Government of Malawi

United Nations Population Fund

GOVERNMENT OF MALAWI/UNFPA SEVENTH COUNTRY PROGRAMME: [2012-2018]

FINAL REPORT

DATE: FEBRUARY, 2018

Map of Malawi

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Acknowledgements

The Evaluation Team would like to thank UNFPA for the opportunity to undertake the GovM/UNFPA 7th Country Programme Evaluation. Our appreciation goes to all the Malawi CO staff for the generosity of their time for the interviews and providing documents for our desk reviews, and answering several questions to validate our field findings. Their support and guidance are highly appreciated. We appreciate the logistics support provided by the administrative staff, especially the drivers.

We thank the Evaluation Reference Group, Evaluation Management Committee and national stakeholders from government ministries and development partners in Lilongwe. Their readiness to grant interviews and share ideas with us, provided additional documents and insights is highly appreciated. Finally we also appreciate the UNFPA Regional Office in Johannesburg for all the support during this evaluation exercise. To all others, especially, the implementation partners at the district levels, we are grateful for their willingness to contribute to this exercise.

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Abbreviations and Acronyms

AIDS	Acquired immunodeficiency syndrome
AFIDEP	African Institute for Development Policy
AGYW	Adolescent Girls & Young Women Strategy
ALHIV	Adolescents Living with HIV
AU	Africa Union
AMAMI	Association of Malawian Midwives
ART	Antiretroviral Therapy
BEmONC	Basic Emergency Obstetric and New-born Care
BLM	Banja La Mtsogolo
BTL	Bilateral Tubal Ligation
CAG	Community Action Group
CBDA	Community Based Distribution Agent
CCP	Comprehensive Condom Programming
CDC	Centers for Disease Control and Prevention
CEDAW	Convention on the Elimination of Discrimination against Women
CEmONC	Comprehensive Emergency Obstetric and New-born Care
CHAM	Christian Health Association of Malawi
CO	Country Office
COWLHA	Coalition of Women Living with HIV and AIDS
CP	Country Programme
CPAP	Country Programme Action Plan
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sex Education
CSOs	Civil Society Organisations
CPC	Chid Protection Committee
CP	Country Programme
CP7	Seventh Country Programme
DACC	District AIDS Coordinating Committees
DD	Demographic Dividend

DDP	District Development Plans
DHO	District Health Officer
DIP	District Implementation plan
DMPA	Depot Medroxyprogesterone Acetate
DPS	Department of Population Studies
DSA	Daily Subsistence Allowance
EmONC	Emergency Obstetric and New born Care
EQ	Evaluation Question
EU	European Union
FBO	Faith Based Organisations.
FGDs	Focus Group Discussions
FPAM	Family Planning Association of Malawi
GBV	Gender Based Violence
GEWE	Gender Equality and Women Empowerment
GPS	Global Payment System
GSM	Global System for Mobile Communications
HAART	Highly Active Antiretroviral Therapy
HMIS	Health Management Information Systems
HSA	Health Surveillance Assistants
HIV	Human Immunodeficiency Virus
HTC	Health Testing and Counselling
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
IDSR	Integrated Disease Surveillance and Response
IEC	Information Education and Counselling
IP	Implementing Partner
IPDP	Integration of Population into Development Plans
IUCD	Iintrauterine Contraceptive Device
JPAG	Joint Programme on Adolescent Girls
JPGE	Joint Programme on Girls Education

JSSP	Joint Sector Strategic Plan
KCN	Kamuzu College of Nursing
LUANAR	Lilongwe University of Agriculture and Natural Resources
LARC	Long Acting Reversible Contraceptives
LMIS	Logistics Management Information System
MAGGA	Malawi Girl Guides Association
MDA	Maternal death audit
MDGs	Millennium Development Goals
MDHS	Malawi Demographic and Health Survey
MDSR	Maternal Death Surveillance Response
MENPODE	Network on Population and Development
MFEPD	Ministry of Finance, Economic Planning and Development
MGDS	Malawi Growth and Development Strategy
MIAA	Malawi Interfaith AIDS Association
MISP	Minimal Initial Service Package
MMR	Maternal Mortality Ratio
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
MOH&P	Ministry of Health and Population
MSF	Médecins sans Frontières
Zuni	Muzzy University
NAC	National AIDS Commission
NGO	Non-Governmental Organization
NMCM	Nurses and Midwives Council of Malawi
NSO	National Statistical Office
NPP	National Population Policy
PHC	Population and Housing Census
P and D	Population and Development
RAPID	Resources for the Awareness of Population Impact on Development
REDATAM	Retrieval of Data for small Areas by Microcomputer.

STI	Sexually Transmitted Infections
SDGs	Sustainable Development Goals
SP	Strategic Plan
SRH	Sexual Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRHS	Sexual Reproductive Health Services
SYP	Safeguard young people
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
UNIMA	University of Malawi
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNFPA CO	United Nations Population Fund Country Office
IT'S	World Health Organization
YFHS	Youth Friendly Health Services

Key facts on Malawi

Land	
Geographical location	Southern Africa
Land area	118,484 sq.km
People	
Population	14.8m (2012 projection)
Young people aged 10-24	5 m
Urban Population %	16.6%
Population Growth rate	2.8
Total dependency ratio	91
Youth dependency ratio	85.3
Elderly dependency ratio	5.7
Potential support ratio	17.4
Median age	16.5 years
Median age by Sex	Male: 16.4; Female: 16.7
Total fertility rate	4.4
Adolescent fertility rate	136/1000
Teenage pregnancy	29%
Infant mortality	42/1000 live births
Child mortality	23/1000 live births
Under-5 mortality	64/1000 live births
Contraceptive use rate	58%
Maternal Mortality ratio	439/100,000
Unmet need for family planning	19%
Life expectancy at birth	52%
Skilled birth attendance	90%
Antenatal coverage (one visit)	95%
Antenatal care coverage (4 visits)	51%
HIV prevalence rate	8.8%
Government	
Government	Republic, Constitutional democracy
Seats held by women in national parliament; percentage	17 %
GDP per capita	US$290.00
GDP Growth rate	1.8%
Main industries	Agriculture
Social and Development Indicators	
Human Development Index Rank	0.6850
Unemployment	6.6%
Adult literacy (% aged 15 and above)	65.4%; 74.4 (men), 57.2 (women) - 2011
Total net enrolment ratio in primary education, both sexes	85.6% (2011); 84.5% (boys), 87% (girls)
Gini Index	46.2
Multidimensional poverty index	0.332
Population living below the national poverty line (%)	50.7
Population living with less than $1.25 per day (%)	61.6
Gender Indicators	
Gender inequality index	0.591
Women 15+ having experienced physical violence	34%
Millennium Development Goals as at 2014	**Progress Status**
1. Eradicate extreme poverty and hunger	Slow decline in poverty from 53.9 % to 50.7%

	between 2000 and 2004
2. Achieve Universal Primary Education	Increase in Net enrolment from 78 to 85 %
3. Promote Gender Equality and empower women	Ratio of boys to girls in primary education at par
4. Reduce Child Mortality	85 / 1000
5. Improve Maternal Health	Maternal Mortality ratio still high
6. Combat HIV/AIDS, Malaria and other diseases	Reduced from 24.1 to 10.6%
7. Ensure environmental sustainability	82% have access to safe water
8. Develop a global partnership for development	NA

UNFPA Signature Indicators for Malawi - 2016		
Number of couple years of protection (CYP) generated in a year	1,188,500	2016 Ministry of Health; DHIS2 data using IMPACT 2(v4) Model
Number of users of modern family planning methods	996,745 Estimated users Excluding condoms	2016 Ministry of Health; DHIS2 data using IMPACT 2(v4) Model
Number of unsafe abortions averted	105,300	2016 Ministry of Health; DHIS2 data using IMPACT 2(v4) Model
Number of unintended pregnancies averted	355,000	2016 Ministry of Health; DHIS2 data using IMPACT 2 (V4) Model
Number of maternal deaths averted in a year	1,640	2016 Ministry of Health; DHIS2 data using IMPACT 2(v4) Model

Sources: CIA World Fact book (2017) and UN Country Profile in Malawi (2018); MDHS (2015)

Structure of the country programme evaluation report

This report comprises an executive summary, six chapters and six annexes. Chapter 1 is the introductory chapter which provides the background to the evaluation, objectives, scope, methodology and limitations of the evaluations. Chapter two presents the development challenges faced by Government of Malawi in the four thematic areas as identified in the national strategic documents produced by the Government and provides the policy context of these challenges. The third chapter refers to the response of the UN system and then leads on to the specific response of the UNFPA Country Programme to the national challenges in the programme areas by Malawi. The fourth chapter presents the findings of the evaluation for each of the three focus areas, including the strategic positioning and added value of UNFPA CO in Malawi, and the cross-cutting gender and human rights issues; Chapter five is the conclusions while Chapter six presents the recommendations arranged according to strategic and programmatic levels.

The annexures include the CPE terms of reference, completed evaluation matrix; list of individuals interviewed; documents consulted and interview guides.

Executive Summary

This report presents the results of the evaluation of the 7th UNFPA Country Programme of cooperation with the Government of Malawi for the period 2012 to 2017. The evaluation report presents progress that has been made by the Country Programme interventions in achieving the outcomes and outputs stated in the United Nations Development Assistant and Malawi Country Programme Results Frameworks 2012-2016. The report identifies and analyses factors that may have facilitated or inhibited the achievement of the results. Recommendations for the next country programmer were proposed. The 7th Country Programme has three main components: (a) sexual and reproductive health and HIV; (b) Gender Equality, women's empowerment and adolescents/youth, and (d) population and development dynamics. The evaluation covered all the activities planned and implemented during the Programme Cycle

1. Objectives and scope of the Evaluation

The objectives of the 7th Country Programme Evaluation (CPE) were to (i) to assess the progress of the GovM/UNFPA 7th Country Programme of Support towards achieving the expected outputs and outcomes set forth in the Results framework of the Country Programme document and the United Nations Development Assistance Framework; (ii) to assess the extent to which the implementing framework of the Malawi Country Programme supported or hindered achievement of results chain; (iii) to assess the functionality of the country office monitoring and evaluation systems; (iv) to identify good practices, if any, and document the lessons learnt in programme implementation, management and coordination, (v) to assess the sustainability of the Country Programme interventions and (vi) to assess the strategic positioning of UNFPA Malawi Country Office within the development community and national partners, in view of its ability to respond to national priorities while adding value to the national development results. Broadly the two key objectives are (i) to demonstrate accountability of the UNFPA 7th Country Programme for the relevance of its programme to a wide range of stakeholders as it relates to the Malawian context and to generate evaluative evidence from the 7th Country Programme (2012-2016) and its extension (2017 to 2018) and draw lessons that will guide the design of next Country Programme. The evaluation covered all interventions implemented from January 2012 to 2017 at central and district levels in ten districts in Malawi where intervention activities took place.

2. Methodology

The evaluation relied on the methodology for Country Programme evaluation as developed by the Evaluation Branch of the UNFPA HQ. It was based on a set of questions dealing with corresponding criteria such as: relevance, effectiveness, efficiency, and sustainability. The criteria for strategic position of UNFPA CO were coordination, strategic alignment and added value for the UNFPA Country

Office.

The UNFPA Country Office in Lilongwe and the Evaluation Reference Group drawn from a sample of national stakeholders and implementation partners guided, reviewed and validated the evaluation questions, interview schedules for data collection, preliminary debriefing of results, revised and final report.

The evaluation methodology combined quantitative and qualitative data gathering involving a desk review, semi-structured interviews with UNFPA CO staff and management, representatives of other UN agencies [UNAIDS, WFP, UNICEF, UN Women], government officers at the national level, implementation partners at both national and district levels; focus group discussions with selected beneficiaries, observations in intervention districts, and review of annual report of the programme and its components. Field site visits were undertaken to ten (10) districts in Malawi where interventions were implemented.

The evaluation team systematically triangulated the data collected. The assessment matrix facilitated the consolidation of evidence-based findings. The matrix linked the assumptions and corresponding indicators to assessment questions. Some of the methodological challenges encountered by the evaluation team include: missing quarterly progress reports for some years leading to incomplete information; and unavailability of most stakeholders and beneficiaries for some interviews. These limitations were, however, mitigated by extensive document reviews and other information sources. Ethics and quality control requirements were adhered to by the evaluation team. The 7thProgramme was guided by a results and resources framework which is in tandem with UNDAF 2012-2016, showing a clear linkage of results with UNDAF, MGDSII and UNFPA Global Strategic Plan 2014-2017.

3. Main Findings

From a strategic point of view, the GovM/UNFPA 7th Country programme interventions were well aligned and relevant to the national, international and regional needs and priorities as reflected in Malawi Growth and Development Strategy II, United Nations Development Assistance Framework 2012-2017, ICPD PoA, Millennium Development Goals; UNFPA Global Strategic Plan 2014-2017, Convention on the Elimination of all forms of Discrimination against Women (CEDAW); 1995 Beijing Declaration and Platform for Action and regional protocols as in Africa UNION Maputo Plan of Action. UNFPA's added value in Malawi has been demonstrated in its role in addressing the key components of the Country Programme. Its strength in building the capacity of various stakeholders and

implementation partners is an important added value which is recognised by other development partners and national stakeholders.

UNFPA has proved a valued partner in the UN Country Team in Malawi, open to coordination of several joint programmes and activities. This has enhanced the visibility of UNFPA in the country. Across all programme areas the implementation rate and achievement of outputs in the results chain was generally high.

Programmatically, the 7th Country Programme strengthened the focus on SRH contributed to improved quality of emergency obstetric care, family planning and HIV prevention services in health facilities and communities in the districts of intervention. This was done through dissemination of SRH information, knowledge, HIV testing behaviours, and the promotion of good health through behaviour change communication. UNFPA support for FP/RH commodities has become an important aspect of the programme. The overall support of the SRH and Rights component was on the support to policy development and reviews, capacity-building through training of service providers and logistical support in RH commodity supplies contributing to the management and prevention of HIV/STIs and unwanted and teenage pregnancies, and integration of SRH and HIV services. The outreach to commercial sex workers, rehabilitation of teen mothers to go back to school, the establishment of Youth Friendly Health Services and Teen Clubs and provision of SRH to disabled people did boost the SRH service delivery to adolescents and youth.

The gender equality and gender-based violence programme area contributed to strengthening the national capacity to implement multi-sectoral policies and programmes that prevent gender based violence and sexual violence, and empower women and adolescents. The institutionalization of training in gender and development issues in the University of Malawi is a clear indication that the Programme will be sustainable, if the training facility is utilised**.** The outputs have been largely strategic including contribution to policies, and strategies such as the National Gender Policy and the Joint Sector Strategic Plan for the gender sector, leading on the development of joint UNCT programmes on gender. Interventions for GBV prevention were delivered to important stakeholders namely government departments, CBOs, traditional leaders and members of the community (men, women, boys and girls).

UNFPA CO support in the population dynamics programme component intended to contribute to strengthening the capacity of central and district departments in data generation and use and integrate population issues of youth development, gender and HIV/AIDS into development plans and programmes. This component recorded a number of achievements. These included support for the

revision of National Population Policy, support for MDHS and national population and housing censuses, capacity in integration of population variables into development plans. The CP supported the activity to strengthen the integration of population issues into development in the districts. UNFPA support to strengthen government institutional capacity to generate, analyse and utilise data to inform, monitor and evaluates policy and programme implementation was implemented. UNFPA CO made good use of technical, human and financial resources.

The 7th CP remained responsive to humanitarian emergency and emerging government priorities and continued to focus on vulnerable groups like the disabled. During the 2015 flooding emergency in Malawi, UNFPA CO was actively involved in the emergency intervention. As various results have shown in Chapter 4, planned activities were largely carried out. The implementation rate for all the components outputs were on course.

Several strategies for sustainability were observed. Programmes were embedded in national policy frameworks. Capacity-building through training of service providers, development of curriculum in the University for Gender and Development course is an important building block for sustainability. For SRH, youths and HIV prevention, the various guidelines developed on communication, HIV, FP campaign, fistula repair etc. have guaranteed ownership and sustainability. Despite the success in building capacities, additional support remains to further enhance the quality of data gathering processes, analysis and use for integration in population and development planning, especially at the district levels.

In the area of strategic positioning and added value, the UNFPA Country Office is making important contribution to improving inter-agency coordination and its contribution has helped address issues arising from the UN Country team. UNFPA is a signatory to the Malawi UNDAF 2012-2016. It is a valuable partner in the UN Country Team in Malawi. At the national level, global coordination mechanism among UNCT exists within the UNDAF framework. UNFPA has played a positive role in the UNCT joint activities UNFPA CO is an active participant in such TWGs as HIV/AIDS, Maternal Health, Adolescents, Gender Equality and Women Empowerment, and, Monitoring and Evaluation.. UNCT Technical groups provide platforms for exchange of information and sharing of good practices among agencies.

UNFPA CO has an added value over other agencies and has used its comparative strengths in addressing the 3 programme components of the 7th CP**.** Its technical competence in the areas of sexual and reproductive health, gender and population and development aspects of the CP allows it to act as a facilitator, playing an intermediary role between partners. However, the added value of UNFPA

is often misconstrued by partners and beneficiaries and wrongly associated with material and financial support only. Key informant interviews reported that UNFPA's ability and commitment to be engaged in upstream policy and advocacy and to table sensitive issues, like fistula repairs, gender-based violence, family planning commodities, and contribution of technical expertise are seen as UNFPA's added value and comparative strengths in Malawi.

4. Main Recommendations

Our recommendations focus on priorities that UNFPA CO and national stakeholders need to consider for the next 8th Country Programme, based on the lessons learnt and challenges encountered in the implementation of the 7th CP.

4.1. Strategic Level

UNFPA CO to continue building and strengthening partnerships with other UN Agencies in the Country under the umbrella of 'Delivering as One', (Dao), so that resources can be pooled to support activities of the CP**.** Partnerships could also be built with other bilateral organisations in the country. In the UNCT, UNFPA should establish its niche firmly in SRH, population and development, gender equality and women's empowerment, and adolescents.

UNFPA should continue to align the Country Programme to Malawi's national development priorities as well as international development agendas. As in the development of the previous Country Programmes, there is need for continued wide consultations and participation of government departments, civil society organisations and other relevant stakeholders for the next Country Programme to ensure that it is relevant and aligned to Government of Malawi's national policies and international development agenda. This will ensure that the national needs and priorities of the country are addressed with consensus of the various stakeholders. This approach will promote government buy-in and enhance sustainability. Capacity-building must be intensified as a guarantee for sustainability in service delivery for the programme components.

4.2. Programme Level

4.2.1. UNFPA CO should review the scope of its programme areas with a view to narrowing down the range of activities likely to lead to synergistic and strategic and sustainable results. The priority in the 8th Country Programme should be focus on the following:

Advocacy: Continue to advocate and raise awareness for SRH, GBV, and population and development, paying specific attention to adolescents' specific needs, and ensuring that national stakeholders and IPs staff capacity is built.

Operationalisation of Policy, Guidelines and Strategies: Continue to support the development and evaluation of relevant policies, guidelines and strategies in Malawi and overseeing their full implementation. It is proposed that during the 8th CP, one of the issues to focus on should be on the extent of the operationalisation of the specific policies, guidelines and strategies developed during the 7th CP or those developed over the years but implementation remains a challenge.

Capacity-Building: UNFPA CO should focus on capacity development at the CO, central and district levels. Capacity building must be matched with the capacity needs of partners. Capacity for data generation, use, and integration needs to be further strengthened at all the levels of the government. The CO in partnership with key stakeholders should identify specific skills than need to be upgraded in order to be able to meet the CO and government mandates. In all capacity building initiatives there is need to focus on junior and medium level staff of the institutions that need capacity-building support. Skills that will be useful for data revolution, demographic dividend, SDGs, African Union Agenda 2063, SRH service delivery, need to be built, measured and evaluated.

4.2.2. For SRHR/HIV component, the following should be of interest: focus on youth remains paramount. The YFHS and Teen Clubs models should be strengthened and scaled up. There should be investment in midwifery education, investment in proper handling of obstetric complications and fistula repair management.

4.2.3. In the case of gender equality and women empowerment component, capacity-building efforts for all stakeholders, implementation partners, beneficiaries and government agencies on gender-related issues should be continuous. The new training programme in Gender and Development in University of Malawi should continue to receive support from the CO and government of Malawi, by extending scholarship to those outside the government system. All sociocultural issues affecting gender equality and women empowerment should be identified and addressed. The economic empowerment of women should be scaled up to reach more women.

4.2.3. For population and development component, further develop the capacity of government partners in integration of population issues in development planning at district levels. More technical support should be given to NSO and other line-ministries in strengthening a data management system at

central and district levels for better use of data for planning, implementation and monitoring of key development indicators as well as reporting in the CP outputs and outcomes. The CO should continue supporting preparations for the 2018 Census by building capacities and providing technical support, increasing the knowledge base of policy-makers and programme officers in the use of innovative technologies for data gathering, processing and utilization of census results for policy and programming..

4.2.4. There is need to further strengthen the CO monitoring and Evaluation Unit to manage data capture and oversee production of reports that inform not only UNFPA programming but also that of other stakeholders. There may be need to evaluate the entire M and E system to uncover its challenges and how to assist in the discharge of its functions.

4.3. Programme design, Management and Partnership

Strengthen the UNFPA CO's monitoring and evaluation mechanism to ensure the availability of complete information**.** Step up M & E and quality assurance of IPs and to build their capacity for these activities. During the evaluation of the 7th CP gaps in information were noted. Quarterly reports were not available for some years. Some indicators were not specific to clearly follow which aspect is being measured in the numbers achieved. The definitions and measurement of the indicators were also not clear. There is need for the monitoring and evaluation component to be strengthened. The 8th CP should strengthen the quality of monitoring and evaluation of implementation partners and the capacity of its own staff for monitoring and evaluation. Gender mainstreaming and human right approaches should continue to be a cross-cutting approach in the whole of the CP.

Resource Mobilization: UNFPA CO should invest in resource mobilization, considering the dwindling resources available for its programmes. Available avenues should be explored to reach out to donor agencies. Various funding modalities for the new programme should be explored. For example, funds from government can be used to certain SRHR and youth programmes while UNFPA could play a role as a technical partner for those programmes. In addition, implementation partners should be encouraged and mentored on how to seek for additional funding from other sources.

4.4. Government Partners

The government should facilitate the process of UNFPA Support to government priorities in order to add value to the implementation of Malawi Development and Growth Strategy III.

National Statistical Systems in the country should identify the technical support required from UNFPA to implement capacity-building in data generation, analysis, use and integration in development planning.

Downstream activities in SRH, HIV and GBV prevention should be expanded to address the specific needs of vulnerable population groups in urban areas. This should be funded by the government since the line ministries are actively involved in service delivery in these areas.

4.5 Lessons Learnt

Adequate human and financial resources are very critical. The lesson learnt is that the amount of resources allocated at different levels affects the volume and timely implementation of the interventions.

The soliciting of technical assistance in form of external experts for various assignments was pivotal in enhancing program delivery efficiency in situations where the existing staff had constraints of expertise or time.

Collaboration and coordination between the UNFPA, government and other cooperating partners is very critical. The lesson learnt is that the inevitable reliance on the cooperation of other development partners has the potential to affect implementation scheduling if not well coordinated.

Strong partnerships are imperative in mobilising the required support and resources for the CP implementation. Collaborative actions are crucial for success in CP implementation.

Strong institutional coordinating structures are very critical in ensuring the successful implementation of CP interventions.

Priority setting is 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.

There should have been an integration of livelihoods or employments in the all the adolescents and youth programmes. The focus will be on imparting skills on the youths for job placement should be an integral part of all the intervention activities.

Finally, leadership and ownership is essential for effectiveness and sustainability in CP interventions

Chapter 1 Introduction

1.1 Purpose and Objectives of the Country Programme Evaluation

This is the final report of the evaluation of the Govt of Malawi/UNFPA 7th Country Programme (2012-2018). This evaluation is being undertaken within the contexts and provisions of UNFPA Evaluation Policy Framework which stipulates that all programmes should be independently evaluated at the end of the programme cycle. The Government of Malawi/UNFPA 7th Country Programme of Support is premised on the Malawian national needs and priorities identified and articulated in Malawi Growth and Development Strategy II and relevant sectoral policies and programmes. This 7th Country Programme has three key outcome areas identified and prioritized in collaboration with the Government of Malawi. These are: (i) sexual and reproductive health with focus on maternal and new-born health including, HIV prevention; (ii) gender equality, women's empowerment and adolescents/youth and (iii) population and development interlinkages

Broad Objectives

The evaluation has two key objectives:

1. To demonstrate accountability of the UNFPA 7th Country Programme for the relevance of its programme to a wide range of stakeholders as it relates to the Malawian context.
2. To generate evaluative evidence from the 7th Country Programme (2012-2016) and its extension (2017 to 2018) and draw lessons that will guide the design of next Country Programme.

Specific evaluation objectives are:

i. To assess the progress of the GovM/UNFPA 7th Country Programme of Support towards achieving the expected outputs and outcomes set forth in the Results framework of the Country Programme document and the United Nations Development Assistance Framework.
ii. To assess the extent to which the implementing framework of the Malawi Country Programme supported or hindered achievement of results chain.
iii. To assess the functionality of the country office monitoring and evaluation systems, and
iv. To identify good practices, if any, and document the lessons learnt in programme implementation, management and coordination.
v. Assess the sustainability of the Country Programme interventions.

vi. To assess the strategic positioning of UNFPA Malawi Country Office within the development community and national partners, in view of its ability to respond to national priorities while adding value to the national development results.

1.2 Scope of the Evaluation

The evaluation covered the period 2012-2017. It focussed on the implementation process, achievements and challenges at both output and outcome levels of the 7th Country Programme 2012-2017. The evaluation concentrated on the five UNFPA focus districts of Nkhata Bay, Mchinji, Dedza, Mangochi and Chiradzulu, and interventions at national level. It also included 8 additional districts of Karonga, Chitipa, Mzimba, Dowa, Salima, Machinga, Nsanje, Chikwawa, where the gender equality and women empowerment (GEWE) programme was implemented from 2012 to 2016.

The Programme covered the three technical areas of the country programme (sexual and reproductive health including HIV; gender equality and youth, and population and development). In terms of sexual and reproductive health component, emphasis was on the supply chain, availability of commodities at service delivery point's level; capacity development for provision of SRH services as well as creation of demand for these services with an emphasis on family planning services for adolescents girls.

For Gender equality and Youth issues, covering aspects of improving a policy environment and building capacities for gender-based violence prevention and management were examined. For population and development component, the evaluation looked at aspects of ensuring availability of disaggregated data, availability and use of evidence for programming and status of population integration in key development policies, plans and frameworks developed during the period under review. In addition, the evaluation covered cross cutting issues of human rights, gender mainstreaming, coordination, monitoring and evaluation, and partnerships.

1.3 Methodology and process

The Evaluation utilised several data collection methods and undertook systematic triangulation to ensure robust analysis and understanding of the intervention logic underpinning the programme. The evaluation approach and its methods placed emphasis on participatory data collection to gain information on achievements, challenges and lessons learned in contributing to the different components of the 7th CP.

The evaluation team utilised four of the standard evaluation criteria drawn from the United Nations Evaluation Group/Organisation for Economic Cooperation and Development criteria of relevance,

efficiency, effectiveness and sustainability. Additional criteria relevant to UNFPA CO with the view of addressing its strategic position within the United Nations Country Team, and its added value to the national development goals were used. Relevant also are the cross-cutting issues of human rights, gender mainstreaming within UNFPA's work and synergies between programme areas as well as south-south cooperation. For each of the evaluation criteria, a set of evaluation questions was developed.

These included **relevance** (the extent the country programme (i) adapted to the needs of the population (ii) aligned with government priorities (iii) as well as with the ICPD agenda and strategies of UNFPA); **effectiveness** (the extent the interventions supported by UNFPA in all programmatic areas contributed or are likely to contribute to the achievement of planned results; extent the programme integrated gender and rights-based approaches); **efficiency** (extent resources (financing instruments, administrative, staff, timing and procedures) were used efficiently to achieve the expected programme results; extent lessons learned were documented and used to inform programme implementation); **sustainability** (extent UNFPA supported interventions contributed or likely to contribute to the development of capacities of its partners; extent the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies); ***Strategic Alignment (***extent the UNFPA CO is coordinating with other UN agencies in the country, particularly in the event of potential overlap); ***Added Value (***the main comparative strengths of UNFPA in Malawi, how are these perceived by national and international stakeholders) and cross-cutting issues (extent the CP included a human rights approach across all programme areas and gender mainstreaming.

The key evaluation questions around each of the criteria were identified from the UN Handbook on Monitoring and Evaluation by the evaluation team and evaluation management committee, and discussed and approved at the Evaluation Reference Group meeting held on December 11, 2017.

The evaluation followed four main stages as identified in the Handbook:

Inception phase

This involved development of the inception report which includes evaluation design matrices, which highlighted evaluation questions, data collection methods, data sources and analysis plan, all annexed to this report. At the inception stage, the Evaluation Team met with UNFPA CO management and the Evaluation Reference Group to seek input, confirm and approve choice of methods and data collection tools and data analysis plan. The questions developed were based on the CPE ToRs, Country

Programme Document (CPD), UUNDAF Monitoring and Evaluation Framework, which articulated the re-aligned indicators to the revised UNFPA Strategic Plan.

Field Phase

Field work involved data collection through stakeholder interviews using semi-structured interview schedules, focus group discussions, field visits and observation to provide primary data to supplement the extensive document review. The following methods for collecting data used are elaborated below:

Documents review: Extensive review of CP documents formed the basis of the CPE, informing evaluation design, including the evaluation matrix and data collection tools, and providing the most extensive data to triangulate the primary sources. The CO identified and provided the main documents for the evaluation team according to the guideline in the UNFPA Evaluation Handbook. The documents provided by the UNFPA CO are listed in Annex 7.

Semi-structured interviews: This method of data collection was done to provide deeper insights into the issues that were unearthed from the desk review. Information gathered from this method provided clarity on observed trends and gaps for each component area of analysis. Key informant interviews were held with national stakeholders using semi-structured interview guides. Interviewees included policy makers, programme heads in government, the UN agencies, and civil society organisations. Interviews were held at national level and in each of the nine districts. We also interviewed CO staff and management.

Number of key informants interviewed was sixty seven (67) including CO Management and Programme officers; In-depth interviews were held with seventeen (17) selected implementation partners at intervention sites.

Group interviews: These helped in gathering information on the opinions and views of program beneficiaries about the 7th CP. A total of 12 focus group interviews were conducted, each group being made up of a group size of 5 – 10 people.

Site visits and Observations: The evaluation team undertook site visits to 10 of the districts in the country where intervention activities took place, to observe on-going activities and interview implementation partners and beneficiaries.

Validation

The use of a variety of methods was to ensure validity of information collected. The evaluation team also validated the data collected by internal team-based revisions and triangulation based on

systematic cross-comparison of findings by data sources and by data collection methods. We compared findings from different data sources and data collection methods.

Methods for data analysis and validation

Data analysis was done based on the four thematic areas of the CP. Quantitative data were reviewed as secondary data from CP documents such as Strategic Programme Reports, Annual Reports, Quarterly Reports, Reports from IPs, among others.

The evaluation team used content analysis approach based on the extensive document review, interviews and focus group discussions and field visits. The second approach was Contribution analysis used to assess the results chain logic in the CPD and the effectiveness of the UNFPA CP in achieving activities and outputs and their contribution to outcome results in the component areas. All the evaluation criteria were addressed and analysed for the component areas and also with respect to implementation modalities and efficiencies. The triangulated analysis allowed the drawing of conclusions and recommendations from different sources outcomes including both planned and unexpected outcomes. For each of the outcome areas of the Country Programme, the evaluation included the following levels of the results chain: activities, outputs and outcomes.

The formats of the UNFPA Evaluation report as specified in the UNFPA Handbook on Evaluation were used for tabulation and analysis to organise the findings within the main body of the report. The presentation of the findings is follows: (i) text of the evaluation question; (ii) short summary of the answer within a box and (iii) detailed answer to the evaluation question. Conclusions are arranged in two-cluster sequence: strategic, programmatic levels (UNFPA Evaluation Handbook, 2013).

The report was prepared, reviewed by UNFPA CO Management and Evaluation Reference Group for quality assurance. Finalization of the report was done based on further information/comments received from the report review process. The draft final evaluation report was now presented after incorporating additional comments from inputs from all UNFPA CO, from a UN wide Validation meeting that was with UNDAF agencies. National dissemination was planned by the Evaluation Reference Group to national stakeholders (government officials, civil society organizations, UN agencies, main donors and UNFPA CO staff) in Malawi.

Stakeholder Selection

Following the guidelines on comprehensive stakeholder selection from the UNFPA Evaluation Handbook, the Team worked with the evaluation manager and CO to identify a list of stakeholders after reviewing various programme documents and discussions with programme officers. They selected a

number of people interviewed across the major stakeholder's categories of the 7th CP outputs and outcomes. These included national level stakeholders including UNFPA CO staff and implementing partners (national and district levels), strategic partners, and beneficiaries. Both UNFPA's direct partners as well as stakeholders at different levels who did not work directly with UNFPA, but played a key role in a relevant outcome or thematic area in a national context were also identified in the process of evaluation and were included for interviews. Relevant stakeholders were involved at the different stages of the CPE including design, data collection, data analysis, and reporting especially at the recommendation formulation process, debriefing, and dissemination stages, as were appropriate. A list of stakeholders selected and interviewed is included in Annex 5.

Evaluation Process Overview

The UNFPA Handbook for Evaluation of CP provides the guidelines for the evaluation process. As much as possible, the ET adhered to the Evaluation Quality assessment grid, the Norms and Standards of the UN Evaluation Group and the Ethical Code of Conduct for UNEG/UNFPA evaluations. The overall process had five phases including the preliminary preparation phase prior to the consultant recruitment, as follows:

Phase 1: The recruitment and establishment of the evaluation reference group (ERG) and development of terms of reference; recruitment of consultants. The consultants then conducted the subsequent phases with technical, logistics and administrative support from the CO, especially the evaluation manager.

Phase 2: Evaluation design phase by consultants that terminated in a presentation to the ERG and CO and the final design report that outlined the evaluation process, the evaluation matrix and tools for data collection, stakeholder selection and mapping.

Phase 3: Field phase consisting of extensive documentation review and conducting the actual interviews as determined in the design report.

Phase 4: Synthesis of data, triangulation and analysis, development of the draft report, debriefing and presentation to the CO and ERG for critique and validation. The CO, RO and ERG provided important information, consolidated feedback for the consultants to undertake further revision and to develop a presentation first for the CO and ERG, and then further feedback, to stakeholders. This iterative process allows for repeated clarification and validation of the findings, conclusions, recommendations and lessons learned.

Phase 5: Final review and incorporation of comments from the UNFPA RO and UNFPA HQ. The evaluation manager and the CO then prepared a management response to the recommendations of the evaluation for the UNFPA ESARO and HQ.

1.4 Limitations

The expected duration of this assignment did not allow for detailed quantitative measurement of the outcome. The scope of this exercise did not allow the team to collect quantitative data from the field, thus our analysis and conclusions are based on quantitative data collected from the Country Office and by secondary sources. This is already a source of bias. However, our use of triangulated methodology mitigated the bias that would have been introduced into the evaluation.

The timing of the evaluation has implication with regards to the observation of actual effects. Effects could not be measured. It requires time to see the effects of the interventions in the CP. Another limitation was the availability and quality of relevant documents and reports given to the evaluation team. Where these were not available, the evaluation team struggled to get quality documents that have the required information. The limitations were not significant to affect the validity and credibility of the evaluation results.

1.5 Evaluation Team Composition and Tasks

The team was composed of four experts with expertise in different aspects of the evaluation. The team leader is a seasoned demographer and population health scientist with 26 years of professional experience in academics, research, monitoring and evaluation. He has a record of experience in monitoring and evaluating development projects and has evaluated a number of Country Programmes and Projects in Africa.

The expert in population and development has a doctorate in Population Studies and has conducted a number of evaluation projects. He provided professional skills in population and development component of the Programme. The expert in sexual and reproductive health is a PhD. holder in Nursing Science with bias in Women's Health and has long history of working in the field of SRH including HIV/AIDS. The gender expert holds a Master's degree in Education for Sustainability and a PhD candidate in Land and Agrarian Studies, provided expertise in gender equality issues women and adolescents reproductive rights, prevention of discrimination and violence against women.

Chapter 2 Country Context

2.1 Development Challenges and National Strategies

Malawi is a landlocked, densely populated low income country with a per capita GDP of USD 381 in 2015[1]. The country is bordered by Zambia to the North West, Tanzania to the North East and Mozambique on the east, south and west. In terms of land mass, it is over 118,000 square Km with a population of 13.1 million in 2012, estimated now to be 18.1 million in 2016. The Malawi population is youthful, with more than 70% below the age of 30. It has a population density of 128.8 square kilometre. Malawi is divided into 28 districts within three regions – central regions (9 districts), Northern region (6 districts) and Southern region (13 districts).

Malawi is one of the least developed countries in the World with an economy heavily dependent on agriculture with 85% rural population. Persistent poverty and income inequalities are two of the many development challenges facing the country. The country faces challenges in all different sectors of the economy such as building and expanding the economy, improving education, health care and environmental protection. Agriculture contributes 28 % of GDP to the economy

At the onset of the 7th Country Programme in 2012, the Country has undergone a challenging period. In the early years of the Country Programme, the government shifted from a fixed to a flexible foreign exchange regime. This led to a rapid devaluation of the Malawian Kwacha (by 52 per cent in 2012). Devaluation was followed by a sharp reduction of budgetary support by development partners (constituting 40 per cent of the budget at the time), which immediately put the government budget under pressure[2].

