Map of Malawi

Country Programme Evaluation Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. John Mark Mwesigwa</td>
<td>Team Leader /SRH Expert</td>
</tr>
<tr>
<td>Ms. Chikondi L. Manyungwa</td>
<td>GEWE /AY Expert</td>
</tr>
<tr>
<td>Dr. Jesman Chintsanya</td>
<td>PD /AY Expert</td>
</tr>
</tbody>
</table>

Evaluation Management Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Jae Hwi Kim</td>
<td>Evaluation Manager</td>
</tr>
<tr>
<td>Mr. Benard Mijoni</td>
<td>Evaluation Manager</td>
</tr>
<tr>
<td>Ms. Abigail Simkoko</td>
<td>Evaluation Manager</td>
</tr>
</tbody>
</table>
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<th>Description</th>
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<tbody>
<tr>
<td>AGYW</td>
<td>Adolescent Girls and Young Women</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Ante-Natal Care</td>
</tr>
<tr>
<td>AU</td>
<td>African Union</td>
</tr>
<tr>
<td>AY</td>
<td>Adolescents and Youth</td>
</tr>
<tr>
<td>BEmONC</td>
<td>Basic Emergency Obstetric and Neonatal Care</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of all Forms of Discrimination Against Women</td>
</tr>
<tr>
<td>CEmONC</td>
<td>Comprehensive Emergency Obstetric and Neonatal Care</td>
</tr>
<tr>
<td>CO</td>
<td>Country Office</td>
</tr>
<tr>
<td>COVID</td>
<td>Corona Virus Disease</td>
</tr>
<tr>
<td>CP</td>
<td>Country Programme</td>
</tr>
<tr>
<td>CP8</td>
<td>Eighth Country Programme</td>
</tr>
<tr>
<td>CPD</td>
<td>Country Programme Document</td>
</tr>
<tr>
<td>CPE</td>
<td>Country Programme Evaluation</td>
</tr>
<tr>
<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
</tr>
<tr>
<td>CPW</td>
<td>Child Protection Worker</td>
</tr>
<tr>
<td>CSE</td>
<td>Comprehensive Sexuality Education</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
</tr>
<tr>
<td>CVSU</td>
<td>Community Victim Support Unit</td>
</tr>
<tr>
<td>DAC</td>
<td>Development Assistance Committee</td>
</tr>
<tr>
<td>DCS</td>
<td>Development Cooperation Strategy</td>
</tr>
<tr>
<td>DEC</td>
<td>District Executive Committee</td>
</tr>
<tr>
<td>DEM</td>
<td>District Education Manager</td>
</tr>
<tr>
<td>DFID/FCDO</td>
<td>Department for International Development/Foreign, Commonwealth Development Office</td>
</tr>
<tr>
<td>DHIS</td>
<td>District Health Information System</td>
</tr>
<tr>
<td>DoDMA</td>
<td>Department of Disaster Management Affairs</td>
</tr>
<tr>
<td>DPD</td>
<td>Director of Planning and Development</td>
</tr>
<tr>
<td>DSWO</td>
<td>District Social Welfare Office</td>
</tr>
<tr>
<td>DYO</td>
<td>District Youth Office</td>
</tr>
<tr>
<td>EmONC</td>
<td>Emergency Obstetric and Neonatal Care</td>
</tr>
<tr>
<td>ENAP</td>
<td>Early New-born Action Plan</td>
</tr>
<tr>
<td>EQ</td>
<td>Evaluation Question</td>
</tr>
<tr>
<td>EQA</td>
<td>Evaluation Quality Assessment</td>
</tr>
<tr>
<td>ERG</td>
<td>Evaluation Reference Group</td>
</tr>
<tr>
<td>ESARO</td>
<td>Eastern and Southern Africa Regional Office</td>
</tr>
<tr>
<td>ESP</td>
<td>Essential Services Package</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organisation</td>
</tr>
<tr>
<td>FEDOMA</td>
<td>Federation for Disability Organisations in Malawi</td>
</tr>
<tr>
<td>FFF</td>
<td>Freedom From Fistula Foundation</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>FSW</td>
<td>Female Sex Worker</td>
</tr>
<tr>
<td>FPAM</td>
<td>Family Planning Association of Malawi</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
</tr>
<tr>
<td>GBVMIS</td>
<td>Gender Based Violence Management Information System</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GENET</td>
<td>Girls Empowerment Network</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>GEWE</td>
<td>Gender Equality and Women Empowerment</td>
</tr>
<tr>
<td>GGGI</td>
<td>Global Gender Gap Index</td>
</tr>
<tr>
<td>GII</td>
<td>Gender Inequality Index</td>
</tr>
<tr>
<td>GIZ</td>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH</td>
</tr>
<tr>
<td>GNI</td>
<td>Gross National Income</td>
</tr>
<tr>
<td>GoM</td>
<td>Government of Malawi</td>
</tr>
<tr>
<td>HCT</td>
<td>Harmonised Cash Transfer</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno Deficiency Virus</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
</tr>
<tr>
<td>HRBA</td>
<td>Human Rights Based Approach</td>
</tr>
<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
</tr>
<tr>
<td>IMR</td>
<td>Infant Mortality rate</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interview</td>
</tr>
<tr>
<td>KOICA</td>
<td>Korea International Cooperation Agency</td>
</tr>
<tr>
<td>LGBTQI</td>
<td>Lesbian, Gay, Bisexual, Trans, Queer and Intersex</td>
</tr>
<tr>
<td>LNOB</td>
<td>Leaving No One Behind</td>
</tr>
<tr>
<td>MACOHA</td>
<td>Malawi Council for the Handicapped</td>
</tr>
<tr>
<td>MAGGA</td>
<td>Malawi Girl Guides Association</td>
</tr>
<tr>
<td>mCPR</td>
<td>modern Contraceptive Prevalence Rate</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MDHS</td>
<td>Malawi Demographic and Health Surveys</td>
</tr>
<tr>
<td>MGDS</td>
<td>Malawi Growth and Development Strategy</td>
</tr>
<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
</tr>
<tr>
<td>MMR</td>
<td>Maternal Mortality Rate</td>
</tr>
<tr>
<td>MoEST</td>
<td>Ministry of Education Science and Technology</td>
</tr>
<tr>
<td>MoHP</td>
<td>Ministry of Health and Population</td>
</tr>
<tr>
<td>MW2063</td>
<td>Malawi Vision 2063</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-governmental Organisations</td>
</tr>
<tr>
<td>NOYD</td>
<td>Ntchisi Organisation for Youth Development</td>
</tr>
<tr>
<td>NYCOM</td>
<td>National Youth Council of Malawi</td>
</tr>
<tr>
<td>NYP</td>
<td>National Youth Policy</td>
</tr>
<tr>
<td>OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>ODA</td>
<td>Official Development Assistance</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation of Economic Cooperation and Development</td>
</tr>
<tr>
<td>OMT</td>
<td>Operations Management Team</td>
</tr>
<tr>
<td>PAC</td>
<td>Post-Abortal Care</td>
</tr>
<tr>
<td>PCC</td>
<td>Parent-Child Communications</td>
</tr>
<tr>
<td>PD</td>
<td>Population Dynamics</td>
</tr>
<tr>
<td>PMT</td>
<td>Programme Management Team</td>
</tr>
<tr>
<td>RHCS</td>
<td>Reproductive Health Commodity Security</td>
</tr>
<tr>
<td>SBA</td>
<td>Skilled Birth Attendant</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>SIGI</td>
<td>Social Institutions and Gender Index</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
</tr>
<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
</tr>
<tr>
<td>TA</td>
<td>Traditional Authority</td>
</tr>
<tr>
<td>TFR</td>
<td>Total Fertility Rate</td>
</tr>
<tr>
<td>ToC</td>
<td>Theory of Change</td>
</tr>
<tr>
<td>TOR</td>
<td>Terms of Reference</td>
</tr>
</tbody>
</table>
UNAIDS: United Nations Joint Programme on HIV and AIDS
UNCG: United Nations Communication Group
UNCT: United Nations Country Team
UNDAF: United Nations Development Assistance Framework
UNDP: United Nations Development Programme
UNEG: United Nations Evaluation Group
UNFPA: United Nations Population Fund
UNICEF: United Nations Children's Fund
UNSDF: United Nations Sustainable Development Framework
UPR: Universal Periodic Review
US$: United States Dollar
USAID: United States Agency for International Development
VAWG: Violence Against Women and Girls
WFP: World Food Programme
WHO: World Health Organisation
YFHS: Youth Friendly Health Service
YONECO: Youth Network and Counseling
## Key facts table - Malawi

### Table 1: Fact Table - Malawi

<table>
<thead>
<tr>
<th>Land</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographical location¹</td>
<td>Malawi, formerly known as Nyasaland, is a landlocked country located in south-eastern Africa, bordered by Zambia to the northwest, Tanzania to the northeast, and Mozambique to the south, southwest, and southeast. It lies between latitudes 9° and 18°S and longitudes 32° and 36°E.</td>
</tr>
<tr>
<td>Land area²</td>
<td>118,484 km² (45,747 Sq. mi).</td>
</tr>
<tr>
<td>Terrain³</td>
<td>The Great Rift Valley from north to south, Lake Malawi to the east making up over three-quarters of Malawi’s eastern boundary, mountainous sections (Zomba and Mulanje peaks), and plateaus of Malawi surrounding the Rift Valley</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population⁴</td>
<td>19.6 million (2021)</td>
</tr>
<tr>
<td>Government⁵</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Malawi is a multiparty republic whose original constitution of 1966 was replaced with a provisional constitution in 1994, which was officially promulgated in 1995 and has since been amended.</td>
</tr>
<tr>
<td></td>
<td>• Malawi is headed by a president who is the head of state and government and up to two vice presidents, all of whom are elected by universal suffrage. In addition, the president appoints the cabinet.</td>
</tr>
<tr>
<td></td>
<td>• unicameral legislature (National Assembly) whose members are elected by universal suffrage and serve five-year terms.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Economy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP Per Capita (US$) Current Prices⁶</td>
<td>US $ 626.3 (2021)</td>
</tr>
<tr>
<td>GDP Growth Rate (%)⁷</td>
<td>2.8% (2021-2022)</td>
</tr>
<tr>
<td>Proportion of Population below the National Poverty line (%)⁸</td>
<td>74% (2021-2022)</td>
</tr>
<tr>
<td>Income distribution (GINI Coefficient)⁹</td>
<td>38.5 (2021)</td>
</tr>
<tr>
<td>US$ Labour Productivity Per Worker – Total¹⁰</td>
<td>2200$ (2020)</td>
</tr>
<tr>
<td>Working-Age Population Employed¹¹</td>
<td>8.5 million (2021/22)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social and Health Indicators</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Development Index Rank¹²</td>
<td>174 (2020)</td>
</tr>
<tr>
<td>Unemployment rate (overall)¹³</td>
<td>6.0% (2019)</td>
</tr>
</tbody>
</table>

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¹ Malawi: Geography, environment, and climate, https://en.wikipedia.org/wiki/Malawi
² Malawi: Geography, environment, and climate, https://en.wikipedia.org/wiki/Malawi
³ Malawi: Geography, environment, and climate, https://en.wikipedia.org/wiki/Malawi
⁴ World Development Indicators (WDI), Macro Poverty Outlook, and official data, World Bank
⁵ 1995 Constitution of Malawi
⁶ World Development Indicators (WDI), Macro Poverty Outlook, and official data, World Bank
⁷ World Development Indicators (WDI), Macro Poverty Outlook, and official data, World Bank
⁸ World Development Indicators (WDI), Macro Poverty Outlook, and official data, World Bank
⁹ World Development Indicators (WDI), Macro Poverty Outlook, and official data, World Bank
¹⁰ Labour Market Profile Malawi – 2022/2023, Danish Trade Union Development Agency
¹² Human Development Report 2020, Malawi, UNDP
¹³ Labour Market Profile Malawi – 2022/2023, Danish Trade Union Development Agency
### Per capita public health expenditure US$\(^{14}\)

<table>
<thead>
<tr>
<th></th>
<th>30.40 (2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literacy Rate (10 years and above) – Total(^{15})</td>
<td>Both sex 62% Male 70%, Female 55% (2015)</td>
</tr>
<tr>
<td>Total Fertility Rate(^{16})</td>
<td>4.4 (2018)</td>
</tr>
<tr>
<td>Infant Mortality Rate per 1000 live births(^{17})</td>
<td>42 (2017)</td>
</tr>
<tr>
<td>Under-five Mortality Rate per 1,000 live births(^{18})</td>
<td>63 (2017)</td>
</tr>
<tr>
<td>Maternal Mortality Ratio per 100,000 live births(^{19})</td>
<td>439 (2017)</td>
</tr>
</tbody>
</table>

### Sustainable Development Goals Status: Malawi

**Key to colours:** For SDG indicators

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

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

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\(^{14}\) The World Bank, https://www.theglobaleconomy.com/Malawi/health_spending_per_capita/


\(^{16}\) Malawi Housing and Population Census 2019

\(^{17}\) Malawi Demographic and Health Survey 2015-16

\(^{18}\) Malawi Demographic and Health Survey 2015-16

\(^{19}\) Malawi Demographic and Health Survey 2015-16


<table>
<thead>
<tr>
<th>Goal</th>
<th>Trend</th>
<th>Indicator and Source</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDG10 (Reduced inequalities)</td>
<td></td>
<td>Gini index (0-100)(^{30})</td>
<td>37.3 (2018)</td>
</tr>
<tr>
<td>SDG17 (Partnerships for the goals)</td>
<td></td>
<td>Government spending on health and education(^{31})</td>
<td>5.3 (2020)</td>
</tr>
</tbody>
</table>


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

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

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

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

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

We would like to appreciate the strategic guidance of Ms. Miranda Tabifor (Officer in Charge at UNFPA Malawi CO), Mr. Ezizgeldi Hellonov, Deputy Country Representative, Ms. Dorothy Nyasalu, Assistant Representative and the supervisory support by the Evaluation Managers: Ms Jae Hwi Kim, Mr. Bernard Mijoni and Ms. Abigail Simkoko, who also provided technical oversight to the CPE. We would like to acknowledge the contributions made by the UNFPA Malawi CO programme and administrative staff, without whom the CPE would not have been successful.

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

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

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

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

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

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

**Key Findings:** Regarding relevance, the four components of UNFPA’s CP8 are highly relevant to the priorities of the GoM policies, and strategies as well as Malawi’s United Nations Sustainable Development Framework (UNSDF) 2019-203 and the international commitments, UNFPA mandate and to the needs of the beneficiaries. The associated interventions of the four thematic components were consistent with the priority components of the ICPD, the 2030 SDG Agenda and the three transformative results of UNFPA’s strategic plan. As for the UNFPA’s response to the changing needs in the political and humanitarian context, the Country Office (CO) was flexible to respond to the new government policies, developed a Response Plan to the COVID-19 pandemic and implemented it as a plan of action from the onset of this emergency. The Plan of Action encompassed key interventions and high priority areas to reduce the impact of the pandemic to development and humanitarian interventions.

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

Under the first CP output on Integrated SRH, UNFPA support contributed to improved capacity of health facilities to provide EmONC services and the improved skilled birth attendance (SBA) implies that the risk of mothers getting complications during labour and delivery remained low. The number of women and girls living with fistula receiving treatment with UNFPA support was over-achieved (297 percent); 5562 clients versus a target of 2000 were treated. The CO established and conducted emergency preparedness processes and activities to help mitigate risks in the event of an onset of a crisis. The target of identified vulnerable people provided with Minimum Initial Service Package (MISP) for humanitarian response with UNFPA support; towards surgery, unit providing treatment or transport of fistula patients to and from the health facilities, was over-achieved. Under the second output of family planning (FP), the following were achieved: (i) number of additional users of FP for adolescent girls aged 15-19 years in focus districts was likely to be achieved (58 percent of target); that is a cumulative total of 456,530 additional users out of a target of 794,250 were reached (2019-2021); (ii) the demand for FP services by beneficiaries was sub-optimal due to funding constraint during 2020/2021 and the COVID-19 pandemic mobility restrictions. For the Adolescents and Youth (AY), the programme succeeded in going far beyond the set targets both for the outcome and output indicators. Although the adolescent birth rate has remained high, a further analysis shows a slight decline in birth rates for adolescent girls and young women in the UNFPA focal districts (Nkhata Bay, Dedza, Mchinji, Mangochi and Chiradzulu). The life skills programme for marginalised adolescent girls, which aims to build their health, social and economic assets enabled adolescent young women and men to be empowered economically through the Village Savings Loans (VSLs). Through the national and district-level networks, young people were empowered to participate in decision making.

Under GEWE, UNFPA made significant contributions to respond to GBV and harmful practices at all levels. UNFPA has demonstrated strong leadership and comparative advantages in the prevention and responses to GBV and harmful practices such as child marriages with particular emphasis on linkages to SRH. The increased capacity to address GBV was recognized among the government and CSO partners, including the MoGCSW, Police Victim Support Units and MoHP as well as among the girls in the safe spaces through the Integrated Essential Services Package. Positive changes indicated gender norms for preventing GBV, including harmful practices among non-traditional groups especially men and boys, traditional and also religious leaders. With regards to GBV in humanitarian settings, UNFPA helped to address GBV experienced by women and adolescent girls /disadvantaged women and girls during COVID-19 pandemic and also the flooding that devastated communities in Nsanje, Chikwawa, Mulanje and Phalombe districts.
The GBV Technical Working Group is considered as an effective mechanism for discussing issues in humanitarian and emergency situation. UNFPA supported the GBV Technical Working Groups at national as well as district levels. UNFPA also made significant contributions in women’s economic empowerment through the survivor fund and also enhanced access to justice through the community fund. However, delays by UNFPA in the provision of resources to respond to GBV in humanitarian and emergency situations was reported to be a challenge by the stakeholders. Under PD, significant achievements were made namely: (i) UNFPA’s technical support enabled the in-depth thematic analysis of the 2018 Population and Housing Census data and its use at national and subnational levels for monitoring purposes; (ii) Malawi’s ability to leverage on how to use and manage novel technology in census data collection enhanced the South-to-South cooperation by sharing its success story towards digital census.

Efficiency: The CO made good use of its resources to deliver results. Based on the review of financial documents, stakeholders’ interviews, reviews of Annual Work Plans and Progress reports, all the four thematic components have made good use of the resources. Activities employed to achieve outputs were found to be highly appropriate. The UNFPA administrative and financial systems for the CP were largely adequate and functional. UNFPA has a clear and robust system for ensuring checks and balances, and to ensure that IPs were accountable for deliverables in a timely manner. However, there were reports of too much bureaucracy within the financial management system which gave rise to delays in the disbursement of funds to IPs.

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

Coordination: UNFPA is an active member of the United Nations Country Team (UNCT) and the leadership role as co-chair or a lead of various fora is recognized and appreciated by other UN agencies. UNFPA is an influential key player at the national level and has held key responsible positions in various committees and technical working groups (TWGs) contributing to the country’s development agenda. The UNFPA field offices have strengthened the coordination between UNFPA and district assemblies and IPs. The results achieved under Delivering as One have served as a base for the GoM and the UN system to jointly pursue the national priorities contained in Malawi Vision 2063 (MW2063) and the localization of the SDGs.

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

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

Key lessons learnt include the following: (i) there is limited sustainability of political will around supporting the SRHR programme such that the financing for SRHR including FP commodities remains largely donor
dependent; (ii) UNFPA support made significant contributions in addressing harmful cultural practices at community level especially with regards to child marriages and initiations rites by bringing about norm change; (iii) the occurrence of too many policy changes in the UNFPA financial accountability system constrains speedy IP implementation; and (iv) the GoM has recognized the importance of data generation and use and it plans to mobilise 1 percent of programme funding to a pool to support the generation of data.

Main Conclusions
Strategic Level:
The GoM/UNFPA’s CP8 is well aligned to the national and international development priorities. The CP effectively responded to the changing political environment and needs including humanitarian settings. UNFPA is a dependable strategic partner to the GoM, other UN agencies and leading bilateral agencies. Due to the on-going COVID-19 pandemic, war in Europe and the economic instability, there is a risk of reduction in global funding for development work which potentially might constrain programming.

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

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

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

Recommendations
Strategic Level:
During the design and implementation of the next CP, priority should be given to wide consultations with key stakeholders at all levels, consolidation of strategic partnerships, and responsiveness to the changing environment and needs in development as well as humanitarian settings. (Short-term)
Given the on-going unpredictable political global environment (including potential reduction in global donor funding), UNFPA should position itself strategically in concert with other UN agencies (e.g. UNICEF) to contribute to the attainment of MW2063 and Malawi Implementation Plan (MIP 1). *(Short-term)*

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

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

**Programmatic Level:**

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

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

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

UNFPA should provide support to enhance financial management and business skills among beneficiaries of the survivor fund. There should be mechanisms to ensure accountability and transparency in the management of the funds. UNFPA should advocate for continuation of child marriage withdrawals to occur as part of a broader child marriage strategy within communities. Those partners supporting withdrawals should make sure that communities are prepared to offer girls assistance with education re-entry (e.g., school fees) or transition to livelihood opportunities (vocational training or seed grants) to help ensure a successful post-withdrawal transition. *(Medium-term)*

The next CP needs to systematically incorporate specific and targeted activities aimed at disability inclusion in all areas of operation. UNFPA should consider enhancing partnership with organizations of persons with disabilities such as Malawi Council for the Handicapped, Federation for Disability Organisations in Malawi and other specialized stakeholders. Such partnerships could facilitate UNFPA’s better understanding of the barriers faced by people living with disabilities, particularly those victims of SGBV. Such enhanced partnerships could also enable further inclusion of disability in UNFPAs’ field monitoring by providing access to important disability networks at the local level. *(Medium-term)*

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

Within the Data Group, UNFPA should advocate for continuous capacity building in order to improve the data management information system at national and sub-national levels. *(Long-term)*
CHAPTER 1: INTRODUCTION

1.0 Purpose and objectives

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

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

i. Provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support.

ii. Provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.

iii. Provide an assessment of the role played by the UNFPA Malawi CO in the coordination mechanisms of the United Nations Country Team (UNCT), with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Malawi CO in the coordination mechanisms of the Humanitarian Country Team (HCT), with a view to improving humanitarian response and ensuring contribution to longer-term recovery.

iv. Draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

1.2 Scope of the evaluation

1.2.1 Thematic

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

1.2.2 Geographic

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

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

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

1.2.3 Temporal

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

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1.3 Audience
The main audience and primary intended users of the evaluation are: (i) The UNFPA Malawi CO; (ii) the GoM; (iii) IPs of the UNFPA Malawi CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the UNCT; (vi) Eastern and Southern Africa Regional Office (ESARO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international non-governmental organization (NGOs). In addition, the evaluation results will be disseminated using a stakeholders’ workshop and will be available on the UNFPA Malawi website as well as on the corporate website for UNFPA evaluations.

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

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

Table 2: Evaluation criteria and evaluation questions

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

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Evaluation questions

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

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

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

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

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

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

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

**Figure 1: Different data collection methods**

<table>
<thead>
<tr>
<th>Method</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Document review</td>
<td>Over 100</td>
</tr>
<tr>
<td>Key informant interview</td>
<td>112 respondents (49F/63M)</td>
</tr>
<tr>
<td>Focus group discussion</td>
<td>111 respondents (66F/45M)</td>
</tr>
<tr>
<td>Visual observation</td>
<td>2 YFHSs</td>
</tr>
</tbody>
</table>

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

**1.4.2.1 Document review**
The evaluation team conducted an extensive review of relevant documents, to inform the evaluation design, and triangulated with primary sources. The Evaluation Manager identified and provided the main documents to the evaluation team as per UNFPA Evaluation Handbook guidelines. A list of documents consulted/reviewed is in Annex 3.
1.4.2.2 Key informant interviews

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

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

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

<table>
<thead>
<tr>
<th>Thematic area</th>
<th>Level</th>
<th>Key informants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Donor Community: UNFPA, UNAIDS, UNDP, UNICEF, DFID/FDCO, USAID</td>
</tr>
<tr>
<td></td>
<td>District</td>
<td>District Councils (includes all thematic areas), Dedza (Central region) – UNFPA focus district, Mangochi (Central region) – UNFPA focus district, Mulanje (South region) - Emergency intervention district, Nkhata Bay (North region) – UNFPA focus district, Mzansi (South region) – Emergency intervention district, NGO/CSO partners (Youth Network and Counseling (YONECO), Marie Stopes International (Banja la Mtsogolo), Family Planning Association Malawi (FPAM), Freedom From Fistula Foundation (FFF), Fistula Care Centre)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>District Executive Committee (DEC), Director of Health Services, District Nursing Officer, Director of Planning and Development, District Youth Officer, District Social Welfare Officer, District Agricultural Development Officer and CSOs.</td>
</tr>
<tr>
<td></td>
<td>Community</td>
<td>Selected KIs, Traditional Authority</td>
</tr>
<tr>
<td>Thematic area</td>
<td>Level</td>
<td>Key informants</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Adolescents and youth**             | National    | Group Village Headman  
Religious Leaders and MPs.                                                                                                                       |
|                                       | National    | Government partners:  
Ministry of Youth and Sports  
Ministry of Education  
Ministry of Gender, Community Development and Social Welfare  
National Youth Council of Malawi |
| Donor Community                       | National    | (DFID, GIZ, JICA, Sida, EU) and  
AY (NORWAY, USAID, Sida, KOICA, UN Foundation)                                                                                                      |
| **District**                          | **DEC**     | DEC  
District Education Manager  
Director of Planning and Development  
District Youth Officer  
District Social Welfare Officer                                                                                                                        |
| **Community**                         | **Child Protection Workers (CPW)** |  
Victim Support Unit  
Area Development Committee (ADC)  
Community Based Organization CBO  
Women Forum  
Police Forum  
Safe Space groups (Mentors and Mentees)                                                                                                             |
| **Gender equality and women's**       | National    | Government partners:  
Ministry of Gender, Children, Disability and Social Welfare  
Ministry of Health and Population  
Ministry of Youth and Sports  
NGOs/Civil Society  
AMREF/NOYD/Action Aid  
Girls Empowerment Network  
Malawi Girl Guides Association - MAGGA  
Media  
Zodiak Broadcasting  
Malawi Broadcasting Corporation |
| **Partner and Donor Community**       | **FAO, OCHA, UNICEF, WFP, Iceland, EU** |                                                                                                                                                |
| **District**                          | **Districts (as above under SRH)** |  
District Health Officer  
YFHS coordinator and CSOs  
YONECO  
District Gender Officer  
Social Welfare Officer  
District SRH Coordinator  
District Magistrate  
Police Victim Support Unit Coordinator  
District Youth Officer (DYO)                                                                                                                                  |
| **Community**                         | **Officer in Charge of Health facility** |  
YFHS provider  
Child Protection Workers (CPW)                                                                                                                           |
### Thematic area | Level | Key informants
--- | --- | ---
Victim Support Unit Area Development Committee (ADC) Community Based Organization (CBO) Women Forum Police Forum Safe Space groups (Mentors and Mentees)

### Population Dynamics
- National
  - Government
  - Ministry of Finance
  - National Statistical Office
  - Ministry of Health and Population
  - Ministry of Local government and Rural Development
  - National Planning Commission
- Partner and Donor Community
  - DFID/FCDO, Norway, Iceland, USAID, UNDP, UNICEF
- District
  - Director of Planning and Development
  - District Youth Officer (Ministry of Youth and Sports)
  - District Gender Officer
  - NICE and YONECO
- Community
  - Selected key informants
  - Traditional Authorities; religious and cultural leaders
  - Group Village Heads
  - MPs and Ward Councillors.

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

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

#### 1.4.2.5 Validation process
Data validation was done on a routine basis at the end of every data collection day through debriefing sessions by the evaluation team. Data collected from multiple sources were triangulated to support and validate the evaluation findings. The gender aspect was incorporated throughout the analytical process at multiple levels. Additionally, the validation of data including the draft recommendation was sought through regular exchanges.
with the CO programme staff; technical officers at national and field levels and the Evaluation Manager(s). Thereafter, the draft report was validated by the Evaluation Reference Group (ERG) and the UNFPA Regional Monitoring and Evaluation Advisor during a joint online meeting for quality assurance before submission to UNFPA CO.

1.4.3 Ethical considerations

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

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

1.4.4 Data collection tools

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

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

1.4.5 Selection of districts and stakeholders

The CPE8 was conducted in five districts selected from the three regions of Malawi where UNFPA is implementing its programmes. The first tier of districts categorized as five focal districts (green colour) namely: Nkhata Bay, Mchinji, Dedza, Mangochi and Chiradzulu. The second tier comprises the emergency intervention districts (red colour) namely: Chikwawa, Nsanje and Mulanje. The third tier comprises the multi-year donor funded districts (cream colour), which are Salima, Kasungu, Ntchisi, Mzimba, Machinga, Dowa, Rumphi, Lilongwe, and Balaka as shown in Figure 21 (Map of Malawi) on the next page.

---


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

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

1.4.5.2 Assumptions of the causal links between the results
Furthermore, in keeping with the change (or lack of) in the outcomes during the evaluation period, the extent to which there was change or lack of in the outcomes also determined by the other factors including systems of kinship (patrilineal or matrilineal), ethnicity, economic activity, and rural-urban contrast. Furthermore, donors and development partners in Malawi were classified in various categories being either multi-lateral or bilateral. The list of donors included traditional donors, international financing institutions, non-traditional or emerging donors,
private sector, UN agencies and Trust Funds as well as government contribution. The evaluation team ensured that the selected districts fell at least in one of these sub-categories.

### 1.4.5.3 Differentiation of respondents

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

#### Table 4: Stakeholder by category and gender

<table>
<thead>
<tr>
<th>Category</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme beneficiaries (FGDs)</td>
<td>66</td>
<td>45</td>
<td>111</td>
</tr>
<tr>
<td>GoM (+ Districts)</td>
<td>18</td>
<td>37</td>
<td>55</td>
</tr>
<tr>
<td>UNFPA</td>
<td>19</td>
<td>9</td>
<td>28</td>
</tr>
<tr>
<td>UN agencies</td>
<td>3</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>CSOs/NGOs</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Donors</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>115</td>
<td>108</td>
<td>223</td>
</tr>
<tr>
<td><strong>Percentage</strong></td>
<td>52</td>
<td>48</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Evaluation team analysis

Among the programme beneficiaries, there were three (3) female persons living with disabilities (PLWD).

