there were three (3) female persons living with disabilities (PLWD). The analysis in terms of numbers by sex for the different categories is shown diagrammatically in Figure 3.

Figure 3: Stakeholder by category and gender



1.4.6 Consolidation of data, analysis and reporting

The evaluation utilized both the quantitative and *qualitative* components described above. This allowed for triangulation and enabled the team to draw conclusions on progress that would inform decision making for the next round of programming.

³⁸<https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft> [Accessed 15 June 2022].

1.4.6.1 Quantitative data analysis

The quantitative data: descriptive statistical methods involving tabulations and graphing of the data was done. The raw data from the census, Multiple Indicator Cluster Survey (MICS) reports, IP quarterly reports, the MDHS, National GBV management information system (MIS), among others, re-analysed where there was need. The data analyses were conducted in a manner that it allowed for disaggregation by gender, age et cetera.

1.4.6.2 Qualitative data analysis

All the KIIs and FGDs were audio-taped with the consent and permission from participants and then transcribed from the local language into English. With the principle of voluntary participation, participants were informed to be free to oppose their interview being recorded. The transcripts were typed in Microsoft Word. During data collection, daily review meetings were held wherever it was possible to identify emerging themes, completeness of work and inconsistencies coming out of the work. Thematic analysis of the data was carried out using a comprehensive thematic matrix (coding framework), based on the evaluation criteria, and the thematic area to facilitate identification of common patterns and trends arising from the narratives. Emerging themes were added to this matrix and the matrix used to code the transcripts. The evaluation team used Nvivo version 12 software to support the analysis of the data. Content analysis was also used to analyze the qualitative data. The data was disaggregated by gender, age, location (rural and urban) et cetera.

1.4.6.3 Contribution analysis and triangulation

Progress against planned results was assessed in order to determine the degree to which the CP interventions contributed to expected results. To complement the analyses, a contribution analysis³⁹ was used to assess causal links and reduce uncertainty about the contribution the intervention was making to the observed results. The contribution analysis was applied mainly to assess the contribution of the CPE interventions to the outputs and outcomes.

1.4.7 Data quality assurance

During the field phase, the team leader ensured that all members of the evaluation team correctly understand which types of information to be collected, and how the information would be recorded and archived. Data quality was maintained by triangulating the data sources and methods of collection and analyses. Validation of preliminary findings and recommendations, by key stakeholders was done to ensure the quality of data collected is upheld. The evaluation team ensured the absence of factual errors or errors of interpretation and no missing evidence that would materially change the findings. In addition, the evaluation team conducted the first KIIs (on the first day of KIIs) together to ensure consistency in the data collection process, particularly concerning questioning, probing and recording of data.

1.4.8 Limitations of methods, data and mitigation measures

Due to the COVID-19 lockdown restrictions, the Evaluation Team considered potential mobility restrictions when developing the study design. The Evaluation Team was fully aware that mixed-methods evaluation studies require the use of qualitative methods, such as KIIs and FGDs which heavily rely on face-to-face interactions for data collection. Just in case there would be COVID-19 related mobility restrictions in some districts, the ET made prior arrangements therefore to use virtual online methods such as Zoom /Microsoft Teams to conduct data collection. A summary of potential limitations, risks and mitigation measures are indicated in Table 5.

Table 5: Limitations, risks and mitigation measures

Limitations	Risk	Mitigation Measures
Challenges related to scheduling of interviews due to sparsely located sites and long distance covered.	This had the potential of prolonging the data collection phase beyond the planned itinerary.	The evaluation team (especially national consultants) obtained the actual locations of sites plus the distances and planned the travel schedule accordingly.
Evaluation largely qualitative with a quantitative element but the results	This had the potential of introducing bias.	The consultants ensured to triangulate information across multiple sources and with

³⁹ https://cgspace.cgiar.org/bitstream/handle/10568/70124/ILAC_Brief16_Contribution_Analysis.pdf?sequence=1&isAllowed=y, Mayne, J. Contribution Analysis: An approach to exploring cause and effect, ILAC methodological brief, 2008.

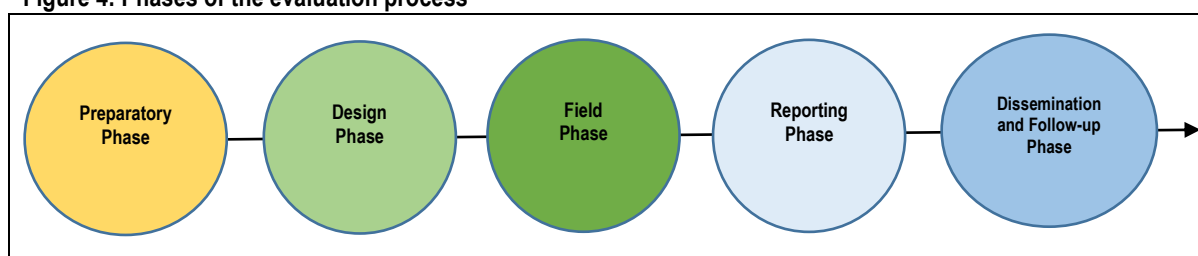
Limitations	Risk	Mitigation Measures
will not be statistically representative of large population.		secondary quantitative information, (using existing data-sets from national surveys and censuses, or from surveys and thematic evaluations that were carried out by members of the development community), to minimize the effect of this on the results of the evaluation.
COVID-19 mobility measures in the Southern Africa region, which may limit in-country travel and personal face-to-face contacts.	It would not be possible for the evaluators to conduct in-person site visits to some areas where the CP programme was /is implemented.	Had there been mobility restrictions, the evaluation team would have largely relied on the use of remote desk-based review. In a few cases where face-to-face interviews with respondents was not feasible, the team used remote methods (Zoom and phone conferencing), The team wore face masks and used hand sanitisers for safety of others and the team members. The evaluation team liaised with the Evaluation Manager(s) to obtain contact addresses and phone numbers of the stakeholders for interviews.
Potential bias in selecting stakeholders to participate in interviews and group discussions.	As with most evaluations, a potential bias can exist in working with country offices to select key informant interview and group discussion participants.	The external and national independent evaluation consultants impartially selected stakeholders to participate in interviews and group discussions.
Competing time schedules with key stakeholders due to UNSDCF evaluation and other UN agency Evaluations running in parallel:	The evaluation team may have had the risk of not have adequate time for interviews with stakeholders	The evaluation team liaised with CO and consultants who are conducting other agency evaluations to harmonise the interview schedules.

In order to mitigate the limitations and risks identified herein and to ensure evaluability of the CPE, the CPE Team and the Evaluation Manager(s) further reviewed the CPE timelines, the evaluation questions, the planned field work logistics and stakeholder and site-selection, and the overall process and methods.

1.4.9 Process overview

The evaluation process was planned and conducted according to the UNFPA Evaluation Handbook on how to design and conduct an evaluation. The evaluation process entailed the following five phases namely: 1). preparatory phase; 2). design phase; 3). field phase; 4). reporting phase; and 5). dissemination phase. These are shown diagrammatically in Figure 4.

Figure 4: Phases of the evaluation process



Source: Adapted from UNFPA CPE Handbook

Table 6: Activities, outputs, responsibility and status of outputs during evaluation phases

Evaluation Phase	Main Activity
Preparatory phase	Drafting and approval of the TOR by UNFPA CO
	Hiring of consultants by CO
	Assembly of Evaluation Reference Group (ERG)
	Compile initial list of documentation\stakeholder mapping.
Design phase	Literature review of CP documents by the evaluation team:
	- Stakeholder mapping

Evaluation Phase	Main Activity
	<ul style="list-style-type: none"> - Analysis of the intervention logic of the programme - Finalization of the list of evaluation questions; and preparation of evaluation matrix - Development of a data collection and analysis strategy (including tools) - Work plan for the field phase.
	Drafting of the design report by the evaluation team
	Submission of design report to the Evaluation Manager(s)
	Discussion and approval of the design report
Field phase	Conduct data collection by evaluation team
Reporting phase	Preliminary data analysis
	Presentation of preliminary findings, conclusions and recommendations to UNFPA CO through a debriefing meeting
	Comprehensive data analysis, including addressing comments during the preliminary debrief by evaluation team
	Drafting of draft final CPE evaluation report
Dissemination and follow-up phase	Preparation of second draft final report (by the evaluation team) based on review comments of the ERG
	Dissemination of the second draft of final report to key Stakeholders for review
	Evaluation Quality Assessment (EQA)
	Production of final CPE report by the evaluation team
	Evaluation Manager shall ensure that the final evaluation report is circulated to relevant units in the CO and consolidate all management responses
	A PowerPoint presentation for the dissemination of CPE results by ET
	Evaluation Manager, at the UNFPA CO, shall develop an evaluation brief that makes the results of the CPE more accessible to a larger audience
	Dissemination of the evaluation findings by UNFPA CO and HQ

Source: Evaluation Handbook. How to Conduct a Country Programme Evaluation at UNFPA.

The evaluation team started with the design phase. The various activities, which were undertaken during the CPE, stakeholders to interview and the timelines are shown in the CPE Agenda in [Annex 9](#).

CHAPTER 2: COUNTRY CONTEXT

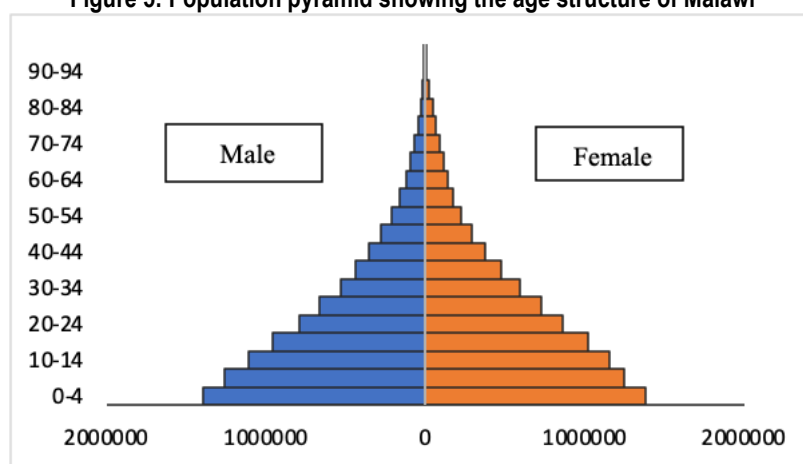
2.1 Development challenges and national strategies

The Republic of Malawi, is a landlocked country in South-eastern Africa. Malawi spans over 118,484 km² (45,747 sq. mi) and has Lake Malawi. Malawi's capital (and largest city) is Lilongwe. Its second-largest is Blantyre, its third-largest is Mzuzu and its fourth-largest is its former capital, Zomba. In the recent past, the country was affected by humanitarian crises due to cyclones and flooding which caused displacement of people and destruction of infrastructure especially in the south region.

Population

The 2018 Malawi Population and Housing Census registered the population of Malawi at 17,563, 749 people. Growing at 2.9 percent per annum, the population is currently estimated at 19,351,892. Malawi's population is youthful with 80 percent of it aged below 35 and with a median age of 17 years.⁴⁰ The age structure in Malawi is characteristically youthful, consisting of higher proportions of youth relative to smaller percentages of the population in the working force (Figure 5).⁴¹

Figure 5: Population pyramid showing the age structure of Malawi



Source: 2018 Malawi Population Housing Census

High fertility rates

There are high fertility rates amongst adolescents and early sexual debut for Malawian women aged 25-49 years is at 16.8 years.⁴² Teenage pregnancies increased from 26 percent in 2010 to 29 percent in 2015/16. However, it has marginally declined to 27.2 percent in 2021.⁴³

Poverty

Malawi is in the least developed country (LDC) category using the GDP per capita, limiting its ability to make economic and social progress vision made towards the Malawi Vision 2063 (MW2063) national vision and target 1.2 of the SDGs.⁴⁴ Sixty two percent of Malawi's population are multi-dimensionally poor.⁴⁵ The 2020 Malawi Poverty Report shows that over half of the population in Malawi lives in poverty: the national proportion of the population that was poor declined from 51.5 percent to 50.7 percent in 2019-2020. However, youth in the age

⁴⁰ National Statistical Office (NSO) (2010). Malawi Population Projections. Zomba, National Statistical Office

⁴¹ Bloom, D. E., Kuhn, M., & Prettnner, K. (2017). Africa's prospects for enjoying a demographic dividend. *Journal of Demographic Economics*, 83(1), 63-76.

⁴² National Statistical Office (NSO) [Malawi] and ICF. 2017. Malawi Demographic and Health Survey 2015-16. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF.

⁴³ www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/ [accessed May 2016]

⁴⁴ Only the Gambia, Burundi and Uganda have both higher population densities and higher rates of population growth. Malawi's GDP per capita in 2016 was \$301. Of all the SSA countries for which data is available only Burundi has a lower GDP per capita. Source: World Bank WDI database.

⁴⁵ National Statistical Office (2021). Malawi Multidimensional Poverty Index Report. National Statistical Office, Malawi.

groups (0-9 years, 10-19 years and 20-34 years) experience higher deprivations at 55.8 percent, 55.1 percent and 55.3 percent, respectively.

Economics

Malawi's 2021/2019 budget was implemented amidst the COVID-19 pandemic, which has evolved to adversely affect the economy and all other development sectors of the country.⁴⁶ Malawi's economy registered a recovery – the real GDP grew growth of 3.9 percent up from a growth of 0.8 percent in 2020.⁴⁷ The economy was expected to grow further to 4.1 percent in 2022,⁴⁸ however, because of Tropical Storm Ana,⁴⁹ the ongoing impacts of the COVID-19 pandemic and the war in Ukraine, the GDP has been revised to 1.7 percent.⁵⁰ Malawi is currently categorised as a low-income country with an estimated GDP per capita of USD 545 in 2021.

Human Development Index: Malawi's UN's Human Development Index⁵¹ (HDI) value for 2019-2021 was 0.483, which puts the country in the low human development category - positioning it at 174 out of 189 countries and territories

2.2 National Strategies

2.2.1 Sexual and reproductive health and rights

Malawi has registered substantial gains in Sexual and Reproductive Health (SRH) indicators over a last two decades. These outcomes were achieved in line with the strategic interventions guided by the Malawi Growth and Development Strategy (MGDS) Plans i.e. I, II and III. The Ministry of Health and Population (MoHP) has implemented several initiatives to improve the SRH indicators such as Safe Motherhood, Human resource strengthening through increased intake in pre-service training institutions; Conduct regular EmONC needs assessments (every five years); Development of Obstetric Life Saving Skills trainers' and service providers' manuals; Increasing the number of Basic Emergency Obstetric Newborn Care (BEmONC) sites; Upgrading hospitals, health centres and maternity units to equip them with standard utilities; Development of the Newborn Action Plan and Newborn protocols.⁵²

The Health Sector Strategic Plan II set nine targets, three of which are aimed at improving SRH indicators in concurrence with the SDG targets by 2030. These targets are namely; (1) Reduce the Maternal Mortality Rate (MMR) to 70 deaths per 100,000 live births; (2) Achieve universal access to SRH care services including Family Planning (FP), and (3) Achieve Universal Health Coverage, including financial risk protection, access to quality essential health care services and quality medicines and vaccines for all.⁵³

Maternal health

Maternal mortality ratio (MMR)

The MMR has generally decreased by 1.4 fold over the last 30 years.⁵⁴ The MMR for (the 7 year period before) 2016 was 439 deaths per 100,000 live births compared to 675 deaths per 100,000 live births in 2010.⁵⁵ Despite the reduction of MMR, Malawi still has one of the highest ratios in Sub-Saharan Africa. About 3 in every 20 deaths among women of reproductive age are maternal deaths.⁵⁶ The MMR in 1992 and 2016 is in Figure 6.

⁴⁶ GoM (2021). Malawi Covid-19 Socio-Economic Recovery Plan: 2021-2023. Ministry of Economic Planning and Development and Public Sector Reforms, Lilongwe, Malawi.

⁴⁷ GoM (2022). The 2022/2023 Malawi Government Budget Statement, Minister of Finance and Economic Affairs, Lilongwe

⁴⁸ GoM (2022). The 2022/2023 Malawi Government Budget Statement, Minister of Finance and Economic Affairs, Lilongwe

⁴⁹ UN Malawi (2022). Tropical Storm Ana Response Flash. Update No. 3 16th February 2022

⁵⁰ Reserve Bank of Malawi (2022). Monetary Policy Report July 2022, Lilongwe.

⁵¹ http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/MAL.pdf

⁵² Malawi Emergency Obstetric and Newborn Care Needs Assessment, 2014; https://www.healthynetwork.org/hnn-content/uploads/Malawi-EmONC-Report-June-2015_FINAL.pdf

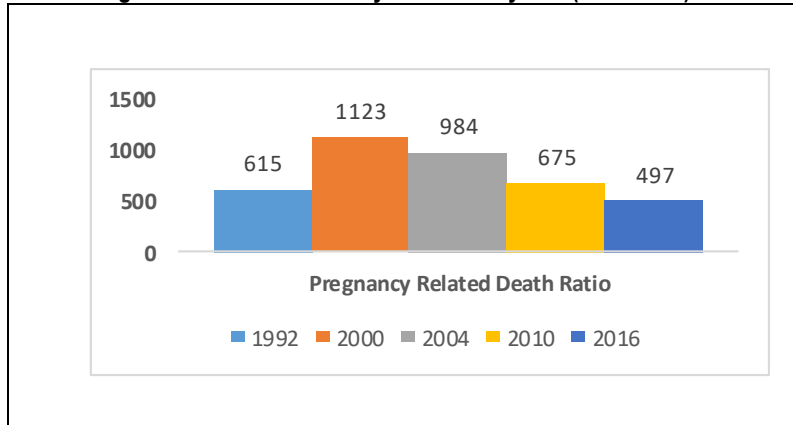
⁵³ Health Sector Strategic Plan II, <http://www.health.gov.mw/index.php/policies-strategies?download=47:malawi-health-sector-strategic-plan-ii-2017-2022>

⁵⁴ MDHS 2016; <https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>

⁵⁵ Ibis 5

⁵⁶ MDHS 2016; <https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>

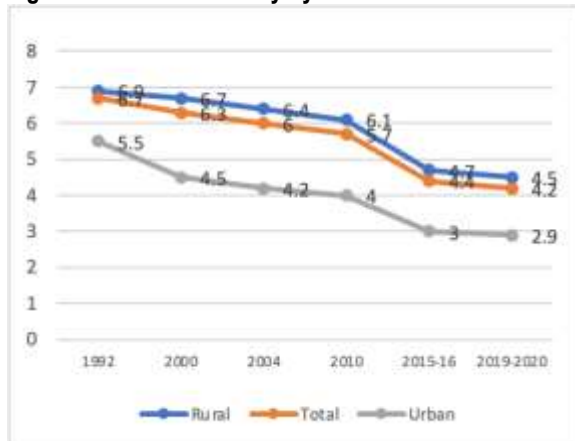
Figure 6: Maternal mortality rate over 5 years (1992-2016)



Fertility and family planning

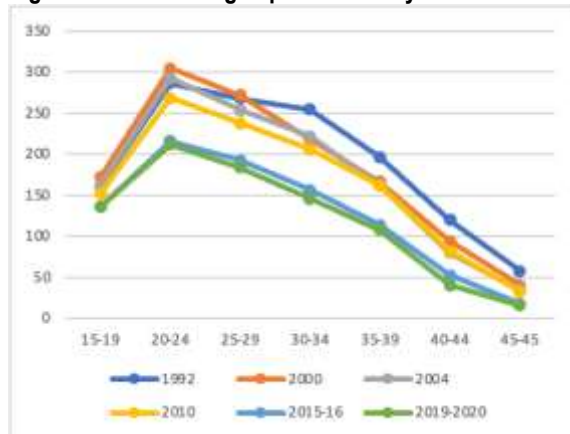
Malawi's total fertility rate (TFR) among women aged 15-49 years has dropped from 6.7 children per woman in 1992 to 5.7 in 2010 and 4.2 in 2019/2020 (refer to Figure 7). Fertility rates remain higher in rural areas (4.5 in 2019/2020). The adolescent and youth fertility rate in Malawi is high.⁵⁷ Age specific-fertility rates start at 136 births per 1,000 women among women aged 15-19 years, peak among women aged 20-24 years (216 births per 1,000 women) and decline thereafter (see Figure 8).

Figure 7: Trends in fertility by residence



Source: MDHS 2015/16 and MICS 2019-20.

Figure 8: Trends in age-specific fertility



Source: MDHS 2015/16 and MICS 2019-20

Family planning context in Malawi

The modern contraceptive prevalence rate (mCPR) among married women in Malawi has significantly increased from 42 percent in 2010 to 60 percent in 2016.⁵⁸ However, the CPR for unmarried women is 20 percent. Use of modern contraception among women aged 15-49 years currently married or in union is at 64.7 percent in 2021.⁵⁹ While the CPR for modern methods among the sexually active unmarried women or not in union is currently at 44.4 percent, it is lower for ages 15-19 years and for 20-24 years, 20 percent and 43.1 percent, respectively. Teenage pregnancies increased from 26 percent in 2010 to 29 percent in 2015/16. However, it has marginally declined to 27.2 percent in 2021.⁶⁰

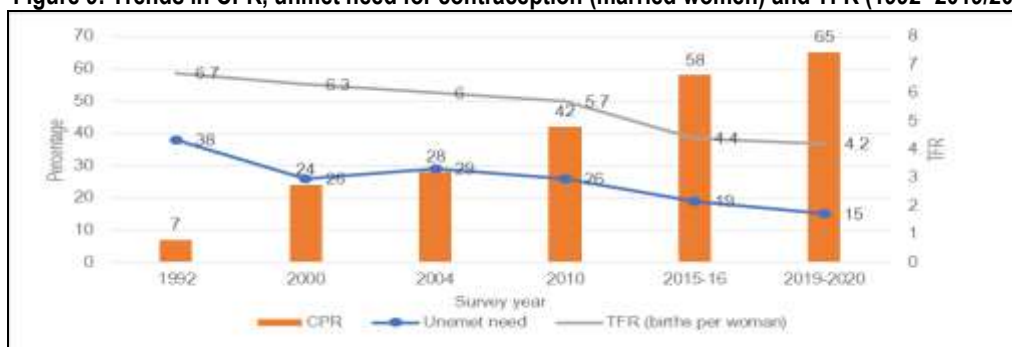
⁵⁷ In Malawi, adolescence is typically defined to span the ages of 10 to 19. The 2007 Malawi YFHS National Standards define young people as those ages 10–24 years, regardless of marital, social, or economic status.

⁵⁸ National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

⁵⁹ *ibid*

⁶⁰ *ibid*

Figure 9: Trends in CPR, unmet need for contraception (married women) and TFR (1992- 2019/20)



Source: data from MDHS and MICS

2.2.2 Adolescents and youth

There is no universally accepted definition of youth. The United Nations (UN), for instance, defines a youth as any person aged between 15 and 24 years, whereas the African Union (AU) uses the 15-35 years age cohort⁶¹. The GoM, through its National Youth Policy (NYP) (2013)⁶², defines a youth as a person aged 10- 35 years. The NYP (2013), however, acknowledges the flexibility in applying the “10-35 year” definition, depending on the characterization parameters. Despite this diversity, all definitions agree that “youth” is a period of childhood to adulthood transition, in both physical and social terms, making youth a challenging social entity with its own concerns, needs and aspirations. In early 2018, the Ministry of Gender, Children, Disability and Social Welfare further coordinated their efforts to align to the FP2020 goals and launched the National Strategy on Ending Child Marriage (2018-2023).

Adolescent SRH services

Malawi has made some progress by introducing life skills and SRH education into schools since 2002. Age-appropriate, CSE with links to sexual and reproductive health and rights (SRHR) services has been identified as a best practice to prevent early pregnancy. While the MoEST has permitted teaching of life skills education in schools, sexuality and sexual behaviour topics are very weak in the curriculum.⁶³

2.2.3 Gender equality and empowerment of women, including GBV

The GoM has committed to addressing gender inequality and improving women’s wellbeing⁶⁴. The Government has continued to mainstream gender in all programmes, projects and plans with the aim of achieving gender equality. However, persistent harmful socio-cultural beliefs and practices and discriminatory social norms continue to be strong obstacles to progress on women’s equality and social inclusion. Malawi faces high levels of gender inequality (ranking 115 out of 156 countries in the 2021 Global Gender Gap Index⁶⁵), which highlights the relative attainment of women and men across a range of health, education, economy and political participation measures.

In Malawi, many girls are trapped in a cycle of early marriage, early pregnancy, and dropping out of school, leading to devastating consequences for their economic empowerment, health and wellbeing, and their rights to live a life free of violence⁶⁶. Almost 22 percent of women and 9 percent of men experienced gender-based discrimination in the year 2017⁶⁷.

Access to GBV services

⁶¹ African Union (1999). African Youth Charter Commission of African Union https://au.int/sites/default/files/treaties/7789-treaty-0033_-_african_youth_charter_e.pdf retrieved 22.07.2022

⁶² Government of Malawi (2013) National Youth Policy. The Ministry of Youth and Sports and National Youth Council (NYCOM), Lilongwe, Government of Malawi, Lilongwe

⁶³ Likupe, G., Chintsanya, J., Magadi, M., Munthali, A., & Makwemba, M. (2021). Barriers to sexual and reproductive education among in-school adolescents in Zomba and Mangochi districts, Malawi. *Sex Education*, 21(4), 450-462.

⁶⁴ World Bank, 2022. Malawi Gender Assessment March 2022

⁶⁵ Human Development Report 2021

⁶⁶ Elita Chayala, Madalitso Luhanga, Tanya D’lima, 2022. *Tackling gender-based violence at project sites in Malawi*. Nasiikazi

⁶⁷ Center for Social Research, U. of M. (2021). Afrobarometer SDG Scorecard. The people’s take on Country Performance: Malawi.

In line with its own commitments to address gender-based violence, the Malawi government has increased responsiveness to violence against women and girls (VAWG) through enhancing coordination and capacity building for national, district, community and traditional structures resulting into significant improvements in referral to relevant services.⁶⁸ Sexual Gender Based Violence (SGBV) and Harmful Practices (HPs) rooted in widespread gender inequality are exemplified by one of the highest rates of child marriage in the world, high rates of maternal mortality and of physical and sexual violence.⁶⁹ Violence and discrimination against other groups including persons with disabilities, albinism or those identifying as LGBTIQ is also commonplace. Access to justice is weak and inconsistent, despite some progress in strengthening national accountability mechanisms. Civic space remains limited, partly due to restrictive laws.⁷⁰

Key gender indicators for Malawi

There are five key gender indicators namely HDI, Gender Inequality Index (GII), Social Institutions and Gender Index (SIGI) and the Global Gender Gap Index (GGG).⁷¹

Human Development Index (HDI): Malawi has a low HDI of 0.483 in 2019, well-below the Sub-Saharan Africa (SSA) average of 0.547. The country is ranked 174th out of 189 countries on the HDI. Malawi's HDI has increased from 0.235 in 1975 because of increasing life expectancy rates and increasing number of mean years of schooling for adults.

Gender Inequality Index (GII): With a GII value of 0.565 (56 percent) GII in 2019, Malawi ranks 142nd out of 162 countries

Social Institutions and Gender Index (SIGI): With the SIGI at 41 percent, Malawi has a high level of discrimination against women in 2019 resulting from discriminatory laws, attitudes and practices. Other aspects include the following: (i) Discrimination in the family, 41.4 percent; (ii) Restricted physical integrity, 24.1 percent; (iii) Restricted access to productive and financial resources, 37.4 percent; (iv) Restricted civil liberties, 62 percent.

Global Gender Gap Index (GGG): With GGG at 0.671 in 2021, the resources and opportunities remain unequally divided between men and women. When this value is disaggregated by the sub-indices a more nuanced picture emerges as follows:

- Educational attainment value of 0.980 (2 percent gap)
- Health and survival value of 0.915 (8.5 percent gap)
- Economic participation and opportunity value of 0.624 (~37percent gap)
- Political empowerment value of 0.164 (~83 percent gap)

2.2.4 Population dynamics (PD)

Population data systems:

In terms of surveys, the National Statistics Office (NSO) has conducted several nationally representative surveys which provide information on the demographic characteristics, and socio-economic characteristics of the people in the country. The surveys include the Malawi Demographic and Health Surveys (MDHS)⁷²; Multiple Indicators Cluster Surveys (MICS),⁷³ which measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the SDGs and other internationally agreed upon commitments. In addition, there are the Integrated Household Surveys (IHS)⁷⁴, useful for calculating poverty levels of households headed by females. The major limitation of the surveys is that they focus on women aged 15-49 years while for men it is 15-54 years.

⁶⁸ GoM, 2020. Malawi 2020 National Review Report for Sustainable Development Goals (SDGs) Main Report

⁶⁹ EU and United Nations (2020) Annual Narrative Programme Report- Spotlight Initiative Programme for Malawi 01 January to 31 December 2020.

⁷⁰ UNICEF Malawi, 2020. Ending violence against women and girls in Malawi: What do we know?

⁷¹ Middleton, L., Lynch, I., Isaacs, N., Essop, R., Fluks, L., Marinda, E., Magampa, M., Majokweni, P., Agugua, A., Kuetche, I., Djoukouo, F., Ndina, C., Van Rooyen, H. (September 2021). Strengthening Gender and Inclusivity in the National System of Science, Technology, and Innovation (STI): Malawi Country Profile. Science Granting Council Initiative: Strengthening the Capacities of Science Granting Councils in Gender and Inclusivity (Human Sciences Research Council, project number 109468-001/002)

⁷² National Statistics Office (NSO) (2017). Malawi Demographic and Health Survey 2015–2016 [Internet]. Available from: <https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>.

⁷³ National Statistical Office (2021). Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.

⁷⁴ National Statistics Office (NSO) (2020). Malawi Fifth Integrated Household Survey 2019-2020

In line with the principles of census, since 1966, Malawi has conducted six censuses.⁷⁵ Conforming to the African Union Agenda 2063, Malawi conducted a round of 2015-2025 censuses in 2018 - the first one to be conducted using Computer Assisted Personal Interview (CAPI) programme.

Census is a major source of data for monitoring and evaluating the Agenda of MW2063 and the SDGs (work plan for 2016-2020).⁷⁶ For example, 40 percent of the SDGs and 35 percent of the MW2063 indicators can be tracked employing the census data. The NSO improved availability of disaggregated data (by income, gender, age, migratory status, disability, geographic location and other characteristics relevant contexts) to make integration of population development planning at district and other sub-national level by producing reports for the 193 parliamentary constituencies in the country.⁷⁷

2.3 Role of external assistance

The European Union, African Development Bank, United Nations agencies, bilateral donors such as FCDO, USAID, Germany, Norway, and China, the World Bank Group, and the International Monetary Fund are among Malawi's key partners. The government and its cooperating partners have a Development Cooperation Strategy (DCS 2014-2018) which is currently being updated. It guides development cooperation in the country.

Trends of ODA

The net ODA had been increasing since 2015 up to 2018 as shown in Table 7.⁷⁸ There was a drop during 2019 during to the effects of COVID-19 pandemic. However, this has now increased again during 2020.

Table 7: Net ODA (US Billions) and Percent of GNI

Year	Net ODA (US\$ Billions)	% GNI
2015	1.05	17.1
2016	1.25	23.0
2017	1.52	17.3
2018	1.28	13.2
2019	1.17	10.8
2020	1.45	12.1

⁷⁵ African Union (2016). Report on the 2020 round of population and housing censuses in Africa Registration E/ECA/STATCOM/5/11 24 November 2016

⁷⁶ *ibid*

⁷⁷ UNFPA Malawi (2020) Malawi Annual Report

⁷⁸ <https://data.worldbank.org/indicator/DY.ODA.ODAT.CD?locations=MW>

CHAPTER 3: UNFPA RESPONSE AND PROGRAMME STRATEGIES

3.1 United Nations and UNFPA Strategic Response

3.1.1 UN and UNFPA response

The UNCT⁷⁹ works in partnership with and supports the GoM towards achieving its national development priorities and results. The partnership is guided by the UNDAF and UNSDCF for Malawi. The development of the framework was led by the GoM and guided by the UN Development Group (UNDG) programming and other related international principles, including a human rights based approach (HRBA), the 2030 Agenda for Sustainable Development to ensure greater focus on transformational results (e.g. a) *ending the unmet need for family planning*; b) *ending preventable maternal deaths*; and c) *ending gender-based violence and harmful practices*). The UNSDCF priorities are well aligned to the Government's Malawi Vision 2063 (MW2063).

3.1.2 Link of CPD outputs with UNDAF and UNFPA SP outcomes

The link between CPD 2019-2023 and UNFPA Strategic Plan 2018-2021^{80,81,82} is shown in Table 8.

Table 8: Link between CPD 2019-2023; and UNFPA Strategic Plan 2018-2021

CPD 2019-2023 Outputs	UNFPA Strategic Plan 2018-2021
Output 1: Health institutions and 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 setting	Outcome 1. Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.
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.	
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. .	Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.
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. .	Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings
Output 5: Public institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy	Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

3.2 UNFPA response through the country programme

UNFPA Malawi CP is in Tier 1 (UNFPA classification), that is the CP, which is striving to attain the three indicator thresholds of the transformative results⁸³ afore-mentioned. The GoM and UNFPA jointly developed the CP8

⁷⁹ UNCT comprises of resident and non-resident UN agencies.

⁸⁰ UNFPA Malawi Country Programme Document (2019-2023).

⁸¹ United Nations Population Fund Strategic Plan (2018-2021).

⁸² United Nations Sustainable Development Framework (UNSDf) 2019-2023 / Malawi Vision 2063

⁸³UNFPA Strategic Plan 2022-2025 (page 9)

(2019-2023) through a participatory process involving national and district stakeholders, including civil society, the private sector, young people, UN organizations and development partners. The CP is aligned to the Malawi Vision 2063, the UNSDF 2019-2023, the ICPD, the 2030 Agenda for Sustainable Development, and FP 2030.

3.2.1 UNFPA Malawi's response through the 8th CP (2019-2023)

The UNFPA Malawi 8th Country Programme initially had a total budget of \$45.6 million: \$10.5 million from regular resources and \$35 million through co-financing modalities and/or other resources, including regular resources. The budget covered four programmatic areas namely: 1) SRH \$20.3 million (44.5 percent), 2) AY \$12.1 million (26.5 percent), 3) GEWE \$6.1 million (13.4 percent), and 4) Population Dynamics \$6.0 million (13.4 percent). An amount of \$1.0 million (2.2 percent) was allocated to programme management, coordination and monitoring. The Table 10 shows the summary of the budget for the UNFPA CP8. However, following a successful resource mobilisation, the CO secured US\$ 95.86m by mid 2022 (as shown under the section of Financial Structure).

Table 9: Allocation of budget (2019-2023) US\$

Outcome	Thematic area	Regular resources USD 'millions)	Other resources (USD 'millions)	Total USD 'millions)	Proportion %
1	Sexual and reproductive health	5.3	15	20.3	44.5
2	Adolescents and youth	2.1	10	12.1	26.5
3	Gender equality and women's empowerment	1.1	5	6.1	13.4
4	Population dynamics	1.1	5	6.0	13.4
5	Programme coordination and assistance	1	0	1	2.2
	Total			45.5	100

Lessons from the CPE of 7th CP (2012-2018)⁸⁴

An independent assessment of UNFPA 7th Country Programme was conducted during 2017 and the key lessons were as follows:

- (a) Adequate human and financial resources were very critical implying that the amount of resources allocated at different levels affects the volume and timely implementation of the interventions.
- (b) In order to enhance program delivery efficiently soliciting of technical assistance in form of external experts for various assignments was pivotal especially in situations where the existing staff had constraints of expertise or time.
- (c) Good collaboration and coordination between the UNFPA, government and other cooperating partners was a very critical factor to effective implementation. Hence strong partnerships are imperative in mobilising the required support and resources for the CP implementation. Collaborative actions are also crucial for success in CP implementation. Strong institutional coordinating structures are very critical in ensuring the successful implementation of CP interventions.
- (d) Priority setting was key both at district and national level as it improves quality in the implementation phase. The implementing partners need to justify their activities and what change these will bring.
- (e) The CP7 noted that there was a lack of inclusion of livelihood and entrepreneurship skills in adolescent and youth programmes. It noted that integration of livelihoods or entrepreneurship in the all the adolescents and youth programmes for job placement should be an integral part of all the intervention activities.
- (f) Leadership and ownership is essential for effectiveness and sustainability in CP interventions.

⁸⁴ UNFPA CPE of 7th Country Programme (2012-2018)

3.2.1 GoM/UNFPA 8th CP

The following sub-sections describe the intervention logic in the thematic components of the UNFPA Malawi 8th CP.

3.2.1.1 The intervention logic in the SRHR component

Output 1: *Health institutions and 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 programme focusses on revitalizing FP through advocacy and capacity-development efforts that promote universal access and rights-based approaches at the national and subnational levels.

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.*

3.2.1.2 The intervention logic in the AY component

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.*

This will be achieved by supporting leadership and the participation of young people in initiatives that encourage dialogue and seek local solutions for SRH challenges, with a focus on young girls.

3.2.1.3 The intervention logic in the GEWE component

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.*

3.2.1.4 The intervention logic in the PD component

Output 5: *Public institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy.*

Modes of engagement: In order to contribute to the above thematic areas, UNFPA Malawi followed the five modes of engagement:⁸⁵ (i) Advocacy and policy dialogue; (ii) Capacity development; (iii) Coordination and partnership; (iv) Knowledge management; and (v) Service delivery in limited areas.

A selection of representative UNFPA interventions by the implementing agency, strategic outcome and strategic output is shown in [Annex 7](#).

3.2.1.5 Measurement of achievement in planned targets

The progress in the indicators was assessed for each thematic area by an analysis of the performance measurement framework (PMF). This was done for each of the output indicators in order to measure achievement of each indicator based on the target, which were set.

3.2.2 Theory of change and programmatic focus

The CP8 focused on the afore-mentioned four outcomes and five outputs covering SRHR, AY, GEWE and PD and there were various key interventions linked to each output. The Theory of Change (ToC) has been reviewed and critiqued by the Evaluation Team and the diagrammatic representation of ToC is shown in [Annex 5](#).

Analysis of ToC

There is a fairly comprehensive ToC which covers the 4 thematic outcomes related to SRHR, AY, GEWE and PD.

- The four outcomes are well linked to the higher level namely the national priorities and the UNDAF outcomes

⁸⁵ UNFPA Malawi CPD 2019-2023; UNFPA Strategic Plan 2018-2021

- There are measurable indicators at the outcome and output levels with specific baseline and target figures. The targets are realistic
- The achievement of the output indicator targets would result into the fulfillment of the outcomes.
- The strategic interventions under each thematic component are grouped under the 5 UNFPA modes of engagements namely i) advocacy and dialogue; ii) knowledge generation and sharing; iii) capacity building; iv) service delivery; and v) partnership and coordination. The implementation of these interventions is likely to result into the achievement of the outputs.
- Within the ToC framework, the specific the risks and assumptions are clearly stated. For each thematic component, the ToC indicates the complementarity of the other outcomes to support the implementation of the strategic interventions
- The major problem(s) at hand under each thematic component have been indicated.

Critique: Although the risks are well stated, there is no reference to a mitigation plan for those risks, which would in one way or another ensure that the programme interventions are achieved maximally. There is need to have that reference indicated. The timeframe for the attainment of outcome indicators (end of 2023) has not been indicated against the specific outcome indicators. Given the comprehensiveness of the ToC, there is no serious need for its re-construction. However, the ToC for next CP should include a reference to a documented risk mitigation plan.

3.2.3 Financial structure of the CP

3.2.3.1 Allocation of budget, 2019-2023

UNFPA initially committed US \$ 45.5 million over the five years of the programme of assistance to the Government of Malawi (2019-2023), of which USD 10.5 million (23 percent) was to be obtained from regular resources and USD 35 million (77 percent) through co-financing modalities and/or other resources. The financial resources for the 5 years were distributed as showcased in Table 10.

Table 10: Allocation of budget 2019-2023 (US\$)

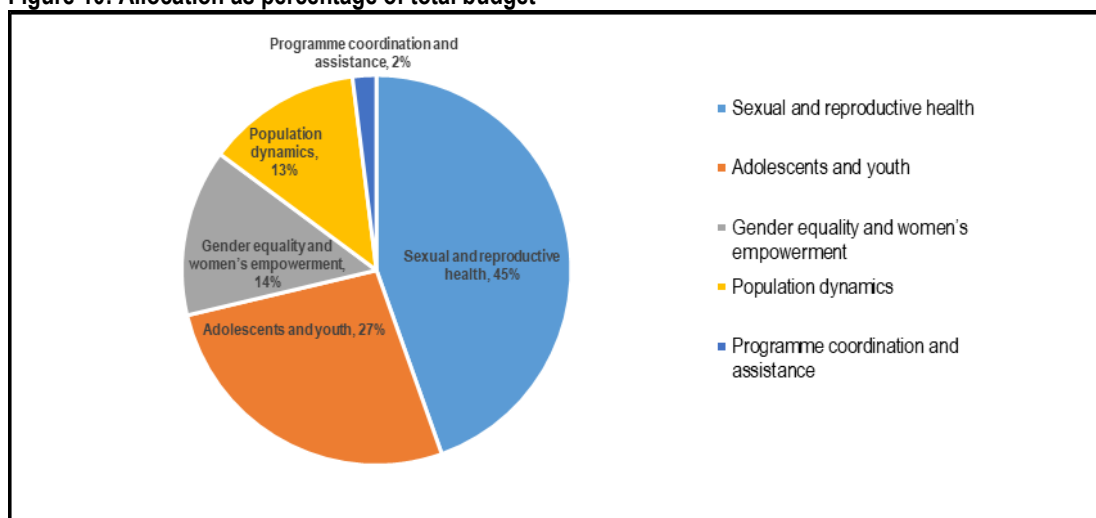
Outcome	Description	Regular resources (RR)	Other resources (OR)	Total	Funding source allocation		Total as % of total budget
					Regular	Other	
Outcome 1	Sexual and Reproductive Health	5.3	15.0	20.3	26%	74%	45%
Outcome 2	Adolescents and Youth	2.1	10.0	12.1	17%	83%	27%
Outcome 3	Gender Equality and Women's Empowerment	1.1	5.0	6.1	18%	82%	14%
Outcome 4	Population Dynamics	1.0	5.0	6.0	17%	83%	13%
Programme Coordination and Assistance		1.0	-	1.0	100%	0%	2%
Total		10.5	35.0	45.5	23%	77%	100%

Source: UNFPA Malawi Country Programme Document (2019-2023)⁸⁶ (and ET analysis)

The SRH component accounted for the highest allocation (45 percent) of which 26 percent is financed by regular resources and 74 percent by other resources. The AY component followed with 27 percent of the budget allocation but with only 17 percent to be financed by regular resources. The GEWE component accounted for 14 percent of the budget with 18 percent coming from regular funds. The PD component was allocated 13 percent of the budget with 17 percent to be financed by regular resources. The allocations to the thematic components are shown diagrammatically in Figure 10.

⁸⁶ UNFPA Malawi Country Programme Document (2019-2023); UNFPA Malawi Financial Report by end of June 2022.

Figure 10: Allocation as percentage of total budget



Source: CPD Malawi 2019 - 2023

3.2.3.2 Cash available/allocated versus expended resources, 2019 - mid 2022

UNFPA develops annual Resource Mobilization Plans with an indicative budget needed to deliver on each of the four strategic outcome areas as stipulated in the 8th Country Programme. By mid-2022, the overall implementation rate of the Malawi CP8 was 62 percent; this is an average given that the CP still has 1.5 years to go. Table 8 below indicates that the expenditure on project interventions is not yet booked into the data management system (Atlas). Only the implementation rate for Outcome 1 (SRH) expenditure is below average (56 percent), whereas the implementation rates for all other outcomes are above 70 percent. The CP has also managed to secure resources for the next UNFPA Strategic Plan 2022 – 2025 to the tune of US\$ 19m; 59 percent of this has already been utilised. The details of resources available/allocated and expended per outcome over the period 2019 - Mid 2022 are shown in Table 11.

Table 11: Mobilised versus expended resources for 2019 - mid 2022 (US\$ million)

Outcome	Mobilised					Expenditure					Implementation rate %				
	2019	2020	2021	2022	Total \$	2019	2020	2021	2022	Total \$	2019	2020	2021	2022	Total
Sexual Reproductive Health (SRHR)	18.1	17.9	17.6	-	53.60	10.7	12.2	7.0	-	29.90	59%	68%	40%	-	56%
Adolescent and Youth (AY) -	3.3	3.1	2.5	-	8.90	2.1	2.9	2.2	-	7.20	64%	94%	88%	-	81%
GEWE Human Rights GBV and Harmful Practices	2.9	1.6	3.6	-	8.10	2.1	1.5	3.1	-	6.70	72%	94%	86%	-	83%
Population Dynamics	1.6	1.7	1.7	-	5.00	1.2	1.5	1.1	-	3.80	75%	88%	65%	-	76%
Programme Coordination and Assistance	1.1	-	-	-	1.10	0.9	-	-	-	0.90	82%	-	-	-	82%
UNFPA SP 2022 - 2025 outcomes	-	-	-	19.1	19.10	-	-	-	11.3	11.30	-	-	-	59%	59%
Total - USD 'Millions	27.00	24.30	25.40	19.10	95.80	17.00	18.10	13.40	11.30	59.80	63%	74%	53%	59%	62%

Source: UNFPA Malawi Atlas

3.2.3.3 Evolution of overall budget and expenditure, 2019 - mid 2022

Budget utilization was highest in 2020 (74 percent), up from 63 percent in 2019 and thereafter it declined to 53 percent in 2022 due to the COVID-19 pandemic. Budget utilization has again picked up in 2022; there is a 59 percent utilization for the six months up to 30th June 2022 (as shown in Table 12) and this percent is expected to go higher by the end of 2022.

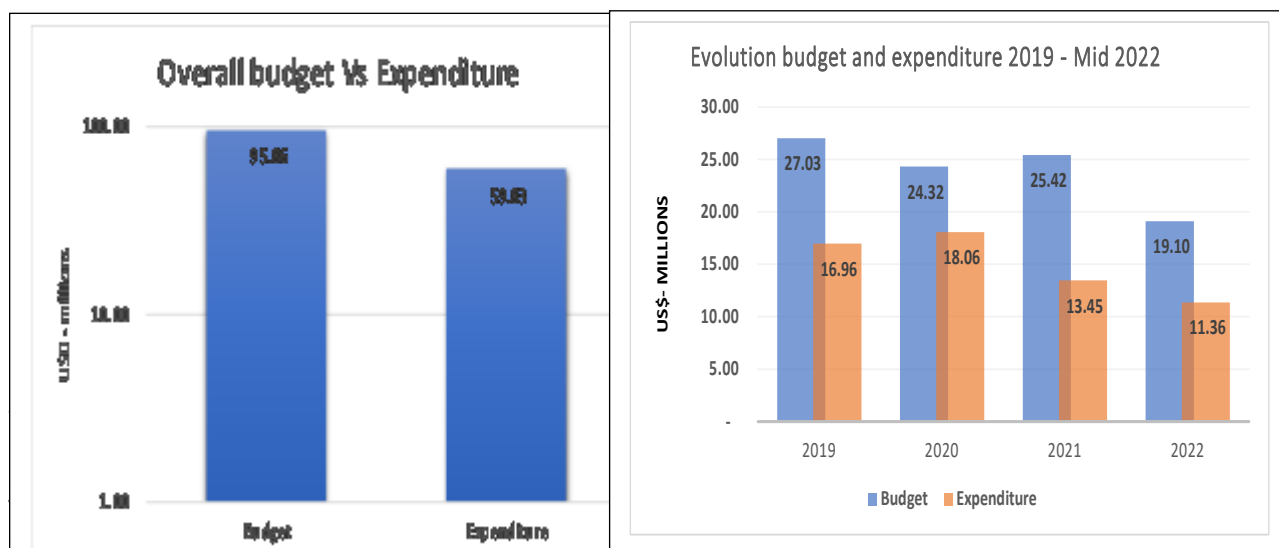
Table 12: Evolution of overall budget and expenditure (US\$)

	2019	2020	2021	Mid 2022	Total
Budget	27,025,667	24,315,229	25,422,528	19,101,490	95,864,915
Expenditure	16,957,346	18,064,495	13,449,707	11,362,399	59,833,947
Budget utilization rate	63%	74%	53%	59%	62%

Source: UNFPA Malawi Atlas

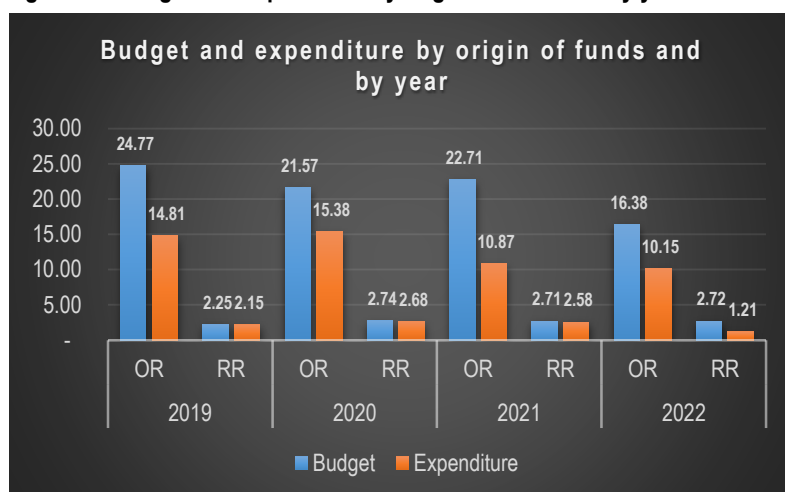
The overall budget and expenditure evolution over the five years is shown pictorially in Figure 11.