The Malawi Growth and Development II (2012 to 2016) was the country's second medium term national development strategy formulated to attain the country's long term development. The MDGS II was based on six thematic areas with nine priority areas which are central to the achievement of economic growth and wealth creation. The strategy foresaw economic growth averaging 7.2 per cent between 2011 and 2016. In reality when taking into account projected growth of 2.5 per cent for 2016, the actual growth rate for the period was 3.5 per cent which is not far above the rate of population growth of 2.8 per cent, Census 2008. The expected gain is affected by high population growth and devastation caused by floods and drought. Devastating floods at the beginning of 2015 compounded by drought in the main agricultural areas left 2.8 million Malawians in need of food aid. The floods in which 240,000 people were forced to flee their homes affected approximately 640,000 people in 15 of

[1] World Bank Malawi Database accessible via the website
[2] World Bank Malawi Database accessible via the website

Malawi's 28 districts[3]. The country has few resources and is highly dependent on external aid (40% of national budget), though it suffered a decline of about 30% between 2012 and 2015; that year, Malawi received US$910 million in ODA, which is 22.8% of GNI[4].

2.2 Sexual and Reproductive Health and HIV

According to the Malawi Demographic and Health Survey 2010, Malawi's maternal mortality ratio was at 675 deaths per 100 000 live births. There are many causes that contribute to maternal mortality and morbidity in Malawi. The five direct causes of maternal death are haemorrhage, infection, unsafe abortion, hypertensive disorders and obstructed labour. Indirect causes include malaria, anaemia, HIV/AIDS and tuberculosis. The increase in maternal mortality ratio in the late 1990s was attributed to the growing impact of the HIV/AIDS epidemic and inadequate investment resulting in deterioration of the health care system.

Fertility in Malawi has been declining since the 1990s. The TFR has declined from 6.7 children per woman in 1992 to 5.7 children per women in 2010. On contraceptive use, in 2012, overall, 42.2 percent of currently married women were using a method of family planning; 58 percent of currently married women were using a modern method while 1 percent of currently married women were using a traditional method. In 2010, overall, 26 percent of currently married women had an unmet need for family planning (14 percent for spacing and 12 percent for limiting). Unmet need for spacing was highest in the 15-19 age group, with 23 percent of women having an unmet need for spacing their births, while the unmet need for limiting was highest in the 40-44 age group, with 22 percent of women wanting no more children but not using family planning.

Nearly 30 percent of Malawian girls aged 15 to 19 report being married and a third of adolescent women become pregnant or have given birth by the time they reach 20. Most of these births occur within marriage or in union, yet pregnancy among unmarried teens shows an increasing trend. More girls aged between 15 and 19 had children contributing to high population growth and rising child and neonatal deaths. Overall, one in every four teenagers (26 percent) age 15-19 had begun childbearing; 20 percent have had a live birth and 6 percent were pregnant with their first child. At the regional level, the proportion of teenagers who had started childbearing was highest in the Southern Region (29 percent) and the Northern Region (28 percent) compared with the Central Region (22 percent). The median age for marriage varied by residence. In urban areas, median age at first marriage increased with age: 17 years for women age 45-49 compared with 19.5 years for women age 20-24. As of 2012,

[3] UN Humanitarian Situation Report No 6, 2015
[4] UN Humanitarian Situation Report No 6, 2015

approximately 1,100,000 people in Malawi were HIV-positive, representing 10.8% of the country's population.

Generally key indicators of sexual and reproductive health remain poor. The rate of skilled attendance at birth is estimated at 89.8 % but access to emergency obstetric care services is still limited with almost 40 % of health facilities providing recommended package of services.

There are a number of national policies to address sexual and reproductive health and HIV prevention issues. These national policies and strategies include National Sexual and Reproductive Health policy, the Malawi Growth and Development Strategy, the Road Map for accelerating the reduction of Maternal and Neonatal Mortality and Morbidity, the National HIV and AIDS policy, Malawi Reproductive Health Strategy, Malawi Reproductive Health Service Delivery Guidelines, Maternal Death Surveillance and Response Guidelines and Malawi National Population Policy.

2.3 Adolescents and HIV Prevention Challenges

In Malawi, young people account for 50% of new HIV infections, with HIV prevalence higher among some young populations, such as 15-17 year olds (Small & Weller, 2013). Four percent (4%) of young females (15-19 years old) are living with HIV in Malawi. Early sexual activity is high in Malawi with one in eight adolescent girls engaging in sex before the age of 15 (2014 Malawi Youth data sheet). Cultural drivers also play an important role in fuelling the HIV epidemic.

An estimated 45 % of young women get married before the age of 19 years. This is exacerbated by poor access to SRH information and services by girls. It is estimated that only 13 per cent of young people access youth friendly health services (Evaluation of Malawi Youth Friendly Health Services, 2014). Access to secondary education among young girls is very low, retention and completion levels are generally scarce and drop-out and repetition levels continue to be higher for girls than for boys. It is estimated that only 16.4% of the Malawian population have secondary education, lower than the regional average of 26.8% (Human Development Report 2015). The girls who drop out of school are at high risk of early marriage and 50% of young women aged 20-24 were married by 18 while more than 25% of the girls between 15-19 years old have already begun childbearing (In addition, coverage of youth programmes appears to be disproportionately focused on late adolescent girls (15-19 year olds), with early adolescent girls not adequately covered. HIV/AIDS prevalence rates are rising faster among young people than the general population. HIV prevalence among young people (15-19 years old) was 3.3% among Girls and 2.1% among Boys (NSO & 1CF, 2017).

The government of Malawi has a number of policy and strategy documents to address HIV and AIDS and SRH related issues affecting the young people. These include the: National Youth Policy, Youth Friendly Health Services (YFHS) Strategy, National HIV and AIDS Strategy, Malawi HIV and AIDS Prevention Strategy, Sexual Reproductive Health and Rights Policy, and Family Planning Costed Implementation Plan (CIP). All these specifically address youth access to information and services. Guided by the policies and strategies, significant progress has been made. However, recent data show that young people aged 10-24, mainly adolescent girls and young women (AGYW) are still vulnerable to HIV and AIDS and SRH challenges. The Malawi Demographic Health Survey (MDHS 2015-16) findings show that HIV prevalence in Malawi is currently at 8.8% among women and men aged 15-49. Among young people age 15-24, prevalence is 4.9% among girls and 1% among boys, showing that girls are more vulnerable than boys. SRHR outcomes for girls are further worsened by early child bearing.

National Policies to address the issues confronting adolescents and youth in Malawi include National Gender Policy (2014), SRH and Rights Policy (2009), National HIV/AIDS Policy (2003), National HIV and AIDS Workplace Policy (2010), National Youth Policy (2013).

2.4 Gender Equality and Gender-Based Violence Challenges

According to Malawi Demographic and Health Survey (MDHS) 2010, two in five women, representing 41 percent, reported that they had experienced either physical or sexual violence. Sixteen percent had experienced physical violence only; 13 percent had experienced sexual violence only and 12 percent had experienced both physical and sexual violence. An estimated 2.4 million children are growing up in violent homes, witnessing domestic violence and experiencing its negative effects. Sixty-five per cent of girls experience some form of child abuse during their lifetime, compared with 35 per cent of boys.[5] 23 per cent of girls aged 15 to 19 years are married compared to less than two per cent of boys. One in four children is involved in child labour.[6]

The main perpetrators of physical violence against women are men in particular husbands. Fifty-three (53) % of married women reported their current husbands as perpetrators of physical violence and 31 % reported that their former husbands were. For women who had never been married, family members including mothers, stepmothers, father's brothers committed violence.

5 Government of Malawi, *Intimate Partner Violence*, Malawi, 2005

6 Government of Malawi, *Multiple Indicator Cluster Survey*, Malawi, 2006

In Malawi, poverty is a gendered phenomenon; female-headed households are more likely to be poor[7] and are disproportionately represented in the lowest quartile of income distribution. This gender disparity is echoed in lower earnings for work of the same calibre, more time spent in unpaid labour, lower labour force participation rates, and limited access to assets. While women are estimated to constitute 70 % of the labour force in the agricultural sector fewer women have access to agricultural inputs and credit than men. Only 11 % of agricultural extension workers are female, which means that gender specific issues may not always be addressed[8]. As per UN Gender Inequality index of 0.6850; the country is ranked poorly at a dismal 174 out of 187 countries in 2014 as per the UN Gender. It is further established that 180,000 women and girls in the child bearing age suffer from disabilities caused by complications related to child pregnancy and birth.

Malawian government is committed to preventing and responding to gender-based violence through a variety of actions including laws, policies, international commitments, programmes and services. The Ministry of Gender, Children, Disability and Social Welfare is the arm of government tasked with coordinating the country's response to gender inequalities and women empowerment issues. Malawi government has put into place many frameworks and systems to address the issues of gender inequality. Malawi is a signatory to a number of international agreements that address GBV such as CEDAW, SADC Declaration on Gender and Development, and African Charter on Human and People's Rights on the Rights of Women in Africa. Malawi is committed to the ICPD PoA, among others. There are seven national policies currently in place to address gender equality and GBV issues. These are National Gender Policy (2014), SRH and Rights Policy (2009), National HIV/AIDS Policy (2003), National HIV and AIDS Workplace Policy (2010), National Youth Policy (2013) etc. Each of these addresses some aspects of gender equality and women empowerment issues. Various studies have been done to expand information on gender based violence and women empowerment issues to provide data for informed decision-making and programming.

2.5 Population and Development

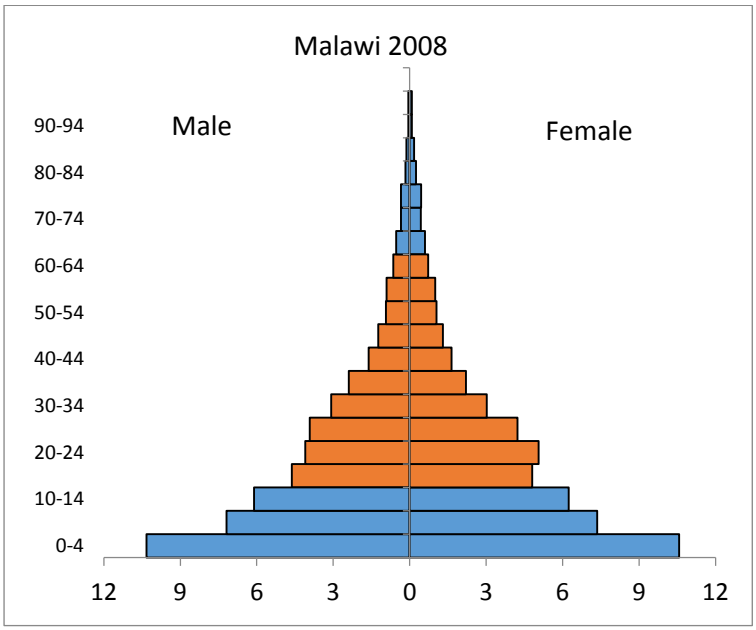
The 2008 Population and Housing Census enumerated a total population of 13.1 million with an annual population growth rate of 2.8 per cent Fifty per cent of the population was aged 17 years or younger. The population projections by the National Statistical Office based on the 2008 Population and Concuss

[7] Data from the Integrated Household Survey (NSO 2010), reinforced by data from the IHPS and the Welfare Monitoring Survey

[8] UN Malawi - Gender Briefing Draft of 23/04/15

estimated the current population to be 18 million hinting that at the current rate of growth, the population would reach 40 million by 2050.

Figure 1: Malawi's Population Age Structure, 2008



Source: NSO, 2009

The total fertility rate was estimated at 5.7 children per woman in 2010. One third of women aged 15-19 had already begun childbearing. The slow decline in fertility has been attributed to the persistence of social norms and cultural practices which promote having many children and the perceived economic benefits of large families, such as old age support for parents. There were also high levels of early marriages. Ideal number of children is lower than actual number of children. The 2010 Malawi Demographic and Health Survey (MDHS) results showed that women in Malawi were having 1.2 children more than they would like to have. The rise in fertility levels manifest itself in the population age structure that is youthful.

The availability and utilisation of updated data that incorporates population and development issues was limited. This was due to limited capacity among the relevant national institutions to generate adequate and user-friendly data that can inform and guide national overarching development frameworks such as the Malawi Growth and Development Strategy. Although the Government through the National Statistical Office (NSO) made efforts to generate and analyse population-related data, there was limited dissemination and utilization of this data particularly in planning in various government departments and agencies at both national and district levels due to lack of knowledge and skills to integrate population dynamics issues into poverty reduction and development policies. A need to

provide expertise and support to the Government to integrate population dynamics in development policies and programmes was critical.

The National Population Policy is the main policy guiding the population and development issues in Malawi. Its primary purpose is to create an enabling policy and programme environment for the prioritization, coordination, and implementation of population and development programmes at national and district levels.

It focuses on the prioritization of population and development issues at policy, resource allocation and programme implementation levels and the educational campaigns for the promotion of small family norm and address barriers of access and use of family planning. It also addresses the issues of limited financial and technical resources for the implementation of population programmes; poor coordination of population programmes among various stakeholders; insufficient use of data for development planning; and weak mainstreaming of population dynamics in development planning at national (sectors) and district levels. In this respect, the two objectives of the policy that were dealt with in the 7th CP on P and D are: enhancing programmes that increase awareness of the link between population and development and promote integration of population dynamics in development planning; and improving methods of collection, analysis, dissemination, and use of demographic and socio-economic data, disaggregated by age, sex, districts, and Traditional Authority through capacity building.

The main interventions by the government have mainly been carried out by the Ministry of Finance, Economic Planning and Development and the National Statistics Office. These are government agencies funded by government. The periodic review of the National Population Policy, the conducting of periodic censuses and other national surveys provide the needed environment for the implementation of advocacy and educational interventions related to population and development. Other related policies to P and D include the National Environment Policy that guides sound management of the environment and natural resources; the National Policy on the Elderly Persons which aims at improving access to social services and social security for the elderly and the Education Policy that seeks to advance school enrolment and progression and overall quality of education.

2.6 The Role of Eexternal Aassistance

Malawi is one of the poorest countries in the world with a multidimensional poverty index of 0.273. Net official development assistance received in Malawi was USD104 9390 000 in 2015. The net official development assistance received was 120% of gross capital formation; 16.9 percent of gross national

income, 38.9 percent of imports of goods and services; 88.2 percent of central government expense and 59.7 percent received as per capita. The value of ODA has fluctuated between USD1, 168,520,000 in 2012 and USD4160000 in 1960. Overall, Malawi received USD 910m in official development assistance which is 22.8 percent of its gross national income. In 2014, ODA in Malawi was 128 percent of capital formation and 56 USD per capita.

ODA to Malawi is cash grants, though over a third of aid from the US, is commodities and food aid. Health is the largest sector for ODA, accounting for 40 percent of ODA. The ton ten donors are Global Fund, USA, UK, EU Commission, Norway, Japan, Germany, Ireland and GAVI Alliance.

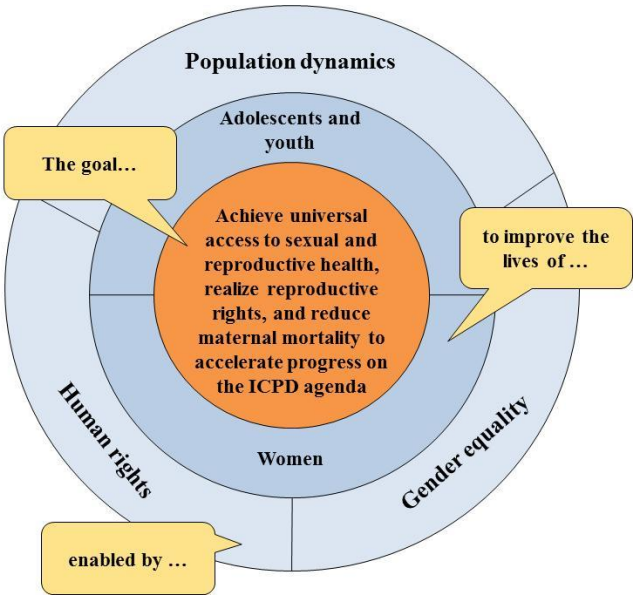
Chapter 3: UNFPA Strategic response and programme

3.1 UN/UNFPA Strategic Rresponse

UNFPA Strategic Plan 2008-2013 defined three broad programmatic areas: population and development, reproductive health and rights, and gender equality. In 2011, following a Mid-term review of the Strategic Plan, UNFPA adopted a set of 7 interrelated outcomes which in turn supports a single overarching goal to wit: to achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality and accelerate progress on the ICPD agenda and MDG5. This review led to the placing of SRH and reproductive rights squarely at the centre of the work of UNFPA. The new UNFPA Strategic Plan for the period of 2014-2017, colloquially known as the "bull's eye", reaffirms its strategic direction organised under five outcomes. The bull's eye is the goal of UNFPA: the achievement of universal access to sexual and reproductive health, the organisation of reproductive rights and the reduction in maternal mortality. Women, adolescents and youth are the key beneficiaries of UNFPA work globally. Overall, the CP contributes directly to achievement of the targets of MDG3 (gender equality); MDG5 (maternal health) and MDG6 (halt and reverse spread of HIV) in Malawi.

Other sectoral policies and strategies that shaped selection of priorities and strategic interventions in the GovM and UNFPA 7th Country Programme include HIV and AIDS Policy (2006); the Gender Policy (2009); the National Youth Policy (2006); the Sexual and Reproductive Health Policy (2009); and the National Health Policy (2007) and other related thematic and disease specific policies within the health sector.

Figure 2: The bulls' eye



3.2 UNFPA response through the Country Programme

The UNFPA programmatic response to its strategic objective is presented in the Country Programme Document. The goal of the seventh country programme is to contribute to the improvement of the quality of life of the people of Malawi, especially among women and young people, through promoting universal access to sexual and reproductive health and rights. In particular, the programme sought to reduce maternal mortality, the unmet need for family planning, new HIV infections and gender based violence, informed by a better understanding of population dynamics, and using rights-based and gender-sensitive approaches. The 7th Country Program aimed at scaling up advocacy efforts for an enabling policy and programming environment towards the achievement of MDGs in particular MDG 5 and the ICPD agenda.

3.2.1 UNFPA Previous Country Programme

The first CP in Malawi was implemented in 1986-1990. UNFPA works with the Ministry of Finance, Economic Planning and Development (also acts as a coordinating Ministry for UNFPA Programmes support to Government and NGOs), Ministry of Labour, Youth Sports, and Manpower development, Ministry of Health, Ministry of Gender, Children, Disability and Social Welfare and with government institutions Non-Governmental Organizations. The Government of Malawi/United National Population

Fund (UNFPA) 7th Country Programme and Country which is being run over four years (2012-2016) with an extension from January 2017 to December, 2018, focuses on Reproductive Health and HIV Prevention, Gender and Population and Development. UNFPA Malawi strategically supports five districts of Chiradzulu, Mangochi, Dedza, Mchinji and Nkhata-bay.

The 6th Country Programme of Support in Malawi had the goal to improve the quality of life of the people of Malawi by improving their reproductive health status, preventing HIV, promoting gender equality and promoting favourable interactions between population dynamics and development. It was aligned with the outcomes of the UNDAF and the Malawi Growth and Development Strategy. There were three components, namely, reproductive health, population and development, and gender. The Programme adopted rights-based and culturally sensitive approach.

The reproductive health component of the 6th Country Programme provided high quality, gender-sensitive and integrated reproductive health services, including adolescent sexual and reproductive health services, emergency obstetric care and HIV prevention services. Its outcome was to increase equitable access to integrated reproductive health and HIV preventive services.

It had two outputs. Output 1 was to increase availability of high-quality, integrated and gender-sensitive sexual and reproductive health and HIV services for women, men and young people. This output was to be attained by implementing the road map to reduce maternal and neonatal mortality, and morbidity within the context of the Maputo Plan of Action. Activities implemented include training health care service providers in basic and comprehensive emergency obstetric care; integrating youth-friendly services into reproductive health services; strengthening community referral systems for high risk pregnancies; developing a comprehensive condom programming policy and programme and adopting a multi-sectoral approach to accelerate HIV prevention, provide HIV information and female condoms to vulnerable groups including women, youth and commercial sex workers and strengthened reproductive health commodity security. The second output was increased availability of like-skills education for young people in and out of school. This was to be achieved by developing life skills teaching and learning materials; training teachers to provide life-skills education, creating community structures to provide male and female condoms and information on reproductive health, HIV prevention and counselling, supporting youth networks to provide youth in developing, and implementing policies and programmes, and advocate the ratification of the African Youth Charter.

The second component, population and development, was aimed to consolidate efforts to implement national population policy and to improve the availability of data at all levels for planning and decision-making purposes. The outcome was improved national capacity to use population data to formulate,

manage and monitor population policies and programmes. Its two outputs included (i) improved capacity of national institutions to collect, analyse, disseminate and utilize data for planning and policy-making and (ii) increased availability of national gender-disaggregated data to monitor and evaluate strategies for economic growth and poverty reduction. The gender component addressed gender inequalities and support national efforts to address gender-based violence, the feminization of HIV/AIDS epidemic, increasing women's participation in decision-making and mainstreaming of gender issues into reproductive health, population and development programmes. The outcome, gender equality and women's empowerment were enhanced.

Table 1: Evolution of the CP Programme Areas of Support for Current and Previous Programme Cycle

Focal Area	6th CP	7th
SRH/HIV	Increased availability of quality of quality integrated gender sensitive sexual and reproductive health and HIV/AIDS information and services for women, men and young people in and out of school Increased availability of life skills education for young people in and out of school	Increased national capacity to deliver comprehensive maternal health services including in humanitarian settings Increased national capacity to strengthen enabling environment, increase demand for supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence including in humanitarian setting Increased national capacity to deliver combination HIV prevention programmes including in humanitarian settings
GE/YOUTH	Strengthened legislative framework for gender equality and equity Strengthened capacity for gender mainstreaming and budgeting	Increased national capacity to conduct evidence based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes including humanitarian settings Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender based violence Increased capacity to prevent gender based violence and harmful practices and enable the delivery of multi-sectoral services including in humanitarian settings and fragile contexts
Population and Development	Increased national capacity to generate, analyze and disseminate gender-disaggregated data for policy formulation, planning and programming monitoring and evaluation Increased availability of a gender-disaggregated database for monitoring and evaluation of national strategies for economic growth and poverty reduction.	Strengthened national capacity for production, analysis and utilization of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities, and for programming in humanitarian settings. Strengthened capacity for the formulation, implementation and review of rights-based policies that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development.

3.2.2 UNFPA response through the 7th Country Programme

The goal of the 7th Country Programme was to contribute to the improvement of quality of life of the people of Malawi through improvement in reproductive health status, prevention of HIV, increased gender equality and women empowerment and favourable interactions between population dynamics and development. The Programme was aligned to the outcomes of the United Nations Development Assistance Framework (UNDAF) in Malawi, the Malawi Growth and Development Strategy (MGDSII) and to the fulfilment of International Conference on Population and Development (ICPD) Programme of Action and Millennium Development Goals. Its first three components included; Reproductive health and HIV Prevention, Gender, and Population and Development. However, with the realignment of the 7th CP with Global Strategic Plan 2014-2017, adolescents and youth component was introduced in 2015.These components mainstream gender, advocacy and a rights-based and culturally sensitive approach in the Country Programme. The four outcomes of the GovM/UNFPA 7th Country Programme 2012-2018 were, namely:

1. Sexual and reproductive health: The SRH/HIV focus was to increase availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access. The outputs expected to be delivered under this component included (i) Increased national capacity to deliver comprehensive maternal health services including in humanitarian settings. (ii) Increased national capacity to strengthen enabling environment, increase demand for and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence including in humanitarian setting and (iii) increased national capacity to deliver combination HIV prevention programmes including in humanitarian settings.

The above three outputs centred on the following response areas: national and district level capacity building for SRH service delivery; institutionalization of MDSR; support to district councils for provision of EMOC services; policy advocacy; strengthening of SRH Coordination mechanisms; technical and financial support to youth/adolescent health programmes; support is provided to support the National Cancer Program – HPV vaccine demonstration/scale up; Support to address obstetrical fistula – Fistula repairs, coordination and social re-integration; re-strategizing SRHR delivery mechanism for impact and results; policy level engagement (NSP, HIV Prevention Strategy, HIV/and AIDS Policy, National Condom Strategy development; support to fully integrate HIV/AIDS and SRHR in national health and broader development strategies, plans and budgets; improve the take up and delivery of integrated services for HIV and SRHR and Document best practice models which will be disseminated to support strengthening of the linkages.

2. Adolescents and youth: This focused on increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health. The output for this component was increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights and needs in national laws, policies, programmes, including in humanitarian settings.

3. Gender equality and women's empowerment: The goal was to advance gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth. The expected outputs included (i) strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence. (ii) Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multi-sectoral services, including in humanitarian settings and fragile contexts.

From 18 May, 2012 to 17 May, 2016, the United Nations Population Fund (UNFPA) and the European Union (EU) supported the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW) in implementing the Gender Equality and Women Empowerment (GEWE) Programme. The programme goal was to support Government's commitment to reduce gender inequalities in accessing productive resources and development opportunities, as well as promoting decision making in order to contribute positively to the Malawi Growth and Development Strategy (MGDS).The Programme was implemented in 13 districts of Malawi representing the diversity of gender issues in all the three regions as follows: Chitipa, Karonga, Nkhata Bay and Mzimba in the Northern Region; Dowa, Mchinji, Salima and Dedza in the Central Region; Mangochi, Machinga, Chiradzulu, Chikwawa and Nsanje in the Southern Region.

Malawi Country Office Gender work incorporates strategies that address critical factors behind inequalities and rights violations. These include: (i) balancing reproductive and productive roles to enhance women's participation in decision making at all levels; (ii) promotion of Women's Legal, Socio and economic empowerment; (iii) promoting legal and policy reforms and gender-sensitive data collection (iv) promotion of assertiveness in Girls as well their education (v) engaging traditional and religious leaders in addressing the Socio- cultural practices impacting on the link between Gender inequalities including GBV, SRHR and HIV/AIDS

3. Population dynamics: Population and development component was to strengthen national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality. This would deliver the following outputs (i) strengthened national

capacity for production, analysis and utilization of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities, and for programming in humanitarian settings and (ii) strengthened capacity for the formulation, implementation and review of rights-based policies that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development. This component focused on (i) data generation, analysis and dissemination of MDHS and Population Census, knowledge management;(ii) ICPD Advocacy and SDG engagement with the Coordinating Ministry, CPD planning and review processes with implementing partners and Curriculum review of Population studies and (iii) Demographic Dividend agenda: Study, Dissemination and Advocacy.

UNFPA worked with the Government of Malawi through the Ministries of Finance, Economic Planning and Development, Health, Education, Gender, Women and Child Development, Youth Development and Sports, the National Statistical Office, national AIDS Council (NAC) and the University of Malawi. UNFPA is also working with the Civil Society Organisations including Faith Based Organisations. The NGO's that UNFPA worked with are; Family Planning Association of Malawi (FPAM), PAKACHERE, Youth Net and Counselling, Malawi Interfaith AIDS Association (MIIA), Women's Legal Resource Centre and Malawi Girl Guides Association (MAGGA) as some of its strategic partners for achieving the UNDAF and County Programme outcomes.

The UNDAF 2012-2016 was coherent within almost all the 17 Outcomes, and at the level of the four Clusters, but there is limited linkage among the Clusters and UNDAF Outcomes and Outputs generally operate in silos. In a mid-term rationalization of the UNDAF in 2013, a general streamlining of structures and indicators took place that better matched agency commitments and capacities, and greatly improved efficiency and effectiveness. The new real time Monitoring system helped the UNCT to become more results focused.

3.2.3 Theory of Change Process

The intervention logic of UNFPA support and an approximation to the theory of change as reconstructed from UNFPA planning documents and frameworks is represented in a diagram (see Figure 3). The documents used for reconstructing the ToC are Strategic Plan 2014-2017, UN Development Assistance Framework in Malawi (2012-2016). The documents reveal the potential cause-effect linkages between outputs and outcomes. The logic is linked to the outcomes of the UNFPA Global Strategic Plan and UN Strategic Cooperation Framework in Malawi.

The ingredients used in the construction of this theory are: the types of intervention strategies or modes of engagement in the CP, the principles guiding UNFPA interventions, the elements of the intervention logic, the type and level of expected changes and the external factors that influence and determine the causal links depicted in the theory of change diagram.

The intervention strategies of the 7th CP include capacity development including technical assistance and training; Service delivery, commodity security, behavior change communication, health systems strengthening, advocacy and policy, and dialogue/advice (e.g. national Strategies, media campaigns etc.), Knowledge development and management; design and dissemination of guidance and tools; facilitation of partnerships and coordination, including South-South collaboration. These strategies are guided by the principles of human rights and gender equality.

The elements of the intervention logic were inputs (human and financial resources, administrative arrangements, systems, implementing partners, agreements and contracts with IPs and consultants); intervention activities (different modes of engagement); outputs (the immediate or short-term improvements generated once the activities have been completed); outcomes (short and medium-term changes in conditions or effect; corresponding to tangible improvements compared to the baseline situation of target beneficiaries. They imply an improvement in the quality of life of beneficiaries) and lastly impact (long-term changes on the population in terms of improvements in their conditions). This evaluation did not cover the second level of outcomes and the impact level as the scope and focus of the assessment is at the level of output and outcomes which are short and medium-term changes. This theory simply states that when the inputs are implemented as intervention activities there would be a change in the quality of life of the beneficiaries of the CP, giving some assumptions or hypotheses.

The ToC was used as an analytical tool during the evaluation, representing the expected processes of change. Specifically, effectiveness and sustainability were assessed within the change pathways from inputs (modes of engagement) to outcomes, with consideration of external factors that may affect the capacity of the program to achieve its objectives. Efficiency and management of UNFPA's inputs were also assessed and considered in other key evaluation questions. Relevance, Partnership and Cooperation were assessed, as appropriate, within the context of the change pathways, again with consideration of external factors.

Figure 3: Reconstructed Intervention Logic of the 7th Country Programme of Support to the Government of Malawi 2012-2018

Figure 3 above illustrates the overall results chain logic. It shows that the activities carried out and the outputs contributed to the CP outcomes. It also shows the appropriateness of the indicators and the completeness of the Results Framework as a planning guide.

3.2.4 The 7th Country Programme financial structure

Table 2: Indicative Assistance by core programme area (in millions of $)

	Regular resources	Other	Total
Sexual and Reproductive health and rights	9.7	20	29.7
Population and development	4.0	2	6.0
Gender equality	2.0	13.3	15.3
Programme coordination and assistance	1.0		1.0
Total	16.7	35.3	52.0

The total indicative budget for the GovM/UNFPA 7th Country Programme was USD 52 million. The amount of USD 16.70 m was raised from UNFPA core resources while the balance of USD 35.3 million was mobilised through co-financing modalities. The sexual and reproductive health and rights programme area had the largest resource allocation of USD 29.7 million; followed by gender equality programme (USD15.3 million) and population and development programme area (USD 6.0 million); and programme management and coordination and assistance (USD 1 million). There was no evidence of government financial contribution to the CP.

During the 7th country programme covering 2012-2017, a total of US$66 million was actually mobilized by the CO as compared to planned amount of US$53 million. Of this, at least 40% of the resources were for GEWE; 20 percent for commodities; 20% for adolescent and young people programmes whilst the remainder was for MDGS end line survey, fistula, HIV and SRH programmes combined. The resources were mobilized from the UK Department for International Development (DFID) for Malawi Family Planning Programme, the European Union (EU) for GEWE and SRH/HIV linkages, USAID, the Royal Norwegian Embassy for Joint Programmes in Adolescents and Gender Equality, SIDA for SRH/HIV Linkages, the United Nations Foundation and the Embassy of Iceland

Table 3: Implementation Rate of 7th Country Programme 2012 --2017

Components	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**Overall Implementation Rate**
SRH/HIV	80	71	76	**92**	**93**	**85**	**82.8**
Gender Equality	29	78	86	**95**	94	94	79.3
PD	96	93	87	**93**	97	90	92.7
All Components	68.3	80.7	83	**93.3**	94.7	89.7	84.9

The overall implementation rate was 84.9% for the cycle. The P and D component was the highest with an implementation rate of 92.7% whereas the gender equality had the lowest. During the Cycle the CP executed 84.9% of its planned activities. The year of lowest implementation was 2012.

Chapter 4: Analysis and Findings of Country Programme

This chapter presents the analysis of the levels of achievements of results within each of the key programme areas of the 7th CP. The evaluation was organised around a set of evaluation questions based on the relevant evaluation criteria.

4.1 Relevance

Evaluation Question: To what extent is the 7th Country Programme adapted to national needs and priorities of programme stakeholders and target groups, the goals of International Conference on Population and Development (ICPD) programme of action, Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs), Malawi Growth and Development Strategy (MGDS) and the strategies of UNFPA?

4.1.1 Sexual and Reproductive Health and HIV

The UNFPA mandate for sexual and reproductive health and rights, gender equality and women empowerment, adolescents and youth, population and development is aligned to national needs and priorities in Malawi. The overarching document defining development priorities in Malawi is the Malawi Growth and Development Strategy II to which the Country Programme Document contributes. Given the sexual and reproductive health needs, high level of gender-based violence and gender inequality, the contribution of UNFPA becomes significant. The Malawi Government is committed to providing comprehensive and integrated Sexual and Reproductive Health (SRHR) services in line with the recommendations of the International Conference on Population and Development (ICPD) Programme of Action and is a signatory of the AU Maputo Plan of Action which advocates for integrated SRHR Plan. The ICPD 1994 advocated for making family planning universally available by 2015, or sooner, as part of a broadened approach to reproductive health and rights, provided estimates of the levels of national resources and international assistance that were required, and called on Governments to make these resources available. The 7th Country Programme of Support in Malawi is also aligned to outcomes of the United Nations Development Assistance Framework (UNDAF) 2012-2016.

The Malawi Growth and Development Strategy (MGDS) 2011 – 2016 is the overarching medium-term strategy designed to attain Malawi's long term aspiration as spelt out in its Vision 2020. The objective of MGDS II is to continue reducing poverty through sustainable economic growth and infrastructure development. The MGDS II identified the following six broad thematic areas: (i) Sustainable Economic Growth; (ii) Social Development; (iii) Social Support and Disaster Risk Management; (iv) Infrastructure Development; (v) Improved Governance; and (vi) Cross-Cutting Issues.

The UNDAF 2012-2016 was aligned to the MGDS II, and aimed to contribute to the following four priority areas that the United Nations Country Team (UNCT) identified as particularly critical for United Nations support to the people and the Government of Malawi: These are (**a) Key Priority 1:** National policies, local and national institutions effectively support equitable and sustainable economic growth and food security by 2016, (**b) Key Priority 2:** National institutions effectively deliver equitable and quality basic social and protection services by 2016, (**c) Key Priority 3:** National response to HIV and AIDS scaled up to achieve Universal Access to HIV prevention, treatment, care and support by 2016 and (**d) Key Priority 4:** National institutions effectively support transparency, accountability, participatory democracy and human rights by 2016.

UNFPA's Sexual and Reproductive Health and Rights programme in Malawi focused on realization of SRHR by ensuring universal access to quality sexual and reproductive services by women, young people and men as well as reduction of maternal mortality. Support was provided to ensure functionality of Basic Emergency Obstetric and New born Care (BEmONC) at facility and community levels, especially in underserved areas. UNFPAs support in this area focuses on: policy advocacy and communication; strengthening National SRHR policy advocacy, and district level capacity building for service delivery; Maternal and new born Health; Fistula management – coordination, advocacy and treatment; Health systems strengthening; Reproductive Health Commodity Security; Strengthening of SRHR Coordination mechanism and Strengthening Integration of SRHR and other services.

4.1.2 Gender and Youth Component

The UNFPA 7th Country Programme for Malawi (2012-2017) design and activities were closely aligned with the Malawi Growth and Development Strategy II (2011-2016); the National Gender Policy 2015, the National; Youth Policy 2013 and also the UNDAF 2012-2016; Joint Sector Strategic Plan for the Gender Children, Youth and Sports sector. Through the UNFPA Country Programme extension and re-alignment to the new SP 2014-2017, the 7th CP brought a new emphasis on adolescent and youth to increase availability and access to comprehensive sexuality education and sexual reproductive health services (ASRH). In terms of humanitarian response, the CP7 was in tandem with the MGDSII Theme 2: Social protection and Disaster risk management in particular protecting the vulnerable affected by disasters and the UNDAF outcome 1.4.

The 7th CP objectives were relevant and consistent with national priorities of government of Malawi and contributes to the MGDS II Theme Three Social Development which aims to enhance participation of women, men, girls and boys in sustainable and equitable development and is also aligned to the 5

outcomes in the UNDAF Strategic Plan 2012-2016. It was in tandem with the third MDG which aimed to promote equality and empower women. This component was also consistent with JSSP[1] whose outcome 1 calls for the protection of children, women and youth through policy and outcome 4 calls for reduced violence against children, women and youths through modification of harmful cultural practices that perpetuate GBV among children, youths and women and strengthening service delivery on GBV and also raising awareness on children, women and youth rights.The evaluation found that the CP is also in line with the UN's CEDAW General Recommendation 19 on violence against women. It adhered to the eighth thematic area of the National Gender Policy 2015 that puts emphasis on reduced gender-based violence at all levels. The Country Programme promoted human rights particularly women's right and is consistent with the Malawi Constitution, which promotes the rights of women which are clearly spelt out in sections 24 [rights of women] and 41 [access to justice and legal remedies]. It is also consistent with the fifth SDG which aims to achieve gender equality and empower all women and girls.