The analysis in terms of numbers by sex for the different categories is shown diagrammatically in Figure 3.

#### Figure 3: Stakeholder by category and gender

1.4.6 Consolidation of data, analysis and reporting

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

---

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

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

1.4.6.3 Contribution analysis and triangulation
Progress against planned results was assessed in order to determine the degree to which the CP interventions contributed to expected results. To complement the analyses, a contribution analysis\(^{39}\) was used to assess causal links and reduce uncertainty about the contribution the intervention was making to the observed results. The contribution analysis was applied mainly to assess the contribution of the CPE interventions to the outputs and outcomes.

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

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

### Table 5: Limitations, risks and mitigation measures

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

## Limitations

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

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

### 1.4.9 Process overview

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

**Figure 4: Phases of the evaluation process**

![Figure 4: Phases of the evaluation process](source)

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

<table>
<thead>
<tr>
<th>Evaluation Phase</th>
<th>Main Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparatory phase</td>
<td>Drafting and approval of the TOR by UNFPA CO. Hiring of consultants by CO. Assembly of Evaluation Reference Group (ERG). Compile initial list of documentation/stakeholder mapping.</td>
</tr>
<tr>
<td>Design phase</td>
<td>Literature review of CP documents by the evaluation team: Stakeholder mapping</td>
</tr>
<tr>
<td>Evaluation Phase</td>
<td>Main Activity</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------</td>
</tr>
</tbody>
</table>
| **Main Activity** | - Analysis of the intervention logic of the programme  
- Finalization of the list of evaluation questions; and preparation of evaluation matrix  
- Development of a data collection and analysis strategy (including tools)  
- Work plan for the field phase.  
Drafting of the design report by the evaluation team  
Submission of design report to the Evaluation Manager(s)  
Discussion and approval of the design report  |
| **Field phase** | Conduct data collection by evaluation team  
Preliminary data analysis  
Presentation of preliminary findings, conclusions and recommendations to UNFPA CO through a debriefing meeting  |
| **Reporting phase** | Comprehensive data analysis, including addressing comments during the preliminary debrief by evaluation team  
Drafting of draft final CPE evaluation report  
Preparation of second draft final report (by the evaluation team) based on review comments of the ERG  
Dissemination of the second draft of final report to key Stakeholders for review  
Evaluation Quality Assessment (EQA)  
Production of final CPE report by the evaluation team  |
| **Dissemination and follow-up phase** | Evaluation Manager shall ensure that the final evaluation report is circulated to relevant units in the CO and consolidate all management responses  
A PowerPoint presentation for the dissemination of CPE results by ET  
Evaluation Manager, at the UNFPA CO, shall develop an evaluation brief that makes the results of the CPE more accessible to a larger audience  
Dissemination of the evaluation findings by UNFPA CO and HQ  |


The evaluation team started with the design phase. The various activities, which were undertaken during the CPE, stakeholders to interview and the timelines are shown in the CPE Agenda in Annex 9.
CHAPTER 2: COUNTRY CONTEXT

2.1 Development challenges and national strategies

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

Population

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

Figure 5: Population pyramid showing the age structure of Malawi

Source: 2018 Malawi Population Housing Census

High fertility rates

There are high fertility rates amongst adolescents and early sexual debut for Malawian women aged 25-49 years is at 16.8 years. Teenage pregnancies increased from 26 percent in 2010 to 29 percent in 2015/16. However, it has marginally declined to 27.2 percent in 2021.

Poverty

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

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42 National Statistical Office (NSO) [Malawi] and ICF. 2017. Malawi Demographic and Health Survey 2015-16. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF.
43 www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/ [accessed May 2016]
44 Only the Gambia, Burundi and Uganda have both higher population densities and higher rates of population growth. Malawi’s GDP per capita in 2016 was $301. Of all the SSA countries for which data is available only Burundi has a lower GDP per capita. Source: World Bank WDI database.
groups (0-9 years, 10-19 years and 20-34 years) experience higher deprivations at 55.8 percent, 55.1 percent and 55.3 percent, respectively.

**Economics**

Malawi’s 2021/2019 budget was implemented amidst the COVID-19 pandemic, which has evolved to adversely affect the economy and all other development sectors of the country. Malawi’s economy registered a recovery – the real GDP grew growth of 3.9 percent up from a growth of 0.8 percent in 2020. The economy was expected to grow further to 4.1 percent in 2022, however, because of Tropical Storm Ana, the ongoing impacts of the COVID-19 pandemic and the war in Ukraine, the GDP has been revised to 1.7 percent. Malawi is currently categorised as a low-income country with an estimated GDP per capita of USD 545 in 2021.

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

**2.2 National Strategies**

**2.2.1 Sexual and reproductive health and rights**

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

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

**Maternal health**

**Maternal mortality ratio (MMR)**

The MMR has generally decreased by 1.4 fold over the last 30 years. The MMR for (the 7 year period before) 2016 was 439 deaths per 100,000 live births compared to 675 deaths per 100,000 live births in 2010. Despite the reduction of MMR, Malawi still has one of the highest ratios in Sub-Saharan Africa. About 3 in every 20 deaths among women of reproductive age are maternal deaths. The MMR in 1992 and 2016 is in Figure 6.

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51 http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/MAL.pdf
55 Ibis 5
Fertility and family planning
Malawi's total fertility rate (TFR) among women aged 15-49 years has dropped from 6.7 children per woman in 1992 to 5.7 in 2010 and 4.2 in 2019/2020 (refer to Figure 7). Fertility rates remain higher in rural areas (4.5 in 2019/20). The adolescent and youth fertility rate in Malawi is high.57 Age specific-fertility rates start at 136 births per 1,000 women among women aged 15-19 years, peak among women aged 20-24 years (216 births per 1,000 women) and decline thereafter (see Figure 8).

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

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

There is no universally accepted definition of youth. The United Nations (UN), for instance, defines a youth as any person aged between 15 and 24 years, whereas the African Union (AU) uses the 15-35 years age cohort. The GoM, through its National Youth Policy (NYP) (2013), defines a youth as a person aged 10-35 years. The NYP (2013), however, acknowledges the flexibility in applying the “10-35 year” definition, depending on the characterization parameters. Despite this diversity, all definitions agree that “youth” is a period of childhood to adulthood transition, in both physical and social terms, making youth a challenging social entity with its own concerns, needs and aspirations.

Adolescent SRH services

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

2.2.3 Gender equality and empowerment of women, including GBV

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

In Malawi, many girls are trapped in a cycle of early marriage, early pregnancy, and dropping out of school, leading to devastating consequences for their economic empowerment, health and wellbeing, and their rights to live a life free of violence. Almost 22 percent of women and 9 percent of men experienced gender-based discrimination in the year 2017.

Access to GBV services

References:
64 World Bank, 2022. Malawi Gender Assessment March 2022
65 Human Development Report 2021
66 Elita Chayala, Madalitso Luhanga, Tanya D’Ilma, 2022. Tackling gender-based violence at project sites in Malawi. Nasiikazi
In line with its own commitments to address gender-based violence, the Malawi government has increased responsiveness to violence against women and girls (VAWG) through enhancing coordination and capacity building for national, district, community and traditional structures resulting into significant improvements in referral to relevant services.\(^6^8\) Sexual Gender Based Violence (SGBV) and Harmful Practices (HPs) rooted in widespread gender inequality are exemplified by one of the highest rates of child marriage in the world, high rates of maternal mortality and of physical and sexual violence.\(^6^9\) Violence and discrimination against other groups including persons with disabilities, albinism or those identifying as LGBTIQ is also commonplace. Access to justice is weak and inconsistent, despite some progress in strengthening national accountability mechanisms. Civic space remains limited, partly due to restrictive laws.\(^7^0\)

**Key gender indicators for Malawi**

There are five key gender indicators namely HDI, Gender Inequality Index (GII), Social Institutions and Gender Index (SIGI) and the Global Gender Gap Index (GGG).\(^7^1\)

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

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

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

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

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

### 2.4 Population dynamics (PD)

**Population data systems:**

In terms of surveys, the National Statistics Office (NSO) has conducted several nationally representative surveys which provide information on the demographic characteristics, and socio-economic characteristics of the people in the country. The surveys include the Malawi Demographic and Health Surveys (MDHS);\(^7^2\) Multiple Indicators Cluster Surveys (MICS),\(^7^3\) which measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the SDGs and other internationally agreed upon commitments. In addition, there are the Integrated Household Surveys (IHS),\(^7^4\) useful for calculating poverty levels of households headed by females. The major limitation of the surveys is that they focus on women aged 15-49 years while for men it is 15-54 years.

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


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

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

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

Trends of ODA
The net ODA had been increasing since 2015 up to 2018 as shown in Table 7. There was a drop during 2019 during to the effects of COVID-19 pandemic. However, this has now increased again during 2020.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Net ODA (US$ Billions)</th>
<th>% GNI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>1.05</td>
<td>17.1</td>
</tr>
<tr>
<td>2016</td>
<td>1.25</td>
<td>23.0</td>
</tr>
<tr>
<td>2017</td>
<td>1.52</td>
<td>17.3</td>
</tr>
<tr>
<td>2018</td>
<td>1.28</td>
<td>13.2</td>
</tr>
<tr>
<td>2019</td>
<td>1.17</td>
<td>10.8</td>
</tr>
<tr>
<td>2020</td>
<td>1.45</td>
<td>12.1</td>
</tr>
</tbody>
</table>

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76 ibid
77 UNFPA Malawi (2020) Malawi Annual Report
78 https://data.worldbank.org/indicator/DT.ODA.ODAT.CD?locations=MW
CHAPTER 3: UNFPA RESPONSE AND PROGRAMME STRATEGIES

3.1 United Nations and UNFPA Strategic Response

3.1.1 UN and UNFPA response

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

3.1.2 Link of CPD outputs with UNDAF and UNFPA SP outcomes

The link between CPD 2019-2023 and UNFPA Strategic Plan 2018-2021 is shown in Table 8.

<table>
<thead>
<tr>
<th>CPD 2019-2023 Outputs</th>
<th>UNFPA Strategic Plan 2018-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1</strong>: Health institutions and health workers, including midwives in the five focus districts, have improved capacities to provide high-quality integrated sexual and reproductive health services and information to the most marginalized women and young people, especially adolescents, including in humanitarian setting</td>
<td>Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.</td>
</tr>
<tr>
<td><strong>Output 2</strong>: Ministry of Health is better able to effectively forecast, procure and distribute sexual and reproductive health commodities and maternal health life-saving drugs, including last mile tracking.</td>
<td></td>
</tr>
<tr>
<td><strong>Output 3</strong>: Young people, particularly adolescent girls, are more empowered to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development at national and local level.</td>
<td>Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.</td>
</tr>
<tr>
<td><strong>Output 4</strong>: Government entities, national human rights institutions, civil society organizations and communities at national level and in focus districts have improved capacities to prevent and address gender-based violence and sexual exploitation.</td>
<td>Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings</td>
</tr>
<tr>
<td><strong>Output 5</strong>: Public institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy.</td>
<td>Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development</td>
</tr>
</tbody>
</table>

3.2 UNFPA response through the country programme

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

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83 UNFPA Strategic Plan 2022-2025 (page 9)
(2019-2023) through a participatory process involving national and district stakeholders, including civil society, the private sector, young people, UN organizations and development partners. The CP is aligned to the Malawi Vision 2063, the UNSDF 2019-2023, the ICPD, the 2030 Agenda for Sustainable Development, and FP 2030.

3.2.1 UNFPA Malawi’s response through the 8th CP (2019-2023)
The UNFPA Malawi 8th Country Programme initially had a total budget of $45.6 million: $10.5 million from regular resources and $35 million through co-financing modalities and/or other resources, including regular resources. The budget covered four programmatic areas namely: 1) SRH $20.3 million (44.5 percent), 2) AY $12.1 million (26.5 percent), 3) GEWE $6.1 million (13.4 percent), and 4) Population Dynamics $6.0 million (13.4 percent). An amount of $1.0 million (2.2 percent) was allocated to programme management, coordination and monitoring. The Table 10 shows the summary of the budget for the UNFPA CP8. However, following a successful resource mobilisation, the CO secured US$ 95.86m by mid 2022 (as shown under the section of Financial Structure).

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

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

Lessons from the CPE of 7th CP (2012-2018)\(^{84}\)
An independent assessment of UNFPA 7th Country Programme was conducted during 2017 and the key lessons were as follows:

(a) Adequate human and financial resources were very critical implying that the amount of resources allocated at different levels affects the volume and timely implementation of the interventions.

(b) In order to enhance program delivery efficiently soliciting of technical assistance in form of external experts for various assignments was pivotal especially in situations where the existing staff had constraints of expertise or time.

(c) Good collaboration and coordination between the UNFPA, government and other cooperating partners was a very critical factor to effective implementation. Hence strong partnerships are imperative in mobilising the required support and resources for the CP implementation. Collaborative actions are also crucial for success in CP implementation. Strong institutional coordinating structures are very critical in ensuring the successful implementation of CP interventions.

(d) Priority setting was key both at district and national level as it improves quality in the implementation phase. The implementing partners need to justify their activities and what change these will bring.

(e) The CP7 noted that there was a lack of inclusion of livelihood and entrepreneurship skills in adolescent and youth programmes. It noted that integration of livelihoods or entrepreneurship in all the adolescents and youth programmes for job placement should be an integral part of all the intervention activities.

(f) Leadership and ownership is essential for effectiveness and sustainability in CP interventions.

\(^{84}\) UNFPA CPE of 7th Country Programme (2012-2018)
3.2.1 GoM/UNFPA 8th CP
The following sub-sections describe the intervention logic in the thematic components of the UNFPA Malawi 8th CP.

3.2.1.1 The intervention logic in the SRHR component
Output 1: Health institutions and health workers, including midwives in the five focus districts, have improved capacities to provide high-quality integrated sexual and reproductive health services and information to the most marginalized women and young people, especially adolescents, including in humanitarian settings. The programme focuses on revitalizing FP through advocacy and capacity-development efforts that promote universal access and rights-based approaches at the national and subnational levels.

Output 2: Ministry of Health is better able to effectively forecast, procure and distribute sexual and reproductive health commodities and maternal health life-saving drugs, including last mile tracking.

3.2.1.2 The intervention logic in the AY component
Output 3: Young people, particularly adolescent girls, are more empowered to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development at national and local level. This will be achieved by supporting leadership and the participation of young people in initiatives that encourage dialogue and seek local solutions for SRH challenges, with a focus on young girls.

3.2.1.3 The intervention logic in the GEWE component
Output 4: Government entities, national human rights institutions, civil society organizations and communities at national level and in focus districts have improved capacities to prevent and address gender-based violence and sexual exploitation.

3.2.1.4 The intervention logic in the PD component
Output 5: Public institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy.

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

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

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

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

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

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

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85 UNFPA Malawi CPD 2019-2023; UNFPA Strategic Plan 2018-2021
- There are measurable indicators at the outcome and output levels with specific baseline and target figures. The targets are realistic.
- The achievement of the output indicator targets would result into the fulfillment of the outcomes.
- The strategic interventions under each thematic component are grouped under the 5 UNFPA modes of engagements namely i) advocacy and dialogue; ii) knowledge generation and sharing; iii) capacity building; iv) service delivery; and v) partnership and coordination. The implementation of these interventions is likely to result into the achievement of the outputs.
- Within the ToC framework, the specific the risks and assumptions are clearly stated. For each thematic component, the ToC indicates the complementarity of the other outcomes to support the implementation of the strategic interventions.
- The major problem(s) at hand under each thematic component have been indicated.

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

### 3.2.3 Financial structure of the CP

#### 3.2.3.1 Allocation of budget, 2019-2023

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

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


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

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

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

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

Source: UNFPA Malawi Atlas

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

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

Source: UNFPA Malawi Atlas

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

Figure 11: Evolution of overall budget and expenditure

![Overall budget vs expenditure](image)

and successful resource mobilisation efforts by the CO.

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

![Budget and expenditure by origin of funds and by year](image)

Source: UNFPA Malawi Atlas 2019 to mid - 2022

3.2.3.5 Mobilised resources by development partner

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

<table>
<thead>
<tr>
<th>Donor</th>
<th>Outcome 1 SRH</th>
<th>Outcome 2 A&amp;Y</th>
<th>Outcome 3 GEWE</th>
<th>Outcome 4 PD</th>
<th>Organisational Effectiveness and Efficiency</th>
<th>SP 2022-2025 Outcomes</th>
<th>Tota USD</th>
<th>% contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Deutsche (GIZ) GMBH</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,441</td>
<td>-</td>
<td>-</td>
<td>1,441</td>
<td>0.0%</td>
</tr>
<tr>
<td>2 Iceland</td>
<td>502,322</td>
<td>28,368</td>
<td>83,633</td>
<td>737,131</td>
<td>-</td>
<td>81,508</td>
<td>1,432,960</td>
<td>2.8%</td>
</tr>
<tr>
<td>3 Ireland</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>159,232</td>
<td>159,232</td>
<td>0.3%</td>
</tr>
<tr>
<td>4 JP- UNFPA AS AA</td>
<td>904,454</td>
<td>-</td>
<td>13,064</td>
<td>105,283</td>
<td>61,702</td>
<td>1,084,503</td>
<td>2.1%</td>
<td></td>
</tr>
<tr>
<td>5 Malawi</td>
<td>5,095,159</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3,787,514</td>
<td>8,882,673</td>
<td>17.3%</td>
<td></td>
</tr>
<tr>
<td>6 Norway</td>
<td>14,102</td>
<td>185,848</td>
<td>2,793</td>
<td>1,065,104</td>
<td>-</td>
<td>24,532</td>
<td>1,292,379</td>
<td>2.5%</td>
</tr>
<tr>
<td>7 Ocha</td>
<td>-</td>
<td>-</td>
<td>525,243</td>
<td>-</td>
<td>198,640</td>
<td>723,883</td>
<td>1.4%</td>
<td></td>
</tr>
<tr>
<td>8 Republic of Korea</td>
<td>175,238</td>
<td>867,364</td>
<td>6,665</td>
<td>-</td>
<td>-</td>
<td>547,178</td>
<td>1,596,445</td>
<td>3.1%</td>
</tr>
<tr>
<td>9 Small contributors</td>
<td>10,393</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,051</td>
<td>11,444</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>10 Switzerland</td>
<td>151,788</td>
<td>571,440</td>
<td>1,004</td>
<td>-</td>
<td>-</td>
<td>64,597</td>
<td>788,829</td>
<td>1.5%</td>
</tr>
<tr>
<td>11 TTF Multi Donor</td>
<td>1,452,577</td>
<td>(7,930)</td>
<td>50,384</td>
<td>-</td>
<td>-</td>
<td>28,662</td>
<td>1,523,693</td>
<td>3.0%</td>
</tr>
<tr>
<td>12 UNAIDS</td>
<td>109,967</td>
<td>-</td>
<td>-</td>
<td>1,127</td>
<td>32</td>
<td>111,126</td>
<td>0.2%</td>
<td></td>
</tr>
<tr>
<td>13 UNDP</td>
<td>1,801,254</td>
<td>653,588</td>
<td>80,210</td>
<td>-</td>
<td>1,268,893</td>
<td>3,803,945</td>
<td>7.4%</td>
<td></td>
</tr>
<tr>
<td>14 UNDP MPTF</td>
<td>1,459,206</td>
<td>3,968,803</td>
<td>4,874,668</td>
<td>4,677</td>
<td>16,855</td>
<td>710,703</td>
<td>11,034,912</td>
<td>21.5%</td>
</tr>
<tr>
<td>15 UNFIP</td>
<td>-</td>
<td>184,510</td>
<td>-</td>
<td>-</td>
<td>184,510</td>
<td>-</td>
<td>0.4%</td>
<td></td>
</tr>
<tr>
<td>16 UNICEF</td>
<td>194,067</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>194,067</td>
<td>-</td>
<td>0.4%</td>
<td></td>
</tr>
<tr>
<td>17 United Kingdom</td>
<td>14,325,636</td>
<td>-</td>
<td>852,676</td>
<td>-</td>
<td>3,205,695</td>
<td>18,384,007</td>
<td>35.9%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26,196,163</strong></td>
<td><strong>6,451,989</strong></td>
<td><strong>5,617,935</strong></td>
<td><strong>2,680,758</strong></td>
<td><strong>123,265</strong></td>
<td><strong>10,139,939</strong></td>
<td><strong>51,210,049</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: UNFPA Malawi Atlas 2019 – mid 2022
CHAPTER 4: EVALUATION FINDINGS

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

4.1 Relevance: Evaluation questions 1-2

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

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

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

Finding: CP8 is highly relevant at national, district and community level; it is the government endorsed alignment of the 8th CPD (to the UNFPA Global SP) and the amended 8th Results and Resources Framework (RRF).97 The UN Common Country Assessment 2021 helped to understand the real context. The CP8 is aligned to MW2063 and the UNFPA transformative results are aligned to the national development strategy. The CP8 was developed in consultation with a comprehensive spectrum of partners, including the Government (national and sub-national), civil society and other development partners, United Nations organisations, academia and the private sector in order to promote ownership and sustainability.98 The beneficiaries at community level were also consulted about their needs.99,100 The categories of beneficiaries included young people, adolescent girls and young women, and marginalized and vulnerable groups where such groups included adolescents; young women exposed to gender-based violence; out-of-school children; young women with different abilities; ethnic and religious minorities, and people living in crisis-affected areas. The involvement of the highest levels of government has increased the visibility of the UNFPA CP [through the Office of the First Lady to champion girls’ education and Maternal and Neonatal Health (MNH)].91

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

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88 KIIs at national and sub-national levels
89 UNFPA Annual Plan 2018
90 Key informant interviews at national and sub-national level
91 UNFPA CO Annual Reports (2019-2021); KIIs at national level (UNFPA staff and GoM counterparts)
against set indicators baseline. UNFPA supported an in-depth analysis of the MDHS in the thematic areas and the data on beneficiaries was disaggregated by age, sex, marital status, education, residence (urban and rural), region (North, Central and South) and district among others.

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

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

Finding: The consultations with MoHP (national and sub-national levels) at the design stage of CP8 and during its implementation addressed the priorities of the ministry and needs of beneficiaries. During the design of CP8, the MoHP was engaged and actively participated; their priorities were forwarded and included in the design. However, some district stakeholders felt that the consultations could have been better if they were physical rather than virtual to enable candid interactions.

Under the Together 4SRH programme (UN Joint programme), the provision of SRHR/FP and HIV&AIDS services is addressing the needs of beneficiaries especially adolescent girls and young women living with disabilities.

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

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

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82 UNFPA CPD (2019-20223
83 UNFPA CO Annual Report 2019
84 Malawi Demographic Health Survey (2015/2016)
85 Document review of programme documents; KIIs at national level
86 UNFPA CPD 2019-2023; KIIs at national and sub-national levels
87 UNFPA CO Annual Reports (2019-2021); KIIs at national level (UNFPA CO and MoHP staff)
88 KIIs at national level (UNFPA CO and MoHP staff)
89 KIIs at national (MoHP staff) and sub-national level (District health teams)
90 KIIs at sub-national level (Mulanje and Nsanje Districts)
Furthermore, UNFPA work considered the demographic, social and health indicators in the intervention districts whereby the interventions were guided by the socio-economic indicators on the intervention districts. For example, the proportion of adolescents and youth aged 10-24 years ranged from 75 percent (Chiradzulu) to the 81 percent (Mangochi)\textsuperscript{101} making youth prevention programmes very important for containing and reducing rapid population growth.

The work to address the effects of the recent cyclones and flooding has intensified in the country in the recent year and is likely to increase in response to climate change. UNFPA activities were aligned to the priorities spelt out in the MW2063 vision which calls for smart technologies and practices for sustained and resilient productivity\textsuperscript{102} linking to SDG13 on climate change.

4.1.3 Gender equality
4.1.3.1 Consistency with UNFPA strategic plans
UNFPA programme is to a great extent adapted to the needs of women and the challenges they meet in the context of gender inequality and GBV as well as being a good reflection of UNFPA’s transformative results on maternal health, family planning and GBV.\textsuperscript{103} Ending child marriage has been included in the UNFPA outreach and educational activities including the Mentorship and Safe Spaces model. The UNFPA CO annual reporting (2019-2021) was done against the strategic plan outputs 9 and 11.\textsuperscript{104}

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

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

\textsuperscript{101} NSO (2020). Population and Housing Census Projection Thematic Report
\textsuperscript{103} UNFPA CPD 2019-2023; Klls at national and sub-national level
\textsuperscript{104} UNFPA CO Annual Report (2019-2021)
\textsuperscript{105} UNFPA CO Annual reports (2019-2021); Klls at national and sub-national levels
\textsuperscript{106} Klls at national level with UNFPA CO staff and MoGCDSW.
\textsuperscript{107} UNFPA CO Annual Reports (2019-2021); Klls at national level
\textsuperscript{108} Document review of UNFPA CPD 2019-2023; Klls at national and sub-national levels
\textsuperscript{109} UN Development Partnership Framework
\textsuperscript{110} Document review of UNFPA CPD 2019-2023, national policies; Klls at national level (MoGCDSW staff)
4.1.4 Population dynamics

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

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

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

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

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

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

From the respondent interviews with national IPs, the evaluation found out that the CO responded effectively to the aggravated humanitarian situation in the SRHR, AY, GE and GBV focus areas.

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117 Outcome 4 population dynamic aligns well with output 5/4 Population change and Data
118 KfIs with National Population Policy staff
119 Government of Malawi (2020), MW2063
115 UNFPA CO Annual Reports (2019-2021); KfIs at national level
116a KfIs at national level (UNFPA CO and Government counterpart staff)
117a UNFPA CO Annual Reports 2020, 2021; KfIs at national level
118a UNFPA CO Annual Reports 2020, 2021; KfIs at national level
4.2 Effectiveness Evaluation questions 3-4

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

Analysis of progress of outcome indicators

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

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

Table 14: Progress of outcome indicators

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Total Outcome indicators</th>
<th>Achieved ≥100%</th>
<th>Most likely to be achieved 70-99%</th>
<th>Likely to be achieved 25-69%</th>
<th>Unlikely to be achieved &lt;25%</th>
<th>No data reported for achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRH</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AY</td>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GEWE</td>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PD</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Per cent</td>
<td>33.3%</td>
<td>44.5%</td>
<td>22.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

4.2.1 Sexual and reproductive health

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

Summary

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

The theory of change underlying the SRH component, as outlined in the CPD is generally based on a sound intervention logic. The **Strategic outcome 1 (SRH)** had two outputs namely: Output 1: Health institutions and health workers, including midwives in the five focus districts, have improved capacities to provide high quality integrated sexual and reproductive health services and information to the most marginalized young women and young people, especially adolescents, including in humanitarian settings; and Output 2: Ministry of Health is better able to effectively forecast, procure and distribute sexual and reproductive health commodities and maternal health life-saving drugs, including last mile tracking.

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

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

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

**Table 15: Performance achievement of SRH/FP output indicators**

<table>
<thead>
<tr>
<th>Outcome 1</th>
<th>Total indicators</th>
<th>Achieved ≥100%</th>
<th>Most likely to be achieved 70-99%</th>
<th>Likely to be achieved 25-69%</th>
<th>Unlikely to be achieved &lt;25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRH Output 1</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FP Output 2</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Per cent</td>
<td>67%</td>
<td>16.5%</td>
<td>16.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Evaluation team analysis

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

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119 Evaluation team analysis of UNFPA CO Annual Reports (2019-2021)
percent). The progressive improvement in the above the outcome indicators over the years is evidence that SRH interventions are contributing to the outcome and impact results in reducing maternal morbidity and mortality, HIV incidence, and ensuring planned families.

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

4.2.1.2.1 Maternal health (status of output 1 – Integrated SRHR indicators)
(a) Emergency Obstetric and Neonatal Care (EmONC)
Finding: UNFPA support contributed to improved capacity of health facilities to provide EmONC services and the improved SBA implies that the risk of mothers getting complications during labour and delivery remains low.

Basic EmONC is critical to reducing maternal and newborn death. This care, which can be provided with skilled staff in health centres, large or small, includes the capabilities for carrying out seven signal functions (SF) of EmONC. Comprehensive emergency obstetric and newborn care (CEmONC), typically delivered in hospitals, includes all the basic functions above, plus capabilities for two other functions namely performing Caesarean sections and safe blood transfusion. Signal functions for EmONC consist of life-saving treatments and procedures including administering parenteral antibiotics (SF1), administering uterotonic drugs (SF2), administering anticonvulsants (SF3), manual removal of placenta (SF4), removal of retained placenta products (SF5), assisted vaginal delivery (SF6), newborn resuscitation (SF7), cesarean sections/delivery (SF8) and blood transfusion (SF9).

In order to strengthen the capacity of health centres carry out BEmONC and hospitals perform CEmONC, UNFPA supported MoHP with the following: (i) provision of essential maternal/delivery equipment to health facilities; (ii) renovation of maternity wards; and (iii) training of midwives.

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

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

(b) Fistula prevention and treatment
Finding: The number of young women and adolescent girls living with fistula receiving treatment with UNFPA support was over-achieved (297 percent); 5562 clients versus a target of 2000 were treated.

Fistula repair though expensive has contributed significantly to the restoration of dignity of those clients who were previously affected.

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

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

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120 Planning matrix for M&E of CPD and RBM inventory updated August 2022 - excel
121 Setting standards for Emergency Obstetric and Newborn Care, UNFPA 2014.
122 Monitoring Obstetric Care: Handbook (WHO, UNFPA, UNICFF, AMDD), 2009
123 KIs at national (MoHP, UNFPA CO staff) and sub-national level (health staff at district hospitals in Dedza, Mangochi, Mulanje, Nkhata Bay)
124 Review of Equipment for EmONC in UNFPA supported districts.PDF; UNFPA CO Annual Report (2019-2021)
125 UNFPA CO Annual Reports (2019-2021)
126 UNFPA CO Annual Reports (2019-2021)
127 MDHS 2015/2016
• Capacity building of health teams based at hospitals (clinicians, anaesthetists and nurses) in obstetric fistula repair (simple and complex cases)
• Rehabilitation of fistula wards to enhance the capacity of districts to provide fistula care
• Support to fistula survivors in their reintegration to social and economic life
• Procurement of obstetric fistula kits and other necessary medical equipment

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

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

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

(c) Minimum Initial Service Package (MISP)

Finding: The country office established and conducted emergency preparedness processes and activities to help mitigate risks in the event of an onset of a crisis. The target of identified vulnerable people provided with MISP for humanitarian response with UNFPA support; towards surgery, unit providing treatment or transport of fistula patients to and from the health facilities, was over-achieved (111 percent).