Figure 11: Evolution of overall budget and expenditure



and successful resource mobilisation efforts by the CO.

Figure 12: Budget and expenditure by origin of funds and by year 2019 to mid-2022 (US\$ million)



Source: UNFPA Malawi Atlas 2019 to mid - 2022

3.2.3.5 Mobilised resources by development partner

The United Kingdom committed the largest share (35.9 percent) of UNFPA funding of which 78 percent was allocated towards SRH and 22 percent was committed to UNFPA 2022 - 2025 Strategic Plan outcomes. UNDP MPTF follows with 21.5 percent with a greater percent of its funds (44 percent) allocated to GEWE and (36 percent) allocated to AY component. The GoM followed with 17.3 percent allocated towards SRH and UNFPA 2022 - 2025 Strategic Plan outcomes. Table 13 showcases the mobilised resources per development partner /source over the period under review.

Table 13: Mobilised resources by development partner

	Donor	Outcome 1 SRH	Outcome 2 A&Y	Outcome 3 GEWE	Outcome 4 PD	Organisational Effectiveness and Efficiency	SP 2022- 2025 Outcomes	Tota USD	% contribution
1	Deutsche (GIZ) GMBH	-	-	-	1,441	-	-	1,441	0.0%
2	Iceland	502,322	28,366	83,633	737,131	-	81,508	1,432,960	2.8%
3	Ireland	-	-	-	-	-	159,232	159,232	0.3%
4	JP- UNFPA AS AA	904,454	-	-	13,064	105,283	61,702	1,084,503	2.1%
5	Malawi	5,095,159	-	-	-	-	3,787,514	8,882,673	17.3%
6	Norway	14,102	185,848	2,793	1,065,104	-	24,532	1,292,379	2.5%
7	Ocha	-	-	525,243	-	-	198,640	723,883	1.4%
8	Republic of Korea	175,238	867,364	-	6,665	-	547,178	1,596,445	3.1%
9	Small contributors	10,393	-	-	-	-	1,051	11,444	0.0%
10	Switzerland	151,788	571,440	1,004	-	-	64,597	788,829	1.5%
11	TTF Multi Donor	1,452,577	(7,930)	50,384	-	-	28,662	1,523,693	3.0%
12	UNAIDS	109,967	-	-	-	1,127	32	111,126	0.2%
13	UNDP	1,801,254	653,588	80,210	-	-	1,268,893	3,803,945	7.4%
14	UNDP MPTF	1,459,206	3,968,803	4,874,668	4,677	16,855	710,703	11,034,912	21.5%
15	UNFIP	-	184,510	-	-	-	-	184,510	0.4%
16	UNICEF	194,067	-	-	-	-	-	194,067	0.4%
17	United Kingdom	14,325,636	-	-	852,676	-	3,205,695	18,384,007	35.9%
		26,196,163	6,451,989	5,617,935	2,680,758	123,265	10,139,939	51,210,049	100%

Source: UNFPA Malawi Atlas 2019 – mid 2022

CHAPTER 4: EVALUATION FINDINGS

The information given in this chapter consists of data from both the primary and secondary sources. The primary sources included interviews and group discussions with UNFPA CP8 grantees, beneficiaries, development and implementing partners; whereas the secondary sources consist of UNFPA programme documents, including, but not limited to, plans, monitoring and annual reports, implementation and tracking frameworks and evaluation reports.

4.1 Relevance: Evaluation questions 1-2

EQ1: Evaluation question (EQ) 1: To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs?

Summary

UNFPA's CP8 is highly relevant to the priorities of the GoM policies, and strategies as well as Malawi's United Nations Sustainable Development Framework (UNSDF) 2019-2023 and the international commitments, UNFPA mandate and to the needs of the beneficiaries. The associated interventions of the four thematic components were consistent with the priority components of the International Conference on Population and Development, the 2030 SDG Agenda and the three transformative results of UNFPA's strategic plan. As for the UNFPA's response to the changing needs in the political and humanitarian context, the Country Office was flexible to respond to the new government policies, developed a Response Plan to the COVID-19 pandemic and implemented it as a plan of action from the onset of this emergency. The Plan of Action encompassed key interventions and high priority areas to reduce the impact of the pandemic to development and humanitarian interventions.

Evidence for an exhaustive, sex-disaggregated and accurate needs girls, and marginalized and vulnerable groups assessment, identifying the varied needs of Malawian population

Finding: CP8 is highly relevant at national, district and community level; it is the government endorsed alignment of the 8th CPD (to the UNFPA Global SP) and the amended 8th Results and Resources Framework (RRF).⁸⁷ The UN Common Country Assessment 2021 helped to understand the real context. The CP8 is aligned to MW2063 and the UNFPA transformative results are aligned to the national development strategy. The CP8 was developed in consultation with a comprehensive spectrum of partners, including the Government (national and sub-national), civil society and other development partners, United Nations organisations, academia and the private sector in order to promote ownership and sustainability.⁸⁸ The beneficiaries at community level were also consulted about their needs.^{89,90} The categories of beneficiaries included young people, adolescent girls and young women, and marginalized and vulnerable groups where such groups included adolescents; young women exposed to gender-based violence; out-of-school children; young women with different abilities; ethnic and religious minorities, and people living in crisis-affected areas. The involvement of the highest levels of government has increased the visibility of the UNFPA CP [through the Office of the First Lady to champion girls' education and Maternal and Neonatal Health (MNH)].⁹¹

During the design of the CP, UNFPA CO used the data of the Malawi Demographic Health Survey (MDHS) 2015-16 and the Multiple Indicator Cluster Survey (MICS) 2019/2020 results as the baseline to measure the progress

⁸⁷ Document review of programme documents (UNFPA CPD 2019-2023, Country Office Annual Reports (COARs) 2019, 2020 and 2021, UN Common Country Assessment 2021, global UNFPA SP 2018-21 and 2022-2025)

⁸⁸ KIIs at national and sub-national levels

⁸⁹ UNFPA Annual Plan 2018

⁹⁰ Key informant interviews at national and sub-national level

⁹¹ UNFPA CO Annual Reports (2019-2021); KIIs at national level (UNFPA staff and GoM counterparts)

against set indicators baseline.⁹² UNFPA supported an in-depth analysis of the MDHS in the thematic areas⁹³ and the data on beneficiaries was disaggregated by age, sex, marital status, education, residence (urban and rural), region (North, Central and South) and district among others.⁹⁴

Evidence of alignment to the national and international policies and frameworks

Finding: The evaluation revealed that CP is well aligned with national and international priorities.⁹⁵ These include government policies, strategies and plans related to SRHR, GEWE, AY and PD through the United Nations Sustainable Development Cooperation Framework and through Humanitarian Response Plans. The CP is contributing to the attainment of the ICPD agenda and SDGs.

4.1.1 Sexual and reproductive health

Finding: Under the SRH component, the CP8 is aligned to national MoHP policies and strategies and the UNFPA technical assistance (TA) provided was critical for the development of national policies and strategies.⁹⁶ The key policies, strategies and guidelines include:⁹⁷ National SRHR policy 2021 (Nov.); National SRHR Strategy 2021-2025; National SRHR/HIV&AIDS Integration strategy 2015-2020 and guidelines 2021; National Family Planning (FP) Reference Manual 2021 (Nov.); Costed FP Implementation Plan; Fistula Development Strategy. The evaluation revealed that the Umoyo Wathu programme (Health Systems Strengthening) is relevant to the priorities of MoHP. The UNFPA technical assistance provided under the latter programme enabled the development of policies and guidelines namely:⁹⁸ National Safeguarding policy; Quality Management Strategy; Maternal and Neonatal Child Health Quality of Care Roadmap; Guidelines (Standard Operating Procedures) for efficient referral focusing on EmONC; Reproductive Health Service Delivery Guidelines (and inclusion of birth registration indicators and activities) and Water and Sanitation Hygiene (WASH) in Health Care Facility Standards.

Finding: The consultations with MoHP (national and sub-national levels) at the design stage of CP8 and during its implementation addressed the priorities of the ministry and needs of beneficiaries.⁹⁹ During the design of CP8, the MoHP was engaged and actively participated; their priorities were forwarded and included in the design. However, some district stakeholders felt that the consultations could have been better if they were physical rather than virtual to enable candid interactions.¹⁰⁰ Under the Together 4SRH programme (UN joint programme), the provision of SRHR/FP and HIV&AIDS services is addressing the needs of beneficiaries especially adolescent girls and young women and young women living with disabilities.

4.1.2 Adolescents and youth

UNFPA aligned its work to the needs of the country. Considering that 80 percent of the population is youthful. UNJWP. UNFPA's Output 4 of the 8th CPE is well aligned to outputs 6, 7 and 8 of the new UNFPA Strategic Plan 19-2023. Furthermore, it contributes to Outcome 3, 5 and 7 of Phase III of the UN Joint Program on Girls Education (JPGE) which is being funded by the Royal Norwegian Embassy; and Outcomes 1-3 of the Safeguarding Young People; Outcomes 1-3 of the Action for Teen Mothers and Adolescent Girls in Central Region (2020-2024) which is funded by the Korean International Cooperation Agency (KOICA).

UNFPA CP is also with Malawi's robust set of strategies in place to specifically respond to the needs of adolescents and youth, including the National Sexual and Reproductive Health and Rights Policy (2017-22), Malawi Costed Implementation Plan for Family Planning (2016-2020), and the National Youth Friendly Health Services Strategy (2015–2020). The UNDAF was a consultative outcome with the UN agreement and the government of Malawi. UNFPA work closely aligns to 2.2 Pillar 2 of the UN'S response to the MGDS - Population Management and Human Development, which dovetails with Outcomes 4,5 and 6 – all focusing on adolescents and youth.

⁹² UNFPA CPD (2019-20223)

⁹³ UNFPA CO Annual Report 2019

⁹⁴ Malawi Demographic Health Survey (2015/2016)

⁹⁵ Document review of programme documents; KIIs at national level

⁹⁶ UNFPA CPD 2019-2023; KIIs at national and sub-national levels

⁹⁷ UNFPA CO Annual Reports (2019-2021); KIIs at national level (UNFPA CO and MoHP staff)

⁹⁸ KIIs at national level (UNFPA CO and MoHP staff)

⁹⁹ KIIs at national (MoHP staff) and sub-national level (District health teams)

¹⁰⁰ KIIs at sub-national level (Mulanje and Nsanje Districts)

Furthermore, UNFPA work considered the demographic, social and health indicators in the intervention districts whereby the interventions were guided by the socio-economic indicators on the intervention districts. For example, the proportion of adolescents and youth aged 10-24 years ranged from 75 percent (Chiradzulu) to the 81 percent (Mangochi)¹⁰¹ making youth prevention programmes very important for containing and reducing rapid population growth.

The work to address the effects of the recent cyclones and flooding has intensified in the country in the recent year and is likely to increase in response to climate change. UNFPA activities were aligned to the priorities spelt out in the MW2063 vision which calls for smart technologies and practices for sustained and resilient productivity¹⁰² linking to SDG13 on climate change.

4.1.3 Gender equality

4.1.3.1 Consistency with UNFPA strategic plans

UNFPA programme is to a great extent adapted to the needs of women and the challenges they meet in the context of gender inequality and GBV as well as being a good reflection of UNFPA's transformative results on maternal health, family planning and GBV.¹⁰³ Ending child marriage has been included in the UNFPA outreach and educational activities including the Mentorship and Safe Spaces model. The UNFPA CO annual reporting (2019-2021) was done against the strategic plan outputs 9 and 11.¹⁰⁴

4.1.3.2 Adapting to the needs of the vulnerable and marginalized

Finding: The programme consulted relevant stakeholders and addressed the needs of targeted adolescent girls and young women at risk of GBV and GBV survivors, and to some extent young women living with disabilities at national, district and community levels.¹⁰⁵ The Mentorship and Safe Spaces model aimed to empower girls and disadvantaged youth who are particularly vulnerable to health risks.¹⁰⁶ UNFPA interventions sought to address underlying socio-cultural practices that fuel inequalities and also the alarming rate of GBV prevalence among young women; rampant child marriages. The interventions took into consideration the socio-cultural context of Malawi and they targeted key actors when it comes to the prevention and response to GBV. At the same time, the interventions also directly worked with the concerned population presenting positive alternative role models and practices. The country programme implementation emphasised rural areas and the hard-to-reach areas hence serving the vulnerable and marginalized adolescent girls and young women including high-risk groups such as sex workers, young women with disabilities and out-of-school youth.¹⁰⁷

4.1.3.2 Alignment with government development priorities and international commitments

Finding: The UNFPA country programme addresses the priorities on gender equality and women empowerment and supports the responsibilities of the MoGCDSW, MoYS and MoEST.¹⁰⁸ The CP is aligned to the National Plan of Action to Combat Gender-Based Violence 2014-2020. The programme contributed to the achievement of outcome 2 within Pillar 1 (page 20) of the UNDAF document 2019-2023,¹⁰⁹ which is explicitly related to enhancing gender equality and the empowerment of adolescent girls and young women in Malawi. With regards to the wider policy frame, the country programme is aligned with the National Gender Policy 2015, Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and contributes to SDG 5 on gender equality.¹¹⁰

¹⁰¹ NSO (2020). Population and Housing Census Projection Thematic Report

¹⁰² Malawi Vision 2063: An Inclusively Wealthy and Self-reliant Nation,

<https://malawi.un.org/sites/default/files/2021-01/MW2063-%20Malawi%20Vision%202063%20Document.pdf>

¹⁰³ UNFPA CPD 2019-2023; KIs at national and sub-national level

¹⁰⁴ UNFPA CO Annual Report (2019-2021)

¹⁰⁵ UNFPA CO Annual reports (2019-2021); KIs at national and sub-national levels

¹⁰⁶ KIs at national level with UNFPA CO staff and MoGCDSW.

¹⁰⁷ UNFPA CO Annual Reports (2019-2021); KIs at national level

¹⁰⁸ Document review of UNFPA CPD 2019-2023; KIs at national and sub-national levels

¹⁰⁹ UN Development Partnership Framework

¹¹⁰ Document review of UNFPA CPD 2019-2023, national policies; KIs at national level (MoGCDSW staff)

4.1.4 Population dynamics

The review of the documents and interviews show that PD is aligned, and it addresses the priorities of the country vision contained in MW2063;¹¹¹ National Population Policy; National Youth Investment Policy. Constituency reports provide a report for the status, and where they are aiming to in the future. Education, sanitation, water quality are topics, which members of parliament could use to inform parliament for lobbying resources advocating for an increased budget allocation in various sectors.

The document review and the interviews, which the evaluation team held with key informants¹¹² revealed that the CP8 theme on PD is of significant relevance to government policies as it enhances prioritization, coordination, and implementation of programmes for addressing population and development issues at national and sub-national levels. Output 5 of the CPD recognizes population as a multi-sectoral issue focusing on the following priority areas: managing population growth; inclusion of vulnerable and marginalized populations; climate change adaptation and resilience; information management; financing; and linkages and coordination. During the intervening period, Malawi developed the MW2063 and its MIP-1,¹¹³ recommitted to the ICPD Programme of Action, and the country is a signatory to SDGs.

UNFPA's CP8 reflects the country priorities outlined in the MGDS III, which in turn is aligned to the 2030 Agenda for Sustainable Development and realization of the SDGs. The support provided to the GoM for the 2018 Census also relates to Outcome 4 of CP8 on PD, and specifically Output 5, which states: "Public institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy". This is also in line with the General Assembly Resolution, that was adopted in September 2015,¹¹⁴ which calls for nations for a need for collection of quality, accessible, timely and reliable disaggregated data, which is pivotal for measuring of progress, and in so doing, ensures that no one is left behind.

EQ2: *To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?*

Evidence that the programmatic interventions had flexibility to respond to changing needs for vulnerable and marginalized groups.

Finding: In response to the political shifts (change of government in 2020) and the advent of COVID-19 pandemic, UNFPA CO acted quickly and was flexible to change the programme activities to suit the emerging situation.¹¹⁵ When the current government came into power, the significant changes it made were the development of MW2063 and the renaming of ministries. The CO adjusted to these changes responsibly and quickly.¹¹⁶ There is political will at the level of the Presidency, which has been evidenced through an increase of the GoM FP budget. UNFPA in collaboration with other UN agencies developed a comprehensive COVID-19 Response Plan to address the effect of the pandemic.¹¹⁷ The CO supported continuation of health care services amidst COVID-19 pandemic and assisted the government to adapt and develop guidelines for Maternal and Newborn Health services including FP. Through the Spotlight Initiative, UNFPA developed a concise acceleration action plan to address teenage pregnancies and child marriages which were prevalent during lockdown. The CO quickly responded to the instances of GBV that were experienced by women in the humanitarian situation particularly in camps (for internally displaced people) as a result of climate change related natural disasters (flooding in 2020 due to cyclones Ana and Gombe).¹¹⁸ From the respondent interviews with national IPs, the evaluation found out that the CO responded effectively to the aggravated humanitarian situation in the SRHR, AY, GE and GBV focus areas.

¹¹¹ Outcome 4 population dynamic aligns well with output 5/4 Population change and Data

¹¹² KIs with National Population Policy staff

¹¹³ Government of Malawi (2020). MW2063

¹¹⁴ United Nations (2015). Transforming our World: The 2030 Agenda for Sustainable Development

¹¹⁵ UNFPA CO Annual Reports (2019-2021); KIs at national level

¹¹⁶ KIs at national level (UNFPA CO and Government counterpart staff)

¹¹⁷ UNFPA CO Annual Reports 2020, 2021; KIs at national level

¹¹⁸ UNFPA CO Annual Reports 2020, 2021; KIs at national level

4.2 Effectiveness Evaluation questions 3-4

EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes; and (v) improved access to and utilization of high quality maternal health and family planning services in humanitarian settings?

Analysis of progress of outcome indicators

The evaluation assessed the performance of nine (9) outcome indicators (4 for SRH/FP; 2 for AY; 2 for GEWE; and 1 for PD; the detailed indicator statements are in Annex 10).

Finding: Three (3) indicators (33.3 percent) out of 9 were achieved; 4 (44.5 percent) were most likely to be achieved while there was no data reported on 2 indicators (22.2 percent) – 1 indicator for GEWE and 1 for PD. Seven indicators (78 percent) out of 9 were in the range of achieved and most likely to be achieved.

Table 14: Progress of outcome indicators

Outcomes	Total Outcome indicators	Achieved $\geq 100\%$	Most likely to be achieved 70-99%	Likely to be achieved 25-69%	Unlikely to be achieved <25%	No data reported for achievement
SRH	4	3	1			
AY	2		2			
GEWE	2		1			1
PD	1					1
Total	9	3	4			2
Per cent		33.3%	44.5%			22.2%

Finding: The two outcome indicators, which had no achievement data indicated were as follows:

Gender equality: Proportion of ever partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months

Population dynamics: Number of ministries with sustainable development indicators produced at the national level with full disaggregation where required.

Therefore, there is need for the CO staff to ensure that they select/adopt indicators for which collection of data is easily available and verifiable. In addition, CO programme officers and IPs need to get involved in the definition, and development of a meta data indicator reference sheet at the onset of the CPD.

4.2.1 Sexual and reproductive health

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services;

Summary

UNFPA provided commendable support, which resulted into the following: (i) there was improved capacity of health facilities to provide EmONC services and the improved skilled birth attendance (SBA) implies that of mothers getting few complications during labour and delivery; (ii) the number of young women and adolescent girls living with fistula receiving treatment with UNFPA support was over-achieved (297 percent); (iii) emergency preparedness processes and activities to help mitigate risks in the event of an onset of a crisis were established; (iv) the target of identified vulnerable people provided with minimum initial service package (MISP) for humanitarian response was over-achieved; (v) the number of additional users of FP for adolescent girls aged 15-19 years in focus districts was likely to be achieved (58 percent of target). On the other hand, the demand for FP services by beneficiaries was sub-optimal due to funding constraints during 2020/2021 and the COVID-19 pandemic mobility restrictions.

4.2.1.1 Evaluation of the results and intervention logic for the SRHR component

The theory of change underlying the SRH component, as outlined in the CPD is generally based on a sound intervention logic. The **Strategic outcome 1 (SRH)** had two outputs namely: Output 1: Health institutions and 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 young women and young people, especially adolescents, including in humanitarian settings; and 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.

The strategic outcome and the two outputs which are contributing to the attainment of the outcome were articulated well. The linkages between the activities for planned interventions for the outputs were clear as well as the linkages between outputs and the outcome. The indicators for the outputs were sufficient to measure the progress. However, some targets for output indicators were stated as categorical, requiring only “Yes” or “No” as the only options for measuring achievement. These categorical measurements fell short of clearly defining the quality, processes and parameters of measurement. The CO provided adequate human, financial, material and management resources which were required for the implementation of various interventions and eventual achievement of quality SRHR /FP services. The indicator statements for the 6 output indicators were as follows:

- Percentage of health facilities in UNFPA focus districts providing emergency obstetric care. Baseline: 66; Target: 80
- Number of women and girls living with fistula receiving treatment with UNFPA support. Baseline: 1,377; Target: 2,000
- Number of identified vulnerable people provided with minimum initial service package for humanitarian response with UNFPA support. Baseline: 0; Target: 160,000
- Number of public health facilities in focus districts providing quality adolescent-friendly integrated sexual and reproductive health services. Baseline: 8; Target: 33
- Number of additional users of family planning for adolescent girls aged 15-19 years in focus districts. Baseline: 141,000; Target: 794,250
- Percentage of service delivery points with functional Logistics Management Information System. Baseline: 85; Target: 98

The evaluation assessed the performance of the 6 output indicators linked to the above two outputs and the underlying interventions. 4 (67 percent) out of the 6 indicators achieved the target; one (16.5 percent) most likely to be achieved and another one likely to be achieved.¹¹⁹ The results are summarised in Table 15 and the detailed data for the indicator performance are in [Annex 10](#).

Table 15: Performance achievement of SRH/FP output indicators

Outcome 1:					
Outputs	Total indicators	Achieved $\geq 100\%$	Most likely to be achieved 70-99%	Likely to be achieved 25-69%	Unlikely to be achieved <25%
SRH Output 1	4	3	1		
FP Output 2	2	1		1	
Total	6	4	1	1	
Per cent		67%	16.5%	16.5%	

Source: Evaluation team analysis

Contribution to the outcome: The contribution of the outputs to the outcome was deemed effective since 5 (83 percent) of the 6 output indicators were achieved /most likely to be achieved. By the end of 2021, the achievement of three outcome indicators was above their targets; (i) the proportion of cumulative achieved result to the set target for skilled birth attendance (SBA) was above the target (102 percent); (ii) the achievement for contraceptive prevalence rate (CPR) was also above target (106 percent); and (iii) the achievement for adolescents and youth (aged 10-24 years) who have utilized integrated SRH services was also above target (197

¹¹⁹ Evaluation team analysis of UNFPA CO Annual Reports (2019-2021)

percent). The progressive improvement in the above the outcome indicators over the years is evidence that SRH interventions are contributing to the outcome and impact results in reducing maternal morbidity and mortality, HIV incidence, and ensuring planned families.

4.2.1.2 Achievement of planned results

The summary of targets and yearly status of respective indicators is shown in Annex 10. This information is drawn primarily out of secondary data available in the annual reports and the performance measurement framework¹²⁰ as well as key interviews.

4.2.1.2.1 Maternal health (status of output 1 – Integrated SRHR indicators)

(a) Emergency Obstetric and Neonatal Care (EmONC)

Finding: UNFPA support contributed to improved capacity of health facilities to provide EmONC services and the improved SBA implies that the risk of mothers getting complications during labour and delivery remains low.

Basic EmONC is critical to reducing maternal and newborn death.¹²¹ This care, which can be provided with skilled staff in health centres, large or small, includes the capabilities for carrying out seven signal functions (SF) of EmONC. Comprehensive emergency obstetric and newborn care (CEmONC), typically delivered in hospitals, includes all the basic functions above, plus capabilities for two other functions namely performing Caesarean sections and safe blood transfusion. Signal functions for EmONC consist of life-saving treatments and procedures including administering parenteral antibiotics (SF1), administering uterotonic drugs (SF2), administering anticonvulsants (SF3), manual removal of placenta (SF4), removal of retained placenta products (SF5), assisted vaginal delivery (SF6), newborn resuscitation (SF7), cesarean sections/delivery (SF8) and blood transfusion (SF9).¹²² In order to strengthen the capacity of health centres carry out BEmONC and hospitals perform CEmONC, UNFPA supported MoHP with the following:^{123,124} (i) provision of essential maternal/delivery equipment to health facilities; (ii) renovation of maternity wards; and (iii) training of midwives. The quote below from a KI at the sub-national level exemplifies the support provided.

“UNFPA provided support in the equipping the maternity wards and training of our midwives to improve the provision of maternity services and post-abortion care. As a result of all this, fewer mothers are getting complications such as bleeding during delivery,” said a KI participant at Mulanje hospital, Mulanje District.

In addition, the CO supported the national capacity building on maternal death surveillance and response. The guidelines to conduct MPDSR were reviewed and finalized thus enabling the national, district and community level maternal and neonatal audits taking place.¹²⁵

(b) Fistula prevention and treatment

Finding: The number of young women and adolescent girls living with fistula receiving treatment with UNFPA support was over-achieved (297 percent); 5562 clients versus a target of 2000 were treated.¹²⁶ Fistula repair though expensive has contributed significantly to the restoration of dignity of those clients who were previously affected.

One percent of Malawian women and girls of childbearing age experienced fistula condition.¹²⁷ UNFPA and partners supported MoHP to strengthen the national capacity for obstetric fistula management including social reintegration. During the implementation period, UNFPA provided technical and financial support through the Maternal Health Thematic Fund on the following areas:

- The identification of fistula ambassadors and treatment of adolescent girls and young women living with obstetric fistula

¹²⁰ Planning matrix for M&E of CPD and RBM inventory updated August 2022.- excel

¹²¹ Setting standards for Emergency Obstetric and Newborn Care, UNFPA 2014.

¹²² Monitoring Obstetric Care: Handbook (WHO, UNFPA, UNICFF, AMDD), 2009

¹²³ KIIs at national (MoHP, UNFPA CO staff) and sub-national level (health staff at district hospitals in Dedza, Mangochi, Mulanje, Nkhata Bay)

¹²⁴ Review of Equipment for EmONC in UNFPA supported districts.PDF; UNFPA CO Annual Reports (2019-2021)

¹²⁵ UNFPA CO Annual Reports (2019-2021)

¹²⁶ UNFPA CO Annual Reports (2019-2021)

¹²⁷ MDHS 2015/2016

- Capacity building of health teams based at hospitals (clinicians, anaesthetists and nurses) in obstetric fistula repair (simple and complex cases)
- Rehabilitation of fistula wards to enhance the capacity of districts to provide fistula care
- Support to fistula survivors in their reintegration to social and economic life
- Procurement of obstetric fistula kits and other necessary medical equipment

In addition, UNFPA provided support provided support for the development of the Fistula Prevention Strategy. The objective of the strategy is to reduce the incidence of obstetric fistula and at the same time to reduce prevalence of obstetric fistula.¹²⁸ The support of UNFPA on fistula issues was appreciated by IPs as per the quote below

“UNFPA has been a major player in the prevention of fistula and its support to the policy development related to fistula issues has been exemplary,” narrated a KI participant at Nkhata Bay hospital.

Awareness creation and visibility of the fistula problem and the need to address it at national, district and community levels was done through community dialogues and commemoration of the International Obstetric Fistula Day.¹²⁹

(c) Minimum Initial Service Package (MISP)

Finding: The country office 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 MISP for humanitarian response with UNFPA support; towards surgery, unit providing treatment or transport of fistula patients to and from the health facilities, was over-achieved (111 percent).¹³⁰

UNFPA supported the adoption of the MISP manual, which was meant to: lend an opportunity to ensure that there are proper linkages between Reproductive Health Directorate and all other stakeholders when responding to disasters regarding SRHR issues.¹³¹ With UNFPA support, the following other things were achieved:¹³²

- Providers of MISP were trained as trainers during the year on MISP with support from UNFPA covering all the following areas: (i) MISP overview and coordination, (ii) sexual and gender-based violence, (iii) HIV and STIs, (iv) Adolescent SRH, (v) Maternal health and family planning, and (vi) action planning.¹³³
- Fourteen thousand and five hundred (14,500) Dignity Kits were procured and distributed in 9 flood affected districts resulting in an improved management of menstrual hygiene and dignity of young women and adolescent girls who were displaced by the floods.
- Assorted reproductive health kits were distributed to flood affected districts allowing safe and clean deliveries, treatment of STIs and averting possible maternal deaths in the process.
- Reproductive health networks, GBV sub clusters were activated with UNFPA leadership thereby enhancing coordination of humanitarian response in the flood affected districts.
- Undertook extensive media coverage and UNFPA visibility especially on MISP interventions.

(e) HIV/AIDS

UNFPA provided technical support in the following areas:¹³⁴ (i) Dissemination of the National Cervical Cancer Control Strategy (2016 -2020) to strengthen SRH uptake among young women living with HIV; (ii) Review of the HIV/AIDS Prevention Strategy 2015-2020; (iii) Capacity building of health staff strengthened in the Condom Strategic Information program and this included orientation on Condom Estimate Needs Assessment tool; (iv) Condom campaigns especially in tertiary institutions using peers distribution through Family Planning Association of Malawi (FPAM); (v) Reaching out to commercial sex workers through Moonlight activities.

¹²⁸ UKIs at national level (MoHP and UNFPA CO staff)

¹²⁹ UNFPA CO Annual Reports (2019-2021)

¹³⁰ UNFPA CO Annual Reports (2019-2021); KIs at national and sub-national level

¹³¹ Review of MISP_Adaption_Report_October_2021.pdf

¹³² UNFPA CO Annual Reports (2019-2021)

¹³³ Review of Malawi CO Preparedness Actions-2021_FINAL DOC 20JULY.docx

¹³⁴ UNFPA CO Annual Reports (2019-2021); KIs at national and sub-national level

4.2.1.2.2 Family planning (Status of output 2 – FP indicators)

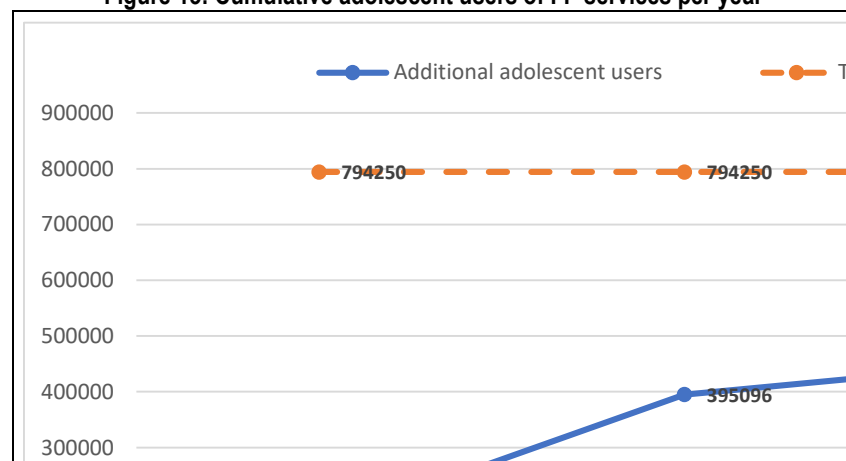
Access to safe, affordable and voluntary FP is central to gender equality and women empowerment and it contributes to the attainment of the three transformative results of ending the unmet need for FP; ending preventable maternal deaths; and ending GBV and harmful practices.¹³⁵ In addition, FP contributes to the realization of MW2063's *Enabler 5: Human Capital Development* under which, the attainment of universal health coverage is through strengthening reproductive, maternal, neonatal, child and adolescent health; improving the availability and quality of health infrastructure, medical equipment, medicines and medical supplies among others.¹³⁶ The MIP 1 also recognizes FP as a critical integral factor in managing population growth through 'offering universal access to SRH including FP methods in schools and youth friendly health centres'.¹³⁷

(A) Supply-side component

Finding: The planned result under the FP indicator - 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) – a cumulative total of 456,530 additional users out of a target of 794,250 were reached (2019-2021).¹³⁸

There was an increasing trend of the annual cumulative total numbers of additional users of FP services between 2019 and the end of 2021 as shown graphically in Figure 13.

Figure 13: Cumulative adolescent users of FP services per year



Source: UNFPA CO Annual Reports

UNFPA provided technical and financial support to the MoHP in the following things:¹³⁹

- The revision of the Costed Implementation Plan (CIP) for FP (2022-2027).
- Liaison with the Reproductive Health Directorate in supporting the FP service delivery in all the 28 districts of Malawi via health facilities and outreaches.
- Procurement of commodities, which were then distributed through Banja la Mtsogolo and Population Services International, FPAM during their health outreach services.
- Training and mentorship for FP providers (nurses, clinicians, health surveillance assistants with focus on new and underutilized FP commodities, namely: implants, Sayanna Press, post-partum intra-uterine device.
- The revision of the Costed Implementation Plan (CIP) for FP (2022-2027).
- Liaison with the Reproductive Health Directorate in supporting the FP service delivery in all the 28 districts of Malawi via health facilities and outreaches.

Finding: The planned result under the second FP indicator - percentage of service delivery points with functional Logistics Management Information System was over-achieved (110 percent above target) – 98 percent versus a target of 83 percent.

¹³⁵ <https://fp2030.org/malawi>. Accessed 21st November 2022

¹³⁶ MW2063 (page 62)

¹³⁷ Malawi Implementation Plan 1 (page 174)

¹³⁸ UNFPA CO Annual Reports (2019-2021); Family Planning Monthly Report 2020 additional users cyp.pdf

¹³⁹ KIs at national (MoHP officials; CO staff) and sub-national level; UNFPA CO Annual Reports (2019-2021); IP quarterly progress reports, April - June 2022

Similarly, support was also provided by UNFPA provided technical and financial support to the MoHP in the following things:¹⁴⁰

- (a) Procurement of commodities, which were then distributed through Banja la Mtsogolo and Population Services International, FPAM during their health outreach services.
- (b) Training and mentorship for FP providers (nurses, clinicians, health surveillance assistants with focus on new and underutilized FP commodities, namely: implants, Sayanna Press, post-partum intra-uterine device.
- (c) Distribution and management of FP commodities through Last Mile Assurance interventions, supply chain management, global family planning visibility analytic framework (GFPVAN).
- (d) Training and mentoring on LMIS targeting FP drug stores clerks, pharmacy technicians and pharmacists.

(B) Demand-side component

Finding: The demand for FP services by beneficiaries was sub-optimal due to funding constraint during 2020/2021 and the COVID-19 pandemic mobility restrictions.

The GoM through its MIP-1 recognises the importance of satisfying the demand for FP by beneficiaries and thus included an indicator in the ten-year development plan – *the proportion of women of reproductive age (15-49 years) who have their need for FP satisfied*.¹⁴¹ It was reported that the demand creation component stalled in 2019-2020 due to lack of funding.¹⁴²



Photo 1: Hawa at Mangochi district maternity ward ©UNFPA/Malawi

In 2021-2022, a new strategic position was undertaken through the UNFPA supplies component where a technical paper was developed to support mentorship for low and under-utilized commodities and this activity was coupled with the FP campaigns as a demand creation arm.¹⁴³

At the higher level of the upstream work, UNFPA was the co-lead of the FP2030 FP commitments, which has placed FP at the top of the political agenda; UNFPA was a critical partner in the FP TWG and Reproductive Health Commodity Security (RHCS) TWG providing technical support in the annual FP commodities quantification and forecasting plans.¹⁴⁴

4.2.1.4 Challenges

The key challenges identified were as follows:¹⁴⁵

- (a) Limited sustainability of political will around supporting the SRHR programme; financing for SRHR including FP commodities remains largely donor dependent

¹⁴⁰ KIs at national (MoHP officials; CO staff) and sub-national level; UNFPA CO Annual Reports (2019-2021); IP quarterly progress reports, April - June 2022

¹⁴¹ Malawi Implementation Plan 1 (page 217)

¹⁴² KIs with UNFPA CO staff

¹⁴³ UNFPA CO Annual Report 2021; KIs with UNFPA CO staff

¹⁴⁴ UNFPA CO Annual Report 2021; KIs at national level (MoHP and UNFPA CO staff)

¹⁴⁵ UNFPA CO Annual Reports (2019-2021); KIs at national and sub-national level

- (b) High turnover of service providers leading to continuous training and mentorship for newly recruited staff for quality FP service provision
- (c) Inadequate funding for demand creation activities, which drags the FP programme
- (d) Limited implementation capacity due to human resource gaps (number and skills) among some IPs
- (e) MoHP Reproductive Health Department (main partner in SRHR implementation) remains overwhelmed with competing priorities amongst partners supporting SRHR.
- (f) Weak health system especially in rural areas with Primary health care getting less than 10 percent of government funds allocated to the health sector
- (g) The COVID-19 pandemic severely affected the implementation of the projects and programmes at the national and district levels. Key stakeholders' engagements and orientations on the project took longer than initially planned. As far as FP was concerned, the GoM COVID-19 mobility restrictions presented accessibility challenges to beneficiaries and as a result the demand for FP services was constrained especially in the hard-to-reach areas.

4.2.1.6 Unintended effects

There were no unintended effects reported to or observed by the evaluation team.¹⁴⁶

4.2.2 Adolescents and youth

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights.

Summary

UNFPA interventions have created an enabling environment to advance adolescent youth agenda. Thanks to UNFPA interventions, more adolescents and youth are accessing YFHS albeit the older age groups (15-24 years). UNFPA interventions have resulted in more adolescent girls and young women (AGYW) than adolescents /ABYM accessing FP services; the trend for the latter group has been declining during the CP8 period. Parent-child communications (PCC) was key in changing social cultural beliefs, and promoted balances of information between parents and children enabling dispelling the myths and discussion of SRHR issues between parents and children at home. 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.

4.2.2.1 Evaluation of the results and intervention logic for the AY Component

The theory of change underlying the AY component, as outlined in the CPD is generally based on a sound intervention logic. The **Strategic outcome 2 (AY)** had one output namely: 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.

The strategic outcome and the one output which are contributing to the attainment of the outcome were articulated well. The linkages between the activities for planned interventions for the output were clear as well as the linkages between output and the outcome. The indicators for the outputs were sufficient to measure the progress. However, some targets for output indicators were stated as categorical, requiring only "Yes" or "No" as the only options for measuring achievement. These categorical measurements fell short of clearly defining the quality, processes and parameters of measurement.

The indicator statements for the 3 output indicators were as follows:

- Number of identified marginalized girls in UNFPA focus districts that have successfully completed life skills programmes that build their health, social and economic assets. Baseline: 350,000; Target: 600,000
- A national comprehensive sexuality education manual for out-of-school youth in place. Baseline: No; Target: Yes
- Number of national and district level networks for the participation of young people in policy dialogue and programming. Baseline: 49; Target: 75

¹⁴⁶ UNFPA CO Annual Reports (2019-2021); KIs at national and sub-national level

The evaluation assessed the performance of three (3) output indicators linked to the above output and the underlying interventions. All the three output indicators were above the score of ≥ 100 percent as shown in Table 16.

Table 16: Performance achievement of AY output indicators

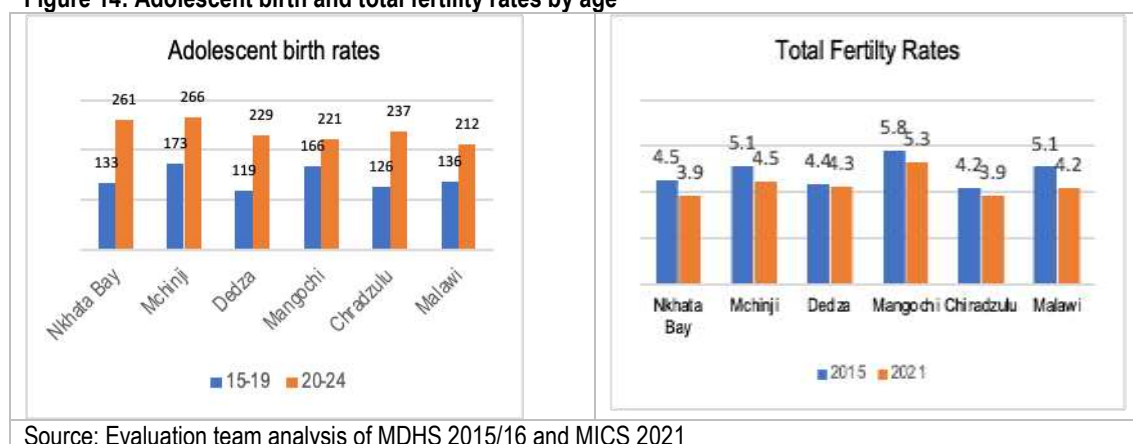
Outcome 2:					
Outputs	Total indicators	Achieved $\geq 100\%$	Most likely to be achieved 70-99%	Likely to be achieved 25-69%	Unlikely to be achieved <25%
AY Output 3	3	3			
Total	3	3			
Per cent		100%			

Source: Evaluation team analysis

Contribution to the outcome: The contribution of the output to the outcome was deemed effective since all (100 percent) of the 5 output indicators were above the score of 100 percent.¹⁴⁷ From the performance indicator summary table shown in Annex 10, UNFPA effected several interventions that contributed to the progress including scaling up life skills-based, age-appropriate, in- and out-of-school comprehensive sexuality education.

Finding: Although the adolescent birth rate has remained high, a further analysis by the evaluation team shows a slight decline in the adolescent and young women birth rates in the UNFPA focal districts (Nkhata Bay, Dedza, Mchinji, Mangochi and Chiradzulu. This trend is shown in Figure 14.¹⁴⁸ The rate is below the national average of 136 births per 1000 women except for Mchinji and Mangochi districts. A comparison of TFR between 2015 MDHS and MICS 2019 indicates similar results: The fertility rates are lower in the same districts than the national level except for Mchinji and Dedza districts.

Figure 14: Adolescent birth and total fertility rates by age



Source: Evaluation team analysis of MDHS 2015/16 and MICS 2021

4.2.2.2 Status of output 3 – AY indicators

Evidence of the extent to which M&E programme achievements indicate timely meeting of outputs; extent to which outputs in CP8 are likely to have contributed to outcome results; evidence of increased government or stakeholder commitment to AY.

The summary of targets and yearly status of respective indicators is shown in Annex 10. This information is drawn primarily out of secondary data available in the annual reports and the performance measurement framework¹⁴⁹ as well as key informant interviews.

(a) Life skills programmes (for marginalised girls) that build their health, social and economic assets

¹⁴⁷ Evaluation team analysis of UNFPA CO Annual Reports (2019-2021)

¹⁴⁸ Review of 2015 MDHS and MICS 2019

¹⁴⁹ Planning matrix for M&E of CPD and RBM inventory updated August 2022. - excel

Finding: Adolescent girls and young women and men were empowered economically through the Village Savings Loans (VSLs). The narratives from the beneficiaries reported that the programme registered a huge success in improving the standards of living.¹⁵⁰ The programme introduced VSLs as a poverty reduction strategy and to promote access to health care services. VSL group members save money into the group fund and give each other loans for businesses. Part of the money is used for renting out farmland, or *dambo*, which in turn is used to plant vegetables (e.g. tomatoes) for commercial sale. The money realized would be used to support needy children (non-beneficiaries). VSL groups also act as a forum for discussing FP and ways of preventing domestic violence.¹⁵¹ The subsequent quote from out of school young women highlights women's financial empowerment:

"Before this project started, we were going for 'katapila' [usury] but now with VSL, we are able to do savings such that if a child gets selected to go to secondary school, we just get cash from the VSL and pay the fees," narrated FGD female participants (young women), Mulanje village.

Comprehensive Sexuality Education (CSE) for in-school and out of school adolescents and youth
Finding: The promotion of CSE for in-school and out-school youth and establishment of youth friendly health services has improved their access to SRHR and FP services.¹⁵²

UNFPA supported the adaptation of the Out-of-School CSE Training manual, for delivering standardised CSE across the country.¹⁵³ The evaluation established that UNFPA provided technical support towards implementation of the fertility-related recommendations of the demographic dividend study. This enabled the new policies developed to embrace the concept of DD including the MW2063 which is youth centric.

In school clubs for adolescent and youth, the interventions included provision of CSE information through digital application, radio programmes^{154, 155} (including community radios) and social media; bursaries support (school fees and materials), mother groups, and menstrual health education as well as the production and distribution of sanitary pads (also targeting out of school girls).

Finding: UNFPA has strengthened access of FP methods and knowledge about safe motherhood through YFHS services. At the time of the evaluation, the UNFPA was supporting the review of the National Youth Friendly Health Strategy and standards in line with WHO standards and guidelines.¹⁵⁶ It was reported that UNFPA interventions improved the availability of FP methods as exemplified in the quote:

"UNFPA provided our CBDAs Community Based Distribution Agents (CBDAs) different FP methods including condoms, pills and alike ... the CBDAs in our communities no longer finding it difficult", said an FGD female participant in Mangochi.

To intensify support for collection, dissemination and use of youth-related data, UNFPA supported the MoH in the training for statisticians, data clerks and district coordinators in DHMIS 2 including data management. In addition, 800 adolescents and youth and 100 YFHS providers in SRHR/ FP (including the disabled and those in humanitarian settings).¹⁵⁷ As can be seen in Figure 13, there is an increasing trend among adolescent females (20-24 years) accessing FP services since 2019; but there is also a decline in access to FP services for those females aged 10-14 years. However, there is a decreasing trend among adolescent males (20-24) years accessing the same FP services, especially in 2022 in the five UNFPA focal districts.