The 7th CP was also aligned to the Malawi Growth and Development Strategy II (MGDS II), which identifies Young People as important actors in addressing and responding to Malawi's development challenges under the subtheme 1 priority 8 child development, youth development and empowerment. The 7th CP was aligned to the National Youth Policy (2013), which place adolescent and youth participation at centre stage to ensure that they meaningfully participate in the social, economic and political life of the nation and contribute to growth and sustainable development of the country. The 7th CP was aligned to the Joint Sector Strategic Plan for the Gender sector whose outcome 1 calls for the protection of children, women and youth through policy. It was also consistent with the Sexual Reproductive Health Policy 2009 which focused on adolescent sexual reproductive health issues and identifies the limited link in the context of broader health issues affecting the adolescent and youth. Transition from MDGs to SDG has brought more prominence of youth related issues. For example a third of the SDGs point to youth engagement.

The 7th CP undertook innovative interventions approaches for overcoming barriers to access or uptake of SRH services among the adolescents and youths' sub-populations using a mix of public outreach, social media and health facilities models. These included support for training of service providers for adolescent/ youth friendly reproductive health services, setting up Youth Friendly centres, developing service protocols promoting safe behaviours through peer education approaches and HIV/AIDS risk reduction.

4.1.3 Population and Development Component

This component was also aligned to national priorities and development strategies and contributed to the achievement of ICPD agenda. The Malawi Growth and Development Strategy II (MGDS II) that had run from 2011-2016 where the issues of how population affects development are embedded under Sub Theme I of the Social Development priority area and also what is contained in the National Population Policy. In addition, it is in alignment with the 2014-2017 UNFPA Strategic Plan that highlights the advocacy for population and development linkages. Internationally, it was also responsive to the ideals and actions as outlined in the International Conference on Population and Development (ICPD) PoA and also by extension the Millennium Development Goals. The P and D component was anchored on the ICPD PoA principles which stipulate that human beings are at the centre of sustainable development. To this end, this component was designed to promote integration of population issues into development strategies, planning and programming to achieve social justice and eradicate poverty.

During the implementation of the 7th Country Programme, there were some emerging issues and shifts in the global and national priorities and needs. Internationally, the notable global changes were the shift from the Millennium Development Goals to Sustainable Development Goals and the adoption and championing of the Demographic Dividend (DD) concept by the African Union Summit in 2015 that provided a new direction and placed emphasis on the issue of the youthful population structure. Locally, there was the expiry of the MGDS II and the development of the MGDS III that has put population as one of the five pillars and the revision of National Population Policy. These changes were responded to by the Population and Development programme. It championed the Demographic Dividend concept through the financial and technical support provided to the compilation of the Demographic Dividend Report for Malawi[1]. The awareness created through support for the advocacy efforts in the integration and prioritisation of population issues into the MGDS III.

4.2 Effectiveness

Evaluation Question 2: To what extent did the interventions supported by UNFPA in all programme areas contributed to the achievement of planned results (outputs and outcomes)? Were the geographical areas and target groups successfully reached?

Our assessment of the GovM/UNFPA 7TH Country Programme used the monitoring framework of the UNDAF 2012-2016, which included indicators at the level of programme outcomes and outputs. To assess the levels of achievements, use was made of data from the monitoring system, interviews with CO Management and Programme staff, implementation partners and national stakeholders, Country Office Annual Reports, and review of several documents and other secondary data as part of the desk

review. The findings were triangulated with the data gathered during the field visits in the ten districts. The level of achievement of the components of the 7th CP in Malawi is presented, starting with the outputs of the SRH and HIV, gender and youth, population and development in that order.

4.2.1 SRH/HIV Component

Analysis of documents, annual reports from the implementation partners and CO Programme Officers showed the 7th Country Programme contributed to national priorities in SRHR through 4 outcomes of the Programme.The effect of this component was assessed based on the level of achievement of the targets set for the output and outcome indicators indicated in Table 4.

Table 4: Summary Achievements Table for Sexual and Reproductive Health and HIV Prevention Component 2012-2018.

Outcome 1:	**Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access**				
	Outcome indicators	**Baseline**	**Target**	**Endline**	**Achieved/comment**
1.1	Percentage of births attended by skilled birth attendant	71%	90%	90%	100% achievement
1.2	National Contraceptive Prevalence rate	42%	60%	59.2%	98% achievement
1.3	At least 95% of service delivery points at national level have seven lifesaving maternal/reproductive health medicines from WHO priority list	68%	80%	[9]**2014:** Primary level facilities = 86.3% Secondary level facilities = 100% Tertiary level facilities = 100% [10]**2015** 59% gap in availability of EmONC: Only 64 out of 158 recommended provide Basic and Comprehensive EmONC	**No data for 2016-2017**
1.4	At least 60% of service delivery points at the national level have no stock out of contraceptives in the last six months	50%	95%	In 2014 Primary level = 67.9% stock outs Secondary level facilities = 43.2% stock	Data not updated, but documents and interviews indicated some stock-outs exist.

[9] National Survey on Availability and accessibility of Modern Contraceptives and essential lifesaving maternal and reproductive health drugs in service delivery points in Malawi, 2014

[10] Malawi Emergency Obstetric and Newborn Care Assessment, 2015

				outs Tertiary level = 0 stock outs	
1.5	Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	F27.3%; m23.5%	35%	Condom use at last sex with a non-marital, non-cohabiting partner is 54% among young women and 76% among young men**.** **Sexual partners:** One percent of women reported having more than one sexual partner in the past 12 months; however, only 27% reported using a condom during the last sexual intercourse. Thirteen percent of men reported having more than one sexual partner in the past 12 months. Of those, 30% reported using a condom during the last sexual intercourse.	On track
	Indicators	**Baseline**	**Target**	**end line data**	**Achieved/comment**
1.1	Number and cadres of midwives trained using standards, tools, curricular and practice that meets international standards supported by UNFPA annually	62	103	117	113.6% achievement
1.2	Number of fistula repair surgeries done with direct support from UNFPA	834	1,438	1125	78% achievement
1.3	% of health facilities providing 7 EMONC signal functions in selected districts:	22%	40%	66%	165%
1.4	Number of districts and zones with established and functional MDSR committees	25	31	35	Above target (more than 100% at 112.9%)
Output 2:	**Increased national capacity to strengthen enabling environment, increase demand for and supply of modern contraceptives and improve quality family**				

	planning services that are free of coercion, discrimination and violence including in humanitarian setting.				
	Indicators	**Baseline**	**Target**	**end line data**	**Achieved/comment**
2.1	Number of health workers trained to implement new FP human rights protocols, disaggregated by cadre, sex and level of operation.	800	2000	3280	164% ; achieved, but no disaggregation done
2.2	Number of districts in which UNFPA supports at least four elements of demand generation for family planning	5	28	28	100% achievement
2.3	Number of districts using functional logistics management information systems for forecasting and monitoring reproductive health commodities	5	28	28	100% achievement
2.4	Percentage of district health officers who have received capacity building training in planning, implementation and	60%	90%	100%	111%; achieved but no disaggregation
2.5	Percentage of central and regional medical stores in which channel software is installed and functional	0%	100%	100%	100% ; achieved
Output 3:	**Increased national capacity to deliver combination of HIV prevention programmes including in humanitarian settings.**				
	Indicators	**Baseline**	**Target**	**end line data**	**Achieved/comment**
3.1	Number of institutions that have reached the implementation stage of the UNFPA 10-step strategic approach to comprehensive condom programming.	5	22	29	139%; achievedt
3.2	Number of institutions that have at least one community based sex worker-led organization engaged in the design, implementation, and monitoring of programmes	1	20	22	110%; achieved

	that address HIV and sexual and reproductive health needs of sex workers.				
3.3	Number of institutions that are implementing social behavior change communication (SBCC) strategies for adolescent and youth including those from key populations	No data	No data	No data	No data
3.4	Percentage of HIV infected women who receive ARVs in the targeted facilities of the 5 focus districts to reduce the risk of MTCT	10	15%	No data	No data
3.5	Number of male and female condoms distributed	FC = 1.03 million; MC = 20.22 million	FC = 2 Million; MC = 30 Million	No data	No data
3.6	Percentage of men, women and young people who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV	66%	75%	No data	No data
3.7	Percentage of health facilities providing primary HIV prevention as well as family planning services for HIV positive women and girls	0%	10%	24%	More than 100%; achieved
3.8	Percentage of male involvement in primary prevention as well as family planning	0%	40%	No data	No data
Output 4:	**Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings.**				
4.1	Number of institutions with participatory plat form that advocates for increased investments in marginalized adolescents and youth, within development and health policies and programmes	1	5	49	980%; achieved

4.2	Number of young people accessing integrated Sexual Reproductive Health services disaggregated by age and sex at health facility level in selected districts	395,307 adolescents (201,311 males and 193,966 female);	650,000 young people (300,000 males and 350,000 females)	265,599 young people (110,715 males and 154,884 females)	41% young people reached with SRH services (55% males; 52 females)
4.3	Number of young people reached with Comprehensive Sex Education (CSE) programmes	700	1500	225,325 (data not aggregated)	Greatly achieved, but no disaggregation by gender

Document reviews and interviews with stakeholders showed achievement of progress in national capacity to deliver comprehensive maternal health services including in humanitarian settings. This was accomplished by the implementation of several intervention activities as follows:

Training of skilled midwives in pre-service and in-service

UNFPA targeted training of 103 skilled midwives according to global and national standards. This contributed to successful training of 117 midwives with ICM global competences which is contributing to skilled attendance at birth in the country, currently at 90%. However, the number of midwives trained is not adequate to meet the countries' demand since there are acute shortages of skilled midwives on the bedside. Other interventions included community mobilization and training of chiefs, training of skilled community midwives and construction of maternity waiting homes to ensure close monitoring of pregnant mothers and seeking of quality maternity care.

Obstetric Fistula

The 7th CP improved the capacity of Malawian health system to repair fistula damages. This was done by the training of clinicians in fistula repair to build capacity at local level, reduce long distance referrals for fistula patients and dependency on consultants. Nurses were also trained in conducting awareness campaigns both at facility and community levels and in fistula identification. As a result, a total number of 1,125 women with obstetric fistulas against a target of 1, 438 were repaired. These clinicians were deployed to district health facilities to handle cases of fistula. However, there is still a large unmet need for treatment. Findings from interviews and FGDs also indicate that there is low motivation and commitment among some health workers to follow up clients with obstetric fistulas and renovation of facilities at fistula centres.

Basic EmONC Functions (BEmONC) and Comprehensive EmONC (CEmONC) Functions

From document reviews, performance indicators show that 66% of health facilities in the 5 focus districts provide EmONC functions, above the target of 40% even though there is variation at operational levels in performing BEoMOC functions especially at health centre levels. For example, in 2012, BEmOC facilities under UNFPA in Dedza were five (5): Mtakataka, Golomoti, Lobi, Chimoto and Chitowo, then later on 4 other sites (Mayani, Kaphuka, Mphathi and Dzindevu) were added. At the time of the evaluation, Ntakataka was observed to be a good model of a BEmOC facility performing almost all the expected 7 BEmOC functions. In Mtakataka district, integration of services was implemented on daily basis unlike in the past when family planning for subsequent sites was offered different days. It also created a barrier for most clients leading to low utilization of services. The integration of services was reported to have changed client perception of services hence a reduction in defaulter rate as there is no stigma attached. For example, defaulter rate of ART per quarter at Mtakataka was 40% before 2012 but improved to less than 5% after integration was implemented in 2012.

On the other hand, other facilities in Mchinji, Dedza, Chiladzulu, Mangochi and Nkhatabay district hospitals, and other health centres like Kanyama Mission Health Centre in Dedza and Milepa Health centre in Chiladzulu were either not integrating services or partially integrating the services. Reasons for partial or no integration were space availability with fears of integration causing congestion, fears of increase in workload of service providers and provider's attitude towards service integration. However, even for those who had fully integrated the services like Mtakataka health facility, some rooms could not allow full integration of services due to limited space and if provider is deficient in one area of service provision. There is need for UNFPA to consider renovation of structures to accommodate full integration of services.

Maternal Deaths Surveillance and Response (MDSR)

With funding and technical support from UNFPA, UNICEF, and WHO, the MOH introduced MDSR Guidelines for Health Professionals in 2014. The MDSR system is integrated with the national Integrated Disease Surveillance and Response (IDSR) program, established in Malawi in 2002. Key activities completed in 2014 included identification and training of MDSR leaders at the central, zonal, and district levels, and the establishment of MDSR committees. Interview data from Mchinji, Dedza, Nkhatabay, Mangochi and Chiladzulu indicate that UNFPA assisted with rolling out of MDSR, setting up functional MDSR committees and training MDSR committees at district and tertiary/central hospitals. In total, 35 MDSR Committees, 29 at district and 5 at Zonal levels and 1 at national were established. However the evaluation team did not see any evidence of the functionality of these committees.

Family Planning Commodities: Supply and Demand

Malawi identified demand creation as a priority strategy for addressing population growth and FP concerns. A number of activities were undertaken to promote supply and demand for family planning commodities. Interviews show that in the intervention districts, there were trainings in hospitals on how to use long acting reversible contraceptives and development of IEC family planning outreach clinics. Well-designed demand generation programs included activities across a range of different intervention areas and communication channels to reinforce messages and reach the audience when they are most receptive to the message.About 3,280 health workers (above 100%) against the target of 2000 at end line were trained to implement new family planning human rights protocols. During the field phase of this evaluation, a training session of some health workers on how to implement new FP human rights protocols and 56 health workers were observed.

UNFPA reached its target of 28 districts using functional Logistics Management Information Systems (LMIS) for forecasting and monitoring reproductive health commodities. This was also evidenced from key informant interviews in Mchinji where family planning focal persons, data clerks, facility in-charges and pharmacy personnel were trained. Further, in 2016, Health Management Information System (HMIS) review meeting was conducted where clinicians, nurses, data clerks/HMIS officers, Senior HSAs and pharmacy technicians attended. More than 100% of District Health Officers received capacity building training in planning, implementation and monitoring the reproductive health component of the health sector strategic plan in an effort to operationalize the plan.

From annual reports and interviews with IPs, UNFPA supported the development of national SRH/HIV integration strategy, handbook for community health workers and National SRH/HIV Reference manual and guidelines. The IPs claimed these were made use of by them as the needs arose, although the team did not see any evidence. Through community outreach, 12,893 clients (57% female, 43% male) received HTC. Approximately 52% of the clients were adolescents (55% Female, 45% male) while 465 of the clients were first time testers. Efforts were made to support demand creation for HIV testing to enable individuals to initiate treatment resulting in 17% more of those initiated on ART (HAART) than the previous year.

Globally UNFPA has facilitated the design and implementation of culturally appropriate and effective efforts towards Comprehensive Condom Programming (CCP). In support to this effort, Malawi, UNFPA CO employed a 10-Step Strategic Approach to scale up CCP. During the period from 2012 to 2017, more than 100% institutions (29 against the 22 target) reached the implementation stage of the UNFPA

10-step strategic approach to comprehensive condom programming compared to baseline of 5 institutions.

Apart from demand creation activities, UNFPA CO provided technical direction and inputs as well as financial support towards the development, printing and dissemination of the CONDOM strategy and STI guidelines which followed the 10-step approach. By end line, at least 22 versus 20 targeted institutions had at least one community based sex worker-led organization[1] engaged in the design, implementation, and monitoring of programmes that address HIV and sexual and reproductive health needs of sex workers.

Data from the annual reports and interviews reveal that UNFPA has made increased investments in key populations that contributed to improved working environment for commercial sex work. UNFPA work on sex work is rated highly among other implementing partners and is recognized as the *"ground breaker"* looking at the sensitive nature of sex work. At National level, a sub-technical working group under the HIV main technical working group was created with heavy influence by the UN.

The UN advocated for the creation of the sub-group and inclusion of the sex workers in the group. In addition, the UN supported creation of district structures such as the District AIDS Coordinating Committees (DACC) in which sex workers are represented. As a result of this, "*there has been increased participation of sex workers in decision making for HIV prevention at both district and national levels. In Mchinji and Nkhatabay districts, cases of arrests of sex workers continue to reduce to zero arrests in 2017 from as high as 50% of sex workers arrested on charges of sex work in 2015. Capacity building of sex workers, police and the judiciary has contributed to sex workers accessing health services like ART, family planning without fears of abuse".* A total of 200 providers from tertiary institutions were trained in STI Syndromic management approach, HIV cascade model and Health Testing & Counselling (HTC). The knowledge gained instilled confidence in the providers to deliver sensitive SRHR/HIV information to the learners and also increased uptake of services such as condoms uptake from 3,000 in 2016 to a total of 25,000 condoms distributed in over the same period of time in tertiary institutions.

UNFPA CO supported capacity building of Central Medical stores in terms of forecasting and quantification of RH commodities including condoms. Further support was in the area of procurement of condoms.

4.2.2 Gender and Youth Programme Component

The gender equality and youth programmatic areas were to a great extent effective in bringing the issues of gender equality and women's empowerment as national and districts agenda. It is acknowledged that this attribution may not just be the result of direct UNFPA support, nonetheless UNFPA provided a considerable catalyst effect through continuous engagement of and advocacy to different groups. Delivery of the gender equality and women empowerment-related output was through UNFPA core funding and UN Joint Programme in Gender. The table below provides a summary of performance for the gender and youth component.

Table 5: Summary of Gender and Youth Component Performance 2012-2018

Output Indicators	**Baseline/2013**	**Target**	**Achieved by end of 2017**
Adolescents/Youth and Prevention of HIV/STI services			
SP Outcome 2.0 Increased priority on adolescents especially on very young adolescent girls in national development policies and programmes, particularly increased availability of access to comprehensive sexuality education and sexual reproductive health services			
Adolescent Birth Rate	152/1000	100/1000	136/1000
Number of institutions that have laws and policies that allow adolescents (regardless of marital status) access to sexual reproductive health services	1	2	Not Achieved
Percentage of young women and men age 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	60.7% females 65.3% males	75% for both sexes	57.9% female 64.2% males
Outputs 4.0 Increased national capacity to conduct evidence based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes including humanitarian settings			
4.1 Number of institutions with participatory platforms that advocate for increased investments in marginalised adolescents and youth within development and health policies and programmes	1	5	53
4.2 Number of young people accessing integrated sexual reproductive health services disaggregated by age and sex at health facility level in selected districts	395,307 (201,311 Males and 193,966 Females)	650,000 300,000 males and 350,000 females	305,946 (110715males and 154884 females)
Number of young people reached with CSE programmes	700 girls	1500 boys and 1500 girls	217,317
Gender Equality and Reproductive Rights			
SP Outcome 3: Advanced gender equality women's and girls' empowerment and reproductive rights including for the most vulnerable and marginalised women adolescents and youth			
Output 5 Strengthened international and national protection systems for advancing			

reproductive rights, promoting gender equality and non-discrimination and addressing gender based violence			
5.1 Percentage of recommendations from national inquiries on sexual reproductive health and rights, prevention of gender based violence and rights of adolescent and youth followed up with UNFPA technical and financial support	0	50%	30
5.2 Number of national inquiries conducted by national human rights institutions concerning the exercise of Sexual Reproductive Health rights, prevention of GBV and rights of adolescent girls	0	2	1
5.3 Number of institutions supported with a tracking and reporting system to follow up on the implementation of recommendations and obligations on SRHR, prevention of GBV ad rights of adolescents and youths	0	1	1
5.4 Number of gender related reports produced and disseminated by type with UNFPA technical and financial support	3	7	7
5.5 Percentage of and ministries districts using GRB	0	90%	Not Assessed
5.6 Number of laws that promote gender equality reviewed	2	4	4
5.7 Percentage of gender based violence cases reported and prosecuted	36%	75%	32%
5.8 Percentage of women in decision making at the district level	22%	50%	42 Women Group Village Heads
Output 6 Increased capacity to prevent gender based violence and harmful practices and enable the delivery of multi-sectoral services including in humanitarian settings			
6.1 Number of gender based violence sub cluster committees for humanitarian crisis established and functional at national and district level as a result of UNFPA guidance and leadership	0	5	4
6.2 National GBV prevention, protection and response plans integrated into national SRH programmes	0	Not indicated	1
6.3 Number of boys and men in 13 districts that are actively engaged in promotion of gender equality (including prevention of GBV) and SRHR with UNFPA support	0	1000	148 men groups and 53 boys' clubs (1487 men and 507 boys).
6.4 Number of districts supported to implement integrated SRH, Human Rights, GBV prevention, protection and response programmes	5	13	13

6.5 Secretariat for the gender sector working group established	0	1	1
6.6 Number of technical working groups established to support sectoral working groups	0	5	6
6.7 Number of ministries with gender responsive policies and strategies	2	4	4
6.8 Percentage of sectors with active gender focal points	No data	No data	28
6.9 Percentage of ministries and institutions with systems that generate and utilise data disaggregated by gender	60%	90%	3 ministries

The policy goal for young people was to reduce the incidence of HIV and AIDS, STIs, unplanned and unwanted pregnancies, their complications, drug and alcohol use. From the performance indicator summary tool, indicator 3 shows that less than half of young people, male or female and of all ages, access integrated sexual reproductive health services at health facility level in the focus districts. Data from focus group discussions with the youth beneficiaries indicate that initially before 2012, many young people faced challenges in accessing services because there were no YFHS in most facilities hence the services of the youth were integrated in the general services offered at a facility. This prevented the youth from accessing services. UNFPA CO also supported development of National standards on YFHS (2015 -2020) and National YFHS Strategy (2015 -2020) to guide implementation of YFHS.

Data for 2015 to 2017 from the five focus districts show variation in access to youth friendly health services, with Mangochi and Dedza progressing well as many adolescents and youth access YFHS compared to Nkhatabay, Mchinji and Chiladzulu (**Figure 4**). This variation might have contributed to the overall output of low utilization despite the fact that other districts are close to achieving targets.

With regards to access to Youth Friendly Sexual Reproductive Health Services and Comprehensive Sexuality Education, data shows the number of young people who are accessing SRHS is 265,599 against a target of 650,000. The graph below shows the trends in access to YFHS in the five core districts supported by UNFPA (Ministry of Health DHIS2, 2018).

Figure 4: Access to Youth Friendly Health Services by females in the five core districts supported by UNFPA

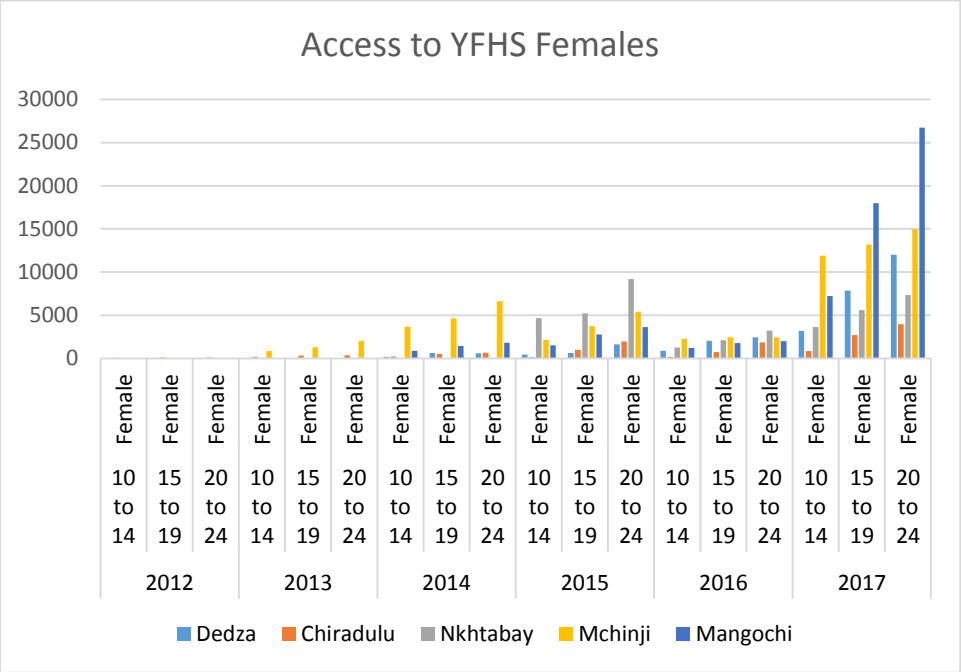
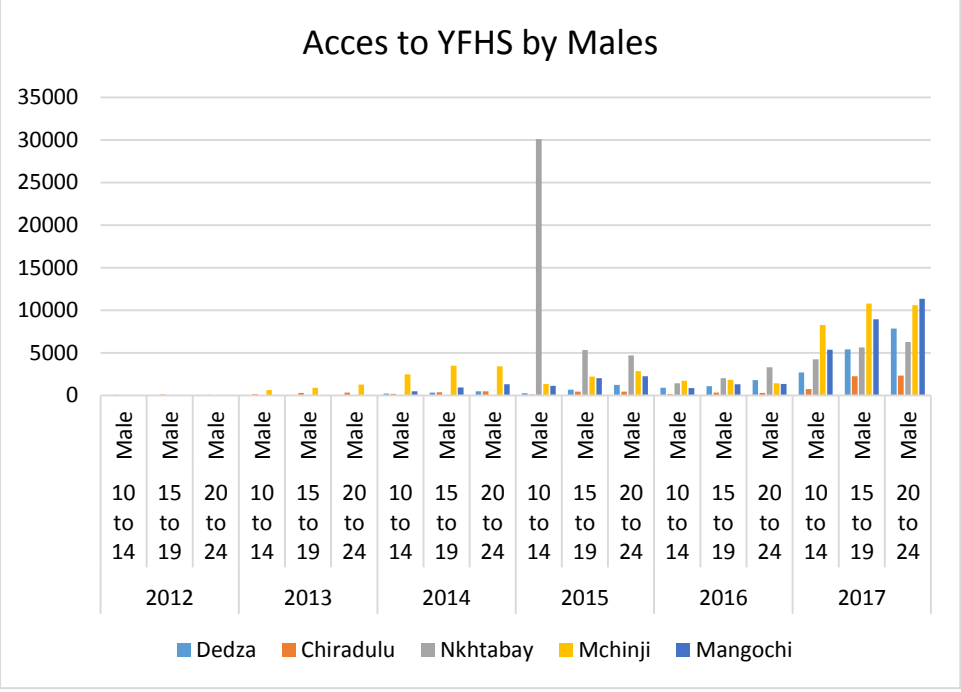


Figure 5: Access to Youth Friendly Services by males in the five core districts supported by UNFPA



As can be seen from the graphs there has been scanty data on access to YFHS in all the districts during the first three years of the programme 2012 to 2014. But over time within the programme implementation period there is an increasing trend in access to YFHS by young people. At the beginning of the programme access was very low for both males and females. More females in Mangochi about 26,756 accessed YFHS in 2017 while 11,368 males accessed the services in the same year. Whereas Mchinji reported 14,968 for females and 10,598 in 2017. The district with least data is Chiradzulu.

Teen Clubs, peer-supporting groups and information sharing for Adolescents living with HIV were established**.** In 2017, data showed that there were 156 teens attending teen clubs, with more females than males. Beneficiaries indicated that lessons learnt were taken into action as most reported practicing safer sex.

Youth with disabilities

During the programme cycle, about 2,100 youths with disabilities were reached. Sign language specialists were used in reaching out to these youth apart from the social welfare and health personnel.

One Stop Centre

UNFPA supported establishment of One Stop Centres in the UNFPA focus districts. The One Stop Centre model for attending to survivors of violence against women and girls is a way of intensifying efforts to ensure children, young people and women are better protected from violence, abuse, exploitation and neglect and have access to an expanded range of protection services. The establishment of one-stop-centres in communities are providing social, medical and police services in one place to victims of sexual, emotional and physical abuse. One-stop-centres are increasing access to services and enrichment on the fight against gender based violence (GBV)[1]. The structure of the centres is designed in such a way that three officers, health officer, social welfare officer and the police/judiciary should be accommodated under one roof for the benefit of the victim. At the time of the evaluation, the major finding is that centres are either fully functional a case of Mega Health Centre, Chinkhwawa, and Mchinji DHO, partially or non-operational – Karonga, Salima, Chiladzulu and Mzimba. As much as the idea of One Stop Centres is benefiting some districts, further analysis of the underlying factors to non-use of the centres in some districts need to be done.

With regards to policy and advocacy, the National Gender and Youth Policies were finalized and approved by Cabinet. Gender related law, The Prevention of Domestic Violence Act, was finalised and validated by stakeholders. Implementation plan for the Gender Equality Act was developed. Apart from

developing the laws UNFPA CO supported their translation into local languages. translation and printing of four (4) gender related laws in Malawi for easy understanding by women, men, boys and girls in the rural areas. These laws are: The Prevention of Domestic Violence Act; Gender Equality Act; Deceased Estates; Employment Act; the Constitution of the Republic of Malawi; and Marriage, Divorce and Family Relations Act. During the field phase, IPs reported that they were operating under the new policy and legal context but did not illustrate any practical application of any of the laws and strategies.

In the context of capacity building the programme supported the development and institutionalization of Gender and Development Post Graduate and Under Graduate Programmes (Diploma, Bachelors and Master's Degrees) at Lilongwe University of Agriculture and Natural Resources (LUANAR) – previously Bunda College of Agriculture and Chancellor College. The University's senate approved the curriculum and modules for the gender programmes. UNFPA provided scholarships to 160 students including government officials. Further institutionalization was done by supporting development of curricula and 16 new modules for the Gender and Development Programme in the Universities and Colleges. In addition, the programme supported rolling out of compulsory examinable gender modules in 4 training institutions of the transport sector.

Other achievements include (i) training of 340 law enforcers comprising Magistrates, Police officers and Social Welfare Officers across the 13 target districts in various gender related laws and their application; 20 senior officers from government and CSO were supported to attend a specialized training course in gender mainstreaming and Gender Responsive Budgeting at ESAMI in Arusha, Tanzania in February and April 2015. With regards to ending child marriages and girls' education, a total of 4,269 girls were mobilized from their marriages to return to school, including 1,081 girls who were teen mothers who were also returned to school. 4 girls' hostels of 60 bed capacity were rehabilitated. With respect to economic empowerment, a total of 376 Village Savings and Loan (VSL) Groups consisting of 24,480 members (3,845 males and 20,635 females) were established during the programme. Box 1 provides details of sums realized from VSL groups at the end of GEWE project.

Box 1: Savings and Loans realized from VSL groups under GEWE Project

50% of the VSL groups were established in Nkhatabay. Financial records gathered at the end of programme implementation period indicated that approximately MK192 million (US$263,000) was saved by members and approximately MK250 million (US$342,500) was realized through loan repayment and interest from an initial share capital of approximately MK7 million (US$6,000). To date, VSLs have provided approximately MK93 million (US$127,400) to its members as loans where several businesses have emerged. Total savings and shares accumulated by the groups as at the end of the programme implementation period was estimated at MK520 million (US$712,300) with VSL groups in Nkhatabay districts accounting for approximately 22% of this total amount (MK114 million equivalent of US$156,160)

Box 2: Outcomes of economic empowerment among women

A group of 25 women in Mchinji district comprising GBV survivors, women living with HIV and financial constrained, divorced women were supported with 100 goats to be managed under the "Pass the Gift Programme". By the end of programme implementation period, the group had successfully passed on a total of 79 goats to 2 other vulnerable groups consisting of 45 women which were also trained by the programme. The program also supported 20 disadvantaged women from Chiradzulu district with a 4-month long training in brick laying, hairdressing and tailoring and further provided them with equipment. A similar initiative was also undertaken in Mchinji district where the programme supported a comprehensive training of 26 disadvantaged young people (3 boys and 23 girls) in tailoring and hair dressing at DAPP Mikolongwe Vocational School for a period of 6 to 12 months. By the end of the programme implementation period, some of the beneficiaries were able to make approximately MK90, 000 (US$123) every month.

With regards to gender based violence, the programme established and supported 13 One Stop Centre facilities in public health facilities to support GBV survivors. Support for GBV survivors had profound results in girls' and women's lives. Document reviews from CO showed that 148 men groups across the 13 target districts were established to champion Men to Men initiatives on combating GBV and HIV. The men's group handled 1,558 domestic violence cases of which 554 cases were reported by girls; 378 cases reported by boys; and 1,057 GBV cases by fellow men.

On the whole, the 7th CP met its intended outputs and outcomes to a great extent. The success of the programme was anchored on relatively strong partnership with and within government, greater ownership in the development and implementation of the programme by implementing partners and beneficiaries as well as a comprehensive monitoring framework for implementing partners. Also, the financial support from donors from European Commission.

Safeguarding Young People

The Safeguard Young People Programme was coordinated by the Ministry of Health to provide of youth-friendly health services in six districts with high rates of adolescent pregnancy, child marriage, gender-based violence and school dropouts. The primary target audience were all adolescents and young people (10-24) with special focus on adolescent girls 10- 19 years and marginalized groups. The goal of the SYP was to "Contribute to improve sexual and reproductive health status of young people aged 10 to 24 with a special focus on HIV prevention in Nkhatabay, Mchinji, Dedza, Mangochi, Chiradzulu and Chikwawa districts of Malawi by the end of 2019. The Safeguard Young People programme was managed and implemented within the Adolescents and Youth Cluster with resources leveraged from the EU-funded linkages Project, UN Joint Programme on Girls Education, and regular UNFPA Malawi Country programmes. Specific achievements were an advocacy session to adapt the

SADC model law on ending child marriages. The meeting agreed to come up with By-Law Framework to be adopted by district and chiefs councils to ensure enforcement of relevant provisions in ending child marriages. In the context of readmission policy, the programme provided financial and technical support to Ministry of Education Science and Technology (MoEST) to review the Readmission Policy.

The programme has provided support towards the setting up, revamping and training of youth networks in Malawi. An operational National Youth Network was established, and is operational. The Network developed a tool to map up youth networks, youth serving and youth led organizations, indicating their location, what they do and gaps identified. A total of 49 youth networks and a total of 839 members of the youth networks (433 males, 406 females) were trained in advocacy and SRH for youth development. Thirty nine health service delivery points are offering standard package of adolescent/youth friendly health services. A study on traditional cultural initiatives / practices on young people was undertaken and validated among stakeholders. The study findings culminated into the development of by-laws to eliminate and modify some of the cultural practices in the country.

Comprehensive Sexuality Education was another intervention targeted at the adolescents and young people. For the in-school adolescents, the CSE programme strengthened the capacity of Ministry of Education, Science and Technology to design and implement integrated and quality CSE in school through trainings. A total of 272 teachers (153 male /119 females) were trained, of which (188 teachers were trained through face-face), and 84 through the on-line CSE course. The trained teachers were drawn from 92 schools within the targeted districts bringing a cumulative total of 148 schools reached so far 19 health service providers (11 males, 8 females) were oriented on the on-line CSE course. A CSE strategy for out-of-School youths was developed. A total of 28 young people from the 6 focused districts (15m, 13f) were trained as master trainers in CSE for out-of-school youths. 106 (3m, 103f) initiation counsellors were engaged on the integration of CSE into the rite of passage curriculum.

The programme reached young people with CSE information through the use of various social media as follows: TuneMe Malawi Facebook page: 64,000, 4639 likes, 65,000 4680 followers; SYP Facebook page: 814 819, likes, 813, 819 followers as of 19.10.2017; Helpline toll free – 8,711 young people (6272m,2434f) and 80 programmes on young people produced on YONECO FM radio.

Joint Programme on Adolescent Girls (JPAG) and Joint Programme of Girls Education JPGE)

JPAG[11] and JPGE[12] programmes were implemented by UN agencies from 2011 – 2014 (Phase I JPAG); 2016 (JPAG Bridging programme) and 2014 – 2017 (JPGE Phase I). Both programmes were relevant as they addressed some of the underlying problems that hamper girls' access to education. In addition, The JPGE and JPGE directly aligned with the MGDS II which specifically commits to ensuring that all boys and girls in and out-of-school are enrolled and retained to complete basic education; Malawi's Education Sector Implementation Plan (ESIP) 2012-2017 objectives and also aligned to the National Girls Education Strategy (2014-2018) and Communication Strategy.

The programmes were effective especially through working with community members in particular the local leaders who are the custodians of culture to improve access to and quality of education for girls especially to deal with the cultural norms that hamper girls from accessing education through the by-laws that were established. Community commitment to girls' education was attributed to participation in project activities especially among women who participate actively in school feeding through daily preparation of school meals. It was also effective as a number of the interventions purposively included boys as significant beneficiaries towards efforts to improving quality and access to education.

In order to support functional literacy for out of school youths a total of 5,500 girls in Dedza, Salima and Mangochi were identified and recruited for the functional literacy programme with the aim of enabling the adolescent girls acquire essential knowledge and skills that can promote self-reliance, encourage life-long learning and enable them to participate fully in society and its development. The programme procured Reproductive Health supplies, equipment and commodities for accredited youth friendly health facilities and out of school girls only clubs. The programme supported the development of a booklet of key messages on CSE for use by peer educators.

[11] The Joint Programme on Adolescent Girls Programme (JPAG), implemented in Traditional Authorities (TAs) Kabuli and MAs ache in Mangochi and Chikhwawa, respectively and supported by UNFPA, UNICEF, WHO and UNESCO since 2010. The JPAG aimed at addressing challenges experienced by adolescent girls by investing in education, vocational skills training, sexual and reproductive health (SRH) and protection from violence, abuse and exploitation for young girls aged 10-19.