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

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

(e) HIV/AIDS

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

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128 UKIs at national level (MoHP and UNFPA CO staff)
129 UNFPA CO Annual Reports (2019-2021)
130 UNFPA CO Annual Reports (2019-2021); KIs at national and sub-national level
132 UNFPA CO Annual Reports (2019-2021)
133 Review of Malawi CO Preparedness Actions-2021_FINAL DOC 20JULY.docx
134 UNFPA CO Annual Reports (2019-2021); KIs at national and sub-national level
4.2.1.2.2 Family planning (Status of output 2 – FP indicators)

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

(A) Supply-side component

Finding: The planned result under the FP indicator - number of additional users of family planning for adolescent girls aged 15-19 years in focus districts was likely to be achieved (58 percent of target) – a cumulative total of 456,530 additional users out of a target of 794,250 were reached (2019-2021). There was an increasing trend of the annual cumulative total numbers of additional users of FP services between 2019 and the end of 2021 as shown graphically in Figure 13.

![Figure 13: Cumulative adolescent users of FP services per year](source: UNFPA CO Annual Reports)

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

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

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

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136 MW2063 (page 62)
137 Malawi Implementation Plan 1 (page 174)
139 KIIs at national (MoHP officials; CO staff) and sub-national level; UNFPA CO Annual Reports (2019-2021); IP quarterly progress reports, April - June 2022
Similarly, support was also provided by UNFPA provided technical and financial support to the MoHP in the following things:\(^\text{140}\)
(a) Procurement of commodities, which were then distributed through Banja la Mtsogolo and Population Services International, FPAM during their health outreach services.
(b) Training and mentorship for FP providers (nurses, clinicians, health surveillance assistants with focus on new and underutilized FP commodities, namely: implants, Sayanna Press, post-partum intra-uterine device.
(c) Distribution and management of FP commodities through Last Mile Assurance interventions, supply chain management, global family planning visibility analytic framework (GFPVAN).
(d) Training and mentoring on LMIS targeting FP drug stores clerks, pharmacy technicians and pharmacists.

**B) Demand-side component**

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

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

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

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

**4.2.1.4 Challenges**

The key challenges identified were as follows:\(^\text{145}\)
(a) Limited sustainability of political will around supporting the SRHR programme; financing for SRHR including FP commodities remains largely donor dependent

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

\(^{141}\) Malawi Implementation Plan 1 (page 217)

\(^{142}\) KII with UNFPA CO staff

\(^{143}\) UNFPA CO Annual Report 2021; KII with UNFPA CO staff

\(^{144}\) UNFPA CO Annual Report 2021; KII at national level (MoHP and UNFPA CO staff)

\(^{145}\) UNFPA CO Annual Reports (2019-2021); KII at national and sub-national level

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(b) High turnover of service providers leading to continuous training and mentorship for newly recruited staff for quality FP service provision

(c) Inadequate funding for demand creation activities, which drags the FP programme

(d) Limited implementation capacity due to human resource gaps (number and skills) among some IPs

(e) MoHP Reproductive Health Department (main partner in SRHR implementation) remains overwhelmed with competing priorities amongst partners supporting SRHR.

(f) Weak health system especially in rural areas with Primary health care getting less than 10 percent of government funds allocated to the health sector

(g) The COVID-19 pandemic severely affected the implementation of the projects and programmes at the national and district levels. Key stakeholders' engagements and orientations on the project took longer than initially planned. As far as FP was concerned, the GoM COVID-19 mobility restrictions presented accessibility challenges to beneficiaries and as a result the demand for FP services was constrained especially in the hard-to-reach areas.

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

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

Summary
UNFPA interventions have created an enabling environment to advance adolescent youth agenda. Thanks to UNFPA interventions, more adolescents and youth are accessing YFHS albeit the older age groups (15-24 years). UNFPA interventions have resulted in more adolescent girls and young women (AGYW) than adolescents /ABYM accessing FP services; the trend for the latter group has been declining during the CP8 period. Parent-child communications (PCC) was key in changing social cultural beliefs, and promoted balances of information between parents and children enabling dispelling the myths and discussion of SRHR issues between parents and children at home. Through the national and district-level networks, young people were empowered to participate in decision making and play a vital role in their own development as well as that of their communities.

4.2.2.1 Evaluation of the results and intervention logic for the AY Component
The theory of change underlying the AY component, as outlined in the CPD is generally based on a sound intervention logic. The Strategic outcome 2 (AY) had one output namely: Output 3: Young people, particularly adolescent girls, are more empowered to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development at national and local level.

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

The indicator statements for the 3 output indicators were as follows:
- Number of identified marginalized girls in UNFPA focus districts that have successfully completed life skills programmes that build their health, social and economic assets. Baseline: 350,000; Target: 600,000
- A national comprehensive sexuality education manual for out-of-school youth in place. Baseline: No; Target: Yes
- Number of national and district level networks for the participation of young people in policy dialogue and programming. Baseline: 49; Target: 75

146 UNFPA CO Annual Reports (2019-2021); KIIs at national and sub-national level
The evaluation assessed the performance of three (3) output indicators linked to the above output and the underlying interventions. All the three output indicators were above the score of ≥100 percent as shown in Table 16.

Table 16: Performance achievement of AY output indicators

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Total indicators</th>
<th>Achieved ≥100%</th>
<th>Most likely to be achieved 70-99%</th>
<th>Likely to be achieved 25-69%</th>
<th>Unlikely to be achieved &lt;25%</th>
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<tr>
<td>AY Output 3</td>
<td>3</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
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<td>3</td>
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<td>Per cent</td>
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<td>100%</td>
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</tbody>
</table>

Source: Evaluation team analysis

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

Finding: Although the adolescent birth rate has remained high, a further analysis by the evaluation team shows a slight decline in the adolescent and young women birth rates in the UNFPA focal districts (Nkhata Bay, Dedza, Mchinji, Mangochi and Chiradzulu). This trend is shown in Figure 14. The rate is below the national average of 136 births per 1000 women except for Mchinji and Mangochi districts. A comparison of TFR between 2015 MDHS and MICS 2019 indicates similar results: The fertility rates are lower in the same districts than the national level except for Mchinji and Dedza districts.

Figure 14: Adolescent birth and total fertility rates by age

![Adolescent birth rates](source)

![Total Fertility Rates](source)

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

4.2.2.2 Status of output 3 – AY indicators

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

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

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

147 Evaluation team analysis of UNFPA CO Annual Reports (2019-2021)
148 Review of 2015 MDHS and MICS 2019
149 Planning matrix for M&E of CPD and RBM inventory updated August 2022 - excel
Finding: Adolescent girls and young women and men were empowered economically through the Village Savings Loans (VSLs). The narratives from the beneficiaries reported that the programme registered a huge success in improving the standards of living.\footnote{KIIs at national and sub-national level; FGD sessions with the adolescent girls} The programme introduced VSLs as a poverty reduction strategy and to promote access to health care services. VSL group members save money into the group fund and give each other loans for businesses. Part of the money is used for renting out farmland, or dambo, which in turn is used to plant vegetables (e.g. tomatoes) for commercial sale. The money realized would be used to support needy children (non-beneficiaries). VSL groups also act as a forum for discussing FP and ways of preventing domestic violence.\footnote{FGD sessions with young women} The subsequent quote from out of school young women highlights women’s financial empowerment:

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

Comprehensive Sexuality Education (CSE) for in-school and out of school adolescents and youth

Finding: The promotion of CSE for in-school and out-of-school youth and establishment of youth friendly health services has improved their access to SRHR and FP services.\footnote{Review of Out-of-School CSE Manual; KIIs at national level} UNFPA supported the adaptation of the Out-of-School CSE Training manual, for delivering standardised CSE across the country.\footnote{KIIs at national level; UNFPA CO Annual Reports (2019-2021)} The evaluation established that UNFPA provided technical support towards implementation of the fertility-related recommendations of the demographic dividend study. This enabled the new policies developed to embrace the concept of DD including the MW2063 which is youth centric. In school clubs for adolescent and youth, the interventions included provision of CSE information through digital application, radio programmes\footnote{MoH (2019) AWP} (including community radios) and social media; bursaries support (school fees and materials), mother groups, and menstrual health education as well as the production and distribution of sanitary pads (also targeting out of school girls).

Finding: UNFPA has strengthened access of FP methods and knowledge about safe motherhood through YFHS services. At the time of the evaluation, the UNFPA was supporting the review of the National Youth Friendly Health Strategy and standards in line with WHO standards and guidelines.\footnote{MoH (2019). AWP and KIIs with UNFPA CO staff} It was reported that UNFPA interventions improved the availability of FP methods as exemplified in the quote:

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

To intensify support for collection, dissemination and use of youth-related data, UNFPA supported the MoH in the training for statisticians, data clerks and district coordinators in DHMIS 2 including data management. In addition, 800 adolescents and youth and 100 YFHS providers in SRHR/FP (including the disabled and those in humanitarian settings).\footnote{MoH (2019) Annual Workplan} As can be seen in Figure 13, there is an increasing trend among adolescent females (20-24 years) accessing FP services since 2019; but there is also a decline in access to FP services for those females aged 10-14 years. However, there is a decreasing trend among adolescent males (20-24) years accessing the same FP services, especially in 2022 in the five UNFPA focal districts.
Finding: UNFPA supported partners to train and raise awareness among young people on accessing SRH information and entrepreneurship. The key activities included: demand creation activities, which focused on advocacy and referral systems for in- and out-of school young people. The key achievements include: (i) social media – the TuneMe platform, which contributed significantly towards increasing access to information on SRHR among girls and boys. A series of 24 radio programmes aired on community radio stations covered topics such as SRH and information on the availability of services in the area; (ii) Mass media - (print, radio and TV) ran specific programmes with a range of programming and content on SRHR and GBV that advocate for the reduction and prevention of early pregnancies. The review of literature shows drama and theatre groups, dialogue and theatre group sessions promoted positive perceptions on the rights and empowerment of teen mothers and adolescent girls on SRHR issues. This was an effective means as one of the male champions involved in Theatre for Transformation corroborated that they integrate FP to improved awareness and encouraged young people to discuss FP with their partners:

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

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

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

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

Policy environment

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

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

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

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

Summary
In the context of GBV and harmful social cultural practices, UNFPA has made significant contributions to respond to gender based violence and harmful practices at all levels. UNFPA has demonstrated strong leadership and comparative advantages in the prevention and responses to GBV and harmful practices such as child marriages.
with particular emphasis on linkages to SRH. Increased capacity to address GBV was recognized among Government and Civil Society partners, including the MoGCDSW, Police Victim Support Units and Ministry of Health as well as among the girls in the safe spaces through the Integrated Essential Services Package. Positive changes indicated gender norms for preventing GBVs, including harmful practices among non-traditional groups especially men and boys, traditional and also religious leaders. With regards to GBV in humanitarian setting, UNFPA helped to address GBV experienced by women and girls/disadvantaged women and girls during COVID-19 pandemic and also the floods that devastated communities in Nsanje, Chikwawa, Mulanje and Phalombe districts. The GBV Technical Working Group is considered as an effective mechanism for discussing issues in humanitarian and emergency situation. UNFPA supported the GBV Technical Working Groups at national as well as district levels. UNFPA also made significant contributions in women’s economic empowerment through the survivor fund and also enhanced access to justice through the community fund. However, delays by UNFPA in provision of resources to respond to GBV in humanitarian and emergency situations was reported to be a challenge by the stakeholders.

The **Strategic outcome 3 (GEWE)** had one output namely: Output 4: Government entities, national human rights institutions, civil society organizations and communities at national level and in focus districts have improved capacities to prevent and address gender-based violence and sexual exploitation.

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

- **Number of women and girls, including persons living with disabilities, subjected to violence who received essential services in the five focus districts.** Baseline: 1,300; Target: 4,300
- **Number of districts with a functional gender-based violence information management system in place.** Baseline: 0; Target: 5
- **A costed national action plan for engagement of multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence in place.** Baseline: No; Target: Yes
- **A functional inter-agency coordination mechanism for reproductive health and gender-based violence in place at national and district levels.** Baseline: No; Target: Yes

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

**Table 17: Performance achievement of GEWE output indicators**

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Total indicators</th>
<th>Achieved ≥100%</th>
<th>Most likely to be achieved 70-99%</th>
<th>Likely to be achieved 25-69%</th>
<th>Unlikely to be achieved &lt;25%</th>
</tr>
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<tbody>
<tr>
<td>GEWE Output 4</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
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<td>Per cent</td>
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</table>

Source: Evaluation team analysis

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

¹⁶⁹ Evaluation team analysis of UNFPA CO Annual Reports (2019-2021)
4.2.3.1 Evaluation of the results for GEWE
Finding: UNFPA communication and advocacy activities have targeted both women and men and have created demand for access to SRHR in addition a national strategy to build national capacities to engage men and boys was developed.

Community awareness and male engagement activities were evaluated positively by the participants in FGDs and KII. It was reported that communities have improved their awareness and knowledge; they have questioned discriminatory traditional practices and changes were being made in community response to GBV. Examples were given during interviews that some local leaders took it upon themselves to track down GBV perpetrators in particular child marriages. It was reported in Nsanje that being a border district with Mozambique, some perpetrators go to Mozambique and the Traditional Authority Tengani instituted a task team which tracks down the perpetrators and brings them back to Malawi for justice.\(^{170}\) Quantitative information showed that safe spaces mentors facilitated a total of 324\(^{171}\) awareness campaigns targeting 25,920 leaders and other influential persons (between 2019 and mid-2022) to resolve issues emanating from the safe spaces. A total of 1,945 GBV cases were referred from the safe spaces to service provision points. In Machinga with interventions from\(^{172}\) YONECO Supported Youth Action Disaster and Emergency Preparedness and Response engaging local leaders also demonstrated that local leaders had changed their perceptions in relation to some cultural practices including child marriages. For example, Traditional Authority (TA) leader in Ngokwe in Machinga narrated thus:

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

Male Engagement: On male engagement in GBV prevention, evidence from CO reports\(^{173}\) from the gender team indicate that 510 men and boys were involved in male engagement activities on SRHR, SGBV and harmful practices to support safe space mentorship and to influence positive masculinities.

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

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

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

\(^{170}\) KII with FOCUSE Manager Nsanje District

\(^{171}\) UNFPA, 2022. Gender Programme Presentation

\(^{172}\) YONECO, 2019. Technical Report, YONECO Youth Engagement Project Progress Report April to June 2019

\(^{173}\) UNFPA Gender Programme presentation
them in seeking and demanding the SRHR. And even the content of the messages was modified considering the age of those who are involved in the initiation ceremonies being young. Respondents also voiced that there were improvements in child, early and forced marriage due to the interventions supported by UNFPA through different partners. Improvements came about due to the stiff punishments given to those involved in child marriages especially the parents and chiefs. In Dedza, for example, the adolescent girls reported that chiefs no longer accept ‘kugwiniza ma ukwali a wana kuopa kumangidwa’; in Mangochi one religious leader reported that the cooperation that is there between the religious leaders and the magistrates also helped in curbing child marriages as magistrates offer very stiff punishments to those involved in having their children get married at a young age. The mentorship and safe spaces initiative also contributed to promoting feedback and accountability through the use of suggestion boxes. However, there were still a challenge with some local leaders who connive with parents and make arrangements for the marriages for young girls and some parents also hide these arrangements. Girls in safe spaces also collectively raised their voices against negligence of health workers in the health facilities in Mponela in Dowa District.

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

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

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

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

Through the mentorship programme, the following were also achieved (between 2019 and mid-2022): (i) 635 mentors trained as mentorship Trainers of Trainers; (ii) 27,263 mentees graduated from the mentorship programme from 924 safe spaces; (iii) 1908 mentees were readmitted in schools and 414 were selected to attend secondary schools and (iv) 8403 accessed YFHS. Through the Spotlight Initiative, the young women and adolescent girls in safe spaces and mentorship programme identified 1,893 cases of child marriage and referred 344 cases to service providers, including 71 cases of child marriage that subsequently got convictions in court. In addition, 84 mentors were included in Village Development Committees, they engaged the Area Development Committees and were involved in leading the youth network and taking other leadership roles.

For example, based on IP reports, a mentor from TA Chiwere in Dowa district affirmed how her community trusted her into the office of the Village Development Committee as a chairperson.

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

In the context of disability inclusion, the programme does not explicitly include activities or outputs that are geared towards disability inclusion, but only marginally tackles the issue. The respondent also said:

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

174 FGD interview with women in the reproductive age group 24-29 in Mangochi
175 FGD with adolescent girls aged 10-19 at Mganja Health Centre in Dedza
176 KII with Religious leader in Mangochi
177 GENET (n.d) Joint Action Addressing Gender Based Violence, Child marriage and teen pregnancy in support of Malawi’s COVID-19 Response, Including Strategic Gender Mainstreaming and Integration of HIV prevention and care and support services project
178 UNFPA, CO Annual Report 2021
179 FGD with in school adolescent girls Chinyama Health Centre, Mulanje
180 UNICEF Malawi (2020) Ending violence against women and girls in Malawi: What do we know?
181 GENET, n.d Annual Report Spotlight Initiative
182 KII with FOCESE Manager, Nsanje
In the area of women’s economic empowerment, Village Saving and Loans (VSLs) and Income Generating Activities (IGAs) through the survivor fund are highly valued by women and have been effective not only to mitigate financial vulnerability, but also to increase women’s self-esteem and indirectly increase their participation in community decision making. It has also facilitated women’s access to markets. VSLs seem to be solid and in fact respondents stated the VSLs are running on well while IGAs need some support to develop business plans that could strengthen their sustainability. Quantitative information shows that UNFPA provided survivor economic fund of an equivalent of US$185,822.85\(^{183}\) which benefitted a total of 2,024 Young women and adolescent girls who were mobilized in groups to engage in various business enterprises such as piggery, menstrual hygiene management (MHM) products, winter cropping using irrigation, VSLs, oil refinery and selling groceries.

### Testimony of a GBV survivor Nsanje

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

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

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

The results from the analysis in the second indicator on the number of districts with a functional gender-based violence information management system in place indicate that there has been little progress to have the district based GBV Management Information System (MIS) in place and functional. Responses from interviews indicate that the GBVMIS required to be populated while it is online and with internet access. Considering the internet challenges that are prevalent at all levels, it was and has been difficult to populate data\(^{185}\) since most districts have difficulties with internet access. In this regard, UNFPA through the MoGCDSW engaged a consultant to work on the system to install an offline facility which could enable the district staff upload information while offline. Meanwhile through consultations with MoGCDSW officials, the evaluators learnt that the system has been updated and the team from the ministry were oriented on the functionality of the system and they are satisfied with it. The ministry is currently planning to undertake district level orientations on the upgraded system. There is need to designate a focal point to consolidate all the data on GBV. The evaluation found that the GBVMIS is not fully operationalized and as such data management for GBV is a challenge.\(^{186}\)

#### 4.2.3.2 Leaving no one behind

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

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\(^{183}\) UNFPA, 2022. Gender programme

\(^{184}\) KII with Ministry of Gender in Lilongwe

\(^{185}\) KII with Ministry of Gender and District Gender Officers

\(^{186}\) KII with Ministry of Gender in Lilongwe

\(^{187}\) UNFPA CO Annual Reports (2019-2021); KII at national (UNFPA staff) and sub-national levels
(a) UNFPA has prioritised leaving no one behind and the country programme implementation has emphasised rural areas and serving rural people and those in the hard to reach areas.
(b) UNFPA interventions to support women affected by obstetric fistula offer an example of a highly stigmatized and vulnerable population in critical need of services that may otherwise not be available.
(c) It supported provision of disability friendly infrastructure in the health facilities and also other assistive equipment for persons living with disabilities.
(d) UNFPA ensured engagement of female sex workers (FSW) as a vulnerable group in GBV/SRHR training sessions. Through such engagement, FSW encouraged their peers to access services, while mobilizing other FSWs into a protective network in communities where FSWs support one another.

4.2.3.3 Challenges
The key challenges identified were as follows:
(a) Traditional and harmful cultural practices that are deep rooted and embedded in lifestyles of boys and girls at their onset such that gender relations remain a challenge to resolve systematically.188
(b) The CP does not explicitly include activities, outputs or outcomes that are geared towards disability inclusion, but only marginally tackles the issue.189
(c) While UNFPA strives to ensure a HRBA, traditional and harmful cultural practices that are deep rooted and embedded in life styles of boys and girls at their onset gender relations remain a challenge to resolve systematically.190
(d) The COVID-19 pandemic posed new challenges and exacerbated existing gender inequalities and the vulnerabilities of women and girls.
(e) The focus on young women aged 20-24 years at the time of the evaluation was noted as a particular challenge with inadequate attention to this sub-group outside of programmes to support with safe spaces and mentorship initiatives.191
(f) Data and evidence related to GBV remains to be one of the challenges, which hamper evidenced-based prevention and response interventions at the district and community levels.192

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

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

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

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

188 UNFPA CO Annual Report 2019
190 UNFPA CO Annual Report 2019
191 UNFPA CO Annual Report 2019; KIIs at national (Ministry of Gender) and sub-national levels
192 KIIs at national and sub-national levels
development policies, programmes and advocacy. The strategic outcome and the one output which are contributing to the attainment of the outcome were articulated well. The linkages between the activities for planned interventions for the output were clear as well as the linkages between output and the outcome. The indicators for the output were sufficient to measure the progress. However, some targets for output indicators were stated as categorical, requiring only “Yes” or “No” as the only options for measuring achievement. These categorical measurements fell short of clearly defining the quality, processes and parameters of measurement. The indicator statements for the 2 output indicators were as follows:

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

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

### Table 18: Performance achievement of PD output indicators

<table>
<thead>
<tr>
<th>Outcome 4:</th>
<th>Total indicators</th>
<th>Achieved ≥100%</th>
<th>Most likely to be achieved 70-99%</th>
<th>Likely to be achieved 25-69%</th>
<th>Unlikely to be achieved &lt;25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD Output 5</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>2</td>
<td></td>
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</tr>
<tr>
<td>Per cent</td>
<td>100%</td>
<td></td>
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</tbody>
</table>

Source: Evaluation team analysis

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

### 4.2.4.2 Achievement of planned results

**Finding:** UNFPA’s technical support enabled the in-depth thematic analysis of the 2018 Population and Housing Census data and its use at national and subnational levels for monitoring purposes. Document review and KIs with stakeholders indicated that besides the census reporting the progress for domestic indicators, it also enabled reporting the global SDG database. For example, forty percent of the SDG and 35 percent of the 2063 Malawi indicators can be tracked employing the platform providing government ministries, departments and agencies access to unprecedented levels of data on population and evidence.

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

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

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

193 Evaluation team analysis of UNFPA CO Annual Reports (2019-2021)
194 UNFPA MALAWI Annual Report 2021 Accelerating the Three Zeros
associated with new technology, Malawi made a convincing case to employ computer assisted technology (CAPI) to capture data using 15,000 tablets.

Finding: UNFPA support to 2020 Population and Housing Census in Zambia, maximized the value for money of the investment through regional cooperation: The ET through interviews and the document review\(^{195}\) demonstrated that UNFPA maximized value for money in that data collection, processing leading to production of preliminary results was done in record time.\(^{196}\) Besides embarking on novel digital approach thereby ensuring enumeration and data processes are more efficient and reliable, the investment in digital data collection entailed that it could also maximise value for money through regional cooperation for countries conducting census in round 2020. To this end, UNFPA CO demonstrated how the transfer of electronic tablets to its neighbor in advance of the 2020 Zambia, enhanced the south-to-south cooperation. This has resulted in other countries including Botswana, Kenya and Zimbabwe wanting to learn the experience to assist data collection in their census systems and thus share the success story towards digital census. At local level, UNFPA and UNDP teamed up to create a Data Working Group. UNFPA supported the establishment a harmonized national management information system; Malawi Dissemination Data Platform was developed to reach more coverage.

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

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

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

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\(^{195}\) UNFPA (2021). Annual Report: Accelerating our transformative results
\(^{196}\) KIIs with UNFPA CO staff
As mentioned above, the year 2020 was the period of COVID-19 pandemic. Document review and the interviews conducted showed that UNFPA made some progress. For example, seventeen (17) reports were planned to be completed in 2020, however, fourteen were completed representing an 82 percent success rate. UNFPA activities went beyond the targets of the output indicators. Technical training contributing to outcome 5 – improving the availability and use of population data and evidence for policy analysis: the review of project documents availed to the ET indicate that the achievement of the targets were in part due to a number of activities namely: (i) training conducted in cooperation with the US Census Bureau targeted 15 officers from NSO in 2019; (ii) 12 senior managers trained on staff engagement, (iii) motivation and leadership strategies by ONS-UK in 2020, and in 2021, (iv) 25 NSO staff and 10 GIS experts trained in South Africa on Smart census. There were also activities related to technical backstopping ensuring that outcome 5 was achieved. These included recruitment and attachment to NSO of two UNFPA staff members with expertise in census project facilitation, finance and administrative. The technical expertise was hired to prepare a needs assessment and a costed plan for the development of the dissemination platform. Additionally, five consultants were recruited to provide technical support to NSO for the development of SMART census platform.

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

4.2.4.5 Challenges
The key challenges identified were as follows:
(a) **Structures of capacity building training are short in duration**, often one week and rely on international expertise. Given the technical nature, local staff rely on external support and skills are not fully imparted.

(b) **High staff turnover at NSO**. The ET noted that NSO has the highest number of the vacancy in terms of staffing levels, and that it is likely that capacity built at every census (in terms of human resource) may not available in office by the time of the next census, due to staff transfers to other sectors, change of career or retirement from service.

(c) **While incorporation of technological innovations in censuses comes with notable advantages** on one hand, there were significant costs on the other hand. Fortunately, the cost of the Malawi census was greatly subsidized through bi-lateral agreements in which DFID procured 15,000 tablets and UNFPA-Malawi coordinated loaning of the devices and other gadgets under the umbrella of south-to-south cooperation.

(d) **There is a gap in dissemination strategy**: a recommendation proposed at local level was that NSO or the district council officials should simplify and translate the information specific for different levels such as district and community levels.

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

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

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

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197 KIIs at sub-national level (with NSO staff)
198 KIIs at national (CO) and sub-national levels (NSO staff)
199 UNFPA CO Annual Reports (2019-2021)
Evidence for extent to which gender equality and human rights have been addressed by the programme interventions; extent of gender and age disaggregated information; extent of complementarity of interventions between governmental and non-governmental implementing partners

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

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

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

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

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

200 UNFPA CPD (2019-2023)
201 UNFPA CPD (2019-2023)
202 KIIs at national level (UNFPA CO staff and MoGCDSW)
203 UNFPA Annual Reports (2019-2021); FGD sessions with young people
204 KIIs at national level (MoGCDSW, MoYS) and UNFPA CO staff
205 Performance Measurement Framework; UNFPA Annual Reports (2019-2021)
206 UNFPA Annual Reports (2019-2021); KIIs at National Level and district level.
207 KIIs at national level (MoGCDSW and UNFPA CO staff)
should consider enhancing partnership with organizations of persons with disabilities such as Malawi Council for the Handicapped (MACOHA), Federation for Disability Organisations in Malawi (FEDOMA) and other specialized stakeholders. Such partnerships would facilitate a better understanding of the barriers faced by persons living with disabilities, especially SGBV survivors.

4.3 Efficiency: Evaluation question 5

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

**Summary**

The UNFPA CO made good use of its resources to deliver results through a well-managed robust financial system. The implementing partners (IPs) were supportive of the approach UNFPA took to manage its staff, funds and technical resources and the activities employed to achieve outputs were found to be highly appropriate. The UNFPA administrative and financial systems for the CP were largely adequate and functional. UNFPA has a clear and robust system for ensuring checks and balances, and to ensure that IPs were accountable for deliverables in a timely manner. The establishment of decentralised UNFPA field offices and presence of staff in the field enhanced efficiency of field implementation. The UNFPA adopted the Harmonized Approach to Cash Transfers (HACT), which provides a common operational framework for transferring cash to government and non-government IPs. However, there were reports of too much bureaucracy within the financial management system which gave rise to delays in the disbursement of funds to IPs and constrained timely implementation of interventions.

4.3.1 Modalities, reporting and administrative arrangements

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

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

**Evidence of effective mechanisms to control waste and fraud**

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

4.3.1.1 SRH efficiency

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

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209 UNFPA CO financial reports
210 Review of UNFPA Atlas projects
211 KIIs with UNFPA CO staff and IPs
212 KIIs with UNFPA CO staff
213 KIIs with UNFPA CO staff
4.3.1.2 AY efficiency
UNFPA mobilized resources to support, the Reproductive Health Department in collaboration with the MoEST on the revision of the CSE curriculum to guide health related content. As such, information around YFHS was included, which will also reinforce referrals to facilities and services. Similarly, community-based distribution agents were linked to all the schools and YFHS facilities to ensure that SRH information and services were easily accessed by both in- and out-of-school youth. A further analysis of the DHIS-2 data (shown earlier) indicates that these multi-sectoral initiatives have contributed to a 71 percent increase in delivery of youth friendly health services between 2019 and 2022 in the focal districts.

4.3.1.3 GE efficiency
Finding: UNFPA made good progress in mobilizing resources for gender equality and women empowerment and gender-based violence.\textsuperscript{214}
UNFPA managed to mobilise resources from core funds amounting to U$1.1 million to support interventions. The recruitment of the Gender Analyst responsible GBV was under the Spotlight Initiative. UNFPA also mobilized resources from the Central Emergency Response Fund (CERF) amounting to U$5.1 million to respond to GBV in humanitarian settings. However, the district councils reported that UNFPA was not as efficient as expected in the provision of resources to facilitate implementation of activities by the stakeholders. For example, interviews with Dedza district officials revealed that a number of activities were not implemented including safe motherhood activities; sign posting for SRH for the health facilities; provision of recreation materials for the adolescent youths; and provision of dignity kits. In some instances, the budget cuts by UNFPA also affected some activities especially those to do with trainings i.e. male champion trainings; review meetings; and the rehabilitation of Community Victim Support Unit structures\textsuperscript{215}.