¹⁵⁰ KIs at national and sub-national level; FGD sessions with the adolescent girls

¹⁵¹ FGD sessions with young women

¹⁵² KIs at national level; UNFPA CO Annual Reports (2019-2021)

¹⁵³ Review of Out-of School CSE Manual; KIs at national level

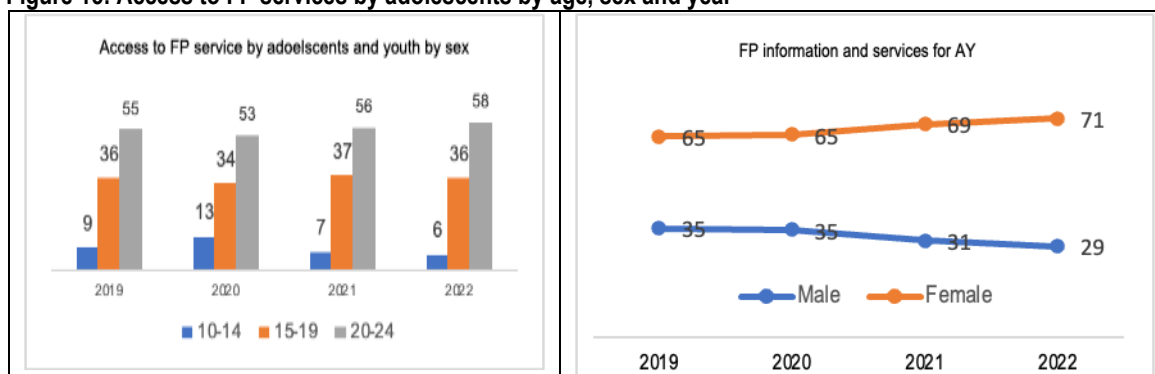
¹⁵⁴ MoH (2019) AWP

¹⁵⁵ YONECO (2019). AWP

¹⁵⁶ MoH (2019). AWP and KIs with UNFPA CO staff

¹⁵⁷ MoH (2019) Annual Workplan

Figure 15: Access to FP services by adolescents by age, sex and year



Source: Team analysis of DHIS 2 data

Finding: UNFPA supported partners to train and raise awareness among young people on accessing SRH information and entrepreneurship. The key activities included: demand creation activities, which focused on advocacy and referral systems for in- and out-of school young people. The key achievements include: (i) social media - the TuneMe platform, which contributed significantly towards increasing access to information on SRHR among girls and boys. A series of 24 radio programmes aired on community radio stations covered topics such as SRH and information on the availability of services in the area; (ii) Mass media - (print, radio and TV) ran specific programmes with a range of programming and content on SRHR and GBV that advocate for the reduction and prevention of early pregnancies.¹⁵⁸ The review of literature shows drama and theatre groups, dialogue and theatre group sessions promoted positive perceptions on the rights and empowerment of teen mothers and adolescent girls on SRHR issues. This was an effective means as one of the male champions involved in Theatre for Transformation corroborated that they integrate FP to improved awareness and encouraged young people to discuss FP with their partners:

“We have youth champions and youth TFT [theatre for transformation] who are running up and down to end child marriages with campaigns for this and we the youth we have made tremendous gains”, said a male KI participant in Mangochi.

Finding: UNFPA supported the development of the Parent Child Sexuality Communication Manual (2019) and built the capacity of community facilitators to conduct sessions for parents and children on SRHR. The Parent-child communications (PCC) was key in changing social cultural beliefs and promoted balances of information between parents and children enabling dispelling the myths and discussion of SRHR issues between parents and children at home.¹⁵⁹

(c) National- and district-level networks for the participation of young people in policy dialogue and programming.

Finding: Through the national and district-level networks, young people were empowered to participate in decision making and to play a vital role in their own development as well as that of their communities. An integral element of having the voices of young people expressed across sectors is their meaningful participation. The evaluation established that several meetings, strategies, and capacity-building measures were conducted to ensure the readiness of youth to engage with decision-makers at all levels through.¹⁶⁰ To this end, UNFPA in partnership with the National Youth Council of Malawi (NYCOM) strengthened the capacity of adolescents and youth in decision-making process at all levels, pitching in their ideas, and promoting youth development agenda by engaging duty bearers to highlight challenges facing the youth.¹⁶¹ UNFPA supported an advocacy platform attended by 23 members of parliament and the campaign’s conclusions led to the endorsement by the parliamentary group, and a commitment to increase the range of youth issues at the

¹⁵⁸ KIIs at national and sub-national level

¹⁵⁹ KIIs at national level and FGD sessions at sub-national level

¹⁶⁰ KIIs at national and sub-national levels

¹⁶¹ GoM Malawi 2063 pp 5

parliamentary level. The plan is to approach the Speaker of Parliament in the near future with a proposal to create a youth caucus in parliament.¹⁶²

Policy environment

Finding: UNFPA played a significant role in the development of several legal frameworks that protect the young people from harmful practices associated with child marriages.¹⁶³

Realizing the role of agency – the environment in which the adolescents and youth grow – UNFPA provided technical support to address AY issues in a collaborative effort through flagship programmes with GoM. This built on the achievements and the lessons learned from the first phase of the Joint Programme on Girls Education (JPGE) (2014-2017 - JPGE I)¹⁶⁴, and the subsequent JPGE II (2018-2020); Strengthening Youth Programme (SYP) Phase II (2017-2022); Action for Teen Mothers.¹⁶⁵ Some of the efforts made by UNFPA was targeted to reinforcing the school readmission policy to promote girls' completion of primary and secondary education and launching the readmission policy, which was approved in 2020. UNFPA supported the review of the National Youth Policy, which the evaluation team learnt that it was under Cabinet review. UNFPA supported the development of the National Youth Investment Plan (approved in 2022), which subscribes to three Es - Empowerment, Employment and Education – as the country strives to achieve the demographic dividend.

4.2.2.4 Challenges

The key challenges identified were as follows:¹⁶⁶

- (a) The COVID-19 pandemic severely affected the implementation of the relevant activities at the national and district levels.
- (b) There is limited capacity in terms of human and financial resources among IPs to implement the interventions and to promote sustainability.
- (c) The CSE policy of the MoEST falls short of recommending sexually active adolescents to get contraceptives from within the school premises. This may be counterproductive to the MoHP, which is cognizant that some sexually active adolescents may not have the means of accessing contraceptives further away from the school.¹⁶⁷
- (d) The long distances to health facilities discourages the youth to seek SRH and FP services.
- (e) There is bias towards FP services among clients and providers, which limits access to those services by young people.
- (f) Community misconceptions around access to SRH services by young people and especially FP constrains access to services.

4.2.2.5 Unintended effects

There were (no unintended / intended effects) reported to or observed by the evaluation team.¹⁶⁸

4.2.3 Gender equality and women empowerment

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (iii) advancement of gender equality and the empowerment of all women and girls.

Summary

In the context of GBV and harmful social cultural practices, UNFPA has made significant contributions to respond to gender based violence 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

¹⁶² UNFPA CO Annual Report 2019

¹⁶³ KIs with UNFPA CO staff; KIs with MoGCDSW and MoYS

¹⁶⁴ JPGE (2014-2017 - JPGE I - Improving access and quality of education for girls in Malawi), and the subsequent JPGE II (JPGE II - Poverty Reduction through improved Quality Education and Basic life skills for in and Out of School Adolescent Girls in Malawi)

¹⁶⁵ UNFPA CO Annual Reports 2019-2021

¹⁶⁶ UNFPA CO Annual Reports (2019-2021)

¹⁶⁷ KIs at national level (MoEST, MoHP, MoYS); KIs with UNFPA CO staff

¹⁶⁸ KIs with UNFPA CO staff and with sub-national IP officials; UNFPA CO Annual Reports (2019-2021);

with particular emphasis on linkages to SRH. Increased capacity to address GBV was recognized among Government and Civil Society partners, including the MoGCDSW, Police Victim Support Units and Ministry of Health as well as among the girls in the safe spaces through the Integrated Essential Services Package. Positive changes indicated gender norms for preventing GBVs, 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 floods that devastated communities in Nsanje, Chikwawa, Mulanje and Phalombe districts. The GBV Technical Working Group is considered as an effective mechanism for discussing issues in humanitarian and emergency situation. UNFPA supported the GBV Technical Working Groups at national as well as district levels. 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.

The **Strategic outcome 3 (GEWE)** had one output namely: 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.

The evaluation team assessed the theory of change underlying the GEWE component and noted that it was based on a fairly sound intervention logic. The strategic outcome and the four output indicators which are contributing to the attainment of the outcome were articulated well. The linkages between the activities for planned interventions for the output were clear as well as the linkages between output and the outcome. The indicators for the outputs were sufficient to measure the progress. However, some targets for output indicators were stated as categorical, requiring only "Yes" or "No" as the only options for measuring achievement. These categorical measurements fell short of clearly defining the quality, processes and parameters of measurement. The indicator statements for the 3 output indicators were as follows:

- Number of women and girls, including persons living with disabilities, subjected to violence who received essential services in the five focus districts. Baseline: 1,300; Target: 4,300
- Number of districts with a functional gender-based violence information management system in place. Baseline: 0; Target: 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. Baseline: No; Target: Yes
- A functional inter-agency coordination mechanism for reproductive health and gender-based violence in place at national and district levels. Baseline: No; Target: Yes

The assessment of four (4) output indicators revealed that all (100 percent) were achieved as shown in Table 17. The details for the individual output indicators and their progress are shown in [Annex 10](#).

Table 17: Performance achievement of GEWE output indicators

Outcome 3:					
Outputs	Total indicators	Achieved $\geq 100\%$	Most likely to be achieved 70-99%	Likely to be achieved 25-69%	Unlikely to be achieved <25%
GEWE Output 4	4	4			
Total	4	4			
Per cent		100%			

Source: Evaluation team analysis

Contribution to the outcome: The contribution of the output to the outcome was deemed effective since all (100 percent) of the 4 output indicators were above the score of 100 percent.¹⁶⁹

¹⁶⁹ Evaluation team analysis of UNFPA CO Annual Reports (2019-2021)

4.2.3.1 Evaluation of the results for GEWE

Finding: UNFPA communication and advocacy activities have targeted both women and men and have created demand for access to SRHR in addition a national strategy to build national capacities to engage men and boys was developed.

Community awareness and male engagement activities were evaluated positively by the participants in FGDs and KIs. It was reported that communities have improved their awareness and knowledge; they have questioned discriminatory traditional practices and changes were being made in community response to GBV. Examples were given during interviews that some local leaders took it upon themselves to track down GBV perpetrators in particular child marriages. It was reported in Nsanje that being a border district with Mozambique, some perpetrators go to Mozambique and the Traditional Authority Tengani instituted a task team which tracks down the perpetrators and brings them back to Malawi for justice.¹⁷⁰ Quantitative information showed that safe spaces mentors facilitated a total of 324¹⁷¹ awareness campaigns targeting 25,920 leaders and other influential persons (between 2019 and mid-2022) to resolve issues emanating from the safe spaces. A total of 1,945 GBV cases were referred from the safe spaces to service provision points. In Machinga with interventions from¹⁷² YONECO Supported Youth Action Disaster and Emergency Preparedness and Response engaging local leaders also demonstrated that local leaders had changed their perceptions in relation to some cultural practices including child marriages. For example, Traditional Authority (TA) leader in Ngokwe in Machinga narrated thus:

“We will not tolerate any child marriage and we will encourage people to report whenever a case of GBV has occurred in the communities,” said a TA leader, Ngokwe, Machinga.

Male Engagement: On male engagement in GBV prevention, evidence from CO reports¹⁷³ from the gender team indicate that 510 men and boys were involved in male engagement activities on SRHR, SGBV and harmful practices to support safe space mentorship and to influence positive masculinities.

Kills notes with Area Development Committee Chairperson in TA Fukamalaza Nkhata Bay district on changes in attitudes towards GBV

Rambo is nickname for a man who has become a male champion in the village after he was a perpetrator of GBV. Before becoming a GBV champion, he used to catcall and harass women especially his wife with no regards for the women’s feelings. He used to beat his wife and every time the community wanted to take action he would threaten that no one can deal with him as he is so powerful as ‘Rambo the movie actor’. Until one day when he beat up his wife the matter was taken to police and he was dealt with by the police. Since the time, after he experienced life in a police cell, and after engaging with fellow male champions working under UNFPA, it was reported that Rambo completely changed and became an advocate of GBV. He is now active in sharing GBV awareness within his community after receiving trainings from Community Action Groups with support from UNFPA after he was released from police. He holds peer group meetings where he shares the ills of GBV. Rambo has shown a lot of self-awareness of the changes in his mindset since he received punishment and recognises issues with his past behaviour. He has been conscious of his behaviour towards women, applying what he has learned to his day-to-day life.

Finding: UNFPA has made significant contributions in addressing harmful cultural practices at community level especially with regards to child marriages and initiations rites.

The mentors and mentees played a critical role in exposing SGBV and child marriage cases and promoting an environment where harmful social norms can be safely challenged. Great advances were made in the case of the first indicator on the *number of women and girls, including persons living with disabilities, subjected to violence who received essential services in the five focus districts*; the number reached was 72,885 which is above the target of 4300 set in the CPD. Through the interviews with religious leaders and girls in safe spaces, the evaluation team learnt that as a result of UNFPA supported interventions, one key achievement on GBV and harmful practices was the mentorship of the adolescent girls and young women in the safe spaces. This resulted in the modification of some practices, for example the timing of holding the initiation ceremonies was reduced for male initiation from 3 months to 1 month in order not to coincide with the school calendar and also motivated

¹⁷⁰ KI with FOESE Manager Nsanje District

¹⁷¹ UNFPA, 2022. Gender Programme Presentation

¹⁷² YONECO, 2019. Technical Report, YONECO Youth Engagement Project Progress Report April to June 2019

¹⁷³ UNFPA Gender Programme presentation

them in seeking and demanding the SRHR.¹⁷⁴ And even the content of the messages was modified considering the age of those who are involved in the initiation ceremonies being young. Respondents also voiced that there were improvements in child, early and forced marriage due to the interventions supported by UNFPA through different partners. Improvements came about due to the stiff punishments given to those involved in child marriages especially the parents and chiefs. In Dedza¹⁷⁵ for example, the adolescent girls reported that chiefs no longer accept *'kugwirizira ma ukwati a wana kuopa kumangidwa'*; in Mangochi¹⁷⁶ one religious leader reported that the cooperation that is there between the religious leaders and the magistrates also helped in curbing child marriages as magistrates offer very stiff punishments to those involved in having their children get married at a young age. The mentorship and safe spaces initiative also contributed to¹⁷⁷ promoting feedback and accountability through the use of suggestion boxes. However, there were still a challenge with some local leaders who connive with parents and make arrangements for the marriages for young girls and some parents also hide these arrangements. Girls in safe spaces also collectively raised their voices against negligence of health workers in the health facilities in Mponela in Dowa District.¹⁷⁸

In Mulanje district, adolescent girls and young women from the communities where the programme interventions are implemented acquired knowledge on GBV, and those who participated in awareness raising activities stated that they had changed their behavior. A female participant in an FGD session with young women and girls said this:

"Through the awareness I have acquired from the safe spaces I don't see myself quitting school to get married. I will continue with school," narrated an FGD adolescent female participant, Chinyama Health Centre, Mulanje ¹⁷⁹

During an FGD session, a mentor for the safe spaces also reiterated that

"With the efforts that we make to reach out to girls we are seeing much positive results and we hope that we will continue with the momentum even if UNFPA pulls out because we have been capacitated and we have been provided with the tools and we will continue with the mentorship activities," said a female mentor at an FGD session held at Chinyama Health Centre, Mulanje District.

Through the mentorship programme, the following were also achieved (between 2019 and mid-2022): (i) 635 mentors trained as mentorship Trainers of Trainers; (ii) 27,263 mentees graduated from the mentorship programme from 924 safe spaces; (iii) 1908 mentees were readmitted in schools and 414 were selected to attend secondary schools and (iv) 8403 accessed YFHS. Through the Spotlight Initiative, the young women and adolescent girls in safe spaces and mentorship programme identified 1,893 cases of child marriage and referred 344 cases to service providers, including 71 cases of child marriage that subsequently got convictions in court. In addition, 84 mentors were included in Village Development Committees, they engaged the Area Development Committees and were involved in leading the youth network and taking other leadership roles.¹⁸⁰ For example, based on IP reports, a mentor from TA Chiwere in Dowa district affirmed how her community trusted her into the office of the Village Development Committee as a chairperson.¹⁸¹

The evaluation team found that the trainings that were provided by UNFPA were highly appreciated. A KII respondent¹⁸² mentioned that, after getting the grants, the CSOs had gained knowledge and skills in accounting. **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.** The respondent also said:

"We have participated in trainings on project cycle management, finance reporting using Atlas, M&E, result based management, advocacy using the score card etc. We have used knowledge acquired from

¹⁷⁴ FGD interview with women in the reproductive age group 24-29 in Mangochi

¹⁷⁵ FGD with adolescent girls aged 10-19 at Mganja Health Centre in Dedza

¹⁷⁶ KII with Religious leader in Mangochi

¹⁷⁷ GENET (n.d) Joint Action Addressing Gender Based Violence, Child marriage and teen pregnancy in support of Malawi's COVID-19 Response, Including Strategic Gender Mainstreaming and Integration of HIV prevention and care and support services project

¹⁷⁸ UNFPA, CO Annual Report 2021

¹⁷⁹ FGD with in school adolescent girls Chinyama Health Centre, Mulanje

¹⁸⁰ UNICEF Malawi (2020) Ending violence against women and girls in Malawi: What do we know?

¹⁸¹ GENET, n.d Annual Report Spotlight Initiative

¹⁸² KII with FOESE Manager, Nsanje

the trainings provided by UNFPA on other projects to ensure that reporting is results based,” narrated a KI participant of an implementing partner, Nkhata Bay District.

In the area of women’s economic empowerment, Village Saving and Loans (VSLs) and Income Generating Activities (IGAs) through the survivor fund are highly valued by women and have been effective not only to mitigate financial vulnerability, but also to increase women’s self-esteem and indirectly increase their participation in community decision making. It has also facilitated women’s access to markets. VSLs seem to be solid and in fact respondents stated the VSLs are running on well while IGAs need some support to develop business plans that could strengthen their sustainability. Quantitative information shows that UNFPA provided survivor economic fund of an equivalent of US\$185,822.85¹⁸³ which benefitted a total of 2,024 Young women and adolescent girls who were mobilized in groups to engage in various business enterprises such as piggery, menstrual hygiene management (MHM) products, winter cropping using irrigation, VSLs, oil refinery and selling groceries.

Testimony of a GBV survivor Nsanje

A 30 years old young woman became a VSLA member in June 2020. With UNFPA support, through the survivor fund she does small businesses where she sells beans and other agriculture produce. From the proceeds of her business she is able to provide education supplies for her children enabling her to provide education to her children. She said that through the proceeds from the small businesses, she managed to buy a goat which has kid and she has three goats at the time of the evaluation. She reported that previously before accessing the fund and being involved in business she was too dependent on her husband who was unwilling to support their children with education. UNFPA has helped her a lot with income generating activities through the survivor fund. She said that while she is doing her small businesses she would have loved to venture in more lucrative business such as fish trade.

Interviews with MoGCDSW officials also reiterated that UNFPA supported the helplines which provided linkages to support services for GBV survivors and child abuse related issues. The Helpline 5600 on GBV and 116 on child abuse being hosted by YONECO where cases are reported, followed up and counseling also being provided.¹⁸⁴ In 2019, through the helplines, 298 cases including the 136 GBV cases in the targeted districts were addressed.

Finding: Data and evidence related to GBV remains to be one of the challenges, which hamper evidenced-based prevention and response interventions at the district and community levels.

The results from the analysis in the second indicator on the *number of districts with a functional gender-based violence information management system in place* indicate that there has been little progress to have the district based GBV Management Information System (MIS) in place and functional. Responses from interviews indicate that the GBVMIS required to be populated while it is online and with internet access. Considering the internet challenges that are prevalent at all levels, it was and has been difficult to populate data¹⁸⁵ since most districts have difficulties with internet access. In this regard, UNFPA through the MoGCDSW engaged a consultant to work on the system to install an offline facility which could enable the district staff upload information while offline. Meanwhile through consultations with MoGCDSW officials, the evaluators learnt that the system has been updated and the team from the ministry were oriented on the functionality of the system and they are satisfied with it. The ministry is currently planning to undertake district level orientations on the upgraded system. There is need to designate a focal point to consolidate all the data on GBV. The evaluation found that the GBVMIS is not fully operationalized and as such data management for GBV is a challenge.¹⁸⁶

4.2.3.2 Leaving no one behind

In order to ensure that no one was left behind for GEWE services and disadvantaged women are empowered, UNFPA facilitated the following things:¹⁸⁷

¹⁸³ UNFPA, 2022. Gender programme

¹⁸⁴ KII with Ministry of Gender in Lilongwe

¹⁸⁵ KII with Ministry of Gender and District Gender Officers

¹⁸⁶ KII with Ministry of Gender in Lilongwe

¹⁸⁷ UNFPA CO Annual Reports (2019-2021); KIIs at national (UNFPA staff) and sub-national levels

- (a) UNFPA has prioritised leaving no one behind and the country programme implementation has emphasised rural areas and serving rural people and those in the hard to reach areas
- (b) UNFPA interventions to support women affected by obstetric fistula offer an example of a highly stigmatized and vulnerable population in critical need of services that may otherwise not be available.
- (c) It supported provision of disability friendly infrastructure in the health facilities and also other assistive equipment for persons living with disabilities.
- (d) UNFPA ensured engagement of female sex workers (FSW) as a vulnerable group in GBV/SRHR training sessions. Through such engagement, FSW encouraged their peers to access services, while mobilizing other FSWs into a protective network in communities where FSWs support one another.

4.2.3.3 Challenges

The key challenges identified were as follows:

- (a) Traditional and harmful cultural practices that are deep rooted and embedded in lifestyles of boys and girls at their onset such that gender relations remain a challenge to resolve systematically¹⁸⁸.
- (b) The CP does not explicitly include activities, outputs or outcomes that are geared towards disability inclusion, but only marginally tackles the issue.¹⁸⁹
- (c) While UNFPA strives to ensure a HRBA, traditional and harmful cultural practices that are deep rooted and embedded in life styles of boys and girls at their onset gender relations remain a challenge to resolve systematically.¹⁹⁰
- (d) The COVID-19 pandemic posed new challenges and exacerbated existing gender inequalities and the vulnerabilities of women and girls.
- (e) The focus on young women aged 20-24 years at the time of the evaluation was noted as a particular challenge with inadequate attention to this sub-group outside of programmes to support with safe spaces and mentorship initiatives.¹⁹¹
- (f) Data and evidence related to GBV remains to be one of the challenges, which hamper evidenced-based prevention and response interventions at the district and community levels.¹⁹²

4.2.3.4 Unintended effects

One unintended effect was in relation to GBV and child abuse reporting due to the extended coverage of the Tithandizane Helpline Services being hosted by YONECO.

4.2.4 Population dynamics

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: iv) increased use of population data in the development of evidence-based national development plans, policies and programmes.

Summary

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. Malawi's ability to leverage on how to use and manage novel technology in census data collection has enhanced the south-to-south cooperation by sharing its success story towards digital census. Regarding the integration of demographic dynamics into national and subnational development policies and plans, including disaster data mapping, NSO made a production of 193 constituency reports with support from UNFPA. The 2018 census was cost effective and has been a success story as it made available population data down to the 28 districts and the constituency levels.

4.2.4.1 Evaluation of the results and intervention logic for the PD component

The theory of change underlying the PD component, as outlined in the CPD is generally based on a sound intervention logic. The **Strategic outcome 4 (PD)** had one output namely: Output 5: Public institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of

¹⁸⁸ UNFPA CO Annual Report 2019

¹⁸⁹ Document review of UNFPA CPD 2019-2023; UNFPA CO Annual Reports (2019-2012)

¹⁹⁰ UNFPA CO Annual Report 2019

¹⁹¹ UNFPA CO Annual Report 2019; KIs at national (Ministry of Gender) and sub-national levels

¹⁹² KIs at national and sub-national levels

development policies, programmes and advocacy. The strategic outcome and the one output which are contributing to the attainment of the outcome were articulated well. The linkages between the activities for planned interventions for the output were clear as well as the linkages between output and the outcome. The indicators for the output were sufficient to measure the progress. However, some targets for output indicators were stated as categorical, requiring only “Yes” or “No” as the only options for measuring achievement. These categorical measurements fell short of clearly defining the quality, processes and parameters of measurement. The indicator statements for the 2 output indicators were as follows:

- Number of districts with district development plans that explicitly integrate demographic dynamics, including changing age structure, population distribution. Baseline: 0; Target: 5
- Number of districts that generate and use mapping to illustrate the vulnerability of their population to disasters and humanitarian crises. Baseline: 0; Target: 3

The evaluation assessed the performance of two output indicators linked to the above single output and the underlying interventions. The results are summarised in Table 18.

Table 18: Performance achievement of PD output indicators

Outcome 4:					
Outputs	Total indicators	Achieved $\geq 100\%$	Most likely to be achieved 70-99%	Likely to be achieved 25-69%	Unlikely to be achieved <25%
PD Output 5	2	2			
Total	2	2			
Per cent		100%			

Source: Evaluation team analysis

Contribution to the outcome: The contribution of the output to the outcome was deemed effective since all (100 percent) of the 2 output indicators were above the score of 100 percent.¹⁹³

4.2.4.2 Achievement of planned results

Finding: 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. Document review and KIs with stakeholders indicated that besides the census reporting the progress for domestic indicators, it also enabled reporting the global SDG database. For example, forty percent of the SDG and 35 percent of the 2063 Malawi indicators can be tracked employing the platform providing government ministries, departments and agencies access to unprecedented levels of data on population and evidence.

Finding: Launch of Smart Census result in important gains in the quality and cost-effectiveness of the whole census dissemination to potential users: The NSO undertook the official launch of the Smart census Platform with support from UNFPA CO on 25th November 2021. The smart census is an online platform that features all population and housing census information processed from the 2018 census results contained in the form of infographs displaying census data representing tables, maps covering socioeconomic sectors and migration data linked with GIS. This platform, for the first time, integrates all key survey data related to population and demographics into one platform that allows users a wide range of functionality to employ this data, track trends over time and cross correlate across issues and different surveys.¹⁹⁴

Finding: NSO successfully produced and achieved small area census statistics to conform to the UN 2020 World Population and Housing Census Programme will be success - fully achieved by 2024: GoM complied with a requirement that every country conducts at least one population and housing census or otherwise produce small area census-like statistics at least once in the period 2015–2024.

Finding: The 2018 Population and Housing Census maximized value for money through regional cooperation. As noted above, Malawi and Zambia fall in 2020 round of census (2015-220), albeit the challenges

¹⁹³ Evaluation team analysis of UNFPA CO Annual Reports (2019-2021)

¹⁹⁴ UNFPA MALAWI Annual Report 2021 Accelerating the Three Zeros

associated with new technology, Malawi made a convincing case to employ computer assisted technology (CAPI) to capture data using 15,000 tablets.

Finding: UNFPA support to 2020 Population and Housing Census in Zambia, maximized the value for money of the investment through regional cooperation: The ET through interviews and the document review¹⁹⁵ demonstrated that UNFPA maximized value for money in that data collection, processing leading to production of preliminary results was done in record time.¹⁹⁶ Besides embarking on novel digital approach thereby ensuring enumeration and data processes are more efficient and reliable, the investment in digital data collection entailed that it could also maximise value for money through regional cooperation for countries conducting census in round 2020. To this end, UNFPA CO demonstrated how the transfer of electronic tablets to its neighbor in advance of the 2020 Zambia, enhanced the south-to-south cooperation. This has resulted in other countries including Botswana, Kenya and Zimbabwe wanting to learn the experience to assist data collection in their census systems and thus share the success story towards digital census. At local level, UNFPA and UNDP teamed up to create a Data Working Group. UNFPA supported the establishment a harmonized national management information system; Malawi Dissemination Data Platform was developed to reach more coverage.



Photo 2: MP advocates on population issues in Malawi Parliament

Implementation of national surveys, including the Demographic Health Survey. UNFPA support to NSO towards the generation, analysis and dissemination of data implied that census data serves as the main sampling frame for subsequent surveys and made new and disaggregated population data available for more effective planning, policy decisions and programming. While it is expected that the Malawi Demographic Health Survey (MDHS) will also contribute to making new and disaggregated health data available in between two censuses (which are done after every 10 years), the ET noted that the MDHS had not been conducted at the time of evaluation. Nevertheless, the Multiple Indicator Cluster Survey (MICS) was released in 2021.

Finding: With respect to the integration of demographic dynamics into national and subnational development policies and plans, including disaster data mapping, NSO made a production of 193 constituency reports with support from UNFPA. The census has made available population data down to the 28 districts and constituency levels. One hundred and ninety-three (193) constituency reports were produced, thus enabling communities engage in evidence-based local development planning and policy formulation. The census produced data that the government currently now using for monitoring progress in the implementation of the Malawi Growth and Development Strategy III (now MP1) and the SDGs. UNFPA supported AFIDEP to engage members of parliament in a high level policy dialogue on mainstreaming population issues in the national budget, as well as integration of population in development in their constituencies. Relatedly, Figure 12 shows one of the MPs emphasizing a point on unsustainable levels of adolescent birth rates. Giving an example of Mangochi, which has high adolescent births, where it registered 60 babies born in one day, the MP said if the birth rates were not managed, it would also require building one classroom per day to accommodate the children when they grow.

The ET learnt that while the draft National Population Policy (NPP) was awaiting Cabinet approval, its revision was informed by census disaggregated data. The discussion with UNFPA CO and other stakeholders, showed that the output delayed due to the institutional changes in the government that have resulted the NPP move from one ministry to another thereby affecting the approval process.

¹⁹⁵ UNFPA (2021). Annual Report: Accelerating our transformative results

¹⁹⁶ KIIs with UNFPA CO staff

As mentioned above, the year 2020 was the period of COVID-19 pandemic. Document review and the interviews conducted showed that UNFPA made some progress. For example, seventeen (17) reports were planned to be completed in 2020, however, fourteen were completed representing an 82 percent success rate. UNFPA activities went beyond the targets of the output indicators. Technical training contributing to outcome 5 – improving the availability and use of population data and evidence for policy analysis: the review of project documents availed to the ET indicate that the achievement of the targets were in part due to a number of activities namely: (i) training conducted in cooperation with the US Census Bureau targeted 15 officers from NSO in 2019; (ii) 12 senior managers trained on staff engagement, (iii) motivation and leadership strategies by ONS-UK in 2020, and in 2021, (iv) 25 NSO staff and 10 GIS experts trained in South Africa on Smart census. There were also activities related to technical backstopping ensuring that outcome 5 was achieved. These included recruitment and attachment to NSO of two UNFPA staff members with expertise in census project facilitation, finance and administrative. The technical expertise was hired to prepare a needs assessment and a costed plan for the development of the dissemination platform. Additionally, five consultants were recruited to provide technical support to NSO for the development of SMART census platform.

4.2.4.4 Leaving no one behind

In order to ensure that no one was left behind for PD services, UNFPA facilitated the following things: With support from UNFPA, NSO produced a thematic report of on ageing aimed at raising awareness about population **ageing** and the need to harness its opportunities and address its challenges; the census data especially, projections was used to estimate the number of women, and adolescents and young women who needed access to SRHR during flooding and cyclones.

4.2.4.5 Challenges

The key challenges identified were as follows:

- (a) **Structures of capacity building training are short in duration**, often one week and rely on international expertise.¹⁹⁷ Given the technical nature, local staff rely on external support and skills are not fully imparted.
- (b) **High staff turnover at NSO**. The ET noted that NSO has the highest number of the vacancy in terms of staffing levels, and that it is likely that capacity built at every census (in terms of human resource) may not available in office by the time of the next census, due to staff transfers to other sectors, change of career or retirement from service.¹⁹⁸
- (c) **While incorporation of technological innovations in censuses comes with notable advantages** on one hand, there were significant costs on the other hand. Fortunately, the cost of the Malawi census was greatly subsidized through bi-lateral agreements in which DFID procured 15,000 tablets¹⁹⁹ and UNFPA-Malawi coordinated loaning of the devices and other gadgets under the umbrella of south-to-south cooperation.
- (d) **There is a gap in dissemination strategy**: a recommendation proposed at local level was that NSO or the district council officials should simplify and translate the information specific for different levels such as district and community levels.

4.2.4.6 Unintended effects

One unintended effect was reported. The evaluation team learnt that two (2) out of ten (10) staff members who participated in GIS experts training in South Africa had their enthusiasm strengthened in the course such that they enrolled into a Master's programme in Geo-Informatics at Mzuzu University, Malawi.

EQ4: *To what extent has UNFPA successfully integrated human rights, gender perspectives, environment sustainability and disability inclusion in the design, implementation and monitoring of the country programme?*

Summary

In the context of GBV and harmful social cultural practices, UNFPA has demonstrated strong leadership and comparative advantages in the prevention and responses to GBV and harmful practices such as child marriages

¹⁹⁷ KIs at sub-national level (with NSO staff)

¹⁹⁸ KIs at national (CO) and sub-national levels (NSO staff)

¹⁹⁹ UNFPA CO Annual Reports (2019-2021)

with particular emphasis on linkages to SRH. Increased capacity to address GBV was recognized among Government and Civil Society partners, including how the MoGCDSW, Police Victim Support Units and Ministry of Health as well as among the girls in the safe spaces through the Integrated Essential Services Package. Positive changes were indicated on gender norms for preventing GBVs, including harmful practices among non-traditional groups especially men and boys, traditional and also religious leaders. With regards to GBV in humanitarian settings, UNFPA helped to address GBV experienced by young women and adolescent girls/disadvantaged women and girls during the COVID-19 pandemic and also the flooding that devastated communities in Nsanje, Chikwawa, Mulanje and Phalombe districts. UNFPA supported the GBV Technical Working Groups at national as well as district levels.

Evidence for extent to which gender equality and human rights have been addressed by the programme interventions; extent of gender and age disaggregated information; extent of complementarity of interventions between governmental and non-governmental implementing partners

Finding: Human rights principles and women's human rights guided UNFPA's work in the programme components and activities implemented under the CP8 aimed to improve rights-holders' awareness of their legal guarantees and their ability to claim those rights with activities that help duty-bearers fulfill those claims.

During the implementation period, UNFPA supported interventions aimed at ensuring that duty bearers adopt a human rights approach for supporting the fulfillment of rights.²⁰⁰ Human rights considerations were incorporated into the design of the CPD for all outcomes, for example under Outcome 1, on Sexual Reproductive Health Rights; Outcome 2 on Adolescents and Youth which aims to ensure young people, particularly adolescent girls, are more empowered to make informed choices about their SRHR and Outcome 3, on Gender Equality and Women Empowerment aims to improve capacities of duty bearers and rights holders to prevent and address GBV and sexual exploitation.²⁰¹ It was reported that UNFPA interventions were embedded in CEDAW and have been guided by women's rights.²⁰² The CO support promoted the SRH rights of key populations and also enabled the adolescent youth, young women and adolescent girls to speak out about issues that affect their lives.²⁰³ In addition, besides supporting duty bearers to provide quality services and meet their obligations, UNFPA has facilitated empowerment of women and girls through collaboration between government ministries (MoGCDSW and MoYS) and non-governmental organisations such as FOCESE and MAGGA just to mention a few.²⁰⁴ On M&E reporting of progress of indicators, the data was disaggregated by gender and age to some extent.²⁰⁵

UNFPA programme interventions, which are based on principles of HRBA (including empowerment of rights holders and capacity development of duty bearers in this case the service providers and local leaders), contributed to sustainable results in terms of the following:²⁰⁶ (i) protection and fulfilment of human rights, including gender equality; (iii) strengthening of the relationship between rights-holders and duty bearers through the dialogues and advocacy sessions; and all these in turn contributed to leaving no one behind.

It was reported that UNFPA supported the participation for the MoGCDSW in CSW and the African Union (AU). During such events, UNFPA supported side events on GBV.²⁰⁷ The interventions also sought to fulfil human rights by enhancing the capacity of both rights-holders and duty-bearers, and created platforms such as the mentorship and safe spaces model where these actors could meet.

In the context of disability inclusion, the evaluation revealed that CP did not explicitly include activities, outputs or outcomes that are geared towards disability inclusion, but only marginally tackled the issue.²⁰⁸ Therefore, the next CP needs to systematically incorporate more targeted activities focused on disability inclusion. UNFPA

²⁰⁰ UNFPA CPD (2019-2023)

²⁰¹ UNFPA CPD (2019-2023)

²⁰² KIIs at national level (UNFPA CO staff and MoGCDSW)

²⁰³ UNFPA Annual Reports (2019-2021); FGD sessions with young people

²⁰⁴ KIIs at national level (MoGCDSW, MoYS) and UNFPA CO staff

²⁰⁵ Performance Measurement Framework; UNFPA Annual Reports (2019-2021)

²⁰⁶ UNFPA Annual Reports (2019-2021); KII at National Level and district level.

²⁰⁷ KIIs at national level (MoGCDSW and UNFPA CO staff)

²⁰⁸ Review of UNFPA CPD 2019-2023; UNFPA CO Annual Reports (2019-2021)

should consider enhancing partnership with organizations of persons with disabilities such as Malawi Council for the Handicapped (MACOHA), Federation for Disability Organisations in Malawi (FEDOMA) and other specialized stakeholders. Such partnerships would facilitate a better understanding of the barriers faced by persons living with disabilities, especially SGBV survivors.

4.3 Efficiency: Evaluation question 5

EQ5: *To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme including the use of the mix of available resources (human capacity, financial, etc.) and the implementation modalities adopted to the COVID-19 context and humanitarian response such as floods and cyclones?*

Summary

The UNFPA CO made good use of its resources to deliver results through a well-managed robust financial system. The implementing partners (IPs) were supportive of the approach UNFPA took to manage its staff, funds and technical resources and the activities employed to achieve outputs were found to be highly appropriate. 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. The UNFPA adopted the Harmonized Approach to Cash Transfers (HACT), which provides a common operational framework for transferring cash to government and non-government IPs. However, there were reports of too much bureaucracy within the financial management system which gave rise to delays in the disbursement of funds to IPs and constrained timely implementation of interventions.

4.3.1 Modalities, reporting and administrative arrangements

Evidence that the planned resources were received to the foreseen level, in a timely manner to deliver programme outputs

Finding: Adequate financial resources were mobilised to the planned level but there were delays in disbursement.²⁰⁹ The CO was successful in mobilising the financial resources required for programme implementation. The initial 5-year budget of US\$ 45m was surpassed and by mid-2022 US\$95.8m had been realised.²¹⁰ By mid-2022, the overall implementation rate was 62 percent. There were constant delays in the transfer of funds to IPs which affected the quality and timeliness of programme implementation of interventions especially during 2022.²¹¹ The delays were occasioned by late financial quarterly accountabilities by IPs.

Evidence of effective mechanisms to control waste and fraud

Finding: UNFPA CO has a clear and robust system for ensuring checks and balances, and to ensure that IPs are accountable for deliverables.²¹² The ET established that there is a strong and consistent system at UNFPA CO to review quarterly partner work plans, financial and programme reports and provide required feedback mainly on completeness, quality of reporting and absorption/utilisation rates of the funds. UNFPA CO ensures that regular audits are carried out and made public in line with good financial management practices.

4.3.1.1 SRH efficiency

The IPs under the SRH component do not liquidate the funds in good time and there is low capacity of government Human Resources for Health (HRH) as well as GoM bureaucracy, which affected implementation of activities.²¹³ The implementation rate of majority of IPs has been low and it is a lesson learnt. Absorption of SRH funds was constrained during 2020/21 due to the COVID-19 pandemic. There is need for UNFPA to strengthen the technical capacity of IPs in financial and programme management to accelerate the implementation rate.

²⁰⁹ UNFPA CO financial reports

²¹⁰ Review of UNFPA Atlas projects

²¹¹ KIs with UNFPA CO staff and IPs

²¹² KIs with UNFPA CO staff

²¹³ KIs with UNFPA CO staff

4.3.1.2 AY efficiency

UNFPA mobilized resources to support, the Reproductive Health Department in collaboration with the MoEST on the revision of the CSE curriculum to guide health related content. As such, information around YFHS was included, which will also reinforce referrals to facilities and services. Similarly, community-based distribution agents were linked to all the schools and YFHS facilities to ensure that SRH information and services were easily accessed by both in- and out-of-school youth.

A further analysis of the DHIS-2 data (shown earlier) indicates that these multi-sectoral initiatives have contributed to a 71 percent increase in delivery of youth friendly health services between 2019 and 2022 in the focal districts.

4.3.1.3 GE efficiency

Finding: UNFPA made good progress in mobilizing resources for gender equality and women empowerment and gender-based violence.²¹⁴

UNFPA managed to mobilise resources from core funds amounting to U\$1.1 million to support interventions. The recruitment of the Gender Analyst responsible GBV was under the Spotlight Initiative. UNFPA also mobilized resources from the Central Emergency Response Fund (CERF) amounting to U\$5.1 million to respond to GBV in humanitarian settings. However, the district councils reported that UNFPA was not as efficient as expected in the provision of resources to facilitate implementation of activities by the stakeholders. For example, interviews with Dedza district officials revealed that a number of activities were not implemented including safe motherhood activities; sign posting for SRH for the health facilities; provision of recreation materials for the adolescent youths; and provision of dignity kits. In some instances, the budget cuts by UNFPA also affected some activities especially those to do with trainings i.e. male champion trainings; review meetings; and the rehabilitation of Community Victim Support Unit structures²¹⁵.

Finding: One of the major successes of the programme is the capacity in adjusting the activities to the prevailing context.²¹⁶

During the emergence of COVID-19 pandemic, UNFPA supported the development of Acceleration Plan and used some of its resources to respond to the pandemic through the provision of New Dignity Kit content in response to COVID-19 pandemic among others.

4.3.1.4 PD efficiency

Finding: UNFPA mobilised resources to support strengthening the National Statistical System to ensure efficient use of the digital platform to disseminate the census data and apply big data to real world problems that affect women and adolescent girls. Some of the data has already been used to inform the draft National Population Policy and the MW2063;²¹⁷ thus, widening the access to statistics to advance their use in decision making is worthwhile. The technical training imparted to the NSO staff the knowledge and skills in geo-information referencing and earth observation and these skills have also been used for disaster preparedness and response. There was also an efficiency use of resources especially that 15,025 tablets that were loaned to Malawi were subsequently transferred to Zambia in 2019 for census use. This resulted into cost advantages due to a decreased cost per unit of output²¹⁸. Although there is value for money for the investment in digital dissemination platforms, the evaluation team learnt that the use of the Smart Census application was limited since it was internet based requiring users to have regular access to internet. Furthermore, the design of the application did not have microdata, which stakeholders could easily use in further analysis and therefore enabling them produce custom indicators. Likewise, while the use of infographics eases interpretation of census data, the dissemination was limited at national level stakeholders' meeting; the ET learnt that sub-national dissemination is yet to be implemented due to financial resource constraints. In the next cycle, this should be prioritized.

²¹⁴ KIs with UNFPA CO staff

²¹⁵ KI with District Gender Officials, Mulanje District

²¹⁶ KIs with UNFPA CO staff; UNFPA CO Annual Reports 2020, 2021

²¹⁷ KIs with NPC, UNFPA CO and DPD Nkhata Bay

²¹⁸ 2019 UNFPA Annual report

Finding: UNFPA mobilized other UN agencies to form a Data Group to ensure that the government has a harmonized national data management information system.²¹⁹ This intervention was aimed at linking all the ministries, departments, and agencies (MDAs) to the national system of data management information system to improve efficiency and effectiveness. However, there is need for continuous capacity building in order to enhance data generation, analysis, dissemination, utilization of data at national and subnational levels.

4.3.1.5 Value for money

The evaluation team premised value for money (VfM) analysis on the technical note provided by UNFPA and UNICEF²²⁰ as well as guidance by OECD.²²¹ The evaluation team therefore distinguished between *economy*, as this refers to minimising costs, and *efficiency*, which relates more to getting more results for those costs; *effectiveness* which refers to successfully achieving the intended outcomes from an activity and *equity*, which relates to leaving no one behind and ensuring that interventions reach the poorest and most marginalized, even if they might be harder or more costly to reach. Target interventions at the right populations, with no person disadvantaged due to social, economic, demographic or geographical differences.

The evaluation analysed the performance ratio and unit costs related to a number of output indicators as shown in Table 19.

Table 19: Value for money analysis

Description of indicator /activity	Target (T)	Achieved (A)	Budget utilized \$	Performance ratio (T/A)	Cost (\$)per beneficiary	Judgement
1. No. of adolescents and youth (aged 10-24) who have utilized integrated SRHR services.	2,461,100	4,851,383	695,051	197%	0.14	There is VfM
2. No. of women and girls living with fistula receiving treatment with UNFPA support	2,000	5,562	68,155	278%	12.3	VfM is modest
3. No. of youth accessing integrated YFHS		840,951	94,847.2		0.11	There is VfM
4. No. of GBV survivors (young women & girls) supported through survivor economic fund (to engage in various business enterprises		2,024	185,822.9		91.8	Further VfM analysis is needed especially on checking no. of clients
5. No. of GBV survivors supported via community fund to access services from distant health facilities, social services, police formations and courts		5,569	86,273.9		15.5	VfM is modest
6. Mentees who graduated from safe spaces supported for their economic activities		11,239	121,428.1		11.4	There is VfM

Finding: There was of value for money for the some of the indicators /activities namely: (i) adolescent and youth utilizing integrated SRHR services (less than US\$ 0.5 per person); (ii) youth accessing integrated YFHS (less than US\$ 0.5 per client); and (iii) mentees who graduated from safe spaces (less than US\$ 12). When you consider the social benefits associated with the mentorship initiative such as increased knowledge and skills; socio-economic empowerment, then the social returns on the investment seem to be high. The limitation during the VfM analysis was the fact that there was no similar other programmes in Malawi to compare with. This is an area for further consideration by the CO.

4.3.2 Personnel

Evidence of appropriateness of the IPs selected to deliver the results

Finding: The number and calibre of UNFPA CO staff is adequate whereas the staffing for some IPs is limited compared to the workload.²²² The recruitment and management of CO staff meet the UNFPA international standards. The set of skills adequately cover the thematic components of SRH, AY, GEWE and PD

²¹⁹ KIIs at national level (UNFPA CO staff and NSO staff)

²²⁰ <https://www.unfpa.org/sites/default/files/resource-pdf/Child-marriage-value-for-money.pdf>

²²¹ Penny Jackson. Value for money and international development: Deconstructing myths to promote a more constructive discussion. OECD Development Co-operation Directorate, May 2012

²²² KIIs with UNFPA CO management

as well as the support functions of M&E, finance, human resource management and communications.²²³ UNFPA supports 28 IPs, which are comprised of 4 government ministries, 6 focus districts and 18 CSOs. Due diligence (assessment of financial and operational management capacity) was conducted by UNFPA for all IPs. Interactions with IPs revealed a challenge related to staffing versus programmatic activities and the high staff turnover contributes to this challenge.²²⁴ Although this challenge affected almost all IPs, it was more pronounced particularly for IPs that receive relatively small budgets. UNFPA CO generally uses a principle of operational costs not being more than 10 percent of the total budget to ensure that the largest part of the budget is for programmatic activities.

4.3.3 Partnership strategy, joint programmes and implementation arrangements

UNFPA partnered with other UN agencies on Joint programmes (e.g. JPGE, EU-funded Spotlight Initiative on GBV, SRHR and Harmful Practices, *Umoyo Wathu* (Health systems strengthening), to enhance effectiveness and efficiency. This coupled with Delivering as One has provided a framework that enhances coordination, consultation, joint planning and implementation among UN agencies. Joint Programmes have also reduced duplication of efforts at national and sub-national levels. This needs to be further strengthened given that it enhances efficiency.

Finding: The administrative and financial systems for the programme were largely adequate and functional.²²⁵ The UNFPA resource management systems were followed to the book and were efficient to support timely implementation. UNFPA had a systematic monitoring process through work planning with IPs, which was undertaken on a quarterly and annual basis.²²⁶ However, there were constant delays in the transfer of funds to IPs which affected the quality and timeliness of programme implementation of interventions especially during 2022. The average implementation rate at the time of evaluation was 50%. The method of direct cash payment was used for the majority of IPs compared to the direct cash transfer in order to minimise financial risk.

Emergency procurement: There was serious shortfalls of efficiency in emergency procurement planning and the implementation was very inefficient such that it seriously delayed emergency response for cyclone Ana.