[12] The Joint Programme on Girls Education (JPGE) is a three-year programme running from 2014 – 2017, with the overarching aim to improve the access; quality and relevance of education for girls, through a holistic and human rights-based approach. The Programme is implemented by the Government of Malawi, supported by UNICEF, UNFPA and WFP, with funding courtesy of the Norwegian Government through the Royal Norwegian Embassy (RNE) in Malawi.

4.2.3 Population and Development Component

The core interventions revolved around the provision of technical and financial support to the National Statistical Office (NSO) for the strengthening of the country's national statistical system in order to have the capacity to generate, analyze and disseminate quality data for planning and programming by the government, nongovernmental organizations and implementing partners. Another is provision of support to the Ministry of Finance, Economic Planning and Development to ensure the integration of population dynamics into national and district development plans.

Post 2008 Population and Housing Census activities

Although the 7th Country Programme started when the 2008 census had already taken place, UNFPA supported further analysis and use of the 2008 PHC data. Apart from the capacity-building of staff of the NSO and Dept. of Population Studies, University of Malawi, comprehensive census dissemination was achieved by UNFPA's support for the further analysis of 2008 Population Census data leading to production and publication of 11 analytical (thematic) reports, 1 basic report, 1 projections report and 1 census atlas. UNFPA also supported the printing of the gender disaggregated social atlas, health and poverty maps resulting in the subsequent launch of the tools. Census data segregated by sex and age was also used in mapping out climate change and socio-economic vulnerabilities that led to the provision of useful, effective and target specific development solutions. For example, Malawi did a study on climate change vulnerabilities and adaptive capacity in urban areas whose findings assisted in informing the development of the National Urban Policy, National Climate Change Policy, and the 2013 revised National Population Policy.

During the Cycle, the 2015-2016 Malawi Demographic and Health Survey report was finalized, launched and disseminated. The timeliness with which the reports were produced and the soundness and depth with which the analysis was done has allowed timely access information as various stakeholders would now refer to the report to set benchmarks and track progress of their interventions. Further UNFPA support has facilitated further analysis of the MDHS data to come up with Fistula situation in Malawi particular module of the MDHS. It also conducted the End line survey for the MGDs for Malawi. All these provided data for evidence-based planning in the country.

In order to enhance social mobilization and information dissemination for the 2015-16 MDHS, fact sheets, brochures and posters were printed and distributed. There were also and jingles and radio drama programs that were produced and aired on local radios with support from UNFPA.

2018 Population and Housing Census Preparation

During the program cycle, UNFPA CO provided support for the preparations of the 2018 Population and Housing Census. The support has been at levels of census mapping, demarcation of wards and enumeration areas, development of data collection instrument (questionnaire), supplying of gadgets (tablets) for data collection and pilot census.

In the area of capacity building, seven NSO staff underwent training in Geo-referencing; two participants (one from National Statistics Office (NSO) (female) and one Male from UNFPA) participated at the regional workshop on '*The establishment, maintenance and use of functional Web-based integrated management information systems (IMIS)*." UNFPA has supported the installation of the software and creating data base in REDATAM for sorting and processing the census data, analysis, and indicator creation with the process module. A consultant was hired to train 15 NSO, Dept. of Population Studies, University of Malawi and UNFPA staff in REDATAM in preparation for the 2018 Census. Two staff from the National Statistical Office and one UNFPA programme officer participated in a study tour to Statistics South Africa on the conduct of censuses. All these interventions have assisted in capacity building of staff involved in preparation for the 2018 census.

UNFPA has supported the hiring of a consultant for the IEC and advocacy interventions of the 2018 PHC meant to shore up knowledge for the census among the general population and seek support from political, religious and traditional leaders at national, district and local levels. The consultant will facilitate the development of the advocacy and communication strategy.

Data for humanitarian response

During the devastating floods of 2015, the estimated population from the Census projections in terms of age and sex distribution of people in the affected areas which provided a starting point in terms of humanitarian response in the affected districts was provided by the UNFPA CO... The UNFPA supported the data quality improvement initiative to incorporate Minimal Initial Service Package (MISP) indicators[1] in order to strengthen district structure for data collection and reporting.

The National Population Policy was reviewed to be in line with guidelines of international development frameworks and another review of the same Policy to be in line with emerging issues that include population youngling and aging, migration and urbanization, population and environment and climate change. The policy is a response to current population dynamics challenges and their potentially negative implications on sustainable socio-economic development. The revised policy addresses the main challenges and capitalize on opportunities that have come up during implementation of the 2013 population policy and related programmes.

Integration of Population Issues into Development Planning (IPDP)

Over the 7th CP UNFPA supported the efforts, spearheaded by MFEPD, directed at facilitating integration of population issues into national and district planning. These include the development of the IPDP Manual and the training of 10 sectoral and 10 district development planners on IPDP. Additionally, 15 policy makers and academics were trained on population dynamics and climate change links and how this can be used to develop evidence-based development policies and programmes. There was also a training of 44 development planners (36 males and 8 females) in 8 districts of Nkhatabay, Mzimba, Rumphi in the North; Mangochi, Chiradzulu, Thyolo, Mwanza, Chikhwawa in the South) on integrating population issues in district plans. As an attribute of these capacity building initiatives, population dynamics have been effectively reflected in the revised draft National Population Policy and the Malawi Growth and Development Strategy III. However, the evaluation team did not record any evidence of integration of population issues in development planning at the districts, especially as some of the trained staff have changed jobs.

The Demographic Dividend

Upon adoption and championing of the Demographic Dividend (DD) concept by the African Union Summit in 2015 that provided a new direction and placed emphasis on the issue of the youthful population structure, the UNFPA in partnership with MFEPD commissioned the African Institute for Development Policy (AFIDEP), Nairobi, Kenya, to undertake a demographic dividend study. A report and 6 policy briefs were produced. Its investment recommendations were set to enhance responsive programming with respect to population dynamics for sustainable development. The demographic dividend study was widely disseminated. Using the DD report as its reference, the MFEPD with support from the UNFPA, engaged in advocacy efforts to reach out to civic, political, religious and traditional leaders and also focused on the policy makers in various sectors at national level to popularise population and development issues in the country. This raised the issue of population structure, the youthful population, to the level where the highest political establishment[1] and technocrats recognised and brought into discourse the issues of population and development. The advocacy that ensued influenced the incorporation of population and health as one of the five priority areas in the MGDS III with a view of ensuring that all interventions should take cognisance of the interrelationships of population and development in the country. The results of the DD study also influenced the areas of focus for the revised NPP.

Other activities accomplished during this Programme Cycle include (i) establishment of Media Network on Population and Development (MENPODE), with a focus on capacity building of the media to

regularly and correctly write about issues of population and development in general and SRH and Gender issues. The initial training was for 30 journalists (15 male and 15 female) in the three UNFPA areas of mandate. Later on 22 journalists and editors were trained on advocacy for including population dynamics as well as emerging issues such as climate change into development plans, strategies and programmes. (ii) UNFPA supported the Ministry of Finance and Economic Development Planning in organising and conducting the Leaders Conferences on Family Planning, Population and Development in 2012 and 2016. As a high level population advocacy platform, they raised the level of awareness on population and development issues and brought to fore discourse at technical, civil and political levels. For example, an important outcome of the 2012 conference, was the commitments made by the then Vice President at the London Summit on 11th July 2012 relating to the need to build the institutional capacities of the ICPD coordinating bodies in Government, the need to have an internationally agreed age at first marriage, the need to provide for a budget line for family planning in the national budget, the commitment to approve the revised National Population Policy before end of 2012, and the commitment to universal access to sexual and reproductive services, inter alia.

Following the 2016 conference and advocacy efforts, population is now one of the five priority areas in the MGDS III. It is expected that this will cascade to sectoral and district plans as they also draw priorities from the MGDS. Consequently, district development plans would integrate population issues into their plans especially on population growth and youthful population (Demographic Dividend). The conference brought together political and traditional leadership, technocrats in various government and non-government organisations, the cooperating partners, CSOs and the various youth and women oriented special interest groups' discourse and consensus building and supporting the Department of Population Studies, University of Malawi to revise its curriculum to make sure that emerging issues such as the DD, population and climate change, gender and reproduction health and urbanization are included.

It was clear from the narratives of the IPs that there were challenges in terms of resource flow or timely disbursement of funds. While the resources allocated to particular and priority activities were provided, there were delays in the disbursement of funds from the CO particularly in the first quarter of every year. These delays were caused both by the CO and the IPs particularly in the government whereby there were delays, for example, in signing the Annual Work Plans. In the course of the implementation, some IPs was failing to liquidate funds advanced to them in order to be advanced another chunk for implementation of activities.

In the course of the 7th CP implementation, there was a major shift in providing funds to IPs. After the financial scandal by some individuals in government and private sector dubbed 'Cash gate', there were measures that affected how payments to IPs should be made. There were some changes in the payment of DSAs opting for full board and direct payments to service providers rather than advancing finances to IPs for their management. These stringent measures were found to have caused delays and general dissatisfaction among the IPs. It was found that many of the IPs were demotivated and resorted to giving priorities to other activities by other organizations that don't have such stringent measures. This affected the commitment and quality of the interventions.

However, in spite of the efforts, the district councils still lack technical support from the coordinating ministry as well as the internal capacity to coordinate planning from various sectors such as education, gender, youth and health within the district councils. Out of the eight districts reached and engaged district officials during the evaluation, only three[13] were found to be conversant and had capacity to integrate population issues in their next 5 year Socio-Economic Profile (SEP) and District Development Plans. The narratives in these three districts were suggestive of an improved understanding of population as being at the centre of development in their districts. The other districts highlighted the need for capacity building of officers from all the sectors in terms of quality data collection, capture and maintenance of the same using updated data bases. In all the districts, there was limited capacity as only two districts received training in IPDP. In addition, lack of infrastructure such as internet, computers, and appropriate soft wares made the access and utilization of relevant data from the NSO website untenable hence difficult for IPDP. Although districts had their Social Economic Profiles (SEPs) expired and in the process of developing new 5 year SEPs, there appeared no indication of sufficient depth of understanding of the critical linkages between population and development planning although these are outlined in the MGDS III.

[13] Nkhata Bay, Mchinji and Mangochi

Table 6: Summary of Country Programme Performance for Population and Development Component 2012 – 2018.

Output 7: Strengthened national capacity for production, analysis and utilization of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities, and for programming in humanitarian settings.			
Indicators	**Baseline**	**Target**	**End-line data**
7.1 Number of surveys and assessments supported.	0	4	6
7.2 2018 population and housing census costed plan developed.	Partially	Fully Completed	Fully Completed
7.3 Number of districts that have a database for humanitarian programming in place. Baseline 0 Target 17.	0	17	29
7.4 Number of population based data bases accessible by users through web-based platforms for mapping of socio-economic and demographic inequalities	2	5	4
7.5 Number of government ministries and academia institutions facilitating meetings to link population and development held at the community level.	2	5	6 (but only MFEPD and University of Malawi (DPS) sustained public lectures on population and development. The rest had no funds
Output 8: Strengthened capacity for the formulation, implementation and review of rights-based policies that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development.			
Indicators	**Baseline**	**Target**	**End-line data**
8.1: Proportion of district development plans integrating population dynamics, sexual and reproductive health, HIV and their linkages to poverty eradication.	50	90	70% Reached out with IPDP trainings but the integration has stalled due to capacity gaps and lack of funding
8.2 Percentage of ministries that have incorporated population policies and programmes	50%	100%	60% in 2017 The Population issues are now a pillar in the MGDS III, the overarching development strategy. Eventually 100% of all ministries policies and programs have aligned themselves with this.
8.3 Number of disaggregated analytical reports disseminated on a) SRHR, b) adolescents and youth and c) gender based violence.	3	4	6
8.4 Number of country governmental and inter-agency processes and reports that are supported by UNFPA and address population dynamics by accounting for population trends and projections in setting development targets.	0	8	8

8.5 Number of Government ministries, civil society organisations and academic institutions implementing population advocacy programme	4	21	There are now 24 members in the Technical Working Group (TWG) on Population and Development that are conducting various advocacy interventions at national and district levels.
8.6 Percentage of population and development indicators that have been integrated into the health management information system.	66%	100%	100% (HMIS is regularly updated)
Malawi demographic and health survey completion rate	10%	100%	100%
8.7 Number of consultation meetings held to approve the population policy.	2	6	6(NPP finalised and awaiting approval)
8.8 National population policy and its plan of action in place.	No	Yes	Yes. The National population policy and its plan of action are in place

4.3 Efficiency

Evaluation Question: To what extent did the intervention mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures) foster or hinder the achievement of the programme outputs?

At the time of the evaluation, the CO had an adequate number of qualified staff for each of the component areas. The CO programme staff included specialists with University degree qualifications in the relevant areas. For the SRH/HIV programme component, the 6 officers handling SRHR in the UNFPA CO possess appropriate skills with a back ground of Master's degree in Public Health, Gender and Population development and one officer has a PhD while most of the implementing partners possess mostly start up skills like Bachelor's degree in Nursing, Midwifery and Clinical Medicine (Clinicians and Nurse/Midwifes), and Diplomas (Nurse Midwife Technicians).

While with the gender component, the programme had a Programme Specialist in place at the inception of the programme till the time of the evaluation. However, in the course of implementing the Programme in particular during the GEWE project the Gender programme had to recruit additional staff namely 1 M&E Specialist; 1 Finance Officer and 1 Programme Associate. At the inception of the Programme, there was no youth programme officer, but this was rectified in 2014.

In addition, P and D staff at CO are qualified and adequate for the functions. The P and D program has had one staff member until two years ago when another member was deployed. The Program Specialist has a Master's Degree while the Program Associate has a Bachelor's Degree in Social Science. However, there has been high staff turnover of key staff in the IPs and in district councils that

acted to reduce the level of efficiency of programme implementation. In all the districts visited, it was only two staff among those that started the interventions remained. Others have changed jobs. The National Statistical Office, as a strategic partner experienced significant transfer of staff such as the focal person on Malawi Socio-Economic Database and Social Atlas Management. This staff attrition affected the quality of information collected from the existing staff as most of the people on the ground could not provide much information about the intervention trajectories.

There is a staffing set-up which guarantees the program planning and implementation is guided by the required level of technical expertise. About 44 national and international consultants have been hired to assist in various aspects of the CP. Thus, during this 7th CP cycle, human resources have been adequately covered. However, for both UNFPA CO staff and implementing partners, more capacity building is needed on how to manage the Global Payment System (GPS) effectively especially that this skill is out of their professional scope of practice, it is web-based and electricity and internet infrastructures are erratic in Malawi.

Table 7: Human Resource Allocation for the Implementation of the 7th CP in Malawi

Programme Components	IPs	Qualified CO Officer	Consultants Used
Sexual and Reproductive Heath	20	6	11
Adolescents and HIV	9	2	8
Gender Equality and Reproductive Rights	13	4	18
Population and Development	3	2	7

In programmatic terms, the CO is managed by the Country Representative, although before this evaluation is completed, an OIC was appointed due to the retirement of the Country Representative. It should be stated that during the cycle of this CP, three CRs have overseen the Programme Cycle. This does not really augur well for the programme implementation. Despite the turnover of the CR during the cycle the visibility of UNFPA still remains and its contribution to the UN Country Team is well acknowledged. The CO has made use of technical assistance of UNFPA ESARO as well as support in the identification of consultants to fill temporary technical support assignments, such as Technical Advisor on RH and International Consultants on specific assignments.

Financial resources management

Data from key informants and FGDs with beneficiaries and CO program documents indicate that partners develop work plans that are sent to UNFPA for approval. Once approved, UNFPA allocates resources to the submitted budget. UNFPA pays through different systems. In the 7th CP, basically 3

payment systems were used to support approved budgets (i). Cash to SWAP, where funds were transferred to a national pool fund; (ii) Direct cash transfer , where funds are transferred to IPs and (iii) direct payment system where funds are paid directly to participants when IPs are conducting activities. If liquidation of funds is done well then, the implementing partners stands a better chance of being refunded. This poses a heavy work load on the CO and reduces ownership and control of activities by the IPs. The first payment method was prone to corruption and it was not surprising of the incidence of the

"cashgate scandal" when government officials embezzled some funds. According to key informant, the direct payment system by UNFPA was initiated after the "cashgate" scam when the other modes of payment were suspended. Currently, all activities are reflected in GPS which allows for transparency and accountability. The CO should adopt the Harmonised Approach to Cash Transfer model which essentially involves direct cash transfer to IPs

Regular follow-up was made with IPs for financial tracking and no evidence of qualified audits was reported to the evaluation team. Fund disbursements are made on the basis of standard quarterly reporting. Despite reported challenges in preparing reports by IPs, there was a high implementation rate across all programme areas **(Table 3).** Given the shrinking funding space by donor communities which will affect resources available for CP activities, review of the geographical focus of the various components will need to take efficiency issues into account. It will be more efficient if only three districts from the three Regions are selected while the number of Traditional Authorities and intervention facilities will be reduced. This will enable more focused attention on these few domains, and lessons to be learnt will be used for up-scaling further activities. This approach will reduce some associated costs like transportation to cover the geographical location.

Key Informants commended the UNFPA CO for having both the internal and external audit systems and the use of the monitoring and evaluation tools that help to track progress. Not many informants cited cancellation or postponement of programs since most activities were done according to planned activities in work plans, however, in some instances, as one key informant puts it.

Monitoring and evaluation tool

Overall, the monitoring and evaluation tool captured most of the baseline and end-line targets using the Country Programme Performance Summary and a planning matrix for monitoring and evaluation. Monitoring and Evaluation is in place as it uses the Results-based Management (RBM) system, with clear regular reporting mechanisms but actual implementation is weak as evidenced by some missing data in reporting or inconsistences in some records.

The CO used an appropriate combination of tools and approaches to pursue the achievement of the 7th Country Programme's outputs and outcomes. The UNFPA toolkit developed to facilitate the new UNFPA global strategy for 2014-2017 was used. The identification of modes of engagements is based on the level of support needed from the UNFPA and the country's own ability to furnish resources to the programme components. Malawi is classified as 'red quadrant 'which means that it has needs in all the SP outcomes and therefore need for more resources. In terms of the SRH, this component is concerned with development and printing of communication materials based on behavioural change and communication strategy, procurement and distribution of FP commodities for health facilities. The approach to Population and Development has been on the enhancement of available statistical population data including support for census, capacities to gather and use those data to inform policy-making and programming; the strengthening of the capacities of University of Malawi Dept. of Population Studies and National Statistical Organisation to undertake research on the linkages between population and development and have capacity to integrate population issues in development planning.

The three component areas have made use of direct implementation mechanisms where funds flow through the UNFPA CO and no use is made of Malawi Government Financial system. The 7th CP results framework provide details on outcome and output level changes with indicators identified at both levels

During the 7th CP cycle regular monitoring was conducted by CO staff and where applicable, international consultants, to assess the progress of programme implementation, in terms of activities conducted and outputs achieved. Standard monitoring formats were used. The CO M & E provides regular and adequate quarterly and annual reporting by IPs, produce Country Office Annual Report, and undertake the final CPE in good time to contribute to planning. This was never achieved as the 8th CPD was being prepared as this CPE was on-going. The IPs reported according to the standard criteria and format provided by the CO. The Programme officers reviewed reports quarterly to assess overall progress. Operation Staff undertook spot checks with IPs and financial verification every quarter. No qualified audit was reported.

At the end of each year, an annual review and a planning meeting were held to review progress towards achieving annual results and to develop AWPs and budgets for the next year. Progress has been presented to key stakeholders in annual planning meetings. These discussions have informed the annual planning process. Country Office Annual Reports were geared towards the indicators of the UNFPA Strategic Plan, with Country Office responding to global questionnaires, rather than aligned with the CO specific results matrix. Some of the results reported look doubtful and questionable.

Monitoring has been met with some challenges concerning access to the intervention sites and Implementation Partners. There was no way to make assessments in other districts not covered in order to be able to conclude on the progress of the series of interventions. Every monitoring visit has to be announced and authorised. And this affected IPs reporting.

One good aspect of the M & E system in UNFPA CO is the frequent and consistent monitoring visits that focused on both financial, administrative and programme issues as well as results were observed. The overall M & E process helped to provide information to programme managers on what to include in their quarterly and annual reports; helped to identify the performance of the IP in terms of timeliness of reporting, completeness of reporting, quality of results reporting, fund utilization rates.

However, the system of monitoring of outputs and outcomes is based on the UNDAF Results Framework. Some systemic weaknesses were noted in the CO's M & E. While there was a definite process of collecting data, there was no clarity on the depth of information or analysis required. Some of the programme reports from the field by IPs are of poor quality. Capacity of some IPs to provide data for decision-making looks suspicious especially with the high staff attrition in most of the intervention facilities. A critical look at the M&E mechanism shows that there is a weakness in the formulation of indicators and outputs which in turn was compounded by the existing mismatch between outputs and outcomes indicators. For example, there is a clear mismatch between the outcome indicators of SRH/HIV component with Output 1. Another observation is the extent all the reports produced in a programme cycles are used for the next CP planning is unclear. Since this CPE will serve as a guide to strengthen key areas of partnerships, it is suggested that sufficient attention be paid to the evaluation of the CO M & E systems.

4.4 Sustainability

Evaluation Question: To what extent have interventions supported by UNFPA contributed to a sustainably improved access to and use of quality services in the field of reproductive health and family planning, HIV prevention in particular for [young people and other key populations] vulnerable groups of the population?

The 7th CP contributed to complete development of key policy and strategic documents, guidelines and strategic information notably National Sexual and Reproductive Health and Rights (SRHR) policy (2017-2022); National Cervical Cancer Control strategy (2016-2020); National Sexual and Reproductive Health and Rights and HIV and AIDS Integration Strategy for Malawi (2015-2020); 2015-2020 National HIV and AIDS Strategic Plan (NSP); National Youth Friendly health services Strategy (2015-2020); National standards on Youth friendly Health Services (2015-2020) – revised in October 2015; National

wide Youth Consultations on Malawi Growth and Development Strategy II & III and UNDAF 2017-2021 Agenda with support from UN; Adolescent Girls & Young Women Strategy (AGYW strategy) under global fund; HIV and AIDS Strategy for Higher Education Institutions in Malawi, NAC 2016; Malawi Emergency Obstetric and New-born care Assessment, 2015; national Survey on availability and Accessibility of Modern Contraceptives and essential Lifesaving Maternal and Reproductive Health Drugs in Service Delivery Points in Malawi, 2014 and the Malawi Costed Implementation Plan for Family Planning, 2016–2020,and National Gender Policy and the Joint Sector Strategic Plan for the Gender Sector. Strategic guidelines developed on communication, HIV prevention, Family Planning Campaign, fistula repair will all guaranteed sustainability.

This is a huge investment within a given period. If used appropriately and with a proper implementation plan, policy and strategic documents can contribute to sustainability. Key informants and in-depth interviewees agreed that the programme might be sustained to a greater extent, because it is implemented by the Government. Others believed that the programme is sustainable because apart from addressing issues of national importance, its design is participatory and that most programs are incorporated in the District Implementation Plan, the knowledge and skills gained, equipment given, community involvement, staff and peer empowerment in Higher Institutions will all sustain the programme beyond the cycle. However, the fear is expressed that the high rate of staff turnovers among the implementation partners at district levels could affect sustainability.

One of the key informants questioned the UNFPA exit strategy where in some cases only verbal handover of the one stop Centre was done instructing the DHO to start using the structure. This approach led to partial or non-use of the one stop Centre hence a threat to sustainability.

Some districts worked with other development and implementing partners apart from UNFPA, promoting the chances of sustainability. These are MSF in teen clubs; FPAM on HIV Linkage project; BLM on family planning. However, some key informants felt these other donors, compared to UNFPA, work in projects on a small scale hence their projects may be sustainable.

Awareness created through UNFPA support to the MFEPD for advocacy efforts on the linkages between population variables and development resulted in the incorporation of population and development health as one of the 5 overarching pillars in the MGDS III. In addition, it was through UNFPA's support that the new National Population Policy was reviewed and drafted, with the view of taking into consideration the emerging issues of population youngling as reflected in the DD analytical report for Malawi, was started. These are national documents that will endure the 7th CP and be useful during the 8th Country Programme.

4.5 Coordination and Strategic Positioning

***Evaluation Question: To what extent has the UNFPA CO in Malawi contributed to the functioning and consolidation of the existing UNCT coordination mechanism in Malawi? What are the main UNFPA comparative strengths in comparison to other UNCT agencies in Malawi*?**

Systematic document reviews, interviews from national stakeholders and selected UN agencies in Malawi affirmed strongly that UNFPA is a signatory of the United Nations Development Assistant Framework in Malawi (2012-2017). According to these sources UNFPA is a valuable and important member of the UN Country Team in Malawi. It cooperates with other agencies on shared projects and interests. UNFPA has been actively involved in coordinating and leading the development partners/donor group on SRH and Gender along with the national Technical Working Groups. It has also a co-leading responsibility in Humanitarian efforts through the Protection Cluster and leads the GBV Sub Cluster. There were also district level Technical Working Groups that have been activated with UNFPA support. Each of these groups have defined objectives and meet regularly and are making progress in improving overall coordination and addressing Gender, Youth, SRH issues in development and Humanitarian contexts. UNFPA also co-chairs the UN Gender TWG with UN Women. UNFPA is recognized by IPs as the "***lead agency***" in Gender, Adolescents/Youth and SRH and Population and Development issues. It has the technical expertise and comparative advantage over other donors and UN agencies in having a clearly defined women, youth centered SRH mandate that needs to be strengthened. One major opportunity for UNFPA was to help government partners implement the SDGs relating to youths, gender and SRH in their development activities.

UNFPA has progressively strengthened its coordination role during the 7th Country Programme and was well recognised amongst the traditional gender, youth and health partners and stakeholders as the lead agency in coordinating gender, Youth and SRH programmes among the UN agencies. During the 7TH CP Cycle, UNFPA established and revived a number of instrumental Technical Working Groups like: Gender TWG; Youth Development and Sports TWG. UNFPA leads the UN Humanitarian GBV Sub-Cluster with regular reporting etc. UNFPA coordinates directly with such national stakeholders as Ministry of Finance Economic Planning and Development, Ministry of Health, Ministry of Labour, Youth and Manpower Development and Ministry of Gender, Children, Disability and Social Welfare at national level. At district level, UNFPA coordinates with the Director of Planning and Development, District Youth Office, District Social Welfare Office and District Health Office.

Data from Key informant interviews from IPs and FGDs with beneficiaries show that UNFPA staff and implementing partners develop work plans together and implement jointly. For UNFPA, there is

willingness to be available and listen to emerging issues. UNFPA staff share work plans with implementing partners. UNFPA communicate with implementing partners or gives feedback if they do not have adequate funds/resources for the budgeted items. UNFPA is open minded and flexible in its implementation of plans.

4.6 Added Value

Evaluation Question: To what extent would the results observed within the programmatic areas have been achieved without UNFPA support? What are the comparative strengths of UNFPA in Malawi and how are these perceived by national and international stakeholders?

UNFPA's important added value, according to documents reviewed and interviews conducted, is in its support to population data analysis, and the capacity-building of national stakeholders staff. It also plays a key role in humanitarian crisis. UNFPA is a leader in strategic areas like sexual and reproductive health, adolescents and youth, and gender through joint initiatives. Documents reviews and interviews with selected UNCT and national stakeholders affirmed that UNFPA had a comparative advantage in population and development as exemplified by its long time support for population and housing censuses as well as Malawi Demographic and Health Surveys over the years. It also has a comparative advantage in sexual and reproductive, and gender-based violence prevention and women empowerment issues

Key interview data and documents indicate that UNFPA & NAC complement each other in HIV prevention efforts. UNFPA and UNAIDS are quite similar in implementation of SRH/HIV services, however, UNAIDS operates at national level while UNFPA works in specific districts. UNFPA has technical capacity in tackling SRH/HIV issues while UNICEF has no similar technical know-how. As much as these are health relationships at UNCT level, some implementing partners fail to understand the complementing role that exist, creating a misunderstanding of the key roles for each development partner.

There is need for clear lines of responsibilities at operational level to strengthen the complementary role that this partnership plays. UNFPA role is particularly valued in the promotion of the use of population data in planning and programming, and organisational and staff capacity building is an important added value. All the implementing partners and beneficiaries in the country lauded the contribution of UNFPA and alluded to a close and cordial working relationship. Beneficiary assessment of UNFPA CO was positive. Responses from fistula and gender-based violence survivors, commercial sex workers, teen mothers who were rehabilitated and made to go back to school and other beneficiaries who had

benefited from UNFPA interventions were positive. Capacity building for staff and support to data collection and analysis, and integration of population issues in development planning, was also lauded. Emphasis on gender mainstreaming and facilitation to enactment of laws and policies as well as creation of awareness on gender issues gives UNFPA an edge in the field of population. Other development partners in Malawi, especially among the UN Country Team acknowledged the added value of UNFPA CO in the country.

Chapter 5: Conclusions

Conclusions and recommendations are organised in three clusters: strategic, programmatic and programme design and management levels.

5.1 Strategic level

UNFPA's 7th Country support to Government of Malawi is well aligned to national and international development priorities as reflected in Malawi Growth and Development Strategy, ICPD PoA, MDGs and UNDAF 2012-2016. Its ability to forge strategic partnerships with multinational, bilateral development agencies and national government departments is impressive. It is an active participant in the coordination of the UNCT activities in Malawi. UNFPA is a strategic partner to the Government of Malawi and other leading bilateral agencies such as USAID and DFID in different aspects of population and health issues. It is a leading UN agency in population and development, sexual and reproductive health, gender equality and women's empowerment matters in the country, and has supported various activities to enhance the goals of these programme areas.

UNFPA coordination has been largely effective in harmonising the work of development partners and UN agencies to achieve SRH and gender equality objectives, share information on progress, avoid duplication of technical and financial resources to the Government and improve overall complementarity. This evaluation shows that while crucial structures have been constituted, they have yet to recognise or achieve their true role. For example, while district Technical Working Groups on Gender have been activated in 13 districts, some of them are not yet fully functional as at the time of this evaluation.

The 7th CP was also responsive to changing national priorities both in humanitarian and development fields. Its role in the emergency situation such as the flood emergency of 2015 is much appreciated by national government and UNCT. UNFPA CO made adjustments to respond to emerging issues from the government especially in the matter of Demographic Dividend, and design and inclusion of fistula module in Demographic and Health Survey.

5.2 Programmatic Level

5.2.1 Relevance

The 7th CP in Malawi is in line with the country's Malawi Growth and Development Strategy II, which is a national strategic development plan; UNFPA's Strategic Plan 2014-2017, UNDAF 2012-2016, the MDGs and ICPD PoA and CEDAW and Maputo Plan of Action. It responds to existing needs in the country in terms of sexual and reproductive health including HIV/AIDS prevention, adolescents and youth, gender equality and women's empowerment, and population and development. Alignment of the programme with national policies and strategies remain clear. The focus of the 7th CP is in line with the needs of Malawian population as articulated in the MGDS II. The focus areas are essential to national, regional and international protocols.

5.2.2 Effectiveness

Evaluation of indicators in the 7th CP Results Framework at output and outcomes levels has shown that as at 2017, significant progress was recorded in most of the outcomes. There have been important achievements in policy, guidelines and advocacies and service delivery especially among the youths and female population. In the case of SRH/HIV, out of 25 outcome indicators, there was recorded great achievement in 18 indicators, while only 7 indicators have no data to measure their effectiveness. Some of the achievements include increasing number of women with repaired obstetric fistulas, establishment of maternal death surveillance and response systems, procurement and provision of reproductive health commodities leading to increasing trend in family planning use. For gender component, most of the outcome indicators have been achieved. This component contributed to improving the policy and legislative framework as well as strengthened capacity for gender-based violence prevention and response. Awareness of dangers of GBV and fistula has been created. However there is low motivation of health workers to attend to fistula victims, and the role of men in gender-based violence prevention is not clearly implemented. Effectiveness of UNFPA interventions was also manifested in bringing population issues into the political and development discourse in the country. This culminated in the identification and prioritising population and health as one of the five areas of emphasis in the MGDSIII. However expected population changes or effects of the various interventions remain unclear as surveys at measuring the indicators have not been conducted.

5.2.3 Efficiency

At Country Office, there is efficient use of human, financial, logistics and technical resources. The CO has adequate and skilled staff in all the programme areas. UNFPA CO follows the laid down guidelines in procurement of services and materials. Financial resources are well managed, guided by UNFPA checks and balances, currently using the Global Programming System (GPS) which is very transparent. The Global Programming System is UNFPA's electronic work plan management tool, part of UNFPA's ERP system (Atlas). GPS II provides the functionality used by UNFPA Implementing Partners (IPs) to submit Funding Authorization and Certificate of Expenditure (FACE) form to request cash advances; report on their use; request the reimbursement of expenses; and make direct payments to vendors; for programme implementation purposes. So far, no reported audit was documented. The structure of human resources is aligned to Strategic outcomes and outputs. However, efficiency is compromised mostly at implementation level through high staff turnovers of program coordinators beyond UNFPA reasons and through some delays related to liquidation of funds and timely reports. On the other hand, partners have greater expectations from UNFPA as a UN agency. Sometimes bureaucracy in procedures affects speed on decision making and approvals, affecting the credibility of performance at implementation level. While the CO emphasised high implementation rates in terms of funds utilization and the achievement of most goals, the IPs expressed concerns that fund management system put pressure on the implementation process with expectations of speedy delivery of results and use of funds. These tend to compromise quality of implementation. Another influence on efficiency is the issue of high staff turnover among the IPs which affected continuity of implementation and hence efficiency. This effect is so glaring in population and development component where district officers training in integration of population issues into development planning have changed jobs. In others, it was difficult to get accurate data because the current staff were new and have no institutional record to fall back on. There was low staff turnover at the CO, which gave the implementation of 7th CP activities a measure of stability.

5.2.4 Sustainability

Sustainability of the 7th CP activities can only be expected from those activities that address longer term development requirements and to a greater extent the 7th CP interventions are considered sustainable. One, the programme was designed in line with the country needs and priorities of Malawian government already identified as key needs in the country with existing governmental structures addressing them. Two, some of the interventions involved system strengthening, working within established government bureaucracy and capacity-building of institutions staff to address the

issues. Enactment of policies, laws and strategies in different components will also guarantee sustainability. There were activities that involved equipping and renovating health care facilities, provision of reproductive health commodities, various capacity building targeting staff in government departments and ministries.

For sustainability to be ensured (right from the beginning) UNFPA CO must emphasise to the government and IPs that it is their responsibility to ensure commitment to the focal areas. The CO should also help to put in place strategies with the government that strengthen accountability and provide technical assistance within the government's own defined institutional plan of action. Sustainability can be endangered by overdependence on UNFPA and other external funding, without government financial support.

5.2.5 Monitoring and Evaluation

The UNFPA HQ recommended that all Country Programmes be monitored during its Cycle and evaluated at the end. The 7th CP in Malawi had a monitoring and evaluation framework that was based on the principles of results-based management. The CP results framework shows the linkages of results with the United Nations Development Assistant Framework 2012-2016 and the UNFPA Global Strategic Plan 2013-2017 [Figure 3). There were five reporting tools used in M & E of the 7th CP. These include Work Plan Tool, Standard Progress Report, Field Monitoring Visit Report, FACE Form and Country Office Annual Report. Baseline and end-line data for all indicators were developed and targets set over the programme cycle.

Monitoring and evaluation field visits to intervention districts were necessary in monitoring the programme implementation. To track and review progress, all IPs used the Work Plan Monitoring Tool which facilitated reporting on a quarterly basis with regard to progress towards achievement of annual targets as well as facilitating and hindering factors. IPs submitted quarterly financial and narrative reports on Country Programme activities and expenditure against the planned activities for each quarter. Each programme staff member is responsible for one or more of the Annual Work Plans [AWP], and they submit quarterly reports on activities in the work plan. In addition, progress is reported at the fortnightly Programme and Finance meetings to monitor whether activities are on track and whether intervention is required to solve bottlenecks. An annual report was compiled to report on progress for the year. CO provided training on Results-based management for its staff and counterparts including IPs. Despite this process, there are still gaps in measurements. Outcome indicators and Output 1 indicator of SRH/HIV programme component are not matched. Some baseline and end line

data for some indicators were not provided. A review of sample of some of the IPs reports shows weakness in implementation of M & E at district levels.

5.2.6 Cross-cutting Issues

UNFPA mandates all country programmes to adopt human rights approach and gender mainstreaming in all program mining. Human rights approach focuses on addressing needs of the marginalised, stigmatised and vulnerable groups in Malawi. This is demonstrated by interventions to address the needs of gender-based violence survivors and commercial sex workers, and youth with disabilities. Gender mainstreaming meant promoting and maintaining sex as well as age disaggregation in the programme components. In population and development area, analysis was disaggregated by age and sex of the population, especially in the census results of 2008. While SRH/HIV interventions addressed the concerns of vulnerable population, most of its data were not properly disaggregated by sex and age. So it can be concluded that gender mainstreaming approach was not wholly promoted and adopted in the 7th Country Programme in Malawi, especially in SRH and gender components. However human rights approach was firmly adopted in SRH and gender equality components of the CP.