Finding: One of the major successes of the programme is the capacity in adjusting the activities to the prevailing context.\textsuperscript{216}
During the emergence of COVID-19 pandemic, UNFPA supported the development of Acceleration Plan and used some of its resources to respond to the pandemic through the provision of New Dignity Kit content in response to COVID-19 pandemic among others.

4.3.1.4 PD efficiency
Finding: UNFPA mobilised resources to support strengthening the National Statistical System to ensure efficient use of the digital platform to disseminate the census data and apply big data to real world problems that affect women and adolescent girls. Some of the data has already been used to inform the draft National Population Policy and the MW2063;\textsuperscript{217} thus, widening the access to statistics to advance their use in decision making is worthwhile. The technical training imparted to the NSO staff the knowledge and skills in geo-information referencing and earth observation and these skills have also been used for disaster preparedness and response. There was also an efficiency use of resources especially that 15,025 tablets that were loaned to Malawi were subsequently transferred to Zambia in 2019 for census use. This resulted into cost advantages due to a decreased cost per unit of output\textsuperscript{218}. Although there is value for money for the investment in digital dissemination platforms, the evaluation team learnt that the use of the Smart Census application was limited since it was internet based requiring users to have regular access to internet. Furthermore, the design of the application did not have microdata, which stakeholders could easily use in further analysis and therefore enabling them produce custom indicators. Likewise, while the use of infographics eases interpretation of census data, the dissemination was limited at national level stakeholders’ meeting; the ET learnt that sub-national dissemination is yet to be implemented due to financial resource constraints. In the next cycle, this should be prioritized.

\textsuperscript{214} KIIs with UNFPA CO staff
\textsuperscript{215} KII with District Gender Officials, Mulanje District
\textsuperscript{216} KIIs with UNFPA CO staff; UNFPA CO Annual Reports 2020, 2021
\textsuperscript{217} KIIs with NPC; UNFPA CO and DPD Nkhata Bay
\textsuperscript{218} 2019 UNFPA Annual report
Finding: UNFPA mobilized other UN agencies to form a Data Group to ensure that the government has a harmonized national data management information system. This intervention was aimed at linking all the ministries, departments, and agencies (MDAs) to the national system of data management information system to improve efficiency and effectiveness. However, there is need for continuous capacity building in order to enhance data generation, analysis, dissemination, utilization of data at national and subnational levels.

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

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

Table 19: Value for money analysis

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

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

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

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219 KIIs at national level (UNFPA CO staff and NSO staff)
221 Penny Jackson. Value for money and international development: Deconstructing myths to promote a more constructive discussion. OECD Development Co-operation Directorate, May 2012
222 KIIs with UNFPA CO management
as well as the support functions of M&E, finance, human resource management and communications. UNFPA supports 28 IPs, which are comprised of 4 government ministries, 6 focus districts and 18 CSOs. Due diligence (assessment of financial and operational management capacity) was conducted by UNFPA for all IPs. Interactions with IPs revealed a challenge related to staffing versus programmatic activities and the high staff turnover contributes to this challenge. Although this challenge affected almost all IPs, it was more pronounced particularly for IPs that receive relatively small budgets. UNFPA CO generally uses a principle of operational costs not being more than 10 percent of the total budget to ensure that the largest part of the budget is for programmatic activities.

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

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

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

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

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

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

4.4 Sustainability: Evaluation question 6
EQ6: To what extent have UNFPA supported interventions contributed to ensure resource commitments/allocations by the government institutions and its partners including NGOs for either continuation or scaling up of the activities?

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

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223 Review of UNFPA organogram; KIIs with UNFPA CO management
224 KIIs at national level (ministry staff; UNFPA CO) and sub-national level (district assemblies and CSOs)
225 Review of AWPs, IP Quarterly progress reports; KIIs with UNFPA CO staff
226 Review of AWPs, IP Quarterly progress reports; KIIs with UNFPA CO staff
227 KIIs with district officials and UNFPA CO staff
interventions. Government used the existing institutional structures at national and sub-national level to promote sustainability. Examples of the sustainable elements include: existing policies, strategies, manuals and guidelines, which will continue to be used by stakeholders; trained personnel in specialist skills such as fistula repair; women’s economic empowerment though VSLs seem to be sustainable considering that the survivor fund is providing a boost to their income generating activities. However, some interventions such as fistula repair and support to GBV survivors, which require heavy funding were deemed not sustainable without continued external financial support.

4.4.1 Ownership and Sustainability of Interventions

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

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

4.4.1.1 SRH sustainability

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

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

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

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228 UNFPA CPD 2029-2023
229 UNFPA CO Annual Reports (2019-2021)
230 KIIs at national and sub-national level; UNFPA CO Annual Reports (2019-2021)
231 KIIs at national level (GoM); UNFPA CO Annual Reports (2019-2021)
232 KIIs at national and sub-national level
233 KIIs at MoHP
234 KIIs at national level
235 KIIs at MoHP and sub-national levels
237 KIIs at national and sub-national levels
238 KIIs at MoHP and sub-national levels
dignity of the women and their reintegration into communities, the intervention is not wholly sustainable without UNFPA funding support due to the high costs associated with it.239, 240

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

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

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

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

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

239 KIs at MoHP and district hospitals
240 UNFPA CO Annual Reports
241 FGD with beneficiaries (out-of-school girls)
Finding: CP8 support has enhanced ownership of interventions at District Executive Committee level for outreach services. While UNFPA assisted the procurement of mobile vans, some districts for example in Dedza District Council recruited own drivers and used own resources to maintain vehicles to demonstrate ownership of the programme activity.

4.4.1.3 GE sustainability

Sustainable elements

(a) Generally, respondent interviews confirmed strong government ownership of UNFPA-supported GE and GBV activities, which were planned and implemented in close consultation and cooperation with government partners and other CSOs. Examples include the CEDAW implementation and monitoring led by the MoGCDSW242, implementation of the Universal Periodic Review (UPR) recommendations led by the Malawi Human Rights Commission and implementation of the CSE led by the MoEST.

(b) UNFPA promoted long-term sustainability of quality public services through the development of protocols and standards such as SGBV guidelines; developed stand-alone ESP module for Police Training School; GBV Registers; Clinical Management of Rape guidelines; and ESP Handbook243.

(c) Women’s economic empowerment though VSLs seem to be sustainable and performing well considering that the survivor fund is providing a boost to their income generating activities. The evaluation team noted the satisfaction of the beneficiaries with the survivor fund.244

(d) The use of local structures such as the youth networks, Community Victim Support Units and the mentors for the safe spaces will enhance sustainability of the interventions.

(e) The IGA activities supported through the survivor fund have the potential to continue. It was also noted that there is a high level of satisfaction among the beneficiaries.

Non-sustainable elements

(a) One notable challenge to sustainability of the mentorship and safe spaces model relates to the incentives that go to the mentors and even the mentees on their graduation. The evaluation noted that the likelihood of the gains to be sustained is questionable, because once the incentive is stopped the mentorship processes will most likely cease to operate.

(b) With regard to the GBV MIS, the evaluation noted that its operationalization is dependent on donor resources and therefore its sustainability is questionable. Much as GBVMIS has been upgraded to operate on an offline mode, for the MoGCDSW to update and populate the information, it requires resources for stable internet connectivity.

4.4.1.4 PD sustainability

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

242 KIIs with MoGCDSW staff
243 Document review of UNFPA (n.d) UNFPA Gender Programme; KIIs with UNFPA CO staff
244 FGD sessions
installation and configuration of servers at NSO and upgrade of local area networks. Given that census is a huge undertaking that requires large resource mobilization and investments, continued sustainability of the project by and large, will still rely on UNFPA and partners’ financial support.

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

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

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

4.5 Coordination: Evaluation question 7
EQ7: To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the HCT?

Summary
UNFPA is an active member of the United Nations Country Team (UNCT) and the leadership role as co-chair or a lead of various fora is recognized and appreciated by other UN agencies. UNFPA is an influential key player at the national level and has held key responsible positions in various committees and technical working groups (TWGs) contributing to the country’s development agenda. The UNFPA field offices have strengthened the coordination between UNFPA and district assemblies and IPs. The results achieved under Delivering as One have served as a base for the GoM and the UN system to jointly pursue the national priorities contained in MW2063 and the localization of the SDGs, framed by the 2030 Agenda.

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

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

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245 See 2020 Census Project Annual Report, Pg 5
246 Klls at national and sub-national levels
247 https://unsdg.un.org/2030-agenda/business-operations
248 Klls at national level with UNCT and GoM counterparts
249 Klls with UN agencies; Minutes of UNCT meetings
250 UNFPA CO Annual Reports (2019-2021)
Agency Standing Committee (IASC), Humanitarian Country Team, UN Communications Group (UNCG) and M&E Group.251

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

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

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

4.6 Coverage: Evaluation question 8
Q8: To what extent have UNFPA humanitarian interventions in response to natural disasters (floods, cyclones and droughts) systematically reached the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities; LGBTQI populations, etc.)

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

Malawi experienced one of the worst strong winds, heavy rains and floods induced by cyclone Ana (2019) and Gombe (2020/2021) that formed in the Mozambican channel.255 The floods caused displacement of people and destruction of infrastructure (e.g. household assets, water supply systems and hydrological monitoring stations) especially in the south region. Women and girls also faced serious protection risks, including increased SGBV
among the survivors, especially in the camping sites. UNFPA provided SRH services and support mechanisms to prevent and respond to GBV violence in crisis-affected communities. The extent to which UNFPA humanitarian interventions in response to natural disasters systematically reached the most vulnerable and marginalized groups is presented in the next sections.

4.6.1 Targeting different segments of the population with humanitarian assistance

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

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

**Mapping evidence of geographical area covered for humanitarian assistance**

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

4.6.1.1 SRH coverage

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

4.6.1.2 AY coverage

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

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256 KII at national and sub-national levels; UNFPA CO Annual Reports 2019, 2020
257 KII at national level
258 MICS 2021
259 KII at national and sub-national levels (Nsanje District); UNFPA Annual Reports 2019, 2020
260 UNFPA CO Annual Report 2021
261 UNFPA CO Annual Reports 2019, 2020; KII at national and sub-national levels
263 KII with DYO for Dedza District Executive Council
4.6.1.3 GE coverage
Evidence that UNFPA supported interventions targeted to the elimination of barriers to access; to SRH and GBV information and services for vulnerable and marginalized populations, particularly those within groups that are furthest behind; evidence of transformation of social norms perpetuating GBV and other forms of discrimination.

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

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

4.7 Connectedness: Evaluation questions 9-10
EQ9: To what extent has the UNFPA humanitarian response to natural disasters (floods, cyclones and droughts) taken into account longer-term development goals articulated in the results framework of the country programme?

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

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

4.7.1 Initiatives by UNFPA during the Humanitarian Situation

Enhancing SRH-GBV responsiveness and building district capacities
Finding: UNFPA’s flexibility to mobilise resources, open communication and functional working relationship with partners in the government and UN system enabled a rapid response to humanitarian crises due to COVID-19 pandemic and flooding brought by cyclones.

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

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264 KIIs at national level
265 UNFPA CO Annual Reports 2019, 2020; KIIs at national level
266 KIIs at national and sub-national level
267 KII with FOCESE Manager, Nsanje
268 UNFPA CO Annual Report 2019
During the CP8, UNFPA systematically worked with government agencies such as DoDMA, MoGCDSW and MoHP on the SRH and GBV prevention during the COVID-19 pandemic. UNFPA also worked in disaster prone areas in collaboration with UN Humanitarian Cluster Response partners such as UNICEF, UNHCR, and other IPs including Trocaire in Zomba, CARE Malawi, GOAL Malawi in Nsanje, and Oxfam in Phalombe. During the CP8 implementation period, the COVID-19 pandemic negatively affected adolescent girls' and young women’s access to SRHR compounding their vulnerability to GBV, including domestic violence, and generally reversed much of the progress made in the recent decades. The pandemic further stalled progress towards achieving the three transformative results. However, UNFPA under the Spotlight Initiative supported the development of an Acceleration Plan to fast track the implementation of interventions on access to essential services among AGYW.

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

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

Interviews with respondents highlighted that limitations in humanitarian response included delayed funding to support those people who were in camps. This situation was highlighted in the field as follows: "Funding came after some camps had already been decommissioned as such we had to change the approach to work in the community settings and not in camps," narrated a KI in Nsanje town, Nsanje District.

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

Other key achievements include:

a) GBV, SRHR and COVID-19 awareness was mainstreamed in the mentorship trainings for mentors in the Spotlight districts reaching out to 100 mentors in Nkhata Bay, Dowa and Ntchisi districts.

b) Provision of personal protective equipment items to mentors to distribute to their mentees during the mentorship sessions in the communities.

c) Provision of personal protective equipment and dignity kits to the MoGCDSW for the Malawian returnees from South Africa. The equipment included masks and sanitizers; 500 dignity kits which were also provided to the women and girls of reproductive age including pregnant and lactating mothers and 1,500 dignity kits were prepositioned; 2,000 personal protective equipment items were also distributed to all service provision points in the Spotlight districts.

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

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

270 KII with UNFPA CO staff and MOGCDSW staff

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

272 KII with one of the IPs in Nsanje District

273 UNFPA CO Annual Reports (2019-2021)
prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

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

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

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

**4.7.1.1 National /societal resilience**

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

(a) UNFPA facilitated a five days' session (2021), attended by 46 participants in order to adopt the MISP manual, which was to ensure that there are proper linkages between MoHP Reproductive Health Directorate and all other stakeholders when responding to disasters regarding SRHR issues.

(b) UNFPA CO conducted orientations for stakeholders and frontline workers on MISP for reproductive health including orientation on GBV, prevention of sexual exploitation and abuse and monitoring and reporting. During the MISP trainings, it was observed that health service providers had limited knowledge in Clinical Management of Rape (CMR) cases, including referral to other essential services, resulting into poor quality of care and more trauma and victimization of survivors276. A total of 28 participants (13 male and 15 female) drawn from different sectors within the districts (Health, Police and Social Welfare) were trained.

(c) Eight of NSOs staff plus 2 from DoDMA were trained in geo-referencing and earth observation in South Africa during January 2021; interactions with two NSO staff and UNFPA CO staff show that the skills are being applied.277 The skills are currently helping in the geographical mapping of vulnerable and marginalized groups.

**4.7.1.2 Community resilience**

Community resilience was promoted through the following things:278

(a) In the context of Clinical Management of Rape, UNFPA distributed Inter-Agency Emergency Health Kits to health facilities in the above three affected districts.

(b) In Dedza, 120 Community-Based Distribution Agents, Health Surveillance Assistants, Community Midwife Assistants and peer educators (80 Males and 40 Females) were oriented in SRH/ HIV/ family planning youth friendly health services at district levels twice per year. The activity equipped the participants with knowledge and skills in the provision of SRH services to the youth aged 10-24 years (2021).

(c) The provision of 14,500 Dignity Kits in 9 flood affected districts resulted into improved management of menstrual hygiene and dignity of young women and adolescent girls displaced by the floods in 2019.

(d) In the spirit of leaving no one behind, UNFPA supported the mapping of health facilities for disability friendly structures such as ramps to buildings, which were constructed; the ramps have the potential of increasing access of persons with disabilities to the service provision points.

**4.8 Lessons learnt**

The following are lessons learnt from the implementation of CP8:

1. There is limited sustainability of political will around supporting the SRHR programme; financing for SRHR including FP commodities remains largely donor dependent.

2. UNFPA support has made significant contributions in addressing harmful cultural practices at community level especially with regards to child marriages and initiations rites by bringing about changes in attitudes,
behaviours and eventually norm change. The strategic involvement of religious leaders, chiefs, parents at communities led to modified practices such as the timing and duration of the male initiation events, which was reduced from 3 months to 1 month so that they do not coincide with the school calendar.

3. In the area of women’s economic empowerment, Village Saving and Loans (VSLs) and Income Generating Activities (IGAs) are highly valued by adolescent girls and women. They have been effective not only to mitigate the financial vulnerability, but also to increase women’s self-esteem and indirectly increase their participation in community decision making. It has also facilitated women’s access to markets.

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

5. There are too many policy changes in the UNFPA financial accountability system, which constraints speedy IP implementation.

6. The GoM has recognized the importance of data generation and use. It plans to lead an initiative to mobilise 1 percent of programme funding to a pool of resources to support the generation of data in the country.

4.9 Best practices

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

1. Age-appropriate CSE with links to SRHR services was identified as a best practice model to prevent early and unintended pregnancy. A documentary of this model was produced and disseminated.

2. Male engagement in SRHR and GBV has far reaching benefits. The programme has enabled adolescent boys and men to make informed decisions on SRHR and GBV, and behave responsibly as well as being supportive to adolescent girls and young women.

3. Engagement of local leaders has a catalytic role to address socio cultural norms and practices that fuel GBV.

4. The mentorship and safe spaces model is very empowering. The creation of safe spaces for adolescent girls and young women emerged as a key strategy for the protection and empowerment of adolescent girls and young women.

5. The provision of the community fund has contributed to the promotion of social equity in communities by increasing access to justice for the survivors of GBV.

6. UNFPA support to community structures to continue functioning during the COVID-19 pandemic enabled the latter to safely provide services to survivors and mentors in safe spaces.

279 UNFPA CO Annual Reports (2019-2021); KII at national (UNFPA CO staff); FGD sessions with beneficiaries
CHAPTER 5: CONCLUSIONS

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

5.1 Strategic level

Conclusion 1: The GOM/UNFPA’s CP8 is well aligned to national and international development priorities. The CP effectively responded to the changing environment and needs including humanitarian settings. UNFPA is a dependable strategic partner to the GoM, other UN agencies and leading bilateral agencies.

CP8 is relevant and strategically aligned to national and international development frameworks. Wide stakeholder consultation at national and sub-national levels during the design of the CP8 enhanced ownership and relevance. The implementation of CP8 was government-led and CP8 was responsive to changing national needs and environment especially in emergencies (cyclones, floods, and drought). However, there are emerging needs such as climate change effects as a risk factor for inadequate access to services (SRH, ASRH) and for GBV and harmful practices (early and child marriage) and cross-border movements (in relation to child marriages) which needs more attention.

Origin: EQ1, 2; evaluation criteria: relevance
Recommendation: Strategic level R1

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

Origin: EQ3 and 4; evaluation criteria: effectiveness; coordination
Recommendation: Strategic level R2.

Conclusion 3: UNFPA has a robust financial management and tracking system that facilitates programmatic and financial accountability. However, there are constant delays between requisition of funds by IPs and disbursement by UNFPA, low absorptive capacity of IPs and all this affects timely and quality implementation of interventions. UNFPA CO should review the length of time between requisition and disbursement of funds to enhance efficiency and facilitate capacity building of IPs in financial management.

UNFPA has a clear system of ensuring checks and balances, and that IPs are accountable for deliverables and funds disbursed in a timely manner but the system requires further strengthening to reduce the time between requisition and disbursement of funds.

Origin: EQ5; evaluation criteria: Efficiency
Recommendation: Strategic level R3.

Conclusion 4: The utility of some outcome and output indicators fell short of the expected standard as some of output indicators were not accurately measuring the outcomes of the programme.

Some output indicators did not have achievement data and therefore, it was difficult to assess progress.

Origin: EQ3 and 4; evaluation criteria: Effectiveness
Recommendation: Strategic level R4.

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

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

Origin: EQ1, 3 and 4; evaluation criteria: relevance, effectiveness
Recommendation: Programmatic level R5.

Conclusion 6: UNFPA has done a commendable job in ensuring adequate RH commodity security including FP products. However, there is limited sustainability of political will around supporting the SRHR programme; financing for SRHR including FP commodities. The financing for SRHR including procurement of FP commodities (contraceptives, MNH equipment and supplies) remains largely donor dependent.

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

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

Origin: EQ3 and 4; evaluation criteria: effectiveness
Recommendation: Programmatic level R7.

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

Origin: EQ3 and 4; evaluation criteria: effectiveness
Recommendation: Programmatic level R8.

Conclusion 9: UNFPA has made significant contributions in addressing harmful cultural practices at community level especially with regards to child marriages and initiation rites by bringing about changes in attitudes, behaviours and eventually norm change.

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

Origin: EQ3 and 4; evaluation criteria: effectiveness

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

Origin: EQ3, 4 and 7; evaluation criteria: effectiveness; coordination
Recommendation: Programmatic level R10.
Conclusion 11: There is no clear exit strategy for the flagship programmes (UNJPGE - Phase 2&3), the SYP -Phase 2, and Action for Teens, which have registered success but are coming to an end in 2024, 2022 and 2024 respectively.

With so many success stories registered for in and out of school adolescents and youth, there is need to prepare an exit strategy to avoid the gains getting lost and put in place mechanisms for sustainability for example linking communities to other organisations.

Origin: EQ6; evaluation criteria: sustainability
Recommendation: Programmatic level R11.

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

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

Origin: EQ3 and 5; evaluation criteria: effectiveness and efficiency
Recommendation: Programmatic level R13
CHAPTER 6: RECOMMENDATIONS

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

6.1 Strategic level

Short-term period

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

Operational Implications: Given the working environment under UNSDCF, the CP9 focus should be more on integrated programming approach - across development programme components including humanitarian interventions as well as across UN Agencies, if feasible. The technical implications are (a) UNFPA CO should support MDAs and IPs on the adoption of appropriate methods to continuously reach and consult the marginalized, and most vulnerable populations; (b) to identify and include theories of change that encompass the entire results chain. The human resources implication is ensuring availability of adequate skills and capacity of CO staff for the formulation of the results framework. The CO should establish cross functional teams (in the country office) to avoid vertical project planning and management. (UNFPA is working on the transformative development agenda to achieve three zeros and the relevant SDGs by the end of 2030. SDGs are integrated and indivisible, achieving them will need a more holistic, integrated approach that requires a systems thinking as opposed to siloed thinking).

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

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

Operational Implications: The technical implication is the conduction of semi-annual or annual environmental scanning of the global and local donor funding situation so that UNFPA is properly informed and able to take the right decisions on programming. This exercise will have financial implication in that UNFPA may hire short term consultant(s) for the environmental scanning. The human resource implication is that the CO must identify a cadre of staff dedicated to the above issue and for activities such as preparation of consultancy ToR, liaison with consultants and making briefs.

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

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

Operational Implications: The technical implications are (a) There is need for a technical review to identify the main bottlenecks in the bureaucracy and identify novel strategies for improved efficiency; (b) streamline the mechanisms for the transfer of funds to IPs to ensure timely access to these funds, but at the same time facilitate oversight and accountability for IPs; (c) UNFPA should facilitate regular but focused trainings in financial...
management for IPs. This will have a financial implication due to a potential cost of hiring a consultant to conduct the review and the CO availing funds for the training of IPs.

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

### Medium-term period

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

**Operational Implications:** The technical implication is that UNFPA CO should provide the relevant technical guidance on the measures to be taken to harmonise the indicators. As much as possible, CP9 should go beyond stating indicators in categorical form (yes, no) to strengthen measurements of the quality of outputs and the processes. The human resource implication is having an M&E staff dedicated to the task of liaison with the Department of Population Studies. The financial implication is the cost of engaging the Department of Population Studies to carry out further analysis of the census datasets.

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

### 6.2 Programmatic level

#### Short-term period

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

**Operational Implications:** The technical implications (a) UNFPA should provide technical assistance to strengthen coordination activities among government and CSO providers; (b) UNFPA should popularize the male engagement strategy and plan for addressing gender barriers through male engagement and select the appropriate male engagement partners with the right expertise and experiences; (c) In the next CP, UNFPA should consider coming up with a mechanism that will ensure that the incentives for the mentors are provided in a manner that will be sustainable. Establishing a revolving fund for the funds aimed at providing incentives to both mentor and mentees should be an option for consideration. The financial implication is the cost related to popularisation of the male engagement strategy and start up for the revolving fund.

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

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

**Operational Implications:** The technical implication is that UNFPA CO should invest time and energy to secure buy-in from the senior leadership of MoH and Ministry of Finance on a comprehensive plan and advocate for increased government allocation to the health budget. A series of meetings among the relevant stakeholders (government, donors, development partners and UNFPA) will be needed to discuss the content and modalities of the plan. The financial implication is that UNFPA CO should allocate some funds for these meetings.

**Priority:** High; **Target level:** UNFPA CO, MDAs, District assemblies and IPs; **Based on Conclusion:** 6
7. UNFPA and partners should advocate for enhancement of a transformative approach and encourage IPs to continue working with traditional leadership and continuously engage parents in order to address negative cultural and religious factors, which impede girls’ access to education, access to ASRH services.

**Operational Implications:** The technical implication is that UNFPA should provide technical support to IPs in skills for lobbying traditional leaders to influence communities change/drop the negative practices and norms. Financial implication - UNFPA should invest in building capacity of human resources of IPs in gender transformative programming to address drivers and risk factors for GBV inherent in patriarchal norms.

**Priority:** Medium; **Target level:** UNFPA CO, MDAs, District assemblies and IPs; **Based on Conclusion:** 7

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

**Operational Implications:** Technical implications – (a) UNFPA should make use of the available data and other knowledge products from gender analyses and advocate for advancement of gender equality, jointly with other relevant UN agencies coordinated through UN Gender TWG. UNFPA should also aim for integrating male engagement strategy across the UNFPA’s programming, moving beyond the GEWE. Currently, a multi-stakeholders reference group is being facilitated by UNFPA on male engagement strategy under GEWE; (b) UNFPA should provide support to enhance financial management and business skills among beneficiaries of the survivor fund. There should be mechanisms to ensure accountability and transparency in the management of the funds. The financial implication is that UNFPA should avail funds for the skills training; (c) UNFPA and its partners should consider streamlining and standardizing the integrated SRHR/HIV/GBV package of services for adolescent girls and young women, but with strong focus on vocational skills training. IGAs combined with gender transformative programming and power analysis.

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

**Medium-term period**

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

**Operational Implications:** Technical implications – UNFPA CO should strengthen the humanitarian preparedness aspect of service providers (SRH, GE, AY) to identify and deal with risks, vulnerabilities and their underlying causes. At the same time, the CO should carry out capacity building of communities (connectedness and resilience building). The financial implication is ensuring that adequate funds are available for the above mentioned activities.

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

10. The next CP needs to systematically incorporate specific and targeted activities aimed at disability inclusion in all areas of operation. UNFPA should consider enhancing partnership with organizations of persons with disabilities such as Malawi Council for the Handicapped, Federation for Disability Organisations in Malawi and other specialized stakeholders. Such partnerships could facilitate UNFPA’s better understanding of the barriers faced by people living with disabilities, particularly those victims of SGBV. Such enhanced partnerships could also enable further inclusion of disability in UNFPAs’ field monitoring by providing access to important disability networks at the local level.
**Operational Implications:**

- **Technical implication:** UNFPA CO should provide guidance on enhancing partnership with organizations of persons with disabilities such as Malawi Council for the Handicapped, Federation for Disability Organisations in Malawi and other specialized stakeholders to ensure issues of disability are comprehensively dealt with in the programme. **Financial implication:** The inclusion of disability in programming will need funds to be allocated within the CP budget.

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

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

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

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

**Long-term period**

12. Within the Data Group, UNFPA should advocate for continuous capacity building in order to improve the data management information system at national and sub-national levels.

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

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


Country Programme Evaluation

April 2022
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<tbody>
<tr>
<td>CCA</td>
<td>Common country assessment/analysis</td>
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<tr>
<td>CO</td>
<td>Country office</td>
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<td>CP</td>
<td>Country programme</td>
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<td>CPAP</td>
<td>Country programme action plan</td>
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<td>CPD</td>
<td>Country programme document</td>
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<td>CPE</td>
<td>Country programme evaluation</td>
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<td>DSA</td>
<td>Daily subsistence allowance</td>
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<td>ESARO</td>
<td>Eastern and Southern Africa Regional Office</td>
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<td>EQA</td>
<td>Evaluation quality assessment</td>
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<td>EQAA</td>
<td>Evaluation quality assurance and assessment</td>
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<td>ERG</td>
<td>Evaluation reference group</td>
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<td>GBV</td>
<td>Gender-based violence</td>
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<td>HCT</td>
<td>Humanitarian Country Team</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>MDHS</td>
<td>Malawi Demographic Health Survey</td>
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<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<td>MHSSP</td>
<td>Malawi Health Sector Strategic Plan</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MIP</td>
<td>Malawi 2063 First 10-year Implementation Plan</td>
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<td>NSS</td>
<td>National statistical system</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>SGBV</td>
<td>Sexual and gender-based violence</td>
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<td>SRHR</td>
<td>Sexual and reproductive health and rights</td>
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<td>ToR</td>
<td>Terms of reference</td>
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<td>UNICEF</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNEG</td>
<td>United Nations Evaluation Group</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNSDCF</td>
<td>United Nations Sustainable Development Cooperation Framework</td>
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1. Introduction

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

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

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

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

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

The main audience and primary intended users of the evaluation are: (i) The UNFPA Malawi CO; (ii) the Government of Malawi; (iii) implementing partners of the UNFPA Malawi CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) Eastern and Southern Africa Regional Office (ESARO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

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

2. Country Context

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

Figure. Population by Age Groups and Sex in Malawi 2018

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

Economic Situation: Malawi is in the category of the Least Developing Countries with a GDP per capita of US$ 1,060\(^{282}\). The country is classified as a low human development country with a Human Development Index (HDI) value of 0.483 and ranked 174 out of 189 counties in 2020\(^{283}\). Malawi is assessed to be an unequal society with Gini coefficient 44.7. The share of Malawians living below the international poverty line of $1.90/day has declined only slightly from 71.7 percent in 2010 to 70.3 percent in 2016\(^{284}\). Moreover, due to population growth, the number of people below the international poverty line has increased by 10.8 million to 12.1 million\(^{285}\). In addition, more than 90 percent of the poor reside in rural areas, where poverty has increased slightly since 2010. The share of the population below the national poverty line has not changed much: it increased slightly from 50.7 percent in 2010 to 51.5 percent in 2016\(^{286}\).