4.3.4 Decentralised offices

In the 17 operational districts of UNFPA, there is a total of 10 (59 percent) field offices (FOs) located at the compounds of District Commissioners and according to the interviews with UNFPA CO, they are as follows:

- Under Spotlight Initiative (6): Nkhata Bay, Mzimba (North); Ntchisi, Dawa (Central); Nsanje, Machinga (South)
- Under JPGE (4): Mangochi, Dedza, Salima, Kasungu
- Under NSO: Zomba

Finding: Four (80 percent) out of 5 focal districts (except Chiradzulu) have FOs which has made field implementation efficient. It was reported that the FOs enable easy and timely coordination and consultations with DEC members and IPs.²²⁷

4.4 Sustainability: Evaluation question 6

EQ6: *To what extent have UNFPA supported interventions contributed to ensure resource commitments/allocations by the government institutions and its partners including NGOs for either continuation or scaling up of the activities?*

Summary

There is evidence of widespread ownership for interventions supported by UNFPA. Most stakeholders felt confident to continue planning and implementing the programme interventions without UNFPA support given the fact that their skills and technical capacity had been strengthened during the capacity building and training

²²³ Review of UNFPA organogram; KIs with UNFPA CO management

²²⁴ KIs at national level (ministry staff; UNFPA CO) and sub-national level (district assemblies and CSOs)

²²⁵ Review of AWP, IP Quarterly progress reports; KIs with UNFPA CO staff

²²⁶ Review of AWP, IP Quarterly progress reports; KIs with UNFPA CO staff

²²⁷ KIs with district officials and UNFPA CO staff

interventions. Government used the existing institutional structures at national and sub-national level to promote sustainability. Examples of the sustainable elements include: existing policies, strategies, manuals and guidelines, which will continue to be used by stakeholders; trained personnel in specialist skills such as fistula repair; women's economic empowerment through VSLs seem to be sustainable considering that the survivor fund is providing a boost to their income generating activities. 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.

4.4.1 Ownership and Sustainability of Interventions

Evidence of established sustainability mechanism for the programme; the likelihood of the programme and its benefits to be sustainable; established systems to continue the programme; capacity development including staff; community and country ownership including financial resource commitments

Finding: Within the CPD, UNFPA spelt out the mechanisms for sustainability of interventions undertaken by various IPs.²²⁸ The implementation of the CP8 was government-led and guided by a comprehensive partnership strategy that fostered development of key strategic partnerships with key government ministries, departments and agencies (MDAs), District assemblies and communities.²²⁹ The partnership strategy facilitated active involvement of stakeholders at different levels and enabled them to actively contribute and also understand their roles in the planning, implementation, monitoring, and reporting on the programme activities. The CP was implemented using the existing government structures at national and sub-national levels to promote sustainability.²³⁰ Among the government sector key informants, the evaluation found a commitment of ownership of the interventions supported by UNFPA.²³¹ When respondents were asked about their technical capacities to continue planning and implementation of programmes without UNFPA support, almost all of them were found confident. The government sector key informants shared that they had gained sufficient experience while working with UNFPA team and their capacity building and training interventions, had further improved their skills.²³²

4.4.1.1 SRH sustainability

Sustainable elements

Finding: There is a documented resource mobilisation plan between the MoHP Reproductive Health Department and UNFPA.²³³ Since 2012, the FP budget has been reflected annually in MoHP budget and in 2022 GoM MoHP budget was 480m Kwacha.²³⁴ UNFPA is adept at holding the donor base; donors are keen on innovations e.g. use of digital equipment for activities such as communication (use of electronic tablets, phones which simplifies work for IPs).²³⁵ There were some sustainable elements, which were developed namely:^{236, 237}

- The policies, strategies, guidelines and manuals for the different SRH components will continue to be used in future
- The standard training midwifery curricula will continue to be used in the future as national curricula endorsed by MoHP
- The health personnel who have been trained (e.g. surgeons, nurses and anaesthetists for fistula repair) will continue practising their skills.²³⁸

Non-sustainable elements

Finding: Generally fistula surgical repair and treatment is very expensive and not sustainable with external funding, but it has a social good. It was recognized that much as fistula repair restores the social

²²⁸ UNFPA CPD 2019-2023

²²⁹ UNFPA CO Annual Reports (2019-2021)

²³⁰ KIs at national and sub-national level; UNFPA CO Annual Reports (2019-2021)

²³¹ KIs at national level (GoM); UNFPA CO Annual Reports (2019- 2021)

²³² KIs at national and sub-national level

²³³ KIs at MoHP

²³⁴ KIs at MoHP

²³⁵ KIs at national level

²³⁶ UNFPA CO Annual Reports (2019, 2020, 2021, 2022)

²³⁷ KIs at national and sub-national levels

²³⁸ KIs at MoHP and sub-national levels

dignity of the women and their reintegration into communities, the intervention is not wholly sustainable without UNFPA funding support due to the high costs associated with it.^{239, 240}

4.4.1.2 AY sustainability

Finding: There is sustained government commitments and financial support to provide youth development, youth participation and empowerment of youth development programmes and activities embrace population and youth issues. Establishment of NPC to oversee MW2063, which is youth centric, is a commitment to ensure that population issues are strengthened.

Finding: UNFPA's support to IPs on SBCC strategy and advocacy interventions have promoted interests of the youth to get YFHS services including LSE/CSE which have yielded positive results. As UNFPA delivers support responding to needs of target beneficiaries, interventions yield positive results. In Mangochi for example, male beneficiaries were so fired up such that they molded bricks in order to erect a one-stop corner which would bring together adolescents and the youth.

Finding: Programme interventions have some sustainability because they are already aligning to priority areas at national, district and community level structures. According to the respondents, the interventions were successful and they suggested that the tactical information given to the mentors and mentees, role models and champions and the training attendance certificates act as a motivation all, which will help them to carry on with the activities. The ET learnt that the beneficiary adolescent girls would continue with their education while out-of-school youth also said they would continue utilizing skills they acquired during training.

Finding: Interventions that seek to empower the adolescents and youth can be sustained. For example, out of school beneficiaries in Chowe, Mangochi who were provided with sewing machines confirmed with the ET that they would continue the production of sanitary pads.²⁴¹ Thus, the CP8 intervention addresses a key challenge in low resource settings for adolescent girls and young women while they are in menstruation. Besides ensuring continued education of the adolescent girls, the enterprise also has the potential to empower out-of-school girls through the creation of an enterprise development platform, which will promote skills development and entrepreneurial opportunities.



Photo 2: A young woman making sanitary pads (IGA)

Finding: The interviews demonstrated that CP8 leveraged on existing structures at district level such as health workers, as appropriate channels to reaching the adolescents and youth and that they will be sustained. Participants, therefore, looked at the use of existing structures in the implementation of interventions as a form of a strength and hence a potential for sustainability. Capacity building of District Executive Committees (working hand in hand with the district teams from education, gender, social welfare, victim support office and all partners including NGOs) will carry on the activities in future.

²³⁹ KIs at MoHP and district hospitals

²⁴⁰ UNFPA CO Annual Reports

²⁴¹ FGD with beneficiaries (out-of-school girls)

Finding: CP8 support has enhanced ownership of interventions at District Executive Committee level for outreach services. While UNFPA assisted the procurement of mobile vans, some districts for example in Dedza District Council recruited own drivers and used own resources to maintain vehicles to demonstrate ownership of the programme activity.

4.4.1.3 GE sustainability

Sustainable elements

- (a) Generally, respondent interviews confirmed strong government ownership of UNFPA-supported GE and GBV activities, which were planned and implemented in close consultation and cooperation with government partners and other CSOs. Examples include the CEDAW implementation and monitoring led by the MoGCDSW²⁴², implementation of the Universal Periodic Review (UPR) recommendations led by the Malawi Human Rights Commission and implementation of the CSE led by the MoEST.
- (b) UNFPA promoted long-term sustainability of quality public services through the development of protocols and standards such as SGBV guidelines; developed stand-alone ESP module for Police Training School; GBV Registers; Clinical Management of Rape guidelines; and ESP Handbook²⁴³.
- (c) Women's economic empowerment through VSLs seem to be sustainable and performing well considering that the survivor fund is providing a boost to their income generating activities. The evaluation team noted the satisfaction of the beneficiaries with the survivor fund.²⁴⁴
- (d) The use of local structures such as the youth networks, Community Victim Support Units and the mentors for the safe spaces will enhance sustainability of the interventions.
- (e) The IGA activities supported through the survivor fund have the potential to continue. It was also noted that there is a high level of satisfaction among the beneficiaries.

Non-sustainable elements

- (a) One notable challenge to sustainability of the mentorship and safe spaces model relates to the incentives that go to the mentors and even the mentees on their graduation. The evaluation noted that the likelihood of the gains to be sustained is questionable, because once the incentive is stopped the mentorship processes will most likely cease to operate.
- (b) With regard to the GBV MIS, the evaluation noted that its operationalization is dependent on donor resources and therefore its sustainability is questionable. Much as GBVMIS has been upgraded to operate on an offline mode, for the MoGCDSW to update and populate the information, it requires resources for stable internet connectivity.

4.4.1.4 PD sustainability

UNFPA supported NSO (the main IP in PD thematic area) to develop their capacities through training, interactions with experts and provision of new technology products. The benefits that were realized by the way of fostering partnerships, training and mentoring have improved NSO staff technical capacities to contribute to the ownership of the census Project. If this is sustained, it could ensure continued support but beyond the census-related activities. The ET established that NSO staff take the census as their own mandate for government and government sees itself as being responsible for generating data. The CP8 has demonstrated that data is key to achievement of the three outcomes - the three zeros namely: zero unmet need; zero maternal mortality; zero GBV cases. Therefore, population data is an accelerator to help accelerate the work of UNFPA. The ET thus learnt Government is going to lead an initiative to mobilise 1 percent of programme funding to a pool of resources to support activities on generation of data. Therefore, sustainability should be seen from two perspectives – (i) activities undertaken during the census Project mainly the capacity building of human resources which created a large pool of expertise, and (ii) the strengthening of infrastructure including procurement of ICT equipment,

²⁴² KIs with MoGCDSW staff

²⁴³ Document review of UNFPA (n.d) UNFPA Gender Programme; KIs with UNFPA CO staff

²⁴⁴ FGD sessions

installation and configuration of servers at NSO and upgrade of local area networks.²⁴⁵ Given that census is a huge undertaking that requires large resource mobilization and investments, continued sustainability of the project by and large, will still rely on UNFPA and partners' financial support.

4.4.2 Strategic positioning of UNFPA in future CP development

Finding: The position of UNFPA within the country and among the UN agencies as a strategic partner is recognised and well appreciated.²⁴⁶ UNFPA has a niche in the provision of high quality data on SRH and population issues and is well positioned to support other UN agencies on their data requirements. The latter is in line with the three enablers of efficiency interventions defined by the UN Sustainable Development Group (UNSDG) Business Innovations Group (BIG) namely: Mutual Recognition, which allows one UN entity to obtain services from another UN entity if the latter can provide services more efficiently.²⁴⁷ The other comparative advantages of UNFPA are:

- Leadership in supporting the GoM to harness the DD which is key to the attainment of MW2063
- Leadership in policy advocacy for FP and Reproductive Health Commodity Security right from the national to headquarter level
- Leadership in the implementation of the humanitarian-development-peace nexus and its integration in programmes in humanitarian settings

One of the lessons learnt from CP7 was that leadership and ownership is essential for effectiveness and sustainability of CP interventions. It was reported that UNFPA therefore has a crucial role to play to influence the decisions of UNCT when the next UNSDCF is being developed.²⁴⁸

4.5 Coordination: Evaluation question 7

EQ7: *To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the HCT?*

Summary

UNFPA is an active member of the United Nations Country Team (UNCT) 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. The UNFPA field offices have strengthened the coordination between UNFPA and district assemblies and IPs. The results achieved under Delivering as One have served as a base for the GoM and the UN system to jointly pursue the national priorities contained in MW2063 and the localization of the SDGs, framed by the 2030 Agenda.

Evidence of active participation in UN technical working groups; participation and/or leadership in humanitarian coordination structures; Area of Responsibility (AoR) in thematic working groups at national and sub-national level; leading role played by UNFPA in joint initiatives corresponding to mandate areas; and evidence of joint programming initiatives (planning) & M&E

4.5.1 Coordination within UNCT

Finding: UNFPA is active member of UNCT and the leadership role as co-chair or a lead of various fora is recognised and appreciated by other UN agencies.²⁴⁹ UNFPA collaborates with other UN agencies in joint programmes such as JP on Girls Education, Spotlight Initiative, Umoyo Wathu and Safeguarding Young People.²⁵⁰ All key UN agencies who responded to the interviews indicated the important role UNFPA plays in the country's overall development agenda, contributing effectively to improving UNCT coordination mechanisms, particularly strengthening advocacy in several areas useful to other UN agency members. UNFPA co-leads the UN Humanitarian GBV Sub-Cluster and it has actively participated in other UN Development Coordination mechanisms namely: Programme Management Team (PMT), Operations Management Team (OMT), Inter-

²⁴⁵ See 2020 Census Project Annual Report, Pg 5

²⁴⁶ KIIs at national and sub-national levels

²⁴⁷ <https://unsdg.un.org/2030-agenda/business-operations>

²⁴⁸ KIIs at national level with UNCT and GoM counterparts

²⁴⁹ KIIs with UN agencies; Minutes of UNCT meetings

²⁵⁰ UNFPA CO Annual Reports (2019-2021)

Agency Standing Committee (IASC), Humanitarian Country Team, UN Communications Group (UNCG) and M&E Group.²⁵¹

4.5.2 Coordination at the national level

Finding: 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.²⁵² The active contribution was evident from the role UNFPA played in participating as chair, co-chair, lead and member in TWGs. For example, UNFPA actively participates in the Health Donor Group; GoM TWGs for SRHR, FP, Health financing; the newly formed SBCC TWG (2021) to lead on issues of HIV Prevention.²⁵³ UNFPA has promoted UN system collaboration through its coordination role as a designated lead of the GBV and also as co-chair in the Protection Cluster. UNFPA coordinates directly with MoGCDSW, UN Resident Coordinators Country Office to further align and coordinate GBV country needs to the UN mandate and support. Both UN agencies and the GoM MDAs have appreciated the important role UNFPA has played in bringing multi-disciplinary strategic partners together to increase the efficiency and effectiveness of the country's development agenda.²⁵⁴

4.5.3 Coordination at the district level

Finding: The establishment of UNFPA field offices and the presence of its staff in districts has strengthened the coordination between UNFPA and district assemblies and IPs.

Within the donors and government stakeholders, UNFPA's strategic positioning is still not fully conceptualised in terms of role as an Advocacy and Knowledge Management versus a more of Capacity Building and Service delivery organisation role.

4.6 Coverage: Evaluation question 8

Q8: To what extent have UNFPA humanitarian interventions in response to natural disasters (floods, cyclones and droughts) systematically reached the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities; LGBTQI populations, etc.)

Summary

There is evidence that UNFPA supported /facilitated vulnerability assessment to identify the location of the vulnerable and marginalized groups; and disaggregated data was generated. There was systematic target segmentation of beneficiary groups (young women, adolescent girls, boys, men and young women living with disabilities etc) across socio-economic and geographical dimensions, to reach vulnerable and marginalised groups. UNFPA humanitarian interventions systematically reached all the geographic areas in which affected populations reside and where the need was greatest. In order to reach the above affected population, UNFPA CO used the Minimum Initial Services Package for Reproductive Health. Under GEWE, the CO had a clear strategic direction in relation to the implementation of GBV interventions in the humanitarian settings. Using its comparative advantage in integrated SRHR/GBV programming, during the CP8 implementation period, UNFPA was actively involved in providing resources including the New Dignity Kit content in response to COVID-19; other resources included a Call to Action Joint Statement on GBV and COVID-19 (April 29, 2020); GBV Pocket Guide 021718 et cetera. UNFPA was pro-active in responding to the COVID-19 emergency by developing a COVID-19 Response Plan and ensured that the interventions and priority actions reduced the impact of the emergency on the vulnerable segments of the population.

Malawi experienced one of the worst strong winds, heavy rains and floods induced by cyclone Ana (2019) and Gombe (2020/2021) that formed in the Mozambican channel.²⁵⁵ The floods caused displacement of people and destruction of infrastructure (e.g. household assets, water supply systems and hydrological monitoring stations) especially in the south region. Women and girls also faced serious protection risks, including increased SGBV

²⁵¹ KIs with UN agencies

²⁵² KIs at national and sub-national levels

²⁵³ Document review of minutes of TWGs

²⁵⁴ KIs with UN agencies and GoM counterparts

²⁵⁵ UNFPA CO Annual Report 2019

among the survivors, especially in the camping sites. UNFPA provided SRH services and support mechanisms to prevent and respond to GBV violence in crisis-affected communities.²⁵⁶ The extent to which UNFPA humanitarian interventions in response to natural disasters systematically reached the most vulnerable and marginalized groups is presented in the next sections.

4.6.1 Targeting different segments of the population with humanitarian assistance

Evidence of systematic target segmentation of beneficiary groups across socio-economic and geographical dimensions, to reach vulnerable and marginalised groups

Finding: There is evidence that UNFPA supported /facilitated vulnerability assessment to identify the location of the vulnerable and marginalized groups; and disaggregated data was generated. By the time of the evaluation, there was an on-going joint vulnerability assessment being undertaken by the Department of Disaster Management and NGOs.²⁵⁷ The districts involved were Nsanje, Mulanje, Mangochi, Chikwawa and Phalombe. There was systematic target segmentation of most vulnerable and marginalized groups (young people and young women living with disabilities; those of ethnic, religious and national minorities; commercial sex workers, LGBTQI populations, etc) across socio-economic and geographical dimensions, to reach these vulnerable and marginalised groups in response to natural disasters afore-mentioned.²⁵⁸

Mapping evidence of geographical area covered for humanitarian assistance

Finding: UNFPA was actively involved in a joint assessment on flood response in the worst affected districts in the south region.²⁵⁹ The interventions were prioritized in consultation with the national counterparts and humanitarian stakeholders. Census data and thematic reports were disseminated and the districts use mapping to illustrate the vulnerability of its population to disasters and humanitarian crises.²⁶⁰

4.6.1.1 SRH coverage

UNFPA humanitarian interventions systematically reached all the geographic areas in which affected populations reside and where the need was greatest. In order to reach the above affected population, UNFPA CO used the Minimum Initial Services Package (MISP) for Reproductive Health to provide emergency SRH services.²⁶¹ UNFPA facilitated the setting up of a functioning inter-agency SRH coordination body as part of the humanitarian response (functioning means: MISP activated, Inter-Agency RH TORs agreed, coordinator identified and emergency RH supplies are in place and provided).

4.6.1.2 AY coverage

During the COVID-19 pandemic, UNFPA strengthened SRHR community service provision using local cadres whom it had built capacities because only health service providers were prioritized. The GoM's COVID-19 policies restricted movement in communities, which in turn affected the IPs' SRHR door-to-door campaigns as well as distribution of buckets and sanitary pads. Furthermore, the ET learnt that during Cyclone Idai, besides reaching the youth with SRHR information, equipment (lamps) were provided during the humanitarian crises. At the same, issues of GBV were also emphasised to the young people as well as adults in the camps so that they could identify and handle cases of violence. UNFPA CO²⁶² and IPs and other stakeholders²⁶³ echoed that in areas where JPGE was implementing activities, that there were no reports of adolescents and youth getting pregnant during the COVID-19 pandemic.

²⁵⁶ KIs at national and sub-national levels; UNFPA CO Annual Reports 2019, 2020

²⁵⁷ KIs at national level

²⁵⁸ MICS 2021

²⁵⁹ KIs at national and sub-national levels (Nsanje District); UNFPA Annual Reports 2019, 2020

²⁶⁰ UNFPA CO Annual Report 2021

²⁶¹ UNFPA CO Annual Reports 2019, 2020; KIs at national and sub-national levels

²⁶² UNFPA (2020). 2020 UNFPA Report: Delivering during Covid-19

²⁶³ KII with DYO for Dedza District Executive Council

4.6.1.3 GE coverage

Evidence that UNFPA supported interventions targeted to the elimination of barriers to access; to SRH and GBV information and services for vulnerable and marginalized populations, particularly those within groups that are furthest behind; evidence of transformation of social norms perpetuating GBV and other forms of discrimination.

UNFPA CO had a clear strategic direction in relation to the implementation of GBV interventions in the humanitarian settings.²⁶⁴ Using its comparative advantage in integrated SRHR/GBV programming, UNFPA was actively involved in providing resources including the New Dignity Kit content in response to COVID-19; other resources included a Call to Action Joint Statement on GBV and COVID-19 (April 29, 2020); GBV Pocket Guide 021718; IASC Interim Guidance on COVID-19 (Protection from Sexual Exploitation); Interagency-GBV-risk-mitigation-and-COVID-19 tip sheet.²⁶⁵ UNFPA also facilitated the development of the Essential Service Package (ESP) Community scorecard. Respondent interviews highlighted issues related to expansion, spreading thinly versus consolidation and increasing coverage of interventions in the current districts of operation.²⁶⁶ It was also noted that in many districts, full coverage of all Traditional Authorities and districts had not been achieved. Given that the mentorship and safe spaces model aims at behavioral change hence it requires reaching a critical mass for optimal diffusion to occur and social norm change, hence, UNFPA should consider moving more towards consolidation and achieving universal coverage in the districts across all TAs. For example, in Nsanje district, mentorship and safe spaces was implemented in 5 TAs when the district has a total of 9 TAs.²⁶⁷

Challenges

The key challenges experienced include:²⁶⁸ (a) limited capacity of IPs to implement MISP activities in the disaster affected areas; (b) high staff turnover of staff trained in MISP, which necessitated reorientation of new staff on MISP and as result timely delivery of humanitarian interventions was constrained.

4.7 Connectedness: Evaluation questions 9-10

EQ9: *To what extent has the UNFPA humanitarian response to natural disasters (floods, cyclones and droughts) taken into account longer-term development goals articulated in the results framework of the country programme?*

Summary

UNFPA is a valued member of UNCT and strategically positioned as a development partner and recognized by the highest leadership of the country, including the Office of the First Lady. UNFPA was well connected with UN agencies, concerned departments of the national government, district assemblies, and IPs. UNFPA's strategic and convening role and accomplishments in evidence and data generation, SRHR, GBV prevention and response, and partnership coordination are well recognized by the government and development partners

Evidence of active participation and or leadership by UNFPA in UN technical working groups / humanitarian coordination structures during humanitarian situation; taking into account long-term development goals

4.7.1 Initiatives by UNFPA during the Humanitarian Situation

Enhancing SRH-GBV responsiveness and building district capacities

Finding: **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.**

From the emergency of COVID-19 pandemic in 2019; devastating floods from cyclones Anna and Gombe during the 2021-2022 season, UNFPA was involved in humanitarian programme efforts on a "need basis", mainly working through the UN Humanitarian Response Cluster and through IPs to provide assistance. The main reason for this rapid response was UNFPA's flexibility to mobilise resources and open communication with partners.

²⁶⁴ KIs at national level

²⁶⁵ UNFPA CO Annual Reports 2019, 2020; KIs at national level

²⁶⁶ KIs at national and sub-national level

²⁶⁷ KI with FOESE Manager, Nsanje

²⁶⁸ UNFPA CO Annual Report 2019

During the CP8, UNFPA systematically worked with government agencies such as DoDMA, MoGCDSW and MoHP on the SRH and GBV prevention during the COVID-19 pandemic. UNFPA also worked in disaster prone areas in collaboration with UN Humanitarian Cluster Response partners such as UNICEF, UNHCR, and other IPs including Trocaire in Zomba, CARE Malawi, GOAL Malawi in Nsanje, and Oxfam in Phalombe. During the CP8 implementation period, the COVID-19 pandemic negatively affected adolescent girls' and young women's access to SRHR compounding their vulnerability to GBV, including domestic violence,²⁶⁹ and generally reversed much of the progress made in the recent decades. The pandemic further stalled progress towards achieving the three transformative results.²⁷⁰ However, UNFPA under the Spotlight Initiative supported the development of an Acceleration Plan to fast track the implementation of interventions on access to essential services among AGYW.

According to the consultancy report on GBV in Humanitarian,²⁷¹ UNFPA provided MISP to the affected districts namely Chikwawa, Nsanje and Mulanje which were worst affected districts by Tropical storm Ana and later extended to support Phalombe. UNFPA supported by donating four heavy duty solar lamps to Chikwawa district to support maternity health facilities namely Hunger Health Centre, Makhuwira and Mfera Health Centres with reliable source of light. UNFPA procured 11,055 dignity kits, which were distributed in Nsanje (3,998), Chikwawa (2,928), Mulanje (2,329) and Phalombe (1,800).

Finding: One of the notable challenges identified by the evaluation was related to delays in responding to GBV in humanitarian settings especially during disasters especially on the provision of financial resources to IPs despite having responsibilities on humanitarian response at UNFPA CO.

Interviews with respondents highlighted that limitations in humanitarian response included delayed funding to support those people who were in camps. This situation was highlighted in the field as follows:

*“Funding came after some camps had already been decommissioned as such we had to change the approach to work in the community settings and not in camps,”*²⁷² narrated a KI in Nsanje town, Nsanje District.

Despite substantial involvement by UNFPA, CP8 operational documents showed no dedicated humanitarian section, but there were assigned roles and responsibilities for a Humanitarian Response at the UNFPA CO management level. In addition, the on-going coordination issues with government partners, bureaucratic delays (beyond the control of UNFPA), limited on ground understanding and widespread funding for newer approaches such as MISP and the very nature of emergencies where instincts for survival play a big part (with their attendant material needs), superseded any long term behaviour change. A key lesson was that implementers need to learn to apply what they understand of the local customs in the context of emergencies while using some level of standardised protocols for SRH-GBV, FP and menstrual hygiene management.

Other key achievements include:²⁷³

- a) GBV, SRHR and COVID-19 awareness was mainstreamed in the mentorship trainings for mentors in the Spotlight districts reaching out to 100 mentors in Nkhata Bay, Dowa and Ntchisi districts.
- b) Provision of personal protective equipment items to mentors to distribute to their mentees during the mentorship sessions in the communities.
- c) Provision of personal protective equipment and dignity kits to the MoGCDSW for the Malawian returnees from South Africa. The equipment included masks and sanitizers; 500 dignity kits which were also provided to the women and girls of reproductive age including pregnant and lactating mothers and 1,500 dignity kits were prepositioned; 2,000 personal protective equipment items were also distributed to all service provision points in the Spotlight districts.

EQ10: *To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better*

²⁶⁹ Titetse NKhanza Programme (n.d) Submission to the UN Special Rapporteur on Violence against Women: Impact of the covid-19 pandemic on domestic violence in Malawi. DFID-funded Violence Against Women and Girls: Prevention and Response Programme

²⁷⁰ KII with UNFPA CO staff and MOGCDSW staff

²⁷¹ Mlava, G.F. 2022. End of Consultancy report, GBV in Humanitarian

²⁷² KII with one of the IPs in Nsanje District

²⁷³ UNFPA CO Annual Reports (2019-2021)

prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

4.7.2 Resilience of actors at the national and sub-national levels

Evidence of a contribution by UNFPA to the capacity of various actors at national and local levels to be able respond to and recover from humanitarian crises

Finding: From the review of UNFPA annual reports and interviews with respondents indicated that UNFPA actively facilitated the building of capacity of IPs and community structures in order to strengthen resilience at national and community levels during humanitarian situations.

4.7.1.1 National /societal resilience

At the national level, UNFPA facilitated the **building of technical capacity** and the examples were as follows:^{274, 275}

- (a) UNFPA facilitated a five days' session (2021), attended by 46 participants in order to adopt the MISP manual, which was to ensure that there are proper linkages between MoHP Reproductive Health Directorate and all other stakeholders when responding to disasters regarding SRHR issues.
- (b) UNFPA CO conducted orientations for stakeholders and frontline workers on MISP for reproductive health including orientation on GBV, prevention of sexual exploitation and abuse and monitoring and reporting. During the MISP trainings, it was observed that health service providers had limited knowledge in Clinical Management of Rape (CMR) cases, including referral to other essential services, resulting into poor quality of care and more trauma and victimization of survivors²⁷⁶. A total of 28 participants (13 male and 15 female) drawn from different sectors within the districts (Health, Police and Social Welfare) were trained.
- (c) Eight of NSOs staff plus 2 from DoDMA were trained in geo-referencing and earth observation in South Africa during January 2021; interactions with two NSO staff and UNFPA CO staff show that the skills are being applied.²⁷⁷ The skills are currently helping in the geographical mapping of vulnerable and marginalized groups.

4.7.1.2 Community resilience

Community resilience was promoted through the following things:²⁷⁸

- (a) In the context of Clinical Management of Rape, UNFPA distributed Inter-Agency Emergency Health Kits to health facilities in the above three affected districts.
- (b) In Dedza, 120 Community-Based Distribution Agents, Health Surveillance Assistants, Community Midwife Assistants and peer educators (80 Males and 40 Females) were oriented in SRH/ HIV/ family planning youth friendly health services at district levels twice per year. The activity equipped the participants with knowledge and skills in the provision of SRH services to the youth aged 10-24 years (2021).
- (c) The provision of 14,500 Dignity Kits in 9 flood affected districts resulted into improved management of menstrual hygiene and dignity of young women and adolescent girls displaced by the floods in 2019.
- (d) In the spirit of leaving no one behind, UNFPA supported the mapping of health facilities for disability friendly structures such as ramps to buildings, which were constructed; the ramps have the potential of increasing access of persons with disabilities to the service provision points.

4.8 Lessons learnt

The following are lessons learnt from the implementation of CP8:

1. There is limited sustainability of political will around supporting the SRHR programme; financing for SRHR including FP commodities remains largely donor dependent.
2. UNFPA support has made significant contributions in addressing harmful cultural practices at community level especially with regards to child marriages and initiations rites by bringing about changes in attitudes,

²⁷⁴ UNFPA CO Annual Report 2021

²⁷⁵ KIs with UNFPA CO staff

²⁷⁶ Mlava, G.F. 2022. End of Consultancy Report GBV in Humanitarian

²⁷⁷ KIs with UNFPA CO and NSO staff

²⁷⁸ UNFPA CO Annual Reports (2019-2021)

behaviours and eventually norm change. The strategic involvement of religious leaders, chiefs, parents at communities led to modified practices such as the timing and duration of the male initiation events, which was reduced from 3 months to 1 month so that they do not coincide with the school calendar.

3. In the area of women's economic empowerment, Village Saving and Loans (VSLs) and Income Generating Activities (IGAs) are highly valued by adolescent girls and women. They have been effective not only to mitigate the financial vulnerability, but also to increase women's self-esteem and indirectly increase their participation in community decision making. It has also facilitated women's access to markets.
4. 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.
5. There are too many policy changes in the UNFPA financial accountability system, which constraints speedy IP implementation.
6. The GoM has recognized the importance of data generation and use. It plans to lead an initiative to mobilise 1 percent of programme funding to a pool of resources to support the generation of data in the country.

4.9 Best practices

The best practices identified during the implementation of CP8 were as follows:²⁷⁹

1. Age-appropriate CSE with links to SRHR services was identified as a best practice model to prevent early and unintended pregnancy. A documentary of this model was produced and disseminated.
2. Male engagement in SRHR and GBV has far reaching benefits. The programme has enabled adolescent boys and men to make informed decisions on SRHR and GBV, and behave responsibly as well as being supportive to adolescent girls and young women.
3. Engagement of local leaders has a catalytic role to address socio cultural norms and practices that fuel GBV.
4. The mentorship and safe spaces model is very empowering. The creation of safe spaces for adolescent girls and young women emerged as a key strategy for the protection and empowerment of adolescent girls and young women.
5. The provision of the community fund has contributed to the promotion of social equity in communities by increasing access to justice for the survivors of GBV.
6. UNFPA support to community structures to continue functioning during the COVID-19 pandemic enabled the latter to safely provide services to survivors and mentors in safe spaces.

²⁷⁹ UNFPA CO Annual Reports (2019-2021); KIs at national (UNFPA CO staff); FGD sessions with beneficiaries

CHAPTER 5: CONCLUSIONS

The conclusions are drawn directly from the findings presented in the previous chapter, indicating the main conclusions at strategic and programmatic levels.

5.1 Strategic level

Conclusion 1: 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.

CP8 is relevant and strategically aligned to national and international development frameworks. 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 (cyclones, floods, and drought). 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 cross-border movements (in relation to child marriages) which needs more attention.

Origin: EQ1, 2; evaluation criteria: relevance

Recommendation: Strategic level R1

Conclusion 2: 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.

Origin: EQ3 and 4; evaluation criteria: effectiveness; coordination

Recommendation: Strategic level R2.

Conclusion 3: 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, low absorptive capacity of IPs and all this affects timely and quality implementation of interventions. UNFPA CO should review the length of time between requisition and disbursement of funds to enhance efficiency and facilitate capacity building of IPs in financial management.

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 the system requires further strengthening to reduce the time between requisition and disbursement of funds.

Origin: EQ5; evaluation criteria: Efficiency

Recommendation: Strategic level R3.

Conclusion 4: 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.

Origin: EQ3 and 4; evaluation criteria: Effectiveness

Recommendation: Strategic level R4.

5.2 Programmatic level

Conclusion 5: 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.

Origin: EQ1, 3 and 4; evaluation criteria: relevance, effectiveness

Recommendation: Programmatic level R5.

Conclusion 6: 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 (contraceptives, MNH equipment and supplies) remains largely donor dependent.

Origin: EQ3 and 6; evaluation criteria: effectiveness; sustainability

Recommendation: Programmatic level R6.

Conclusion 7: 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.

Origin: EQ3 and 4; evaluation criteria: effectiveness

Recommendation: Programmatic level R7.

Conclusion 8: 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

Origin: EQ3 and 4; evaluation criteria: effectiveness

Recommendation: Programmatic level R8.

Conclusion 9: 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.

The evaluation showed that strategic involvement of religious leaders, chiefs, parents at communities was critical to behaviour change.

Origin: EQ3 and 4; evaluation criteria: effectiveness

Recommendation: Programmatic level R9.

Conclusion 10: 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.

Origin: EQ3, 4 and 7; evaluation criteria: effectiveness; coordination

Recommendation: Programmatic level R10.

Conclusion 11: There is no clear exit 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.

Origin: EQ6; evaluation criteria: sustainability

Recommendation: Programmatic level R11.

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

However, there is need for continuous capacity building at national and sub-national levels so that the intervention succeeds.

Origin: EQ3 and 5; evaluation criteria: effectiveness and efficiency

Recommendation: Programmatic level R13

CHAPTER 6: RECOMMENDATIONS

The recommendations are premised upon and linked to the conclusions and the evaluation findings presented in the in the proceeding sections. Validation of the recommendations was made by getting feedback from various respondents individually as well as groups. The evaluation team has prioritized twelve recommendations – four strategic and eight programmatic. The actions proposed within the operational implications are within the mandate and responsibility of UNFPA CO, with support from the GoM, other development partners, ESARO and HQ. UNFPA support is mainly in terms of technical assistance, advocacy and capacity building. Implementation of the recommendations will require joint effort of relevant stakeholders at national and sub-national levels, including UN agencies and CSOs.

6.1 Strategic level

Short-term period

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.

Operational Implications: 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. The technical implications are (a) UNFPA CO should support MDAs and IPs on the adoption of appropriate methods to continuously reach and consult the marginalized, and most vulnerable populations; (b) to identify and include theories of change that encompass the entire results chain. The human resources implication is ensuring availability of adequate skills and capacity of CO staff for the formulation of the results framework. The CO should establish cross functional teams (in the country office) to avoid vertical project planning and management. (UNFPA is working on the transformative development agenda to achieve three zeros and the relevant SDGs by the end of 2030. SDGs are integrated and indivisible, achieving them will need a more holistic, integrated approach that requires a systems thinking as opposed to siloed thinking).

Priority: High; **Target level:** UNFPA CO, MDAs, District assemblies and IPs; **Based on Conclusion:** 1

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.

Operational Implications: The technical implication is the conduction of 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. This exercise will have financial implication in that UNFPA may hire short term consultant(s) for the environmental scanning. The human resource implication is that the CO must identify a cadre of staff dedicated to the above issue and for activities such as preparation of consultancy ToR, liaison with consultants and making briefs.

Priority: Medium; **Target level:** UNFPA CO, UN agencies and MDAs. **Based on Conclusion:** 2

3. UNFPA should reduce the red tape (financial management system) and strengthen the technical capacity of IPs in financial management in order to improve efficiency in implementation and absorptive capacity. There is a need for a culture change – bureaucracy should change and be replaced by innovative strategies to make the financial management system more efficient.

Operational Implications: The technical implications are (a) There is need for a technical review to identify the main bottlenecks in the bureaucracy and identify novel strategies for improved efficiency; (b) 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; (c) UNFPA should facilitate regular but focused trainings in financial

management for IPs. This will have a financial implication due to a potential cost of hiring a consultant to conduct the review and the CO availing funds for the training of IPs.

Priority: High; **Target level:** UNFPA CO, MDAs, District assemblies and IPs; **Based on Conclusion:** 3

Medium-term period

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 MDHS and 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 or specific programme indicators.

Operational Implications: The technical implication is that 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 human resource implication is having an M&E staff dedicated to the task of liaison with the Department of Population Studies. The financial implication is the cost of engaging the Department of Population Studies to carry out further analysis of the census datasets.

Priority: Medium; **Target level:** UNFPA CO; **Based on Conclusion:** 4

6.2 Programmatic level

Short-term period

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.

Operational Implications: The technical implications (a) UNFPA should provide technical assistance to strengthen coordination activities among government and CSO providers; (b) 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; (c) 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. Establishing a revolving fund for the funds aimed at providing incentives to both mentor and mentees should be an option for consideration. The financial implication is the cost related to popularisation of the male engagement strategy and start up for the revolving fund.

Priority: Medium; **Target level:** UNFPA CO, MDAs, District assemblies and IPs; **Based on Conclusion:** 5

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

Operational Implications: The technical implication is that 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 financial implication is that UNFPA CO should allocate some funds for these meetings.

Priority: High; **Target level:** UNFPA CO, MDAs, District assemblies and IPs; **Based on Conclusion:** 6

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.

Operational Implications: The technical implication is that UNFPA should provide technical support to IPs in skills for lobbying traditional leaders to influence communities change/drop the negative practices and norms. Financial implication - 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; **Target level:** UNFPA CO, MDAs, District assemblies and IPs; **Based on Conclusion:** 7

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.

Operational Implications: Technical implications – (a) 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 TWG. UNFPA should also aim for integrating male engagement strategy across the UNFPA's programming, moving beyond the GEWE. Currently, a multi-stakeholders reference group is being facilitated by UNFPA on male engagement strategy under GEWE; (b) 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. The financial implication is that UNFPA should avail funds for the skills training; (c) UNFPA and its partners should consider streamlining and standardizing the integrated SRHR/HIV/GBV package of services for adolescent girls and young women, and youth, but with strong focus on vocational skills training, IGAs combined with gender transformative programming and power analysis.

Priority: Low; **Target level:** UNFPA CO, MDAs, District assemblies and IPs; **Based on Conclusion:** 8

Medium-term period

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.

Operational Implications: Technical implications – 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). The financial implication is ensuring that adequate funds are available for the above mentioned activities.

Priority: Medium; **Target level:** UNFPA CO, MDAs, District assemblies and IPs; **Based on Conclusion:** 9

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. Such enhanced partnerships could also enable further inclusion of disability in UNFPAs' field monitoring by providing access to important disability networks at the local level.

Operational Implications: Technical implication - 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 other specialized stakeholders to ensure issues of disability are comprehensively dealt with in the programme. Financial implication - The inclusion of disability in programming will need funds to be allocated within the CP budget.

Priority: Medium; **Target level:** UNFPA CO, MDAs, District assemblies and IPs; **Based on Conclusion:** 10

11. UNFPA should consider putting a clear exit strategy in place for the flagship programmes (UNJPGE - Phase 2&3; SYP - Phase 2; and Action for Teens) in order to ensure the sustainability of the gains achieved under these programmes.

Operational Implications: The technical implications are (a) UNFPA CO should pro-actively engage the other UN agencies to jointly establish the exit strategies for the joint programmes and explain them to the IPs and beneficiaries the nuts and bolts of the exit and their future responsibilities. The human resource implication is identifying CO staff to be dedicated to the activity.

Priority: High; **Target level:** UNFPA CO, MDAs, District assemblies and IPs; **Based on Conclusion:** 11

Long-term period

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.

Operational Implications: Given the capacity within the PD team and resources at ESARO, the technical implication is that UNFPA in liaison with other UN agencies should contribute technical advice on the data management requirements, data coordination and utilization issues. This will help MDAs to use the national data management information system for data generation, analysis, dissemination and utilization for decision making. The financial and human resource implications are that there is need for UNFPA and partners to deliberately mobilize resources to increase investment in data management with a focus on human resources and systems at CO, strategic MDAs and district assemblies. The CO must ensure availability of funds for capacity building (e.g. hiring of short term consultants).

Priority: Medium; **Target level:** UNFPA CO, UN agencies, MDAs and IPs; **Based on Conclusion:** 12

ANNEXES



Annex 1: Terms of reference

Terms of Reference

United Nations Population Fund (UNFPA) Malawi 8th Country Programme (2019-2023)

Country Programme Evaluation

April 2022

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Acronyms

CCA	Common country assessment/analysis
CO	Country office
CP	Country programme
CPAP	Country programme action plan
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
ESARO	Eastern and Southern Africa Regional Office
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
GBV	Gender-based violence
HCT	Humanitarian Country Team
ICPD	International Conference on Population and Development
MDHS	Malawi Demographic Health Survey
M&E	Monitoring and evaluation
MHSSP	Malawi Health Sector Strategic Plan
MICS	Multiple Indicator Cluster Survey
MIP	Malawi 2063 First 10-year Implementation Plan
NSS	National statistical system
SDGs	Sustainable Development Goals
SGBV	Sexual and gender-based violence
SRHR	Sexual and reproductive health and rights
ToR	Terms of reference
UNICEF	United Nations Children's Fund
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality."²⁸⁰ In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular good health and well-being (Goal 3), the achievement of gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one is left behind and that the furthest behind are reached first.

UNFPA has been operating in Malawi since 1986. The support that the UNFPA Malawi Country Office (CO) provides to the Government of Malawi under the framework of the 8th Country Programme (CP) (2018-2023) builds on national development needs and priorities articulated in:

Malawi Vision 2063: An Inclusively Wealthy and Self-reliant Nation
Malawi 2063 First 10-year Implementation Plan (MIP-1) 2021-2030
United Nations Sustainable Development Cooperation Framework (UNSDCF) 2019-2023
Second National Population Policy (2013)
Third National Population Policy 2022 - *under approval process*
National Health Policy (2017)
Malawi Health Sector Strategic Plan 2 (MHSSP 2) 2017-2022
National Sexual and Reproductive Health and Rights Policy 2009
National Youth Friendly Health Service (YFHS) Strategy (2015-2020)
Quality Management Policy for the Health Sector (2017)
National Gender Policy (2015-2020)
National Plan of Action to Combat Gender-Based Violence in Malawi (2016 – 2021)
National Action Plan for Women Economic Empowerment (2016-2021)
National Strategy on Ending Child Marriages (2018-2023)
National Girls' Education Strategy (2014)
Re- admission Policy for Primary and Secondary Schools (2018)
National Statistical System Strategic Plan III (2018-2023)
Malawi Digital Health Strategy (2020 – 2025)
National Disaster Risk Management Policy (2015)

²⁸⁰ UNFPA Strategic Plan 2018-2021, p. 3. The document is available at:
https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf.

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated at least every two programme cycles, “unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred.”²⁸¹ The country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA 8th CP (2019-2023) in Malawi, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the *Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA* (UNFPA Evaluation Handbook), which is available at <https://www.unfpa.org/EvaluationHandbook>. The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers a step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the evaluation manager perform during the different evaluation phases.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Malawi CO; (ii) the Government of Malawi; (iii) implementing partners of the UNFPA Malawi CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) Eastern and Southern Africa Regional Office (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) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

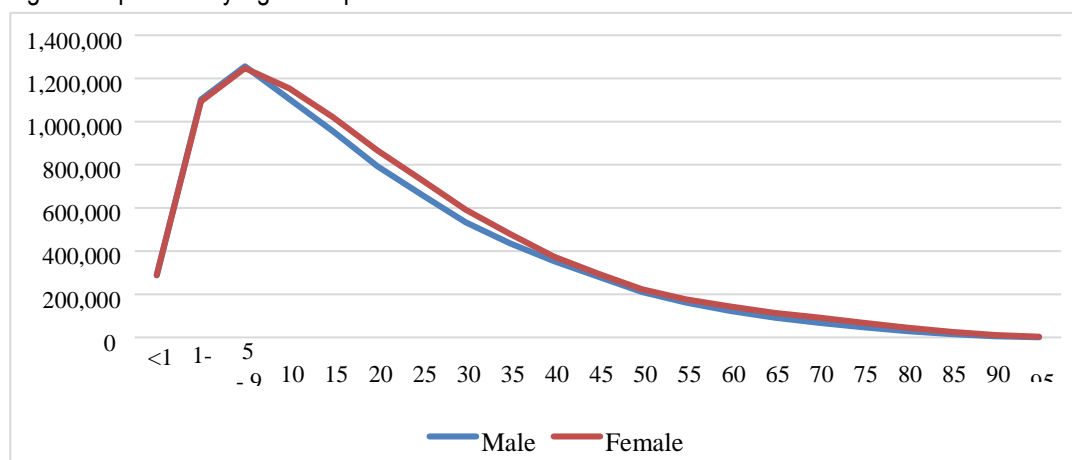
The evaluation will be managed by the evaluation manager within the UNFPA Malawi CO, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the ESARO and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference.

²⁸¹ UNFPA Evaluation Policy 2019, p. 20. The document is available at <https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>.

2. Country Context

Demographics of Malawi: In 2020, Malawi's population was estimated at 18.4 million with a sex ratio of 94.2 males per 100 females at national level in 2018. Of these, 45 percent are among the reproductive age bracket (15-49), 19 percent are aged 15-24 years (youths), and 23 percent are adolescents aged 10-19. This means that the population has more than doubled over a 33-year period, from 8 million in 1987.

Figure. Population by Age Groups and Sex in Malawi 2018



Source: Malawi Population and Housing Census 2018: Thematic Report; Population Projections

Economic Situation: Malawi is in the category of the Least Developing Countries with a GDP per capita of US\$ 1,060²⁸². The country is classified as a low human development country with a Human Development Index (HDI) value of 0.483 and ranked 174 out of 189 countries in 2020²⁸³. Malawi is assessed to be an unequal society with Gini coefficient 44.7. The share of Malawians living below the international poverty line of \$1.90/day has declined only slightly from 71.7 percent in 2010 to 70.3 percent in 2016²⁸⁴. Moreover, due to population growth, the number of people below the international poverty line has increased by 10.8 million to 12.1 million²⁸⁵. In addition, more than 90 percent of the poor reside in rural areas, where poverty has increased slightly since 2010. The share of the population below the national poverty line has not changed much: it increased slightly from 50.7 percent in 2010 to 51.5 percent in 2016.²⁸⁶

Maternal Health: Malawi has one of the highest maternal mortality ratio of 439 per 100,000 live births²⁸⁷ (2016) in the world. The maternal mortality ratio in Malawi fell from 675 to 439 per 100,000 live births between 2010 and 2015-16, due to increased contraceptive use, improved access to emergency obstetric care services (from 2 to 40 per cent)

²⁸² Human Development Indicator - Country Profile Malawi (<https://www.hdr.undp.org/en/countries/profiles/MWI>, accessed on 18 March 2022)

²⁸³ Ibid.

²⁸⁴ World Bank, Poverty and Equity Brief - Malawi, April 2020

²⁸⁵ Ibid.

²⁸⁶ Ibid.

²⁸⁷ Malawi Demographic and Health Survey (MDHS) 2015-16

and increased skilled birth attendance (from 71 to 90 per cent) over the same period²⁸⁸. Adolescent birth rate is estimated to be 136 per 1,000 women²⁸⁹ which is also one of the highest in the world. 96.4 percent of births are attended by skilled health personnel and 96.7 percent of births are occurring in health facilities²⁹⁰. In Malawi, it is estimated that 0.6 percent²⁹¹ of women of child bearing age are reported to have an obstetric fistula.

Child Marriage: Malawi has one of the highest rates of child marriage in the world, with approximately 42 per cent of girls married before the age of 18, and 9 per cent below the age of 15²⁹². 42 percent of girl child marriage rate indicates the magnitude of this harmful practice that the country continues to practice. In the subsequent years, age groups 25 to 49, the median age at first birth has changed little since 1992. The recent age is 19 years²⁹³ which is virtually identical to 1992 (18.9 years).