5.2.7 Challenges

The 7th CP encountered a number of challenges. Despite the investment in FP/RH commodities, teenage pregnancy went up from 26% in 2010 to 29% in 2015/16. This is an indication that there is a problem with the procurement and distribution of FP commodities. There was critical insufficient health personnel and huge staff turnover at district operational levels. This could be one of the reasons why there was low morale and motivation among the available health personnel to attend to fistula survivors. Gender equality is still hampered by sociocultural practices. Some national and district institutions are not responsive to gender mainstreaming, either out of ignorance or outright mischief. There was high turnover of staff within IPs which affects capacity-building initiatives. Most staff of IPs who benefited from capacity-building activities have moved on, leaving a vacuum. The districts had challenges of inadequate capacity. This requires continuous training by the CO and it makes a dent on the funds available for other activities. In the matter of Joint Programmes on Gender Equality and Adolescent Girls, there was inadequate funding to cater for bursaries of girls withdrawn from marriage. Most of the girls were only supported for one year and the project phased out. This left most girls in suspense and they were seriously considering withdrawing from the schools, if no further funding in available. Another serious challenge was the inability of most of the IPs to provide proper documentations on their activities. They could only refer the team to the CO.

5.2.8 Lessons Learnt.

A well-established media network improves correct and effective media coverage of IEC and Advocacy issues. The lesson learnt is that engagement with the Media should be more than spontaneous. It should be well programmed and sustained through frequent engagements between the media practitioners and CP experts who would be providing immediate responses to media enquiries

Adequate human and financial resources are very critical. The lesson learnt is that the amount of resources allocated at different levels affects the volume and timely implementation of the interventions.

The soliciting of technical assistance in form of external experts for various assignments was pivotal in enhancing program delivery efficiency in situations where the existing staff had constraints of expertise or time. This not only enhanced the capacity of the existing implementing partners as was the case with NSO but also added value to the quality of the program delivery as was the case with the Demographic Dividend study, documents and national approval.

Collaboration and coordination between the UNFPA, government and other cooperating partners is very critical. Some of the activities such as the SRH/HIV Integration, Population and Housing Censuses etc. require large amounts of resources that UNFPA alone cannot manage. The lesson learnt is that the inevitable reliance on the cooperation of other development partners has the potential to affect implementation scheduling if not well coordinated. The strong partnerships are imperative in mobilising the required support and resources. Effective collaboration between UNFPA and implementing partners produce results. Collaborative actions are crucial for success in CP implementation.

Strong institutional coordinating structures are very critical in ensuring the successful implementation of CP interventions. The human and resource inadequacies of the coordinating agency (MFEPD) and district councils were inimical to the successful implementation of the interventions at both national (sectors) and district levels.

Priority setting is 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.

There should have been an integration of livelihoods or employments in the all the adolescents and youth programmes. The focus will be on imparting skills on the youths for job placement should be an integral part of all the intervention activities.

Finally, leadership and ownership is essential for effectiveness and sustainability in CP interventions.

Chapter 6: Recommendations

6.1 Strategic level

There is need for the UNFPA CO to continue building and strengthening partnerships with other UN Agencies under the umbrella of Delivering as One (DaO) so that resources can be sourced and pooled together to support joint activities of the UNCT thereby enhancing the added value of UNFPA. Partnerships with bilateral development partners and national departments should also be explored and strengthened.

Priority: High

Target level: UNFPA CO, MFED or MOH

Based on Conclusion: 5.1

Operational Implications

Document reviews and interviews revealed that the UNFPA CO has collaborated with other partners – UNCT and country stakeholders, in implementing some of the CP activities such as joint programme on adolescents, gender and women empowerment. These strategic partnerships have worked well and should continue in the next Country Programme. This partnership becomes important in view of shrinking funding space. The UNFPA CO should therefore engage more with potential strategic partners for the next CP.

6.2 Programmatic level

6.2.1 Continue to align the CP to national and international goals and objectives with regards to SRH/HIV and gender equality and women empowerment, with greater emphasis on the needs of the community that UNFPA supports

Priority: High

Target level: UNFPA CO

Based on Conclusion: 5.2

Operational Implications

Although it is important to ensure that the next CP is in line with the ICPD PoA, SDGs and Agenda 2063, it is even more important to ensure that the support provided to communities and beneficiaries on the ground addresses the specific SRH and gender equality needs of those communities.

Even though the 7th CP interventions in the area of SRH and HIV prevention were rated high in the interviews, there is need to address the gaps identified in implementing youth programs to improve the poor performing indicators of young people (e.g., increasing the practice of safer sex), in emergency obstetric care services to improve quality of care and increasing the motivation and commitment of health care workers to take care of the survivors, in family planning logistics management to reach the zero stock out levels and in HIV prevention strategies in both adult and youth populations. There is need to support the Ministry of Education in the implementation of the Comprehensive Sexuality Education and Safeguarding Youth Programme to increase their impact of health and life outcomes of adolescents, promotion of Family Planning within an integrated package of services In the next CP, continue to support a well-funded demand creation campaign .Two additional issues include renovation of health facilities to accommodate full integration of SRH/HIV services, and the activation of MDSR committees to be functional in all the districts. There is need for continued wide consultations and participation of government departments, civil society organisations and other relevant stakeholders for the next Country Programme to ensure that it is relevant and aligned to Malawi's national priorities and international development agenda. This will ensure that the national needs and priorities of the country are addressed with consensus of the various stakeholders. The 8th CP should also encourage cooperation among the IPs that work with different populations to achieve greater impact.

6.2.2 Continue to increase the effectiveness of the Country Programme outputs, the scope and geographical spread of the interventions need to be thinned down.

Priority: High

Target level: CO and MFED/MOH

Based on Conclusion: 5.2

Operational Implications

This can be done by first doing a situational analysis/baseline of the intended beneficiaries, at the inception of or mid-way into the Cycle, to align the activities and outputs that are needed. This can serve as baseline figures, which will be measurable throughout the CP. This would require a more targeted approach – both in terms of the scope of the programme as well as the geographical focus. Furthermore, as part of the end of programme evaluation, a separate study of beneficiaries in particular, to assess whether beneficiaries do in fact implement what they have been taught, should be conducted. Lessons learned in a smaller geographical area, could then inform scaling up in other districts in the country.

It is proposed that some aspects of the 7th Country Programme should be operationalised during the 8th CP. For instance, policies and strategies developed in the 7th CP should be operationalised in the next CP to maximise their benefits and contribution to achieving the overall goals of the CP.

6.2.4. The next CP should continue to create conditions that will deepen the suitability of the Country Programme interventions

Priority: High

Target Level: UNFPA CO, Coordination Ministry

Based on Conclusion: 5.4

Operational Implications:

Those good activities that have been identified as suitable for guaranteeing sustainability need to be intensified. These include making sure that the next CP is properly aligned to the current needs and priorities in Malawi as articulated in MGDS III, investing in capacity-building, strengthening structures to be used in CP interventions. A clear-cut exit strategy should be integrated in all the activities. Joint resource mobilisation should also be embarked upon.

6.2.5 There is need for continued strengthening of national capacity to generate, analyse and utilize data to inform, monitor and evaluate policies and programmes and integrate population dynamics issues into development plans and programmes

Priority: High

Target level: UNFPA CO, MEFDP, NSO

Based on Conclusion: 5.3

Operational Implications:

Despite the support that has been provided in the previous Country Programmes in ensuring that there is information available for evidence-based policy making as well as decision-making, there is still need to continue supporting this activity because of the ever changing data needs. In the current climate of Big Data revolution, huge data demand of SDGs and Demographic Dividend, skills to respond to the emerging needs and be able to monitor and evaluate the SDGs are needed. However, an assessment is needed on what areas to focus on that will be beneficial to all stakeholders. One area to consider is practical utilization of the acquired skills in various government departments. It is not enough to train staff in specific skills, but to provide the environment where those skills are put into use. Continuous staff training on integration of population issues in development planning at the districts level should be encouraged to fill the gaps created by the high turnover of trained staff at the district levels. It is

important to demonstrate actual integration of population issues in development planning, at the end of the training cycle.

6.2.6 There is need to strengthen the UNFPA CO' monitoring and evaluation mechanism to ensure the availability of complete information on programme outcomes, lessons learnt and challenges.

Priority: High

Target level: UNFPA CO

Based on Conclusion: 5.2.5

Operational Implications

During the assessment of the 7th CP gaps in information were noted. Quarterly reports were not available for some years. Similarly, some outcome indicators' baseline and end line data were not available. The outcome indicators in Output 1 of the SRH component do not reflect the output indicator, implying that they were wrongly defined. Some indicators were not specific to clearly follow which aspect is being measured in the numbers achieved. The definitions and measurement of the indicators were also not clear. Some reported achievement figures look suspicious. There were noticeable weaknesses in the Programme Reports prepared by the IPs from the districts. There is need for the monitoring and evaluation of IPs to be strengthened. It is recommended that the CO invest in providing technical capacity-building for its IPs in M&E mechanism.

Enhance quality assurance by creating a pool of expertise to ensure that the monitoring and evaluation function is strengthened across individual programmes. UNFPA should strategically provide evidence-based policy analysis to inform planning, implementation, monitoring and evaluation of innovative results and provide policy advice and advocacy

6.2.7. **Cross-cutting issues in CP must be taught and emphasised in all programme activities**. It is important that gender mainstreaming is applied in all component areas without fail while human rights approaches are adopted in such key areas as in SRH, HIV prevention and GBV components. This calls for effective gender mainstreaming in all programme areas. The M&E unit should review all reports from the IPs to assess the extent of gender mainstreaming in their reporting.

Priority: High

Target level: UNFPA CO

Based on Conclusion: 5.2.6

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Annexures

Annex 1: Terms of Reference

GOVM/UNFPA 7th COUNTRY PROGRAMME

2012-2018

September 2017

Introduction

The United Nations Population Fund, UNFPA in collaboration with the Government of Malawi, is planning to conduct an independent evaluation of its 7th Country Programme, from 2012 to 2018, including the two year extension (2017 to 2018). The country programme evaluation (CPE) is guided by the evaluation handbook on how to design and conduct a CPE at UNFPA which is built on independency, impartial and rigorous principles.

The purpose of the evaluation is threefold: (i) to demonstrate accountability to a wide range of stakeholders on delivery of results or lack thereof during the 7th Country Programme Cycle. (ii) To support evidence- based decision making. (iii) to generate evidence and draw lessons from past and current Country Programme extension (2017 to 2018) outcomes, outputs and milestones that will inform the 8th programme cycle and provide a set of clear and forward-looking options leading to strategic and actionable recommendations.

The CPE will contribute to the existing knowledge-base on how to accelerate implementation of the Programme of Action of the International Conference on Population and Development as it is reflected in the UNFPA strategic plan which best support the achievement of the Sustainable Development Goals. In this context, the CPE will determine UNFPA's contribution to the Government of Malawi's new Growth and Development Strategy as well as the United Development Assistance Framework in the self-started approach of Delivering as One UN.

In line with the standards adhered to by the United Nations Evaluation Group (UNEG) and the guidelines on Integration of Human Rights and Gender Equality throughout evaluation processes[14], the CPE will employ highest possible professional staff to undertake the evaluation that will adopt participatory, inclusive and non-discriminatory approaches to the conduct of evaluations.

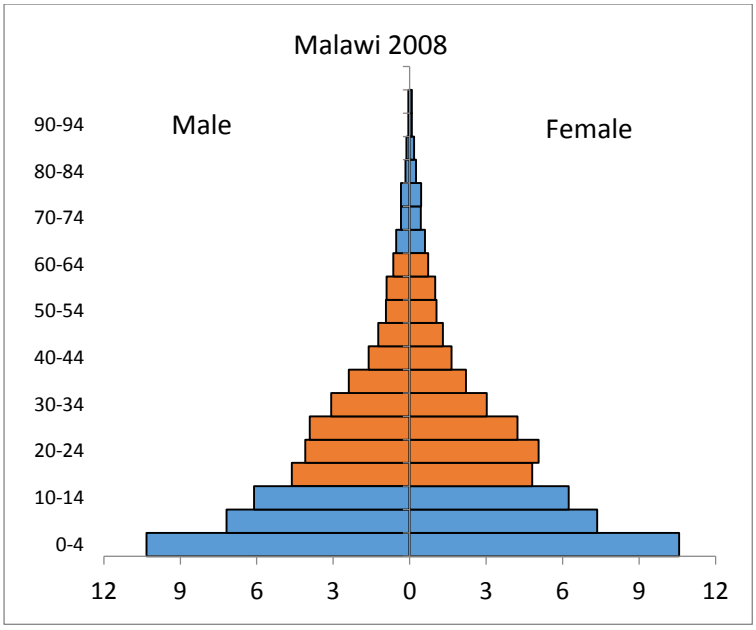
The CPE will adhere to credibility and use of evaluation findings, strategic conclusions and actionable recommendations to the main users which include UNFPA at Country, Regional and headquarter Offices, the Organization's executive border, national internal and external key stakeholders.

Context

The population of Malawi, spread over 28 districts and clustered into three Regions (Northern, Central and Southern), was estimated at around 17.4 million as of mid-2017 (NSO projections).[1] The Malawi population is youthful, with more than 70% below the age of 30.

Malawi's Population Age Structure, 2008

[14] UNEG Guidance document – Integrating Human Rights and Gender Equality in Evaluations (2014)



Source: NSO, 2009

Malawi is a landlocked, densely populated low income country with a per capita GDP of USD 381 in 2015[15]. The Malawi economy is largely agro-based with many small scale farmers dependent on rain-fed agriculture.

Persistent poverty and income inequalities are two of the many development challenges facing the country. At the onset of the 7th country programme, 2012, the Country has undergone a challenging period. In the early years of the country programme, the government shifted from a fixed to a flexible foreign exchange regime. This led to a rapid devaluation of the Malawian Kwacha (by 52 per cent in 2012). Devaluation was followed by a sharp reduction of budgetary support by development partners (constituting 40 per cent of the budget at the time), which immediately put the government budget under pressure[16]. However, there are promises of stability in the local currency against major international currencies on the market from the last months of 2016 to the current state. Another area of hope for economic recovery is a steady decline of inflation rate (from almost 25% to current estimates of 12%)[17].

The Malawi Development and Growth Strategy II (2012 to 2016) foresaw economic growth averaging 7.2 per cent between 2011 and 2016. In reality when taking into account projected growth of 2.5 per cent for 2016, the actual growth rate for the period was 3.5 per cent which is not far above the rate of population growth of 2.8 per cent, Census 2008. .The high population growth rate against a relatively low economic growth rate is one clear contributor to the slow rate of poverty reduction. To make matters worse, devastating floods at the beginning of 2015 compounded by drought in the main agricultural areas left 2.8 million Malawians in need of food aid. The floods in which 240,000 people were forced to flee their homes affected approximately 640,000 people in 15 of Malawi's 28 districts[18].

Sexual and reproductive health

[15] World Bank Malawi Database accessible via the website
[16] World Bank Malawi Database accessible via the website
[17] Reserve Bank of Malawi, Monthly Publications
[18] UN Humanitarian Situation Report No 6, 2015

UNFPA's interventions for sexual and reproductive health are implemented within the national policies. The notable ones include: the National Sexual and Reproductive Health Policy; the Malawi Growth and Development Strategy, The Road Map for accelerating the reduction of Maternal and Neonatal Mortality and Morbidity in Malawi; the National HIV and AIDS policy; the National Youth Policy; the Malawi Reproductive Health Strategy; the Malawi Reproductive Health Service Delivery Guidelines; Maternal Death Surveillance and Response Guidelines; Malawi Child Health Strategy; Malawi New Born Action Plan; the Malawi Accelerated Child Survival and Development Strategy; the Malawi Gender Policy; and the Malawi Population Policy[2]. In addition to domestic policies, Malawi has also ratified a number of international frameworks; thus, the government of Malawi remains committed to offer comprehensive Sexual Reproductive and Maternal New-born and Child Health (SRMNCH) in line with such policies. However, key indicators on sexual and reproductive health remain poor and calls for enhanced efforts for improving development assistance. For instance, the rate of skilled attendance at birth is estimated at 89.8% but access to emergency obstetric care services is still limited with almost 40% of health facilities providing the recommended package of the services. Of major concern to the attainment of the Sustainable Development Goals is the high maternal mortality ratio estimated at 439 deaths per 100,000 live births (National Statistical Office & ICF, 2017)[19], which remains one of the highest at global level (despite its decline from the estimates of 675 at the onset of the country programme.

Adolescents and young people

In Malawi, young people account for 50% of new HIV infections, with HIV prevalence higher among some young populations, such as 15-17 year olds (Small & Weller, 2013). Four percent (4%) of young females (15-19 years old) are living with HIV in Malawi (AVERT, 2016)[20]. Early sexual activity is high in Malawi with one in eight adolescent girls engaging in sex before the age of 15 (2014 Malawi Youth data sheet). Cultural drivers also play an important role in fuelling the HIV epidemic.

Poverty remains the main development challenge facing Malawi, with an estimated 40% of people living in poverty as of 2009 (Ministry of Development Planning, 2009), with adverse implications on children and youth livelihoods given the limited off-farm opportunities in the economy. An estimated 45 % of young women get married before the age of 19 years, indicating the scale of early marriage challenge that the country faces (NSO, 2008). This is exacerbated by poor access to SRH information and services by girls. It is estimated that only 13 per cent of young people access youth friendly health services.[21] In addition, coverage of youth programmes appears to be disproportionately focused on late adolescent girls (15-19 year olds), with early adolescent girls not adequately covered. HIV/AIDS prevalence rates are rising faster among young people than the general population. HIV prevalence among young people (15-19 years old) was 3.3% among Girls and 2.1% among Boys (NSO & 1CF, 2017).

An estimated 45% of young women get married before the age of 19 years, indicating the scale of the early marriage challenge that the country faces (NSO, 2008). Access to secondary education among young girls is very low, retention and completion levels are generally scarce and drop-out and repetition levels continue to be higher for girls than for boys. It is estimated that only 16.35% of the

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

[20] AVERT. (2016). HIV AND AIDS IN MALAWI. Retrieved 01 August, 2017, from http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/malawi

[21] Evaluation of Malawi Youth Friendly Health Services, 2014

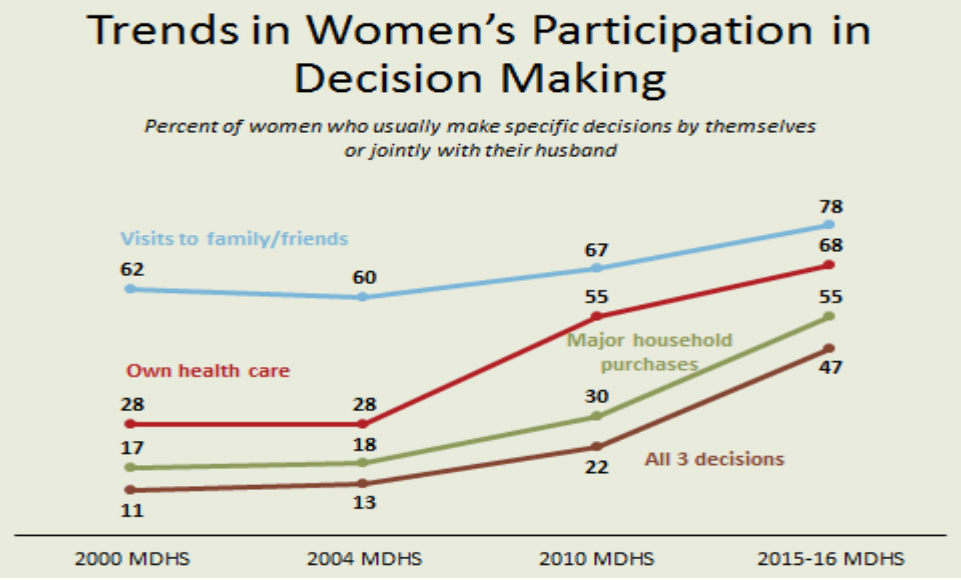
Malawian population have secondary education (11.1 % for females, 21.6% for males) which is lower that the regional average of 26.8%.[22] The girls who drop out of school are at high risk of early marriage and 50% of the young women aged 20-24 were married by 18, while more than 25% of the girls between 15-19 years old have already begun childbearing.[23]

Millions of adolescent girls in Malawi are burdened by gender discrimination and inequality. They are subjected to multiple forms of violence, abuse and exploitation and harmful cultural practices that encourage early marriage as well as initiation rites that expose them to sexual abuse, which in turn increases their risk of HIV infection. Sixty five per cent of school girls as compared to thirty five percent of boys report experiences of some form of abuse and while twenty four per cent report experiencing some form of sexual violence.

Furthermore, girls, as a general category, in the rural areas, are the least served, with only 42.9% benefiting from the current youth programmes (National Youth Council, 2009).

Gender

As per UN Gender Inequality index of 0.6850; the country is ranked poorly at a dismal 174 out of 187 countries in 2014 as per the UN Gender. From DHS 2015/2016, 34% of women have ever experienced physical violence since age 15, 21% of women have ever experienced sexual violence whereas 42% of ever-married women have suffered from spousal violence, whether physical or sexual or emotional. It is further established that 180,000 women and girls in the child bearing age suffer from disabilities caused by complications related to child pregnancy and birth



However, women participation in decision making has been steadily improving as illustrated in the figures above. The improvement is also evident from the UN agencies' positive engaged in promoting change in power relations between women and men by means of the review, amendment and enactment of laws with potential to guarantee women's and girls' rights and outlaw discrimination and narrow the inequality gap[24]. This focus has helped Malawi to begin the realization of

[22] 2015 Human Development report

[23] Why Population Matters to Malawi's Development, Department of Population and Development, Ministry of Economic Planning and Development

[24] Annual Reports, Web-based results management system for UNDAF, 2015,16,17

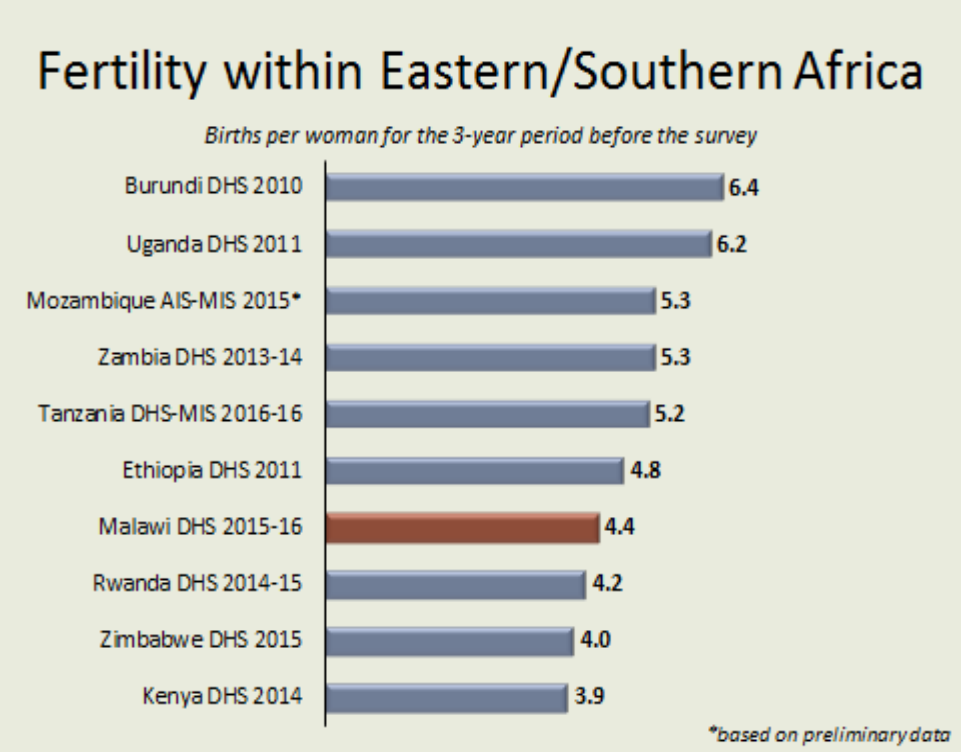
constitutional obligations and has created a "roadmap" for the implementation of the Convention of the Elimination of All Forms of Discrimination against Women (CEDAW). Malawi is up to date in the submission of state party reports.

Population and development

The government made population a priority at the 2012 Family Planning summit, and Malawi is a FP 2020 country. Government now has a budget line for family planning.

Malawi's average total fertility (TFR), defined as the number of children a woman would expect to have in her lifetime at prevailing age-specific fertility rates, was 6.7 children per woman in 1992; currently it is 4.4 children per woman[25]. The decline in fertility has been much slower compared to the notable increase in use of modern contraception among married women (CPR). CPR increased from 7.4 percent (1992) to 58% (2015). As a consequence, Malawi Population has grown rapidly at an average 2.8% per annum. The country has also a high child dependency burden of 0.91 dependents for every working age person and 46% of the population is under 15 years. According to estimates from the United Nations Population Division, the Malawi population is further projected to reach about 41.2 million by 2050.

The Malawi and Demographic Health Surveys have shown steady decline in child mortality over the past decades; under five mortality rates have declined from 234 deaths per 1000 live births in 1992 to 112 in 2010 to 63 in 2015/16.



[26]

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

[26] MDHS 2015/2016

Moving forward, the demographic dividend concept is a tangible point the UN can rally around to work with government in a sustainable manner in the next UNDAF. Government is amenable to the idea and is already taking leadership though the Ministry of Economic planning and Development. The UNCT needs to build on this openness, to intensify support on population issues as a human rights agenda.

UNFPA supports government of Malawi, through National Statistics Office in generating, analysing and utilizing data for evidence based decision making. During the 7th country programme, the key surveys include the dissemination and utilization of 2008 census data, the Malawi demographic Health surveys for 2010 and the 2015/2016 (DHS). These studies have assisted in measuring progress towards national priorities and global indicators as prioritized in the Millennium Development Goals and into the Sustainable development goals. Currently UNFPA is assisting the national Statistics Office for the 2018 census.

UNFPA and the UN Programme in Malawi

The first CP in Malawi was implemented in 1986-1990. UNFPA works with the Ministry of Finance, Economic Planning and Development (also acts as a coordinating Ministry for UNFPA Programmes support to Government and NGOs), Ministry of Labour, Youth Sports, and Manpower development, Ministry of Health, Ministry of Gender, Children, Disability and Social Welfare and with government institutions Non-Governmental Organizations. The Government of Malawi/United National Population Fund (UNFPA) 7th Country Programme and Country which is being run over four years (2012-2016) with an extension from January 2017 to December, 2018, focuses on Reproductive Health and HIV Prevention, Gender and Population and Development. UNFPA Malawi strategically

supports five districts of Chiradzulu, Mangochi, Mchinji, Dedza and Nkhata-bay.

The goal of the 7th Country Programme is to contribute to the improvement of quality of life of the people of Malawi through improvement in reproductive health status, prevention of HIV, increased gender equality and women empowerment and favourable interactions between population dynamics and development. The Programme is aligned to the outcomes of the United Nations Development Assistance Framework (UNDAF), the Malawi Growth and Development Strategy (MGDSII) and to the fulfilment of International Conference on Population and Development (ICPD) Programme of Action. Its components include; Reproductive health and HIV Prevention, Gender, and Population and Development. These components mainstream advocacy and a rights based and culturally sensitive approach.

The 7th country programme was designed to contribute to national priorities and in line with the UNDAF 2012 to 2016 through 4 outcomes of the UNFPA strategic plan 2014-2017, namely:

1. Sexual and reproductive health: Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access.

2. Adolescents and youth: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.

3. Gender equality and women's empowerment: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

4. Population dynamics: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

The programme was focused on adolescents and youth, and women's reproductive health, HIV prevention, fistula treatment which was underpinned by human rights, gender equality and population dynamics to deliver the following 8 outputs:

1. Increased national capacity to deliver comprehensive maternal health services including in humanitarian settings. (Sexual and reproductive health)
2. Increased national capacity to strengthen enabling environment, increase demand for and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence including in humanitarian setting. (Sexual and reproductive health)
3. Increased national capacity to deliver combination HIV prevention programmes including in humanitarian settings. . (Sexual and reproductive health)
4. Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings. (Adolescents and youth)
5. Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence. (Gender equality and women's empowerment)
6. Increased capacity to prevent gender-based violence and harmful practices and enable the

delivery of multi-sectoral services, including in humanitarian settings and fragile contexts. (Gender equality and women's empowerment)

7. Strengthened national capacity for production, analysis and utilization of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities, and for programming in humanitarian settings. (Population dynamics).
8. Strengthened capacity for the formulation, implementation and review of rights-based policies that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development. (Population dynamics).

Sexual and Reproductive Health

The country programme will be assessed through the achievement of set targets for each programme area. The above three outputs, under sexual and reproductive health centre on the following response areas:

- National and District level capacity building for SRH service delivery.
- Institutionalization of MDSR
- Support to district councils for provision of EMOC services.
- Policy Advocacy
- Strengthening of SRH Coordination mechanisms.
- Technical and Financial support to youth/adolescent health programmes
- Support is provided to support the National Cancer Program – HPV vaccine demonstration/scale up.
- Support to address obstetrical fistula – Fistula repairs, coordination and social re-integration
- Re-strategizing SRHR delivery mechanism for impact and results
- Policy level engagement (NSP, HIV Prevention Strategy, HIV/and AIDS policy National Condom Strategy development
- Support the country to fully integrate HIV/AIDS and SRHR in national health and broader development strategies, plans and budgets
- Improve the take up and delivery of integrated services for HIV and SRHR
- Document best practice models which will be disseminated to support strengthening of the linkages

Adolescents and Young people

UNFPA is the Lead agency (Coordination role and chair) for the UN Technical Youth Working group- UNYTWG). At the UNFPA strategic plan the country office responds to

In the 7th cycle Programme, the CO has partnered with UNICEF, WHO, WFP and ILO for the following joint Programme on young people:

i. Joint Programme for Adolescent Girls
ii. Joint Programme for Girls Education
iii. Safeguard Young People.

Gender

From 18 May, 2012 to 17 May, 2016, the United Nations Population Fund (UNFPA) and the European Union (EU) supported the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW) in implementing the Gender Equality and Women Empowerment (GEWE) Programme in Malawi. The programme goal was to support Government's commitment to reduce gender inequalities in accessing productive resources and development opportunities, as well as promoting decision making in order to contribute positively to the Malawi Growth and Development Strategy (MGDSII) and accelerate attainment of Millennium Development Goals (MDGs). The Programme was implemented in 13 districts of Malawi representing the diversity of gender issues in all the three regions as follows: Chitipa, Karonga, Nkhata Bay and Mzimba in the Northern Region; Dowa, Mchinji, Salima and Dedza in the Central Region; Mangochi, Machinga, Chiradzulu, Chikwawa and Nsanje in the Southern Region.

Malawi country Office Gender work incorporates strategies that address critical factors behind inequalities and rights violations. These include:

- Balancing reproductive and productive roles to enhance women's participation in decision making at all levels
- Promotion of Women's Legal, Socio and economic empowerment
- Promoting legal and policy reforms and gender-sensitive data collection
- Promotion of assertiveness in Girls as well their education
- Engaging Traditional and Religious leaders in addressing the Socio- cultural practices impacting on the link between Gender inequalities including GBV, SRHR and HIV/AIDS

Population and Development

There are three major areas under population and development that the CO has focused on:

i. Data generation, analysis and dissemination. MDHS and Population Census, knowledge management: Infographics
ii. ICPD Advocacy and SDG engagement with the Coordinating Ministry CPD and planning and review processes with implementing partners and; Curriculum review of Population studies.
iii. Demographic Dividend agenda: Study, Dissemination and Advocacy

On the whole, the country program aim is to contribute to the improvement of quality of life of the people of Malawi through improvement in reproductive health status, prevention of HIV, increased gender equality and women empowerment and favourable interactions between population dynamics and development. The program is aligned to the outcomes of the United Nations Development Assistance Framework (UNDAF) and the Malawi Growth and Development Strategy (MGDSII). Its components include; Reproductive Health and HIV prevention, Gender, and Population and Development. These components mainstream advocacy and a rights-based and culturally-sensitive approach.

UNFPA is working with the Government of Malawi through the Ministries of Finance, Economic Planning and Development, Health, Education, Gender, Women and Child Development, Youth Development and Sports, the National Statistical Office, national AIDS Council (NAC) and the University of Malawi. UNFPA is also working with the Civil Society Organisations including Faith Based Organisations. The NGO's that UNFPA worked with are; Family Planning Association of Malawi (FPAM), NGO gender Coordination Network, Malawi Interfaith AIDS Association (MIIA), Coalition of Women Living with HIV and AIDS (COWLHA) and Malawi Girl Guides Association

(MAGGA) as some of its strategic partners for achieving the UNDAF and County Programme outcomes.

The UN in Malawi supports the Government in four priority areas. These issues correspond well to the areas of greatest national importance the UN could have addressed:

- Sustainable and Equitable Economic Growth and Food Security
- Basic Social and Protection Services
- HIV and AIDS
- Governance and Human Rights.

The UNDAF is coherent within almost all the 17 Outcomes, and is usually coherent at the level of the four Clusters, but there is limited linkage among the Clusters and UNDAF Outcomes and Outputs generally operate in silos. In a very impressive mid-term rationalization of the UNDAF in 2013, a general streamlining of structures and indicators took place that better matched agency commitments and capacities, and greatly improved efficiency and effectiveness. The new Real Time Monitoring system will help the UNCT to become more results focused.

Objectives and scope of the evaluation

The evaluation has two main objectives:

3. To demonstrate accountability of the UNFPA 7th Country Programme for the relevance of its programme to a wide range of stakeholders as it relates to the Malawian context.
4. To generate evaluative evidence from the 7th Country Programme and extension (2017 to 2018) and draw lessons that will guide the design of subsequent programmes.

The specific evaluation objectives are:

vii. To assess the progress of the 7th country programme towards achieving the expected outputs and outcomes set forth in the results framework of the country programme document and the United Nations Development Assistance framework.

viii. To assess the strategic positioning of UNFPA Malawi country office within the development community and national partners, in view of its ability to respond to national priorities while adding value to the national development results.

ix. To assess the extent to which the implementing framework of the Malawi country programme supported or hindered achievement of results chain.

x. To assess the functionality of the country office monitoring and evaluation systems, and

xi. To identify good practices, if any, and document the lessons learnt in programme implementation, management and coordination.

xii. Assess the sustainability of the country programme interventions.

Scope of the Evaluation

- The evaluation will focus on the implementation process, achievements and challenges at both output level of the 7th country Programme 2002- 2018. The evaluation will concentrate in the five UNFPA focus districts of Nkhata Bay, Mchinji, Dedza, Mangochi and Chiradzulu, interventions at national level and also include 8 additional districts of Karonga, Chitipa, Mzimba, Dowa, Salima, Machinga, Nsanje, Chikwawa, where the GEWE programme was implemented from 2012 to 2016.

- The evaluation will cover the three technical areas of the country programme (population and development, reproductive health and gender). In addition, the evaluation will cover cross cutting aspects such as human rights based approach, gender mainstreaming, adolescent and young people, coordination, monitoring and evaluation systems, and partnerships.
  a) Reproductive health with emphasis on:
  b) -the supply chain, forecasting and availability of commodities at service delivery points level,
  c) -capacity development for provision of SRH services as well as creation of demand for these services with an emphasis on Family planning services for adolescents girls, HIV prevention services (including the marginalized groups) and fistula treatment,
  d) Safeguarding young people including adolescents sexual and reproductive health,
  e) Gender, covering aspects of improving a policy environment and building capacities for gender based violence prevention and management,
  f) Population and Development, looking at aspects of ensuring availability of disaggregated data, availability and use of evidence for programming and status of population dimension integration in key development policies, plans and frameworks develop during the period under review.

It will specifically answer the key evaluations questions as outlined below:

Evaluation Criteria and Evaluation questions

The evaluation criteria will cover six perspectives in accordance with the methodology set out in the UNFPA Evaluation Office Handbook on how to Design and Conduct Country Programme evaluations. The six components are defined as sited below:

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 intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes.
Efficiency	A measure of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.
Sustainability	The extent to which the benefits from UNFPA support are likely to continue, after it has been completed.
Strategic position: Coordination with the UNCT	The extent to which UNFPA has been an active member of and contributor to the existing coordination mechanisms of the United Nations Country Team.
Strategic position: Added value	The extent to which the UNFPA support adds benefits to the results from other development actors' interventions.

In line with the defined six perspectives, the evaluation questions will emanate as per following outline:

i. **Relevance** of the country Programme to address the needs and priorities of the people of Malawi in relation to access and utilization of reproductive health services, HIV prevention, Population and Development and Gender equality.

To what extent is the country programme adapted to national needs and priorities of programme stakeholders and target groups, the goals of ICPR programme of action, MDGs and SDGs. Malawi Growth and Development Strategy and the strategies of UNFPA?

ii. **Effectiveness** of the programme outcomes, the degree of achieving the expected immediate results and their expected targets met under the 7th country programme towards medium or longer term results.

-To what extent have UNFPA-supported interventions contributed to a sustained increase in the use of demographic and socio-economic information and data in the evidence-based development and implementation of plans, programmes and policies to [improve access to sexual and reproductive health (SRH) services, including in areas associated with SRH, such as gender equality, population dynamics and HIV/AIDS]?

-To what extent has UNFPA support contributed to ensure that sexual and reproductive health (including family planning),* and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

-To what extent did the interventions supported by UNFPA in all programme areas contributed to the achievement of planned results (outputs and outcomes)? Were the geographical areas and target groups successfully reached?

iii. **Efficiency** in how the 7th country programme had put in place measures to improve utilization of available resources and inputs for achieving intended results.

-To what extent did the intervention mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures) foster or hinder the achievement of the programme outputs?

iv. **Sustainability** of the country programme design to the extent which ownership, hand-over or exit strategies are incorporated:

-To what extent have interventions supported by UNFPA contributed to a sustainably improved access to and use of quality services in the field of reproductive health and family planning, HIV prevention in particular for [young people and other key populations] vulnerable groups of the population?

V. **Coordination with the UNCT** by determining the contribution of the country office:

-To what extent is UNFPA country office coordinating with other UN agencies in the country, particularly in the event of potential overlap?