Maternal Health: Malawi has one of the highest maternal mortality ratio of 439 per 100,000 live births\(^{287}\) (2016) in the world. The maternal mortality ratio in Malawi fell from 675 to 439 per 100,000 live births between 2010 and 2015-16, due to increased contraceptive use, improved access to emergency obstetric care services (from 2 to 40 per cent).

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\(^{283}\) Ibid.

\(^{284}\) Ibid.

\(^{285}\) World Bank, Poverty and Equity Brief - Malawi, April 2020

\(^{286}\) Ibid.

\(^{287}\) Malawi Demographic and Health Survey (MDHS) 2015-16
and increased skilled birth attendance (from 71 to 90 per cent) over the same period. Adolescent birth rate is estimated to be 136 per 1,000 women which is also one of the highest in the world. 96.4 percent of births are attended by skilled health personnel and 96.7 percent of births are occurring in health facilities. In Malawi, it is estimated that 0.6 percent of women of child bearing age are reported to have an obstetric fistula.

**Child Marriage:** Malawi has one of the highest rates of child marriage in the world, with approximately 42 per cent of girls married before the age of 18, and 9 per cent below the age of 15. 42 percent of girl child marriage rate indicates the magnitude of this harmful practice that the country continues to practice. In the subsequent years, age groups 25 to 49, the median age at first birth has changed little since 1992. The recent age is 19 years which is virtually identical to 1992 (18.9 years).

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

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

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

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

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289 Malawi Multiple Indicator Cluster Survey (MICS) 2019-20
290 Ibid.
291 UNFPA Malawi homepage - Maternal Health
292 Government of Malawi-UNICEF (2019) Budget Scoping on Programmes and Interventions to end child marriage in Malawi
293 MDHS 2015-16
294 MICS 2019-20
295 Ibid.
297 Ibid
298 MICS 2019-20
299 Ibid.
gender-based violence and intimate partner violence. The 2015/16 Malawi Demographic and Health Survey found that 34 percent of the women aged 15-49 reported experiencing physical violence, 14 percent experienced sexual violence while 23% experienced emotional violence within the 12 months prior to the survey. In the same survey, only 40% of all women who had ever experienced any type of physical or sexual violence sought help to stop violence; 49% never sought any help nor informed anyone about the violence they had experienced.

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

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

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

**3. UNFPA Country Programme**

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

The 8th CP (2018-2023) is aligned with:
- Malawi Vision 2063: An Inclusively Wealthy and Self-reliant Nation,
- Malawi 2063 First 10-year Implementation Plan (MIP-1) 2021-2030

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300 Spotlight Project: Ending Violence WHAT DO WE KNOW? against women and girls in Malawi (2020)
301 Ibid.
302 Adapted from the situational analysis of The National Statistical System Strategic Plan 2018-2023
In 2021, the UNFPA Malawi CO undertook the process of aligning (as an interim alignment) the 8th CP to the UNFPA Strategic Plan 2022-2025 using the Strategic Plan (2022-2025) implementation toolkit for alignment. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

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

- **Outcome 1.** Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

- **Outcome 2.** Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

- **Outcome 3.** Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

- **Outcome 4.** Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

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

**Outcome 1: Sexual and reproductive health and rights**
Output 1: Health institutions and health workers, including midwives in the five focus districts, have improved capacities to provide high-quality integrated sexual and reproductive health services and information to the most marginalized women and young people, especially adolescents, including in humanitarian settings. This has been delivered through: (a) advocacy and policy dialogues for establishment and implementation of SRH policies and guidelines, integration of SRHR in national planning and emergency preparedness and response, etc.; (b) capacity building of government leadership, district offices, healthcare workers and community volunteers in improving service delivery and quality of SRHR services; (c) improving service delivery in maternal and newborn care, emergency obstetric care services and procurement of life-saving commodities; and (d) scaling up and establishment of youth friendly health service (YFHS) centres and support to improving the YFHS service delivery.

Output 2: Ministry of Health is better able to effectively forecast, procure and distribute sexual and reproductive health commodities and maternal health life-saving drugs, including last mile tracking. This has been delivered through (a) advocacy and policy dialogues for increased resource allocation for family planning, etc, (b) capacity building of healthcare workers and community volunteers in ensuring provision of various contraceptive services and uptake of them; (c) capacity building and community outreach to dispel myths and misconceptions around family planning; and (d) technical support to the Logistical Management Information System for effective forecast and monitoring of family planning commodities.

Outcome 2: Adolescents and youth
Output 3: Young people, particularly adolescent girls, are more empowered to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development at national and local level. This has been delivered through (a) national and community level advocacy to address socio-cultural barriers that prevent adolescent girls from exercising their SRHR including ending child marriages; (b) technical assistance towards advocacy platforms for youth engagement on development issues (including national youth investment strategy); (c) training and raising awareness among young people on accessing sexual and reproductive health information and entrepreneurship through innovative digital platforms; (d) working with community led facilitators to conduct parents and children’s sessions on sexual and reproductive health and rights; (e) mentoring programmes for in and out of school girls and boys; and (f) comprehensive sexuality education initiative and economic empowerment initiative for young people.

Outcome 3: Gender equality and women’s empowerment
Output 4: Government entities, national human rights institutions, civil society organizations and communities at national level and in focus districts have improved capacities to prevent and address gender-based violence and sexual exploitation. This has been delivered through (a) policy advocacy such as operationalization of Gender Equality Act, national efforts to end child marriage; (b) UNFPA’s leadership on prevention and response of gender-based violence during emergencies; (c) capacity building on implementation of gender equality-related laws, national policies and national plans to eliminate harmful cultural practices such as child and forced marriage; (d) scaling up of male involvement initiatives; (e) involvement of faith-based organizations and community structures in raising awareness and capacity building to eliminate GBV and other harmful practices; and (f) Continued establishment and operationalization of One Stop Centre services and establishment of GBV-MIS (Management Information System).

Outcome 4: Population dynamics
Output 5: Public institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy. This has been delivered through (a) policy advocacy for the new National Population Policy and its action plan; (b) technical support to thematic analysis of the
2018 Population and Housing Census, and its dissemination and use at national and sub-national levels; (c) technical support for integration of population dynamics into national and sub-national development policies and plans.

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

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

The UNFPA Malawi 8th CP is based on the following results framework presented below:
Malawi UNFPA 8th Country Programme (2019-2023) Results Framework

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

<table>
<thead>
<tr>
<th>UNFPA Thematic Areas of Programming</th>
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<tr>
<td>I. Sexual and reproductive health and rights</td>
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**UNFPA Strategic Plan Outcomes**

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

Output 1: Health institutions and health workers, including midwives in the five focus districts, have improved capacities to provide high-quality integrated sexual and reproductive health services and information to the most marginalized women and young people, especially adolescents, including in humanitarian setting

Output 2: Ministry of Health is better able to effectively forecast, procure and distribute sexual and reproductive health commodities and maternal health life-saving drugs, including last mile tracking

Output 3: Young people, particularly adolescent girls, are more empowered to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development at national and local level.

Output 4: Government entities, national human rights institutions, civil society organizations and communities at national level and in focus districts have improved capacities to prevent and address gender-based violence and sexual exploitation.

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

**UNFPA Malawi 8th CP Intervention Areas**

(1) Activities planned and implemented:

Output 1
a) scale up combined HIV prevention efforts at national level, with a focus on key populations;
b) continue to supply maternal and newborn care equipment and life-saving commodities to designated health facilities to provide high-quality and comprehensive maternal health care services; (c) build the capacity and leadership of the Government in obstetric fistula care; (d) provide technical support towards implementation of the costed family planning action plan;

(2) Activities implemented but not initially planned:
(a) in-depth thematic analysis of the 2018 population and housing census data, and use at national and subnational levels;
(b) implementation of national surveys, including the Demographic Health Survey;

(1) Activities planned and implemented:

(a) jointly coordinate implementation of the national action plan on ending gender-based violence;
(b) advocate for the operationalization and monitoring of the Gender Equality Act;
(c) build the capacity of the Ministry of Gender, Ministry of Health, the police and the judiciary for generating, analyzing and using gender-based violence data, including in humanitarian settings; (d) continue supporting national advocacy efforts on ending child marriages; (e) continue supporting One-Stop-Centre
(e) scale up outreach activities and establishment of youth-friendly health service centres;  
(f) continue supporting existing maternal death surveillance and response systems;  
(g) provide technical and material support to training colleges, associations and regulators to improve pre- and in-service midwifery training; and  
(h) train health workers and civil protection committees to ensure effective and coordinated delivery of minimum initial service package delivery in humanitarian settings.  

Output 2  

(a) continue to monitor availability of sexual and reproductive health commodities at all levels and further improve the supply chain system;  
(b) advocate for implementation of the Family Planning 2020 and London Summit commitments, including increased national budget allocation for family planning;  
(c) distribute and track reproductive health commodities and life-saving drugs where required; and  
(d) engage with health workers and community-based organizations to dispel myths and misconceptions around family planning.  

(2) Activities Implemented but not initially planned:  

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

(3) Activities planned but not implemented:  

None  

(d) intensify support for collection, dissemination and use of youth-related data;  
(e) provide technical assistance towards advocacy platforms for youth engagement in development issues;  
(f) train and raise awareness among young people on accessing sexual and reproductive health information and entrepreneurship;  
(g) support development and implementation of a national youth investment strategy through the inter-ministerial committee on youth;  
(h) build capacity of community facilitators to conduct sessions for parents and children on sexual and reproductive health and rights services to survivors of gender-based violence;  
(i) provide technical support for the implementation of gender-related laws and national action plans aimed at eliminating harmful cultural practices, including child and forced marriages;  
(j) scale up male involvement in sexual and reproductive rights and gender-based violence initiatives;  
(k) build the capacity of faith-based organizations and community structures to eliminate harmful cultural practices;  
(l) consolidate UNFPA leadership on gender-based violence during emergencies; and  
(m) monitor application of minimum standards for prevention of sexual abuse and exploitation in humanitarian settings.  

Policy  

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

(3) Activities planned but not implemented:  

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

Support Youth led organization to conduct youth targeted community awareness campaigns while observing covid19 preventive measures, strategies include use of radio programs;  
(b) Provide technical support to Implementing Partners to coordinate stakeholders to integrate climate change in programming.  

(3) Activities planned but not implemented:  

None  

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

(3) Activities planned but not implemented:  

None  

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(3) Activities planned but not implemented:  

None  

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

(3) Activities planned but not implemented:  

None
Nota Bene: "CP Intervention Areas" boxes: In bold: Activities that were not initially planned, yet were implemented; in italics: Activities that were initially planned but were not implemented.
4. Evaluation Purpose, Objectives and Scope

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

4.2. Objectives
The objectives of this CPE are:

1. To provide the UNFPA Malawi CO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Malawi 8th CP (2019-2023).

2. To broaden the evidence base to inform the design of the next programme cycle.

The specific objectives of this CPE are:

i. To provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support.

ii. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.

iii. To provide an assessment of the role played by the UNFPA Malawi CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Malawi CO in the coordination mechanisms of the HCT, with a view to improving humanitarian response and ensuring contribution to longer-term recovery.

iv. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

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

- Five UNFPA focus districts of Nkhata Bay, Mchinji, Dedza, Mangochi and Chiradzulu
- Emergency - Chikwawa, Nsanje, Mulanje
- Multi-year donor funded projects - Salima, Kasungu, Nchitsi, Mzimba, Machinga, Dowa, Rumphi, Lilongwe, Baraka
Figure 9: Geographic scope of the evaluation

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

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

5. Evaluation Criteria and Preliminary Evaluation Questions

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

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

5.2. Preliminary Evaluation Questions

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

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

**Relevance**

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

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

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

**Effectiveness**

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

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

**Efficiency**

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

**Sustainability**

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

**Coordination**

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

**Coverage**

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

**Connectedness**

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

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

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

6. Approach and Methodology

6.1. Evaluation Approach

**Theory-based approach**

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

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

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

**Participatory approach**

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Malawi CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, non-governmental institutions, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations,
Donors and, most importantly, rights-holders (notably women, adolescents, youth persons with disabilities). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the CP. Particular attention will be paid to ensuring participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.).

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

**Mixed-method approach**

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

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

### 6.2. Methodology

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

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

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

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

**The evaluation matrix**

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

- **In the design phase**, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.

- **During the field phase**, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The evaluation manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.

- **In the reporting phase**, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the evaluation manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner.

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

**Finalization of the evaluation questions and related assumptions**

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

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur, based on the theory of change of the CP. This will allow the evaluators to
assess whether the preconditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions and related assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

**Sampling strategy**

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

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

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

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

**Data collection**

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

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

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

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

**Data analysis**

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

**Validation mechanisms**

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

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

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

The validation mechanisms will be presented in the design report.

**7. Evaluation Process**

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The evaluation manager and the evaluation team leader must undertake quality assurance of each
deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparatory Phase (*Handbook, pp.35-40*)
The evaluation manager at the UNFPA Malawi CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.

- Compilation of background information and documentation on the country context and CP for desk review by the evaluation team in the design phase.

- Drafting the terms of reference (ToR) for the CPE with support from the regional M&E adviser in UNFPA Eastern and Southern Africa Regional Office (ESARO) in consultation with the ERG, and submission of the draft ToR (without annexes) to the UNFPA Evaluation Office for review and approval.

- Publication of the call for the evaluation consultancy.

- Completion of the annexes to the ToR with support of the CO staff, and submission of the draft annexes to the UNFPA Evaluation Office for review and approval.

- Pre-selection of consultants by the CO, pre-qualification of the consultants by the UNFPA Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.

7.2. Design Phase (*Handbook, pp. 43-83*)
In the design phase, the evaluation manager will lay the foundation for communications around the CPE. All other activities will be carried out by the evaluation team, in close consultation with the evaluation manager and the ERG. This phase includes:

- Evaluation kick-off meeting between the evaluation manager and the evaluation team, with the participation of the regional M&E adviser.

- Development of an initial communication plan (see Template 16 in the Handbook, p. 279) by the evaluation manager, in consultation with the communication officer in the UNFPA Malawi CO to support the dissemination and facilitation of use of the evaluation results. The initial communication plan will be updated during each phase of the evaluation, as appropriate, and finalized for implementation during the dissemination and facilitation of use phase.

- Desk review of background information and documentation on the country context and CP, as well as other relevant documentation.

- Detailed review of the theory of change underlying the CP (see Annex A). This includes an analysis of: assumptions on which the theory of change is based; contextual factors in which the CP is implemented (how it affects activities and result); indicators of progress in achieving results; links where the causal chain seems to break or are not well established; how results are expected to be sustained after the interventions end, etc.

- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.

- Development of a final stakeholder map and a sampling strategy to select sites to be visited and stakeholders to be consulted in Malawi through interviews and group discussions.
● Development of a data collection and analysis strategy, as well as a concrete and feasible evaluation work plan and agenda for the field phase (see Handbook, section 3.5.3, p. 80).

● Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.

● Development of the evaluation matrix (evaluation criteria, evaluation questions, related assumptions, indicators, data collection methods and sources of information). The data and information collected through the documentary review must be inserted in the evaluation matrix. The matrix is placed in a Google drive so it is accessible to all evaluation team members and to the evaluation manager for his/her supervision and quality assurance.

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

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

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

The field phase includes:

- Meeting with the UNFPA Malawi CO staff to launch the data collection.

- Meeting of the evaluation team with relevant programme officers at the UNFPA Malawi CO.

- Data collection at national and sub-national levels.

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

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

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a draft evaluation report, taking into account the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.

Prior to the submission of the draft report to the evaluation manager, the evaluation team must perform an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (see Annex F). The
evaluation manager and the regional M&E adviser in UNFPA Eastern and Southern Africa Regional Office (ESARO) will subsequently review the draft evaluation report, using the same criteria (defined in the EQA grid). If the quality of the report is satisfactory (in form and substance), the draft report will be circulated to the ERG members for review. In the event that the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a second draft.

The evaluation manager will perform his/her review of the draft final report against the completed evaluation matrix (to ensure that the analysis - responses to the evaluation questions - rests on credible data and information and is, in fact, evidence based). S/he will also collect and consolidate the written comments and feedback provided by the members of the ERG. On the basis of the comments, the evaluation team should make appropriate amendments, prepare the final evaluation report and submit it to the evaluation manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the evaluation manager in the UNFPA Malawi CO.

At the end of the reporting phase, the evaluation manager and the regional M&E adviser will jointly prepare an internal EQA of the final evaluation report. The Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

### 7.5. Dissemination and Facilitation of Use Phase (Handbook, pp.131 -133)

In the dissemination and facilitation of use phase, the evaluation team will develop a PowerPoint presentation of the evaluation results that summarizes the key findings, conclusions and recommendations of the evaluation in an easily understandable and user-friendly way.

The evaluation manager will finalize the communication plan together with the communication officer in the UNFPA Malawi CO. Overall, the communication plan should include information on (i) target audiences of the evaluation; (ii) communication products that will be developed to cater to the target audiences' knowledge needs; (iii) dissemination channels and platforms; and (iv) timelines. At a minimum, the final evaluation report will be accompanied by a PowerPoint presentation of the evaluation results (prepared by the evaluation team) and an evaluation brief (prepared by the evaluation manager).

Based on the final communication plan, the evaluation manager will share the evaluation results with the CO staff (incl. senior management), implementing partners, Eastern and Southern Africa Regional Office (ESARO), the ERG and other target audiences, as identified in the communication plan. While circulating the final evaluation report to relevant units in the CO, the evaluation manager will also ensure that these units prepare their response to recommendations that concern them directly. The evaluation manager will subsequently consolidate all responses in a final management response document. In a last step, The UNFPA Malawi CO will submit the management response to the UNFPA Policy and Strategy Division in HQ.

The evaluation manager, in collaboration with the communication officer in the UNFPA Malawi CO, will also develop an evaluation brief. This concise note will present the key results of the CPE, thereby making them more accessible to a larger audience (see sections 8 and 10 below).
The final evaluation report, along with the management response and the final EQA will be included in the UNFPA evaluation database. The final evaluation report will also be circulated to the UNFPA Executive Board. Finally, the final evaluation report, the evaluation brief and the management response will be published on the UNFPA Malawi CO website.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) the evaluation approach and methodology (incl. the theory of change and sampling strategy); (ii) the final stakeholder map; (iii) the evaluation matrix (incl. the final evaluation questions, indicators, data sources and data collection methods); (iv) data collection tools and techniques (incl. interview and group discussion protocols); and (v) a detailed evaluation work plan and agenda for the field phase. For guidance on the outline of the design report, see Annex E.

- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the evaluation manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.

- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Malawi CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.

- **Draft evaluation report.** The draft evaluation report will present findings, conclusions and recommendations, based on the evidence that data collection yielded. It will undergo review by the evaluation manager, the CO, the ERG and the regional M&E adviser. Based on the comments and feedback provided by these stakeholders, the evaluation team will develop a final evaluation report.

- **Final evaluation report.** The final evaluation report *(maximum 70 pages, excluding annexes)* will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. For guidance on the outline of the final evaluation report, see Annex G. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information).

- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

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310 The UNFPA evaluation database can be accessed at the following link: https://web2.unfpa.org/public/about/oversight/evaluations/documentList.unfpa.
Based on these deliverables, the evaluation manager, in collaboration with the communication officer in the UNFPA Malawi CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in the English language.

### 9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations at central and decentralized levels through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation report. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report to assess compliance with a certain number of criteria. The quality assessment will be conducted by the independent UNFPA Evaluation Office.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the independent UNFPA Evaluation Office developed (see [https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance](https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance)). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F), which defines a set of criteria against which the draft and final evaluation reports are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation manager is primarily responsible for quality assurance of the deliverables of the evaluation in each phase of the evaluation process. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the draft and final evaluation reports comply with the quality assessment criteria outlined in the EQA grid (Annex F) before submission to the evaluation manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

<table>
<thead>
<tr>
<th>1. Structure and Clarity of the Report</th>
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<tbody>
<tr>
<td>Ensure the report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with standards and practices of international organizations, including the editorial guidelines of the UNFPA Evaluation Office (see Annex I).</td>
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<tr>
<th>2. Executive Summary</th>
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<tbody>
<tr>
<td>Provide an overview of the evaluation, written as a stand-alone section, including the following key elements of the evaluation: Purpose</td>
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</tbody>
</table>

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311 The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: [https://web2.unfpa.org/public/about/oversight/evaluations/](https://web2.unfpa.org/public/about/oversight/evaluations/). These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.
of the evaluation and target audiences; objectives of the evaluation and brief description of the country programme; methodology; main conclusions; and recommendations.

3. Design and Methodology

Provide a clear explanation of the methods and tools used, including the rationale for the methodological approach and the appropriateness of the methods selected to capture the voices/perspectives of a range of stakeholders, including vulnerable and marginalized groups. Ensure constraints and limitations are made explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.)

4. Reliability of Data

Ensure sources of data are clearly stated for both primary and secondary data. Provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. documents) data collected and make limitations explicit.

5. Analysis and Findings

Ensure sound analysis and credible, evidence-based findings. Ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause-and-effect links between an intervention and its end results (incl. unintended results) are explained.

6. Validity of Conclusions

Ensure conclusions are based on credible findings and convey the evaluators’ unbiased judgment of the intervention. Ensure conclusions are presented in order of priority; divided into strategic and programmatic conclusions (for guidance, see Handbook, p. 238); briefly summarized in a box that precedes a more detailed explanation; and for each conclusion its origin (on which evaluation question(s) the conclusion is based) is indicated.

7. Usefulness and Clarity of Recommendations

Ensure recommendations flow logically from conclusions, are realistic and operationally feasible. Ensure recommendations are presented in order of priority; divided into strategic and programmatic recommendations (as done for conclusions); briefly summarized in a box that precedes a more detailed explanation of the main elements of the recommendation and how it could be implemented effectively. For each recommendation, indicate a priority level (high/moderate/low), a target (administrative unit(s) to which the recommendation is addressed), and its origin (which conclusion(s) the recommendation is based on).


Ensure the evaluation approach is aligned with the United Nations SWAP on Gender Equality and the Empowerment of Women\footnote{Guidance on the SWAP Evaluation Performance Indicator and its application to evaluation is available at: \url{http://www.unevaluation.org/document/detail/1452}.} and UNEG guidance on integrating human rights and gender perspectives in evaluation.\footnote{The \textit{UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations} is available at \url{http://www.uneval.org/document/detail/980}.}

Using the grid in Annex F, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the evaluation manager in the UNFPA Malawi CO, (iii) the regional M&E adviser in UNFPA Eastern and Southern Africa Regional Office (ESARO), and (iv) the UNFPA Evaluation Office, whose roles and responsibilities are described in section 11.
10. Indicative Timeframe and Work Plan

The table below indicates all the activities that will be undertaken throughout the evaluation process, as well as their duration or specific dates for the submission of corresponding deliverables. It also indicates all relevant guidance (tools and templates) that can be found in the UNFPA Evaluation Handbook.

*Nota Bene: Column “Deliverables”: In *italics*: The deliverables are the responsibility of the CO/evaluation manager; in *bold*: The deliverables are the responsibility of the evaluation team.

<table>
<thead>
<tr>
<th>Evaluation Phases and Activities</th>
<th>Deliverables</th>
<th>Dates/Duration</th>
<th>Handbook/CPE Management Kit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparatory Phase</strong></td>
<td></td>
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<tr>
<td>Preparation of <em>letter for Government and other key stakeholders</em> to inform them about the upcoming CPE</td>
<td><em>Letter from the UNFPA Country Representative</em></td>
<td>March 28-April 15</td>
<td></td>
</tr>
<tr>
<td>Compilation of <em>background information and documentation</em> on the country context and the CP for desk review by the evaluation team</td>
<td><em>Creation of a Google Drive folder containing all relevant documents on country context and CP</em></td>
<td>March 16-31</td>
<td>Tool 8: <em>Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team</em>, pp. 179-183</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CPE Management Kit: <a href="#">Document Repository Checklist</a></td>
</tr>
<tr>
<td>Drafting the <em>terms of reference (ToR)</em> based on the ready-to-use ToR (R2U ToR) template (in consultation with the regional M&amp;E adviser and with input from the ERG)</td>
<td><em>Draft ToR</em></td>
<td>March 16-31</td>
<td>CPE Management Kit: <a href="#">Evaluation Office Ready-to-Use ToR (R2U ToR) Template</a></td>
</tr>
<tr>
<td>Review and approval of the <em>ToR</em> by the UNFPA Evaluation Office</td>
<td><em>Final ToR</em></td>
<td>April 6-13</td>
<td></td>
</tr>
<tr>
<td>Publication of the <em>call for the evaluation consultancy</em></td>
<td></td>
<td>April 14-28</td>
<td>CPE Management Kit: <a href="#">Call for Evaluation Consultancy Template</a></td>
</tr>
<tr>
<td>Completion of the <em>annexes</em> to the ToR (in consultation with the regional M&amp;E adviser and with input from CO staff)</td>
<td><em>Draft ToR annexes</em></td>
<td>April 7-15</td>
<td>Template 4: <em>The Stakeholders Map</em>, p. 255</td>
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<tr>
<td></td>
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<td></td>
<td>Tool 4: <em>The Stakeholders Mapping Table</em>, p. 166-167</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Template 3: <em>List of Atlas Projects by Country Programme Output and Strategic Plan Outcome</em>, pp. 253-254</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tool 3: <em>List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome</em>, pp. 164-165</td>
</tr>
</tbody>
</table>

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314 The activities of the different evaluation phases noted in this table do not necessarily follow the presentation of activities in the UNFPA Evaluation Handbook because they are ordered chronologically and include some additional activities, based on best practices within UNFPA.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Document/Tool Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-selection of <strong>consultants</strong> by the CO</td>
<td>CPE Management Kit: Establishing the list of UNFPA interventions (Atlas projects)</td>
</tr>
<tr>
<td><strong>Consultant pre-selections scorecard</strong></td>
<td>April 11-15</td>
</tr>
<tr>
<td>Review and approval of the annexes to the ToR by the UNFPA Evaluation Office</td>
<td>Final ToR annexes</td>
</tr>
<tr>
<td>Pre-qualification of <strong>consultants</strong> by the UNFPA Evaluation Office</td>
<td></td>
</tr>
<tr>
<td>Recruitment of the <strong>evaluation team</strong> by the CO</td>
<td></td>
</tr>
</tbody>
</table>

**Design Phase**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Document/Tool Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluation kick-off meeting</strong> between the evaluation manager, the evaluation team and the regional M&amp;E adviser</td>
<td>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</td>
</tr>
<tr>
<td><strong>May 3-6</strong></td>
<td>CPE Management Kit: Guidance on Strategic Communication for a CPE</td>
</tr>
<tr>
<td>Desk review of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)</td>
<td>May 3-23</td>
</tr>
<tr>
<td><strong>Drafting of the design report</strong> (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase)</td>
<td>Template 8: The Design Report for CPE, pp. 259-261</td>
</tr>
<tr>
<td><strong>Draft design report</strong></td>
<td>Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169</td>
</tr>
<tr>
<td><strong>May 23- June 30</strong></td>
<td>Tool 1: The Evaluation Matrix, pp. 138-160</td>
</tr>
<tr>
<td></td>
<td>Template 5: The Evaluation Matrix, pp. 256</td>
</tr>
<tr>
<td></td>
<td>Template 15: Work Plan, p. 278</td>
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<tr>
<td></td>
<td>Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187</td>
</tr>
<tr>
<td></td>
<td>Tool 11: Checklist for Sequencing Interviews, p. 188</td>
</tr>
<tr>
<td></td>
<td>Template 8: The Design Report for CPE, pp. 259-261</td>
</tr>
<tr>
<td></td>
<td>Tools 5: The Evaluation Matrix, pp. 138-160</td>
</tr>
<tr>
<td></td>
<td>Tools 10: Guiding Principles to Develop Interview Guides, pp. 185-187</td>
</tr>
<tr>
<td></td>
<td>Tools 11: Checklist for Sequencing Interviews, p. 188</td>
</tr>
<tr>
<td></td>
<td>Tools 7: Interview Logbook, p. 258</td>
</tr>
<tr>
<td><strong>Review</strong> of the draft design report by the evaluation manager and the regional M&amp;E adviser</td>
<td><strong>Consolidated feedback provided by evaluation manager to evaluation team leader</strong></td>
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<tr>
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</tr>
<tr>
<td><strong>Presentation</strong> of the draft design report to the ERG for comments and feedback (a half day workshop during the indicated period)</td>
<td><strong>PowerPoint presentation of the draft design report</strong></td>
</tr>
<tr>
<td><strong>Revision</strong> of the draft design report and circulation of the final version to the evaluation manager for approval</td>
<td><strong>Final design report</strong></td>
</tr>
<tr>
<td><strong>Update of the communication plan</strong> by the evaluation manager, in particular target audiences and timelines (based on the final stakeholder map and the evaluation work plan presented in the approved design report)</td>
<td><strong>Updated communication plan</strong></td>
</tr>
</tbody>
</table>

**Field Phase**

<table>
<thead>
<tr>
<th><strong>Inception meeting for data collection with CO staff</strong></th>
<th><strong>Meeting between evaluation team/CO staff</strong></th>
<th><strong>August 1</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual meetings with relevant CO programme officers</strong></td>
<td><strong>Meeting of evaluators/CO programme officers</strong></td>
<td><strong>August 1-5</strong></td>
</tr>
<tr>
<td><strong>Data collection</strong> (incl. interviews with key informants, site visits for direct observation, group discussions, document review, etc.)</td>
<td><strong>Entering data/information into the evaluation matrix</strong></td>
<td><strong>August 8-26</strong></td>
</tr>
<tr>
<td><strong>Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection</strong></td>
<td><strong>PowerPoint presentation for debriefing with the CO and the ERG</strong></td>
<td><strong>August 29</strong></td>
</tr>
</tbody>
</table>

**Tool** 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187

**Template** 6: The CPE Agenda, p. 257

**Tool** 6: The CPE Agenda, pp. 170-176

**CPE Management Kit**: Compilation of Resources for Remote Data Collection (if applicable)
| Update of the communication plan by the evaluation manager (as required) | Updated communication plan | August 29 - September 2 | Template 16: Communication Plan for Sharing Evaluation Results, p. 279  
CPE Management Kit: Guidance on Strategic Communication for a CPE |
| --- | --- | --- | --- |
| **Reporting Phase** | **Drafting of the evaluation report and circulation to the evaluation manager** | Draft evaluation report | September 2-16 | Template 10: The Structure of the Final Report, pp. 253-264  
Template 11: Abstract of the Evaluation Report, p. 265  
Template 18: Basic Graphs and Tables in Excel, p. 288 |
| **Review of the draft evaluation report by the evaluation manager, the ERG and the regional M&E adviser** | Consolidated feedback provided by evaluation manager to evaluation team leader | September 16 - October 7 |  |
| **Drafting of the final evaluation report (incl. annexes) and circulation to the evaluation manager** | Final evaluation report (incl. annexes) | October 10-14 |  |
| **Joint development of the EQA of the final evaluation report by the evaluation manager and the regional M&E adviser** | EQA of the draft evaluation report (by the evaluation manager and the regional M&E adviser) | October 10-15 | Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276  
| **Circulation of the final evaluation report to the UNFPA Evaluation Office** |  | October 17-21 |  |
| **Preparation of the independent EQA of the final evaluation report by the UNFPA Evaluation Office** | Independent EQA of the final evaluation report (by the UNFPA Evaluation Office) | October 21 - November 4 |  |
| **Update of the communication plan by the evaluation manager (as required)** | Updated communication plan | October 17-21 | Template 16: Communication Plan for Sharing Evaluation Results, p. 279  
CPE Management Kit: Guidance on Strategic Communication for a CPE |
| **Dissemination and Facilitation of Use Phase** | **Preparation of the management response by the CO and submission to the Policy and Strategy Division** | Management response | October 21 - November 4 | Template 12: Management Response, pp. 266-267 |
| **Finalization of the communication plan and preparation for its implementation by the evaluation manager, with support from the** | Final communication plan | October 21 - November 4 | Template 16: Communication Plan for Sharing Evaluation Results, p. 279  
CPE Management Kit: Guidance on Strategic Communication for a CPE |
<table>
<thead>
<tr>
<th>Development of the presentation on the evaluation results</th>
<th><strong>PowerPoint presentation of the evaluation results</strong></th>
<th>November 7-11</th>
<th>Example of PowerPoint presentation (for a centralized evaluation undertaken by the UNFPA Evaluation Office): <a href="https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf">https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of the evaluation brief by the evaluation manager, with support from the communication officer in the CO</td>
<td><strong>Evaluation brief</strong></td>
<td>November 11-21</td>
<td>Example of evaluation brief (for a centralized evaluation undertaken by the UNFPA Evaluation Office): <a href="https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf">https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf</a></td>
</tr>
<tr>
<td>Announcement of CPE completion in M&amp;E Net Community</td>
<td><strong>Blog post on the M&amp;E Net Community</strong></td>
<td>November 21-26</td>
<td>CPE Management Kit: Guidance on How to Blog on The CPE Process</td>
</tr>
<tr>
<td>Publication of the final evaluation report, the independent EQA and the management response in the UNFPA evaluation database by the Evaluation Office</td>
<td></td>
<td>November 21-26</td>
<td></td>
</tr>
<tr>
<td>Publication of the final evaluation report, the evaluation brief and the management response on the CO website</td>
<td></td>
<td>November 21-26</td>
<td></td>
</tr>
<tr>
<td>Dissemination of the evaluation report and the evaluation brief to stakeholders by the evaluation manager</td>
<td><strong>Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.</strong></td>
<td>November 28-December 16</td>
<td>CPE Management Kit: Guidance on Strategic Communication for a CPE</td>
</tr>
</tbody>
</table>

Once the evaluation team leader has been recruited, s/he will develop a detailed **evaluation work plan** (see Annex I) in close consultation with the evaluation manager.