Sexual Behaviors: In Malawi, 9 percent of women aged 15-24 had sex intercourse before age 15 and 1.6 percent of them had sexual intercourse with more than one partner in last 12 months²⁹⁴. 34.4 percent of them reported that a condom was used the last sexual intercourse. Most women (98.9 percent) aged 15-49 have heard of AIDS, but only 40.6 percent of them have comprehensive knowledge about HIV transmission.²⁹⁵

HIV/AIDS: Malawi's HIV prevalence is one of the highest in the world, with 9.2 percent of the adult population (aged 15-49) living with HIV²⁹⁶. In 2018, an estimated one million Malawians were living with HIV and 13,000 Malawians died from AIDS-related illnesses. Young people are particularly at risk, due to early sexual activity and marriage, with around a third of all new HIV infections in Malawi in 2018 occurring among young people (ages 15-24)²⁹⁷. Despite this around 60 percent of young people do not have sufficient knowledge of how to prevent HIV.

Family Planning: Modern contraceptive use by currently married women has increased steadily in Malawi, from 7 percent in 1992 to 58 percent in 2015-16 and 64.7 percent in 2019-20. However, only 44.4 percent of sexually active women currently not married are using modern contraception²⁹⁸. Unmet need for family planning is 15.4 percent of married women aged 15-49 but it is 44.4 percent for unmarried women, indicating stark disparity between women who are married and unmarried²⁹⁹. It is notable that unmet need for family planning is higher in urban areas for both groups of women.

GBV and harmful practices: Malawi is characterized by a high prevalence of violence against women and girls, from traditional practices that harm girls and teenagers (from sexual initiation rituals to child marriage) to sexual and

²⁸⁸ UNFPA Malawi homepage - Maternal Health (<https://malawi.unfpa.org/en/topics/maternal-health-0>, accessed on 18 March 2022)

²⁸⁹ Malawi Multiple Indicator Cluster Survey (MICS) 2019-20

²⁹⁰ Ibid.

²⁹¹ UNFPA Malawi homepage - Maternal Health

²⁹² Government of Malawi-UNICEF (2019) Budget Scoping on Programmes and Interventions to end child marriage in Malawi

²⁹³ MDHS 2015-16

²⁹⁴ MICS 2019-20

²⁹⁵ Ibid.

²⁹⁶ Avert - Global information and education on HIV/AIDS - Malawi profile (<https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/malawi>, accessed on 18 March 2022)

²⁹⁷ Ibid

²⁹⁸ MICS 2019-20

²⁹⁹ Ibid.

gender-based violence and intimate partner violence.³⁰⁰ The 2015/16 Malawi Demographic and Health Survey found that 34 percent of the women aged 15-49 reported experiencing physical violence, 14 percent experienced sexual violence while 23% experienced emotional violence within the 12 months period prior to the survey. In the same survey, only 40% of all women who had ever experienced any type of physical or sexual violence sought help to stop violence; 49% never sought any help nor informed anyone about the violence they had experienced.

Traditional harmful practices include *kuchotsa fumbi*, in which girls and boys are encouraged to experiment with sex after graduating from initiation ceremonies; *kulowa kufa*, in which a woman whose husband has died is forced to have sex with the deceased husband's brother in order to cleanse her of the deceased husband's spirits ; *chokolo* (wife inheritance), where a widow is inherited by the younger brother of the deceased husband; and *kupimbira*, where girls as young as 9 years are offered for marriage as a form of payment of debt incurred by their parents.³⁰¹

Capacity of national statistical system³⁰²: The National Statistical System Strategic Plan is a framework for strengthening the National Statistical System (NSS) in Malawi. The first NSS Strategic Plan was prepared in 2008 spanning 2008-2012 and the second in 2013 for the period 2013-2017. These past NSS Strategic Plans focused on improving statistical products and services. However, due to lack of resources largely, a number of statistical plans and programs envisioned in the past NSS Strategic Plans remained unimplemented. The main gaps assessed include: inadequate infrastructure for statistical production across the NSS (including the Population and Housing Census, registers and standard tools for statistics), weak administrative data quality and systems, inadequate coordination by National Statistical Office (NSO), limited statistical advocacy and awareness, donor dependency, inadequate data management and archiving at the NSO, limited data dissemination channels and limited human resource capacity, etc.

Disaster and climate change: The country is densely populated and an agrarian economy that continuously suffers from disasters, climate change and environmental degradation. The recurring floods and droughts have increased in frequency, magnitude, and scope over the years. Towards the end of the 2019 rainy season, Malawi experienced one of the worst strong winds, heavy rains and floods induced by a tropical cyclone that formed in the Mozambican channel. The floods damaged houses, including household assets and affected water supply systems, hydrological monitoring stations and farms. It also led to increased Sexual and Gender-Based Violence (SGBV) among the survivors, especially in the camping sites. On average, droughts and floods reduce the total Gross Domestic Product (GDP) by about 1.7 percent every year.

3. UNFPA Country Programme

UNFPA has been working with the Government of Malawi since 1986 towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality, realizing rights and choices for young people, reducing harmful practices, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 8th CP in Malawi.

The 8th CP (2018-2023) is aligned with:

Malawi Vision 2063: An Inclusively Wealthy and Self-reliant Nation,
Malawi 2063 First 10-year Implementation Plan (MIP-1) 2021-2030

³⁰⁰ Spotlight Project: Ending Violence WHAT DO WE KNOW? against women and girls in Malawi (2020)

³⁰¹ Ibid.

³⁰² Adapted from the situational analysis of The National Statistical System Strategic Plan 2018-2023

the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2019-2023
 Second National Population Policy (2013)
 Third National Population Policy 2022 - *under approval process*
 National Health Policy (2017)
 Malawi Health Sector Strategic Plan 2 (MHSSP 2) 2017-2022
 National Sexual and Reproductive Health and Rights Policy 2009
 National Youth Friendly Health Service (YFHS) Strategy (2015-2020)
 Quality Management Policy for the Health Sector (2017)
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 National Action Plan for Women Economic Empowerment (2016-2021)
 National Strategy on Ending Child Marriages (2018-2023)
 National Girls' Education Strategy (2014)
 Re- admission Policy for Primary and Secondary Schools (2018)
 National Statistical System Strategic Plan III (2018-2023)
 Malawi Digital Health Strategy (2020 – 2025)
 National Disaster Risk Management Policy (2015)

In 2021, the UNFPA Malawi CO undertook the process of aligning (as an interim alignment) the 8th CP to the UNFPA Strategic Plan 2022-2025 using the Strategic Plan (2022-2025) implementation toolkit for alignment. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA Malawi CO delivers its CP through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery. The **overall goal** of the UNFPA Malawi 8th CP (2018-2023) is **universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality**, as articulated in the UNFPA Strategic Plan 2018-2021. The CP contributes to the following **outcomes** of the UNFPA Strategic Plan 2018-2021:

- **Outcome 1.** *Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.*
- **Outcome 2.** *Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.*
- **Outcome 3.** *Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.*
- **Outcome 4.** *Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.*

The UNFPA Malawi 8th CP (2019-2023) has 4 thematic areas of programming with distinct **outputs** that are structured according to the 4 outcomes in the Strategic Plan 2018-2021 to which they contribute.

Outcome 1: Sexual and reproductive health and rights

Output 1: Health institutions and 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. This has been delivered through: (a) advocacy and policy dialogues (for establishment and implementation of SRH policies and guidelines, integration of SRHR in national planning and emergency preparedness and response, etc.); (b) capacity building of government leadership, district offices, healthcare workers and community volunteers in improving service delivery and quality of SRHR services; (c) improving service delivery in maternal and newborn care, emergency obstetric care services and procurement of life-saving commodities; and (d) scaling up and establishment of youth friendly health service (YFHS) centres and support to improving the YFHS service delivery.

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. This has been delivered through (a) advocacy and policy dialogues for increased resource allocation for family planning, etc, (b) capacity building of healthcare workers and community volunteers in ensuring provision of various contraceptive services and uptake of them; (c) capacity building and community outreach to dispel myths and misconceptions around family planning; and (d) technical support to the Logistical Management Information System for effective forecast and monitoring of family planning commodities.

Outcome 2: Adolescents and youth

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. This has been delivered through (a) national and community level advocacy to address socio-cultural barriers that prevent adolescent girls from exercising their SRHR including ending child marriages; (b) technical assistance towards advocacy platforms for youth engagement on development issues (including national youth investment strategy); (c) training and raising awareness among young people on accessing sexual and reproductive health information and entrepreneurship through innovative digital platforms; (d) working with community led facilitators to conduct parents and children's sessions on sexual and reproductive health and rights; (e) mentoring programmes for in and out of school girls and boys; and (f) comprehensive sexuality education initiative and economic empowerment initiative for young people.

Outcome 3: Gender equality and women's empowerment

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. This has been delivered through (a) policy advocacy such as operationalization of Gender Equality Act, national efforts to end child marriage; (b) UNFPA's leadership on prevention and response of gender-based violence during emergencies; (c) capacity building on implementation of gender equality-related laws, national policies and national plans to eliminate harmful cultural practices such as child and forced marriage; (d) scaling up of male involvement initiatives; (e) involvement of faith-based organizations and community structures in raising awareness and capacity building to eliminate GBV and other harmful practices; and (f) Continued establishment and operationalization of One Stop Centre services and establishment of GBV-MIS (Management Information System).

Outcome 4: Population dynamics

Output 5: Public institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy. This has been delivered through (a) policy advocacy for the new National Population Policy and its action plan; (b) technical support to thematic analysis of the

2018 Population and Housing Census, and its dissemination and use at national and sub-national levels; (c) technical support for integration of population dynamics into national and sub-national development policies and plans.

The UNFPA Malawi CO also takes part in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. Beyond the UNCT, the UNFPA Malawi CO participates in the Humanitarian Country Team (HCT) to ensure that inter-agency humanitarian action is well-coordinated, timely, principled and effective, to alleviate human suffering and protect the lives, livelihoods and dignity of people affected by humanitarian crises.

The **theory of change** that describes how and why the set of activities planned under the CP are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The CP theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in depth review of the CP theory of change. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection (the evaluation matrix – see section 6.2 and Annex C) analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change by the BP.

The UNFPA Malawi 8th CP is based on the following results framework presented below:

Malawi UNFPA 8th Country Programme (2019-2023) Results Framework

Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality

UNFPA Thematic Areas of Programming

I. Sexual and reproductive health and rights	II. Adolescents and youth	III. Gender equality and women's empowerment	III. Population dynamics
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UNFPA Strategic Plan Outcomes

UNFPA Strategic Plan (2018 - 2021) Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence	UNFPA Strategic Plan (2018 - 2021) Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.	UNFPA Strategic Plan (2018 – 2021) Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.	UNFPA Strategic Plan (2018 – 2021) Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development
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UNFPA Malawi 8th CP Outputs

Output 1: Health institutions and 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 setting 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.	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.	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.	Output 5: Public institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy
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UNFPA Malawi 8th CP Intervention Areas

(1) Activities planned and implemented: Output 1 a) scale up combined HIV prevention efforts at national level, with a focus on key populations; (b) continue to supply maternal and newborn care equipment and life-saving commodities to designated health facilities to provide high-quality and comprehensive maternal health care services; (c) build the capacity and leadership of the Government in obstetric fistula management; (d) provide technical support towards implementation of the costed family planning action plan;	(1) Activities planned and implemented: (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;	(1) Activities planned and implemented: (a) jointly 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 the Ministry of Gender, Ministry of Health, the police and the judiciary for 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	(1) Activities planned and implemented: (a) in-depth thematic analysis of the 2018 population and housing census data, and use at national and subnational levels; (b) implementation of national surveys, including the Demographic Health Survey; (2) Activities Implemented but not initially planned: (a) Review and launch of the National Population
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(e) scale up outreach activities and establishment of youth-friendly health service centres;
 (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.

Output 2

(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-saving drugs where required; and
 (d) engage with health workers and community-based organizations to dispel myths and misconceptions around family planning.

(2) Activities Implemented but not initially-planned:

(a)Support of COVID-19 centers to create space for provision of MNH services;
(b)Support the development of MNH tool and guidelines in the context of COVID19;
(c)Contribute to national EMONC assessment, Dissemination, development of EMONC Action plans and setting up of EMONC facility network.

*(3) Activities planned but not implemented:
 None*

(d) intensify support for collection, dissemination and use of youth -related data;
 (e) provide technical assistance towards advocacy platforms for youth engagement in 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;
 (h) build capacity of community facilitators to conduct sessions for parents and children on sexual and reproductive health and rights

(2) Activities Implemented but not initially-planned:

(a)Support Youth led organization to conduct youth targeted community awareness campaigns while observing covid19 preventive measures, strategies include use of radio programs;

(b) Provide technical support to Implementing Partners to coordinate stakeholders to integrate climate change in programming.

*(3) Activities planned but not implemented:
 None*

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 the capacity of faith-based organizations and community structures to eliminate harmful cultural practices;
 (i) consolidate UNFPA leadership on gender-based violence during emergencies; and
 (j) monitor application of minimum standards for prevention of sexual abuse and exploitation in humanitarian settings.

(2) Activities Implemented but not initially planned:

(a)Support to structures that provide safe spaces for girls, including mentorships, girls clubs and improved violence prevention in schools.

(b)Support mentorship of adolescent girls and young women in safe spaces on promotion of positive gender norms and eliminating harmful practices.

(3) Activities planned but not implemented:

Upgrading the GBVMIS and extending it to NGOs for use in capturing data on GBV -SRHR and GBV interlinkages in all programmes and finalizing training to community level providers.

Policy
b) Support training of GIS technical team on advanced techniques for geo-information referencing and earth observation
(c)Support management and utilization of data to inform parliamentary decision making.
(d)Provide technical and financial support to the government and the National Planning Commission to undertake Voluntary National Review on progress towards SDG achievement.

(3) Activities planned but not implemented:

(a) Integration of demographic dynamics into disaster data mapping.

Nota Bene: "CP Intervention Areas" boxes: **In bold:** Activities that were not initially planned, yet were implemented; *in italics:* Activities that were initially planned but were not implemented.

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following three main purposes, as outlined in the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

4.2. Objectives

The **objectives** of this CPE are:

1. To provide the UNFPA Malawi CO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Malawi 8th CP (2019-2023).
2. To broaden the evidence base to inform the design of the next programme cycle.




The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support.
- ii. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- iii. To provide an assessment of the role played by the UNFPA Malawi CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Malawi CO in the coordination mechanisms of the HCT, with a view to improving humanitarian response and ensuring contribution to longer-term recovery.
- iv. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover the following districts (17 districts out of total 28 districts) where UNFPA implemented interventions (indicated with color arrows in the map):

- Five UNFPA focus districts of Nkhata Bay, Mchinji, Dedza, Mangochi and Chiradzulu 
- Emergency - Chikwawa, Nsanje, Mulanje 
- Multi-year donor funded projects - Salima, Kasungu, Nchitsi, Mzimba, Machinga, Dowa, Rumphi, Lilongwe, Baraka 

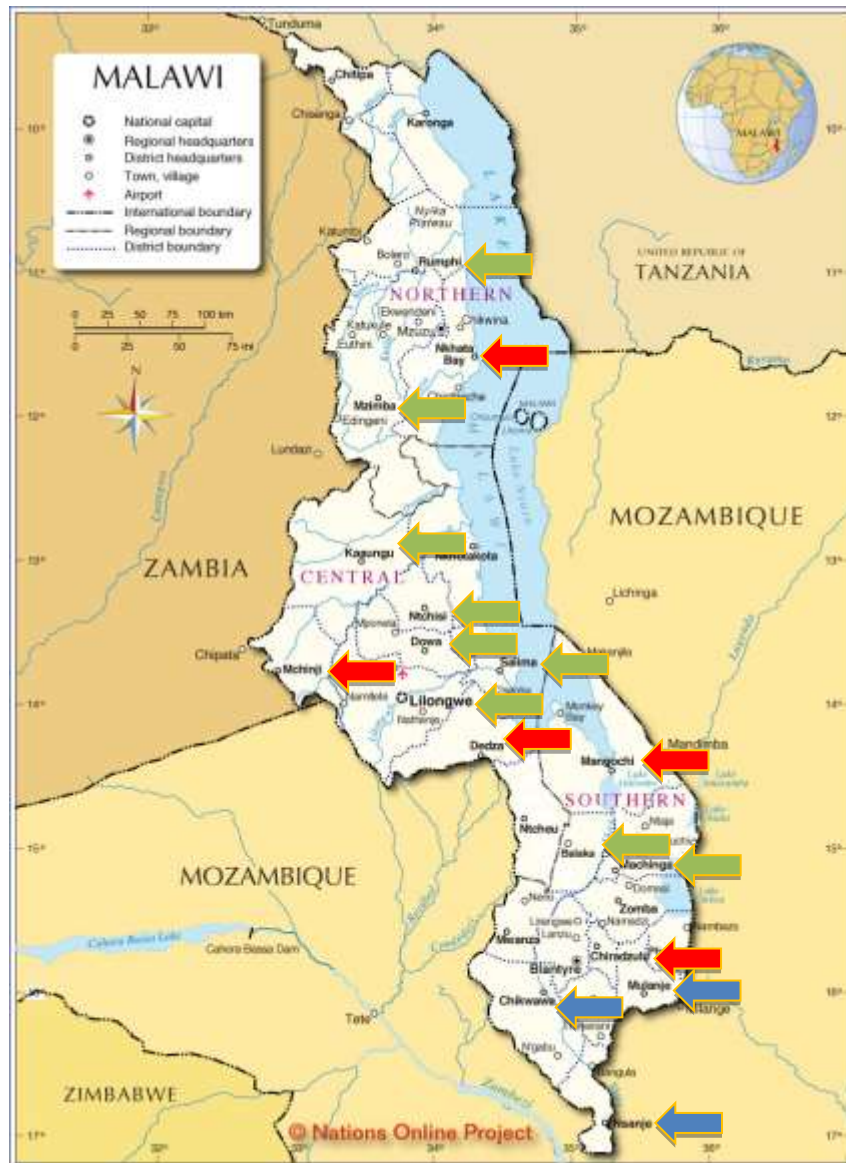


Figure 9: Geographic scope of the evaluation

Thematic Scope

The evaluation will cover the following 4 thematic areas of the 8th CP: sexual and reproductive health and rights (including family planning), gender equality, empowerment of young people, and population and development. In addition, the evaluation will cover cross-cutting issues, such as human rights, gender equality, disabilities, and environmental sustainability, and transversal functions, such as coordination; monitoring and evaluation (M&E); communications; resource mobilization; strategic partnerships, and operations etc.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP (2019-2023).

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency and sustainability.³⁰³ It will also use the evaluation criterion of coordination to assess the extent to which the UNFPA Malawi CO harmonized interventions with other actors, promoted synergy and avoided duplication under the framework of the UNCT. Furthermore, the evaluation will use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach; and (ii) to work across the humanitarian-peace-development nexus and contribute to building resilience.]

Relevance	The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA.
Effectiveness	The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.
Efficiency	The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.).
Sustainability	The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.
Coordination	The extent to which UNFPA has been an active member of and contributor to existing coordination mechanisms of the UNCT. This also includes UNFPA membership of, and contributions to humanitarian coordination mechanisms of the HCT, where applicable.
Coverage	The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.
Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

5.2. Preliminary Evaluation Questions

The evaluation of the CP will provide answers to the evaluation questions (related to the above criteria), which determine the thematic scope of the CPE.

The evaluation questions presented below are indicative and preliminary. Based on these examples, the country office staff is expected to develop a set of questions directly relevant to the CP under evaluation and insert them in this section. At the design phase, the evaluators are expected to develop a final set of evaluation questions, in consultation with the evaluation manager at the UNFPA Malawi CO and the ERG.

Relevance

1. To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDG?
2. To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?

³⁰³ The full set of OECD/DAC evaluation criteria, their adapted definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>.

- a. To what extent has the country office been able to respond to changes in the national development context, including COVID-19 pandemic and humanitarian crises?

Effectiveness

3. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes; (v) improved access to and utilization of high quality maternal health and family planning services in humanitarian settings?
4. To what extent has UNFPA successfully integrated human rights, gender perspectives, environment sustainability and disability inclusion³⁰⁴ in the design, implementation and monitoring of the country programme?

Efficiency

5. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the country programme including the use of the mix of available resources (human capacity, financial, etc.) and the implementation modalities adopted to the COVID-19 context and humanitarian response such as floods and cyclones.

Sustainability

6. To what extent have UNFPA supported interventions contributed to ensure resource commitments/allocations by the government institutions and its partners including NGOs for either continuation or scaling up of the activities?

Coordination

7. To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the HCT?

Coverage

8. To what extent have UNFPA humanitarian interventions in response to natural disasters (floods, cyclones and draughts) systematically reached the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities; LGBTQI populations, etc.)

Connectedness

³⁰⁴ See [Guidance on disability inclusion in UNFPA evaluations](#)

9. To what extent has the UNFPA humanitarian response to natural disasters (floods, cyclones and draughts) taken into account longer-term development goals articulated in the results framework of the country programme?
10. To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Malawi CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Malawi 8th CP (2019-2023)] (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA Malawi CO was during the period of the 8th CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Malawi 8th CP (2019-2023) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Malawi CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, non-governmental institutions, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations,

donors and, most importantly, rights-holders (notably women, adolescents, youth persons with disabilities). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the CP. Particular attention will be paid to ensuring participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.).

The evaluation manager in the UNFPA Malawi CO has established an ERG comprised of key stakeholders of the CP, including: governmental and non-governmental counterparts at national level, including organizations representing the youth, women forum, persons with disabilities, the regional M&E adviser in UNFPA, Malawi focal person at UNFPA Regional Office. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. The Handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA Malawi CO, the evaluators acquire a solid knowledge of the Handbook and the proposed methodology of UNFPA.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*,³⁰⁵ *Ethical Guidelines for Evaluation*,³⁰⁶ *Code of Conduct for Evaluation in the UN System*³⁰⁷, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.³⁰⁸ When contracted by the UNFPA Malawi CO, the evaluators will be requested to sign the UNEG *Code of Conduct*³⁰⁹ prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Malawi. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed evaluation work plan and agenda for the field phase.

³⁰⁵ Document available at: <http://www.unevaluation.org/document/detail/1914>.

³⁰⁶ Document available at: <http://www.unevaluation.org/document/detail/102>.

³⁰⁷ Document available at: <http://www.unevaluation.org/document/detail/100>.

³⁰⁸ Document available at: <http://www.unevaluation.org/document/detail/980>.

³⁰⁹ UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

The evaluation team is strongly encouraged to refer to the Handbook throughout the whole evaluation process and use the provided tools and templates for the conduct of the evaluation.

The evaluation matrix

The evaluation matrix is centerpiece to the methodological design of the evaluation (see Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160 as well as the evaluation matrix template in Annex C). The matrix contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions for all evaluation criteria and key assumptions to be examined; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated key assumptions. By linking each evaluation question (and associated assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

- *In the design phase*, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- *During the field phase*, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The evaluation manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
- *In the reporting phase*, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the evaluation manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner.

As the evaluation matrix plays a crucial role at all stages of the evaluation process, it will require particular attention from both the evaluation team and the evaluation manager. The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the annexes of the final evaluation report, to enable the evaluation report's users to access the supporting evidence for the answers to the evaluation questions.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the CP (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix (see Annex C) and shall be presented in the design report.

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur, based on the theory of change of the CP. This will allow the evaluators to

assess whether the preconditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions and related assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Malawi CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Malawi CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Malawi CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the evaluation manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and rights-holders (notably women, adolescents and youth) and direct observation during visits to selected sites.

Secondary data will be collected through document review, primarily focusing on annual work plans, quarterly work plan progress reports, monitoring data and donor reports for projects of the CO, evaluations and research studies (incl. previous CPEs, mid-term reviews of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations, etc.), housing census and population data, and records and data repositories of the CP and its implementing partners, such as health clinics/centres. Particular attention will be paid to compiling data on key performance indicators of the UNFPA Malawi CO during the period of the 8th CP (2019-2023).

The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 3 weeks for data collection in the field. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, checklists for direct observation at sites visited or a protocol for document review, shall be presented in the design report.

Data analysis

The evaluation matrix will be the major framework for analyzing data. The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and each assumption. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help to answer the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, sections 5.1 and 5.2, pp. 115-117).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77). These mechanisms include (but are not limited to):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2, pp. 94-95);
- Regular exchange with the evaluation manager at the CO;
- Internal evaluation team meetings to corroborate data and information for the analysis of assumptions, the formulation of emerging findings and the definition of preliminary conclusions; and
- The debriefing meeting with the CO and the ERG at the end of the field phase, when the evaluation team presents the emerging findings of the evaluation.

Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of the collected data and information and verify the robustness of findings at each stage of the evaluation, so they can determine whether they should further pursue specific hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.).

The validation mechanisms will be presented in the design report.

7. Evaluation Process

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The evaluation manager and the evaluation team leader must undertake quality assurance of each

deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparatory Phase (*Handbook, pp.35-40*)

The evaluation manager at the UNFPA Malawi CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Compilation of background information and documentation on the country context and CP for desk review by the evaluation team in the design phase.
- Drafting the terms of reference (ToR) for the CPE with support from the regional M&E adviser in UNFPA Eastern and Southern Africa Regional Office (ESARO) in consultation with the ERG, and submission of the draft ToR (without annexes) to the UNFPA Evaluation Office for review and approval.
- Publication of the call for the evaluation consultancy.
- Completion of the annexes to the ToR with support of the CO staff, and submission of the draft annexes to the UNFPA Evaluation Office for review and approval.
- Pre-selection of consultants by the CO, pre-qualification of the consultants by the UNFPA Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.

7.2. Design Phase (*Handbook, pp. 43-83*)

In the design phase, the evaluation manager will lay the foundation for communications around the CPE. All other activities will be carried out by the evaluation team, in close consultation with the evaluation manager and the ERG.

This phase includes:

- Evaluation kick-off meeting between the evaluation manager and the evaluation team, with the participation of the regional M&E adviser.
- Development of an initial communication plan (see Template 16 in the Handbook, p. 279) by the evaluation manager, in consultation with the communication officer in the UNFPA Malawi CO to support the dissemination and facilitation of use of the evaluation results. The initial communication plan will be updated during each phase of the evaluation, as appropriate, and finalized for implementation during the dissemination and facilitation of use phase.
- Desk review of background information and documentation on the country context and CP, as well as other relevant documentation.
- Detailed review of the theory of change underlying the CP (see Annex A). This includes an analysis of: assumptions on which the theory of change is based; contextual factors in which the CP is implemented (how it affects activities and result); indicators of progress in achieving results; links where the causal chain seems to break or are not well established; how results are expected to be sustained after the interventions end, etc.
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a final stakeholder map and a sampling strategy to select sites to be visited and stakeholders to be consulted in Malawi through interviews and group discussions.

- Development of a data collection and analysis strategy, as well as a concrete and feasible evaluation work plan and agenda for the field phase (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, related assumptions, indicators, data collection methods and sources of information). The data and information collected through the documentary review must be inserted in the evaluation matrix. The matrix is placed in a Google drive so it is accessible to all evaluation team members and to the evaluation manager for his/her supervision and quality assurance.

At the end of the design phase, the evaluation team will develop a **design report** that presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the evaluation manager and the ERG and submit it to the regional M&E adviser in UNFPA Eastern and Southern Africa Regional Office (ESARO) for review. The template for the design report is provided in Annex E.

7.3. Field Phase (*Handbook, pp. 87 -111*)

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of four weeks for data collection is planned for this evaluation. However, the evaluation manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Meeting with the UNFPA Malawi CO staff to launch the data collection.
- Meeting of the evaluation team with relevant programme officers at the UNFPA Malawi CO.
- Data collection at national and sub-national levels.

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the emerging findings from the data collection. The meeting will serve as a mechanism for the validation of collected data and information and the exchange of views between the evaluators and important stakeholders. It will enable the evaluation team to refine the findings, which is necessary so they can then formulate their conclusions and develop credible and relevant recommendations.

7.4. Reporting Phase (*Handbook, pp.115 -121*)

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, taking into account the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.

Prior to the submission of the draft report to the evaluation manager, the evaluation team must perform an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (see Annex F). The

evaluation manager and the regional M&E adviser in UNFPA Eastern and Southern Africa Regional Office (ESARO) will subsequently review the draft evaluation report, using the same criteria (defined in the EQA grid). If the quality of the report is satisfactory (in form and substance), the draft report will be circulated to the ERG members for review. In the event that the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a second draft.

The evaluation manager will perform his/her review of the draft final report against the completed evaluation matrix (to ensure that the analysis - responses to the evaluation questions - rests on credible data and information and is, in fact, evidence based). S/he will also collect and consolidate the written comments and feedback provided by the members of the ERG. On the basis of the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report** and submit it to the evaluation manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the evaluation manager in the UNFPA Malawi CO.

At the end of the reporting phase, the evaluation manager and the regional M&E adviser will jointly prepare an internal EQA of the final evaluation report. The Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase (*Handbook, pp.131 -133*)

In the dissemination and facilitation of use phase, the evaluation team will develop a **PowerPoint presentation of the evaluation results** that summarizes the key findings, conclusions and recommendations of the evaluation in an easily understandable and user-friendly way.

The evaluation manager will finalize the **communication plan** together with the communication officer in the UNFPA Malawi CO. Overall, the communication plan should include information on (i) target audiences of the evaluation; (ii) communication products that will be developed to cater to the target audiences' knowledge needs; (iii) dissemination channels and platforms; and (iv) timelines. At a minimum, the final evaluation report will be accompanied by a Powerpoint presentation of the evaluation results (prepared by the evaluation team) and an evaluation brief (prepared by the evaluation manager).

Based on the final communication plan, the evaluation manager will share the evaluation results with the CO staff (incl. senior management), implementing partners, Eastern and Southern Africa Regional Office (ESARO), the ERG and other target audiences, as identified in the communication plan. While circulating the final evaluation report to relevant units in the CO, the evaluation manager will also ensure that these units prepare their response to recommendations that concern them directly. The evaluation manager will subsequently consolidate all responses in a final **management response** document. In a last step, The UNFPA Malawi CO will submit the management response to the UNFPA Policy and Strategy Division in HQ.

The evaluation manager, in collaboration with the communication officer in the UNFPA Malawi CO, will also develop an **evaluation brief**. This concise note will present the key results of the CPE, thereby making them more accessible to a larger audience (see sections 8 and 10 below).

The final evaluation report, along with the management response and the final EQA will be included in the UNFPA evaluation database.³¹⁰ The final evaluation report will also be circulated to the UNFPA Executive Board. Finally, the final evaluation report, the evaluation brief and the management response will be published on the UNFPA Malawi CO website.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) the evaluation approach and methodology (incl. the theory of change and sampling strategy); (ii) the final stakeholder map; (iii) the evaluation matrix (incl. the final evaluation questions, indicators, data sources and data collection methods); (iv) data collection tools and techniques (incl. interview and group discussion protocols); and (v) a detailed evaluation work plan and agenda for the field phase. For guidance on the outline of the design report, see Annex E.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the evaluation manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Malawi CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present findings, conclusions and recommendations, based on the evidence that data collection yielded. It will undergo review by the evaluation manager, the CO, the ERG and the regional M&E adviser. Based on the comments and feedback provided by these stakeholders, the evaluation team will develop a final evaluation report.
- **Final evaluation report.** The final evaluation report (*maximum 70 pages, excluding annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. For guidance on the outline of the final evaluation report, see Annex G. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

³¹⁰ The UNFPA evaluation database can be accessed at the following link:
<https://web2.unfpa.org/public/about/oversight/evaluations/documentList.unfpa>.

Based on these deliverables, the evaluation manager, in collaboration with the communication officer in the UNFPA Malawi CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in the English language.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations at central and decentralized levels through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation report. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report to assess compliance with a certain number of criteria. The quality assessment will be conducted by the independent UNFPA Evaluation Office.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the independent UNFPA Evaluation Office developed (see <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F), which defines a set of criteria against which the draft and final evaluation reports are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation manager is primarily responsible for quality assurance of the deliverables of the evaluation in each phase of the evaluation process. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the draft and final evaluation reports comply with the quality assessment criteria outlined in the EQA grid (Annex F)³¹¹ before submission to the evaluation manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

1. Structure and Clarity of the Report

Ensure the report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with standards and practices of international organizations, including the editorial guidelines of the UNFPA Evaluation Office (see Annex I).

2. Executive Summary

Provide an overview of the evaluation, written as a stand-alone section, including the following key elements of the evaluation: Purpose

³¹¹ The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

of the evaluation and target audiences; objectives of the evaluation and brief description of the country programme; methodology; main conclusions; and recommendations.

3. Design and Methodology

Provide a clear explanation of the methods and tools used, including the rationale for the methodological approach and the appropriateness of the methods selected to capture the voices/perspectives of a range of stakeholders, including vulnerable and marginalized groups. Ensure constraints and limitations are made explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.)

4. Reliability of Data

Ensure sources of data are clearly stated for both primary and secondary data. Provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. documents) data collected and make limitations explicit.

5. Analysis and Findings

Ensure sound analysis and credible, evidence-based findings. Ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause-and-effect links between an intervention and its end results (incl. unintended results) are explained.

6. Validity of Conclusions

Ensure conclusions are based on credible findings and convey the evaluators' unbiased judgment of the intervention. Ensure conclusions are presented in order of priority; divided into strategic and programmatic conclusions (for guidance, see Handbook, p. 238); briefly summarized in a box that precedes a more detailed explanation; and for each conclusion its origin (on which evaluation question(s) the conclusion is based) is indicated.

7. Usefulness and Clarity of Recommendations

Ensure recommendations flow logically from conclusions, are realistic and operationally feasible. Ensure recommendations are presented in order of priority; divided into strategic and programmatic recommendations (as done for conclusions); briefly summarized in a box that precedes a more detailed explanation of the main elements of the recommendation and how it could be implemented effectively. For each recommendation, indicate a priority level (high/moderate/low), a target (administrative unit(s) to which the recommendation is addressed), and its origin (which conclusion(s) the recommendation is based on).

8. United Nations System-wide Action Plan (SWAP) Evaluation Performance Indicator – Gender Equality

Ensure the evaluation approach is aligned with the United Nations SWAP on Gender Equality and the Empowerment of Women³¹² and UNEG guidance on integrating human rights and gender perspectives in evaluation.³¹³

Using the grid in Annex F, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the evaluation manager in the UNFPA Malawi CO, (iii) the regional M&E adviser in UNFPA Eastern and Southern Africa Regional Office (ESARO), and (iv) the UNFPA Evaluation Office, whose roles and responsibilities are described in section 11.

³¹² Guidance on the SWAP Evaluation Performance Indicator and its application to evaluation is available at: <http://www.unevaluation.org/document/detail/1452>.

³¹³ The UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations is available at <http://www.uneval.org/document/detail/980>.

10. Indicative Timeframe and Work Plan

The table below indicates all the activities that will be undertaken throughout the evaluation process, as well as their duration or specific dates for the submission of corresponding deliverables. It also indicates all relevant guidance (tools and templates) that can be found in the UNFPA Evaluation Handbook.

Nota Bene: Column “Deliverables”: In italics: The deliverables are the responsibility of the CO/evaluation manager; in bold: The deliverables are the responsibility of the evaluation team.

Evaluation Phases and Activities ³¹⁴	Deliverables	Dates/Duration	Handbook/CPE Management Kit
Preparatory Phase			
Preparation of letter for Government and other key stakeholders to inform them about the upcoming CPE	<i>Letter from the UNFPA Country Representative</i>	March 28-April 15	
Establishment of the evaluation reference group (ERG)	<i>Members of the Evaluation reference group in place</i>	March 16-31	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
Compilation of background information and documentation on the country context and the CP for desk review by the evaluation team	<i>Creation of a Google Drive folder containing all relevant documents on country context and CP</i>	March 16-31	Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 CPE Management Kit: Document Repository Checklist
Drafting the terms of reference (ToR) based on the ready-to-use ToR (R2U ToR) template (in consultation with the regional M&E adviser and with input from the ERG)	<i>Draft ToR</i>	March 16-31	CPE Management Kit: Evaluation Office Ready-to-Use ToR (R2U ToR) Template
Review and approval of the ToR by the UNFPA Evaluation Office	<i>Final ToR</i>	April 6-13	
Publication of the call for the evaluation consultancy		April 14-28	CPE Management Kit: Call for Evaluation Consultancy Template
Completion of the annexes to the ToR (in consultation with the regional M&E adviser and with input from CO staff)	<i>Draft ToR annexes</i>	April 7–15	Template 4: The Stakeholders Map, p. 255 Tool 4: The Stakeholders Mapping Table, p. 166-167 Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254 Tool 3: List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome, pp. 164-165

³¹⁴ The activities of the different evaluation phases noted in this table do not necessarily follow the presentation of activities in the UNFPA Evaluation Handbook because they are ordered chronologically and include some additional activities, based on best practices within UNFPA.

			<p>Template 15: Work Plan, p. 278</p> <p>CPE Management Kit: Establishing the list of UNFPA interventions (Atlas projects)</p>
Pre-selection of consultants by the CO	<i>Consultant pre-selections scorecard</i>	<i>April 11-15</i>	CPE Management Kit: Consultant Pre-selection Scorecard
Review and approval of the annexes to the ToR by the UNFPA Evaluation Office	<i>Final ToR annexes</i>	<i>April 15-22</i>	
Pre-qualification of consultants by the UNFPA Evaluation Office		<i>April 15-22</i>	
Recruitment of the evaluation team by the CO		<i>April 20-29</i>	
Design Phase			
Evaluation kick-off meeting between the evaluation manager, the evaluation team and the regional M&E adviser		<i>May 3-6</i>	
Development of an initial communication plan by the evaluation manager (in consultation with the communication officer in the CO)	<i>Initial communication plan</i>	<i>May 3-6</i>	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Guidance on Strategic Communication for a CPE</p>
Desk review of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)		<i>May 3-23</i>	
Drafting of the design report (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase)	Draft design report	<i>May 23- June 30</i>	<p>Template 8: The Design Report for CPE, pp. 259-261</p> <p>Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169</p> <p>Tool 1: The Evaluation Matrix, pp. 138-160</p> <p>Template 5: The Evaluation Matrix, pp. 256</p> <p>Template 15: Work Plan, p. 278</p> <p>Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187</p> <p>Tool 11: Checklist for Sequencing Interviews, p. 188</p> <p>Template 7: Interview Logbook, p. 258</p>

			<p>Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187</p> <p>Template 6: The CPE Agenda, p. 257</p> <p>Tool 6: The CPE Agenda, pp. 170-176</p> <p>CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)</p>
Review of the draft design report by the evaluation manager and the regional M&E adviser	<i>Consolidated feedback provided by evaluation manager to evaluation team leader</i>	July 1- 4	
Presentation of the draft design report to the ERG for comments and feedback (a half day workshop during the indicated period)	PowerPoint presentation of the draft design report	July 11-18	
Revision of the draft design report and circulation of the final version to the evaluation manager for approval	Final design report	July 18-25	
Update of the communication plan by the evaluation manager, in particular target audiences and timelines (based on the final stakeholder map and the evaluation work plan presented in the approved design report)	<i>Updated communication plan</i>	July 25-29	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Guidance on Strategic Communication for a CPE</p>
Field Phase			
Inception meeting for data collection with CO staff	Meeting between evaluation team/CO staff	August 1	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
Individual meetings with relevant CO programme officers	Meeting of evaluators/CO programme officers	August 1-5	
Data collection (incl. interviews with key informants, site visits for direct observation, group discussions, document review, etc.)	Entering data/information into the evaluation matrix	August 8-26	<p>Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202</p> <p>Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205</p> <p>Template 9: Note of the Results of the Focus Group, p. 262</p> <p>CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)</p>
Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection	PowerPoint presentation for debriefing with the CO and the ERG	August 29	

Update of the communication plan by the evaluation manager (as required)	<i>Updated communication plan</i>	August 29-September 2	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE
Reporting Phase			
Drafting of the evaluation report and circulation to the evaluation manager	Draft evaluation report	September 2-16	Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288
Review of the draft evaluation report by the evaluation manager, the ERG and the regional M&E adviser	<i>Consolidated feedback provided by evaluation manager to evaluation team leader</i>	September 16-October 7	
Drafting of the final evaluation report (incl. annexes) and circulation to the evaluation manager	Final evaluation report (incl. annexes)	October 10-14	
Joint development of the EQA of the final evaluation report by the evaluation manager and the regional M&E adviser	<i>EQA of the draft evaluation report (by the evaluation manager and the regional M&E adviser)</i>	October 10-15	Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276 Tool 14: Summary Checklist for Human Rights and Gender Equality in the Evaluation Process, pp. 206-207 Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209
Circulation of the final evaluation report to the UNFPA Evaluation Office		October 17-21	
Preparation of the independent EQA of the final evaluation report by the UNFPA Evaluation Office	<i>Independent EQA of the final evaluation report (by the UNFPA Evaluation Office)</i>	October 21 - November 4	
Update of the communication plan by the evaluation manager (as required)	<i>Updated communication plan</i>	October 17-21	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE
Dissemination and Facilitation of Use Phase			
Preparation of the management response by the CO and submission to the Policy and Strategy Division	<i>Management response</i>	October 21-November 4	Template 12: Management Response, pp. 266-267
Finalization of the communication plan and preparation for its implementation by the evaluation manager, with support from the	<i>Final communication plan</i>	October 21-November 4	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on

communication officer in the CO			Strategic Communication for a CPE
Development of the presentation on the evaluation results	PowerPoint presentation of the evaluation results	November 7-11	Example of PowerPoint presentation (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf
Development of the evaluation brief by the evaluation manager, with support from the communication officer in the CO	<i>Evaluation brief</i>	November 11-21	Example of evaluation brief (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf
Announcement of CPE completion in M&E Net Community	<i>Blog post on the M&E Net Community</i>	November 21-26	CPE Management Kit: Guidance on How to Blog on The CPE Process
Publication of the final evaluation report, the independent EQA and the management response in the UNFPA evaluation database by the Evaluation Office		November 21-26	
Publication of the final evaluation report, the evaluation brief and the management response on the CO website		November 21-26	
Dissemination of the evaluation report and the evaluation brief to stakeholders by the evaluation manager	<i>Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.</i>	November 28-December 16	CPE Management Kit: Guidance on Strategic Communication for a CPE

Once the evaluation team leader has been recruited, s/he will develop a detailed **evaluation work plan** (see Annex I) in close consultation with the evaluation manager.

11. Management of the Evaluation

The **evaluation managers** in the UNFPA Malawi CO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The evaluation managers will oversee the entire process of the evaluation, from the preparation to the facilitation of the use and the dissemination of the evaluation results. They will also coordinate the exchanges between the evaluation team and the ERG. It is the responsibility of the evaluation managers to ensure the quality, independence and impartiality of the evaluation in line with the UNEG norms and standards and ethical guidelines for evaluation. The evaluation managers have the following key responsibilities:

- Establish the ERG.
- Compile background information and documentation on both the country context and the UNFPA CP and file them in a Google Drive to be shared with the evaluation team upon recruitment.

- Prepare the ToR (incl. annexes) for the evaluation, with support from the regional M&E adviser, and submit the ToR and annexes to the Evaluation Office for review and approval.
- Chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
- Launch and lead the selection process for the team of evaluators in consultation with the regional M&E adviser.
- Identify potential candidates to conduct the evaluation, complete the [Consultant Pre-selection Scorecard](#) to assess their respective qualifications, and propose a final selection of evaluators with support from the regional M&E adviser, to be submitted to the UNFPA Evaluation Office for pre-qualification.
- Share the annexes of the ToR with the final selected evaluators and hold an evaluation kick-off meeting with the evaluation team and the regional M&E adviser.
- Provide evaluators with logistical support for data collection (site visits, interviews, group discussions, etc.).
- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
- Perform the quality assurance of all the deliverables submitted by the evaluators throughout the evaluation process; notably the design report (focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection), as well as the draft and final evaluation report.
- Coordinate feedback and comments of the ERG on the evaluation deliverables and ensure that feedback and comments of the ERG are adequately addressed.
- Undertake quality assurance of the draft evaluation report in collaboration with the regional M&E adviser, according to the criteria specified in the EQA grid.
- Develop an initial communication plan (in coordination with the CO communication officer) and update it throughout the evaluation process, as required, to guide the dissemination and facilitation of use of the evaluation results.
- Prepare the EQA of the final evaluation report in collaboration with the regional M&E adviser, using the EQA grid and its explanatory note.
- Lead and participate in the preparation of the management response.
- Submit the final evaluation report, EQA and management response to the regional M&E adviser, the Evaluation Office and the Policy and Strategy Division at UNFPA headquarters.

At all stages of the evaluation process, the evaluation managers will require support from staff of the UNFPA Malawi CO. Specifically, the responsibilities of the **country office staff** are:

- Contribute to the preparation of the ToR, specifically the initial stakeholder map, the list of Atlas projects and the compilation of background information and documentation on the context and the CP, and provide input to the evaluation questions.
- Make time for meetings with/interviews by the evaluation team.
- Provide support to the evaluation manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national levels.
- Provide input to the management response.
- Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Malawi CO, ESARO, representatives of the national Government of Malawi, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (e.g. persons with disabilities, etc.) The ERG will serve as a body to ensure the

relevance, quality and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and key informants and undertake quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the evaluation manager in the development of the ToR, including the selection of preliminary evaluation questions.
- Provides input for selection of the team of evaluators.
- Provide feedback and comments on the design report.
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation.
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report.
- Participate in meetings with the evaluation team.
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response.

The **regional M&E adviser** in UNFPA ESARO will provide guidance and backstopping support to the evaluation managers at all stages of the evaluation process. The responsibilities of the regional M&E adviser are:

- Provide feedback and comments on the draft ToR (incl. annexes) in accordance with the UNFPA Evaluation Handbook, and submit the final draft version to the UNFPA Evaluation Office for review and approval.
- Support the evaluation manager in identifying potential candidates and assessing whether they have the appropriate level of qualifications and experience.
- Liaise with the UNFPA Evaluation Office on the completion of the ToR and the selection of the evaluation team.
- Review the design report and provide comments to the evaluation manager, with a particular focus on the final evaluation questions, the theory of change, the sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection.
- Review the draft evaluation report and provide comments to the evaluation manager.
- Support the evaluation manager in reviewing the final evaluation report.
- Prepare the EQA of the final evaluation report in collaboration with the evaluation manager, using the EQA grid and its explanatory note.
- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

The UNFPA **Evaluation Office** will play a crucial role in the EQAA of the evaluation. The responsibilities of the Evaluation Office are as follows:

- Review and approve the ToR (incl. annexes).
- Review and pre-qualification of the consultants.
- Commission the independent EQA of the final evaluation report.
- Publish the final evaluation report, independent EQA and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen

national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process]. In addition to his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 8th UNFPA CP in Malawi.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members (including a *young and emerging evaluator*) will be recruited locally to ensure adequate knowledge of the country context. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The evaluation manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the evaluation managers. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the CP described below.

Evaluation team member profile: SRHR expert

The SRHR expert must have knowledge of the health care delivery system in Malawi and must be in a position to provide expertise on current trends in integrated sexual and reproductive health services and rights in Malawi as outlined in the Malawi Reproductive Health and Rights services. S/he must have updated knowledge in all components of the SRHR strategy namely: family planning and contraception; maternal and newborn health; fistula; reproductive health cancers; sexual health; sexual reproductive health and rights for adolescents and young people; gender in sexual and reproductive health, and rights; sexual reproductive health in emergency situations; sexual and reproductive health among vulnerable and marginalized groups; and HIV prevention.

S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Malawi CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member profile: Adolescents and youth expert

The adolescents and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education for both in and out of school, provide technical support on approaches and ways in order to reduce

adolescent pregnancy, early and child marriages, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation, parent and child communication, legal environment and other strategic documents, safe spaces. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise.