Vi **Added Value** of UNFPA country programme besides what would have resulted from the other development actors' intervention during the 7th CP.

-To what extent would the results observed within the programmatic areas have been achieved without UNFPA support?

-What are the comparative strengths of UNFPA in Malawi and how are these perceived by national and international stakeholders?

The final evaluation questions and the evaluation matrix will be finalized by the evaluation team in the design report.

Evaluation Approach and Methodology

Approach

In line with UNFPA evaluation policy, UNEG Norms and standards for evaluation in the UN system and abide by the UNEG Ethical Guidelines, the approach of the evaluation will be transparent, inclusive, participatory, and will integrate both human rights and gender equality issues. The evaluation will utilize mixed methods which are relevant for utilizing data from both quantitative and qualitative nature. The approaches will ensure that the CPE:

i. responds to the needs of users and their intended use of the evaluation results;
ii. integrates gender and human rights principles throughout the evaluation process, including participation and consultation of key stakeholders (rights holders and duty-bearers) to the extent possible;
iii. Utilizes both quantitative and qualitative data collection and analysis methods that can provide credible information about the extent of results and benefits of support for particular groups of stakeholders, especially vulnerable and marginalized groups.

The evaluation will use a theory-based approach[27]. The evaluation team will be expected to comprehensively re-describe and understand the logic behind the country program interventions based on critical assumptions or barriers for the period under evaluation from planning documents and represent it in a diagram to be presented in the inception report. The theory of change reflects the conceptual and programmatic approach taken by UNFPA over the period under evaluation, articulates the most important implicit assumptions underlying the change pathway. The theory of change will include the types of intervention strategies or modes of engagement used in program delivery, the principles/guiding interventions, the elements of the intervention logic, the type and level of expected changes and the external factors that influence and determine the causal links depicted in the theory of change diagram. The theory of change will be tested during the field and data collection phase.

Stakeholder's participation

The evaluation team will be comprised of experts in gender equality, human rights and capacity development specialist who will facilitate an inclusive and participatory approach. It will ensure representation of a wider range of partners at both national and sub-national levels and participation of women, girls, boys and men from vulnerable groups of targeted populations.

An initial list of stakeholders will be provided to the evaluation team at the onset of the evaluation process. It will guide the evaluation team when mapping and selecting a sample of stakeholders guided by a stakeholder selection criteria. In order to make it Human Rights and Gender Equality responsive, the evaluation team should ensure that stakeholders identified include duty bearers and rights holders, men and women as outlined in UNEG Norms and Standards.

Methodology

The evaluation team will use a mixed method approach, including qualitative as well as quantitative data to assess the programme's achievements and challenges. The use of multiple-methods and the involvement of a variety of stakeholders will enable data triangulation and will reduce the possible data limitations, limit reliance on single source data and enhance the validity of the findings.

During the design stage, the evaluation team will conduct a comprehensive desk review to define the evaluation design, reconstruct the theory of change logic, how the theory of change outlines with evidence the casual linkage between conditions and results outline data collection and analysis methods and required tools. The proposed methodology is to be outlined in the Design Report prepared by the evaluation team with inputs from the Evaluation Reference Group (ERG).

[27] UNFPA Evaluation Handbook, 2013

Data Collection

In compliance to human rights and gender equality guidelines, all evaluation data will be disaggregated by sex, geographic location as well as by age and other applicable categories. All forms of data will be collected via multiple approaches including documentary review, group and individual interviews, focus groups and field visits. Secondary data will be collected from various sources and analysed through a comprehensive desk review before the start of the field work, whose results will be included in the design report. Data gathering will include monitoring data of the program and its components and annual and other reports of the program, its components and initiatives.

Primary data will be collected making use of key informant semi-structured interviews, focus group discussion, and observations.

Data collection methods must be linked to the evaluation criteria and the eight evaluation questions[28] that are included within the scope of the evaluation. The use of an evaluation matrix is recommended in linking these elements together.

The evaluation team is expected to spend up to 4 weeks in the field meeting with stakeholders at the national and sub-national levels. The proposed field visit sites and stakeholders to be engaged should be outlined in the Design Report to be submitted by the evaluation team. The choice of the locations to visit at sub-national level needs to take into consideration the implementation of UNFPA's program components in those areas and be taken in consultation with the UNFPA Country Office and ERG. Sub-national data gathering will need to cover all the program components of the country program.

Bearing in mind that UNFPA Malawi's mode of engagement is a "red country"; the evaluation will explore how advocacy, service delivery, capacity development and knowledge management have been delivered. By engaging all the four modes of, the country office had to offer a full package of interventions during programme implementation with its partners. Thus the design, plan and monitoring of interventions, of the country office in the red band in collaboration with national partners determined that the most effective way to achieve the planned results, given the resources during the programme cycle was through all modes of advocacy, service delivery, capacity development and knowledge management. The evaluation will include in its effectiveness criteria, the dimension the four modes of engagement with supporting data in the respective modes.

Data Analysis

The evaluation team will use a variety of both quantitative and qualitative methods to ensure that the results of the data analysis are credible and evidence-based. The analysis will be made at the level of programme outputs and corresponding components and their contribution to outcome level changes.

All findings of the evaluation need to be supported with evidence. The evaluation team should use a variety of methods to ensure the validity of data collected.

Evaluation questions set within the change pathway of the ToC will be tested to assess where change has taken place. In the process, the evaluation will assess UNFPA's contribution to the change observed over the years. The results of the investigation will test the reconstructed ToC and the assumptions applied. Judgment will be based on data responding to the indicators set forward in the

[28] Handbook: How to design and conduct a country programme evaluation at UNFPA, October 2013. Revised Template 13,July 2016

Evaluation Matrix. By triangulating all data from all sources and methods, a comprehensive picture should emerge on the validity of the reconstructed ToC, and UNFPA's contribution to the change observed.

Limitations to the Methodology

Accessibility and availability of data from hard to reach areas: Access to most of the targeted sites is in remote parts of the locations in the country where the roads are not tar marked. Similarly, access to internet is limited. As a measure to reduce the effect of the challenge on CPE quality, the field work is planned before the onset of the rain season which worsens the access by road and prior notifications to the selected sites will be made in order to avoid road blockages/damages. Paper work and use of batteries will complete absence of internet.

The evaluation team will identify possible additional limitations and constraints during the data collection phase and present mitigation measures to address them in the design report.

Language barriers: In the most parts of rural Malawi, English is a language barrier. Translation to major local languages, though time consuming is the main option for the lead consultant.

Evaluation Process

The evaluation will adopt the five phases' process:

1) Preparatory Phase
   The main methods of this phase are:
   - Communicating through informative Letter to Coordinating Ministry of Finance, Planning and Economic Development about the CPE
   - Setting of the Evaluation Reference Group (ERG)
   - Drafting terms of Reference in consultation with ESARO
   - Review and Approval of TOR by EO
   - Selection of evaluation consultants
   - Stakeholder mapping and compilation of list of Atlas Projects (during the evaluation period)
2) Design Phase:
   The main tasks will include:
   - Understanding of the Country Office strategic and programmatic response in line with government priorities, UNDAF Action Plan, UNFPA strategic plan and global frameworks (MDGs and SDGs)
   - Development of a detailed evaluation plan which will include work plan for the field phase and the evaluation matrix (see Annex 4)
   - Submission of the design/inception report by the evaluation team.

   As enlisted in the main tasks of this phase, the evaluation team will develop an evaluation matrix will which will display the core elements of the evaluation: a) what to be evaluated (evaluation criteria, questions and assumptions) and b) how to evaluate – the sources of information and methods and tools for data collection. At the end of the second phase, the evaluation team will produce a design report, displaying the results of the above-listed tasks.

3) Field Phase.

In line with the evaluation plan, the evaluation team will undertake a four weeks field mission as summarized below:

- Guided by the stakeholder mapping conduct visits for data collection and analysis.
- Preparing the preliminary findings, testing elements of conclusions for debriefing.

At the end of the field phase, the evaluation team will provide the CO with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

4) Reporting Phase.

This process will involve:

- Producing the first evaluation report for feedback
- Incorporated feedback to second draft report
- Conducting validation workshop with key internal and external stakeholders to increase accuracy, reliability and ownership of findings
- Performing the EQA in Consultation with Regional M&E
- Performing final EQA by the Evaluation Office

During the reporting phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the Country Office at the debriefing meeting. The first draft final report will be submitted to the Evaluation Reference Group for comments while valuing the independence of the evaluation team in expressing its judgment. It will lead into the next process by the Evaluation Manager in coordination with the Regional M&E advisor to use the Evaluation Quality Assessment Grid in order to assess the quality of the draft evaluation report.

It is at this stage when the evaluation reference group will give feedback to the first evaluation report, consolidated by the Evaluation Manager, and allow the evaluation team to incorporate feedback into the second draft of the final evaluation report. This second draft report will form the basis of a validation and dissemination seminar, which should be attended by the country office, as well as all the key programme stakeholders.

The final report will be drafted s after the seminar, taking into account comments made by the participants.

5) Dissemination, management response and follow-up Phase.

The final phase will include the following methods:

- Disseminating final CPE amongst stakeholders, ESARO, and HQ and obtain responses to recommendations
- Publishing the Final CPE and management response on CO website and UNFPA evaluation database
- Submitting the CPE Report to UNFPA Executive Boards along with new country programme document

The evaluation report will also be widely distributed within and outside the organization.

Expected outputs and Deliverables of the CPE

- An inception report demonstrating understanding of the assignment within one week from the start of the assignment.
- A completed evaluation matrix demonstrates how the 7th CP will be assessed.
- A power point presentation of the design report for comments by the ERG and other key stakeholders which will be incorporated prior to field phase.

- A power point presentation of the main preliminary findings for discussion and validation with ERG and key stakeholders
- A draft Evaluation report which will be discussed with ERG for incorporation of comments into the second draft.
- A power point presentation for dissemination to key stakeholders and validation process.
- A final evaluation report of 7th CP evaluation addressing the objectives of the assignment (format to be provided)

Work plan/ Indicative timeframe

The indicative time frame is outline in the table format below:

Phases	**Methods**	**Time Frame**											
		Dec		January				February				March	
		3	4	1	2	3	4	1	2	3	4	1	2
1.Preparatory	Informative Letter to Coordinating Ministry of Finance, Planning and Economic Development about the CPE												
	Drafting terms of Reference in consultation with ESARO												
	Setting of the Evaluation Reference Group (ERG)												
	Review and Approval of TOR by EO												
	Stakeholder mapping and compilation of list of Atlas Projects (during the evaluation period)												
	Selection of evaluation consultants												
Design	Understanding of the Country Office strategic and programmatic response in line with government priorities, UNDAF Action Plan, UNFPA strategic plan and global frameworks (MDGs and SDGs)												
	Development of evaluation matrix												
	Submission of the design/inception report by the evaluation team												
3.Field	Conducting a four-week mission for data collection and analysis.												

Phases	**Methods**	**Time Frame**	

		Dec		January				February				March
		3	4	1	2	3	4	1	2	3	4	2
3.Field	Preparing the preliminary findings, testing elements of conclusions for debriefing											
4.Reporting	Producing the first evaluation report for feedback											
	Incorporated feedback to second draft report											
	Conducting validation workshop with key internal and external stakeholders to increase accuracy, reliability and ownership of findings											
	Performing the EQA in Consultation with Regional M&E											
	Performing final EQA by the Evaluation Office											
5.Management Response, Dissemination and Follow up	Disseminating final CPE amongst stakeholders, ESARO, and HQ and obtain responses to recommendations											
	Publishing the Final CPE and management response on CO website and UNFPA evaluation database											
	Submitting the CPE Report to UNFPA Executive Boards along with new country programme document											

Composition of the Evaluation Team

The evaluation is expected to be conducted by four consultants, one international and three nationals. The successful candidates should have at least a Master's degree in Public health, Social Sciences, Population Studies, Demography or Development Studies; with at least five years' experience in carrying out evaluations for national and/or international and bilateral institutions. The lead Consultant should have a good knowledge in M & E data analysis and reporting. The national experts should also have sound knowledge of Reproductive health, Population and Development, HIV and AIDS and Gender and Youth issues.

Roles and Responsibilities of the evaluation team

- The team leader with be overall responsible for the evaluation process and the production of the final draft and final evaluation reports, as well as brief summary for presentation at a dissemination workshop. S/he will lead and coordinate the work of the evaluation team during

all phases of the evaluation and be responsible for the quality assurance of all evaluation deliverables whilst incorporating gender equity and human rights. She/he will liaise with the Evaluation Manager at the CO on various issues related to successful completion of the evaluation exercise. The team leader will provide guidance to the other team members.

- A sexual and reproductive health expert will provide expertise in sexual, reproductive and maternal health (including family planning, HIV prevention, and human resource management in the health sector) and adolescent health. The expert should be familiar with integration of gender equity and human right in sexual and reproductive health interventions. She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final evaluation report, including sections relating to reproductive health and rights.

- A population dynamics expert will provide professional skills in population and development issues including census, population dynamics, data utilization for development agenda, monitoring and evaluation, legal reform processes, national and local capacity development and the national statistical system. She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final evaluation report, including sections relating to population and development utilizing disaggregated data by taking into account gender equity and human rights.

- A gender and youth expert will provide expertise in gender equality issues women and adolescents reproductive rights, prevention of discrimination and violence against women. She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to the national context and gender equality and human rights.

Qualifications and Experience of the Evaluation Team

Team Leader

- An advanced degree in Social Sciences, Population Studies, Statistics or Demography.
- 10 years' experience in conducting complex evaluations in the field of development aid for UN agencies and/or other international organizations including experience in leading evaluations
- Substantive knowledge of sexual and reproductive health, population and development and gender equality
- Good knowledge of Malawi's national development context
- In-depth knowledge of evaluation methods, data collection and analysis
- Excellent data analysis skills in qualitative and quantitative methods;
- Experience in carrying out country programme evaluations
- Familiarity with UNFPA or UN operations;
- Proven evaluation team leader experience
- Excellent analytical, writing and communication skills
- Experience working with a multi-disciplinary team of experts
- Excellent written and spoken English

- Where languages other than English, local languages, will be used the team leader will be assisted by subject matter experts, during the field phase for the conduct of the evaluation."

Sexual and reproductive health expert

- An advanced degree in Medicine, Health Economics, Epidemiology or Biostatistics.
- Specialization in public health;
- 7 years' experience in conducting evaluations in the field of development aid for UN agencies and/or other international organizations;
- Substantive knowledge of sexual and reproductive health as a thematic area
- Good knowledge of the national development context
- Knowledge of evaluation methods, data collection and analysis
- Excellent data analysis skills in qualitative and quantitative methods.
- Familiarity with UNFPA or UN operations;
- Excellent analytical, writing and communication skills
- Experience of operations and response to humanitarian/crisis an advantage
- Ability to work with a multi-disciplinary team of experts
- Ability to provide deliverables on time
- Excellent written and spoken English Language skills and spoken one of the local language such as Chichewa Language skills.

Population expert

- An advanced degree in Population studies, Statistics or Demography.
- 7 years' experience in conducting evaluations in the field of development aid for UN agencies and/or other international organizations;
- Substantive knowledge of Population and development as a thematic area
- Good knowledge of the national development context
- Knowledge of evaluation methods, data collection and analysis
- Excellent data collection, compilation, analysis skills in qualitative and quantitative methods.
- Familiarity with UNFPA or UN operations;
- Excellent analytical, writing, dissemination and communication skills
- Experience of operations and response to humanitarian/crisis an advantage
- Ability to work with a multi-disciplinary team of experts
- Ability to provide deliverables on time
- Excellent written and spoken English Language skills and spoken one of the local language such as Chichewa Language skills.

Gender Equality and Youth expert

- An advanced degree in Gender and/or Adolescent/Youth, Sociology.
- 7 years' experience in conducting evaluations in the field of development aid for UN agencies and/or other international organizations;
- Substantive knowledge of Gender Equality as a thematic area
- Good knowledge of the national development context
- Knowledge of evaluation methods, data collection and analysis

- Excellent data analysis skills in qualitative and quantitative methods.
- Familiarity with UNFPA or UN operations;
- Experience of operations and response to humanitarian/crisis an advantage
- Ability to work with a multi-disciplinary team of experts
- Ability to provide deliverables on time
- Excellent written and spoken English Language skills and spoken one of the local language such as Chichewa Language skills.

Management of the evaluation

UNFPA will commission the evaluation. The consultants will report to the Country Representative through the Deputy Representative (Programmes Coordinator). The Country Programme Evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes (See Annex 1). The country office will also provide the necessary logistical and administrative support to enable the consultants to carry out this assignment.

The CPE will be conducted by the evaluation team and overall managed by the Evaluation Manager of the UNFPA CO. The evaluation manager will oversee the entire process of the evaluation, from its preparation to the dissemination of the final evaluation report and manage the interaction between the team of evaluators and the reference group. The evaluation manager will ensure the quality control of deliverables submitted by the evaluation team throughout the evaluation process, communicate this through the EQA process in collaboration with the ESARO M&E advisor and prevent any attempts to compromise the independence of the team of evaluators during the evaluation process.

As per UNFPA's evaluation handbook an Evaluation Reference Group (ERG) will be put in place and be tasked to provide constructive guidance and feedback on implementation and products of the evaluation, hence contributing to both the quality and compliance of this exercise.

The reference group will be composed of the evaluation manager and other relevant representatives from the UNFPA country office, the Ministry of Finance, Economic planning and Development, Ministry of Health-Reproductive Health Directorate, Ministries of Youth and Gender, University of Malawi, Chancellor College: Department of Population Studies, and a representative from Gender/Human rights Networks.

The main functions of the reference group will be:

- To discuss the terms of reference drawn up by the Evaluation Manager;
- To provide the evaluation team with relevant information and documentation on the programme;
- To facilitate the access of the evaluation team to key informants during the field phase;
- To discuss the reports produced by the evaluation team;
- To advise on the quality of the work done by the evaluation team;
- To assist in feedback of the findings, conclusion and recommendations from the evaluation into future programme design and implementation.

The roles and responsibilities of the Regional M&E advisor are:

- Provides support (backstopping) to evaluation manager at all stages of the evaluation;
- Reviews and provides comments to the ToR for the evaluation;

- Assists the CO evaluation manager in identifying potential candidates and reviews the summary assessment table for consultants prior to it being sent to the EO;
- Undertakes the EQA of the draft final evaluation report;
- Provides support to the dissemination of evaluation results.

The roles and responsibilities of the HQ Evaluation Office are:

- Approves ToR for the evaluation after the review and comments by the regional M&E adviser (to be included in the draft ToR sent to the EO);
- Pre-qualifies consultants;
- Undertakes final EQA of the evaluation report;
- Publishes final report, EQA and management response in the evaluation database.

Annex 2: Evaluation Matrix

EQ1: ***(i) To what extent is the 7th Country Programme responded (addressed) the country's needs, national priorities, internationally agreed commitments on sexual and reproductive health and rights, and gender equality including GBV. (ii) To what extent has the 7th Country Programme been aligned to the UNFPA strategic priorities?***				
	COMPONENT 1: ANALYSIS BY FOCUS AREAS			
Criteria/Focus Area	**Assumptions to be assessed**	**Indicators**	**Sources of Information**	**Methods and tools for data collection**
RELEVANCE				
Sexual and Reproductive Health	Objectives of the sexual and reproductive health focus area of the 2012-2018 CPAP are adapted to the needs of the population Objectives of the sexual and reproductive health focus area component are aligned with the priorities of the national policies and programmes		Target beneficiary groups. Programme Officers (UNFPA, National Partners, Implementing Partners) Local health authorities' staff National Department of Health CPAP Country Office Annual Reports Annual Work Plans Standard Progress Reports Target beneficiary groups. Programme Officers (UNFPA, National Partners, Implementing Partners) Local health authorities' staff Personnel at the Department of Health Laws and by-laws Sector programme documents	Study of relevant documentation Comparative analysis of programming documents (Desk review) Key informant interviews and Focus group discussions with final beneficiaries
Data and information collected	**<u>Summary</u>** UNFPA's country programme is aligned with the country's priorities of raising the health status of all Malawians, prevent spread of HIV and			

	mitigate the health, socio economic and psychosocial impact; to manage population growth for sustainable socio-economic development, and reduce gender inequalities and enhance participation of all gender groups in socio economic development[29]. The implementation is based on the Road Map for Reduction of Maternal and Neonatal morbidity and mortality[30] within the operationalization of the Maputo Plan of Action[31] including the management of obstetric fistula and screening of cervical and breast cancers. The 7th Country Programme (CP) addresses issues that are highly important for the country and was designed in line with the UNDAF 2012 to 2016[32] through 4 outcomes of the UNFPA strategic plan 2014 to 2017[33] that targets four critical areas (a) Sexual and Reproductive Health and Rights (SRHR) (b) adolescent and Youth (c) Gender equality and women's empowerment, and (d) Population and development. These four areas are central to the emerging global discourse around the sustainable development goals especially goal 3: Attain healthy life for all at all ages. In this regard, UNFPA contribution is highly regarded by all its partners, including government, civil society and Development Partners as a relevant and trusted partner due to its advocacy approach and a rights-based and culturally-sensitive approach. However, Initially UNFPA did not fully gain this high regard and good reputation among all stakeholders, to build effective partnerships, particularly with respect to young people, integration of services and Resource mobilization. Between 2012 and 2014, Young people and adolescents were considered within the broad category of SRH and no core funds were allocated specifically for the youth, subjecting the youth programs to limited attention because they were embedded within the broader category of SRH programs In agreement, another participant stated that *"the 7th CP responds to MGDS II and UNDAF commitments in the areas of Sexual & Reproductive Health. At national level, focus is on maternal health, Obstetric fistula & midwifery training and at district level, focus is on skilled attendance at birth, EmONC, BEmONC and Family planning."* Excerpt from Key Informant Interview		
Youth/HIV	Objectives of the Youth and HIV focus area of the 2012-2018 CPAP are adapted to the needs of the population Objectives of the Youth and HIV focus area component are aligned with the priorities of the national policies and programmes		Target beneficiary groups. Programme Officers (UNFPA, National Partners, Implementing Partners) Local health authorities' staff National Department of Health CPAP Country Office Annual Reports Annual Work Plans Standard Progress Reports Target beneficiary groups. Programme Officers (UNFPA,	Study of relevant documentation Comparative analysis of programming documents (Desk review) Key informant interviews and Focus group discussions with final beneficiaries

[29] Malawi Results and Resources framework Realigned to New SP: 2015 TO 2016
[30] Road Map for Reduction of Maternal and Neonatal morbidity and mortality
[31] The Maputo Plan of Action
[32] UNDAF 2012 to 2016
[33] UNFPA strategic plan 2014 to 2017

			National Partners, Implementing Partners) Local health authorities' staff Personnel at the Department of Health Laws and by-laws Sector programme documents	
Data and information collected	The 7th CP objectives of the Youth and HIV focus area component are aligned with the priorities of the national policies and programmes through training of health service providers in YFHS; reinforcement of providing YFHS according to YFHS standards; advocating for HIV testing and counselling for young people; formulation of teen club peer support groups; training male and female YCBDAs to mobilise young people for YFHS and distribute RH commodities including female and male condoms. MDGS II outlines Child and Youth Development and Empowerment as one of the nine (9) development priorities[34] under the subtheme 1 priority 8 children development, youth development and empowerment. The MDGS II identifies youth as a key group, energetic, industrious and willing to learn, ready to adopt innovation and contribute to sustainable development. Further, action on youth development over the years has been guided by the National Youth Policy launched in 2013. The unique feature of the policy is youth empowerment to ensure their ability to deal with social, cultural, economic and political challenges they encounter every day. Through the UNFPA Country Programme extension and re-alignment to the new SP, the 7th CP brought a new emphasis on adolescent and youth to increase availability and access to comprehensive sexuality education and sexual reproductive health services (ASRH)[35]. The review of the UNFPA programmatic documents in particular the realigned and the Strategic Plan shows that 7th CP envisioned accelerating participation of adolescents (10-19) in development and increased availability and access to comprehensive sexuality education and sexual reproductive health services (ASRH) through interventions such creating a policy enabling environment; service delivery embedding reproductive health trainings and curriculum enhancements to include CSE, reaching adolescent girls to reduce early pregnancies and early age marriages. The 7th CP is also aligned to the National Youth Policy (2013)[36], which place adolescent and youth participation at centre stage which seeks to ensure that youth meaningfully participate in the social, economic and political life of the nation and contribute to growth and sustained development of the country. Interviews with Implementing Partners hinted that the CP7 was relevant as it addressed issues of ending child marriages, prevention of gender-based violence among others. It was noted through the consultations that partners were involved in the discussions of the objectives and also in identifying the needs for programming through the annual planning meetings and review meetings that were conducted along the way.			
Gender Equality/GBV/Youth	The intervention strategies of the gender equality and reproductive rights focus area of the 2012-2018		Target beneficiary groups. Programme Officers (UNFPA, National Partners, Implementing	Study of relevant documentation Comparative analysis of

[34] Malawi Government (2011) Malawi Growth and Development Strategy (MGDS) II 2011-2016

[35] UNFPA Submission Form for Country Programme Extensions and Malawi Results and Resources Framework Realigned to New SP 2015 to 2016

[36] Government of Malawi (2013) National Youth Policy 2nd edition

	CPAP are adapted to the country's ethnic and cultural diversity Objectives of the gender equality and reproductive rights focus area component are aligned with the priorities of the national and international policy frameworks		Partners) Local authority personnel. Personnel at relevant Ministries of health, Social Development, Women Affairs, Youth Development Agency, National AIDS Council Sector programme documents CPAP Annual Work Plans ICPD and CEDAW progress reports UN agencies locally involved in reproductive health issues (UNFPA, WHO, UN Women, UNDP). Laws and by-laws	programming documents (Desk review) Key informant interviews and Focus group discussions with final beneficiaries
Data and information collected	Interviews with Implementing Partners highlighted that the UNFPA 7th Country Programme was relevant as it was designed with the aim of helping the Government of Malawi accelerate its progress and achievement of promoting gender equality and the empowerment of women. The UNFPA 7th Country Programme for Malawi (2012-2017) design and activities are closely aligned with the Malawi Growth and Development Strategy II, the National Gender Policy 2015 the Joint Sector Strategic Plan for the Gender sector and the UNDAF[37]. The review of UNFPA CO programmatic documents clearly identifies gender equality as a key intervention and consider gender as a cross-cutting component, including using Gender Based Violence (GBV) prevention as an approach for addressing gender inequalities. The 7th CP was relevant as it envisioned accelerating gender equality and women empowerment through interventions such creating a policy enabling environment; service delivery, pilots of one stop centres for survivors of gender based violence. In the context of women empowerment, the CP 7 was perceived to be relevant even among beneficiaries. In the FGD with women only in Mchinji[38] and Chiradzulu[39] districts the women beneficiaries said "*that there is a tendency of joint planning of the use of the income from women economic activities. This is perceived as a big step forward for the partnership between spouses, the position of women in the family and family life as a whole.*" The respondents reported that "*transparency in money matters has overall increased with consequences for men and women alike. Although now they generally have a say in how the money is used and appreciate this change, a few women stated that their husbands were still dominating the decision about how they spent their own money*".			

[37] UNFPA Final country programme document for Malawi 2012 DP/FPA/CPD/MWI/7
[38] FGD with women at TA Chapakama in Mchinji
[39] FGD with women in TA Ntchema in CHiradzulu

	The evaluation found that in trying to create an enabling environment a number of laws were developed and reviewed along the line of implementing the 7th CP which included the Gender Equality Act[40] in 2013, the Marriage, Divorce and Family Relations Act[41] and the Trafficking in Persons Act[42] in 2015. The laws aim at protecting the rights of women at all levels, accelerate progress towards the Millennium Development Goals as well as the SADC Gender Protocol which aims to reduce gender inequalities and reduce cases of GBV by half by 2030. In the context of advocacy Yoneco as an IP produced 4 policy briefs[43] to contribute to a body of knowledge on issues affecting women and calling for necessary action from the duty bearers In the context of humanitarian response UNFPA provided support during the devastating floods in 2014/15. UNFPA has been involved in humanitarian programme efforts on a "*need basis*", mainly working through the UN Humanitarian Response Cluster and through NGOs/IPs to provide assistance.			
Population and Development	The objectives of the CPAP are aligned to the objectives in the MGDS11 document and responding to the national priorities The CPAP planned interventions are appropriately designed to reach the goals of the National Development Plan in terms of better service provision to citizens through evidence-based planning of policies		Development Plan: Sectoral Policies and Strategies CPAP Annual Work Plans Personnel at the Departments of Social Development, Women Affairs, Civil society organizations Laws and by-laws	Study of relevant documentation Comparative analysis between policy and programming documents Key informant interviews and Group discussions with programme officer and civil society organisations
Data and information collected	Document review shows that UNFPA 7th CP was aligned to and was responding to the needs and priorities of the Government of Malawi as identified and outlined in the Malawi Growth and Development Strategy II[44] (MGDS II) that had run from 2011-2016. Although not directly as a			

[40] Act No. 3 of 2013
[41] Act No. 4 of 2015
[42] Act No. 3 of 2015
[43] Policy Brief no 1: Why are women food insecure in Mangochi and Machinga? An analysis of factors; Policy Brief No 2: What is contributing to Health Rights Violations for Women in Mangochi and Machinga? Policy Brief No 3: What prevents girls from accessing quality education? An analysis of factors in Mangochin and Machinga and Policy Brief No 4: Is the transport sector hampering women's access to Socio-economic Services in Mangochi and Machinga?
[44] Malawi Government (2011) Malawi Growth and Development Strategy (MGDS) II 2011-2016

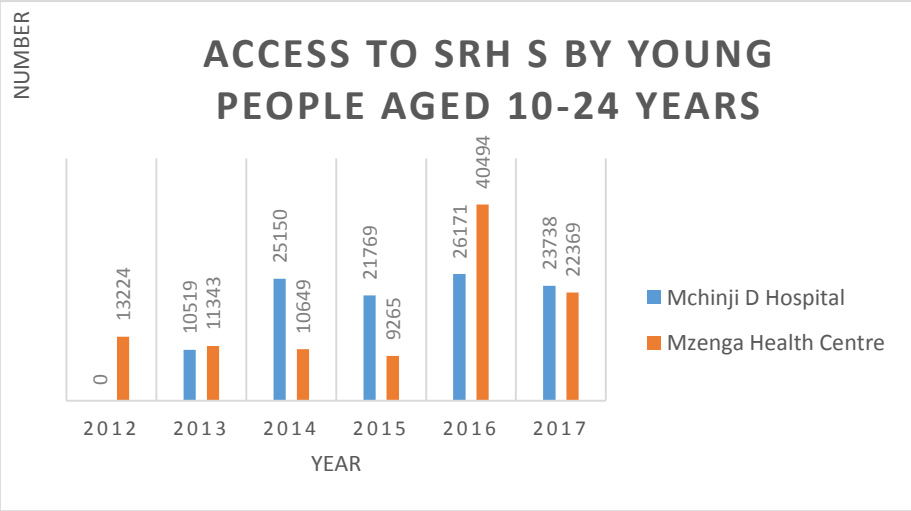
	pillar, population issues were embedded under a Sub Theme I under the priority area of Social Development. Consequently, the 7th CP was aligned to this country's overall UN system's contribution to the country's development efforts as outlined in the UNDAF. It was also noted that the CP in P and D also aligned itself to what was contained in the prevailing National Population Policy[45]. Internationally, it was also responsive to the ideals and actions as outlined in the International Conference on Population and Development (ICPD) plan of action and its sequel the ICPD+10[46] and also by extension the Millennium Development Goals now the Sustainable Development Goals.			
EQ2: ***To what extent have the 7th Country Programme outputs been achieved and the extent to which these outputs have contributed to the outcomes?***				
EFFECTIVENESS				
Sexual and Reproductive Health	Expected outputs of the CPAP were achieved (both in terms of quantity and quality) The targeted groups of beneficiaries were reached by UNFPA support Beneficiaries took advantage of benefits from the intervention supported There were unintended effects, positive or negative, direct or indirect	Degree of completion of outputs planned in the CPAP against indicators Evidence that completed outputs contributed to planned outcomes Significant changes in marginalised population's i.e. poor women in both rural and urban settings, women affected by HIV/AIDS, young girls. Number of tools with evidence produced to inform maternal health, family planning and HIV policy and programming at national and sub-national levels. Number of health care workers trained on the new FP guidelines	CPAP Results Framework indicators CPAP Results Plan progress reports Statistics Malawi figures Relevant Health Survey data Personnel at the Department of Health at national, provincial and district levels. Progress reports of the Department of Health Beneficiary groups / communities SCF progress reports / mid-term review Implementing partners Quarterly and annual implementation progress reports UNICEF annual reports and evaluations UNFPA country office staff Country Office Annual Reports Previous evaluations	Study of documentation Comparative analyses of the value of CPAP indicators (targets versus actual values) Key informant interviews Group discussions to assess the quality of the outputs

[45] Government of Malawi (2013) National Population Policy

[46] UNFPA (2004) UNFPA at 10 Review Report: The World Reaffirms Cairo

		in the UNFPA supported districts Number of UNFPA supported districts with functional Logistics Management Information Systems (LMIS) for forecasting and monitoring reproductive health commodities.		
Data and information collected	The 7th CP in Malawi has been effective in terms of achieving the stated outcomes and outputs especially in policy, standards, service delivery and advocacy. UNFPA 7th CP support reached the intended beneficiaries to a greater extent in the area of Sexual and Reproductive Health and HIV prevention because there are good monitoring and evaluation systems for tracking of health indicators. Unlike in the past where tracking of such information to inform policy was an issue, UNFPA supported the Health Management Information systems (HMIS) to have a data management system that generates data eg Mangochi district. UNFPA also gave support to RHD for a national wide awareness campaign in obstetric fistula to eliminate silent suffering with the psychosocial effects of living with a fistula; supported EMONC Assessment to identify gaps in maternal and neonatal care and supported development and completion of strategic documents which have been distributed to all districts at national level. Further, UNFPA CP made a huge contribution to family planning logistics management system which reduced the issue of stock outs in the focus districts. Maternal Death Surveillance Response national wide program was initiated to look into circumstances surrounding maternal deaths. A National Confidential inquiry committee was established and uses guidelines produced in the year 2013/2014. The committee meets every quarter and produce a report. However, more needs to be done to translate policy into practice and tackle the issues of quality of care at service delivery which impacts negatively on the outcomes.			
Youth/HIV	Expected outputs of the CPAP were achieved (both in terms of quantity and quality) The targeted groups of beneficiaries were reached by UNFPA support Beneficiaries took advantage of benefits from the intervention supported	Degree of completion of outputs planned in the CPAP against indicators Evidence that completed outputs contributed to planned outcomes Significant changes in marginalised populations i.e. poor youth in both rural and urban settings, young girls affected by HIV/AIDS	CPAP Results Framework indicators CPAP Results Plan progress reports Statistics Malawi figures Relevant Health Survey data Personnel at the Department of Health at national, provincial and district levels. Progress reports of the Department of Health Beneficiary groups / communities SCF progress reports / mid-term review	Study of documentation Comparative analyses of the value of CPAP indicators (targets versus actual values) Key informant interviews Group discussions to assess the quality of the outputs

	There were unintended effects, positive or negative, direct or indirect	No. of institutions/ organisations supported to promote integrated SRH and HIV prevention education and services to youth and key populations Number of young people reached through media platforms created and managed by trained youth Number of participatory advocacy platforms that advocate for increased investments in marginalized adolescents and youth	Implementing partners Quarterly and annual implementation progress reports UNICEF annual reports and evaluations UNFPA country office staff Country Office Annual Reports Previous evaluations	

Data and information collected	From the interviews with IPs and beneficiaries it was reported that the CP7 was very effective on average 80% of the intended beneficiaries were reached in the target Traditional Authorities in districts and hence it was very effective in those target areas. In addition, it was reported that the use of media also expedited the achievement of results as people far and wide were also reached with the messages which were being broadcast through the live coverage programmes and were also able to access the hotline provided by the IPs. It was reported that there is an increase in number of young people accessing SRHS. The graph below depicts some data on access to SRHS by the youths for two health facilities Mzenga health centre in Nkhata Bay and Mchinji District Hospital.  The interviews with beneficiaries and IPs also revealed that people on the ground are appreciating the results of the interventions being implemented of providing SRH but also of removing young girls from marriage as these interventions are contributing to reduced adolescent pregnancies and consequently adolescent birth rate. It was reported by Mother Group representatives in Nkhata Bay that '*since we started the campaign of withdrawing girls from early marriages we have seen reduced cases of teenage pregnancies*[47]" In addition, there is a tendency of increased enrolment of girls in schools due to the back to school campaign which is championed with the UNFPA supported interventions under the JPGE and JPAG projects. Youth led national advocacy platform has been established and a position paper was produced and presented to Parliamentarians to advocate for youth issues including the age marriage bill and the Post 2015 development agenda[48]. Based on data in the

[47] KII with Mother Group representative Nkhata Bay district
[48] UNFPA (2014) Annual Report Malawi