### 11. Management of the Evaluation

The **evaluation managers** in the UNFPA Malawi CO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The evaluation managers will oversee the entire process of the evaluation, from the preparation to the facilitation of the use and the dissemination of the evaluation results. They will also coordinate the exchanges between the evaluation team and the ERG. It is the responsibility of the evaluation managers to ensure the quality, independence and impartiality of the evaluation in line with the UNEG norms and standards and ethical guidelines for evaluation. The evaluation managers have the following key responsibilities:

- Establish the ERG.
- Compile background information and documentation on both the country context and the UNFPA CP and file them in a Google Drive to be shared with the evaluation team upon recruitment.
• Prepare the ToR (incl. annexes) for the evaluation, with support from the regional M&E adviser, and submit the ToR and annexes to the Evaluation Office for review and approval.
• Chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
• Launch and lead the selection process for the team of evaluators in consultation with the regional M&E adviser.
• Identify potential candidates to conduct the evaluation, complete the Consultant Pre-selection Scorecard to assess their respective qualifications, and propose a final selection of evaluators with support from the regional M&E adviser, to be submitted to the UNFPA Evaluation Office for pre-qualification.
• Share the annexes of the ToR with the final selected evaluators and hold an evaluation kick-off meeting with the evaluation team and the regional M&E adviser.
• Provide evaluators with logistical support for data collection (site visits, interviews, group discussions, etc.).
• Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
• Perform the quality assurance of all the deliverables submitted by the evaluators throughout the evaluation process; notably the design report (focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection), as well as the draft and final evaluation report.
• Coordinate feedback and comments of the ERG on the evaluation deliverables and ensure that feedback and comments of the ERG are adequately addressed.
• Undertake quality assurance of the draft evaluation report in collaboration with the regional M&E adviser, according to the criteria specified in the EQA grid.
• Develop an initial communication plan (in coordination with the CO communication officer) and update it throughout the evaluation process, as required, to guide the dissemination and facilitation of use of the evaluation results.
• Prepare the EQA of the final evaluation report in collaboration with the regional M&E adviser, using the EQA grid and its explanatory note.
• Lead and participate in the preparation of the management response.
• Submit the final evaluation report, EQA and management response to the regional M&E adviser, the Evaluation Office and the Policy and Strategy Division at UNFPA headquarters.

At all stages of the evaluation process, the evaluation managers will require support from staff of the UNFPA Malawi CO. Specifically, the responsibilities of the country office staff are:

• Contribute to the preparation of the ToR, specifically the initial stakeholder map, the list of Atlas projects and the compilation of background information and documentation on the context and the CP, and provide input to the evaluation questions.
• Make time for meetings with/interviews by the evaluation team.
• Provide support to the evaluation manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national levels.
• Provide input to the management response.
• Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the evaluation reference group (ERG), which is composed of relevant UNFPA staff from the Malawi CO, ESARO, representatives of the national Government of Malawi, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (e.g. persons with disabilities, etc.) The ERG will serve as a body to ensure the
relevance, quality and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team’s access to sources of information and key informants and undertake quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the evaluation manager in the development of the ToR, including the selection of preliminary evaluation questions.
- Provides input for selection of the team of evaluators.
- Provide feedback and comments on the design report.
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation.
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report.
- Participate in meetings with the evaluation team.
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response.

The regional M&E adviser in UNFPA ESARO will provide guidance and backstopping support to the evaluation managers at all stages of the evaluation process. The responsibilities of the regional M&E adviser are:

- Provide feedback and comments on the draft ToR (incl. annexes) in accordance with the UNFPA Evaluation Handbook, and submit the final draft version to the UNFPA Evaluation Office for review and approval.
- Support the evaluation manager in identifying potential candidates and assessing whether they have the appropriate level of qualifications and experience.
- Liaise with the UNFPA Evaluation Office on the completion of the ToR and the selection of the evaluation team.
- Review the design report and provide comments to the evaluation manager, with a particular focus on the final evaluation questions, the theory of change, the sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection.
- Review the draft evaluation report and provide comments to the evaluation manager.
- Support the evaluation manager in reviewing the final evaluation report.
- Prepare the EQA of the final evaluation report in collaboration with the evaluation manager, using the EQA grid and its explanatory note.
- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

The UNFPA Evaluation Office will play a crucial role in the EQAA of the evaluation. The responsibilities of the Evaluation Office are as follows:

- Review and approve the ToR (incl. annexes).
- Review and pre-qualification of the consultants.
- Commission the independent EQA of the final evaluation report.
- Publish the final evaluation report, independent EQA and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women’s empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen
national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process. In addition to his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 8th UNFPA CP in Malawi.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members (including a young and emerging evaluator) will be recruited locally to ensure adequate knowledge of the country context. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

**Evaluation team leader**

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The evaluation manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the evaluation managers. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the CP described below.

**Evaluation team member profile: SRHR expert**

The SRHR expert must have knowledge of the health care delivery system in Malawi and must be in a position to provide expertise on current trends in integrated sexual and reproductive health services and rights in Malawi as outlined in the Malawi Reproductive Health and Rights services. S/he must have updated knowledge in all components of the SRHR strategy namely: family planning and contraception; maternal and newborn health; fistula; reproductive health cancers; sexual health; sexual reproductive health and rights for adolescents and young people; gender in sexual and reproductive health, and rights; sexual reproductive health in emergency situations; sexual and reproductive health among vulnerable and marginalized groups; and HIV prevention.

S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Malawi CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

**Evaluation team member profile: Adolescents and youth expert**

The adolescents and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education for both in and out of school, provide technical support on approaches and ways in order to reduce
adolescent pregnancy, early and child marriages, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation, parent and child communication, legal environment and other strategic documents, safe spaces. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise.

S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Malawi CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

**Evaluation team member profile: Gender equality and women’s empowerment expert**

The gender equality and women’s empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as child, early and forced marriage S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Malawi CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

**Evaluation team member profile: Population dynamics expert**

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, and national statistical systems. The candidate should also show demonstrable experience in the analysis of population data including disaggregation analyses essential for family planning, SRH and GBV. The expert must also have experience in working with evidence that creates investment cases for SRH by highlighting its impact on development. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Malawi CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

**Evaluation team member: Young and emerging evaluator**

The young and emerging evaluator will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will also participate in data collection (site visits, interviews, group discussions and document review) and contribute to data analysis and the drafting of the evaluation report, as agreed with the evaluation team leader. In addition, s/he will provide administrative support throughout the evaluation process and participate in meetings with the evaluation manager, UNFPA Malawi CO staff and the ERG.

The modalities for the participation of the evaluation team members including the young and emerging evaluator in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their
respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master’s degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development and humanitarian assistance.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Demonstrated expertise in one of the thematic areas of the CP covered by the evaluation (see expert profiles below).
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Malawi.
- Fluent in written and spoken English.

SRHR expert profile

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and humanitarian assistance.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, obstetric fistula and family planning.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Malawi.
- Familiarity with UNFPA or other United Nations organizations’ mandates and activities will be an advantage.
- Fluent in written and spoken English and Chichewa.

Adolescents and youth expert profile

The competencies, skills and experience of the adolescents and youth expert should include:
- Master’s degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and humanitarian assistance.
- Substantive knowledge of adolescent and youth issues, in particular SRHR of adolescents and youth.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Malawi.
- Familiarity with UNFPA or other United Nations organizations’ mandates and activities will be an advantage.
- Fluent in written and spoken English and Chichewa.

Gender equality and women’s empowerment expert profile
The competencies, skills and experience of the gender equality and women’s empowerment expert should include:

- Master’s degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and humanitarian assistance.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Malawi.
- Familiarity with UNFPA or other United Nations organizations’ mandates and activities will be an advantage.
- Fluent in written and spoken English and Chichewa.

Population dynamics expert profile

The competencies, skills and experience of the population dynamics expert should include:

- Master’s degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and humanitarian assistance.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Malawi.
- Familiarity with UNFPA or other United Nations organizations’ mandates and activities will be an advantage.
Fluent in written and spoken English and Chichewa.

**Young and emerging evaluator profile (subject to availability of funds)**

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in public health, demography or population studies, social sciences, statistics, development studies or a related field.
- Certificate in evaluation or equivalent qualification.
- Up to five years of work experience in conducting evaluation or M&E in the field of international development.
- Excellent analytical and problem-solving skills.
- Demonstrated ability to work in a team.
- Strong organizational skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage.
- Fluent in written and spoken English and Chichewa and other local languages as relevant.

**13. Budget and Payment Modalities**

The young and evaluators including the emerging evaluator will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon approval of the design report</td>
<td>20%</td>
</tr>
<tr>
<td>Upon submission of a draft final evaluation report of satisfactory quality</td>
<td>40%</td>
</tr>
<tr>
<td>Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results</td>
<td>40%</td>
</tr>
</tbody>
</table>

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Team leader</th>
<th>Thematic experts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design phase</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Field phase</td>
<td>20</td>
<td>20</td>
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<td>------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Reporting phase</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Dissemination and facilitation of use phase</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL (days)</td>
<td>48</td>
<td>33</td>
</tr>
</tbody>
</table>

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the evaluation manager. The number of days that will be allocated to team members will vary depending on the extent of the area of expertise that each of them covers.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

**UNFPA documents**


3. *Guidance on disability inclusion in UNFPA evaluations*


5. UNFPA Strategic Plan (2014-2017) (incl. annexes)


6. UNFPA Strategic Plan (2018-2021) (incl. annexes)


7. UNFPA Strategic Plan (2022-2025) (incl. annexes)


8. Relevant centralized evaluations conducted by the UNFPA Evaluation Office-available at: [https://www.unfpa.org/evaluation](https://www.unfpa.org/evaluation)

**Malawi national strategies, policies and action plans**

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


2. Malawi 2063 First 10-year Implementation Plan (MIP-1) 2021-2030

3. The United Nations Sustainable Development Cooperation Framework (UNSDCF) 2019-2023


6. Malawi Health Sector Strategic Plan 2 (MHSSP 2) 2017-2022


**UNFPA Malawi CO programming documents**


12. CO annual work plans

13. Joint programme documents
14. Mid-term reviews of interventions/programmes in different thematic areas of the CP
15. Reports on core and non-core resources
16. CO resource mobilization strategy

**UNFPA Malawi CO M&E documents**
17. CO annual results plans and reports (SIS/MyResults)
18. CO quarterly monitoring reports (SIS/MyResults)
20. Implementing partner annual work plans and quarterly progress reports
21. Relevant national surveys (MDHS, MICS) and studies

**Other documents**
22. Implementing partner assessments
23. Audit reports and spot check reports
24. Meeting agendas and minutes of joint United Nations working groups
25. Donor reports of projects of the UNFPA Malawi CO
15. Annexes

| A | Theory of change          |
| B | Stakeholder map           |
| C | Evaluation matrix template|
| D | Establishing the list of UNFPA interventions (Atlas projects) |
| E | Outline of design report  |
| F | Evaluation Quality Assessment grid |
| G | Outline of evaluation report (draft and final version) |
| H | UNFPA Evaluation Office editorial guidelines |
| I | Evaluation work plan      |
## Annex 2: List of persons/institutions interviewed

<table>
<thead>
<tr>
<th>Name of interviewee</th>
<th>Gender</th>
<th>Institution</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Hans Katengeza</td>
<td>M</td>
<td>Min. of Health and Population</td>
<td>SRHR &amp; AYPHS National Programme Officer</td>
</tr>
<tr>
<td>Japhet Chirwa</td>
<td>M</td>
<td>Min. of Gender, Children, Disability &amp; Social Welfare (MoGCDSW)</td>
<td>Principal Gender Officer</td>
</tr>
<tr>
<td>Hanna Kisombe</td>
<td>F</td>
<td>MoGCDSW</td>
<td>Principal Gender Officer</td>
</tr>
<tr>
<td>Fiona Ngululwe</td>
<td>F</td>
<td>Min. of Education, Science and Technology</td>
<td>Principal School Health and Nutrition Coordinator</td>
</tr>
<tr>
<td>Alex Chiyenda</td>
<td>M</td>
<td>National Youth Council of Malawi</td>
<td>Programme Officer - Youth</td>
</tr>
<tr>
<td>Austin Chigwengwe</td>
<td>M</td>
<td>National Planning Commission</td>
<td>M&amp;E Lead</td>
</tr>
<tr>
<td>Ivy Kossam</td>
<td>F</td>
<td>National Planning Commission</td>
<td>Senior Development Planning Specialist</td>
</tr>
<tr>
<td>Harold Fote</td>
<td>M</td>
<td>National Planning Commission</td>
<td>Research Officer</td>
</tr>
<tr>
<td>Felix Chingwalu</td>
<td>M</td>
<td>National Youth Council of Malawi (NYCOM)</td>
<td>Programme Officer</td>
</tr>
<tr>
<td>Mphatso Baluwa Jimu</td>
<td>F</td>
<td>Malawi Girls Guides Association</td>
<td>Executive Director, Lilongwe</td>
</tr>
<tr>
<td>Julius Chingwalu</td>
<td>M</td>
<td>African Institute of Development Policy</td>
<td>Senior Research Associate, Lilongwe</td>
</tr>
<tr>
<td>Richard Kalea</td>
<td>M</td>
<td>Nchisi Youth Development Organisation</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Richard Phiri</td>
<td>M</td>
<td>National Statistical Office</td>
<td>Chief Statistician /UNFPA Census Coordinator</td>
</tr>
<tr>
<td>Dr. Isaac Mbingwani</td>
<td>M</td>
<td>Dedza District Health Team</td>
<td>Director of Health &amp; Social Services, Dedza</td>
</tr>
<tr>
<td>Ms. Mercy Chinkhunda</td>
<td>F</td>
<td>Dedza District Health Team</td>
<td>District Nursing Officer, Dedza</td>
</tr>
<tr>
<td>Ms. Cynthia Chikoya</td>
<td>F</td>
<td>Family Planning Association of Malawi</td>
<td>FPAM Coordinator, Dedza</td>
</tr>
<tr>
<td>Freda Simwaka</td>
<td>F</td>
<td>MoGCDSW</td>
<td>District Social Welfare Officer</td>
</tr>
<tr>
<td>Mr Mabuchi</td>
<td>M</td>
<td>MoGCDSW</td>
<td>District Senior assistant Social Welfare Officer, Dedza</td>
</tr>
<tr>
<td>Mateyu Nyambi</td>
<td>M</td>
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<td>District YFHS Coordinator</td>
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<td>Maria Monteiro</td>
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<tr>
<td>Benjamin Kapuchi</td>
<td>M</td>
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<td>Assistant Social Welfare Officer, Dedza</td>
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<tr>
<td>Mateyu Nondo</td>
<td>M</td>
<td>Ministry of Health &amp; Population</td>
<td>Youth Friendly Health Services Coordinator, Dedza</td>
</tr>
<tr>
<td>Dr. Henry Chibowa</td>
<td>M</td>
<td>Mangochi District Health Team</td>
<td>Director of Health &amp; Social Services, Mangochi</td>
</tr>
<tr>
<td>Mr. Mphatso Mulenga</td>
<td>M</td>
<td>FPAM Mangochi</td>
<td>District Manager</td>
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<tr>
<td>Pilirani Malonda</td>
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<td>Peter Malipa</td>
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<td>Ministry of Health &amp; Population</td>
<td>Youth Friendly Health Services Coordinator, Mangochi</td>
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<tr>
<td>R. Milanzi</td>
<td>M</td>
<td>Malawi Police Service</td>
<td>Police Victim Support Unit Coordinator, Mangochi</td>
</tr>
<tr>
<td>Patricia Kapena</td>
<td>F</td>
<td>Ministry of Health &amp; Population (MoHP)</td>
<td>District Nursing Officer, Mangochi</td>
</tr>
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<td>Enock Changamire</td>
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<td>Pakachere</td>
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<tr>
<td>Joyce Kululanga</td>
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<td>Ministry of Education, Science &amp; Technology</td>
<td>District School Health Coordinator, Mangochi</td>
</tr>
<tr>
<td>Imedi Awalu</td>
<td>M</td>
<td>Community Victim Support Unit</td>
<td>Chairperson CVSU, Mangochi</td>
</tr>
<tr>
<td>Name of interviewee</td>
<td>Gender</td>
<td>Institution</td>
<td>Designation</td>
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<td>Shek Dr Allan Makalani</td>
<td>M</td>
<td>Moslem Faith Religious Leader</td>
<td>Religious Leader, Mangochi</td>
</tr>
<tr>
<td>Mr. Stallichi Mwambiwa</td>
<td>M</td>
<td>Mulanje District Council</td>
<td>District Commissioner, Mulanje</td>
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<tr>
<td>Dr. Llyod Njiko</td>
<td>M</td>
<td>Mulanje District Health Team</td>
<td>Director of Health and Social Services, Mulanje</td>
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<tr>
<td>Ms. Flossie Fatch</td>
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<td>District Nursing Officer</td>
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<tr>
<td>Dr. Lloyd Mathewe</td>
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<td>Mulanje District Hospital</td>
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<td>Malawi Police Police</td>
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<td>Resident Coordinator’s Office</td>
<td>Communications Officer, RCO</td>
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<tr>
<td>Rudolf Nkhata</td>
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<td>Resident Coordinator’s Office</td>
<td>Data, Planning and Monitoring and Evaluation Officer, RCO</td>
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<tr>
<td>Teemar Kidane</td>
<td>F</td>
<td>Resident Coordinator’s Office</td>
<td>Coordinator Spotlight Initiative</td>
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<tr>
<td>Francis Matita</td>
<td>M</td>
<td>UN Women</td>
<td>Monitoring and Evaluation Specialist</td>
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<tr>
<td>Gerrit Maritz</td>
<td>M</td>
<td>UNICEF</td>
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<tr>
<td>Simon Molenidjk</td>
<td>M</td>
<td>UNICEF</td>
<td>Chief Education and Adolescents Officer</td>
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<tr>
<td>Sergu Rusanouschi</td>
<td>M</td>
<td>UNICEF</td>
<td>Chile Protection Specialist</td>
</tr>
<tr>
<td>Mesfin H. Sanbete</td>
<td>M</td>
<td>UNICEF</td>
<td>Health Specialist MNH</td>
</tr>
<tr>
<td>Mr. Paul Turnbull</td>
<td>M</td>
<td>WFP</td>
<td>Country Director &amp; Representative</td>
</tr>
<tr>
<td>Name of interviewee</td>
<td>Gender</td>
<td>Institution</td>
<td>Designation</td>
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<tr>
<td>Mr. James Okoth</td>
<td>M</td>
<td>FAO</td>
<td>Country Representative</td>
</tr>
<tr>
<td>Roberline Tozwen</td>
<td>F</td>
<td>UNHCR</td>
<td>Ag. Deputy Representative/ Senior Protection Officer</td>
</tr>
<tr>
<td>Nuha Ceesay</td>
<td>M</td>
<td>UNAIDS</td>
<td>Deputy Representative</td>
</tr>
<tr>
<td>Alex Maganga</td>
<td>M</td>
<td>UNDP</td>
<td>Spotlight Initiative Coordinator, Nkhata Bay District</td>
</tr>
<tr>
<td>Inga Petursdottir</td>
<td>F</td>
<td>Iceland</td>
<td>Head of Mission</td>
</tr>
<tr>
<td>Uchizi Chihana</td>
<td>F</td>
<td>UNHCR</td>
<td>Programme Manager</td>
</tr>
<tr>
<td>Eun Heo</td>
<td>F</td>
<td>KOICA</td>
<td>Deputy Country Director</td>
</tr>
<tr>
<td>Suma Mbatiani</td>
<td>F</td>
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<td>Programme Manager</td>
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<tr>
<td>Rachael Kathyanga</td>
<td>F</td>
<td>FCDO</td>
<td>Programme Manager</td>
</tr>
<tr>
<td>Ms. Miranda Tabifor</td>
<td>F</td>
<td>UNFPA</td>
<td>Officer In Charge</td>
</tr>
<tr>
<td>Ms. Won Young Hong</td>
<td>F</td>
<td>UNFPA</td>
<td>Former Country Representative</td>
</tr>
<tr>
<td>Mr. Masaki Watabe</td>
<td>M</td>
<td>UNFPA</td>
<td>Former Deputy Representative</td>
</tr>
<tr>
<td>Ms. Dorothy Nyasulu</td>
<td>F</td>
<td>UNFPA</td>
<td>Assistant Representative</td>
</tr>
<tr>
<td>Ms. Georgette Whyte-Henry</td>
<td>F</td>
<td>UNFPA</td>
<td>International Operations Manager</td>
</tr>
<tr>
<td>Ms. Sanghmitra Duggal</td>
<td>F</td>
<td>UNFPA</td>
<td>Programme Coordination Analyst</td>
</tr>
<tr>
<td>Ms. Juliana Lunguzi</td>
<td>F</td>
<td>UNFPA</td>
<td>SRHR Coordination &amp; Chair Staff Association</td>
</tr>
<tr>
<td>Mr. Eric Schouten</td>
<td>M</td>
<td>UNFPA</td>
<td>Health Systems Specialist</td>
</tr>
<tr>
<td>Ms. Beatrice Kumwenda</td>
<td>F</td>
<td>UNFPA</td>
<td>Programme Specialist Gender</td>
</tr>
<tr>
<td>Mr. Joseph Kazima</td>
<td>M</td>
<td>UNFPA</td>
<td>Programme Analyst GBV</td>
</tr>
<tr>
<td>Mr. Bill Chanza</td>
<td>M</td>
<td>UNFPA</td>
<td>Programme Specialist PD</td>
</tr>
<tr>
<td>Ms. Maria del Pilar de la Corte Molina</td>
<td>F</td>
<td>UNFPA</td>
<td>AY Specialist</td>
</tr>
<tr>
<td>Ms. Cecilia Maganga Alfandika</td>
<td>F</td>
<td>UNFPA</td>
<td>Youth and Adolescent Specialist</td>
</tr>
<tr>
<td>Ms. Rose Khonje</td>
<td>F</td>
<td>UNFPA</td>
<td>Programme Analyst AY</td>
</tr>
<tr>
<td>Ms. Rachael Wanangwa Mganga</td>
<td>F</td>
<td>UNFPA</td>
<td>Project Officer AY</td>
</tr>
<tr>
<td>Ms. Milika Mdala</td>
<td>F</td>
<td>UNFPA</td>
<td>Programme Specialist RHCS /CCP</td>
</tr>
<tr>
<td>Mr. Khama Ziyabu</td>
<td>M</td>
<td>UNFPA</td>
<td>Programme Officer AY /FP Dedza District</td>
</tr>
<tr>
<td>Mr. Robert Chaweka</td>
<td>M</td>
<td>UNFPA</td>
<td>Project Facilitator AY /FP Mangochi District</td>
</tr>
<tr>
<td>Ms. Grace Hiwa</td>
<td>F</td>
<td>UNFPA</td>
<td>Programme Analyst RH /FP Nkhata Bay</td>
</tr>
<tr>
<td>Ms. Thelma</td>
<td>F</td>
<td>UNFPA</td>
<td>FP Nsanje</td>
</tr>
<tr>
<td>Ms. Thandiwe Mijoy</td>
<td>F</td>
<td>UNFPA</td>
<td>Project Coordinator /FP Mulanje</td>
</tr>
<tr>
<td>Ms. Gloria Mplembe</td>
<td>F</td>
<td>UNFPA</td>
<td>HR Operations Analyst</td>
</tr>
<tr>
<td>Ms. Rachael Banda</td>
<td>F</td>
<td>UNFPA</td>
<td>Finance /Admin. Associate</td>
</tr>
<tr>
<td>Mr. Joseph Scott</td>
<td>M</td>
<td>UNFPA</td>
<td>Programme Analyst Communication</td>
</tr>
<tr>
<td>Ms. Jae Hwi Kim</td>
<td>F</td>
<td>UNFPA</td>
<td>M&amp;E Specialist</td>
</tr>
<tr>
<td>Mr. Bernard Mijoni</td>
<td>M</td>
<td>UNFPA</td>
<td>Programme Specialist M&amp;E</td>
</tr>
<tr>
<td>Ms. Abigail Simkoko</td>
<td>F</td>
<td>UNFPA</td>
<td>Programme Analyst M&amp;E</td>
</tr>
<tr>
<td>Mr. Godfrey Chavula</td>
<td>M</td>
<td>UNFPA-Spotlight</td>
<td>GBV Services Coordinator, Nkhata Bay</td>
</tr>
</tbody>
</table>

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## Annex 3: List of documents consulted/reviewed

<table>
<thead>
<tr>
<th>No.</th>
<th>Name / title of document</th>
<th>Source / link</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Malawi 2022 Voluntary National Review (VNR) of SGDs Report</td>
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<tr>
<td>6</td>
<td>Multiple Indicator Cluster Survey (MICS) 2019-20</td>
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<tr>
<td>12</td>
<td>National Strategy on Ending Child Marriages (2018-2023) (not found on-line)</td>
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<td><strong>UNFPA documents</strong></td>
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122
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<thead>
<tr>
<th>No.</th>
<th>Name /title of document</th>
<th>Source /link</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Guidance on disability inclusion in UNFPA evaluations</td>
<td>Guidance on disability inclusion in UNFPA evaluations</td>
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<tr>
<td>18</td>
<td>Relevant centralized evaluations conducted by the UNFPA Evaluation Office</td>
<td><a href="https://www.unfpa.org/evaluation">https://www.unfpa.org/evaluation</a></td>
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<tr>
<td></td>
<td><strong>UNFPA Malawi CO Programming documents</strong></td>
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<td>24</td>
<td>GoM/UNFPA 8th CPD (2019-2023)</td>
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<tr>
<td>25</td>
<td>Malawi CPD - Compact of Commitment</td>
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<td>26</td>
<td>Malawi CPD – Outcome Theory of Change</td>
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<tr>
<td>27</td>
<td>Resource Mobilisation and Partnership Plans, 8th cycle (April 2018)</td>
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<td></td>
<td><strong>UNFPA Malawi CO M&amp;E Reports</strong></td>
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<tr>
<td>28</td>
<td>Annual Report 2021</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Document related to CPE process</strong></td>
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<tr>
<td>30</td>
<td>Roadmap of Malawi CPE</td>
<td></td>
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<tr>
<td>31</td>
<td>Stakeholder Map</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Terms of Reference (April 2022)</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td><strong>UNFPA documents related to finance</strong></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>UNFPA Malawi Atlas</td>
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</tr>
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<td>35</td>
<td><strong>Other documents</strong></td>
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<td>36</td>
<td>UNFPA CO Organogram</td>
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### Annex 4: Evaluation matrix

<table>
<thead>
<tr>
<th>Assumptions to be assessed</th>
<th>Indicators</th>
<th>Sources of information</th>
<th>Methods and tools for the data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RELEVANCE</strong></td>
<td>EQ1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDG?</td>
<td>Evidence for an exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of Malawian population, including women and girls, and marginalized and vulnerable groups where such groups may include young people, women with disabilities, adolescents and children; women exposed to gender-based violence; out-of-school children; ethnic and religious minorities, and people living in crisis-affected areas and from remote areas, prior to the programming of the four components of the CPD and AWPs.</td>
<td>ICPD POA, MDG reports, SDG reports, UNFPA Strategic Plan 2018-2021, 8th CPD (2019-2023), COARs, UNDAF and review; AWPs</td>
<td></td>
</tr>
<tr>
<td>Assumption:</td>
<td>EQ2:</td>
<td></td>
<td></td>
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<tr>
<td>The Malawi 8th CP adapted to the needs of the population, in particular those of marginalised and vulnerable groups (e.g. young people and women with disabilities, etc), and CP8 is consistent with both the national and international policies and strategies.</td>
<td>Evidence of alignment to the national and international policies and frameworks</td>
<td>Document review of relevant documents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EQ3:</td>
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<td>EQ4:</td>
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<td>EQ5:</td>
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**Assumption:**

The Malawi 8th CP adapted to the needs of the population, in particular those of marginalised and vulnerable groups (e.g. young people and women with disabilities, etc), and CP8 is consistent with both the national and international policies and strategies.