S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Malawi CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member profile: Gender equality and women's empowerment expert

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as child, early and forced marriage S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Malawi CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member profile: Population dynamics expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, and national statistical systems. The candidate should also show demonstrable experience in the analysis of population data including disaggregation analyses essential for family planning, SRH and GBV. The expert must also have experience in working with evidence that creates investment cases for SRH by highlighting its impact on development. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Malawi CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Young and emerging evaluator

The young and emerging evaluator will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will also participate in data collection (site visits, interviews, group discussions and document review) and contribute to data analysis and the drafting of the evaluation report, as agreed with the evaluation team leader. In addition, s/he will provide administrative support throughout the evaluation process and participate in meetings with the evaluation manager, UNFPA Malawi CO staff and the ERG.

The modalities for the participation of the evaluation team members including the young and emerging evaluator in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their

respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development and humanitarian assistance.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise in one of the thematic areas of the CP covered by the evaluation (see expert profiles below).**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Malawi.
- Fluent in written and spoken English.

SRHR expert profile

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.

- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and humanitarian assistance.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, obstetric fistula and family planning
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Malawi.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Chichewa.

Adolescents and youth expert profile

The competencies, skills and experience of the adolescents and youth expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and humanitarian assistance.
- Substantive knowledge of adolescent and youth issues, in particular SRHR of adolescents and youth.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Malawi
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Chichewa.

Gender equality and women's empowerment expert profile

The competencies, skills and experience of the gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and humanitarian assistance.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Malawi.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Chichewa.

Population dynamics expert profile

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and humanitarian assistance.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Malawi.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.

- Fluent in written and spoken English and Chichewa.

Young and emerging evaluator profile (subject to availability of funds)

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in public health, demography or population studies, social sciences, statistics, development studies or a related field.
- Certificate in evaluation or equivalent qualification.
- Up to five years of work experience in conducting evaluation or M&E in the field of international development.
- Excellent analytical and problem-solving skills.
- Demonstrated ability to work in a team.
- Strong organizational skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage.
- Fluent in written and spoken English and Chichewa and other local languages as relevant.

13. Budget and Payment Modalities

The young and evaluators including the emerging evaluator will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	Thematic experts
Design phase	7	3

Field phase	20	20
Reporting phase	20	9
Dissemination and facilitation of use phase	1	1
TOTAL (days)	48	33

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the evaluation manager. The number of days that will be allocated to team members will vary depending on the extent of the area of expertise that each of them covers.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. UNFPA Evaluation Policy 2019. The document is available at <https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>.
2. *Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA* (2019)
<https://www.unfpa.org/EvaluationHandbook>
3. [Guidance on disability inclusion in UNFPA evaluations](#)
4. The UNFPA evaluation database, to be accessed at the following link:
<https://web2.unfpa.org/public/about/oversight/evaluations/documentList.unfpa>.
5. UNFPA Strategic Plan (2014-2017) (incl. annexes)
<https://www.unfpa.org/resources/strategic-plan-2014-2017>
6. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
7. UNFPA Strategic Plan (2022-2025) (incl. annexes)
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
8. Relevant centralized evaluations conducted by the UNFPA Evaluation Office-available at:
<https://www.unfpa.org/evaluation>

Malawi national strategies, policies and action plans

1. Malawi Vision 2063: An Inclusively Wealthy and Self-reliant Nation,
<https://malawi.un.org/sites/default/files/2021-01/MW2063-%20Malawi%20Vision%202063%20Document.pdf>
2. Malawi 2063 First 10-year Implementation Plan (MIP-1) 2021-2030
<https://www.businessmalawi.com/files/MIP-10-year-implementation-plan.pdf>

3. The United Nations Sustainable Development Cooperation Framework (UNSDCF) 2019-2023
<https://malawi.un.org/sites/default/files/2020-04/2019-2023-Malawi-UNSDCF-19th-Sept-2018%20%281%29.pdf>
4. Second National Population Policy (2013)
5. <http://nkhokwe.kuhes.ac.mw/bitstream/handle/20.500.12845/161/Malawi%20National%20Population%20Policy%202012.pdf?sequence=1&isAllowed=y>
6. Malawi Health Sector Strategic Plan 2 (MHSSP 2) 2017-2022
https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/HSSP_II_Final_HQ_complete_file.pdf
7. National Youth Friendly Health Service (YFHS) Strategy (2015-2020)
https://www.healthpolicyproject.com/pubs/673_YFHSSstrategyFINALWEB.pdf
8. National Gender Policy (2015-2020)
9. <https://cepa.rmportal.net/Library/government-publications/National%20Gender%20Policy%202015.pdf>
10. National Plan of Action to Combat Gender-Based Violence in Malawi (2016 – 2021)
<https://www.togetherforgirls.org/wp-content/uploads/2017/10/National-Plan-of-Action-to-Combat-Gender-Based-Violence-in-Malawi-2014-2020.pdf>
11. National Action Plan for Women Economic Empowerment (2016-2021)
https://sarpn.org/documents/d0001262/P1496-policy-paper_malawi_May2004.pdf
12. National Strategy on Ending Child Marriages (2018-2023) (not found on-line)
13. National Statistical System Strategic Plan III (2018-2023)
<http://www.nsomalawi.mw/images/stories/NSSACTIVITIES/national%20statistical%20system%20strategic%20plan%202019-2023.pdf>
14. Malawi Digital Health Strategy (2020 – 2025)
https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/Malawi/Malawi_Digital_Health_Strategy_20-25.pdf
15. National Disaster Risk Management Policy (2015)
https://www.preventionweb.net/files/43755_malawidrmpolicy2015.pdf

UNFPA Malawi CO programming documents

9. Government of Malawi/UNFPA 8th Country Programme Document (2019-2023)
10. United Nations Common Country Analysis/Assessment (CCA)
11. Situation analysis for the Government of Malawi/UNFPA 8th Country Programme ([2019-2023)
12. CO annual work plans
13. Joint programme documents

14. Mid-term reviews of interventions/programmes in different thematic areas of the CP
15. Reports on core and non-core resources
16. CO resource mobilization strategy

UNFPA Malawi CO M&E documents

17. CO annual results plans and reports (SIS/MyResults)
18. CO quarterly monitoring reports (SIS/MyResults)
19. Previous evaluation of the Government of Malawi/UNFPA 8th Country Programme (2019-2023), available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>
20. Implementing partner annual work plans and quarterly progress reports
21. Relevant national surveys (MDHS, MICS) and studies

Other documents

22. Implementing partner assessments
23. Audit reports and spot check reports
24. Meeting agendas and minutes of joint United Nations working groups
25. Donor reports of projects of the UNFPA Malawi CO

15. Annexes

A	Theory of change
B	Stakeholder map
C	Evaluation matrix template
D	Establishing the list of UNFPA interventions (Atlas projects)
E	Outline of design report
F	Evaluation Quality Assessment grid
G	Outline of evaluation report (draft and final version)
H	UNFPA Evaluation Office editorial guidelines
I	Evaluation work plan

Annex 2: List of persons/Institutions interviewed

	Name of interviewee	Gender	Institution	Designation
1	Mr. Hans Katengeza	M	Min. of Health and Population	SRHR & AYFHS National Programme Officer
2	Japhet Chirwa	M	Min. of Gender, Children, Disability & Social Welfare (MoGCDSW)	Principal Gender Officer
3	Hanna Kisyombe	F	MoGCDSW	Principal Gender Officer
4	Fiona Nguluwe	F	Min. of Education, Science and Technology	Principal School Health and Nutrition Coordinator
5	Deus Thengo Lupenga	M	Min. of Youth and Sports (MoYS)	Deputy Director
6	Alex Chiyenda	M	National Youth Council of Malawi	Programme Officer - Youth
7	Austin Chigwengwe	M	National Planning Commission	M&E Lead
8	Ivy Kossam	F	National Planning Commission	Senior Development Planning Specialist
9	Harold Fote	M	National Planning Commission	Research Officer
10	Felix Chingwalu	M	National Youth Council of Malawi (NYCOM)	Programme Officer
11	Mphatso Baluwa Jimu	F	Malawi Girls Guides Association	Executive Director, Lilongwe
12	Julius Chingwalu	M	African Institute of Development Policy	Senior Research Associate, Lilongwe
13	Richard Kalea	M	Ntchisi Youth Development Organisation	Executive Director
14	Richard Phiri	M	National Statistical Office	Chief Statistician /UNFPA Census Coordinator
15	Dr. Isaac Mbingwani	M	Dedza District Health Team	Director of Health & Social Services, Dedza
16	Ms. Mercy Chinkhunda	F	Dedza District Health Team	District Nursing Officer, Dedza
17	Ms. Cynthia Chikoya	F	Family Planning Association of Malawi	FPAM Coordinator, Dedza
18	Freda Simwaka	F	MoGCDSW	District Social Welfare Officer
19	Mr Mabuchi	M	MoGCDSW	District Senior assistant Social Welfare Officer, Dedza
20	Mateyu Nyambi	M	Dedza District Health Team	District YFHS Coordinator
21	Freda Simwaka	F	MoGCDSW	District Social Welfare Officer
22	Maria Monteiro	F	MoGCDSW	District Gender Officer, Dedza
23	Twesa Mwamlima	F	MoYS	District Youth Officer, Dedza
24	Hellen Simwaka	F	MoGCDSW	District Social Welfare Officer, Dedza
25	Benjamin Kapuchi	M	MoGCDSW	Assistant Social Welfare Officer, Dedza
26	Mateyu Ntondo	M	Ministry of Health & Population	Youth Friendly Health Services Coordinator, Dedza
27	Dr. Henry Chibowa	M	Mangochi District Health Team	Director of Health & Social Services, Mangochi
28	Mr. Mphatso Mulenga	M	FPAM Mangochi	District Manager
29	Pilirani Malonda	F	MoGCDSW	District Gender Officer. Mangochi
30	Laston CHikopa	M	MoGCDSW	District Gender Officer. Mangochi
31	Kumbukani Manda	M	MoYS	District Youth Officer, Mangochi
32	Peter Malipa	M	Ministry of Health & Population	Youth Friendly Health Services Coordinator, Mangochi
33	R. Milanzi	M	Malawi Police Service	Police Victim Support Unit Coordinator, Mangochi
34	Patricia Kapena	F	Ministry of Health & Population (MoHP)	District Nursing Officer, Mangochi
35	Enock Changamire	M	Pakachere	Mangochi
36	Joyce Kululanga	F	Ministry of Education, Science & Technology	District School Health Coordinator, Mangochi
37	Imedi Awalu	M	Community Victim Support Unit	Chairperson CVSU, Mangochi

	Name of interviewee	Gender	Institution	Designation
38	Shekh Dr Allan Makalani	M	Moslem Faith Religious Leader	Religious Leader, Mangochi
39	Mr. Stallich Mwambiwa	M	Mulanje District Council	District Commissioner, Mulanje
40	Dr. Llyod Njikho	M	Mulanje District Health Team	Director of Health and Social Services, Mulanje
41	Ms. Flossie Fatch	F	Mulanje District Health Team	District Nursing Officer
42	Dr. Lloyd Mathewe	M	Mulanje District Hospital	Clinician / UNFPA District Focal Person
43	Mafunga Jamu	M	MoGCDSW	District Gender Officer. Mulanje
44	Pearson Katandula	M	Ministry of Health & Population	Youth Friendly Health Coordinator, Mulanje
45	Charles Mphaya	M	MoYS	Principal Youth Officer, Mulanje
46	Pearson Kalamula	M	MoHP	District YFHS Coordinator, Mulanje
47	Grace Chinyama	F	Malawi Police Police	Police Victim Support Unit Coordinator, Mulanje
48	Dr Gilbert Chapweteka	M	Nsanje District Health Team	Director of Health and Social Services
49	Dr Waleke Khumalo	M	Nsanje District Health Team	DMO
50	Chancy Fundani	M	Nsanje District Health Team	District Nursing Officer
51	Cecilia Mwamlima	F	Nsanje District Health Team	Youth FHS Assistant Coordinator, Nsanje
52	Edson Njembe	M	MoGCDSW	District Gender Officer. Nsanje
53	Chikumbutso Salif	M		District SW Officer
54	Sharif Malunga	M	MoYS	District Youth Officer, Nsanje
55	Hudson Kachale	M	MoH	Youth FHS Coordinator
56	Dalitso Kachiwalo	F	Foundation for Civic education and Social Empowerment (FOCESE)	Manager, Nsanje
57	Isaac Ndabele	M	Nkhata Bay District Council	Director of Planning and Development
58	Sr. Phyllis Baluwa	F	Nkhata Bay District Health Team	District Nursing Officer
59	Dr. Kennedy Msango	M	Nkhata Bay Hospital	Fistula Focal Person
60	Wyson Bonongwe	M	MoGCDSW	District Gender Officer. Nkhata Bay
61	MacCensie Chagomerana	M	MoGCDSW	District SW Officer, Nkhata Bay
62	Veronica Binauli Kaira	F	Police	VSU Coordinator, Nkhata Bay
63	Reuben Moyo	M	Ministry of Health, Nkhata Bay Hospital	Youth FHS Coordinator, Nkhata Bay
64	Khumbo Nyasulu	M	Ministry of Health, Nkhata Bay Hospital	YFHS nurse
65	Julliet Msoa	F	GENET	GENET, Nkhata Bay
66	Maria Manuel Gomes Do Valle Ribeiro	F	Resident Coordinator's Office	Resident Coordinator
67	Chimwemwe Msowoya	M	Resident Coordinator's Office	Communications Officer, RCO
68	Rudolf Nkhata	M	Resident Coordinator's Office	Data, Planning and Monitoring and Evaluation Officer, RCO
69	Teemar Kidane	F	Resident Coordinator's Office	Coordinator Spotlight Initiative
70	Francis Matita	M	UN Women	Monitoring and Evaluation Specialist
71	Gerrit Maritz	M	UNICEF	Deputy Res Representative
72	Simon Molendjk	M	UNICEF	Chief Education and Adolescents Officer
73	Sergu Rusanouschi	M	UNICEF	Chile Protection Specialist
74	Mesfin H. Sanbete	M	UNICEF	Health Specialist MNH
75	Mr. Paul Turnbull	M	WFP	Country Director & Representative

	Name of interviewee	Gender	Institution	Designation
76	Mr. James Okoth	M	FAO	Country Representative
77	Roberline Tozwen	F	UNHCR	Ag. Deputy Representative/ Senior Protection Officer
78	Nuha Ceesay	M	UNAIDS	Deputy Representative
79	Alex Maganga	M	UNDP	Spotlight Initiative Coordinator, Nkhata Bay District
80	Inga Petursdottir	F	Iceland	Head of Mission
81	Uchizi Chihana	F	Iceland	Programme Manager
82	Eun Heo	F	KOICA	Deputy Country Director
83	Suma Mbatiani	F	KOICA	Programme Manager
84	Rachael Kathyanga	F	FCDO	Programme Manager
85	Ms. Miranda Tabifor	F	UNFPA	Officer In Charge
86	Ms. Won Young Hong	F	UNFPA	Former Country Representative
87	Mr. Masaki Watabe	M	UNFPA	Former Deputy Representative
88	Ms. Dorothy Nyasulu	F	UNFPA	Assistant Representative
89	Ms. Geergette Whyte-Henry	F	UNFPA	International Operations Manager
90	Ms. Sanghmitra Duggal	F	UNFPA	Programme Coordination Analyst
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111	Ms. Abigail Simkoko	F	UNFPA	Programme Analyst M&E
112	Mr. Godfrey Chavula	M	UNFPA-Spotlight	GBV Services Coordinator, Nkhata Bay

Annex 3: List of documents consulted/reviewed

No.	Name /title of document	Source /link
	Malawi National Policies, Strategies and Action Plans	
1	Malawi 2022 Voluntary National Review (VNR) of SDGs Report	
2	Malawi 2063 First 10-year Implementation Plan (MIP-1) 2021-2030	https://www.businessmalawi.com/files/MIP-10-year-implementation-plan.pdf
3	Malawi Digital Health Strategy (2020 – 2025)	http://www.nsomalawi.mw/images/stories/NSSACTIVITI/ES/national%20statistical%20system%20strategic%20plan%202019-2023.pdf
4	Malawi Health Sector Strategic Plan 2 (MHSSP 2) 2017-2022	https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/HSSP_II_Final_HQ_complete_file.pdf.pdf
5	Malawi Vision 2063: An Inclusively Wealthy and Self-reliant Nation	https://malawi.un.org/sites/default/files/2021-01/MW2063-%20Malawi%20Vision%202063%20Document.pdf
6	Multiple Indicator Cluster Survey (MICS) 2019-20	
7	National Action Plan for Women Economic Empowerment (2016-2021)	https://sarnp.org/documents/d0001262/P1496-policy-paper_malawi_May2004.pdf
8	National Disaster Risk Management Policy (2015)	https://www.preventionweb.net/files/43755_malawidmpolicy2015.pdf
9	National Gender Policy (2015-2020)	https://cepa.rmportal.net/Library/government-publications/National%20Gender%20Policy%202015.pdf
10	National Plan of Action to Combat Gender-Based Violence in Malawi (2016 – 2021)	https://www.togetherforgirls.org/wp-content/uploads/2017/10/National-Plan-of-Action-to-Combat-Gender-Based-Violence-in-Malawi-2014-2020.pdf
11	National Statistical System Strategic Plan III (2018-2023)	http://www.nsomalawi.mw/images/stories/NSSACTIVITI/ES/national%20statistical%20system%20strategic%20plan%202019-2023.pdf
12	National Strategy on Ending Child Marriages (2018-2023) (not found on-line)	Not found online
13	National Youth Friendly Health Service (YFHS) Strategy (2015-2020)	https://www.healthpolicyproject.com/pubs/673_YFHSSstrategyFINALWEB.pdf
14	Second National Population Policy (2013)	http://nkhokwe.kuhes.ac.mw/bitstream/handle/20.500.12845/161/Malawi%20National%20Population%20Policy%202012.pdf?sequence=1&isAllowed=y
15	United Nations Sustainable Development Cooperation Framework (UNSDCF) 2019-2023	https://malawi.un.org/sites/default/files/2020-04/2019-2023-Malawi-UNSDCF-19th-Sept-2018%20%281%29.pdf
	UNFPA documents	
16	Evaluation Handbook: How to Design and	https://www.unfpa.org/EvaluationHandbook

No.	Name /title of document	Source /link
	Conduct a Country Programme Evaluation at UNFPA (2019)	
17	Guidance on disability inclusion in UNFPA evaluations	Guidance on disability inclusion in UNFPA evaluations
18	Relevant centralized evaluations conducted by the UNFPA Evaluation Office	https://www.unfpa.org/evaluation
19	UNFPA Evaluation Database	https://web2.unfpa.org/public/about/oversight/evaluations/documentList.unfpa .
20	UNFPA Evaluation Policy 2019	https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019
21	UNFPA Strategic Plan (2014-2017) including annexes	https://www.unfpa.org/resources/strategic-plan-2014-2017
22	UNFPA Strategic Plan (2018-2021) including annexes	https://www.unfpa.org/strategic-plan-2018-2021
23	UNFPA Strategic Plan (2022-2025) including annexes	https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfa20218
	UNFPA Malawi CO Programming documents	
24	GoM/UNFPA 8th CPD (2019-2023)	
25	Malawi CPD - Compact of Commitment	
26	Malawi CPD – Outcome Theory of Change	
27	Resource Mobilisation and Partnership Plans, 8 th cycle (April 2018)	
	UNFPA Malawi CO M&E Reports	
28	Annual Report 2021	
29	GoM/UNFPA 7 th CPE (2012-2018)	https://web2.unfpa.org/public/about/oversight/evaluations/
	Document related to CPE process	
30	Roadmap of Malawi CPE	
31	Stakeholder Map	
32	Terms of Reference (April 2022)	
33		
	UNFPA documents related to finance	
34	UNFPA Malawi Atlas	
35		
	Other documents	
36	UNFPA CO Organogram	
37		

Annex 4: Evaluation matrix

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>RELEVANCE EQ1: To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDG?</p>			
<p>Assumption: The Malawi 8th CP adapted to the needs of the population, in particular those of marginalised and vulnerable groups (e.g. young people and women with disabilities, etc), and CP8 is consistent with both the national and international policies and strategies.</p>	<ul style="list-style-type: none"> • Evidence for an exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of Malawian population, including women and girls, and marginalized and vulnerable groups where such groups may include young people, women with disabilities, adolescents and children; women exposed to gender-based violence; out-of-school children; ethnic and religious minorities, and people living in crisis-affected areas and from remote areas, prior to the programming of the four components of the CPD and AWP. • Evidence of alignment to the national and international policies and frameworks • The selection of target groups for UNFPA-supported interventions in the four target thematic components of the programme is consistent with identified needs (as detailed in the needs assessment). • Evidence that the programmatic 	<ul style="list-style-type: none"> • ICPD POA, MDG reports, SDG reports, UNFPA Strategic Plan 2018-2021, 8th CPD (2019-2023), COARs, UNDAF and review; AWP • GoM/UNFPA 7th CPE Report • National policy/strategy documents • Needs assessments • Surveys (including MDHS, MICS etc.), census data and other reports • Surveys showing sex disaggregation, urban/ rural divide, regional adapted to the needs of the population, in particular those of marginalised and vulnerable groups (e.g. young people and women with disabilities, etc), regional/ geographical disparities for UNFPA's four components, • Other relevant studies used to understand the human rights and gender equality context, • And evidence of needs assessments, alignment of CP with UNDAF, and national documents till 2019 but including documents for the period 2019-2023 for programmatic changes • CEDAW working group reports and 	<ul style="list-style-type: none"> • Document review of relevant documents • Interviews with UNFPA CO staff • Interviews with implementing partners • Interviews with key GoM officials in line Ministries and Departments Ministry of Youth & Sports, Ministry of Health and Population; Ministry of Gender, Community Development and Social Welfare; Ministry of Finance, District Councils, • Interviews/focus groups with final beneficiaries • Interviews with NGOs/ donors, including local organizations, working in the same mandate area as UNFPA but not partners of UNFPA.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<p>interventions had flexibility to respond to changing needs for vulnerable and marginalized groups.</p> <ul style="list-style-type: none"> • Extent to which the interventions planned within the AWP (across the four components of the programme) targeted the most vulnerable, disadvantaged population groups listed above, in a prioritized manner with evidence that they were targeted as participants and beneficiaries. 	<p>Gender Parity Reports</p> <ul style="list-style-type: none"> • UNFPA CO staff 	
<p>RELEVANCE EQ2: To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes? (a) To what extent has the country office been able to respond to changes in the national development context, including COVID-19 pandemic and humanitarian crises?</p>			
<p>Assumption: UNFPA Malawi CP was consistent and responsive to the changing needs and priorities, especially for those of vulnerable or marginalized groups and to shifts caused by crisis or major political changes; and was able to respond effectively to COVID-19 pandemic and humanitarian crises.</p>	<ul style="list-style-type: none"> • Evidence that the programmatic interventions had flexibility to respond to changing needs and priorities for the marginalized and vulnerable groups (e.g. young people, women with disabilities; women exposed to GBV; out-of-school children; persons with different abilities; internally displaced persons, ethnic and religious minorities, and people living in crisis-affected areas and from remote areas). • Extent to which the interventions planned within the AWP (across the four components of the programme) targeted women and girls, and the most 	<ul style="list-style-type: none"> • Malawi 8th CPD (2019-2023) • National policies/ strategic documents such as Government of Malawi Vision 2063, the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2019-2023, the ICPD Plan of Action, the 2030 Agenda for Sustainable Development, and Family Planning 2020. • National policy/strategy documents pertaining to Area of Responsibility (AoR): National Plan of Action on Human Rights • Alignment of CP8 with UNDAF, and national documents till 2019 but including documents for the period 2019-2023 for 	<ul style="list-style-type: none"> • Document review of relevant documents • Interviews with UNFPA CO staff • Interviews with implementing partners • Interviews with development partners • Interviews with UN agencies that include: UNDP, UNAIDS, UNICEF; WHO; UN Women, UNHCR, and UN Women, FAO among others.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<p>vulnerable, disadvantaged population groups listed above, in a prioritized manner with evidence that they were targeted as participants and beneficiaries.</p> <ul style="list-style-type: none"> Evidence that UNFPA interventions adapted to shifts caused by crises, major political changes as well as well as the changing COVID-19 emergencies. 	<p>programmatic changes</p> <ul style="list-style-type: none"> Monitoring and evaluation reports Joint programmes and work plan and reports UNCT and programme specialists in UN agencies AWPs, APRs CO staff UNCT GoM and key partners 	
<p>EFFECTIVENESS EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services?</p>			
<p>Assumption: Quality integrated Sexual and Reproductive Health and Family Planning information and services, especially for the vulnerable and marginalized populations were demonstrably increased and national policy environment for it was improved, where the contribution of UNFPA is demonstrated, and that a limited number of strategic activities led to significant results, in a complex country programme.</p>	<p>During CP8 implementation:</p> <ul style="list-style-type: none"> Evidence of change/s in policy environment at national and district level that have markedly improved the integrated SRH and FP information and services. Extent to which the change/s in policy environment is/are a contribution from UNFPA interventions. Extent to which the improvements in integrated SRH and FP information and services is/are a contribution from UNFPA interventions. <p>Evidence of gained political support and engagement in improving SRH and FP information and services, especially for vulnerable and marginalized populations.</p> <ul style="list-style-type: none"> Proportion of sessions where SRH and 	<p>Regarding policy environment, at national and district levels:</p> <ul style="list-style-type: none"> Relevant policy and strategy documents that were developed or revised (Reproductive health strategy; Reproductive normative tools, guidelines, strategies) Relevant plans that were revised in response to changes in policies; Relevant national and district data sources for service and outcome indicators: <ul style="list-style-type: none"> MDHS MICS DHIS UNFPA Annual Reports National disaggregated statistics related to reproductive health 	<p>Review of relevant documents</p> <ul style="list-style-type: none"> Policy and planning documents Relevant reports Analysis of secondary data <p>Political support and engagement</p> <ul style="list-style-type: none"> Analysis of primary data Review of assembly records Analysis of interviews with politicians <p>Strengthening the capacities</p> <ul style="list-style-type: none"> Analysis of relevant reports <ul style="list-style-type: none"> Training modules Training reports Minutes of meetings Seminar and

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<p>FP was discussed in respective fora at national and district level</p> <p>Extent of strengthening the capacities at national and district levels, to improve quality integrated SRH and FP information and services, during CP8:</p> <ul style="list-style-type: none"> • Proportion of policy and planning level seminars / workshops / meetings on SRH and FP information and services, which were fully or partially supported by UNFPA. • Proportion of training events for different cadres of workforce that were fully or partially supported by UNFPA. <p>Extent to which the interventions were informed by needs and interests of diverse groups of stakeholders;</p> <ul style="list-style-type: none"> • Evidence of consultations with stakeholders during planning phase • Proportion of plans for which stakeholders were consulted during planning. <p>Extent to which the service delivery output / outcome indicators are improved.</p> <ul style="list-style-type: none"> • Proportion of health facilities which have recently started offering SRH and FP services • Proportion of increase in FP clients • Proportion of clients who are satisfied with the service delivery outlets. <p>Extent to which unintended effects of the programme (positive or negative) have been</p>	<ul style="list-style-type: none"> • Monitoring and periodic reports produced by: <ul style="list-style-type: none"> - UNFPA CO staff - Implementation partners - District technical staff - AWPAs and APRs. <p>Political support and engagement</p> <ul style="list-style-type: none"> - Parliamentary cauci meeting records - In depth Interviews with relevant politicians. <p>Strengthening the capacities</p> <ul style="list-style-type: none"> - Reports of policy and planning level seminar / workshop - Minutes of relevant policy and planning level meetings; - Training modules, that were revised - Training modules that were produced; - Training reports - UNFPA reports on capacity building initiatives and events. <p>Consultations with stakeholders for planning:</p> <ul style="list-style-type: none"> - Reports on planning consultations with stakeholders <p>Service delivery improvement</p> <ul style="list-style-type: none"> - DHIS 	<p>workshop reports</p> <p>Stakeholder consultation</p> <ul style="list-style-type: none"> - Review of relevant consultation reports - Analysis of planning reports <p>Service delivery</p> <ul style="list-style-type: none"> - Analysis of health facilities' data - DHIS - Analysis of findings from client satisfaction surveys <p>FGD with community beneficiaries</p>

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	achieved that were not adequately considered in the intervention design.	<ul style="list-style-type: none"> - MICS - Health facilities' reports - Client satisfaction survey reports 	
EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights?			
Assumption: Comprehensive, gender-sensitive, high-quality Adolescent Sexual and Reproductive Health (ASRH) services are in place and accessible with a focus on the (varied needs of) adolescents and young people and vulnerable and marginalized groups and were demonstrably increased and national policy environment for it was improved, where contribution of UNFPA is demonstrated, and that a limited number of strategic activities led to significant results, in a complex country programme.	<ul style="list-style-type: none"> • Extent to which M&E of programme achievements indicate timely meeting of outputs • The extent to which outputs in CP8 are likely to have contributed to outcome results • Evidence of increased government or stakeholder commitment to AY? • Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design. 	<ul style="list-style-type: none"> • M&E documentation • AWP and APRs • Relevant programme, project and institutional reports of stakeholders • UNFPA Malawi CO staff • GoM staff and IPs • Remote site visits • District data (MDHS 2016, MICS, DHIS, planning and monitoring units' data) • IP partner reports • UNFPA Annual reports (2019-2023) • Health system staff and care providers • Women/service recipients in communities • National budget information • National disaggregated statistics related to reproductive health • Reproductive health strategy • Reproductive normative tools, guidelines, strategies. • Final beneficiaries/members of the community (including those who use the services and those who do not). • Relevant reports (on ASRH) produced by national/international adolescents and 	<ul style="list-style-type: none"> • Document review of relevant documents • Interviews with ministries/ departments of health/ planning, women's development other relevant government ministries and departments, youth networks and academic institutions • Interviews with WHO and other relevant United Nations agencies • Interviews with health professionals • Interviews and focus group discussions with service users and non-users • FGD with community beneficiaries.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
		youth organizations.	
<p>EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (iii) advancement of gender equality and the empowerment of all women and girls?</p>			
<p>Assumption 1: National priority of government and other institutions on gender equality, women's empowerment and Gender Based Violence was demonstrably increased, law and legislative framework and policy environment for it was improved, and institutional capacities and systems were strengthened, where the contribution of UNFPA is demonstrated, and that a limited number of strategic activities led to significant results, in a complex country programme.</p> <p>Assumption 2: Technical capacity of national institutions, Women Commissions and NGOs related to GE, WE and GBV needed to be increased.</p>	<ul style="list-style-type: none"> • Advocacy / Coordination Committees on GEWE and GBV established/ strengthened and functioning • Number of Advocacy / Coordination / Coaching meetings held by UNFPA country office with Parliamentarians and Women's Cauci to support improvement in laws/ policies and its effective implementation pertaining to GEWE and GBV • Evidence of participation & leadership in coordination structures in GEWE & GBV working groups at national & sub-national level. • Evidence of appropriateness of the IPs selected to deliver the results regarding legal analytical review for improvement in GE and GBV laws and policies • Evidence of gender focal points in national and district institutions, IPs and NGOs trained on GE and GBV • Evidence of technical assistance provided to strengthen relevant national and district institutions, Government departments, IPs 	<ul style="list-style-type: none"> • UNFPA gender focal point and/or team working on GEWE & GBV and CO staff • Relevant UN, national and provincial institutions, IPs and NGOS working in GE, WE and GBV, as well as catering to marginalized and vulnerable segments of the community, as below: • Parliamentarians/ Women's Cauci and Committees • Relevant government departments like Ministry of Youth & Sports, MoH, MoG • Relevant NGOs • Relevant implementing partners • Documents for analysis: <ul style="list-style-type: none"> - M&E documentation - UNFPA Annual reports (2019-2023) and Malawi 8th CPD - AWP and APRs - M&E reports - Relevant programme, project and institutional reports of stakeholders - IP partner reports • Documents for analysis and legal analytical review of national documents/ 	<ul style="list-style-type: none"> • Document review of relevant documents; Sources of Information, eg: <ul style="list-style-type: none"> - Malawi 8th CPD etc - National policies/ strategic documents and laws pertaining to AoR. • Interviews with all those appearing under sources of Information, which includes relevant UN, donors, national and provincial institutions, IPs and NGOS working in GE, WE and GBV • Interviews with donors and implementing partners, on supporting national capacity for prioritizing GEWE and GBV and catering to marginalized and vulnerable segments of the community and beneficiaries if possible • Focus Group Discussion with with diverse groups of organizations

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<p>and NGOs to effectively implement programmes on GEWE and GBV</p> <ul style="list-style-type: none"> • Evidence of establishing and strengthening GBV response services and elimination of harmful practices including child marriage • Evidence of focus in programmatic interventions where marginalized communities and other vulnerable segments were targeted. Marginalized groups may include Women, adolescents and children; women exposed to GBV; out-of-school children; persons with different abilities; ethnic and religious minorities, and people living in crisis-affected areas based on socio-economic and geographical dimensions. • Number of people with different abilities provided with information, access, service or other facilities for SHR/GBV • Evidence that UNFPA supported interventions targeted the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations, particularly those within groups that are furthest behind. • Evidence that skills acquired are being 	<p>laws:</p> <ul style="list-style-type: none"> - National policies/ strategic documents such as, the United Nations SDG Framework for Malawi, and other National policy/strategy documents pertaining to AoR including National surveys on GEWE & GBV, MDHS, National Plan of Action on Human Rights (GE/ minorities / disability / children), etc. - National / district laws and legal framework for its implementation for conducting legal analytical review 	<ul style="list-style-type: none"> • FGDs with final beneficiaries

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<p>used at work by stakeholders trained under CP8.</p> <ul style="list-style-type: none"> • Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design. 		
<p>EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?</p>			
<p>Assumption: UNFPA's support demonstrably contributed to improvement in disaggregation of data, for effective planning and implementation, along dimensions that reflected needs of different beneficiaries especially those furthest behind and that a limited number of strategic activities led to significant results.</p>	<ul style="list-style-type: none"> • Extent to which M&E of programme achievements indicate timely meeting of outputs • The extent to which outputs in CP8 are likely to have contributed to outcome results • Intervention districts have higher comparison from baseline • Evidence that data in planning and monitoring frameworks, at the national/district level and at UNFPA office is disaggregated by different dimensions reflecting a variety of beneficiaries/participants, including those furthest behind • Evidence of data before it was improved along disaggregation lines • Extent to which the LNOB approach was 	<ul style="list-style-type: none"> • M&E documentation • AWP and APRs • Relevant programme, project and institutional reports of stakeholders • CO staff • GoM, and IPs • Remote site visits • National/district data (MDHS 2012, MICS, DHIS, planning and monitoring units' data) • IP partner reports • UNFPA Annual reports (2019-2023) • UNFPA monitoring framework • P&D Government departments • Population Planning Departments • National Statistics Office and other district statistics departments • M&E frameworks of departments/organisations where data was improved. 	<ul style="list-style-type: none"> • Document review of Planning and Monitoring frameworks of relevant departments and organisations where UNFPA extended support for improvement in data. • Interviews with National Statistics Office; Ministry of Planning; academic centres • Interviews with relevant staff from M&E and planning cells of the line departments and organisations

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<p>integrated into national data systems?</p> <ul style="list-style-type: none"> • Extent to which the evidence generated by UNFPA or other stakeholders was used in policies, programming etc. • Extent to which UNFPA-supported interventions contributed to (or are likely to contribute to) a sustained increase in the use of disaggregated (by, inter alia, gender, disability, age, location, class/caste) demographic and socio-economic information and data, in the evidence-based development and implementation of plans, programmes and policies. • Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design 		
<p>EQ4: To what extent has UNFPA successfully integrated human rights, gender perspectives, environment sustainability and disability inclusion in the design, implementation and monitoring of the country programme?</p>			
<p>Assumption: The services provided under UNFPA support contribute to the integration of human rights in a gender sensitive and responsive manner and the M&E indicators are gender disaggregated.</p>	<ul style="list-style-type: none"> • Extent to which programme objectives were achieved • Extent to which gender equality and human rights have been addressed by the programme interventions • Extent of sex and age disaggregated information • Number of IPs implementing gender and 	<ul style="list-style-type: none"> • AWP and APRs • Relevant programme, project and institutional reports of stakeholders • UNFPA CO staff • GoM, and IPs • UNFPA Annual reports 	<ul style="list-style-type: none"> • Literature review of relevant documents • KIIs with IPs • FGDs with beneficiaries

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	youth activities were supported <ul style="list-style-type: none"> • Extent of complementarity of interventions between governmental and non-governmental implementing partners 		
EFFICIENCY EQ5: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme including the use of the mix of available resources (human capacity, financial, etc.) and the implementation modalities adopted to the COVID-19 context and humanitarian response such as floods and cyclones.			
Assumption: Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner; and that there was robust implementation modalities adopted to the COVID-19 context and humanitarian response (floods and cyclones).	<ul style="list-style-type: none"> • Evidence that the planned resources were received to the foreseen level in AWP • Evidence that the resources were received in a timely manner • Evidence of adequacy of resources (financial, personnel etc.) to deliver the programme's outputs /results • Evidence of coordination and complementarity among the programme components of UNFPA and coherence among government ministries • Evidence of progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners • Evidence of appropriateness of the IPs selected to deliver the results • Evidence of timely transfer of funds • Evidence of effective mechanisms to control waste and fraud • Evidence that inefficiencies were identified and corrected in a timely manner • Evidence of a robust coordinated response to COVID-19 pandemic and 	<ul style="list-style-type: none"> • AWP • Relevant programme, administrative and financial management documents including: <ul style="list-style-type: none"> • Project standard progress reports • Reports reflecting leverage / usage of national resources • Financial Reports from Implementing Partners, and UNFPA (Atlas reports) • Audit Reports for selected IPs, who received budgetary support • Field Monitoring Visit Reports • UNFPA COVID-19 Response Plan • Quarterly progress reports on COVID-19 • Stakeholders at national level including: <ul style="list-style-type: none"> - UNFPA staff (including programme, finance/ administrative departments) - Representatives of IPs (Head offices) - Representatives of Donors 	<ul style="list-style-type: none"> • Documentary review: financial documents at the UNFPA (from project documentation) • and interviews with administrative and financial staff • Documentary review: annual reports from partner ministries, and implementing partners, • audit reports and monitoring reports • Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff) • Interviews with implementing NGO partners, who received budgetary support • Interviews with UNFPA country office staff • Interviews with beneficiaries of funding (including NGOs) • Interviews with UNFPA administrative staff, government and NGOs, donors on the coordination, complementarity of

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<p>humanitarian crises with a focus on efficiency</p> <ul style="list-style-type: none"> Evidence that technology was introduced & that it improved efficiency pertaining to office activities and programme implementation. 	<ul style="list-style-type: none"> Other UN agencies (e.g.. UNCT, UNDP, UNICEF, UNAIDS, WHO, UN Women, FAO) Government ministries, departments and agencies 	<p>implementation, and leveraging of national resources.</p>
<p>SUSTAINABILITY EQ6: To what extent have UNFPA supported interventions contributed to ensure resource commitments/allocations by the government institutions and its partners including NGOs for either continuation or scaling up of the activities?</p>			
<p>Assumption: Government/partners/ NGO stakeholders' capacities and mechanisms are improved for ownership and continuation of resource commitments and or allocations.</p>	<p>Evidence of the following:</p> <ul style="list-style-type: none"> Established sustainability mechanism for the programme The likelihood of the programme and its benefits to be sustainable Established systems to continue the programme Capacity development including staff, training data disaggregated by sex and age. Community and country ownership including financial resource commitments Partner organizations with sustainability plans. 	<p>Documents: <i>Relevant sectoral policies and strategic plans:</i></p> <ul style="list-style-type: none"> AWPs for IPs Country Programme Reports UNFPA AWP; Reports; IP progress reports, relevant sector strategic plans <p><i>Special study reports; Mid-term review reports, Strategic plan evaluations for sectors including health, community/social sectors.</i></p> <ul style="list-style-type: none"> National Level Stakeholders UNFPA staff, Government, IPs staff, and Heads of Departments (Health, Gender, Social Welfare, Education and Planning) Relevant field level IPs. 	<ul style="list-style-type: none"> Documents review and analysis Key informant interviews Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff) Interviews with implementing NGO partners who received budgetary support e.g <ul style="list-style-type: none"> Malawi Girl Guides Association (MAGGA), Youth Net and Counselling (YONECO), FPAM, BLM, GOAL Malawi Ntchisi Youth Development among others Focus group discussions with

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<ul style="list-style-type: none"> Existence of scale-up plans/strategies Commitment to continue allocation of resources to targeted groups like women and girls, and marginalized and vulnerable groups such as differently abled persons, minorities and other vulnerable segments. 		community beneficiaries
COORDINATION			
EQ7:			
To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the Humanitarian Country Team (HCT)?			
Assumption: UNFPA is actively involved in coordination structures of UNCT and HCT and regarded as a valuable partner.	<ul style="list-style-type: none"> Evidence of active participation in UN technical working groups; Evidence of participation & leadership in humanitarian coordination structures; Area of Responsibility (AoR) and SRHR, PD, GBV working groups at national & sub-national level., Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas; Evidence of sharing of information between UN agencies. Evidence of joint programming initiatives (planning) & M&E.	<ul style="list-style-type: none"> Minutes of UNCT working groups Programming documents regarding UNCT joint initiatives Monitoring/evaluation reports of joint programmes and projects Minutes of HCT and related humanitarian space for coordination Minutes and relevant documents on UN and National level coordination mechanisms for SRH, GBV and HIV integration UNDAF /UNSDCF progress reports on coordination mechanisms Minutes and reports of relevant coordination structures for thematic areas/issues 	<ul style="list-style-type: none"> In-depth document review Interviews with UNFPA CO staff Interview with the UN Resident Coordinator Interviews with other UN agencies
COVERAGE			
EQ8:			
To what extent have UNFPA humanitarian interventions in response to natural disasters (floods, cyclones and draughts) systematically reached the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities; LGBTQI populations, etc.)			
Assumption:	<ul style="list-style-type: none"> Evidence of systematic target 	<ul style="list-style-type: none"> AWPs 	<ul style="list-style-type: none"> Document review of relevant

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>The services rendered for humanitarian assistance demonstrated target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, (marginalized groups may include women, young people and women with disabilities; those of ethnic, religious and national minorities; LGBTQI populations based on socio-economic and geographical dimensions.</p>	<p>segmentation of beneficiary groups across socio- economic and geographical dimensions, so as to reach vulnerable and marginalised groups.</p> <ul style="list-style-type: none"> • Evidence that affected communities are mapped and disaggregated by sex and age and other variables such as disability, aged etc • Mapping evidence of geographical areas covered for humanitarian assistance. • Evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions. • Evidence that UNFPA supported interventions targeted to the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural); to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, women living with disabilities, and others listed under the assumption), particularly those within groups that are furthest behind. • Evidence of transformation of social norms perpetuating GBV and other forms of discrimination. 	<ul style="list-style-type: none"> • UNDAF progress reports on humanitarian assistance arrangements • Progress reports on beneficiary and stakeholder mapping • UNFPA M&E reports on humanitarian assistance interventions • Budgets allocated to SRH and GBV in humanitarian assistance programme of UNFPA and received/ utilized by national / provincial institutions and IPs • M&E reports on access provided to vulnerable groups 	<p>documents</p> <ul style="list-style-type: none"> • Geographical map showing beneficiaries targeted • Interviews with UNFPA country office staff and humanitarian assistance cell/ staff • Interviews with members of the donor / INGO clusters • Interviews with other United Nations agencies • Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response, like DoDMA among others • FGDs with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons' camps (where relevant).
<p>CONNECTEDNESS EQ 9:</p>			

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
To what extent has the UNFPA humanitarian response to natural disasters (floods, cyclones and droughts) taken into account longer-term development goals articulated in the results framework of the country programme?			
<p>Assumption: The response undertaken during humanitarian contexts demonstrated coherence and connectedness with a focus on longer-term development needs.</p>	<ul style="list-style-type: none"> • Evidence of active participation in UN technical working groups during humanitarian situation; • Evidence of participation and leadership in humanitarian coordination structures, • Evidence of Area of Responsibility and SRHR, P&D, GBV working groups at the national and sub-national level • Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas • Evidence of sharing of information between UN agencies. • Evidence of joint programming initiatives (planning) & M&E. 	<ul style="list-style-type: none"> • UNFPA AWP • Minutes of meetings on the subject • Correspondence with other agencies on the subject • UNDAF /UNSDCF progress reports on coordination mechanisms • Minutes and reports of relevant coordination structures for thematic areas/issues, and long-term development needs planning • Joint programming initiatives • Joint programme progress reports 	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA country office staff and humanitarian assistance cell/ staff • Interviews with members of the donor / INGO clusters • Interviews with other UN agencies • Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response • FGD with beneficiaries of funding (including NGOs), including those working within internally displaced persons' camps (where relevant) • Site visits to areas with humanitarian emergencies.
<p>CONNECTEDNESS EQ 10: To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?</p>			
<p>Assumption: UNFPA made a contribution to the capacity of various actors at national and local levels to be able respond to and recover from humanitarian crises</p>	<p>Evidence of the following things: <i>National/ Societal Resilience:</i></p> <ul style="list-style-type: none"> • Evidence of National policies that support GE, SRH and RR 	<ul style="list-style-type: none"> • UNFPA AWP • Minutes of meetings on the subjects • Correspondence with other agencies on subject • UNDAF progress reports on coordination 	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA country office staff and humanitarian assistance cell/ staff • Interviews with members of the

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<ul style="list-style-type: none"> • Social protection schemes and safety nets • Disaggregated data & data systems • Positive social norms. <p><i>Community Resilience:</i></p> <ul style="list-style-type: none"> • Prioritized rights and health of women and young people in humanitarian-development-peace through collective action <p><i>Family/ Individual Resilience:</i></p> <ul style="list-style-type: none"> • Empowered women, girls and young people as agents of change • Universal access to quality integrated SRH information and services, including menstrual hygiene management (MHM) • Safe home environment, free of violence and harmful practices. 	<p>mechanisms</p> <ul style="list-style-type: none"> • Minutes and Reports of relevant Coordination Structures for thematic areas/issues, and long-term development needs planning 	<p>donor / INGO clusters</p> <ul style="list-style-type: none"> • Interviews with other United Nations agencies • Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response, like DODMA others • FGD with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons' camps (where relevant) • Site visits to areas where there are humanitarian emergencies.

Annex 5: Theory of change

- ❖ National priority: Improve health and quality of the population for sustainable socio-economic development.

- ❖ UNDAF Outcome: By 2023, men, women and children access high impact comprehensive sexual and reproductive health rights and services.

Indicators outcome 1

- Proportion of births attended by skilled health personnel. *Baseline: 90; Target: 95*
- Percentage of adolescent girls aged 15-19 who have their need for family planning satisfied with modern methods. *Baseline: 58; Target: 70*
- Contraceptive prevalence rate for all women. *Baseline: 45.2%; Target: 60*
- Number of adolescents and youth (10-24) who have utilized integrated sexual and reproductive health services. *Baseline: 1,279,638; Target: 2,461,100*

OUTPUT 1 indicators:

- Percentage of health facilities in UNFPA focus districts providing emergency obstetric care. *Baseline: 66; Target: 80*
- Number of women and girls living with fistula receiving treatment with UNFPA support. *Baseline: 1,377; Target: 2,000*
- Number of identified vulnerable people provided with minimum initial service package for humanitarian response with UNFPA support. *Baseline: 0; Target: 160,000*
- Number of public health facilities in focus districts providing quality adolescent-friendly integrated sexual and reproductive health services. *Baseline: 8; Target: 33*

OUTPUT 2 indicators:

- Number of additional users of family planning for adolescent girls aged 15-19 years in focus districts. *Baseline: 141,000; Target: 794,250*
- Percentage of service delivery points with functional Logistics Management Information System. *Baseline: 85; Target: 98*

Risks & Assumptions

Risks: Social instability/ conflicts /crises; Financial crisis. High staff turnover of trained health workers; low motivation of health workers due to poor conditions of service; corruption and mismanagement of drugs and equipment in public health facilities;

Assumptions: Peace and security will continue to prevail; Favourable political environment and full civil society engagement; Human and financial resources available throughout the duration of the country programme/Donor support is sustained; Legislative framework in accordance with ICPD agenda.