	DHIS2 the number of young people who are accessing SRHS is 319,158[49] against a target of 650,000 and those reached with CSE programmes are 217,317. It was reported in the interviews with IPs that barriers to the youths to access include both non-availability of these services and the lack of awareness about them in health facilities without UNFPA interventions but also proximity to health facilities which provide such services to young people. In addition, it was learnt that stigma is also an issue which is affecting the youths to access SRH. For example, it was reported by YONECO that "*most youths would access SRH services during outreach activities compared to health facilities. An example was given that in 2016-17 50 youths in Chikhwawa accessed SRHS during outreach campaigns and during this outreach campaign it was established that some people stigma and discrimination is still prevalent which renders young people fear to access the services in a hospital setting. A case was for one[50] of the participants who reportedly to have stayed with the STI for 6 months and could not go to the health facility fearing that some health centre personnel are parents' friends and he feared that they may report the matter to his parents. Hence, he decided to stay without reporting He managed to access the service during an outreach campaign. However, it was reported that very few facilities are offering youth friendly services and even among those offering the services in ART clinics which tend to put off some youths to access the services due to the stigma and discrimination which is still prevalent among the people.*"			
Gender Equality/Youth	Expected outputs of the CPAP were achieved (both in terms of quantity and quality) The targeted groups of beneficiaries were reached by UNFPA support Beneficiaries took advantage of benefits from the intervention supported There were unintended effects, positive or negative, direct or indirect	Degree of completion of outputs planned in the CPAP against indicators Extent to which geographical and demographic coverage of gender activities by the interventions have effectively and equally benefitted from the interventions Number of advocacy sessions supported to strengthen national coordination mechanisms for implementation of multi-sectoral policies and programmes on GBV prevention and response and improve SRH/GBV linkages	CPAP Results Framework indicators CPAP Results Plan progress reports Statistics Malawi figures Beneficiary groups / communities Implementing partners Quarterly and annual implementation progress reports. United Nations Women reports and evaluations UNFPA country office staff Country Office Annual Reports Previous evaluations	Study of documentation Comparative analyses of the value of CPAP indicators (targets versus actual values) Key informant interviews Group discussions to assess the quality of the outputs

[49] This seems a decline in the achievements as the baseline was at 395,307

[50] Interview with Yoneco Programmes Officer Media, Networking Advocacy and Innovations

		Number of UNFPA supported districts that integrate GBV and SRH into their planning processes Number of institutions supported to implement and institutionalize initiatives to engage men and boys, and communities on GBV prevention and SRHR		
Data and information collected	The CP was effective as it responded to the key elements outlined in the Bill of Rights in Chapter IV, section 20, prohibits any practice that discriminates against women. Sections 13 and 20 also oblige the State to actively promote the welfare and development of the people of Malawi by progressively adopting and implementing policies and legislation aimed at achieving gender equality and to pass legislation addressing inequalities in society and prohibiting discriminatory practices, respectively. It is also in line with Section 24 of the Constitution[51] invalidates any law that discriminates against women on the basis of gender or marital status and obliges the State to pass legislation to eliminate customs and practices that discriminate against women, particularly practices such as sexual abuse, harassment and violence; discrimination in work, business and public affairs; and deprivation of property, including property obtained by inheritance. In the context of gender mainstreaming, the evaluation established that the CP7 was not very effective since only 4 ministries of transport, Education, Agriculture, Transport and Health developed gender mainstreaming. The evaluation also found that only 28 Gender Focal Persons were instituted and trained within the 4 ministries of health, agriculture, education and transport. However, it was reported that Use of Gender Focal Persons in the public sector did not yield any meaningful results as most of the appointed Gender focal persons were junior officers and not professional gender experts since they did not have any knowledge on gender mainstreaming and could not influence decisions. Gender and Youth Sector Working Group was established and UNFPA supported institutionalization of the Gender, Children, Youth and Sports Sector Working Group including development of the Joint Sector Strategic Plan. Further, 6 Sub Sector Technical Working Groups were established on Gender; Integrated Community Development; Child Affairs, Social Welfare, Youth Development and Sports. At district level gender technical working groups were also established and were operational when the GEWE was being implemented but after GEWE phase out they are dormant. With regards to GRB**,** UNFPA in 2013 supported the review of the national budget guidelines circular issued by the Ministry of Finance for the preparation of Malawi national budget to include a clause and indicators on gender responsive budgeting which makes it mandatory for sectors to			

[51] Government of Malawi (994) The Constitution of the Republic of Malawi

	develop and submit gender responsive budgets. In the context of humanitarian response, UNFPA effectively responded to emerging needs identified by government partners. UNFPA Malawi CO was involved in humanitarian programme efforts mainly working through the UN Humanitarian Response Cluster and through NGOs/IPs to provide assistance in trying to address gender based violence and harmful cultural practices in the humanitarian settings during the floods of 2014-15. Momentum was built for an enabling environment through UNFPA interventions related to the fight against gender based violence. This was demonstrated with the investments of other donors like European Union in large scale to promote gender equality and women empowerment through the GEWE project. The UNFPA support has contributed to improved livelihoods for women in the communities. More women have economic access through the VSL and the various small businesses which they run. The box below presents some of the economic gains made by women who participated in VSL and other enterprises in selected districts. In Nkhata bay district Economic empowerment of women whereby 180 VSL groups (905 males and 36200 females) and 55 COMSIP groups were established and accumulated savings amounting to K118,502,427.00 at the time GEWE was phasing out. Women beneficiaries in Mzimba reported they have gained economic independence from the baking interventions which has contributed to reduced gender based violence in the households. In Mchinji district the livestock pass on programme has led to women raising up to 12 goats per person (on average) between 2012 and 2016 when the GEWE project phased out. At the inception of the pass on programme two groups of 25 women each were supplied with 100 goats which they have managed to pass of to 98 fellow women. The women hinted that access to livestock has enabled them acquire their needs such as contributing to the education of their children, accessing health services through transport expenditures and also the access of women to income has contributed to enhanced social cohesion in the families In Chiradzulu the Mother Group at Malimba School which was self-initiated in2009 and was linked to GEWE in 2016 has been producing sanitary pads to respond to the SRH needs of girls in schools which they distribute to needy girls in the school and sell to other girls out of school on market days So far, they use some of the proceeds to pay fees for the needy girls. At the t time of the evaluation they were supporting 20 school going children (14 girls and 6 boys) with fees and other necessities such as books, pens and soap.			
Population and Development	Expected outputs of the CPAP were achieved (both in terms of quantity and quality)	Degree of completion of outputs planned in the CPAP against indicators	CPAP Results Framework indicators CPAP Results Plan progress reports Implementing partners Quarterly and annual implementation	Study of documentation Comparative analyses of the value of CPAP indicators (targets versus actual values)

	The targeted groups of beneficiaries were reached by UNFPA support Beneficiaries took advantage of benefits from the intervention supported There were unintended effects, positive or negative, direct or indirect	Extent to which achievement of outputs at national level is followed by an effective use at provincial level Number of districts with strengthened capacity to integrate SRH, youth, gender, population and development into plans and programmes Number of reports with evidence produced at provincial and/or district level to promote integration of SHR, gender, youth and population dynamics into plans and programmes Number of individuals trained to integrate population dynamics and its interlinkages into development planning and programming Number of target institutions with the capacity to integrate youth issues into development programmes Number of tools, survey reports and instruments reflecting analysis of population variables at national level Number of institutions that	progress reports. Personnel at the Department of Social Development at national and provincial levels. UNFPA Country Office staff Country Office Annual Reports Previous evaluations	Key informant interviews Group discussions to assess the quality of the outputs

		produce and utilize high-quality data to monitor, evaluate and inform youth development, gender, sexual and reproductive health and HIV-prevention policies and programmes		
Data and information collected	The CP7 was perceived to be effective as core interventions in P and D for the 7th CP revolved around the provision of technical and financial support to the government institution (NSO) for the strengthening of the country's national statistical systems and capacitate the NSO to generate analyze and disseminate quality data for planning and programming by the government, nongovernmental organizations and cooperating partners. The support helped develop critical skills and capacities among the staff at NSO through local and international trainings and provision of equipment strengthened the quality of data collection, analysis and dissemination thereby improving the quality of data and by extension, the planning process in the country. An example of this is the timely execution of the 2015-2016 Malawi Demographic and Health Survey[52] whose report was finalized, launched and disseminated over the programme cycle. Further UNFPA support has facilitated further analysis of the MDHS data to come up with Fistula situation in Malawi[53] particular module of the MDHS. It also conducted the End line survey[54] for the MGDs for Malawi. Through UNFPA's support[55], MFEPD has engaged in the processes of reviewing and drafting a new National Population Policy (NPP)[56] with the view of taking into consideration the emerging issues of population younging as reflected in the DD analytical report for Malawi. Other emerging issues such as population aging, migration and urbanization, population and environment and climate change have also been included. The support of the CP7 to MEPD has facilitated the holding of annual World Population Day and Launch of the State of the World Population Report commemorations as advocacy tools to bring population and development linkages to the fore of national development discourse. In addition, the support facilitated the putting together a Technical Working Group (TWG)[57] for population and development meant to also mainstream P and D issues into various policies and programs. Other supporting national mechanism include the Inter-Ministerial Committee on Population and Development, Parliamentary Caucus on Population and Development.			
EQ3: ***To what extent has UNFPA made good use of its resources (human, financial, technical, operational) to pursue the achievement of the results defined in the Country Programme?***				
EFFICIENCY				
Sexual and	Beneficiaries of UNFPA Support	The planned resources were	Atlas Records	Study of documentation

[52] NSO and ICF (2017) Malawi Demographic and Health Survey 2015-2016 Report
[53] NSO (2018) Fistula Situation in Malawi Zero Draft Report
[54] NSO (2014) Malawi MGD Endline Survey
[55] The UNFPA provided technical and financial support for the recruitment of consultants to facilitate the development of the National Population Policy.
[56] Government of Malawi (2017) Concept Note on National Population Policy Review
[57] This committee comprise of all (government, non government, CSO, NGOs and cooperating/development partners) stakeholders in population and development

Reproductive Health	received the resources that were planned, to the level foreseen and in a timely manner UNFPA administrative and financial procedures as well as implementation modalities allow for a smooth execution of the Country Programme The resources provided by UNFPA have had a leverage effect	received to the foreseen level in AWPs The resources were received in a timely manner Appropriateness of administrative and financial procedures for smooth, accountable and responsive management of financial and human resources Extent of deviations from planned activities (newly added activities, cancelled activities) and their consequences on the quantity and quality of the outputs Evidence that the resources provided by UNFPA triggered the provision of additional resources from government and other partners	Audit Reports Country Office information management systems Annual Work Plans Country Office Standard Progress Reports (SPR) Implementing partner quarterly and annual progress reports Donors (providing funding to UNFPA Country Office) Implementing partners Beneficiary groups/communities UNFPA Country Office staff	Comparative analyses of planned and actual expenditure and activities Key informant interviews
Data and information collected	In the 7th CP, basically 3 payment systems were used to support approved budgets (1). Cash to SWAP (2). Direct cash transfer (3). Direct payment by UNFPA where funds are paid directly to eg participants not transferring to institutions. If liquidation of funds is done well then, the implementing partners stands a better chance of being re-funded. Despite the fact that UNFPA is charged with the responsibility for discharging a development initiative, the organization often engages the support of partners to carry out the work, for example, Ministry of health and district councils to manage funds for all district activities. Sometimes this poses a challenge as far as financial and logistical management systems are concerned. There is a difference in how UNFPA CO financial officers handle the financial aspect since they understand the financial management system better compared to the government officers, who often are not well conversant with the GPS system or are loaded with different competing interests. More capacity building is required to build skills of the implementing partners to manage the CP logistics and the requirements of the GPS for better outcomes.			
Youth/HIV	Beneficiaries of UNFPA Support	The planned resources were	Atlas Records	Study of documentation

	received the resources that were planned, to the level foreseen and in a timely manner UNFPA administrative and financial procedures as well as implementation modalities allow for a smooth execution of the Country Programme The resources provided by UNFPA have had a leverage effect	received to the foreseen level in AWPs The resources were received in a timely manner Appropriateness of administrative and financial procedures for smooth, accountable and responsive management of financial and human resources Extent of deviations from planned activities (newly added activities, cancelled activities) and their consequences on the quantity and quality of the outputs Evidence that the resources provided by UNFPA triggered the provision of additional resources from government and other partners	Audit Reports Country Office information management systems Annual Work Plans Country Office Standard Progress Reports (SPR) Implementing partner quarterly and annual progress reports Donors (providing funding to UNFPA Country Office) Implementing partners Beneficiary groups/communities UNFPA Country Office staff	Comparative analyses of planned and actual expenditure and activities Key informant interviews
Data and information collected	Regular resources for the youth component were USD598,486 with an expenditure of USD551,969 whereas other resources were amounting to USD 6,129,648 and an expenditure of USD5,837,916. The UNFPA CO raised approximately 91% of its total from non-core resource mobilisation through the SWISS Cooperation Development and The Royal Norwegian Embassy to support with Safeguarding Young People and JPAG Projects. Under the youth component the evaluation the 7th CP established that resource utilisation rate was 95%. Disbursements to the IPs were in compliance of the AWPs and IP contracts with records maintained in the Atlas system. It was reported by the informants that there was no direct cost share by government in UNFPA interventions however there were government contributions was in kind through availability of office space and logistics costs that increased programme efficiency. The government partners were supported through direct payment where funds were not transferred to the institutions but rather funding was done per activity based on fulfilling the technical reporting procedures at the end of each and every activity. It was reported by government institutions			

	that cash transfer modality is not conducive to progressive implementation of interventions. In particular, if interventions require involving a large number of stakeholder. The modality requires that the IP should submit all details to UNFPA which will enable UNFPA preparing payment direct to the individuals and service providers. It was also reported that "*the direct payment modality is very expensive and uses a lot of resources for facilitating the processes and very little funds go to the direct beneficiaries*[58]." This modality tends to delay progress as preparation for an activity for example may take a whole month in order to solicit peoples details and submit to UNFPA for final processing. While IPs outside government were supported with direct cash transfers. These IPs were responsible for coordinating all stakeholders to implement planned activities. On quarterly basis funds were transferred to the IP and once implementation was completed the IP was supposed to liquidate and submit both technical and financial reports to UNFPA before receiving another trench of funds. However, it was reported that funds did not cover staff costs and if the IP had to effectively implement the activities there was need to recruit staff to cater for the needs of the project which the IP is managing under UNFPA funding. In addition, it was reported that administrative cost was low and UNFPA should consider the cost upwards. Timely implementation was a challenge throughout the programme period. IPs complained of time lag between developing AWP and disbursements of funds which affected actual implementation. This delay caused a perpetual cycle of delays in implementation. In terms of human resources, the CO had engaged 8 consultants during the CP period and 2 qualified staff at the CO who provided technical backstopping to the IPs during implementation of the CP. In terms of staffing the Ministry of Youth lamented of shortage of staff at headquarters and even district levels. An example was given that at Ministry level, there are only 7 staff members. With regards to programme approach it was noted by the Ministry responsible for Youth that there missing links in Joint Programming it was hinted that there is no clear collaboration with UNV and also other strategic UN agencies such as ILO in most of the interventions.			
Gender Equality/Youth	Beneficiaries of UNFPA Support received the resources that were planned, to the level foreseen and in a timely manner UNFPA administrative and financial procedures as well as implementation modalities allow for a smooth execution of the Country Programme The resources provided by UNFPA have had a leverage effect	The planned resources were received to the foreseen level in AWPs The resources were received in a timely manner Appropriateness of administrative and financial procedures for smooth, accountable and responsive management of financial and human resources	Atlas Records Audit Reports Country Office information management systems Annual Work Plans Country Office Standard Progress Reports (SPR) Implementing partner quarterly and annual progress reports Donors (providing funding to UNFPA Country Office) Implementing partners Beneficiary groups/communities UNFPA Country Office staff	Study of documentation Comparative analyses of planned and actual expenditure and activities Key informant interviews

[58] KII with Government IP

		Extent of deviations from planned activities (newly added activities, cancelled activities) and their consequences on the quantity and quality of the outputs Evidence that the resources provided by UNFPA triggered the provision of additional resources from government and other partners		
Data and information collected	Regular resources for the gender component were USD2, 015,549 with an expenditure of USD1, 908,395 whereas other resources were amounting to USD16, 679, 449 and an expenditure of USD12,294,512. The UNFPA CO raised approximately 89% of its total from non-core resource mobilisation through the European Union GEWE Project. Utilisation of resources in 2012 was at 29% however the trend improved in the subsequent years. Under the gender component the evaluation the 7th CP revealed that resource utilisation rate was 74%. Disbursements to the IPs were in compliance of the AWPs and IP contracts with records maintained in the Atlas system. It was reported by the informants that there was no direct cost share by government in UNFPA interventions however there were government contributions was in kind through availability of office space and logistics costs that increased programme efficiency. Interviews with IPs indicated that the financial procedures are fine and easy to follow however they only lamented that the UNFPA CO was less efficient in disbursing annual programme budgets to support implementation of AWPs for the IPs. One concern raised by IPs was that annually, the funds released for the year were delayed usually the first quarter activities were pushed to the second quarter which resulted in delayed start of activities and the remaining period the IPs were supposed to implement within time just to absorb the available finances. Another concern was that there are instances which experienced budget cuts for the activities and usually the cuts were not done in consultations with the IPs. Most IPs reported issues of delays in release of quarterly payments and significant (30%) funding cuts from the initial planned AWPs allocations during 2014-2016 which affected partner's capacity for continuation and timely completion of activities and subsequently reporting to UNFPA. The Programme officer at the UNFPA CO reported that delays in quarterly funds disbursement to some IPs was due to IPs non-compliance with all of UNFPA financial and reporting procedures. According to UNFPA financial management procedures, IPs need to provide progress reports and financial documentation to evidence after implementing all activities before the next quarter budget can be disbursed. It was reported by the Programme specialist that most IPs did not understand the procedures and did not submit supporting documentation for the implemented activities. Hence delays in disbursements when IPs supporting documentation are not in conformity with UNFPA management and financial procedures.			

	The other issue which was reported by the IP was that the GEWE project was discontinued at the time when it started showing results. In terms of human resource capacity, the gender component did not have major issues. At the Country Office through the GEWE project the CO recruited 3 additional key staff to facilitate the implementation of the GEWE project including M&E specialist, Finance Officer and Programme Associate. All the staff had masters level qualifications. After the GEWE project the staff were retained and relocated within UNFPA CO programmes except the M&E who was maintained under gender programme. In addition to the specialist staff, the gender Programme does host interns and also engage consultants for specific areas with varied durations basing on the type of assignment. During the 7th CP the gender programme engaged a total of 18 consultants and 2 interns.			
Population and Development	Beneficiaries of UNFPA Support received the resources that were planned, to the level foreseen and in a timely manner UNFPA administrative and financial procedures as well as implementation modalities allow for a smooth execution of the Country Programme The resources provided by UNFPA have had a leverage effect	The planned resources were received to the foreseen level in AWPs The resources were received in a timely manner Appropriateness of administrative and financial procedures for smooth, accountable and responsive management of financial and human resources Extent of deviations from planned activities (newly added activities, cancelled activities) and their consequences on the quantity and quality of the outputs Evidence that the resources provided by UNFPA triggered the provision of additional resources from government and other	Atlas Records Audit Reports Country Office information management systems Annual Work Plans Country Office Standard Progress Reports (SPR) Implementing partner quarterly and annual progress reports Donors (providing funding to UNFPA Country Office) Implementing partners Beneficiary groups/communities UNFPA Country Office staff	Study of documentation Comparative analyses of planned and actual expenditure and activities Key informant interviews

		partners		
Data and information collected	In terms of resource flow for implementing activities, it was found that UNFPA uses procedures that are global in nature. This was found to be an efficient way because it does not give any room for discretion and bias. Resource allocations use a combination of formulas and priority areas within countries. However, the allocated figures at the CO can be adjusted depending on what is required in that particular year. In terms of P and D, example during censuses more resources are given to P and D. Looking at the resource allocations and expenditure patterns, it was noted that in all the years, Allocated resources to PIs within P and were efficiently used (absorbed) to get great value for money. In addition, P and D staff at CO were qualified and adequate for the functions and where in need, highly qualified consultants were used for specific tasks. It was also learnt that the CO work as a team such that if need be, the P and D staff would a helping hand from other programs particularly so from M and E and Communication sections. In the course of the 7th CP implementation, there was a major shift in providing funds to IPs. After the financial scandal by some individuals in government and private sector dubbed 'Cash gate'[59] , there were measures that affected how payments to IPs should be made. There were some changes in the payment of DSAs opting for full board and direct payments to service providers rather than advancing finances to IPs for their management. These stringent measures were found to have cause delays and general dissatisfaction among the IPs. It was found that many of the IPs were demotivated and resorted to give priorities to other activities by other organizations that don't have such stringent measures. That affected the morale and implementation of the interventions. This was referred by both the UNFPA and IPs as one of the critical challenges.			
EQ 4: *To what extent have the programme interventions owned by national institutions and are likely to continue after the programme support is ended?*				
SUSTAINABILITY				
Sexual and Reproductive Health	The benefits are likely to continue beyond program termination Activities and outputs were designed taking into account a handover to local partners Interventions in the focus area incorporate exit strategies UNFPA has been able to support its partners and the beneficiaries in developing capacities that ensure the durability of outputs, and eventually outcomes	Evidence of the existence of an exit strategy Evidence of a hand-over process from UNFPA to the related projects Extent of ownership of each project by implementing partners Extent to which the government and implementing partners have the financial means for continued support in maintenance of facilities, procurement of	Beneficiary groups / communities Line departments' personnel Provincial and local authorities Implementing partners UNFPA Country Office staff CPAP Annual Work Plans Previous evaluations	Study of documentation Key informant interviews Group discussions with target beneficiaries and local authorities

[59] This was a public scandal that happened in 2013 on the plundering of public resources by government/civil servants in collusion with business people. It is estimated that over MK13 billion (US$30million was lost.

		medicines, information management and reproductive health commodities security, and conducting follow-through refresher training sessions. Extent to which UNFPA has taken any mitigating steps if there are problems in this regard		
Data and information collected	Data from key informant interview and FGDs show mixed reactions. While other key informants think that "*the tools, policies, guidelines and standards developed can be used beyond the program completion period."* Other members from FGDs think that "*while the benefits are likely to go beyond a certain extent, the main challenge would be financial and material support because if compared to other districts without UNFPA, there is a marked difference."* Other programs are donor dependent so without the assistance of UNFPA, the programs will collapse. Capacity issues of the implementing partners due to staff turnover may impede sustainability. There is need to continue with capacity building for sustainability			
Youth/HIV	The benefits are likely to continue beyond program termination Activities and outputs were designed taking into account a handover to local partners Interventions in the focus area incorporate exit strategies UNFPA has been able to support its partners and the beneficiaries in developing capacities that ensure the durability of outputs, and eventually outcomes	Evidence of the existence of an exit strategy Evidence of a hand-over process from UNFPA to the related projects Extent of ownership of each project by implementing partners Extent to which the government and implementing partners have the financial means for continued support in maintenance of facilities, procurement of medicines, information management and reproductive health commodities security, and conducting follow-through refresher training sessions.	Beneficiary groups / communities Line departments' personnel Provincial and local authorities Implementing partners UNFPA Country Office staff CPAP Annual Work Plans Previous evaluations	Study of documentation Key informant interviews Group discussions with target beneficiaries and local authorities

		Extent to which UNFPA has taken any mitigating steps if there are problems in this regard		
Data and information collected	The IPs reported that there is a likelihood of programmes to continue since the programmes engaged and involved government (both at national and district) and community structures in particular. Such structures include the ADC, VDC, District Technical Working Groups, Mother groups, Community action Groups and above all use of existing staff (frontline). It was also reported that the programme built the capacity of different structures at different levels at national, district and community levels. These skills will enable continuity of programmes. The only limitation will be availability of resources to follow up with beneficiaries in the communities to track how they are progressing. As with media related interventions it was reported that the media houses may have challenges to have dedicated airtime to run the programmes if UNFPA support is not available. Nonetheless on media IP regardless of UNFPA pulling out we will try to include some aspects of the issues that we have embarked on especially the use of social media while live coverages, village debates will be a challenge to continue with. Programmes have been integrated in government plans for instance the Youth Networks were initiated by UNFPA and are now part of the Youth sector. Comprehensive Sexuality Education has been incorporated in the Ministry of Education Curriculum. And all districts are using CSE materials transcending beyond the UNFPA districts. The lessons as reported by one Government IP was that "*the GEWE project engaged and built the capacity of existing structures unlike SYP which was almost a walk in programme[60]".* On the other hand, the use of innovative means to disseminate SRH information such as radio and WhatsApp group would also allow for continued programme outcomes. Most youths do provide testimonies on how information disseminated through radio has contributed to changing their lives. If donors (UNFPA) would pull out one of the IPs reported that this will further affect coverage. Already UNFPA is implementing on a limited coverage and once it pulls out this will further affect the scale of operation. It was hinted that with UNFPA support IPs are able to reach to the hard to reach areas and once it pulls out chances are that IPs will scale down activities and in some instances including staff and hence will not manage to reach to those hard to reach areas due to limited resources. As a result, if infrastructure has been built its condition will not be monitored.			
Gender Equality/GBV	The benefits are likely to continue beyond program termination Activities and outputs were designed taking into account a handover to local partners	Evidence of the existence of an exit strategy Evidence of a hand-over process from UNFPA to the related projects	Beneficiary groups / communities Line departments' personnel Provincial and local authorities Implementing partners UNFPA Country Office staff CPAP Annual Work Plans	Study of documentation Key informant interviews Group discussions with target beneficiaries and local authorities

[60] KII with government IP

	Interventions in the focus area incorporate exit strategies UNFPA has been able to support its partners and the beneficiaries in developing capacities that ensure the durability of outputs, and eventually outcomes	Extent of ownership of each project by implementing partners Extent to which National Policy Framework for Women Empowerment and Gender Equality has any implications in terms of sustainability Extent to which UNFPA is offsetting potential adverse consequences in this regard Extent to which factors ensuring ownership were factored in the design of interventions in the context of the country's vast ethnic diversity	Previous evaluations	
Data and information collected	The IPs reported that there is a likelihood of programmes to continue since the programmes engaged and involved government (both at national and district) and community structures in particular GEWE project built the capacity of existing structures. Increased reporting on child marriage and GBV issues through social media especially among the youths. Increased listenership to the radio programme as people have interest in the issues under discussion. Community feel they are part of the programme through the live coverage on radio. By-laws were established to enable girls access education the penalties outlined in the by-laws are used within the school management.			
Population and Development	The benefits are likely to continue beyond program termination Activities and outputs were designed taking into account a handover to local partners Interventions in the focus area incorporate exit strategies UNFPA has been able to support its partners and the beneficiaries in	Evidence of the existence of an exit strategy Evidence of a hand-over process from UNFPA to the related projects Extent of ownership of each project by implementing partners Extent to which measures and coping strategies have been taken to minimise the adverse	Beneficiary groups / communities Line departments' personnel Provincial and local authorities Implementing partners UNFPA Country Office staff CPAP Annual Work Plans Previous evaluations	Study of documentation Key informant interviews Group discussions with target beneficiaries and local authorities

	developing capacities that ensure the durability of outputs, and eventually outcomes	effects of the country's staff turnover in the Department of Social Development and provincial authorities.		
Data and information collected	What was clear was that, as needs evolve, P and D promoted ownership by ensuring that NSO and MEPD as government agencies identified, prioritized and lead in particular coming up with interventions and only to seek support from the UNFPA. For instance, in terms of Census, the government (led by MFEPD and NSO) approached the cooperating partners on the need for the country to have the 2018 PHC and called on UNFPA and other partners to support this government's imitative. This was a sign of sustainability because it was indicative of the fact that the government needs the census and was good for the country. The support towards capacity building within P and D and in particular the investment made to the NSO and to a less extent MEFPD and DPS (trainings, conferences) ensure sustained manpower development and capacity to conduct other surveys by NSO beyond the 7th CP. Current UNFPA has its own Statistical Systems Strategic Plan[61] which is an indication of its readiness to continue with data collection of diverse areas on the strength of that capacity. Possibilities of programme sustainability were noted as evidenced by the institutionalisation of structures such as TWG into the MEFPD Population Unit's calendar and interventions although constrained by resources. Currently MEFPD has sought support from other agencies such as PAMAWA and Palladium to support the functioning of the TWG on population and development that was initially established and sustained with support from the UNFPA in the early stages of the CP. The putting up of coordination mechanism through the Technical Working Group (TWG) for population and development, the Inter-Ministerial Committee on Population and Development and Parliamentary Caucus on Population and Development are cases of national ownership and enhanced capacity and ensure sustainability. For P and D these structures are important to lobby with government or parliament and also going to communities well empowered to dialogue with the people on population and development matters. However, financial and human resource constraints at UNFPA CO and MFEPD rendered some of these structures inactive and ineffective. On the overall, the consultative and participatory approach to programme design and implementation adopted by CO in P and D helped secure ownership of the interventions thereby enhancing programme sustainability. Support towards capacity building within P and D and in particular the investment made to the NSO ensured sustained manpower development and capacity to manage population and development programmes in the country beyond the 7th CP. There is also the incorporation of population and health as one of the 5 overarching pillars in the MGDS III, the adopted DD report and the yet to be adopted NPP are government owned and national documents that are will be there beyond the 7th CP.			
	COMPONENT 2: ANALYSIS OF THE STRATEGIC POSITIONING			
EQ5: ***(i) To what extent has the UNFPA Country Office successfully used the establishment and maintenance of different types of partnerships to ensure that UNFPA can make use of its comparative strengths in the achievement of the Country Programme results?*** ***(ii) To what extent has UNFPA successfully taken advantage of opportunities for South-South Cooperation across all of its programmatic areas to facilitate the***				

[61] National Statistical Office (2013) NATIONAL STATISTICAL SYSTEM STRATEGIC PLAN 2013-2017: Statistics at fingertips of users for evidence based decision making

exchange of knowledge and lessons learned?				
COORDINATION AND PARTNERSHIP	The implementation of the country programme is aligned with UNFPA Strategic Plan dimensions (And in particular with special attention to disadvantaged and vulnerable groups and the promotion of South-South cooperation	Extent to which the country office prioritised intervention strategies targeted at the most *vulnerable, disadvantages*, marginalized and excluded population groups in line with the stipulations of the UNFPA Strategic Plan Extent to which support of South-South cooperation is done in a rather ad-hoc manner or through the enhanced use of local capacities and as a means to share best practices Extent to which South-South cooperation related indicators are included in the CPAP results' framework or any other management tool. Number of south-south interactions supported in the areas of sexual reproductive health and rights (SRHR), youth, gender and population and development Number of country delegations supported to promote the ICPD agenda and inclusion of SRHR in discussions on SDGs beyond 2015 at regional and global	CPAP CPD UNFPA Strategic Plan All the information collected when assessing the effectiveness criterion Department of International Relations and Cooperation (DIRCO)	Study of documentation Key informant interviews

		forums		
	The country programme, as currently implemented, is aligned with the United Nations Strategic Cooperation Framework (SCF). The UNFPA CO is coordinating with other UN agencies in the country, particularly in the event of potential overlaps	The CPAP is aligned with the SCF and the SCF fully reflect the interests, priorities and mandate of the UNFPA in the country and all aspects have been included. Evidence of UNFPA coordination mechanisms and their quality Evidence of any inadequate coordination mechanisms and implications for UNFPA strategic positioning.	SCF, SCF mid-term review CPD, CPAP AWP Resident Coordinator Resident Coordinator Annual Report UN organizations: UNICEF, UN Women, WHO, UNAIDS and UNDP. Donors Line Departments	Study of documentation Key informant interviews Focus group discussion with representatives of UNICEF, UN Women, WHO, UNAIDS and UNDP.
Data and information collected	There is a partnership strategy for UNCT with stipulated roles for the main partners and implementing partners. Members of UNCT participate in joint programming for the implementation of the UNDAF and the achievement of the MDGs. Some areas for the joint programming in SRH include the reduction of maternal and neonatal mortality and morbidity, adolescent and youth SRH and HIV Prevention. However, some overlaps especially in the areas of HIV prevention and MNH arise where implementing partners feel frustrated and lack direction in who to report to when there are emerging issues, a case of UNFPA, UNICEF AND NAC as cited by the key informant interviews. It was reported by the IPs that UNFPA has strengthened its coordination role. It is well recognised amongst the traditional health and population partners and stakeholders as the lead agency in coordinating SRH and FP. The Gender Programmes Specialist reported that UNFPA was leading the United Nations Gender Technical working Group within the UN System before the UN Women was established in the country. After the UN Women was established the role of leading gender coordination within the UN and other partners was relinquished from UNFPA and it is only co-chairing with UN Women. It was reported that there is conflict between UNICEF and UNFPA with regards who should be the custodian of adolescents. UNICEF is well known for child health and UNDP is more associated with development and growth specific interventions. It was reported that during the 7th CP UNFPA has played critical roles in coordination among other the following were the key areas worked on: UNFPA Leads the UN Humanitarian GBV Sub-Cluster with regular reporting. It led the UN M&E group in mainstreaming gender in the tools to ensure gender is disaggregated. Through the South-South Cooperation, UNFPA provided learning opportunities to IPs for example YONECO staff were trained in Public Health and also through the SWISS funding were provided with opportunities to participate in IEC materials development for the CSE programme. Under the SYP 5 youths were sent to South Africa to share lessons on CSE and parent child communication. On the other hand, basing on the experience on youth networks from Malawi there was an establishment of African Network on Adolescents and Youths (AFRIYAN). Which also			

	culminated to development of Linkages project. Through the regional office the programme built capacity to service providers on essential services for GBV. The UNFPA interventions have also contributed to visibility of some IP at national level. For example, YONECO was co-opted to be member of the Population and Development TWG and the Youth TWG in Ministry of Youth but also on Disaster TWG which is chaired by DODMA. It was reported that UNFPA should take a role of coordinating UN Agencies and other donor communities in terms of youth programmes since it is strategically positioned within the UN System to engage youth programmes. With regards to monitoring of programme performance and results, the UNFPA 7th CP had an elaborate system for monitoring performance and results based on the global tools. An M&E framework was developed to aid the measurement of results. Processes for monitoring results included: a. Annual reviews which provided a basis on the programme contributing to performance monitoring. Annual review meetings were conducted to discuss performance of individual partners, providing opportunities for peer review b. Joint monitoring visits between UNFPA staff and the IPs which served as platforms for peer review of performance and lesson learning. c. IPs were required to submit quarterly reports of performance against targets (inputs and outputs).			
EQ6: ***(i) What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies and development partners? (ii) What is the main UNFPA added value in the country context as perceived by national stakeholders?***				
ADDED VALUE	There is added value of UNFPA in the development partners' country context as perceived by national stakeholders UNFPA has comparative strengths in the country – particularly in comparison to other UN agencies UNFPA corporate features or are explained by the specific features of the CO UNFPA has had no intended	Evidence of added value Extent of contribution to added value by UNFPA comparative strengths in the country – particularly in comparison to other United Nations organizations Uniqueness of UNFPA corporate features explained by specific aptitudes of the country office Evidence of possible substitution	Beneficiary groups/communities Senior management in line departments and national government counterparts Implementing partners Donors Other United Nations organisations	Key informant interviews Focus group discussions

	substitution or displacement effects at national, provincial or local level and that If there is any the magnitude of such effect and what are their repercussions are minimal	or displacements effects on the private sector, civil society organisations, academia, specific government bodies and other development partners in the country, including other United Nations organisations.		
Data and information collected	In the context of SRH, UNFPA has a key role in SRHR/HIV prevention issues. UNFPA is transparent in implementing its activities and share the expectations of their programs plus the resources available to implementing partners With regards to youth and gender equality, interviews with IPs highlighted that UNFPA develops programmes which are tailor made to suit the challenges facing the communities unlike other donors who come with their own ideas which can't fit in particular contexts. The programmes are contextualised to local needs and hence ownership and sustainability are guaranteed. In addition, UNFPA involves partners in programming including planning, annual reviews this attribute enables the partners to leverage their intervention. There is a reduction in duplication of efforts by the IPs since they are also able to coordinate among themselves While others do not they just engage IPs individually such that they do not know what particular IPs are involved in and in which areas. Other sentiments were that UNFPA is approachable compared to other UN agencies. Even the Country Representative is flexible and does interact with IP representatives. Even though UNFPA designate Focal Points each and every person at UNFPA is accessible should the IPs need support? In addition, UNFPA is perceived to be transparent in case of budget cuts on their side they communicate with the IP on the actual funds available. While others were also of the view that UNFPA does not keep its IPs appraised with actual budget available for execution. UNFPA is perceived to be proactive in terms of engaging with senior government officials. In Ministry of Youth it was reported that recently there have been changes in top level management and every time changes occur the UUNFPA provide briefing on the ongoing programmes. UNFPA is also viewed as a dependable partner for other IPs such as MAGGA, Ministry of Youth and Ministry of Health. It is considered a traditional partner since it has worked with these institutions for long enough. Support provided to the IPs on capacity building has enabled partners to attend regional meetings which provides more exposure to the IPs on what is happening at regional level in addressing issues affecting young people and women as well as girls. UNFPA also provided support to youths living with HIV to attend International conference on AIDS and STI in 2013. Such exposure has contributed to young people living with HIV to be active in the youth groups basing on the experiences they learnt from the colleagues in other countries but also accessing ART. UNFPA helped the Ministry of Gender to develop GBV systems such as the MIS and the GBV registers. The challenge that was reported with regards to the system was difficulties to input data. In addition, the IP indicated that there are inconsistences in data capturing from the districts. The support provided by UNFPA in terms of infrastructure development to support survivors of GBV was perceived an added value. IPs said "*without the provision of one stop centres GBV survivors were having the trouble of moving around to access help from service providers before they go*			

	assisted. Now with the arrangement of OSC survivors are duly assisted within under one roof without the trouble of moving about to access help[62]*."* **Best practices** The use of mobile courts clinics contributed to enhanced access to justice through the mobile courts sessions during the period the GEWE was implemented. More GBV cases were resolved. The establishment of community parliament involving influential leaders has contributed to meaningful debates on harmful cultural practices and local leader came up with measures of addressing some of the cultural practices such as *jando, nankwenya*, and '*nthena'* bonus wife. Such interventions have also led to establishing bylaws for dealing with those that would want to continue with such practices. The use and engagement of Youth Networks is a positive move to mobilise the youths to participate in various interventions. In addition, the use of social media was an innovative way to attract youth participation. Construction of girls' hostels has tremendously contributed to reduction of distance of travel for girls to school but also offers an equal opportunity for girls in accessing education as they do not have to worry of doing household chores at home. Use of role models in particular using public figures such as the first Lady and Traditional leaders as champions to ending child marriages and preventing GBV was perceived to be a best practice. Provision of recreation materials for the youths in the Youth Friendly corners was also perceived as best practice to enable the youths engage in recreation activities. With regards to P&D UNFPA is a very strategic partner to the government, NGOs, other UN Agencies and Cooperating partners. Other than being a leading UN agency in population matters in the country, it has more than any other agency ensured and supported the availability of Data for planning.