- Evidence for an exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of Malawian population, including women and girls, and marginalized and vulnerable groups where such groups may include young people, women with disabilities, adolescents and children; women exposed to gender-based violence; out-of-school children; ethnic and religious minorities, and people living in crisis-affected areas and from remote areas, prior to the programming of the four components of the CPD and AWPs.
- Evidence of alignment to the national and international policies and frameworks
- The selection of target groups for UNFPA-supported interventions in the four target thematic components of the programme is consistent with identified needs (as detailed in the needs assessment).
- Evidence that the programmatic

**Sources of information:**

- ICPD POA, MDG reports, SDG reports, UNFPA Strategic Plan 2018-2021, 8th CPD (2019-2023), COARs, UNDAF and review; AWPs
- GoM/UNFPA 7th CPE Report
- National policy/strategy documents
- Needs assessments
- Surveys (including MDHS, MICS etc.), census data and other reports
- Surveys showing sex disaggregation, urban/rural divide, regional adapted to the needs of the population, in particular those of marginalised and vulnerable groups (e.g. young people and women with disabilities, etc), regional/geographical disparities for UNFPA’s four components,
- Other relevant studies used to understand the human rights and gender equality context,
- And evidence of needs assessments, alignment of CP with UNDAF, and national documents till 2019 but including documents for the period 2019-2023 for programmatic changes
- CEDAW working group reports and

**Methods and tools for the data collection:**

- Document review of relevant documents
- Interviews with UNFPA CO staff
- Interviews with implementing partners
- Interviews with key GoM officials in line Ministries and Departments Ministry of Youth & Sports, Ministry of Health and Population; Ministry of Gender, Community Development and Social Welfare; Ministry of Finance, District Councils,
- Interviews/focus groups with final beneficiaries
- Interviews with NGOs/ donors, including local organizations, working in the same mandate area as UNFPA but not partners of UNFPA.
<table>
<thead>
<tr>
<th>Assumptions to be assessed</th>
<th>Indicators</th>
<th>Sources of information</th>
<th>Methods and tools for the data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>interventions had flexibility to respond to changing needs for vulnerable and marginalized groups.</td>
<td>Gender Parity Reports • UNFPA CO staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Extent to which the interventions planned within the AWPs (across the four components of the programme) targeted the most vulnerable, disadvantaged population groups listed above, in a prioritized manner with evidence that they were targeted as participants and beneficiaries.</td>
<td></td>
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</table>

**RELEVANCE**

**EQ2:**

To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes? (a) To what extent has the country office been able to respond to changes in the national development context, including COVID-19 pandemic and humanitarian crises?

**Assumption:**

UNFPA Malawi CP was consistent and responsive to the changing needs and priorities, especially for those of vulnerable or marginalized groups and to shifts caused by crisis or major political changes; and was able to respond effectively to COVID-19 pandemic and humanitarian crises.

- Evidence that the programmatic interventions had flexibility to respond to changing needs and priorities for the marginalized and vulnerable groups (e.g. young people, women with disabilities; women exposed to GBV; out-of-school children; persons with different abilities; internally displaced persons, ethnic and religious minorities, and people living in crisis-affected areas and from remote areas).
- Extent to which the interventions planned within the AWPs (across the four components of the programme) targeted women and girls, and the most
- Malawi 8th CPD (2019-2023)
- National policies/ strategic documents such as Government of Malawi Vision 2063, the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2019-2023, the ICPD Plan of Action, the 2030 Agenda for Sustainable Development, and Family Planning 2020.
- Alignment of CP8 with UNDAF, and national documents till 2019 but including documents for the period 2019-2023 for
- Document review of relevant documents
- Interviews with UNFPA CO staff
- Interviews with implementing partners
- Interviews with development partners
- Interviews with UN agencies that include: UNDP, UNAIDS, UNICEF; WHO; UN Women, UNHCR, and UN Women, FAO among others.
<table>
<thead>
<tr>
<th>Assumptions to be assessed</th>
<th>Indicators</th>
<th>Sources of information</th>
<th>Methods and tools for the data collection</th>
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<tbody>
<tr>
<td>vulnerable, disadvantaged population groups listed above, in a prioritized manner with evidence that they were targeted as participants and beneficiaries.</td>
<td></td>
<td>programmatic changes</td>
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<tr>
<td>Evidence that UNFPA interventions adapted to shifts caused by crises, major political changes as well as the changing COVID-19 emergencies.</td>
<td></td>
<td>Monitoring and evaluation reports</td>
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<td>Joint programmes and work plan and reports</td>
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<td>UNCT and programme specialists in UN agencies</td>
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<td>AWP s, APRs</td>
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<td></td>
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<td>CO staff</td>
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<td>UNCT</td>
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<td>GoM and key partners</td>
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<td>EFFECTIVENESS</td>
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<tr>
<td>EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services?</td>
<td></td>
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</tr>
<tr>
<td>Assumption: Quality integrated Sexual and Reproductive Health and Family Planning information and services, especially for the vulnerable and marginalized populations were demonstrably increased and national policy environment for it was improved, where the contribution of UNFPA is demonstrated, and that a limited number of strategic activities led to significant results, in a complex country programme.</td>
<td>During CP8 implementation:</td>
<td>Review of relevant documents</td>
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<tr>
<td></td>
<td></td>
<td>- Policy and planning documents</td>
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<td></td>
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<td>- Relevant reports</td>
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<td></td>
<td>- Analysis of secondary data</td>
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<td>Political support and engagement</td>
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<td></td>
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<td>- Analysis of primary data</td>
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<td></td>
<td></td>
<td>- Review of assembly records</td>
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<td>- Analysis of interviews with politicians</td>
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<td></td>
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<td>Strengthening the capacities</td>
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<td>- Analysis of relevant reports</td>
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<td>o Training modules</td>
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<td>o Training reports</td>
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<td></td>
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<td>o Minutes of meetings</td>
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<td>Sources of information</td>
<td>Methods and tools for the data collection</td>
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</table>
|                           | FP was discussed in respective fora at national and district level | Monitoring and periodic reports produced by:  
  - UNFPA CO staff  
  - Implementation partners  
  - District technical staff  
  - AWPs and APRs. | workshop reports |
|                           | Extent of strengthening the capacities at national and district levels, to improve quality integrated SRH and FP information and services, during CP8:  
  - Proportion of policy and planning level seminars / workshops / meetings on SRH and FP information and services, which were fully or partially supported by UNFPA.  
  - Proportion of training events for different cadres of workforce that were fully or partially supported by UNFPA. | Political support and engagement  
  - Parliamentary caucис meeting records  
  - In depth Interviews with relevant politicians. | Stakeholder consultation  
  - Review of relevant consultation reports  
  - Analysis of planning reports |
|                           | Extent to which the interventions were informed by needs and interests of diverse groups of stakeholders;  
  - Evidence of consultations with stakeholders during planning phase  
  - Proportion of plans for which stakeholders were consulted during planning. | Strengthening the capacities  
  - Reports of policy and planning level seminar / workshop  
  - Minutes of relevant policy and planning level meetings;  
  - Training modules, that were revised  
  - Training modules that were produced;  
  - Training reports  
  - UNFPA reports on capacity building initiatives and events. | Service delivery  
  - Analysis of health facilities’ data  
  - DHIS  
  - Analysis of findings from client satisfaction surveys |
|                           | Extent to which the service delivery output / outcome indicators are improved.  
  - Proportion of health facilities which have recently started offering SRH and FP services  
  - Proportion of increase in FP clients  
  - Proportion of clients who are satisfied with the service delivery outlets. | Consultations with stakeholders for planning:  
  - Reports on planning consultations with stakeholders | FGD with community beneficiaries |
|                           | Extent to which unintended effects of the programme (positive or negative) have been | Service delivery improvement  
  - DHIS | |
### Assumptions to be assessed

Indicators: achieved that were not adequately considered in the intervention design.

Sources of information:
- MICS
- Health facilities’ reports
- Client satisfaction survey reports

Methods and tools for the data collection:

**EQ3:** To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights?

**Assumption:** Comprehensive, gender-sensitive, high-quality Adolescent Sexual and Reproductive Health (ASRH) services are in place and accessible with a focus on the (varied needs of) adolescents and young people and vulnerable and marginalized groups and were demonstrably increased and national policy environment for it was improved, where contribution of UNFPA is demonstrated, and that a limited number of strategic activities led to significant results, in a complex country programme.

<table>
<thead>
<tr>
<th>Methods and tools for the data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Document review of relevant documents</td>
</tr>
<tr>
<td>- Interviews with ministries/ departments of health/ planning, women’s development other relevant government ministries and departments, youth networks and academic institutions</td>
</tr>
<tr>
<td>- Interviews with WHO and other relevant United Nations agencies</td>
</tr>
<tr>
<td>- Interviews with health professionals</td>
</tr>
<tr>
<td>- Interviews and focus group discussions with service users and non-users</td>
</tr>
<tr>
<td>- FGD with community beneficiaries.</td>
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</table>

- Extent to which M&E of programme achievements indicate timely meeting of outputs
- The extent to which outputs in CP8 are likely to have contributed to outcome results
- Evidence of increased government or stakeholder commitment to AY?
- Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design.

- M&E documentation
- AWPs and APRs
- Relevant programme, project and institutional reports of stakeholders
- UNFPA Malawi CO staff
- GoM staff and IPs
- Remote site visits
- District data (MDHS 2016, MICS, DHIS, planning and monitoring units’ data)
- IP partner reports
- UNFPA Annual reports (2019-2023)
- Health system staff and care providers
- Women/service recipients in communities
- National budget information
- National disaggregated statistics related to reproductive health
- Reproductive health strategy
- Reproductive normative tools, guidelines, strategies.
- Final beneficiaries/members of the community (including those who use the services and those who do not).
- Relevant reports (on ASRH) produced by national/international adolescents and
<table>
<thead>
<tr>
<th>Assumptions to be assessed</th>
<th>Indicators</th>
<th>Sources of information</th>
<th>Methods and tools for the data collection</th>
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<tr>
<td>EQ3:</td>
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<td></td>
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<td>youth organizations.</td>
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</table>

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

Assumption 1:
National priority of government and other institutions on gender equality, women’s empowerment and Gender Based Violence was demonstrably increased, law and legislative framework and policy environment for it was improved, and institutional capacities and systems were strengthened, where the contribution of UNFPA is demonstrated, and that a limited number of strategic activities led to significant results, in a complex country programme.

Assumption 2:
Technical capacity of national institutions, Women Commissions and NGOs related to GE, WE and GBV needed to be increased.

- Advocacy / Coordination Committees on GEWE and GBV established/ strengthened and functioning
- Number of Advocacy / Coordination / Coaching meetings held by UNFPA country office with Parliamentarians and Women’s Cauci to support improvement in laws/ policies and its effective implementation pertaining to GEWE and GBV
- Evidence of participation & leadership in coordination structures in GEWE & GBV working groups at national & sub-national level.
- Evidence of appropriateness of the IPs selected to deliver the results regarding legal analytical review for improvement in GE and GBV laws and policies
- Evidence of gender focal points in national and district institutions, IPs and NGOs trained on GE and GBV
- Evidence of technical assistance provided to strengthen relevant national and district institutions, Government departments, IPs

- UNFPA gender focal point and/or team working on GEWE & GBV and CO staff
- Relevant UN, national and provincial institutions, IPs and NGOS working in GE, WE and GBV, as well as catering to marginalized and vulnerable segments of the community, as below:
  - Parliamentarians/ Women’s Cauci and Committees
  - Relevant government departments like Ministry of Youth & Sports, MoH, MoG
  - Relevant NGOs
  - Relevant implementing partners
  - Documents for analysis:
    - M&E documentation
    - UNFPA Annual reports (2019-2023) and Malawi 8th CPD
    - AWPs and APRs
    - M & E reports
    - Relevant programme, project and institutional reports of stakeholders
    - IP partner reports
  - Documents for analysis and legal analytical review of national documents/

- Document review of relevant documents; Sources of Information, eg:
  - Malawi 8th CPD etc
  - National policies/ strategic documents and laws pertaining to AoR.
  - Interviews with all those appearing under sources of Information, which includes relevant UN, donors, national and provincial institutions, IPs and NGOS working in GE, WE and GBV
  - Interviews with donors and implementing partners, on supporting national capacity for prioritizing GEWE and GBV and catering to marginalized and vulnerable segments of the community and beneficiaries if possible
  - Focus Group Discussion with with diverse groups of organizations
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<th>Assumptions to be assessed</th>
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<th>Sources of information</th>
<th>Methods and tools for the data collection</th>
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<tbody>
<tr>
<td>and NGOs to effectively implement programmes on GEWE and GBV</td>
<td>• Evidence of establishing and strengthening GBV response services and elimination of harmful practices including child marriage</td>
<td>- National policies/ strategic documents such as, the United Nations SDG Framework for Malawi, and other National policy/strategy documents pertaining to AoR including National surveys on GEWE &amp; GBV, MDHS, National Plan of Action on Human Rights (GE/ minorities / disability / children), etc.</td>
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<tr>
<td>• Evidence of focus in programmatic interventions where marginalized communities and other vulnerable segments were targeted. Marginalized groups may include Women, adolescents and children; women exposed to GBV; out-of-school children; persons with different abilities; ethnic and religious minorities, and people living in crisis-affected areas based on socio-economic and geographical dimensions.</td>
<td>• Number of people with different abilities provided with information, access, service or other facilities for SHR/GBV</td>
<td>- National / district laws and legal framework for its implementation for conducting legal analytical review</td>
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<tr>
<td>• Evidence that UNFPA supported interventions targeted the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations, particularly those within groups that are furthest behind.</td>
<td>• Evidence that skills acquired are being</td>
<td>• FGDs with final beneficiaries</td>
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|                           | used at work by stakeholders trained under CP8.  
- Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design. | M&E documentation  
- AWPs and APRs  
- Relevant programme, project and institutional reports of stakeholders  
- CO staff  
- GoM, and IPs  
- Remote site visits  
- National/district data (MDHS 2012, MICS, DHIS, planning and monitoring units’ data)  
- IP partner reports  
- UNFPA Annual reports (2019-2023)  
- UNFPA monitoring framework  
- P&D Government departments  
- Population Planning Departments  
- National Statistics Office and other district statistics departments  
- M&E frameworks of departments/organisations where data was improved. | Document review of Planning and Monitoring frameworks of relevant departments and organisations where UNFPA extended support for improvement in data.  
- Interviews with National Statistics Office; Ministry of Planning; academic centres  
- Interviews with relevant staff from M&E and planning cells of the line departments and organisations |

**EQ3:**
To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

**Assumption:**
UNFPA’s support demonstrably contributed to improvement in disaggregation of data, for effective planning and implementation, along dimensions that reflected needs of different beneficiaries especially those furthest behind and that a limited number of strategic activities led to significant results.

- Extent to which M&E of programme achievements indicate timely meeting of outputs
- The extent to which outputs in CP8 are likely to have contributed to outcome results
- Intervention districts have higher comparison from baseline
- Evidence that data in planning and monitoring frameworks, at the national/district level and at UNFPA office is disaggregated by different dimensions reflecting a variety of beneficiaries/participants, including those furthest behind
- Evidence of data before it was improved along disaggregation lines
- Extent to which the LNOB approach was...
<table>
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<th>Sources of information</th>
<th>Methods and tools for the data collection</th>
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</table>
|                           | integrated into national data systems? | • Extent to which the evidence generated by UNFPA or other stakeholders was used in policies, programming etc.  
• Extent to which UNFPA-supported interventions contributed to (or are likely to contribute to) a sustained increase in the use of disaggregated (by, inter alia, gender, disability, age, location, class/ caste) demographic and socio-economic information and data, in the evidence-based development and implementation of plans, programmes and policies.  
• Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design | | |
| Assumption:  
The services provided under UNFPA support contribute to the integration of human rights in a gender sensitive and responsive manner and the M&E indicators are gender disaggregated. | • Extent to which programme objectives were achieved  
• Extent to which gender equality and human rights have been addressed by the programme interventions  
• Extent of sex and age disaggregated information  
• Number of IPs implementing gender and | • AWPs and APRs  
• Relevant programme, project and institutional reports of stakeholders  
• UNFPA CO staff  
• GoM, and IPs  
• UNFPA Annual reports | • Literature review of relevant documents  
• KII with IPs  
• FGDs with beneficiaries |
| EQ4:  
To what extent has UNFPA successfully integrated human rights, gender perspectives, environment sustainability and disability inclusion in the design, implementation and monitoring of the country programme? | | | |
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<th>Assumptions to be assessed</th>
<th>Indicators</th>
<th>Sources of information</th>
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<tr>
<td>youth activities were supported</td>
<td>Extent of complementarity of interventions between governmental and non-governmental implementing partners</td>
<td></td>
<td></td>
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<tr>
<td><strong>EFFICIENCY</strong></td>
<td><strong>EQ5:</strong> To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme including the use of the mix of available resources (human capacity, financial, etc.) and the implementation modalities adopted to the COVID-19 context and humanitarian response such as floods and cyclones.</td>
<td><strong>Assumption:</strong> Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner; and that there was robust implementation modalities adopted to the COVID-19 context and humanitarian response (floods and cyclones).</td>
<td><strong>Evidence that the planned resources were received to the foreseen level in AWPs</strong>&lt;br&gt;<strong>Evidence that the resources were received in a timely manner</strong>&lt;br&gt;<strong>Evidence of adequacy of resources (financial, personnel etc.) to deliver the programme’s outputs/results</strong>&lt;br&gt;<strong>Evidence of coordination and complementarity among the programme components of UNFPA and coherence among government ministries</strong>&lt;br&gt;<strong>Evidence of progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners</strong>&lt;br&gt;<strong>Evidence of appropriateness of the IPs selected to deliver the results</strong>&lt;br&gt;<strong>Evidence of timely transfer of funds</strong>&lt;br&gt;<strong>Evidence of effective mechanisms to control waste and fraud</strong>&lt;br&gt;<strong>Evidence that inefficiencies were identified and corrected in a timely manner</strong>&lt;br&gt;<strong>Evidence of a robust coordinated response to COVID-19 pandemic and</strong></td>
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<td>Assumptions to be assessed</td>
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|                           | humanitarian crises with a focus on efficiency  
• Evidence that technology was introduced & that it improved efficiency pertaining to office activities and programme implementation. | - Other UN agencies (e.g., UNCT, UNDP, UNICEF, UNAIDS, WHO, UN Women, FAO)  
- Government ministries, departments and agencies | implementation, and leveraging of national resources. |
|                           |                                                      |                                                      |                                                      |
| SUSTAINABILITY EQ6:      |                                                      |                                                      |                                                      |
| To what extent have UNFPA supported interventions contributed to ensure resource commitments/allocations by the government institutions and its partners including NGOs for either continuation or scaling up of the activities? |                                                      |                                                      |                                                      |
| Assumption:              | Evidence of the following:  
• Established sustainability mechanism for the programme  
• The likelihood of the programme and its benefits to be sustainable  
• Established systems to continue the programme  
• Capacity development including staff, training date disaggregated by sex and age.  
• Community and country ownership including financial resource commitments  
• Partner organizations with sustainability plans. | Documents:  
*Relevant sectoral policies and strategic plans:*  
• AWPs for IPs  
• Country Programme Reports  
• UNFPA AWPs; Reports;  
• IP progress reports, relevant sector strategic plans  
*Special study reports; Mid-term review reports, Strategic plan evaluations for sectors including health, community/social sectors.*  
• National Level Stakeholders  
• UNFPA staff, Government, IPs staff, and Heads of Departments (Health, Gender, Social Welfare, Education and Planning)  
• Relevant field level IPs. | Documents review and analysis  
• Key informant interviews  
• Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff)  
• Interviews with implementing NGO partners who received budgetary support e.g  
• Malawi Girl Guides Association (MAGGA),  
• Youth Net and Counselling (YONECO),  
• FPAM,  
• BLM,  
• GOAL Malawi  
• Ntchisi Youth Development among others  
• Focus group discussions with |

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<tr>
<th>Assumptions to be assessed</th>
<th>Indicators</th>
<th>Sources of information</th>
<th>Methods and tools for the data collection</th>
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</table>
|                           | • Existence of scale-up plans/strategies  
  • Commitment to continue allocation of resources to targeted groups like women and girls, and marginalized and vulnerable groups such as differently abled persons, minorities and other vulnerable segments. | • Minutes of UNCT working groups  
  • Programming documents regarding UNCT joint initiatives  
  • Monitoring/evaluation reports of joint programmes and projects  
  • Minutes of HCT and related humanitarian space for coordination  
  • Minutes and relevant documents on UN and National level coordination mechanisms for SRH, GBV and HIV integration  
  • UNDAF /UNSDCF progress reports on coordination mechanisms  
  • Minutes and reports of relevant coordination structures for thematic areas/issu | community beneficiaries |

**COORDINATION EQ7:**
To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the Humanitarian Country Team (HCT)?

**Assumption:**
UNFPA is actively involved in coordination structures of UNCT and HCT and regarded as a valuable partner.

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<th>Indicators</th>
<th>Sources of information</th>
<th>Methods and tools for the data collection</th>
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</table>
| • Evidence of active participation in UN technical working groups;  
  • Evidence of participation & leadership in humanitarian coordination structures; Area of Responsibility (AoR) and SRHR, PD, GBV working groups at national & sub-national level,;  
  • Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas;  
  • Evidence of sharing of information between UN agencies. Evidence of joint programming initiatives (planning) & M&E. | • Minutes of UNCT working groups  
  • Programming documents regarding UNCT joint initiatives  
  • Monitoring/evaluation reports of joint programmes and projects  
  • Minutes of HCT and related humanitarian space for coordination  
  • Minutes and relevant documents on UN and National level coordination mechanisms for SRH, GBV and HIV integration  
  • UNDAF /UNSDCF progress reports on coordination mechanisms  
  • Minutes and reports of relevant coordination structures for thematic areas/issu | • In-depth document review  
  • Interviews with UNFPA CO staff  
  • Interview with the UN Resident Coordinator  
  • Interviews with other UN agencies |

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

**Assumption:**
• Evidence of systematic target

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<th>Indicators</th>
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<th>Methods and tools for the data collection</th>
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| • Evidence of systematic target  
  • AWPs | • Document review of relevant |  
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|  |  |</p>
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<th>Assumptions to be assessed</th>
<th>Indicators</th>
<th>Sources of information</th>
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</table>
| The services rendered for humanitarian assistance demonstrated target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, (marginalized groups may include women, young people and women with disabilities; those of ethnic, religious and national minorities; LGBTQI populations based on socio-economic and geographical dimensions. | segmentation of beneficiary groups across socio-economic and geographical dimensions, so as to reach vulnerable and marginalised groups. | • UNDAF progress reports on humanitarian assistance arrangements  
• Progress reports on beneficiary and stakeholder mapping  
• UNFPA M&E reports on humanitarian assistance interventions  
• Budgets allocated to SRH and GBV in humanitarian assistance programme of UNFPA and received/ utilized by national / provincial institutions and IPs  
• M&E reports on access provided to vulnerable groups | • Geographical map showing beneficiaries targeted  
• Interviews with UNFPA country office staff and humanitarian assistance cell/ staff  
• Interviews with members of the donor / INGO clusters  
• Interviews with other United Nations agencies  
• Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response, like DoDMA among others  
• FGDs with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons’ camps (where relevant). |

CONNECTEDNESS

EQ 9:
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<th>Assumptions to be assessed</th>
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<td><strong>To what extent has the UNFPA humanitarian response to natural disasters (floods, cyclones and droughts) taken into account longer-term development goals articulated in the results framework of the country programme?</strong></td>
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<tr>
<td>Assumption: The response undertaken during humanitarian contexts demonstrated coherence and connectedness with a focus on longer-term development needs.</td>
<td>Evidence of active participation in UN technical working groups during humanitarian situation; Evidence of participation and leadership in humanitarian coordination structures, Evidence of Area of Responsibility and SRHR, P&amp;D, GBV working groups at the national and sub-national level Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas Evidence of sharing of information between UN agencies. Evidence of joint programming initiatives (planning) &amp; M&amp;E.</td>
<td>UNFPA AWPs Minutes of meetings on the subject Correspondence with other agencies on the subject UNDAF /UNSDCF progress reports on coordination mechanisms Minutes and reports of relevant coordination structures for thematic areas/issues, and long-term development needs planning Joint programming initiatives Joint programme progress reports</td>
<td>Documentary analysis Interviews with UNFPA country office staff and humanitarian assistance cell/ staff Interviews with members of the donor / INGO clusters Interviews with other UN agencies Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response FGD with beneficiaries of funding (including NGOs), including those working within internally displaced persons’ camps (where relevant) Site visits to areas with humanitarian emergencies.</td>
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**CONNECTEDNESS**

**EQ 10:**
To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women’s organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

<p>| Assumption: UNFPA made a contribution to the capacity of various actors at national and local levels to be able respond to and recover from humanitarian crises | Evidence of the following things: National/Societal Resilience: Evidence of National policies that support GE, SRH and RR | UNFPA AWPs Minutes of meetings on the subjects Correspondence with other agencies on subject UNDAF progress reports on coordination | Documentary analysis Interviews with UNFPA country office staff and humanitarian assistance cell/ staff Interviews with members of the |</p>
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<tr>
<th>Assumptions to be assessed</th>
<th>Indicators</th>
<th>Sources of information</th>
<th>Methods and tools for the data collection</th>
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</table>
|                            | • Social protection schemes and safety nets  
• Disaggregated data & data systems  
• Positive social norms. | • Minutes and Reports of relevant Coordination Structures for thematic areas/issues, and long-term development needs planning | donor / INGO clusters  
• Interviews with other United Nations agencies  
• Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response, like DODMA others  
• FGD with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons’ camps (where relevant)  
• Site visits to areas where there are humanitarian emergencies. |

**Community Resilience:**  
• Prioritized rights and health of women and young people in humanitarian-development-peace through collective action

**Family/ Individual Resilience:**  
• Empowered women, girls and young people as agents of change  
• Universal access to quality integrated SRH information and services, including menstrual hygiene management (MHM)  
• Safe home environment, free of violence and harmful practices.
Annex 5: Theory of change
Output 1 indicators:
- Percentage of health facilities in UNFPA focus districts providing emergency obstetric care. Baseline: 66; Target: 80
- Number of women and girls living with fistula receiving treatment with UNFPA support. Baseline: 1,377; Target: 2,000
- Number of identified vulnerable people provided with minimum initial service package for humanitarian response with UNFPA support. Baseline: 0; Target: 160,000
- Number of public health facilities in focus districts providing quality adolescent-friendly integrated sexual and reproductive health services. Baseline: 8; Target: 33

Output 2 indicators:
- Number of additional users of family planning for adolescent girls aged 15-19 years in focus districts. Baseline: 141,000; Target: 794,250
- Percentage of service delivery points with functional Logistics Management Information System. Baseline: 85; Target: 98

Strategic Interventions
- Advocacy and policy dialogue
  - Advocate for implementation of the family planning 2020 and London summit commitments.
  - Provide technical support towards implementation of the costed family planning action plan.
  - Advocate for and involve young people in emergency, contingency and preparedness plans.
  - Advocate for integration of SRH in emergency preparedness plans.
- Knowledge generation and sharing
  - Provide technical and material support to training colleges, associations and regulators to improve pre-service and in-service midwifery training.
  - Monitor availability of family planning and reproductive health commodities at all levels through an efficient supply chain system.
- Capacity-building
  - Build capacity and leadership of Government in obstetric fistula management
  - Train health workers and civil protection committees to ensure effective delivery of minimum initial service package delivery in humanitarian settings.
  - Continue supporting existing maternal death surveillance and response systems.
  - Sustain the system for forecasting and efficient procurement of sexual and reproductive health commodities and life-saving drugs.
  - Build capacity of health workers to dispel myths and misconceptions around family planning.
- Service delivery (OR funded)
  - Scale up combined HIV prevention efforts at national level with a focus on key populations.
  - Continue to provide maternal and new-born care equipment and life-saving commodities to designated health facilities to provide quality and comprehensive maternal health, including emergency obstetric care services.
  - Scale up outreach activities and establishment of youth friendly health services centres.

Partnerships & coordination
Sustain collaborative efforts with government, civil society organizations including faith based institutions in reaching out to grass root communities with integrated sexual and reproductive health services.

Risks & Assumptions
Risks:
- Social instability/conflicts/crisis; Financial crisis.
- High staff turnover of trained health workers; low motivation of health workers due to poor conditions of service; corruption and mismanagement of drugs and equipment in public health facilities;

Assumptions:
- Peace and security will continue to prevail; Favorable political environment and full civil society engagement; Human and financial resources available throughout the duration of the country programme/Donor support is sustained; Legislative framework in accordance with ICPD agenda.

Contribution from other outcomes:
Outcome 3 will empower women of reproductive age to exercise their reproductive rights and to upscale provision of and access to quality emergency maternal and neonatal care.
Outcome 4 will contribute to strengthen functional integrated information systems for monitoring and evaluation of national and sectorial policies.