Strategic Interventions

- ❖ **Advocacy and policy dialogue**
 - ❖ - Advocate for implementation of the family planning 2020 and London summit commitments.
 - ❖ - Continue to advocate for increased allocation of resources for family planning.
 - ❖ - Provide technical support towards implementation of the costed family planning action plan.
 - ❖ - Advocate for and involve young people in emergency, contingency and preparedness plans.
 - ❖ - Advocate for integration of SRH in emergency preparedness plans
- ❖ **Knowledge generation and sharing**
 - ❖ - Provide technical and material support to training colleges, associations and regulators to improve pre and in-service midwifery training.
 - ❖ - Monitor availability of family planning and reproductive health commodities at all levels through an efficient supply chain system.
- ❖ **Capacity-building**
 - ❖ - Build capacity and leadership of Government in obstetric fistula management
 - ❖ - Train health workers and civil protection committees to ensure effective delivery of minimum initial service package delivery in humanitarian settings.
 - ❖ - Continue supporting existing maternal death surveillance and response systems.
 - ❖ - Sustain the system for forecasting and efficient procurement of sexual and reproductive health commodities and life-saving drugs.
 - ❖ - Build capacity of health workers to dispel myths and misconceptions around family planning.
- ❖ **Service delivery (OR funded)**
 - ❖ - Scale up combined HIV prevention efforts at national level with a focus on key populations.
 - ❖ - Continue to provide maternal and new-born care equipment and life-saving commodities to designated health facilities to provide quality and comprehensive maternal health, including emergency obstetric care services.
 - ❖ - Scale up outreach activities and establishment of youth friendly health services centres.

Partnerships & coordination

Sustain collaborative efforts with government, civil society organizations including faith based institutions in reaching out to grass root communities with integrated sexual and reproductive health services.

Contribution from other outcomes:

Outcome 3 will empower women of reproductive age to exercise their reproductive rights and to upscale provision of and access to quality emergency maternal and neonatal care.

Outcome 4 will contribute to strengthen functional integrated information systems for monitoring and evaluation of national and sectorial policies

Outcome 2 will empower adolescents and youth to make informed choices about their lives, including sexual and reproductive health rights; gender based violence; and harmful practices including child marriages.

Core problem

Low quality of services for emergency obstetric and neonatal care contributing to high maternal mortality, morbidities and HIV-prevalence.

❖ National priority: Improve health and quality of the population for sustainable socio-economic development

❖ UNDAF Outcome: 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.

Indicators outcome 2

- 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 transmission. *Baseline: 57.9 Female & 64 Male; Target: 70*
- Adolescent Birth rate. *Baseline: 136/1,000; Target: 100/1,000*

OUTPUT 3 indicators:

- Number of identified marginalized girls in UNFPA focus districts that have successfully completed life skills programmes that build their health, social and economic assets. *Baseline: 350,000; Target: 600,000*
- A national comprehensive sexuality education manual for out-of-school youth in place. *Baseline: No; Target: Yes*
- Number of national and district level networks for the participation of young people in policy dialogue and programming. *Baseline: 49; Target: 75*

Strategic Interventions

Advocacy and policy dialogue

- 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
- Provide technical assistance towards advocacy platforms for youth engagement on development issues
- Support development and implementation of a national youth investment strategy through the inter-ministerial committee on youth
- Provide technical support towards implementation of the fertility related recommendations of the demographic dividend study

Knowledge generation and sharing

Intensify support on collection, dissemination and use of youth-related data

Capacity-building

- Train and raise awareness among young people on accessing sexual and reproductive health information and entrepreneurship through innovative digital platforms
- Build capacity of community led facilitators to conduct parents and children's sessions on sexual and reproductive health and rights.

Service delivery (OR funded)

Scale up life skills-based age-appropriate in- and out-of-school comprehensive sexuality education.

Partnerships & coordination

Continue the leadership role through the United Nations technical working group on youth in coordinating the youth programme and networks

Risks & Assumptions

Risks: Sociocultural and legal barriers increase; reduced commitment of national planners to prioritise young people in development plans and national budgets; investments disproportionately affect older youth (esp. not girls); Negative community perceptions towards adolescents use of SRHR services

Assumptions: Legislation and policies implemented; Increased government commitment towards implementation of demographic dividend recommendations; Investments in adolescents and youth increased and sustained; youth engagement, mobilization and advocacy platforms maintained.

Contribution from other outcomes:

Outcome 1 will increase the use of quality integrated sexual and reproductive health services, including for marginalized adolescents and youth

Outcome 3 will empower adolescents and youth to exercise their reproductive rights free of coercion, discrimination and violence by eliminating all forms of discrimination and violence including discriminatory social and gender norms and legal barriers.

Outcome 4 will ensure that development plans and policies integrate issues of young people including their SRH rights.

Core problem

High teenage pregnancy, child marriages and high HIV prevalence amongst adolescents and young women aged 15 - 24

❖ **National priority: Build an equitable society where opportunity is not defined by sex, age, disability and other**

❖ **UNDAF Outcome: By 2023, Gender equality and the empowerment of women and girls in Malawi is enhanced.**

Indicators outcome 3

- Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. *Baseline: 67; Target: 80*
- 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. *Baseline: 24; Target: 20*

Risks & Assumptions

Risks: Sociocultural and legal barriers increase; Limited Gvt commitment to implement and enforce legislations on gender and violence protection; vertical, non-coordinated programmes among development partners persist; Initiatives do not adequately address underlying structural drivers of GBV; Increased sociocultural resistance.

Assumptions: Legislation and policies implemented; strengthening protection systems leads to better human rights outcomes; Service providers are effective in reaching victims/survivors; Men participation; Sufficient resources are available to respond to all humanitarian crises.

OUTPUT 4 indicators:

- Number of women and girls, including persons living with disabilities, subjected to violence who received essential services in the five focus districts. *Baseline: 1,300; Target: 4,300*
- Number of districts with a functional gender-based violence information management system in place. *Baseline: 0; Target: 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. *Baseline: No; Target: Yes*
- A functional inter-agency coordination mechanism for reproductive health and gender-based violence in place at national and district levels. *Baseline: No; Target: Yes*

Strategic Interventions

Advocacy and policy dialogue

- Advocate for operationalization and monitoring of the Gender Equality Act.
- Continue supporting national advocacy efforts on ending child marriages.
- Consolidate UNFPA's leadership role on gender-based violence during emergencies.

Knowledge generation and sharing

- Monitor application of minimum standards for prevention of sexual abuse and exploitation in humanitarian settings.- Build capacity of Ministry of Gender, the police, judiciary, and ministry of health on generation, analysis and use of gender-based violence data.

Capacity-building

- 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.
- Scale up male involvement in sexual reproductive health and rights and gender based violence initiatives.
- Build capacity of faith based organizations and community structures to eliminate harmful cultural practices.

Service delivery (OR funded)

Continue supporting One Stop Centre services to survivors of gender-based violence

Partnerships & coordination

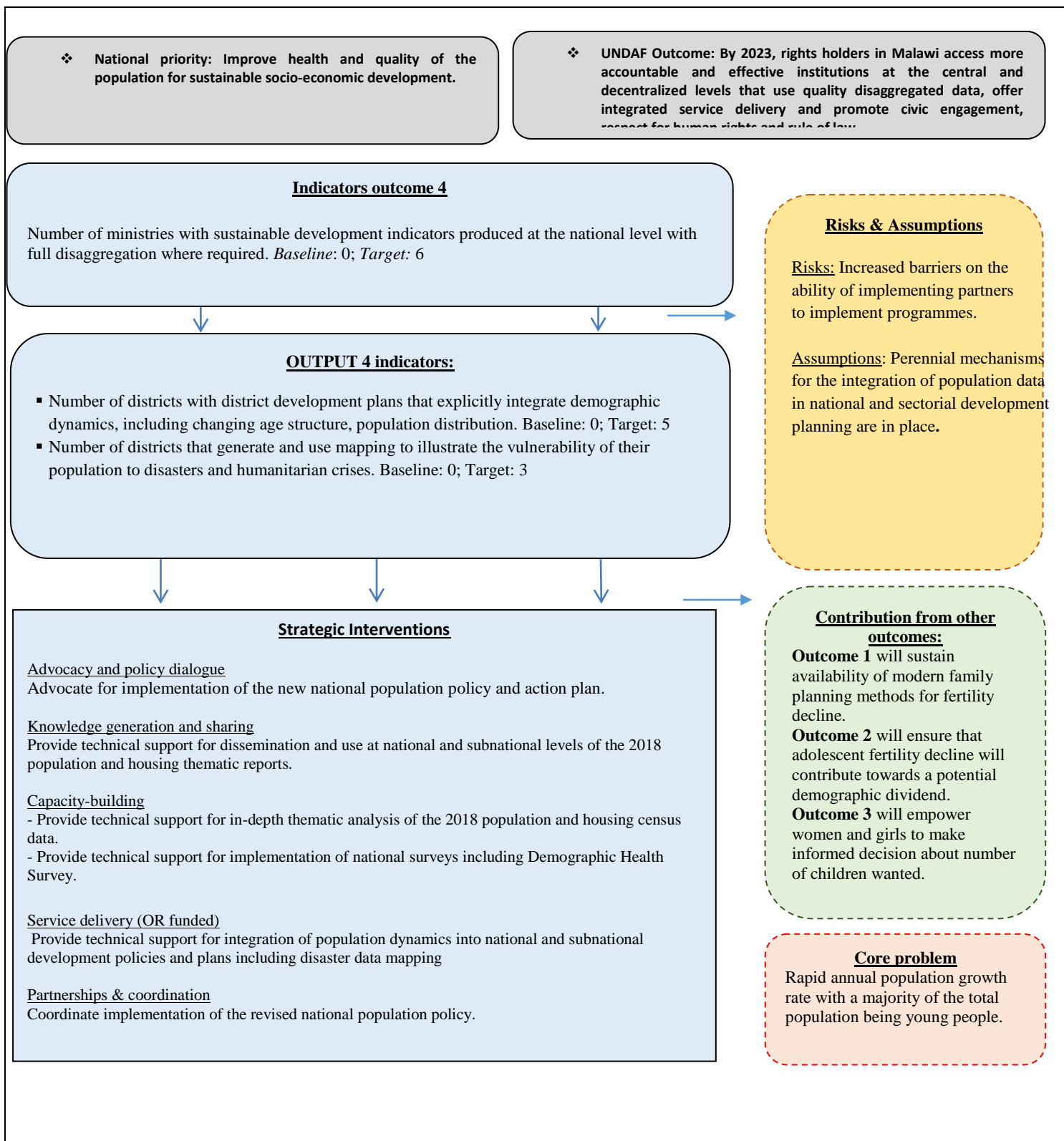
Coordinate implementation of the national action plan on ending gender-based violence.

Contribution from other outcomes:

Outcome 1 will support gender equality and women empowerment through application of human rights, social protection and equity principles in provision of integrated sexual and reproductive health services. **Outcome 2** will empower adolescents and youth to make informed choices about their lives including sexual and reproductive health rights; gender based violence; and harmful practices including child marriages. **Outcome 4** will ensure that development plans and policies integrate issues of gender and women empowerment including women and girls in emergencies.

Core problem

Gender inequality is still high in Malawi and most women and girls still suffer from different forms of gender based violence including sexual abuse in humanitarian situations



Source: UNFPA CO

Annex 6: Stakeholders map

Donor	Implementing agency							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other		
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS																
Strategic Plan (2018-2021) Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.																
CPD Output 1: Health institutions and 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 setting																
MWI08SR1																
Corporate UEF, Government of Malawi, Republic of Korea, MPTF (Umoyo Wathu)	Ministry of Health and Population, Mulanje DC, Dedza DC, Nkhatabay DC, Chirazulu DC, Mangochi DC, Mchinji DC	Family Planning Association Malawi (FPAM), BLM													Women and men of reproductive age in the target districts	
MWI08SR2																
Corporate General, MPTF,	Ministry of Health and	Freedom From Fistula											University of Malawi	Association of Malawian	Women and men of	

small contributions	Population, Mulanje DC, Nkhatabay DC, Chirazulu DC, Mangochi DC, Mchinji DC	Foundation (FFF), Fistula care centre												Midwives, Nurses and Midwives Council of Malawi	reproductive age in the target districts		
MWIO8ICA																	
Iceland	MoH, Ministry of Gender and Social Welfare, Mangochi DC	FFF														Women and men of reproductive age in the target districts	
MWIO8HIV																	
OCHA	MoH, Dedza DC	FPAM				OCHA, UNAIDS										Women and men of reproductive age in the target districts	
UBRAFMWI																	
Global funds - HIV	MoH, Dedza DC	FPAM				UNAIDS										Women and men of reproductive age in the target	

CHA28MWI, CHA44MWI															
Switzerland, MPTF	Ministry of Education, MoH, Ministry of Youth & Sports, Chikwawa DC, Chirazulu DC, Dedza DC, Mangochi DC, Mchinji DC, Nkhatabay DC	Malawi Girl Guides Association Malawi (MAGGA), Youth Net and Counselling (YONECO)												The Media, Zodia Broadcasting and Malawi Broadcasting	Young people, especially girls and young women aged 10 to 24 and vulnerable boys in the target districts
MWI08KRA															
Republic of Korea, MPTF	Ministry of Youth & Sports, MoH, MoG, Dedza DC, Mchinji DC	Malawi Girl Guides Association Malawi (MAGGA), Youth Net and Counselling (YONECO), FPAM, FFF				FAO, OCHA									Young people, especially girls and young women aged 10 to 24 and vulnerable boys in the target districts
MWI08AYP															
Norway, Republic	MoH, Ministry	Malawi Girl Guides				UNICEF, WFP									Young people,

of Korea, MPTF	of Youth & Sports, MoE, Chirazulu DC, Dedza DC, Mangochi DC, Mchinji DC, Nkhatabay DC, Salima DC, Kasungu DC	Association Malawi (MAGGA), Youth Net and Counselling (YONECO), FPAM, BLM													especially girls and young women aged 10 to 24 and vulnerable boys in the target districts
Gender equality and women's empowerment															
UNFPA Strategic Plan (2018 – 2021) Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.															
CPD 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															
MWI08BV															
Ireland, Republic of Korea, MPTF	MoG, MoH, Dedza DC, Mchinji DC	Foundation for civic education, YONECO, Action Aid Malawi, AMREF Health Africa, GOAL Malawi, Ntchisi Youth Developm		Girls Empowerment Network											Women Associations/ Groups at District and Traditional Level networks, women and girls in the 12 target districts

								Commissio n							counted)	
MWI08POD																
Corporate general, small contributi ons	MoH							Ministry of Economic Planning and Developme nt, National Planning Commissio n				UNDP , UNIC EF	Chancello r College Departme nt of Populatio n Studies, AFIDEP			

Annex 7: Data collection tools

UNFPA Malawi – Sexual and Reproductive Health and Rights (SRHR) Key Informant Interview Guide for Implementers of SRH Component

Key Informants

- UNFPA SRH staff; Ministry of Health and Population; Ministry of Gender, Community Development and Social Welfare; Ministry of Youth and Sports, Ministry of Education, Science and Technology
- District: District Health Officer; District Gender Officer, District Youth Officer; District Education Officer
- NGOs and IPs: Family Planning Association Malawi; Marie Stopes International (Banja la Mtsogolo); Population Services International (PSI); Freedom from Fistula Foundation (FFF); Kamuzu University for Health Sciences (KUHeS); ActionAid Malawi; Youth Net and Counselling (YONECO)

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoM/UNFPA's 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje.

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. **Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

Possible questions:

- a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- b. Who was consulted regarding the design?
- c. What other actors have been involved, how does this activity contribute to that of others?

2. **Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs**

Possible questions:

- a. To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
- b. To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030)?

- c. To what extent is CP8 aligned to the UNFPA strategic objectives (UNFPA Strategic plans 2018-2021; 2022-2025)?
- d. To what extent is CP8 aligned to the ICPD Programme of Action and SDGs?
- e. To what extent has the programme integrated gender and human rights based approaches?

3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
- b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Malawi; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of UNSDCF 2019-2023 and changing aid environment?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

7. Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters

Possible questions:

- a. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities)?
- b. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the LGBTQI populations

8. Objective: Connectedness of CP8

Possible questions:

- a. To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?
- b. To what extent has the UNFPA contributed to developing the capacity of local actors (youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

9. Objective: Interview recommendations

- a) What lessons have you learnt from the CP8 in regards to gender equality and women empowerment and Adolescent Youth?
- b) What suggestions/recommendations can you make for future programming?

**UNFPA Malawi – Sexual and Reproductive Health and Rights (SRHR)
Key Informant Interview Guide for None Implementers**

UN agencies, donors, and organizations that are not implementing the programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

Key Informants: FCDO, HSJF (Norway and Germany KFW), Sida, Iceland, UNAIDS, UNDP, UNICEF, WHO

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoM/UNFPA's 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Chikwawa, Chiradzulu, Kasungu, Machinga, Mchinji, Nkhata Bay and Nsanje.

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:

- a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- b. What other actors have been involved, how does this activity contribute to that of others?

2. Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs

Possible questions:

- a. To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
- b. To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030)?

3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Please comment on how the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
- b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. Please comment to what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. Comment on the main comparative strengths of UNFPA Malawi; and how can these strengths and lessons learned be used for strategic positioning for future CP development in humanitarian and development nexus.

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

7. Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters

Possible questions:

- a. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities, LGBTQI populations)?

8. Objective: Connectedness of CP8

Possible questions:

- a. To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and

recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

9. **Objective: Interview recommendations**

- a. What lessons have you learnt from the CP8 in regards to SRH, gender equality and women empowerment; and adolescents & youth?
- b. What suggestions/recommendations can you make for future programming?

**UNFPA Malawi – Sexual and Reproductive Health and Rights (SRHR)
Focus Group Discussion Guide for women in the reproductive age (15-54 years) and girls**

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoM/UNFPA's 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Chikwawa, Chiradzulu, Kasungu, Machinga, Mchinji, Nkhata Bay and Nsanje.

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

Equity and Gender Equality - Socio- Demographic Characteristics of End Beneficiaries

- a. Who are the users of services?
- b. Did the services successfully reach the poorest, women and girls, and youth; women with disabilities
- c. Are women and girls an equal part to accessing the SRH services?

1. **Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

Possible questions:

- a. What were, and are your priority needs as far as sexual reproductive health and rights is concerned?
- b. What are the services that are offered?

2. **Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs**

Possible questions:

- a. How well does the activity/work of UNFPA fit in with the needs of women / girls in this district?
- b. What effect do you think the work should have, with women / girls?
- c. How long was the service available to the community?
- d. What are the barriers you encounter to access the services? At what level – how was it overcome?
- e. Do other community members especially women and youth also use the service?

f. How was feedback on the use of services or information generated by IPs or UNFPA?

3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. Can you provide examples of success of the approach/activity both short and long term?
- b. How useful are these activities to communicate the SRH messages?
- c. What are the lessons and good practices that should be continued and/or replicated elsewhere?
- d. How will these services or practices be useful in the future to women and youth population?

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Did the women / girls or your groups receive the needed support from UNFPA?
- b. Did the women / girls or your groups receive any other support in connection with the UNFPA work and who provided this support?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. Can the women / girls or your groups carry on the work without UNFPA?
- b. What will help women / girls or your groups to carry on the SRH work on their own?
- c. How do you perceive the activities will continue without UNFPA support?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. Do you receive support from other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?
- b. How does the UNFPA work with other agencies on SRH in this community?

7. Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters

Possible questions:

- a. When natural disasters such as floods, cyclones and droughts occur, do the most vulnerable and marginalized groups (e.g. young people and women with disabilities; religious and national minorities) receive support from UNFPA?
- b. When natural disasters such as floods, cyclones and droughts occur, do the LGBTQI people receive support from UNFPA?

8. Objective: Connectedness of CP8

Possible questions:

- a. Does UNFPA contribute to developing the capacity of local actors (e.g. women's organizations) to better prepare for, respond to and recover from natural disasters (e.g. floods, cyclones and droughts)?

9. Objective: FGD group recommendations

- a) What lessons have you learnt from the CP8 in regards to gender equality and women empowerment and Adolescent Youth?
- b) What suggestions/recommendations can you make for future programming?

**UNFPA Malawi – Sexual and Reproductive Health and Rights (SRHR)
Focus Group Discussion Guide for men and male groups**

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoM/UNFPA's 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje.

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

Equity and Gender Equality - Socio- Demographic Characteristics of End Beneficiaries

- a. Who are the users of services?
- b. Did the services successfully reach the poorest, women and girls, and youth; women /men with disabilities
- c. Are women and girls an equal part to accessing the SRH services?

1. **Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

Possible questions:

- a. What were, and are your priority needs as far as sexual reproductive health and rights is concerned?

2. **Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs**

Possible questions:

- a. How well does the activity/work of UNFPA fit in with the needs of men and men groups in this district?
- b. What effect do you think the work should have, with men and men groups?

3. **Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

- a. Can you provide examples of success of the approach/activity both short and long term?

- b. How useful are these activities to communicate the SRH messages?
- c. What are the lessons and good practices that should be continued and/or replicated elsewhere?

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Did the men and men groups receive the needed support from UNFPA?
- b. Did the men and men groups receive any other support in connection with the UNFPA work and who provided this support?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. Can the men and men groups carry on the work without UNFPA?
- b. What will help men and men groups to carry on the SRH work on their own?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. Do you receive support from other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?

7. Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters

Possible questions:

- a. When natural disasters such as floods, cyclones and droughts occur, do the most vulnerable and marginalized groups (e.g. young people and women with disabilities; religious and national minorities) receive support from UNFPA?
- b. When natural disasters such as floods, cyclones and droughts occur, do the LGBTQI people receive support from UNFPA?

8. Objective: Connectedness of CP8

Possible questions:

- a. Does UNFPA contribute to developing the capacity of local actors (e.g. women's organizations) to better prepare for, respond to and recover from natural disasters (e.g. floods, cyclones and droughts)?

9. Objective: FGD group recommendations

- a) What lessons have you learnt from the CP8 in regards to gender equality and women empowerment and Adolescent Youth?
- b) What suggestions/recommendations can you make for future programming?

**UNFPA Malawi – Adolescents and Youth (AY)
Key Informant Interview Guide for Implementers of AY Component**

Key Informants

- UNFPA AY staff; Ministry of Youth and Sports; Ministry of Gender, Community Development and Social Welfare; Ministry of Education; National Youth Council of Malawi
- District: District Youth Officer, District Social Welfare Officer, District Education Manager, Director of Planning and Development
- NGOs and Civil society: MAGGA, FPAM, BLM, FPAM, Freedom from Fistula Foundation (FFF), YONECO

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoM/UNFPA's 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje.

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. **Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

Possible questions:

- a. What was your organisations role in the implementation of the CP8?
- b. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- c. Who was consulted regarding the design?
- d. What other actors have been involved, how does this activity contribute to that of others?

2. **Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs**

- a. To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
- b. To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030?)

- c. To what extent is CP8 aligned to the UNFPA strategic objectives (UNFPA Strategic plans 2018-2021; 2022-2025)?
- d. To what extent is CP8 aligned to the ICPD Programme of Action and SDGs?
- e. To what extent has the programme integrated gender and human rights based approaches?

3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
- b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Malawi; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of UNSDCF 2019-2023 and changing aid environment?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

7. Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters

Possible questions:

- a. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities)?
- b. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the LGBTQI populations

8. Objective: Connectedness of CP8

Possible questions:

- a. To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?
- b. To what extent has the UNFPA contributed to developing the capacity of local actors (youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

9. Objective: Interview recommendations

- a) What lessons have you learnt from the CP8 in regards to gender equality and Adolescent Youth?
- b) What suggestions/recommendations can you make for future programming?

**UNFPA Malawi – Adolescents and Youth
Key Informant Interview Guide for None Implementers**

UN agencies, donors, and organizations that are not implementing the programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

Key Informants: Norway, Swiss, Sida, Iceland, KOICA (Korea), UNICEF

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoM/UNFPA's 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje.

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:

- a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- b. What other actors have been involved, how does this activity contribute to that of others?

2. Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs

- a. To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
- b. To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030)?

3. Objective: Coherence of the project/activities to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?

- a. To what extent is CP8 able to respond to changes in the national needs and priorities including those of vulnerable or marginalized groups?
- b. To what extent is CP8 able to respond to shifts caused by crisis or major political changes?

4. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

5. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Please comment on how the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
- b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights?

6. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. Please comment to what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. Comment on the main comparative strengths of UNFPA Malawi; and how can these strengths and lessons learned be used for strategic positioning for future CP development in humanitarian and development nexus.

7. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

8. Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters

Possible questions:

- a. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities, LGBTQI populations)?

9. Objective: Connectedness of CP8

Possible questions:

- b. To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and

recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

10. **Objective: Interview recommendations**

- a) What lessons have you learnt from the CP8 in regards to gender equality and women empowerment and Adolescent Youth?
- b) What suggestions/recommendations can you make for future programming?

**UNFPA Malawi – Gender Equality
Key Informant Interview Guide for Implementers of Gender Equality Component**

Key Informants

- UNFPA Gender Equality staff; Ministry of Gender, Children, Disabilities and Social Welfare; Ministry of Health and Population; Ministry of Local Government and Rural Development (MoLGRD)
- Police Services;
- NGOs /Civil society: Foundation for Civic Education; GENET; YONECO; AMREF Health Africa; ActionAid Malawi; NOYD; FOCES; FFFF; NANES; Girls Empowerment Network
- District: District Gender Officer, District Health Officer, YFHS Coordinator
- Media: Zodiak Broadcasting, Malawi Broadcasting Corporation

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoM/UNFPA's 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje.

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:

- a) How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- b) Who was consulted regarding the design?
- c) What other actors have been involved, how does this activity contribute to that of others?

2. Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs

Possible questions:

- a) To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women

with disabilities, etc)

- b) To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030)?
- c) To what extent is CP8 aligned to the UNFPA strategic objectives (UNFPA Strategic plans 2018-2021; 2022-2025)?
- d) To what extent is CP8 aligned to the ICPD Programme of Action and SDGs?
- e) To what extent has the programme integrated gender and human rights based approaches?

3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a) To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- b) What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?
- c) What training did your organisation receive through the CP8?
- d) Who were the recipients – what are their roles, what capacity do they have to undertake such interventions?
- e) How were they selected/identified? Was there personal interest or commitment to participate? (Gender disaggregation?)

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a) How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
- b) To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Malawi; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of UNSDCF 2019-2023 and changing aid environment?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a) To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

7. Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters

Possible questions:

To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities)?

- a. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the LGBTQI populations?

8. Objective: Connectedness of CP8

Possible questions:

- a) To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?
- b) To what extent has the UNFPA contributed to developing the capacity of local actors (youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?
- a) How did the CP8 respond to the emergencies?
 - a. COVID-19 pandemic
 - b. Cyclones and floods
- c) What capacities were built for the beneficiaries to respond to the emergencies?
- d) What are the special strengths of UNFPA when compared to other UN agencies and development partners in humanitarian response to natural disasters (floods, cyclones and draughts)?
- e) How is UNFPA perceived by implementing and national partners in addressing Gender equality, Adolescent youths issues and humanitarian response?

9. Objective: Interview recommendations

- a) What lessons have you learnt from the CP8 in regards to gender equality and women empowerment and Adolescent Youth?
- b) What suggestions/recommendations can you make for future programming?

**UNFPA Malawi – Gender Equality
Key Informant Interview Guide for None Implementers**

UN agencies, donors, and organizations that are not implementing the programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

Key Informants: FAO, OCHA, UNICEF, UN Women, WFP

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoM/UNFPA's 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:

- a. What is your vision/mandate in regards to SRH, gender equality and Adolescent Youths?
- b. What are the services that you offer in regards to SRH, gender equality and Adolescent Youths??
- c. Who are the users of the services your organization offers?
- d. Did the services successfully reach the most marginalised?
- e. Were women and youth an equal part? How was that measured?
- f. How was the programme design and implementation undertaken?
- g. What was the consultation process? Who are the partners that UNFPA collaborated with?
- h. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- i. What other actors have been involved, how does this activity contribute to that of others?

2. Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs

- a) To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)

b) To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030)?

3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Please comment on how the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
- b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. Please comment to what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. Comment on the main comparative strengths of UNFPA Malawi; and how can these strengths and lessons learned be used for strategic positioning for future CP development in humanitarian and development nexus.

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a) To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?
- b) What is your general experience of working with UNFPA? – ease, timeliness, responsiveness,
- c) What is your experience of working with other UN Agencies or donors? – ease, timeliness, responsiveness,
- d) Are there any gaps that were missed or wrongly identified in the interventions for the CP8?
- e) How did UNFPA support make a difference?

7. Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters

Possible questions:

- a) To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities, LGBTQI populations)?

8. Objective: Connectedness of CP8

Possible questions:

- a) To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

Objective: Interview recommendations

- b) What lessons have you learnt from the CP8 in regards to SRH, gender equality and Adolescent Youth?
- c) What suggestions/recommendations can you make for future programming?

UNFPA Malawi – Gender Equality
Focus Group Discussion Guide beneficiaries (separately for women, men, youth, community activists etc)

General Introduction - Purpose of the evaluation
<p>I am (we are) part of a three-person team to evaluate GoM/UNFPA's 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje.</p> <p>The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?</p>
Core interview: objectives of the interview guide transformed into questions
<p>Equity and Gender Equality - Socio- Demographic Characteristics of End Beneficiaries</p> <ol style="list-style-type: none"> a. Who are the users of services? b. Did the services successfully reach the poorest, women and girls, and youth; women /men with disabilities c. Are women and girls an equal part to accessing the SRH services? <p>1. Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)</p> <p>Possible questions:</p> <ol style="list-style-type: none"> a. What were, and are your priority needs as far as gender equality and empowerment? <p>2. Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs</p> <p>Possible questions:</p> <ol style="list-style-type: none"> a) What were, and are your priority needs in respect to gender equality and women empowerment? b) How well were you consulted about your needs? Possible probes: How were you involved in the development of the programme? c) Type of service? – How do those accessing the services view service provision in terms of its importance? Which services did they mainly use? d) How did they learn of the programme? e) How long was the service available to the community? f) What are the barriers you encounter to access the services? At what level – how was it overcome? g) Do other community members especially women and youth also use the service?

h) How was feedback on the use of services or information generated by IP or UNFPA?

3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. How well has the programme managed to support the gender equality and women empowerment needs? Possible probes: What changes has this programme brought about in your lives?
- b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?
- c. Are there any changes that should have been made in order to improve services or activities?

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Were you receiving services in a timely manner/whenever you needed them?
- b. Did the agency/ institution seek for your feedback on the services/activities being implemented?
- c. How well did the agency/institution use this feedback to improve services/activities?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. Are you engaged in gender equality and women empowerment activities by other agencies or individuals?
- b. Do they work together?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a) How well has the programme been able to work within existing women, disability and youth community structures?
- b) Do you think the existing structures are able to take on work/part of the work that is being implemented?
- c) What is your general experience of working with UNFPA? – ease, timeliness, responsiveness,
- d) What is your experience of working with other UN Agencies or donors? – ease, timeliness, responsiveness,
- e) Are there any gaps that were missed or wrongly identified in the interventions for the CP8?
- f) How did UNFPA support make a difference?

7. Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters

Possible questions:

- a) When natural disasters such as floods, cyclones and droughts occur, do the most vulnerable and marginalized groups (e.g. young people and women with disabilities; religious and national minorities) receive support from UNFPA?
- b) When natural disasters such as floods, cyclones and droughts occur, do the LGBTQI people receive support from UNFPA?

8. Objective: Connectedness of CP8

Possible questions:

- a. Does UNFPA contribute to developing the capacity of local actors (e.g. women's organizations) to better prepare for, respond to and recover from natural disasters (e.g. floods, cyclones and droughts)?
- b. To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?
- c. To what extent has the UNFPA contributed to developing the capacity of local actors (youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?
- d. How did the CP8 respond to the emergencies?
 - i. COVID-19 pandemic
 - ii. Cyclones and floods
- e. What capacities were built for the beneficiaries to respond to the emergencies?
- f. What are the special strengths of UNFPA when compared to other UN agencies and development partners in humanitarian response to natural disasters (floods, cyclones and draughts)?
- g. How is UNFPA perceived by implementing and national partners in addressing Gender equality, Adolescent/ youth issues and humanitarian response?

9. Objective: FGD group recommendations

- a) What lessons have you learnt from the CP8 in regards to SRH, gender equality and women empowerment; adolescents & youth; PD?
- b) What suggestions/recommendations can you make for future programming?

**UNFPA Malawi – Population Dynamics (PD)
Key Informant Interview Guide for Implementers of PD Component**

Key Informants

- UNFPA PD staff; National Statistics Office (NSO)
- Planning Departments of Ministry of Health and Population, Ministry of Local Government
- Director of Planning and Development (Zomba city)

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoM/UNFPA's 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bayand Nsanje.

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. **Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

Possible questions:

- a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- b. Who was consulted regarding the design?
- c. What other actors have been involved, how does this activity contribute to that of others?

2. **Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs**

- d. To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
- e. To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030)?
- f. To what extent is CP8 aligned to the UNFPA strategic objectives (UNFPA Strategic plans 2018-2021; 2022-2023)?
- g. To what extent is CP8 aligned to the ICPD Programme of Action and SDGs?
- h. To what extent has the programme integrated gender and human rights based approaches?

3. **Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these**

outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
- b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Malawi; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of UNSDCF 2019-2023 and changing aid environment?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

7. Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters

Possible questions:

- a. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities)?

- b. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the LGBTQI populations

8. Objective: Connectedness of CP8

Possible questions:

- a. To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?
- b. To what extent has the UNFPA contributed to developing the capacity of local actors (youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

9. Objective: Interview recommendations

- a) What lessons have you learnt from the CP8 in regards to SRH, gender equality and women empowerment; adolescents & youth; PD?
- b) What suggestions/recommendations can you make for future programming?

**UNFPA Malawi – Population Dynamics (PD)
Key Informant Interview Guide for Implementers of PD Component**

Key Informants

- UNFPA PD staff; National Statistics Office (NSO)
- Planning Departments of Ministry of Health and Population, Ministry of Local Government
- Director of Planning and Development.(city)

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoM/UNFPA's 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:

- a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- b. Who was consulted regarding the design?
- c. What other actors have been involved, how does this activity contribute to that of others?

2. Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs

Possible questions:

- i. To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
- j. To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030)?
- k. To what extent is CP8 aligned to the UNFPA strategic objectives (UNFPA Strategic plans 2018-2021; 2022-2023)?
- l. To what extent is CP8 aligned to the ICPD Programme of Action and SDGs?
- m. To what extent has the programme integrated gender and human rights based approaches?

3. Objective: Coherence of the project/activities to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?

Possible questions:

- a. To what extent is CP8 able to respond to changes in the national needs and priorities including those of vulnerable or marginalized groups?
- b. To what extent is CP8 able to respond to shifts caused by crisis or major political changes

4. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

5. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
- b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

6. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Malawi; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of UNSDCF 2019-2023 and changing aid environment?

7. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

8. Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters

Possible questions:

- a. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities)?
- b. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the LGBTQI populations

9. Objective: Connectedness of CP8

Possible questions:

- a. To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?
- b. To what extent has the UNFPA contributed to developing the capacity of local actors (youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

10. Objective: Interview recommendations

- a. What lessons have you learnt from the CP8 in regards to SRH, gender equality and women empowerment; adolescents & youth; PD?
- b. What suggestions/recommendations can you make for future programming?

Observation Guide

Key issues to observe:

- External environment (brief description).
- Youth Friendly Spaces (Safety, Recreation Facilities, Games/Sports, TV).
- Ease of access to services (location, transport access, surroundings etc.).
- Standard Operating Procedures (SOPs).
- Availability of (e.g. IEC/BCC) materials, leaflets and posters etc. (e.g., variety, numbers, documents to take away etc., language, attractiveness, relevance, range).
- Availability of stocks for FP commodities (including observing stock in and stock outs, medical kits)
- Post-Exposure Prophylaxis (PEP) kits
- Sufficiency of facilities: size, counseling/ consultation rooms, crowdedness, equipment (space for relaxation as well as service provision, whether all equipment is working, what sort of condition the rooms and equipment are in, etc.)
- Functional sanitation services that offer privacy
- Referral Directories and forms.
- Minutes of coordination meetings
- Evidence of trainings
- Training equipment
- IPs reports and other relevant materials
- Services provided to beneficiaries
- Counselling rooms at Health Facilities and Police stations
- Police Forms and other administrative records
- Nature of interactions between staff and clients
- Waiting times and streamlined flow of service provision/staff to client ratio

Annex 8: Selection of UNFPA interventions by IA, PC output, SP outcome and output

Year	Department Description	Implementing Agency (IA) / IA Description	Activity Description	PC Output	SP Outcome	SP Output	Intervention Area	Project Budget	Budget Utilization
2019	Malawi Lilongwe	PGMW01 Nkhata Bay District Assembly	Support increased access to modern contraceptives	2.4 Quantity and mix for commodities procured	1: SRH	02 - Integrated SRH services	IA02-2 SRH information and service provision	20,000	19,893.63
2019	Malawi Lilongwe	PGMW01 Nkhata Bay District Assembly	Support provision of SRHR services to people living with disabilities	Empowerment of young people	1: SRH	02 - Integrated SRH services	IA02-3 SRH service quality improvement	5,000	4,941.02
2019	Malawi Lilongwe	PGMW01 Nkhata Bay District Assembly	Support implementation of EMONC in Nkhata Bay	Integrated SRH services and information	1: SRH	02 - Integrated SRH services	IA02-3 SRH service quality improvement	11,902	11,901.36
2019	Malawi Lilongwe	PGMW01 Nkhata Bay District Assembly	Support implementation of spotlight activities in Nkhata Bay district.	Gender based violence and sexual exploitation	1: SRH	02 - Integrated SRH services	IA02-1 SRH service integration	12,500	11,388.97
2019	Malawi Lilongwe	PGMW01 Nkhata Bay District Assembly	Support CSE activities for in and out of school youths	Comprehensive Sexuality Education and SBC for out of school A&Y	2: Youth	06 - Adolescents and youth skills and capabilities	IA06-2 Sexuality education out-of-school	3,280.43	3,280.43
2019	Malawi Lilongwe	PGMW01 Nkhata Bay District Assembly	Support provision of YFHS in Nkhata Bay	Integrated youth friendly services	2: Youth	06 - Adolescents and youth skills and capabilities	IA06-3 Life skills development of young people	18,893.87	18,893.87
2019	Malawi Lilongwe	PGMW02 Mangochi District Health Office	Support Family Planning in MH	4.1 Supply chain	1: SRH	04 - Supply chain management	IA04-2 Supply chain system	26,883.44	12,783.99
2019	Malawi Lilongwe	PGMW02 Mangochi District Health Office	Support GBV activities	(NB: not in Atlas)	2: Youth	06 - Adolescents and youth skills and capabilities	IA06-3 Life skills development of young people	40,346.59	30,005.72
2019	Malawi Lilongwe	PGMW02 Mangochi District Health Office	Support Prevention of GBV	Gender based violence and sexual exploitation	3: Gender	11 - Prevention and addressing of GBV	IA11-3 Essential services package for GBV	0	0

Year	Department Description	Implementing Agency (IA) / IA Description	Activity Description	PC Output	SP Outcome	SP Output	Intervention Area	Project Budget	Budget Utilization
2019	Malawi Lilongwe	PGMW05 Min of Labour, Youth, Sports &	Advocacy Activities	Support development and implementation of youth related policies, strategies and guidelines	2: Youth	06 - Adolescents and youth skills and capabilities	IA06-3 Life skills development of young people	15,833.31	16,007.14
2019	Malawi Lilongwe	PGMW05 Min of Labour, Youth, Sports &	Support coordination and advocacy meeting for youth networks	Youth networks participate in decision making platforms	2: Youth	06 - Adolescents and youth skills and capabilities	IA06-2 Sexuality education out-of-school	32,493.39	32,237.1
2019	Malawi Lilongwe	PGMW06 Dedza District Assembly	Support integrated YFHS for both static and outreach clinics	Integrated youth friendly services	1: SRH	02 - Integrated SRH services	IA02-1 SRH service integration	19,652.63	19,239.73
2019	Malawi Lilongwe	PGMW06 Dedza District Assembly	Support CSE / LS activities	Comprehensive Sexuality Education and SBC for out of school A&Y	2: Youth	06 - Adolescents and youth skills and capabilities	IA06-3 Life skills development of young people	10,000	9,867.67
2019	Malawi Lilongwe	PGMW06 Dedza District Assembly	Support Prevention and Management of Gender Based Violence in Dedza	Gender based violence and sexual exploitation	3: Gender	11 - Prevention and addressing of GBV	IA11-3 Essential services package for GBV	30,000	28,821.49
2019	Malawi Lilongwe	PGMW06 Dedza District Assembly	Support Supervision, monitoring and coordination of activities	Empowerment of young people	3: Gender	11 - Prevention and addressing of GBV	IA11-3 Essential services package for GBV	11,750	9,606.87
2019	Malawi Lilongwe	PGMW07 Ministry of Health and Population	Support integrated YFHS (CKW)	Integrated youth friendly services	1: SRH	02 - Integrated SRH services	IA02-1 SRH service integration	6,825.51	6,711.59
2019	Malawi Lilongwe	PGMW07 Ministry of Health and Population	Support training for 800 adolescents and youth and 100 YFHS providers in SRHR/ FP (including the disabled and those in humanitarian settings	3.2 Capacity building	1: SRH	02 - Integrated SRH services	IA02-1 SRH service integration	20,000	13249.71

Year	Department Description	Implementing Agency (IA) / IA Description	Activity Description	PC Output	SP Outcome	SP Output	Intervention Area	Project Budget	Budget Utilization
2019	Malawi Lilongwe	PGMW07 Ministry of Health and Population	Support training of 560 pharmacy technicians and drug store clerks in supply chain management.	4.1 Supply chain	1: SRH	02 - Integrated SRH services	IA02-1 SRH service integration	120,000	117,986.21
2019	Malawi Lilongwe	PGMW07 Ministry of Health and Population	Support MoHP - Pop. Department to facilitate implementation of the National Population Policy.	Demographic intelligence	4: PD	14 - Demographic intelligence	IA14-2 Data use for policies/programmes/plans	3082.89	3,082.89
2019	Malawi Lilongwe	PGMW10 National Statistical Office	Support data analysis and dissemination of census reports	Demographic intelligence	4: PD	14 - Demographic intelligence	IA14-2 Data use for policies/programmes/plans	290,298.74	283,389.39
2019	Malawi Lilongwe	PGMW11 Ministry of Gender, Social Welfare	Conduct GBV prevention and MISP including disabled networks	4.1 Supply chain	3: Gender	11 - Prevention and addressing of GBV	IA11-1 Multi-stakeholder engagement for GBV	56,000	50384.21
2019	Malawi Lilongwe	PGMW11 Ministry of Gender, Social Welfare	Build capacity of all stakeholders to monitor violations and promote Gender equality	Gender based violence and sexual exploitation	3: Gender	12 - Eliminating harmful practices	IA12-2 Policies/ strategies/ plans to address harmful practices	25,000	15,907.48
2019	Malawi Lilongwe	PGMW19 Mulanje District Assembly	Joint technical team to provide TA to incorporate the integrated district HIV prevention operational plan for the SRH/HIV/ SGBV into the district implementation plan	2.2 Scale up integrated SRHR/HIV/SGBV services	1: SRH	02 - Integrated SRH services	IA02-1 SRH service integration	3,500	1282.53
2019	Malawi Lilongwe	PU0074 UNFPA	MDSR Activities	Integrated sexual and reproductive health services and	1: SRH	02 - Integrated SRH services	IA02-2 SRH information and service provision	2,422.07	2,422.07

Year	Department Description	Implementing Agency (IA) / IA Description	Activity Description	PC Output	SP Outcome	SP Output	Intervention Area	Project Budget	Budget Utilization
				information					
2019	Malawi Lilongwe	PU0074 UNFPA	Engage Consultants review MDSR guidelines and integrate Perinatal Death Review into MDSR	Integrated sexual and reproductive health services and information	1: SRH	02 - Integrated SRH services	IA02-3 SRH service quality improvement	65,564.8	50,677.34
2019	Malawi Lilongwe	PU0074 UNFPA	Programme costs for monitoring implementation of the activities under UBRAF.	UBRAF 3.1 Targeted HIV combination prevention prog. for A&YP	1: SRH	02 - Integrated SRH services	IA02-1 SRH service integration	34,906.64	5,399.29
2019	Malawi Lilongwe	PU0074 UNFPA	Monitoring and supervision	Empowerment of young people	2: Youth	06 - Adolescents and youth skills and capabilities	IA06-3 Life skills development of young people	21,896.42	28,593.28
2019	Malawi Lilongwe	PU0074 UNFPA	Comprehensive Sexuality Education	Support provision of Comprehensive SRHR information in schools	2: Youth	06 - Adolescents and youth skills and capabilities	IA06-1 Sexuality education in school	44,644.3	136,672.83
2019	Malawi Lilongwe	PU0074 UNFPA	Support to programme coordination for Gender equality and empowerment of women and girls	Gender based violence and sexual exploitation	3: Gender	09 - Accountability for gender equality	IA09-5 Other	1,009,968	679,858.62
2019	Malawi Lilongwe	PU0074 UNFPA	SPOTLIGHT	Gender based violence and sexual exploitation	3: Gender	11 - Prevention and addressing of GBV	IA11-3 Essential services package for GBV	14,764.7	14,764.7
2019	Malawi Lilongwe	PU0074 UNFPA	Strengthening National Statistical Office	Demographic intelligence	4: PD	13 - Population data systems	IA13-1 Data generation and dissemination	94,934.91	61,514.35
2020	Malawi Lilongwe	PGMW01 Nkhata Bay District Assembly	Support uptake of modern family planning methods	Integrated sexual and reproductive health services and information	1: SRH	02 - Integrated SRH services	IA02-1 SRH service integration	2,000	1,809.53
2020	Malawi Lilongwe	PGMW01 Nkhata Bay District Assembly	Support related MNH and BEmONC activities in Nkhatabay	Integrated sexual and reproductive health services and information	1: SRH	02 - Integrated SRH services	IA02-3 SRH service quality improvement	10,000	9,996.89
2020	Malawi Lilongwe	PGMW02 Mangochi District	Support Youth Networks	Youth networks participate in decision	2: Youth	06 - Adolescents and youth skills	IA06-3 Life skills development of young	0	0

Year	Department Description	Implementing Agency (IA) / IA Description	Activity Description	PC Output	SP Outcome	SP Output	Intervention Area	Project Budget	Budget Utilization
		Health Office		making platforms		and capabilities	people		
2020	Malawi Lilongwe	PGMW02 Mangochi District Health Office	Support YFHS in Mangochi	Integrated youth friendly services	2: Youth	06 - Adolescents and youth skills and capabilities	IA06-2 Sexuality education out-of-school	1,280.87	1,280.87
2020	Malawi Lilongwe	PGMW02 Mangochi District Health Office	Delivery prevention and management of Gender based Violence among adolescents and Youths in the communities	Gender based violence and sexual exploitation	3: Gender	11 - Prevention and addressing of GBV	IA11-3 Essential services package for GBV	21,864.17	21,864.17
2020	Malawi Lilongwe	PGMW02 Mangochi District Health Office	Support monitoring of project activities	Empowerment of young people	4: PD	14 - Demographic intelligence	IA14-3 Other	4,651.45	4,677.36
2020	Malawi Lilongwe	PN4154 Family Planning Association of Malawi	Support delivery of Integrated Youth Friendly Health Services	Integrated sexual and reproductive health services and information	1: SRH	02 - Integrated SRH services	IA02-1 SRH service integration	198,000	183,843.68
2021	Malawi Lilongwe	PGMW01 Nkhata Bay District Assembly	Support access to SRHR/GBV services through YFHS.	Adolescent & young people empowered with knowledge & skills	1: SRH	02 - Integrated SRH services	IA02-3 SRH service quality improvement	15,783.21	15,783.21
2021	Malawi Lilongwe	PGMW02 Mangochi District Health Office	Support CSE/LS activities in Mangochi District	Adolescent & young people empowered with knowledge & skills	2: Youth	06 - Adolescents and youth skills and capabilities	IA06-2 Sexuality education out-of-school	3,974.95	3,974.95
2021	Malawi Lilongwe	PGMW02 Mangochi District Health Office	Promote delivery of SRHR, HIV, CSE and life skills information in schools	Empowerment of young people	2: Youth	06 - Adolescents and youth skills and capabilities	IA06-1 Sexuality education in school	26,486.97	26,037.02
2021	Malawi Lilongwe	PGMW02 Mangochi District Health Office	Support implementation of Gender Based activities In line with COVID-19 mitigation measures	Gender based violence and sexual exploitation	3: Gender	11 - Prevention and addressing of GBV	IA11-3 Essential services package for GBV	54,410.52	50,364.07

Annex 9: CPE Agenda

Key: CP means Country Programme; N/A means not applicable; ET = Evaluation team; JMM = John Mark Mwesigwa; CM = Chikondi Munyangwa; JC = Jesman Chintsanya

***Selection Criteria for Stakeholders (SHs):**

1. Stakeholders involved in seemingly well-performing and poorly performing interventions of the country programme.
2. All types of stakeholders for each given output/outcome – i.e., implementing partners, execution agencies, other partners, direct and indirect beneficiaries (including marginalized groups and young people) and donors.
3. For each output/outcome, stakeholders associated with ongoing activities as well as with activities (AWPs) that have already been completed.
4. Stakeholders related to both parts of the programme implemented in the country capital and other parts implemented in separate regions/provinces/districts.
5. Stakeholders associated with both financially large and financially modest AWP.
6. Stakeholders associated with both regular actions and pilot interventions.
7. Stakeholders involved with the national execution (NEX) modality and with the direct execution modality.
8. Stakeholders associated with soft-aid activities carried out by the country office.
9. Stakeholders associated with regional interventions.
10. Stakeholders working on the same issues as UNFPA/in the same spaces but that are not partnering/implementing partners (other actors working on SRHR, maternal health, GBV, for example).
11. Whenever relevant, stakeholders that have been involved with interagency projects.