[62] FGD interview with members of One Stop Centre

Annex 3: Interview Guides

Key Informant Interview Guide for UNFPA Country Office Staff (SRH/P&D/GE)/HIV/AIDS

NB: Use these questions for all the Programme officers' in-charge of each component area in the Country Office. Thus
Programme Officer: SRH and HIV/AIDS
Programme Officer: GE/GBV/Youth Programme
Programme Officer: Population and Development

Introduction: Describe the UNFPA 7th Country Programme and your involvement in it?

Relevance

- What are the national needs and priorities in Malawi in terms of the development agenda? Does the 7th Country Programme (CP) address these needs and priorities of the Malawi population? What aspects of the national and sectoral policies are covered in the 7th CP?
- Were the objectives and strategies of the Country Programme Action Plan (CPAP) discussed and agreed with national partners? [Probe]
- How did you identify the needs prior to the programming of the Sexual and Reproductive Health (SRH), Population and Development (P&D), and Gender Equality (GE) including GBV components?
- Are there any changes in national needs and global priorities along the line? How did UNFPA Country Office (CO) respond to these?

Effectiveness

- To what extent has UNFPA support in your Program area reached the intended beneficiaries?
- Are outputs specified in the area achieved? Explain
- Overall, how effective is the 7th CP in Malawi in terms of achieving the stated objectives?
- Are there factors affecting successful implementation of the 7th CP?
- What factors have facilitated effective implementation of the 7th CP?

Efficiency

- Explain the resources management process of your programme area?
- How many staff is in your unit? Qualified with appropriate skills?
- Do you think your staff strength and capacity are enough for the 7th CP implementation and achievement of results?
- How many consultants have worked on the 7th CP since inception in 2012?
  - International consultants?
  - National consultants?
  What was/is their output?
  How useful is the output in the implementation of the 7th CP?
- Describe UNFPA CO administrative and financial procedures in the 7th CP?

- Do you think UNFPA CO administration and financial procedures are appropriate for the 7th CP implementation?
- How timely were resources for interventions disbursed for implementation?
- Were there any delays? If yes, why? And how did you solve the problem?
- Any new activities added to the current programme activities?
- Are there occasions when the budget was not enough or you overspent?
- Are there any programmes cancelled or postponed? Why?
- Have the programme finances been audited?
- Any funding deficit?
- Any additional funding from the Government of Malawi and other partners?
- What lessons has your Unit learnt in implementing the 7th CP?
- Any challenges encountered so far?
- What is the plan for the future phase?

Sustainability

- What are the benefits of the programme interventions?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- What are the plans for sustainability of the programmes?
- Have programmes been integrated in institutional government plans?

Coordination and Partnership

- Is there any Inter-Agency Technical Working Group on this 7th CP, involving other UN Country Team?
- What is the role of UNFPA CO in the United Nations Country Team coordination in Malawi? What partnerships exist? Any specific contributions to the achievement of results? Any Challenges?
- How could these challenges be overcome?
- What role has UNFPA played in the South-South Cooperation? Any specific contributions? Any lessons learned? Any challenges?

Added value

- What are the special strengths of UNFPA when compared to other UN agencies and development partners?
- How is UNFPA perceived by implementing and national partners?

Impact

- Overall, what are the achievements of the 7th CP in respect of your component area: SRH, Youth/HIV, Population and Development, Gender Equality and Reproductive Rights? [evidence]
- What challenges were encountered during implementation of the 7th CP as far as your programme area is concerned?
- What do you consider to be the best practices from the 7th CP?
- What lessons have been learnt from the 7th CP?

Key Informant Interview Guide for Implementing Partners (SRH/P&D/GE/HIV/AIDS)

National Stakeholders: Government Departments, CSO and NGOs

Introduction: Describe the UNFPA Country Programme and your involvement in it?

Relevance

- What are the national needs and priorities in Malawi in terms of the development agenda? Does the 7th Country Programme (CP) address these needs and priorities of the South African population at district, provincial and national levels? What aspects of the national and sectoral policies are covered in the 7th CP?
- Were the objectives and strategies of the Country Programme Action Plan (CPAP) discussed and agreed with national partners? [Probe]
- How did you identify the needs prior to the programming of the Sexual and Reproductive Health (SRH), HIV/AIDS, Population and Development (P&D), and Gender Equality (GE) including GBV components?
- Are there any changes in national needs and global priorities along the line? How did UNFPA Country Office (CO) respond to these?

Effectiveness

- Looking at the implementation so far, to what extent has 7th CP reached the intended beneficiaries?
- Are outputs/targets achieved?
- Overall, how effective is the 7th CP in Malawi?
- Are there factors affecting successful implementation of the 7th CP?
- What factors have facilitated effective implementation of the 7th CP?

Efficiency

- Explain the resources management process of the programme
- How many staff is in your unit? Qualified with appropriate skills?
- Do you think your staff strength and capacity are enough for the 7th CP implementation and achievement of results?
- Do you think UNFPA CO administration and financial procedures are appropriate for the 7th CP implementation?
- How about the programme approach, partner and stakeholder engagement, was it appropriate for CP implementation and achievement of results?
- How timely did the resources for this particular intervention come to your office?
- Were there any delays? If yes, why? And how did you solve the problem?
- Any new activities added to the current programme activities?
- Are there occasions when the budget was not enough or you overspent?
- Are there any programmes cancelled or postponed? Why?
- Any additional funding from the Government of Malawi and other partners?

Sustainability

- What are the benefits of the programme interventions?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- What are the plans for sustainability of the programmes?
- Have programmes been integrated in institutional government plans?
- Does your institution have the capacity to continue the programme interventions without any donor support?

Coordination and Partnership

- What is the role of UNFPA CO in the United Nations Country Team coordination? What partnerships exist? Any specific contributions to the achievement of results? Any Challenges?
- How could these challenges be overcome?
- What role has UNFPA played in the South-South Cooperation? Any specific contributions? Any lessons learned? Any challenges?

Added value

- What are the special strengths of UNFPA when compared to other UN agencies and development partners?
- How is UNFPA perceived by implementing and national partners?

Impact

- Overall, what are the achievements of the 7th CP?
- What challenges were encountered during implementation of the 7th CP?
- What are the best practices from the 7th CP?
- What lessons have been learnt from the 7th CP?

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Interview Guide for Beneficiaries (SRH/P&D/GE/HIV/AIDS)

Relevance

- What are the national needs and priorities in Malawi in terms of the development agenda? How important is the 7th Country Programme (CP) to these needs and priorities at district, provincial and national levels?
- Does the 7th CP address the needs in: Sexual and Reproductive Health (SRH), HIV/AIDS, Population and Development (P&D), and Gender Equality (GE) including GBV?

Effectiveness

- To what extent has UNFPA support reached the intended beneficiaries?
- Are different beneficiaries appreciating the benefits of the UNFPA interventions? For example?
- Overall, how effective is the 7th CP in Malawi?
- What are the specific indicators of success in your programme?
- What factors contributed to the effectiveness or otherwise?

Sustainability

- What are the benefits of the programme interventions?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- Have programmes been integrated in institutional/government plans?
- How does the UNFPA CO ensure ownership and durability of its programmes?

Annex 4: List of People interviewed, their positions and Offices and relevance to the 7th CP

Name	Position and Office	Relevance to 7th CP
Dr Rogaia Abdelrahim	Deputy Representative, UNFPA CO, Lilongwe	UNFPA CO Head of Programmes
Dr. Dorothy Nyasulu	Assistant Representative, UNFPA CO, Lilongwe	UNFPA CO Head of Programmes
Mrs Georgette Kyomba	Operations Manager, International Operations UNFPA CO, Lilongwe	UNFPA CO IOM
Pamela Matumbi	UN Women, Lilongwe	Head of Programmes
Edfas Mkandawire	UN Women, Lilongwe	Programme Officer, Women's Economic Empowerment, Lilongwe
Dr. Therese U Poirier	UNAIDS CO	Country Director, UNCT
Director	World Food Programme, Lilongwe	Country Director, part of UNCT
Lusungu Jonazi	UN Women, Lilongwe	
Mr Bill Chanza	Programme Specialist (P and D) United National Population Fund (UNFPA) Country Office.	Liaise with IPs in planning, financing and implementation of P and D interventions.
Ms Martha Elisa	Programme Associate (P and D) United National Population Fund (UNFPA) Country Office.	Assist Program Specialist in planning, financing and implementation of P and D interventions by IPs.
Beatrice Kumwenda	Programmes Specialist Gender, United Nations Population Fund(UNFPA), CO	Coordinating Gender issues
Benrd Mijoni	Monitoring and Evaluation Specialist	Setting up M and E systems for the interventions
Humphreys Shumba	HIV Specialist and Humanitarian Coordinator	Coordinates HIV and humanitarian response in UNFPA
Mrs Esther Lwara	Deputy Director and Head of Population Unit, Ministry of Finance, Economic Planning and Development	Heading the Coordinating Agency for P and D.
Mr Isaac Dambula	Deputy Director, Monitoring and Evaluation, Ministry of Health and Population	He was the immediate past Head of Population Unit at the Ministry of Finance, Economic Planning and Development before moved to Ministry of Health. The Planning Division of the Ministry of Health and Population will now be coordinating P and D functions in the country
Mr Isaac Chirwa	Assistant Commissioner, National Statistical Office	Heads the Demography and Social Statistics Division responsible for censuses and demographic and health related surveys. He is the 2018 Census Manager.
Mr Richard Phiri	Principal Statistician, National Statistical Office	Key focal person for liaising with UNFPA on preparations for the 2018 PHC.
Mr Julius Chingwalu	Lecturer and immediate past Head of Department of Population Studies, University of Malawi	He was Head of Department at the time when DPS was involved in a number of activities with MFEPD and NSO in relation to 2015-16 MDHS and 2018 PHC preparations.
Dr Grace Kumchulesi	Director of Research at Malawi Public Policy Research and Analysis Project and Former Research Scientist at AFIDEP.	Partnering with MFEPD, she was leading the team when AFIDEP was commissioned to conduct the DD study. She was also heading Malawi Public

		Policy Research and Analysis Project when the organisation was contracted to facilitate the reviewing and drafting of the new National Population Policy.
Mr Piere Dindi	Senior Associate, Population and Development, Palladium	Has been working with the Population Unit at the Ministry of Finance, Economic Planning and Development in advocacy to raise awareness on the linkages between population and development using the RAPID (Resources for the Awareness of Population Impacts on Development)
Mr Kondwani Ghambi	Director of Planning and Development (DPD), Nkhata-Bay District Council	One of the districts where training was conducted for the DPD and M and E officer for the district to incorporate population issues into development plans
Mr Moses Kaufulu	Ag. Director of Planning and Development (DPD), Salima District Council	One of the districts where training was conducted for the DPD and M and E officer for the district to incorporate population issues into development plans
Mr Peter Nyirenda	Monitoring and Evaluation Officer, Salima District Council	One of the districts where training was conducted for the DPD and M and E officer for the district to incorporate population issues into development plans
Mr Felix Kipandula	Ag. Director of Planning and Development (DPD), Chiradzulu District Council	One of the districts where training was conducted for the DPD and M and E officer for the district to incorporate population issues into development plans
Mr Raphael Munthali	Director of Planning and Development (DPD), Mchinji District Council	One of the districts where training was conducted for the DPD and M and E officer for the district to incorporate population issues into development plans
Mr Chisomo Kachepa	Monitoring and Evaluation Officer, Mchinji District Council	One of the districts where training was conducted for the DPD and M and E officer for the district to incorporate population issues into development plans
Ms Tryness Mankhwazi	Ag Monitoring and Evaluation Officer, Mangochi District Council	One of the districts where training was conducted for the DPD and M and E officer for the district to incorporate population issues into development plans
Mr Hans Katengeza	Reproductive Health Officer Focal Person for United Nations Population Fund (UNFPA) Reproductive Health Directorate (RHD)	SHRH program management is through the Ministry of Health – RHD both at district and national levels
Mrs Jean Mwandira	Reproductive Health Specialist - United Nations Population Fund (UNFPA)	Overseer to all SRHR issues at national and district levels

Mrs Grace Hiwa	NPO – RH United Nations Population Fund (UNFPA)	UNFPA – responsible for Midwifery training, fistula sensitization and management & maternal health at district level
Mrs Milika Mdala	RHCS/ Family planning National Program Manager United Nations Population Fund (UNFPA)	Responsible for family Planning component of SRHR in the five UNFPA districts
Mr Shumba	SRH - HIV prevention Officer United Nations Population Fund (UNFPA)	Responsible for the HIV prevention of SRHR COMPONENT in the five UNFPA districts
Mr Tusekero Mwakasungula	Program Officer for the Linkages project /Safeguard young people/HIV Prevention project coordinator Family Planning Association of Malawi (FPAM)	Implementing partners sub contracted to man the Linkages project /Safeguard young people/HIV Prevention project coordinator
Mr G. Zika	Head of Behaviour Change Interventions National AIDS Commission (NAC)	Coordinating all the HIV prevention activities at national and district levels
Dr Abigail Kazembe	Deputy Dean Midwifery, Faculty of Midwifery, Neonatal and Reproductive Health Studies University of Malawi (UNIMA) – Kamuzu College of Nursing	Responsible for pre-service training of skilled Midwives using International standards
Mr Kang'oma	Malawi Interfaith AIDS Association (MIAA)	Liase with Ministry of Youth, Social Welfare and Gender on girl child protection and issues concerning GBV
Mr Shadreck. Nyasulu	SRH - Family Planning Coordinator Nkhatabay DHO	Responsible for family planning activities in the district and supply chain management Liase with the district council on Logistics management in the district
Ms Kate Phiri	Nursing Officer - Safe Motherhood Coordinator Nkhatabay DHO	Overseer for all maternal and new born baby issues in the district.
Mr Reuben Moyo	Senior Nursing Officer – YFHS Coordinator Nkhatabay DHO	Responsible for youth programs in the district
Harvey Thom	Nursing Officer – Service Provider One Stop centre Nkhatabay DHO	Coordinates all the youth programs in the district
Mr Kondowe	Gender Officer Mzimba District Council	Coordinates the one stop centre activities in the district. Works with the police, social welfare and judiciary on issues relating to GBV
Mrs Chando Phiri	Nurse Provider One stop centre MZimba DHO	Service Provision centre for GBV victims. All services are provided under one roof
Mrs Listen Kyelu Mwankenja	Senior Nursing Officer – family Planning Coordinator Mchinji DHO	Responsible for family planning services and chain supply management
Mr Andy mwale	Obstetric fistula Coordinator Mchinji DHO	Involved in sensitization campaigns, fits Coordinates all the youth programs in the district tula repair and treatment
Vitumbiko Mhango	YFHS Coordinator Mchinji DHO	Coordinates all the youth programs in the district

Temwa Msango	Safe Motherhood Coordinator Mchinji DHO	Overseer for all maternal and new born baby issues in the district.
Mr Enock madziayenda	Health surveillance Assistants (HAS) Youth friendly health services Coordinator in the five foal districts Kochilira H/C	Overseer for all maternal and new born baby issues in the district.
Mr Lyton Chithonje	Nurse – Midwife technician – One stop Centre Provider Salima DHO	Service Provision centre for GBV victims. All services are provided under one roof
Mr Brave Tembo	Senior nursing officer Dedza DHO	Coordinates SRH activities in the district
Ms Chisomo malango	Safe Motherhood Coordinator Dedza DHO	Overseer for all maternal and new born baby issues in the district.
Mr Henry Mayeso	Focal person HIV/SRH Linkage project/Fistula clinician Dedza DHO	Focal person HIV/SRH Linkage project/Fistula clinician
Mr P. kadyamkoni	SRH Coordinator NtakatakA H/C	Coordinates SRH activities at Health centre level
Mr Michael Kabichi	MDSR Coordinator Mangochi DHO	Coordinates maternal death surveillance activities at district and community levels
Mr E. Kambalame	MNH Coordinator, Nurse Midwife Technician Mangochi DHO	Overseer for all maternal and new born baby issues in the district.
Mr Chisomo Petros	YFHS Coordinator Mangochi DHO	Coordinates all the youth programs in the district
Mr McMillan Magomero	District Gender Development Officer Ministry of Gender Machinga	Works hand in hand with the one stop centre personnel at Machinga DHO
Mrs Olive Bandawe	Hospital Attendant One stop centre Machinga District Hospital	Helps with cleanliness of one stop centre and attends to victims of GBV in the absence of skilled providers who are not normally at the centre
Mrs Catherine Ussi	Service Provider, Nurse Midwife Technician One stop centre Machinga District Hospital	Provide service to victims of GBV at one stop centre
Elube Richard	Child Protection Officer One stop centre Machinga District Hospital	Counsels victims of GBV at the centre
Mrs Demetria Mpando	Cervical Cancer Coordinator Chiladzulu DHO	Conducts cancer screening sensitizations, and provides cervical screening services
Blessings Kadzuwa	Safe Motherhood Coordinator Chiladzulu DHO	Coordinates all safe motherhood activities in the district
Felix Mbalale	YFHS Coordinator ART service provider Chiladzulu DHO	Coordinates youth activities in the district
Mr B. Mtungama	One Stop centre coordinator Chikwawa DHO	Coordinating one stop centre activities
Mrs Rose Chonde	One stop centre service provider Psychiatric Nurse, Nurse Midwife Technician Chikwawa DHO	Provides service to GBV victims
Mr Mark Munama	One stop centre Coordinator Community Policing	Reinforcing the law on GBV

	Chikwawa Police	
Ms Rita Suka	One stop centre District Gender Officer Ministry of Gender Chikwawa	Concerned with the psychosocial aspects of GBV
Mrs Georgina Majidu	One stop centre coordinator Clinical Officer Chikwawa DHO	Coordinating one stop centre activities
Judith Msusa	Deputy Director for Youth Ministry of Youth and Man Power Development	Government coordinating agency for youth activities
Mphatso Baluwa Jimu	National Coordinator MAGGA	IP in Youth activities
Isabel Kang'ombe	M&E Officer MAGGA	IP in Youth activities
Justin Hamela	Chief Development Officer Ministry of Gender	Coordinating agency for gender issues in Malawi
Grey Kazako	Acting General Manager Zodiak Radio	Partner in IEC and advocacy
Tiyamike Phiri	Senior Programmes Producer Zodiak	Partner in IEC and advocacy
Steve Chikopa	Director of Finance & Administration Zodiak Radio	Partner in IEC and advocacy
Chancy Muloza	Controller of projects &programmes Zodiak	Partner in IEC and advocacy
Ng'ambi Lickson	District Social Welfare Officer Nkhata Bay	District partner
Oscar Maseko	District Community Development Officer Nkhata Bay	District partner
Andrew Chulu	School Health Nutrition Coordinator Nkhata Bay	District partner
Mzondi Moyo	District Education Manager Nkhata-Bay	District partner
Chisu Msuku	PEA – Nkhata Bay	District partner
Mr Mwase	District Youth Officer- Nkhata Bay	District partner
GVH Phaso	Local Leader, Mzenga Health Centre- Nkhata Bay	Community beneficiaries
Mrs Mambulasa	Officer-In charge- Mzenga Health Centre – Nkhata Bay	Community beneficiaries
Mrs Chimaliro	Nursing Officer- Mzenga Health Centre Nkhata Bay	Community beneficiaries
Mrs Nyirenda	Nursing Officer- Mzenga Health Center- Nkhata Bay	Community beneficiaries
Vasco Thundu	Youth Focal Point- Mzenga	Community beneficiaries
Chrispine Chikakula	Social Welfare Assistant- Karonga	Community beneficiaries
Aaron Munthali	Child Protection Worker-Karonga	District partners
Willie Chitete	Child Protection Worker-Karonga	District partners
Esau Chimbereko	Social Welfare Assistant-Karonga	District partners
Martha Kalumbi	Gender Officer-Karonga	District partners
Atupele Mwalweni	District Social Welfare Officer -Karonga	District partners
Davies Chelewani	Focal Person –One Stop Centre Karonga	District partners
Ethel Mwalwanda	One stop centre- Karonga	District partners
Scotch Kondowe	DEM - Mzimba	District partners
Glad Lukhere	CDA- Mzimba	District partners
Chrisy Kumwenda	Secretary Chimwemwe VSL- Mzimba	
Roselyn Mbwagha	Facilitator- Chimwemwe VSL-Mzimba	Community beneficiaries
Chiposa Munthali	Member – Chimwemwe VSL-Mzimba	Community beneficiaries
Jessie Chanya	Vice Chair, Area Development Committee, Mzukuzuku, Mzimba	Community beneficiaries

Harriet Njakwa	Mabiri Bakery Project, Mzimba	Community beneficiaries
Magaret Ngoma	Mabiri Bakery project, Mzimba	Community beneficiaries
Yona Chikoya	Mabiri Bakery project, Mzimba	Community beneficiaries
Rodwell Chunga	Social welfare assistant- Mzimba	District partners
Stain kalipinde	Focal point- One Stop Centre Mchinji	District partners
Marian Kanjirawaya	District Gender Officer, Mchunji	District partners
Sungeni Mapemba	Social Welfare Assistant - Mchinji	District partners
Chrispine Onsewa	Social Welfare Assistant - Mchinji	District partners
Rodrick galatiya	Social Welfare Assistant - Mchinji	District partners
Rome Chauluka	Community Policing Coordinator- Mchinji	District partners
James Mauzauza	Court administrator- Mchinji	District partners
Florida Chilakalaka	Desk Officer- VSU Mchinji	District partners
Ndamiwe Msiska	Social Welfare Officer	District partners
Kondwa mhone	Gender Officer - Mchinji	District partners
Honest Kayira	Assistant Social Welfare Officer-Mchnji	District partners
Francis Banda	Assistant Community Development Officer-Mchnji	District partners
Mr Ngongondo	Community leader	District partners
Mr Friday	Complimentary Basic Education Coordinator-Mchinji	District partners
Joseph Dalikeni	Coordinating Primary Education Advisor-Mchinji	District partners
Ian Chigamba	Community Leader	Community beneficiaries
James Buleya	Community Leader	Community beneficiaries
Mateyu Nyondo	Community Leader	Community beneficiaries
Anne Kajadila	District Youth Officer- Mchinji	
Mr Chikwanje	Community leader	Community beneficiaries
Janet Makawa	Sports Officer-Chinwwemwe Youth Organisation - Mchinji	Community beneficiaries
Mary Jailosi	Children's corner coordinator- Chinwwemwe Youth Organisation - Mchinji	Community beneficiaries
Charity Banda	Member Chinwwemwe Youth Organisation - Mchinji	Community beneficiaries
Mike Pesani	Member Chinwwemwe Youth Organisation - Mchinji	Community beneficiaries
Philos Gift	Family Planning Coordinator Chinwwemwe Youth Organisation - Mchinji	Community beneficiaries
Francisco Mandiwo	Director Chinwwemwe Youth Organisation - Mchinji	Community beneficiaries
Byson Milward	Secretary General Chinwwemwe Youth Organisation - Mchinji	Community beneficiaries
Franscisco Zinol	ECD Coordinator Chinwwemwe Youth Organisation - Mchinji	Community beneficiaries
Jessie chiuza	Social Welfare	
Dorica Banda	Village Health Committee	Community beneficiaries
Priscilla Phiri	Village Health Committee	Community beneficiaries
Eunice Chirwa	Village Health Committee	Community beneficiaries
Joilly Nyirenda	Nurse	Community beneficiaries
Mansa Chanya	Village Health Committee	Community beneficiaries
Martha Kayira	P/A	Community partner
Mary Phiri	CBDA	Community partner
Lucy Nsumba	Village Head Committee	Community beneficiaries
Getrude Chirwa	Safe Mother Hood	Community beneficiaries

Martha Msanja	Village Health Committee	Community beneficiaries
Mepher Phiri	Village Health Committee	Community beneficiaries
Files Sikwese	Village Health Committee	Community beneficiaries
Grace Nkhoma	Safe Mother Hood Coordinator	Community partner
Beatrice Kondowe	Health Surveillance Assistant	Community partner
Winnie Chantaya	Village Health Committee	Community beneficiaries
Estery Nyirongo	Village Health Committee	Community beneficiaries
Getrude Kajani	Village Health Committee	Community beneficiaries
Lonjezo Mambulusa	Medical Assistant	Community partner
Victoria Nyirenda	CMA	Community beneficiaries
Tinias Phiri	GBV Survivor	Community beneficiaries
Mary Kaunda	GBV Vvictim	Community beneficiaries
Amina Hassan	Community Member Mzenga HC	Community beneficiaries
Zione Kalombodza	Community Member Mzenga HC	Community beneficiaries
Lonely Hassan	Community Member Mzenga HC	Community beneficiaries
Lamence Khembo	Community Member Mzenga HC	Community beneficiaries
Jessie Mhone	Community Member Mzenga HC	Community beneficiaries
Elizabeth Mayaka	Community Member Mzenga HC	Community beneficiaries
Keness Kalisinje	Community Member Mzenga HC	Community beneficiaries
Charles Kayerasky	Community Member Mzenga HC	Community beneficiaries
John D Banda	Community Member Mzenga HC	Community beneficiaries
Thomas Banda	Community Member Mzenga HC	Community beneficiaries
Boyd Sergio	Community Member Mzenga HC	Community beneficiaries
Banda Daniel C	Community Member Mzenga HC	Community beneficiary
Kajembe M	Community Member Mzenga HC	Community beneficiary
Vasco Thundu	Social Welfare Assistant	Community Partner
Mapupo Ndhlovu	Group Village Headman	Community beneficiaries
Mary Lungu	Mabiri Bakery	Community beneficiaries
Chancy Wilima	Treasurer Mabiri Bakery	Community beneficiaries
Egly Moyo	Mabiri Bakery	Community beneficiaries
Violet Kanuda	Mabiri Bakery	Community beneficiaries
Mary Mambo	Mabiri Bakery	Community beneficiaries
Trintas Zimba	Mabiri Bakery	Community beneficiaries
Alice Zimba	Mabiri Bakery	Community beneficiaries
Martha Thole	Mabiri Bakery	Community beneficiaries
Angela Nkhoma	Mabiri Bakery	Community beneficiaries
Marga Chavula	Mabiri Bakery	Community beneficiaries
Lonha Msimuko	Mabiri Bakery	Community beneficiaries
Funny Thole	Mabiri Bakery	Community beneficiaries
Iness Jere	Mabiri Bakery	Community beneficiaries
Obvius Ndhlovu	Mabiri Bakery	Community beneficiaries
Daniel banda	Mabiri Bakery	Community beneficiaries
Anthony Manda	Community Development Assistant	Community partner
Meshack Zimba	Mabiri Bakery	Community beneficiaries
Margaret Ng'oma	Social welfare Assistant	Community beneficiaries
Ephraim Njikho	Community Development Assistant	Community beneficiaries
Rose Khondowe	Mabiri Bakery	Community beneficiaries
Elida Ng'oma	Mabiri Bakery	Community beneficiaries
Axilia Phiri	Mabiri Bakery	Community beneficiaries

Annex 5: The CPE agenda for the Govt of Malawi/UNFPA Country Programme

Date	Activity / Institution	People to meet	Location	Link with the CP	Selection criteria	Justification
WEEK 1: Dec 11-17, 2017						
Day 1 – 5	Evaluation team meeting	Evaluation Team's internal meeting	Country Office	NA	NA	Preparation of the briefing session; review of individual agendas; methodology refresher. Presentation of the evaluation team; preliminary discussions; approach to the plenary debriefing session.
	Meeting with CO Senior management; Portfolio presentation PO	Resident Representative, Deputy RR, Heads of Programme units	Country Office	NA	NA	Brief the evaluation team on the actual portfolio being implemented.
	General briefing session	All CO staff and Evaluation Reference Group	Country Office	NA	NA	Presentation of the CPE; validation of the Evaluation Matrix, the Intervention logic and the overall agenda.
Day 6 Jan 15, '18	Relevant stakeholders in Lilongwe: Direct Implementation Partners and beneficiaries	Ministries in charge or appropriate directors of Programme Areas: Health, Gender and Youth, SRH; Population and Development CO Programme	Offices of the relevant Partners And UNFPA CO	U1 and U7; U2, U3, U4, U5, U7	Criteria 1, 2, 3, 4	Main beneficiary institutions; implementing partners. Implementing partner and beneficiaries of capacity building activities.

		Associates				
Day 7 Jan 16,'18	Relevant stakeholders in Lilongwe: Direct Implementation Partners Continues	Planning Officers of Appropriate Ministries: Ministry of Economic Planning; Ministry of Health, Ministry of Education etc.	Offices of the Relevant Partners and UNFPA CO	U1 and U7; U2, U3, U4, U5 U7	Criteria 1, 2, 3, 4	Main beneficiary institutions; implementing partners. And beneficiaries of capacity building activities.
Day 8 Jan 17, '18	Relevant stakeholders in Lilongwe – Indirect Implementation Partners/Subcontractors/beneficiaries		Relevant Offices	U2, U3,U4,U5	Criteria 1, 2, 3, 4	Interviews and group discussions with final beneficiaries
Day 9 Jan 18, '18	Relevant stakeholders in Lilongwe – Direct and Indirect Implementation Partners		Relevant offices	U1 and U7 U2, U3, U4, U5	Criteria 1, 2, 3, 4	Interviews and group discussion with final beneficiaries.
Day 10 Jan 19, '18	Internal Team Meeting to review activities					
WEEK 2: January 22 - 26, 2018						
Day 11 January 22, '18	Road Trip to CP intervention districts Nkatha-Bay					Team Leader and evaluator in charge of SRH and Gender Equality
Day 12 Jan 23, '18	Field work at districts Karonga	Head of District Health Office	Relevant District offices	U1 and U7 U2, U3, U4, U5	Criteria 1, 2, 3, 4	Consultants
Day 13 Jan 24, '18	Field work at districts Mzimba	District Implementing Partners	Relevant District offices	U1 and U7 U2, U3, U4, U5	Criteria 1, 2, 3, 4	Consultants
Day 14 Jan 25, '18	District: Mzimba	Beneficiaries	Relevant District offices	U1 and U7 U2, U3, U4, U5	Criteria 1, 2, 3, 4	Consultants
Day 15 Jan 26, '18	Beneficiaries: Mchinji	Beneficiaries	Relevant District offices	U1 and U7 U2, U3, U4, U5	Criteria 1, 2, 3, 4	Consultants
Week 3: Jan 29 – February 2, 2018: visit to first 4 Districts						
Day 16, Jan 29, '18	Visit to intervention facilities Salima	Implementing Partners and Beneficiaries	Relevant District offices	U1 and U7 U2, U3, U4, U5	Criteria 1, 2, 3, 4	Consultants

Day 17, Jan 30, '18	Visit to intervention facilities Dedza	Implementing Partners	Relevant District offices	U1 and U7 U2, U3, U4, U5	Criteria 1, 2, 3, 4	Consultants
Day 18, Jan 31, '18	Visit to intervention facilities: Dedza	Implementing Partners and Beneficiaries	Relevant District offices	U1 and U7 U2, U3, U4, U5	Criteria 1, 2, 3, 4	Consultants
Day 19, Feb 1, '18	Visit to intervention facilities: Mangochi	Implementing Partners and Beneficiaries	Relevant District offices	U1 and U7 U2, U3, U4, U5	Criteria 1, 2, 3, 4	Consultants
Day 20, Feb 2, '18	Visit to intervention facilities: Machinga	Implementing Partners and Beneficiaries	Relevant District offices	U1 and U7 U2, U3, U4, U5	Criteria 1, 2, 3, 4	Consultants
	Back to Lilongwe and Internal Team Review of District activities and Data Entry					
WEEK 4: February 5 - 9, 2018: Visit to second 5 Districts						
Day 21, Feb 5, '18	Visit to intervention facilities @ district Chiradzilu	Implementing Partners and Beneficiaries	Relevant District offices	U1 and U7 U2, U3, U4, U5	Criteria 1, 2, 3, 4	Consultants
Day 22, Feb 6, '18	Visit to intervention facilities @ district: Chikwawa	Implementing Partners and Beneficiaries	Relevant District offices	U1 and U7 U2, U3, U4, U5	Criteria 1, 2, 3, 4	Consultants
Day 23, Feb 7, '18	Back to Lilongwe and Comparative Review and Data Entry	Review of Activities				Consultants
Day 24, Feb 8, '18	Back to Lilongwe and Comparative Review and Data Entry					Consultants
Day 25, Feb 9, '18	Back to Lilongwe and Comparative Review and Data Entry					Consultants
Week 5: : Lilongwe CO						
Day 26, Feb 12, '18	Debriefing of CO Management and Staff					
Day 27, Feb 12, '18	Follow-Up Interviews					
Day 28, Feb 12, '18	Interviews with Strategic Partners	Heads of UNCT or Operation Managers of Strategic Partners:	CO or elsewhere to be determined	CP external framework	UNFPA Development Partners	Focus group to gather opinions and validate partial findings on strategic positioning

		World Bank, UNDP, UNICEF, UNICEF etc.				criteria (added value and responsiveness);
Day 29, Feb 12, '18	Interviews with Strategic Partners	Ditto UNAIDS, WHO, UNDP, UNICEF, WFP, UNICEF	CO	CP external framework	UNFPA Development Partners	Focus group to gather opinions and validate partial findings on strategic positioning criteria (added value and responsiveness);
Day 30, Feb 13, '18	Evaluation Matrix Update and Analysis and Report Writing Workshop					Consultants
Week 6: Feb 14 – 26: Analysis, Synthesis						
Feb 14-26	Individual Consultants' Analysis and Report Writing					Evaluator team members work individually in data analysis and preparation of their individual findings to the team the next day
Week 7: Feb 27 – March 9, 2018: Synthesis Phase						
	Synthesis Version 1	NA	Country Office	NA	NA	Team Leader
	Consultants Review and Discussion of Report	NA	Country Office	NA	NA	Consultants
	Prelim Report shared with ERG and CO Evaluation Management Team	NA	Country Office	NA	NA	ERG and CO Presentation of the CPE preliminary findings and recommendations;

						open discussions (workshop) with CO staff and RG members.
	Incorporation of Comments from ERG and CO; Preparation for Dissemination Workshop	All CO staff and ERG members	Country Office	NA	NA	Team Leader
	Dissemination Workshop to Stakeholders					Team Leader
	Afternoon: Evaluation Team internal wrap up meeting at CO					Analysis of Outcome of the workshop, distribution of task, next steps – all to synthesize and finalize the Evaluation Report

Annex 6: Documents Reviewed

1. UNFPA Strategic Plan (2014-2017)
2. UNFPA Strategic Business Plan
3. Handbook on 'How to Design and Conduct a Country Programme Evaluation at UNFPA"
4. UNEG Code of Conduct (2008)
5. UNEG Ethical guidelines (2008)
6. UNEG Guidance document – Integrating Human Rights and Gender Equality in Evaluations (2014)
7. UNEG Norms and Standards (2016)
8. Malawi Country Office Annual Results Plans (2014, 2015, 2016)
9. Malawi Common Country Complementary Analysis
10. Malawi UNDAF (2012-2016)
11. Malawi UNFPA 7th Country Programme Document (2012-2018)
12. Relevant national policy and strategy documents for each programmatic area including disability strategy.
13. UNFPA Malawi Resource Mobilization Strategy (2012 – 2018)
14. Implementing Partner Progress (Work plan) Reports
15. Country Office Annual Reports (COARs)
16. Joint Programme Documents
17. Reports on core and non-core resources
18. Table with the list of Atlas projects
19. Malawi UNFPA 6th Country Programme Evaluation Report
20. UNFPA Monitoring and Evaluation Capacity Survey Report, 2017
21. Gender Equality and Women Empowerment End of Programme Evaluation, 2017
22. UNDAF Evaluation, 2015
23. Malawi Demographic Health Survey, 2015/16
24. Malawi Youth Status Report,2016
25. Malawi Emergency Obstetric and Neonatal Care Assessment, 2015
26. The draft National Disability Mainstreaming Strategy, 2017
27. Millennium End Line Survey, 2014
28. UN Joint Programme on Adolescent Girls End of Programme Evaluation, 2014
29. Evaluation of Malawi Youth Friendly Health Services, 2014
30. NEX audit reports and SPOT Checks Reports (2016, 2017)
31. Quarterly work plan monitoring visits reports for all Implementing Partners in all the programmatic areas
32. Macro and Micro assessment reports of Implementing Partners
33. MDG country reports
34. Documentation regarding joint programmes
35. Documentation regarding joint working groups, corresponding meeting agendas and minutes
36. Documentation on donor coordination mechanisms including list of donor coordination groups in which UNFPA participates
37. Web-based results management system for UNDAF AP: https://un-mw-rms.prome.web.com
    The Aid Management Platform, web-based statistics and data about foreign aid spending: malawiaid.finance.gov.mw