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
DESIGN PHASE						
Day 1 (Mon. 13 th Jun.)	10.00-10.30 e-introduction of Evaluation Team (ET) members to UNFPA Country Office (CO)	Jae Hwi Kim Evaluation Manager (EM)	Virtual: Jae at CO; CM & JC in Lilongwe; JMM in Kampala.	N/A	N/A	Presentation of the ET; preliminary discussions; understanding the 8 th CP; clarifying expectations
	14.00-16.00 A virtual ET pre-inception meeting	ET internal work	Virtual: Jae at CO; CM & JC in Lilongwe; JMM in Kampala.	N/A	N/A	Preparation for CE design phase
Day 2 - 6 (Tue. 14 th - Fri. 17 th Jun.)	Email despatch of key documents to ET by EM	Jae Hwi Kim Evaluation Manager (EM)	Jae at CO	N/A	N/A	ET to get clear picture of the CP
	08.00-18.00 Preliminary document review of key documents	ET internal work	Individual residences	N/A	N/A	ET to get clear picture of the CP
Day 7 (Mon. 20 th Jun.)	09.00-11.00 Internal Evaluation team (ET) meeting	Evaluation team (ET): <ul style="list-style-type: none"> ▪ Chikondi L. Munyangwa (CLM) – Gender expert ▪ Jesman Chintsanya (CM) – Pop. Dynamics expert ▪ John Mark Mwesigwa (JMM) – SRH expert /Team Leader 	Virtual: CLM and JC in Lilongwe; JMM in Kampala	N/A	N/A	Preparation for the kick-off session with Evaluation Manager; review of individual agendas; Listing of documents to obtain from UNFPA Country Office (CO).
	Email despatch of repository of key	Jae Hwi Kim	Jae at CO	N/A	N/A	ET to get clear picture of the

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
	documents to ET by EM	Evaluation Manager (EM)				CP; development of the design report
Day 8 - 12 (Tue. 21 st -Fri. 24 th Jul.)	08.00-18.00 Document review and drafting design report	ET internal work	Individual residences	N/A	N/A	Development of the design report
Day 13 (Sun. 26 th Jun.)	19.00-20.00 Internal ET preparatory meeting; drafting design report	ET internal work	Virtual: CM and JC in Lilongwe; JMM in Kampala	N/A	N/A	Development of the design report
Day 14 Mon. 27 th Jun.)	08.00-18.00 Document review and drafting design report	ET internal work	Individual residences	N/A	N/A	Development of the design report
Day 15 (Tue. 28 th Jun.)	08.00-16.00 Document review; drafting power-point slides for the kick-off meeting	ET internal work	Individual residences	N/A	N/A	Preparation for the kick-off meeting; Development of the design report
Day 16 (Wed. 29 th Jun.)	14.00-15.30 Virtual kick-off meeting for CPE (design phase)	<ul style="list-style-type: none"> ▪ Jae Hwi Kim, Benard Mijoni Mijoni & Abigail Simkoko [the UNFPA Evaluation Managers EMs] ▪ ERG members ▪ Regional M&E Adviser 	Virtual: EMs at CO; CM & JC in Lilongwe; JMM in Kampala.	N/A	N/A	Understanding the 8 th CP by ET; clarifying expectations; Discussion on TOR and CPE roadmap
Day 17 - 18 (Thu.30 th Jun. - Fri. 1 st Jul.)	08.00-18.00 Document review and drafting design report	ET internal work	Individual residences	N/A	N/A	Development of the design report
Day 19 - 23 (Mon. 4 th - Fri. 8 th Jul.)	08.00-18.00 Document review and drafting design report	ET internal work	Individual residences	N/A	N/A	Development of the design report
Day 24 - 29 (Mon. 11 th -Fri.15 th Jul.)	08.00-18.00 Document review and drafting design report	ET internal work	Individual residences	N/A	N/A	Development of the design report
Day 30 - 34 (Mon. 18 th -Fri 22 nd Jul.)						
Day 35 (Mon. 25 th Jul.)	09.30 – 12.00 Internal ET virtual working meeting (ET internal work	Virtual: CLM and JC in Lilongwe; JMM in Kampala	N/A	N/A	Development of the design report
Day 36 (Wed. 26 th Jul)	08.00-17.00 Document review and drafting design report	ET internal work	Individual residences	N/A	N/A	Development of the design report
Day 37	11.30 – 14.00	ET internal work	Virtual: CM and JC in	N/A	N/A	Development of the design

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
(Wed. 27 th Jul)	Internal ET virtual working meeting (Lilongwe; JMM in Kampala			report
Day 38 (Fri. 29 th Jul.)	08.00 – 17.00 Further drafting design report	ET internal work	Individual residences	N/A	N/A	Development of the design report
Day 39 Mon. 1 st Aug.)	10.00-12.00 CP Portfolio presentation by programmatic area	Deputy Country Rep. Heads and technical officers of each programme thematic area	Virtual: UNFPA staff at Country Office (CO); CLM and JC in Lilongwe; JMM in Kampala	Head of SRH /HIV; Head of Gender Equality; Head of Adolescent s & Youth; Head of Population Dynamics.	N/A	Brief the evaluation team on the actual CP portfolio being implemented
	08.00-18.00 Document review and drafting design report	ET internal work	Individual residences	N/A	N/A	Development of the design report
Day 40 (Tue. 2 nd Aug.)	08.00-18.00 Document review and drafting design report	ET internal work	Individual residences	N/A	N/A	Development of the design report
Day 41 (Wed. 3 rd Aug.)	08.00-18.00 Document review and drafting design report	ET internal work	Individual residences	N/A	N/A	Development of the design report
Day 42 (Thu. 4 th Aug.)	08.00-18.00 Document review and drafting design report	ET internal work	Individual residences	N/A	N/A	Development of the design report
Day 43 (Fri. 5 th Aug.)	08.00-12.00 Document review; draft guides for key informant interviews (KIIs), focus group discussions (FGDs) and observation; finalise annexes	ET internal work	Individual residences	N/A	N/A	Development of the design report
	14.00-17.30 Internal virtual ET working meeting to draft Design Rpt	Evaluation team internal meeting	Virtual: CLM and JC in Lilongwe; JMM in Kampala	N/A	N/A	Development of the design report
Day 44 (Sun. 7 th Aug.)	08.00-18.00 Document review; draft guides for key informant interviews (KIIs), focus group discussions (FGDs) and	ET internal work	Individual residences	N/A	N/A	Development of the design report

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
	observation; finalise annexes					
Day 45 (Mon. 8 th Aug.)	08.00-12.00 Document review; draft guides for key informant interviews (KIIs), focus group discussions (FGDs) and observation	ET internal work	Individual residences	N/A	N/A	Development of the design report
Day 46 (Tue. 9 th Aug.)	08.00-11.00 Document review; draft guides for key informant interviews (KIIs), focus group discussions (FGDs) and observation	ET internal work	Individual residences	N/A	N/A	Development of the design report
	12.00-15.00 Internal virtual ET working meeting to draft Design Report	Evaluation team internal meeting	Virtual: CLM and JC in Lilongwe; JMM in Kampala	N/A	N/A	Development of the design report
Day 47 (Wed. 10 th Aug.)	08.00-16.00 Document review and finalise drafting design report	ET internal work	Individual residences	N/A	N/A	Development of the design report
	17.00 Submit zero draft design report to EM		Individual residence	N/A	N/A	Review of Design Report by EMs and CO
Day 48 - 50 (Mon. 15 th -17 th Aug.)	08.00-18.00 Receive feedback on the draft design report from EM Address comments; finalise guides for FGDs, key interviews and observation	ET internal work	Individual residences	N/A	N/A	Improvement of the design report
Day 51 (Fri. 19 th Aug.)	08.00-18.00 Finalise and submit 2 nd draft design report	ET internal work	Individual residences	N/A	N/A	Improvement of the design report
Day 52 (Tue. 23 rd Aug.)	09.00-13.00 Present draft design report to the Evaluation Reference Group (ERG) for comments – Half day virtual meeting (NB: during the indicated period)	Virtual meeting with ERG	Virtual: EMs at CO; ERG members; CLM & JC in Lilongwe; JMM in Kampala.	N/A	N/A	Presentation to ERG for their review and input
Day 53 - 61 (Thu. 25 th Aug - Thu. 8 th Sep.) (8 days)	Revision of the draft design report and circulation of the final version to the EM for approval	ET internal work	Individual residences	N/A	N/A	Improvement of the design report
FIELD PHASE						

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
Day 62 (Mon. 12 th Sep.)	09.00-11.00 Inception meeting for data collection with CO staff	UNFPA CO technical staff	UNFPA Malawi CO Lilongwe	N/A	N/A	Preparation for data collection (field phase)
	12.00-12.30 Interviews with CO management staff	Deputy Representative	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the evaluation team on management & coordination of CP; Partnerships with other UN agencies as DaO and joint programmes.
	14.00-14.30 CP portfolio briefing by CO programme staff	Dorothy Nyasulu Assistant Representative	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET on the actual portfolio being implemented
	15.00-15.45 CP portfolio briefing by CO programme staff	Sanghmitra Duggal Prog. Coordination Analyst	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET on the actual portfolio being implemented
	16.00-16.30 CP portfolio briefing by CO programme staff	Georgette Whyte-Henry Int. Operations Manager	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET on the actual portfolio being implemented
Day 63 (Tue. 13 th Sep.)	09.00-09.45 CP portfolio briefing by CO programme staff	Juliana Lunguzi SRH Prog. Coordinator	UNFPA Malawi CO Lilongwe	N/A	N/A	
	10.00-10.45 CP portfolio briefing by CO programme staff	Beatrice Kumwenda Prog. Specialist Gender	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	11.00-11.45 CP portfolio briefing by CO programme staff	Maria Pilar Molina AY Specialist	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	12.00-12.45 CP portfolio briefing by CO programme staff	Bill Chanza Prog. Specialist PD	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	14.00-14.45 (interviewer JMM – SRH expert) CP portfolio briefing by CO programme staff	Milika Mdala Prog. Specialist RHCS/ CCP	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	14.00-14.45 (interviewer CM – Gender expert) CP portfolio briefing by CO programme staff	Joseph Kazima Prog. Analyst GBV	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
	14.00-14.45 (interviewer JC - PD expert) CP portfolio briefing by CO programme staff	Pierre Dindi Project Facilitator	UNFPA Malawi Zomba	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	15.00-16.00 (interviewer JMM – SRH expert) CP portfolio briefing by CO programme staff	Erik Schouten Health Systems Specialist	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	15.00-16.00 (interviewer CM – GE/AY expert) CP portfolio briefing by CO programme staff	Cecilia Maganga Alfandika Youth & Adol. Specialist	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	15.00-16.00 (interviewer JC - PD/AY expert) CP portfolio briefing by CO programme staff	Rose Khonje Programme Analyst Y&A	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
Day 64 (Wed. 14 th Sep.)	09.00-09.45 (interviewer JMM – SRH expert) CP portfolio briefing by CO programme staff	Thandiwe Mijoya Project Coordinator	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	09.00-09.45 (interviewer CLM – GE/AY expert) CP portfolio briefing by CO programme staff	Wanangwa Rachel Mganga Project Officer (AY)	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	09.00-09.45 (interviewer JC - PD/AY expert) CP portfolio briefing by CO programme staff	Robert Chasweka Project Facilitator (AY)	UNFPA Malawi Mangochi	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	10.00-10.45 (interviewer JMM – SRH expert) CP portfolio briefing by CO programme staff	Grace Hiwa Programme Analyst RH	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	10.00-10.45 (interviewer CM – GE/AY expert) CP portfolio briefing by CO programme staff	Khama Ziyabu Programme Officer (AY)	UNFPA Malawi Dedza	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	10.00-10.45 (interviewer JC - PD/AY expert) CP portfolio briefing by CO programme staff	Francis Mbvundula Programme Officer (AY)	UNFPA Malawi Salima	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
	12.00-13.00 CP portfolio briefing by CO programme staff	Jae Hwi Kim M&E Specialist Bernard Mijoni Programme Specialist M&E Abigail Simkoko Programme Analyst M&E	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	14.00-14.45 CP portfolio briefing by CO programme staff	Joseph Scott Programme Analyst, Communication	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	15.00-17.00 Synthesis of notes /data by ET		Individual residences	N/A	N/A	
Day 65 Thu. 15 th Sep.	09.00-09.45 CP portfolio briefing by CO programme staff	Gloria Mpelembe Operations Analyst (HR)	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
	11.00-11.30 CP portfolio briefing by CO programme staff	Racheal Banda Finance/Admin Associate	UNFPA Malawi CO Lilongwe	N/A	N/A	Detailed brief to the ET by CO staff on the actual portfolio being implemented
Day 66 Fri. 16 th Sep.	10.00-11.00 Meeting at UN Resident Coordinator's Office (Interviewers – ET members)	UN Resident Coordinator, Malawi	UN RCO, Area 40, Plot 7, Lilongwe 3			UN agencies Delivering as One; and Partnerships with UNFPA on UNCT; joint programmes with other UN agencies
	11.30-12.30 Meeting at UNDP Office (Interviewer JC – PD expert)	Deputy Representative Focal person	UNDP Office, Area 40, Plot 7, Lilongwe 3	Output 4 of GEWE	Criteria 2, 4 and 7	Implementing partner on JP on Spotlight Initiative; Pillar lead (Outcomes 2.& 5)
	11.30-12.30 Meeting at UNAIDS Office (Interviewer JMM – SH expert)	Deputy Representative Focal person	UNAIDS, Area 13 Evelyn Court, Lilongwe	Output 1 of SRH; Output 4 of GEWE	Criteria 2, 4 and 7	Implementing partner on JP on SRHR & SGBV Linkages 2018-2021; Associated partner on Spotlight Initiative
	14.00-14.45 Meeting at National Planning Commission (NPC) Office (Interviewer JC – PD/Youth expert)	Director NPC	NPC, Chief Mbelwa House, Lilongwe	Output 5 of PD		Implementing agency on PD Oversight role on the alignment of GoM polices to Malawi 2063 Vision
	15.00-1700 Synthesis of notes & data by ET	Evaluation team internal work	Individual residences in Malawi	N/A	N/A	Initial synthesis of findings
Day 67 Mon. 19 th Sep.	09.00-09.45 Meeting at WHO Office	Deputy County Rep. Focal person	WHO, ADL House, City Centre, Lilongwe	Output 1 of SRH;	Criteria 2, 4 and 7	Implementing partner on SRH; Implementing partner on JP on

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
	(Interviewer JMM – SRH expert)		3	Output 4 of GEWE		SRHR & SGBV Linkages 2018-2021;
	09.00-09.45 Meeting at UN Women Office (Interviewer CM – GE/Youth expert)	Deputy Representative Focal person	UN Women Office, Area 12/224, Lilongwe	Output 4 of GEWE	Criteria 2, 4 and 7	Implementing partner on Spotlight Initiative (Pillar lead Outcome 4)
	09.00-09.45 Meeting at FAO Office (Interviewer JC – PD/Youth expert)	Deputy Representative Focal person	FAO Office, Area 13 Evelyn Court, Lilongwe	PU0012 Output 3 of AY	Criteria 2, 4 and 7	Implementing agency on AY (Farmers Field and Life Schools)
	11.00-12.00 Meeting at UNICEF Office (Interviewer CM – GE/Youth expert)	Deputy Representative Focal person	UNICEF, Mantino Complex Area 40/31 Lilongwe 3	Outputs 1 (SRH); Outputs 3 of (AY); Output 4 of GEWE	Criteria 2, 4 and 7	Implementing partner on SRH; Implementing partner on Spotlight Initiative (Pillar lead Outcome 3); JP on SRHR & SGBV Linkages 2018-2021; JP Girls Education 2017-2021
	11.00-12.00 Meeting at UNHCR Office (Interviewer JMM – SRH expert)	Deputy Representative Focal person	UNHCR, 8th Floor, Kangombe House, Robert Mugabe Crescent City Centre	Output 4 of GEWE	Criteria 2, 4 and 7	Associated partner on Spotlight Initiative;
	11.00-12.00 Meeting at WFP Office (Interviewer JC – PD/Youth expert)	Deputy Representative Focal person		Output 3 (AY)	Criteria 2, 4 and 7	Implementing partner on AY; JP Girls Education 2017-2021
	14.00-14.45 Meeting at Ministry of Health & Pop. (Interviewer JMM – SRH expert)	Focal person in-charge of SRH/FP	MoHP Hqrs, Federal Government Office, Lilongwe	PGMW07 Outputs 1 & 2 (SRH); 3 of AY	Criteria 2, 4 and 7	Implementing agency on SRH; beneficiary for improved capacities to provide high- quality integrated sexual and reproductive health services and information; Implementing partner on Spotlight Initiative
	14.00-14.45 Meeting at Ministry of Gender Office (Interviewer CM – GE/Youth expert)	Focal person in-charge of Gender		PGMW11 Output 4 of GE	Criteria 2, 4 and 7	Implementing agency on GE; AY; beneficiary for improved capacities to prevent and address gender-based violence and sexual exploitation; Implementing partner on Spotlight Initiative
	14.00-14.45 Meeting at Ministry of Youth Office (Interviewer JC – PD/Youth expert)	Focal person in-charge of Youth	MoYS Hqrs, Private Bag 384, Lilongwe	PGMW05 Output 3 of AY	Criteria 2, 4 and 7	Implementing agency on AY; Implementing partner on Spotlight Initiative
	15.30-16.30	Director FPAM	FPAM Secr. Office,	PN4154	Criteria 2,	Implementing partner on SRH/

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
	Meeting at Family Planning Assoc. of Malawi (FPAM) (Interviewer JMM – SRH expert)	Focal person in-charge of FP	FPAM House, Area Plot 10/447 (near Garden Court), Lilongwe	Output 1 & 2 of SRH	4 and 7	FP including SRHR/HIV/SGBV integrated services
	15.30-16.30 Meeting at Ministry of Education, Science and Technology (MoEST) (Interviewer CM – GE/Youth expert)	Focal person in-charge of Comprehensive Sexuality Education	MoEST Hqrs, Off Chilembwe drive, Capital Hill Cir, Area 20, Lilongwe	PGMW18 Output 3 of AY	Criteria 2, 4 and 7	Implementing agency on AY; Implementing partner on Spotlight Initiative
	15.30-16.30 Meeting at Ministry of Youth Office (Interviewer JC – PD/Youth expert)	Focal person in-charge of Youth	MoYS Hqrs P.O. Box 384 Capital City, Lilongwe	PGMW05 Output 3 of AY	Criteria 2, 4 and 7	Implementing agency on AY; Implementing partner on Spotlight Initiative
Day 68 Tue. 20th Sep.	09.00-09.45 Meeting at ActionAid Malawi Office (Interviewer JMM – SRH expert)	Director, ActionAid Malawi Focal person i/c gender	ActionAid Malawi Upper Hayyat Complex, 1 st Floor, Corner Selous Kamuzu Proc. Road	PN7244 Output 4 of GE	Criteria 2, 4 and 7	Implementing agency on GE
	09.00-09.45 Meeting at AMREF Health Africa (Interviewer CM – GE/Youth expert)	Director, AMREF Health Africa Focal Person i/c gender	AMREF Health Africa Linthipe street, 47/2/38 Lilongwe	PN7245 Output 4 of GE	Criteria 2	Implementing agency on GE (e.g. support to survivors of GBV)
	09.00-09.45 Meeting at Malawi Girl Guides Association Malawi (MAGGA) Office (Interviewer JC – PD/Youth expert)	Executive Director, MAGGA Focal person i/c Youth	MAGGA Office Sector 3, Lilongwe P.O. Box 1264 Lilongwe	PN4212 Output 3 of AY	Criteria 2	Implementing agency on AY (e.g. CSE, YHFS)
	10.30-11.30 Meeting at Freedom From Fistula (Interviewer JMM – SRH expert)	Director, FFF Focal person i/c maternal health	FFF Office, Bwaila Maternity Hospital, Lilongwe	PN7577 Output 1 & 2 of SRH	Criteria 2	Implementing agency on SRH (e.g. prevention of fistula)
	10.30-11.30 Meeting at Girls Empowerment Network Office (Interviewer CM – GE/Youth expert)	Director, Girls Empowerment Network Focal Person i/c gender GBV	Girls Empowerment Network, Salman Armour Road, Blantyre.	PN7243 Output 4 of GE	Criteria 2	Implementing agency on GE (e.g. GBV prevention, management, response; Support AGYW)
	10.30-11.30 Meeting at Youth Net and Counselling (YONECO) (Interviewer JC – PD/Youth expert)	Director, YONECO Focal person i/c Youth	YONECO Office, Lilongwe	PN7266 Output 3 of AY; Output 4 of GE	Criteria 2	Implementing agency on AY & GE (e.g. GBV prevention, management, response, access to GBV & SRHR).
	12.30-13.00 Meeting at Banja La Mtsogolo (Marie Stopes International) (Interviewer JMM – SRH expert)	Director, Banja La Mtsogolo Focal person on Youth	Banja La Mtsogolo Office,	PN7229 Output 3 of AY	Criteria 2	Implementing agency on AY (e.g. Renovation of two Youth Friendly Health Corners)
	12.30-13.00	Director, GOAL Malawi	GOAL Malawi	PN7246	Criteria 2	Implementing agency on GE

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
	Meeting at GOAL Malawi Office (Interviewer CM – GE/Youth expert)	Focal person i/c gender GBV	Liaison Office, Acacia Street, Lilongwe	Output 4 of GE		(e.g. Mentorship of AGYW; essential services package on GBV)
	12.30-13.00 Meeting at National Youth Council of Malawi (NYCM) Office (Interviewer JC – PD/Youth expert)	Director, NYCM Cell: +265 175 58 99	NYCM Office P.O. Box 389, Lilongwe	Output 3 of AY	Criteria 2 and 10	Non-implementing partner on AY
	14.00-15.00 Meeting at Zodiak Broadcasting Office (Interviewer JC – PD/Youth expert)	Director, Zodiak Broadcasting Focal person i/c Youth	Zodiak Broadcasting Artbridge House, Area 47, Lilongwe		Criteria 2 and 10	Non-implementing partner on AY;
	15.00-17.00 Preparation for district field visits	Liaison with Eval. Managers ET internal work	UNFPA CO Lilongwe Individual residences	NA	NA	To ensure all logistics for field visits have been prepared
DISTRICT FIELD VISITS: Districts of Nkhata Bay, Dedza, Mangochi, Mulange and Nsanje (10 calendar days)						
Day 69 Wed. 21 st Sep.	Evaluation Team travels from Lilongwe to Nkhata Bay					
Day 70 Thu. 22 nd Sep.	09.00-09.30 Courtesy call /meeting at Nkhata Bay District Assembly	District Commissioner, Nkhata Bay	Nkhata Bay town	PGMW01	N/A	Overall coordinator of Implementing Agencies and Partners at district level on SRH, AY, GE & Spotlight
	10.00-10.45 Meeting with Director of Health Services.& District Nursing Officer, Nkhata Bay	Director of Health Services District Nursing Officer	Nkhata Bay town	PGMW01 Output 1 & 2	Criteria 2	Implementing partners of SRH /FP; SRH/HIVSGBV integration services
	11.00-11.45 Meeting with District Gender Officer & District Social Welfare Officer, Nkhata Bay	District Gender Officer District Social Welfare Officer	Nkhata Bay town	PGMW01 Output 4 of GE	Criteria 2	Implementing partners of GE services; Spotlight Initiative
	12.00-12.45 Meeting with District Youth Officer & YFHS Coordinator	District Youth Officer YFHS Coordinator	Nkhata Bay town	PGMW01 Output 3 of AY	Criteria 2	Implementing partners of AY services (e.g CSE activities for in and out of school youths); YFHS
	14.00-15.00 Meeting with Freedom From Fistula (Interviewer JMM – SRH expert)	FFF Coordinator/Manager Focal person on fistula	Nkhata Bay town	PN7577 Output 1 & 2 of SRH	Criteria 2	Implementing agency of SRH services (e.g. prevention f fistula)
	14.00-15.00 FGD session with women on elimination of violence against women (Moderator CM – GE/Youth expert)	Women beneficiaries	One of the nearby villages (Nkhata Bay town)		Criteria 2	Women beneficiaries of Spotlight Initiative activities
	14.00-15.00	Adolescents/Youth	One of the nearby	PGMW01	Criteria 2	Youth beneficiaries of AY

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
	FGD session with out of school youth (15-24 years) on CSE, YHFS (Moderator JC – PD/Youth expert)	beneficiaries (female)	villages (Nkhata Bay town)	Output 3 of AY		services (e.g CSE activities for in and out of school youths); YFHS; youth empowerment
Day 71 Fri. 22 nd Sep.	09.00-09.30 Meeting with Religious leader (Moderator JMM – SRH expert)	Religious Leader (e.g Roman Catholic or SDA)	Nkhata Bay town		Criteria 2	
	09.00-9.30 Meeting with Police Victim Support Unit Coordinator (Moderator CM – GE/Youth expert)	Police Victim Support Unit Coordinator	Nkhata Bay town		Criteria 2	Implementing partner of GE services; (e.g. prevention of GBV)
	09.00-09.30 Meeting with a Cultural leader (Moderator JC – PD/Youth expert)	Cultural leader	Nkhata Bay town		Criteria 2	
	10.00-18.00 ET travels from Nkhata Bay to Lilongwe by road					
Day 72 Sat. 24 th Sep	09.00-18.00 Further document review; compiling /arranging notes from various interviews and FGDs	Evaluation Team	Individual residences in Lilongwe	N/A	N/A	To ensure data is of good quality and is kept safely
Day 73 Sun. 25 th Sep.	09.00-14.00 ET travels from Lilongwe to Dedza by road (4 hours)					
Day 74 Mon. 26 th Sep.	09.00-09.30 Courtesy call /meeting at Dedza District Assembly	District Commissioner, Dedza	Dedza Town	PGMW06	N/A	Overall coordinator of Implementing Agencies and Partners at district level on SRH, AY, GE & Spotlight
	10.00-10.45 Meeting with Director of Health Services.& District Nursing Officer, Dedza (Interviewer JMM – SRH expert)	Director of Health Services District Nursing Officer	Dedza Town	PGMW06 Output 1 & 2	Criteria 2	Implementing partners of SRH /FP; SRH/HIVSGBV integration services
	10.00-10.45 Meeting with District Gender Officer & District Social Welfare Officer, Dedza (Interviewer CM – GE/Youth expert)	District Gender Officer District Social Welfare Officer	Dedza Town	PGMW06 Output 4 of GE	Criteria 2	Implementing partners of GE services
	10.00-10.45 Meeting with District Youth Officer & YFHS Coordinator (Interviewer JC – PD/Youth expert)	District Youth Officer YFHS Coordinator	Dedza Town	PGMW06 Output 3 of AY	Criteria 2	Implementing partners of AY services (e.g CSE activities for in and out of school youths); YFHS
	11.00-12.00 Meeting with Family Planning Assoc.	FPAM Coordinator/Manager Focal person on FP	Dedza Town	PN4154 Output 1 &	Criteria 2	Implementing agency of SRH services (e.g. FP services)

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
	of Malawi (FPAM) (Interviewer JMM – SRH expert)			2 of SRH		
	12.00-13.00 FGD session with adolescent young women on SRHR and GBV services (Moderator CM – GE/Youth expert)	Young women beneficiaries	One of the nearby villages (Dedza town)	PGMW06 Output 1 & 2; 4 of GE	Criteria 2	Young women beneficiaries of SRHR and GBV services
	12.00-13.00 FGD session with in school youth (15-24 years) on CSE, YFHS (Moderator JC – PD/Youth expert)	Adolescents/Youth beneficiaries (Male)	One of the nearby secondary school (Dedza town)	PGMW06 Output 3 of AY	Criteria 2	Youth beneficiaries of AY services (e.g CSE activities for in and out of school youths); YFHS; youth empowerment
	12.00-18.00 ET travels from Dedza to Mangochi (6 hours)					
Day 75 Tue. 27 th Sep.	09.00-09.30 Courtesy call /meeting at Mangochi District Commissioner	District Commissioner, Mangochi	Mangochi Town	PGMW02	N/A	Overall coordinator of Implementing Agencies and Partners at district level on SRH, AY, GE & Spotlight
	10.00-10.45 Meeting with Director of Health Services.& District Nursing Officer, Mangochi (Interviewer JMM – SRH expert)	Director of Health Services District Nursing Officer	Mangochi Town	PGMW02 Output 1 & 2	Criteria 2	Implementing partners of SRH /FP; SRH/HIVSGBV integration services
	10.00-10.45 Meeting with District Gender Officer & District Social Welfare Officer (Interviewer CM – GE/Youth expert)	District Gender Officer District Social Welfare Officer	Mangochi Town	PGMW02 Output 4 of GE	Criteria 2	Implementing partners of GE services
	10.00-10.45 Meeting with District Youth Officer & YFHS Coordinator Mangochi (Interviewer JC – PD/Youth expert)	District Youth Officer YFHS Coordinator	Mangochi Town	PGMW02 Output 3 of AY	Criteria 2	Implementing partners of AY services (e.g CSE activities for in and out of school youths); YFHS
	11.00-12.00 Meeting with Family Planning Assoc. of Malawi (FPAM) (Interviewer JMM – SRH expert)	FPAM Coordinator/Manager Focal person on FP	Mangochi Town	PN4154 Output 1 & 2 of SRH	Criteria 2	Implementing agency of SRH services (e.g. FP services)
	12.00-13.00 FGD session with adult women on SRHR,HIV and GBV services (Moderator CM – GE/Youth expert)	Young women beneficiaries	One of the nearby villages (Mulanje town)	PGMW02 Output 1 & 2; 4 of GE	Criteria 2	Young women beneficiaries of SRHR /HIV / GBV integrated services
	12.00-13.00 FGD session with in school youth (15-24 years) on CSE, girls education	Adolescents/Youth beneficiaries (female)	One of the nearby secondary school (Mulanje town)	PGMW02 Output 3 of AY	Criteria 2	Youth beneficiaries of AY services (e.g CSE activities for in of school youths); JP on

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
	(Moderator JC – PD/Youth expert) 13.00-18.00 ET Travels from Mangochi to Mulanje (4 hours)					Girls Education 2017-2021.
Day 76 Wed. 28 th Sep,	09.00-09.30 Courtesy call /meeting at Mulanje District Assembly	District Commissioner, Mulanje	Mulanje Town	PGMW19	N/A	Overall coordinator of Implementing Agencies and Partners at district level on SRH, AY, GE & Spotlight
	10.00-10.45 Meeting with Director of Health Services.& District Nursing Officer, Mulanje (Interviewer JMM – SRH expert)	Director of Health Services District Nursing Officer	Mulanje Town	PGMW19 Output 1 & 2	Criteria 2	Implementing partners of SRH /FP; SRH/HIVSGBV integration services
	10.00-10.45 Meeting with District Gender Officer & District Social Welfare Officer (Interviewer CM – GE/Youth expert)	District Gender Officer District Social Welfare Officer	Mulanje Town	PGMW19 Output 4 of GE	Criteria 2	Implementing partners of GE services
	10.00-10.45 Meeting with District Youth Officer & YFHS Coordinator Mulanje (Interviewer JC – PD/Youth expert)	District Youth Officer YFHS Coordinator	Mulanje Town	PGMW19 Output 3 of AY	Criteria 2	Implementing partners of AY services (e.g CSE activities for in and out of school youths); YFHS
	11.00-11.45 Meeting with Freedom from Fistula (FFF) (Interviewer JMM – SRH expert)	FFF Coordinator/Manager Focal person on Fistula	Mulanje Town	PN7577 Output 1 & 2 of SRH	Criteria 2	Implementing agency of SRH services (e.g. prevention of fistula)
	12.00-13.00 FGD session with adult men on SRHR, HIV and GBV services (Moderator CM – GE/Youth expert)	Adult men beneficiaries	One of the nearby villages (Mulanje town)	PGMW19 Output 1 & 2; 4 of GE	Criteria 2	Adult men beneficiaries of SRHR /HIV / GBV integrated services; FP services
	12.00-13.00 FGD session with in school youth (15- 24 years) on CSE (Moderator JC – PD/Youth expert)	Adolescents/Youth beneficiaries (male)	One of the nearby secondary schools (Mulanje town)	PGMW19 Output 3 of AY	Criteria 2	Youth beneficiaries of AY services (e.g CSE activities for in of school youths); JP on Girls Education 2017-2021.
		13.00-18.00 ET travels from Mulanje to Nsanje (6 hours)				
Day 77 Thu. 29 th Sep.	09.00-09.30 Courtesy call /meeting at Nsanje District Commissioner	District Commissioner, Nsanje	Nsanje Town	PU0074 (UNFPA)	N/A	Overall coordinator of Implementing Agencies and Partners at district level on SRH, AY, GE & humanitarian response
	10.00-10.45	Director of Health Services	Nsanje Town	PU0074	Criteria 2	Implementing partners of SRH

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
	Meeting with Director of Health Services.& District Nursing Officer, Nsanje (Interviewer JMM – SRH expert)	District Nursing Officer		(UNFPA) Output 1 & 2		/FP; SRH/HIVSGBV integration services
	10.00-10.45 Meeting with District Gender Officer & District Social Welfare Officer (Interviewer CM – GE/Youth expert)	District Gender Officer District Social Welfare Officer	Nsanje Town	PU0074 Output 4 of GE	Criteria 2	Implementing partners of GE services
	10.00-10.45 Meeting with GOAL Malawi, Nsanje (Interviewer JC – PD/Youth expert)	GOAL Malawi Coordinator Focal person on YFHS Coordinator	Nsanje Town	PN7246 Output 3 of AY	Criteria 2	Implementing partners of AY services (e.g CSE activities for in and out of school youths); YFHS
	11.00-12.00 Meeting with Native Youth Development (NYD) (Interviewer JMM – SRH expert)	NYD Coordinator/Manager Focal person on Youth	Nsanje Town	PN7247 Output 1 & 2 of SRH	Criteria 2	Implementing agency of SRH services (e.g. prevention of fistula)
	12.00-13.00 FGD session with adult women on SRHR, HIV and GBV services (Moderator CM – GE/Youth expert)	Adult men beneficiaries	One of the nearby villages (Nsanje town)	PU0074 Output 1 & 2; 4 of GE	Criteria 2	Adult men beneficiaries of SRHR /HIV / GBV integrated services in humanitarian situation
	12.00-13.00 Meeting with a Religious leader (Interviewer JMM – SRH expert)	Religious leader	One of the nearby places of worship (Nsanje town)	PN7247 Output 3 of AY	Criteria 2 and 10	Religious leaders support the prevention and response to early pregnancy and GBV, including early marriage
	15.00-16.00 Meeting with a womens groups (Interviewer CM – GE/Youth expert)	Rep. of womens group	One of the nearby villages (Nsanje town)	PU0074	Criteria 2	Beneficiaries of GBV services during humanitarian situation (Cyclone Ata)
	15.00-16.00 Meeting with a Traditional leader (Interviewer JC – PD/Youth expert)	Traditional leader	One of the nearby villages (Nsanje town)		Criteria 2 and 10	Non-implementing partner on SRH /HIV /GBV issues
Day 78 Fri. 30 th Sep	08.00-18.00 ET travels from Nsanje to Lilongwe (10 hours)					
Day 79 Sat. 1 st Oct	09.00-18.00 Further document review; compiling /arranging notes from various interviews and FGDs	Evaluation Team	Individual residences in Lilongwe	N/A	N/A	To ensure data is of good quality and is kept safely
Day 80 Sun. 2 nd Oct.	09.00-18.00 Further document review; compiling /arranging notes from various interviews and FGDs	Evaluation team internal work	Individual residences in Lilongwe	N/A	N/A	Evaluator team members work individually in data analysis and preparation of their individual findings to the team

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
						the next day
Day 81 Mon. 3 rd Oct. (Interviews with donors)	09.00-09.45 Meeting with FCDO (Interviewer JMM – SRH expert)	FCDO Focal person on Health		N/A	N/A	Support to SRH
	09.00-09.45 Meeting with Norway (Interviewer CM – GE/Youth expert)	Norway Focal person		N/A	N/A	Support to GE, AY
	09.00-09.45 Meeting with Iceland (Interviewer JC – PD/Youth expert)	Iceland Focal person		N/A	N/A	Support to SRH and GE
	10.30-11.00 Meeting with KOICA (Interviewer JMM – SRH expert)	KOICA (Korea) Focal person		N/A	N/A	Support to SRH, PD and SP Outcomes
	10.30-11.00 Meeting with Switzerland (Interviewer CM – GE/Youth expert)	Switzerland Focal person		N/A	N/A	Support to SRH, AY, SP Outcomes
	10.30-11.00 Meeting with OCHA (Interviewer JC – PD/Youth expert)	OCHA Foca person		N/A	N/A	Support to GE & SP Outcomes
Day 82 Tue. 4 th Oct.	08.00- 17.00 Data analysis	ET internal work	Lilongwe	N/A	N/A	Evaluator team members work individually in data analysis and preparation of their individual findings to the team the next day
Day 83 (Wed. 5 th Oct.)	08.00- 17.00 Data analysis	ET internal work	Lilongwe	N/A	N/A	Evaluator team members work individually in data analysis and preparation of their individual findings to the team the next day
REPORTING PHASE						
Day 84 (Thu. 6 th Oct.)	09.00-11.00 Debriefing by ET for preliminary evaluation findings	UNFPA CO staff	UNFPA CO	N/A	N/A	Providing a snapshot of the key evaluation findings incl. recommendations
Day 85 - 103 Fri. 7 th - Mon. 24 th Oct.)	Prepare draft evaluation report and submit to EM	ET internal work	Individual residences	N/A	N/A	
Day 104 - 109 (Sat.12 th -Thu. 17 th Nov)	08.00-18.00 Drafting of the final evaluation report (incl. annexes); Incorporate comments on the draft evaluation report & and	ET internal work	Individual residences	N/A	N/A	Ensuring a high quality CPE Report which has addressed all comments and input from EM and ERG members

Day /Date	Activity/ institution	People to meet	Location	Link with the CP	Selection criteria	Justification
	circulation to the EM					
Day 110 - 117 Fri. 18 th – Fri. 25 th Nov.	Review of draft final evaluation report by EM, ERG and Regional M&E Adviser			N/A	N/A	
Day 118 – 119 (Sat. 26 th - Sun.27 th Nov.)	08.00-18.00 Draft and submit the final evaluation report to the EM	ET internal work	Individual residences	N/A	N/A	Ensuring a high quality CPE Report which has addressed all comments and input from EM, Regional Office and ERG.
DISSEMINATION AND FACILITATION OF USE						
Day 120 (Mon. 28 th Nov.)	09.00-17.00 Develop a draft power-point presentation of the evaluation results for the dissemination	ET Team Leader	Individual residence	N/A	N/A	Ensuring a high quality & user- friendly power-point slide desk of CPE Report (power-point premised upon the UNFPA template)
	Note: Next activities on CPE report to be undertaken by EM					

Annex 10: Performance measurement framework – Output indicators

Outcome /Output Indicators	Baseline 2019	Target	Achieved 2019	Achieved 2020	Achieved 2021	Cumulative Total	Proportion of achieved to target	Data sources	
Outcome 1: Sexual and reproductive health and rights									
			2019	2020	2021	Total	Proportion to target	Proportion of females	
Proportion of births attended by skilled health personnel.	90	95				96.6% overall (MICS) 96% in rural (MICS) 99% in urban (MICS)	101.6		MICS 2019-2020
Percentage of adolescent girls aged 15-19 who have their need for family planning met with modern methods.	58	70				68.6% (MICS) 69% married (MICS) 22% unmarried (MICS)	98		MICS 2019-2020
Contraceptive prevalence rate for all women.	45.2	60				64.7% married (MICS) 44.% unmarried (MICS)	107.8		MICS 2019-2020
Number of adolescents and youth (aged 10-24) who have utilized integrated sexual and reproductive health services.	1,279,683	2,461,100	1,751,300	1,665,043	1,435,040 (489690 males; 945350 females) DHIS2	4,851,383	197.1	42.95 (based on 2021 data which was disaggregated)	Programme reports

Outcome /Output Indicators	Baseline 2019	Target	Achieved 2019	Achieved 2020	Achieved 2021	Cumulative Total	Proportion of achieved to target		Data sources
Output 1: Health institutions and 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									
Percentage of health facilities in UNFPA focus districts providing emergency obstetric care.	66	80	82	85	66	78	95		Programe reports
Number of women and girls living with fistula receiving treatment with UNFPA support.	1,377	5,495	1,698	1,773	2,091	5,562	101.2	100	Programe reports
Number of identified vulnerable people provided with minimum initial service package for humanitarian response with UNFPA support. Towards surgery, unit providing treatment or transport of fistula patients to and from the health facilities (cumulative)	0	92,200	50,200	52,200	0	102,400	110.9		Programe reports

Outcome /Output Indicators	Baseline 2019	Target	Achieved 2019	Achieved 2020	Achieved 2021	Cumulative Total	Proportion of achieved to target		Data sources
Number of public health facilities in focus districts providing high-quality, adolescent-friendly, integrated sexual and reproductive health services.	8	33	33	53	53	53	160.6		Programme reports
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								Proportion of 15-19	
Number of additional users of family planning for adolescent girls aged 15-19 years in focus districts.	141,000	794,250	162,440	232656	61,434	456,530	57.5	24.43 (2020)	Programme reports
Percentage of service delivery points with functional Logistics Management Information System.	85	83	98.4	95	95	98	118		
Outcome 2: Adolescents and youth									
Percentage of women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major	57.9% F 64% M	65% F 70% M				63.4 F 65.4 M	97.5% F 102.2% M		MICS 2019-2020

Outcome /Output Indicators	Baseline 2019	Target	Achieved 2019	Achieved 2020	Achieved 2021	Cumulative Total	Proportion of achieved to target	Data sources
misconceptions about HIV transmission								
Adolescent Birth Rate	136/1000	100/1000				Overall 136 204 from poor households (MICS) 60 from rural households (MICS) 225 with no education(MICS) 22 with education (MICS) 75 urban (MICS) 149 rural (MICS)	73.5	MICS 2019-2020
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								
Number of identified marginalized girls in UNFPA focus districts that have successfully completed life skills programmes that build their health, social and economic assets.	350,000	600,000	385,879	420,903	467,659	1,274,441	212.41	Programme reports

Outcome /Output Indicators	Baseline 2019	Target	Achieved 2019	Achieved 2020	Achieved 2021	Cumulative Total	Proportion of achieved to target	Data sources	
A national comprehensive sexuality education manual for out-of-school youth in place.	No	Yes	Yes	Yes	Yes	Yes	100	1 CSE Manual 1 Programme guide 1 CSE Facilitator manual	Programme reports
Number of national- and district-level networks for the participation of young people in policy dialogue and programming	49	75	75	53	96	96	128.00		Programme reports
Outcome 3: Gender equality and women's empowerment									
Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	67%	80%	Not Applicable			69% married (MICS) 22% unmarried (MICS)	86.3		MICS 2019-2020
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	24%	20%	Not Applicable			No data			

Outcome /Output Indicators	Baseline 2019	Target	Achieved 2019	Achieved 2020	Achieved 2021	Cumulative Total	Proportion of achieved to target	Data sources
12 months.								
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								Proportion of disabled
Number of women and girls, including persons living with disabilities, subjected to violence who received essential services in the five focus districts.	1,300	4,300	1,450 of which 150 were disabled women and girls	2,445	68,960	72,855	1694.30	2.12 Programme reports (Being monitored by UN Women)
Number of districts with a functional gender-based violence information management system in place.	0	5	0	0	5	5	100	Programme reports
A costed national action plan for engagement of multiple stakeholders, including civil society, faith-based organizations,	No	Yes	Yes	Yes	Yes	Yes	100	

Outcome /Output Indicators	Baseline 2019	Target	Achieved 2019	Achieved 2020	Achieved 2021	Cumulative Total	Proportion of achieved to target	Data sources	
and men and boys, to prevent and address gender-based violence in place.									
A functional inter-agency coordination mechanism for RH and GBV in place at national and district levels.	No	Yes	Yes	Yes	Yes	Yes	100		
Outcome 4: Population dynamics									
Number of ministries with sustainable development indicators produced at the national level with full disaggregation where required.	0	6							
Output 5: Public institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy									
Number of districts with district development plans that explicitly integrate demographic dynamics, including changing age structure and population distribution.	0	5		6	6	6	120		

Outcome /Output Indicators	Baseline 2019	Target	Achieved 2019	Achieved 2020	Achieved 2021	Cumulative Total	Proportion of achieved to target	Data sources
Strategy in place to strengthen policy makers use of population data and increase data literacy in communities	No	Yes	Yes: Full and preliminary results of PHC were published in record time. Strategy in place	Yes: 17 Thematic reports produced and disseminated. A functional web based and mobile application census data dissemination platform in place		Yes	100	

Annex 11: Summary of FGDs conducted

District	Kms from Boma/ Town	Location /TA	Category/Gender	Age (years)	Number
Dedza	45	Mganja health facility; TA Kachindamoto	Adolescent girls (F)	10-24	11
	65	Ngwimbi TA Kachindamoto	FGD with Out-of-School (M) CSE	23-30	9
	65	Ngwimbi TA Kachindamoto	FGD with in-School (M) CSE	17-22	10
Mangochi	35	Ntonda/TA Chowe	Women in the reproductive age group (F)	15-54	5
	35	Ntonda/TA Chowe	FGD with out-of-school youth (F)	18-23	8
	35	Ntonda/TA Chowe	FGD with out-of-school youth (M)	19-23	6
Mulanje	30	Chinyama/ TA Chinyama	In-school youth (F)	17-20	8
	30	Tambodia/ TA Chinyama	Adult men (M) beneficiaries	29-50	11
Nsanje	10	Malemia	Representatives of persons living with disabilities (F)	15-25	2
	25	Ngabu	Survivors of GBV (F)	15-54	10
Nkhata Bay	30	GVH Thuli/ TA Fukamalaza	Male champions (M)	19-34	9
	30	GVH Thuli/TA Fukamalaza	GBV survivors (F)	20-49	9
	70	GVH Chitete/TA Zilakoma	In-school CSE girls (F)	14-25	13
Total			66F / 45M		111