Core problem
Low quality of services for emergency obstetric and neonatal care contributing to high maternal mortality, morbidities and HIV-prevalence.
National priority: Improve health and quality of the population for sustainable socio-economic development

UNDAF Outcome: By 2023, girls and boys 6-17 years particularly the most marginalized receive an integrated package of quality, health, nutrition, HIV, education and protection services.

Strategic Interventions

Advocacy and policy dialogue
- Conduct national and community level advocacy to address socio-cultural barriers that prevent adolescent girls from exercising their sexual and reproductive health rights including ending child marriages
- Support development and implementation of a national youth investment strategy through the inter-ministerial committee on youth
- Provide technical support towards implementation of the fertility related recommendations of the demographic dividend study

Knowledge generation and sharing
Intensify support on collection, dissemination and use of youth-related data

Capacity-building
- Train and raise awareness among young people on accessing sexual and reproductive health information and entrepreneurship through innovative digital platforms
- Build capacity of community led facilitators to conduct parents and children’s sessions on sexual and reproductive health and rights.

Service delivery (OR funded)
Scale up life skills-based age-appropriate in- and out-of-school comprehensive sexuality education.

Partnerships & coordination
Continue the leadership role through the United Nations technical working group on youth in coordinating the youth programme and networks

Risks & Assumptions

Risks: Sociocultural and legal barriers increase; reduced commitment of national planners to prioritise young people in development plans and national budgets; investments disproportionately affect older youth (esp. not girls); Negative community perceptions towards adolescents use of SRHR services

Assumptions: Legislation and policies implemented; Increased government commitment towards implementation of demographic dividend recommendations; Investments in adolescents and youth increased and sustained; youth engagement, mobilization and advocacy platforms maintained.

Contribution from other outcomes:
Outcome 1 will increase the use of quality integrated sexual and reproductive health services, including for marginalized adolescents and youth
Outcome 3 will empower adolescents and youth to exercise their reproductive rights free of coercion, discrimination and violence by eliminating all forms of discrimination and violence including discriminatory social and gender norms and legal barriers.
Outcome 4 will ensure that development plans and policies integrate issues of young people including their SRH rights.

Core problem
High teenage pregnancy, child marriages and high HIV prevalence amongst adolescents and young women aged 15 - 24

Indicators outcome 2
- Percentage of women and men aged 15–24 who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. Baseline: 57.9 Female & 64 Male; Target: 70
- Adolescent Birth rate. Baseline: 136/1,000; Target: 100/1,000

OUTPUT 3 indicators:
- Number of identified marginalized girls in UNFPA focus districts that have successfully completed life skills programmes that build their health, social and economic assets. Baseline:350,000; Target: 600,000
- A national comprehensive sexuality education manual for out-of-school youth in place. Baseline: No; Target: Yes
- Number of national and district level networks for the participation of young people in policy dialogue and programming. Baseline: 49; Target: 75

UNAF Outcome: By 2023, girls and boys 6-17 years particularly the most marginalized receive an integrated package of quality, health, nutrition, HIV, education and protection services.
National priority: Build an equitable society where opportunity is not defined by sex, age, disability and other vulnerabilities.

UNDAF Outcome: By 2023, Gender equality and the empowerment of women and girls in Malawi is enhanced.

Strategic Interventions

Advocacy and policy dialogue
- Advocate for operationalization and monitoring of the Gender Equality Act.
- Continue supporting national advocacy efforts on ending child marriages.
- Consolidate UNFPA’s leadership role on gender-based violence during emergencies.

Knowledge generation and sharing
- Monitor application of minimum standards for prevention of sexual abuse and exploitation in humanitarian settings.
- Build capacity of Ministry of Gender, the police, judiciary, and ministry of health on generation, analysis and use of gender-based violence data.

Capacity-building
- Provide technical support for the implementation of gender related laws and national action plans aimed at eliminating harmful cultural practices including child and forced marriages.
- Scale up male involvement in sexual reproductive health and rights and gender based violence initiatives.
- Build capacity of faith based organizations and community structures to eliminate harmful cultural practices.

Service delivery (OR funded)
Continue supporting One Stop Centre services to survivors of gender-based violence

Partnerships & coordination
Coordinate implementation of the national action plan on ending gender-based violence.

Core problem
Gender inequality is still high in Malawi and most women and girls still suffer from different forms of gender based violence including sexual abuse in humanitarian situations.

Indicators outcome 3
- Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. Baseline: 67; Target: 80
- Proportion of ever partnered women and girls aged 15 and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months. Baseline: 24; Target: 20

OUTPUT 4 indicators:
- Number of women and girls, including persons living with disabilities, subjected to violence who received essential services in the five focus districts. Baseline: 1,300; Target: 4,300
- Number of districts with a functional gender-based violence information management system in place. Baseline: 0; Target: 5
- A costed national action plan for engagement of multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence in place. Baseline: No; Target: Yes
- A functional inter-agency coordination mechanism for reproductive health and gender-based violence in place at national and district levels. Baseline: No; Target: Yes

Risks & Assumptions
Risks: Sociocultural and legal barriers increase; Limited Gvt commitment to implement and enforce legislations on gender and violence protection; vertical, non-coordinated programmes among development partners persist; Initiatives do not adequately address underlying structural drivers of GBV; Increased sociocultural resistance.
Assumptions: Legislation and policies implemented; strengthening protection systems leads to better human rights outcomes; Service providers are effective in reaching victims/survivors; Men participation; Sufficient resources are available to respond to all humanitarian crises.

Contribution from other outcomes:
Outcome 1 will support gender equality and women empowerment through application of human rights, social protection and equity principles in provision of integrated sexual and reproductive health services.
Outcome 2 will empower adolescents and youth to make informed choices about their lives including sexual and reproductive health rights; gender based violence; and harmful practices including child marriages.
Outcome 4 will ensure that development plans and policies integrate issues of gender and women empowerment including women and girls in emergencies.
National priority: Improve health and quality of the population for sustainable socio-economic development.

UNDAF Outcome: By 2023, rights holders in Malawi access more accountable and effective institutions at the central and decentralized levels that use quality disaggregated data, offer integrated service delivery and promote civic engagement, respect for human rights and rule of law.

Indicators outcome 4

Number of ministries with sustainable development indicators produced at the national level with full disaggregation where required. Baseline: 0; Target: 6

OUTPUT 4 indicators:

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

Strategic Interventions

Advocacy and policy dialogue
Advocate for implementation of the new national population policy and action plan.

Knowledge generation and sharing
Provide technical support for dissemination and use at national and subnational levels of the 2018 population and housing thematic reports.

Capacity-building
- Provide technical support for in-depth thematic analysis of the 2018 population and housing census data.
- Provide technical support for implementation of national surveys including Demographic Health Survey.

Service delivery (OR funded)
Provide technical support for integration of population dynamics into national and subnational development policies and plans including disaster data mapping

Partnerships & coordination
Coordinate implementation of the revised national population policy.

Risks & Assumptions

Risks: Increased barriers on the ability of implementing partners to implement programmes.

Assumptions: Perennial mechanisms for the integration of population data in national and sectorial development planning are in place.

Contribution from other outcomes:

Outcome 1 will sustain availability of modern family planning methods for fertility decline.
Outcome 2 will ensure that adolescent fertility decline will contribute towards a potential demographic dividend.
Outcome 3 will empower women and girls to make informed decision about number of children wanted.

Core problem
Rapid annual population growth rate with a majority of the total population being young people.

Source: UNFPA CO
Annex 6: Stakeholders map

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<tr>
<th>Donor</th>
<th>Implementing agency</th>
<th>Other partners</th>
<th>Rights holders</th>
<th>Other</th>
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<td>Gov</td>
<td>Local NGO</td>
<td>Int. NGO</td>
<td>Women’s right org.</td>
<td>Other</td>
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<td></td>
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<td>Other UN</td>
<td>Academia</td>
<td>Other</td>
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<td>Other</td>
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<td></td>
<td></td>
<td>Other UN</td>
<td>Academia</td>
<td>Other</td>
</tr>
</tbody>
</table>

**SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS**

Strategic Plan (2018-2021) Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

CPD Output 1: Health institutions and health workers, including midwives in the five focus districts, have improved capacities to provide high-quality integrated sexual and reproductive health services and information to the most marginalized women and young people, especially adolescents, including in humanitarian setting

**MWI08SR1**

Corporate UEF, Government of Malawi, Republic of Korea, MPTF (Umoyo Wathu)

- Ministry of Health and Population, Mulanje DC, Dedza DC, Nkhotakota DC, Chiraulukwala DC, Mangochi DC, Mchinji DC
- Family Planning Association Malawi (FPAM), BLM
- UNAIDS S, UNDP, UNICEF
- Kamuzu University of Health Sciences

- Women and men of reproductive age in the target districts

**MWI08SR2**

Corporate General, MPTF, Ministry of Health and Freedom from Fistula

- University of Malawi
- Association of Malawian Women

Women and men of
<table>
<thead>
<tr>
<th>Contributors</th>
<th>Foundation (FFF), Fistula care centre</th>
<th>Midwives, Nurses and Midwives Council of Malawi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, Mulanje DC, Nkhatambay DC, Chirazulu DC, Mangochi DC, Mchinji DC</td>
<td></td>
<td>reproducti ve age in the target districts</td>
</tr>
<tr>
<td>Iceland</td>
<td></td>
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</tr>
<tr>
<td>MoH, Ministry of Gender and Social Welfare, Mangochi DC</td>
<td>FFF</td>
<td>Women and men of reproducti ve age in the target districts</td>
</tr>
<tr>
<td>OCHA</td>
<td>MoH, Dedza DC</td>
<td>OCHA, UNAIDS</td>
</tr>
<tr>
<td>Global funds - HIV</td>
<td>MoH, Dedza DC</td>
<td>UNAIDS</td>
</tr>
<tr>
<td>UBRAFMWI</td>
<td>FPAM</td>
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</tbody>
</table>

145
CPD Output 2: Ministry of Health is better able to effectively forecast, procure and distribute sexual and reproductive health commodities and maternal health life-saving drugs, including last mile tracking.

<table>
<thead>
<tr>
<th>United Kingdom, Government of Malawi</th>
<th>MoH, Chirazulu DC, Mchinji DC, Nkhatabay DC</th>
<th>FPAM</th>
<th>MWI08FPL</th>
<th>Women and men of reproductive age in the target districts</th>
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</thead>
<tbody>
<tr>
<td>MPTF</td>
<td>MoH, Chirazulu DC, Mchinji DC, Nkhatabay DC</td>
<td>FFF</td>
<td>ZZT06MWI</td>
<td>Women and men of reproductive age in the target districts</td>
</tr>
<tr>
<td>MPTF</td>
<td>MoH, MoG, Chirazulu DC, Mangochi DC, Mchinji DC, Nkhatabay DC</td>
<td>FPAM</td>
<td>FPRHCMWI</td>
<td>Women and men of reproductive age in the target districts</td>
</tr>
</tbody>
</table>

Adolescents and youth

UNFPA Strategic Plan (2018 - 2021) Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

CPD Output 3: Young people, particularly adolescent girls, are more empowered to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development at national and local level.
<table>
<thead>
<tr>
<th>Project</th>
<th>Partnering Organizations</th>
<th>Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHA28MWI, CHA44MWI</td>
<td>Ministry of Education, MoH, Ministry of Youth &amp; Sports, Chikwawa DC, Chirazulu DC, Dedza DC, Mangochi DC, Mchinji DC, Nkhotakati DC, Malawi Girl Guides Association Malawi (MAGGA), Youth Net and Counselling (YONECO)</td>
<td>Young people, especially girls and young women aged 10 to 24 and vulnerable boys in the target districts</td>
</tr>
<tr>
<td>MWI08KRA</td>
<td>Ministry of Youth &amp; Sports, MoH, MoG, Dedza DC, Mchinji DC, Malawi Girl Guides Association Malawi (MAGGA), Youth Net and Counselling (YONECO), FPAM, FFF, FAO, OCHA</td>
<td>Young people, especially girls and young women aged 10 to 24 and vulnerable boys in the target districts</td>
</tr>
<tr>
<td>MWI08AYP</td>
<td>MoH, Ministry, Malawi Girl Guides</td>
<td>Young people, especially girls and young women aged 10 to 24 and vulnerable boys in the target districts</td>
</tr>
</tbody>
</table>

147
<table>
<thead>
<tr>
<th>of Korea, MPTF</th>
<th>of Youth &amp; Sports, MoE, Chirazulu DC, Dedza DC, Mangochi DC, Mchinji DC, Nkhabaya DC, Salima DC, Kasungu DC</th>
<th>Associatio Malawi (MAGGA), Youth Net and Counselling (YONECO), FPAM, BLM</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>especially girls and young women aged 10 to 24 and vulnerable boys in the target districts</td>
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</table>

### Gender equality and women’s empowerment

**UNFPA Strategic Plan (2018 – 2021) Outcome 3:** Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

**CPD Output 4:** Government entities, national human rights institutions, civil society organizations and communities at national level and in focus districts have improved capacities to prevent and address gender-based violence and sexual exploitation

<table>
<thead>
<tr>
<th>MWI08GBV</th>
<th>Ireland, Republic of Korea, MPTF</th>
<th>Foundatio for civic education, YONECO, Action Aid Malawi, AMREF Health Africa, GOAL Malawi, , Ntchisi Youth Developm</th>
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</table>

Women Associations/ Groups at District and Traditional Level networks, women and girls in the 12 target districts
### MWI08GEM

| MPTF | MoG | Women Associations/Groups at District and Traditional Level networks | Women Associations/Groups at District and Traditional Level networks, women and girls in the 12 target districts |

### MWI08IEA

| Ireland | MoG | Girls and women in target district |

### Population dynamics

UNFPA Strategic Plan (2018 – 2021) Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

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

### MWI08DAT

| GIZ, Iceland, Norway, United Kingdom | National Statistical Office (NSO) | Ministry of Economic Planning and Development, National Planning | UNDP, UNICEF | Individual population group in Malawi (from age zero to the elderly, all who were |
| Corporate general, small contributions | MoH | Ministry of Economic Planning and Development, National Planning Commission | UNDP, UNICEF | Chanceller College Department of Population Studies, AFIDEP | counted) |
Annex 7: Data collection tools

UNFPA Malawi – Sexual and Reproductive Health and Rights (SRHR)
Key Informant Interview Guide for Implementers of SRH Component

Key Informants
- UNFPA SRH staff; Ministry of Health and Population; Ministry of Gender, Community Development and Social Welfare; Ministry of Youth and Sports, Ministry of Education, Science and Technology
- District: District Health Officer; District Gender Officer, District Youth Officer; District Education Officer
- NGOs and IPs: Family Planning Association Malawi; Marie Stopes International (Banja la Mtsogolo); Population Services International (PSI); Freedom from Fistula Foundation (FFF); Kamuzu University for Health Sciences (KUHeS); ActionAid Malawi; Youth Net and Counselling (YONECO)

General Introduction - Purpose of the evaluation
I am (we are) part of a three person team to evaluate GoM/UNFPA’s 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje.

The discussion will take 45 -60 minutes, and we will be taking/recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

   Possible questions:
   a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
   b. Who was consulted regarding the design?
   c. What other actors have been involved, how does this activity contribute to that of others?

2. Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs

   Possible questions:
   a. To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
   b. To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030?)
c. To what extent is CP8 aligned to the UNFPA strategic objectives (UNFPA Strategic plans 2018-2021; 2022-2025)?

d. To what extent is CP8 aligned to the ICPD Programme of Action and SDGs?

e. To what extent has the programme integrated gender and human rights based approaches?

3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:
   a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
   b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:
   a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
   b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:
   a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
   b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
   c. What are the main comparative strengths of UNFPA in Malawi; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of UNSDCF 2019-2023 and changing aid environment?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:
   a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?
7. **Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters**

**Possible questions:**
- To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities)?
- To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the LGBTQI populations?

8. **Objective: Connectedness of CP8**

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

9. **Objective: Interview recommendations**

a) What lessons have you learnt from the CP8 in regards to gender equality and women empowerment and Adolescent Youth?
b) What suggestions/recommendations can you make for future programming?
UN agencies, donors, and organizations that are not implementing the programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

**Key Informants:** FCDO, HSJF (Norway and Germany KFW), Sida, Iceland, UNAIDS, UNDP, UNICEF, WHO

### General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoM/UNFPA’s 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Chikwawa, Chiradzulu, Kasungu, Machinga, Mchinji, Nkhata Bay and Nsanje.

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

<table>
<thead>
<tr>
<th>Core interview: objectives of the interview guide transformed into questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Objective:</strong> Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)</td>
</tr>
<tr>
<td><strong>Possible questions:</strong></td>
</tr>
<tr>
<td>a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?</td>
</tr>
<tr>
<td>b. What other actors have been involved, how does this activity contribute to that of others?</td>
</tr>
<tr>
<td>2. <strong>Objective:</strong> Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs</td>
</tr>
<tr>
<td><strong>Possible questions:</strong></td>
</tr>
<tr>
<td>a. To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)</td>
</tr>
<tr>
<td>b. To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030)?</td>
</tr>
<tr>
<td>3. <strong>Objective:</strong> Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).</td>
</tr>
<tr>
<td><strong>Possible questions:</strong></td>
</tr>
</tbody>
</table>
a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. **Objective:** Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:
   a. Please comment on how the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
   b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights?

5. **Objective:** Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:
   a. Please comment to what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
   b. Comment on the main comparative strengths of UNFPA Malawi; and how can these strengths and lessons learned be used for strategic positioning for future CP development in humanitarian and development nexus.

6. **Objective:** Existence and functioning of coordination mechanisms

Possible questions:
   a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

7. **Objective:** Coverage of UNFPA humanitarian interventions in response to natural disasters

Possible questions:
   a. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities, LGBTQI populations)?

8. **Objective:** Connectedness of CP8

Possible questions:
   a. To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and
recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

9. **Objective: Interview recommendations**
   a. What lessons have you learnt from the CP8 in regards to SRH, gender equality and women empowerment; and adolescents & youth?
   b. What suggestions/recommendations can you make for future programming?
UNFPA Malawi – Sexual and Reproductive Health and Rights (SRHR)
Focus Group Discussion Guide for women in the reproductive age (15-54 years) and girls

General Introduction - Purpose of the evaluation
I am (we are) part of a three person team to evaluate GoM/UNFPA’s 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Chikwawa, Chiradzulu, Kasungu, Machinga, Mchinji, Nkhata Bay and Nsanje.

The discussion will take 45-60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

Equity and Gender Equality - Socio-Demographic Characteristics of End Beneficiaries
a. Who are the users of services?
b. Did the services successfully reach the poorest, women and girls, and youth; women with disabilities
c. Are women and girls an equal part to accessing the SRH services?

1. Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:
   a. What were, and are your priority needs as far as sexual reproductive health and rights is concerned?
   b. What are the services that are offered?

2. Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs

Possible questions:
   a. How well does the activity/work of UNFPA fit in with the needs of women / girls in this district?
   b. What effect do you think the work should have, with women / girls?
   c. How long was the service available to the community?
   d. What are the barriers you encounter to access the services? At what level – how was it overcome?
   e. Do other community members especially women and youth also use the service?
f. How was feedback on the use of services or information generated by IPs or UNFPA?

3. **Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

   **Possible questions:**
   a. Can you provide examples of success of the approach/activity both short and long term?
   b. How useful are these activities to communicate the SRH messages?
   c. What are the lessons and good practices that should be continued and/or replicated elsewhere?
   d. How will these services or practices be useful in the future to women and youth population?

4. **Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

   **Possible questions:**
   a. Did the women / girls or your groups receive the needed support from UNFPA?
   b. Did the women / girls or your groups receive any other support in connection with the UNFPA work and who provided this support?

5. **Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed**

   **Possible questions:**
   a. Can the women / girls or your groups carry on the work without UNFPA?
   b. What will help women / girls or your groups to carry on the SRH work on their own?
   c. How do you perceive the activities will continue without UNFPA support?

6. **Objective: Existence and functioning of coordination mechanisms**

   **Possible questions:**
   a. Do you receive support from other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?
   b. How does the UNFPA work with other agencies on SRH in this community?

7. **Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters**

   **Possible questions:**
   a. When natural disasters such as floods, cyclones and droughts occur, do the most vulnerable and marginalized groups (e.g. young people and women with disabilities; religious and national minorities) receive support from UNFPA?
   b. When natural disasters such as floods, cyclones and droughts occur, do the LGBTQI people receive support from UNFPA?
8. Objective: Connectedness of CP8

Possible questions:
   a. Does UNFPA contribute to developing the capacity of local actors (e.g. women’s organizations) to better prepare for, respond to and recover from natural disasters (e.g. floods, cyclones and droughts)?

9. Objective: FGD group recommendations
   a) What lessons have you learnt from the CP8 in regards to gender equality and women empowerment and Adolescent Youth?
   b) What suggestions/recommendations can you make for future programming?
**General Introduction - Purpose of the evaluation**

I am (we are) part of a three person team to evaluate GoM/UNFPA’s 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje.

The discussion will take 45-60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

**Core interview: objectives of the interview guide transformed into questions**

**Equity and Gender Equality - Socio-Demographic Characteristics of End Beneficiaries**

a. Who are the users of services?

b. Did the services successfully reach the poorest, women and girls, and youth; women /men with disabilities

c. Are women and girls an equal part to accessing the SRH services?

1. **Objective:** Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

   **Possible questions:**
   a. What were, and are your priority needs as far as sexual reproductive health and rights is concerned?

2. **Objective:** Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs

   **Possible questions:**
   a. How well does the activity/work of UNFPA fit in with the needs of men and men groups in this district?
   b. What effect do you think the work should have, with men and men groups?

3. **Objective:** Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

   **Possible questions:**
   a. Can you provide examples of success of the approach/activity both short and long term?
b. How useful are these activities to communicate the SRH messages?
c. What are the lessons and good practices that should be continued and/or replicated elsewhere?

4. **Objective:** Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

**Possible questions:**
- a. Did the men and men groups receive the needed support from UNFPA?
- b. Did the men and men groups receive any other support in connection with the UNFPA work and who provided this support?

5. **Objective:** Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

**Possible questions:**
- a. Can the men and men groups carry on the work without UNFPA?
- b. What will help men and men groups to carry on the SRH work on their own?

6. **Objective:** Existence and functioning of coordination mechanisms

**Possible questions:**
- a. Do you receive support from other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?

7. **Objective:** Coverage of UNFPA humanitarian interventions in response to natural disasters

**Possible questions:**
- a. When natural disasters such as floods, cyclones and droughts occur, do the most vulnerable and marginalized groups (e.g. young people and women with disabilities; religious and national minorities) receive support from UNFPA?
- b. When natural disasters such as floods, cyclones and droughts occur, do the LGBTQI people receive support from UNFPA?

8. **Objective:** Connectedness of CP8

**Possible questions:**
- a. Does UNFPA contribute to developing the capacity of local actors (e.g. women’s organizations) to better prepare for, respond to and recover from natural disasters (e.g. floods, cyclones and droughts)?

9. **Objective:** FGD group recommendations

**a)** What lessons have you learnt from the CP8 in regards to gender equality and women empowerment and Adolescent Youth?

**b)** What suggestions/recommendations can you make for future programming?
UNFPA Malawi – Adolescents and Youth (AY)
Key Informant Interview Guide for Implementers of AY Component

Key Informants
- UNFPA AY staff; Ministry of Youth and Sports; Ministry of Gender, Community Development and Social Welfare; Ministry of Education; National Youth Council of Malawi
- District: District Youth Officer, District Social Welfare Officer, District Education Manager, Director of Planning and Development
- NGOs and Civil society: MAGGA, FPAM, BLM, FPAM, Freedom from Fistula Foundation (FFF), YONECO

General Introduction - Purpose of the evaluation
I am (we are) part of a three person team to evaluate GoM/UNFPA’s 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje.

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions
1. Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:
- a. What was your organisations role in the implementation of the CP8?
- b. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- c. Who was consulted regarding the design?
- d. What other actors have been involved, how does this activity contribute to that of others?

2. Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs

Possible questions:
- a. To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
- b. To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030?)
c. To what extent is CP8 aligned to the UNFPA strategic objectives (UNFPA Strategic plans 2018-2021; 2022-2025)?

d. To what extent is CP8 aligned to the ICPD Programme of Action and SDGs?

e. To what extent has the programme integrated gender and human rights based approaches?

3. **Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

**Possible questions:**

a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?

b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. **Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

**Possible questions:**

a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?

b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5. **Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed**

**Possible questions:**

a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?

b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?

c. What are the main comparative strengths of UNFPA in Malawi; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of UNSDCF 2019-2023 and changing aid environment?

6. **Objective: Existence and functioning of coordination mechanisms**

**Possible questions:**

a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?
7. **Objective:** Coverage of UNFPA humanitarian interventions in response to natural disasters

**Possible questions:**

a. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities)?

b. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the LGBTQI populations?

8. **Objective:** Connectedness of CP8

**Possible questions:**

a. To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

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

9. **Objective:** Interview recommendations

a) What lessons have you learnt from the CP8 in regards to gender equality and Adolescent Youth?

b) What suggestions/recommendations can you make for future programming?
UNFPA Malawi – Adolescents and Youth
Key Informant Interview Guide for None Implementers

UN agencies, donors, and organizations that are not implementing the programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)
Key Informants: Norway, Swiss, Sida, Iceland, KOICA (Korea), UNICEF

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoM/UNFPA’s 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje.

The discussion will take 45-60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. **Objective:** Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

   **Possible questions:**
   a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
   b. What other actors have been involved, how does this activity contribute to that of others?

2. **Objective:** Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs

   a. To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
   b. To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030?"

3. **Objective:** Coherence of the project/activities to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?

   a. To what extent is CP8 able to respond to changes in the national needs and priorities including those of vulnerable or marginalized groups?
   b. To what extent is CP8 able to respond to shifts caused by crisis or major political changes
4. **Objective: Effectiveness** of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:
- To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)?
  Were the planned geographic areas and target groups successfully reached?
- What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

5. **Objective: Efficiency** of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:
- Please comment on how the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
- Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights?

6. **Objective: Sustainability** of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:
- Please comment to what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- Comment on the main comparative strengths of UNFPA Malawi; and how can these strengths and lessons learned be used for strategic positioning for future CP development in humanitarian and development nexus.

7. **Objective: Existence and functioning of coordination mechanisms**

Possible questions:
- To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

8. **Objective: Coverage** of UNFPA humanitarian interventions in response to natural disasters

Possible questions:
- To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities, LGBTQI populations)?

9. **Objective: Connectedness** of CP8

Possible questions:
- To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and
recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

10. **Objective: Interview recommendations**
   a) What lessons have you learnt from the CP8 in regards to gender equality and women empowerment and Adolescent Youth?
   b) What suggestions/recommendations can you make for future programming?
**Key Informants**

- UNFPA Gender Equality staff; Ministry of Gender, Children, Disabilities and Social Welfare; Ministry of Health and Population; Ministry of Local Government and Rural Development (MoLGRD)
- Police Services;
- NGOs /Civil society: Foundation for Civic Education; GENET; YONECO; AMREF Health Africa; ActionAid Malawi; NOYD; FOCESE; FFFF; NANES; Girls Empowerment Network
- District: District Gender Officer, District Health Officer, YFHS Coordinator
- Media: Zodiak Broadcasting, Malawi Broadcasting Corporation

**General Introduction - Purpose of the evaluation**

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The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

**Core interview: objectives of the interview guide transformed into questions**

1. **Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

   **Possible questions:**
   a) How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
   b) Who was consulted regarding the design?
   c) What other actors have been involved, how does this activity contribute to that of others?

2. **Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs**

   **Possible questions:**
   a) To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women
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with disabilities, etc)

b) To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030?
c) To what extent is CP8 aligned to the UNFPA strategic objectives (UNFPA Strategic plans 2018-2021; 2022-2025)?
d) To what extent is CP8 aligned to the ICPD Programme of Action and SDGs?
e) To what extent has the programme integrated gender and human rights based approaches?

3. **Objective:** **Effectiveness** of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

**Possible questions:**

a) To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
b) What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?
c) What training did your organisation receive though the CP8?
d) Who were the recipients – what are their roles, what capacity do they have to undertake such interventions?
e) How were they selected/identified? Was there personal interest or commitment to participate? (Gender disaggregation?)

4. **Objective:** **Efficiency** of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

**Possible questions:**

a) How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
b) To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5. **Objective:** **Sustainability** of the benefits from UNFPA support likely to continue, after CP has been completed

**Possible questions:**

a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
c. What are the main comparative strengths of UNFPA in Malawi; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of UNSDCF 2019-2023 and changing aid environment?

6. **Objective:** **Existence and functioning of coordination mechanisms**
7. **Objective: Coverage of UNFPA humanitarian interventions in response to natural disasters**

Possible questions:
To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities)?

   a. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the LGBTQI populations?

8. **Objective: Connectedness of CP8**

Possible questions:

   a) To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

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

   a) How did the CP8 respond to the emergencies?

      a. COVID-19 pandemic
      b. Cyclones and floods

   c) What capacities were built for the beneficiaries to respond to the emergencies?

   d) What are the special strengths of UNFPA when compared to other UN agencies and development partners in humanitarian response to natural disasters (floods, cyclones and draughts)?

   e) How is UNFPA perceived by implementing and national partners in addressing Gender equality, Adolescent youths issues and humanitarian response?

9. **Objective: Interview recommendations**

   a) What lessons have you learnt from the CP8 in regards to gender equality and women empowerment and Adolescent Youth?

   b) What suggestions/recommendations can you make for future programming?
UN agencies, donors, and organizations that are not implementing the programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

Key Informants: FAO, OCHA, UNICEF, UN Women, WFP

General Introduction - Purpose of the evaluation

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The discussion will take 45-60 minutes, and we will be taking/recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:
   a. What is your vision/mandate in regards to SRH, gender equality and Adolescent Youths?
   b. What are the services that you offer in regards to SRH, gender equality and Adolescent Youths?
   c. Who are the users of the services your organization offers?
   d. Did the services successfully reach the most marginalised?
   e. Were women and youth an equal part? How was that measured?
   f. How was the programme design and implementation undertaken?
   g. What was the consultation process? Who are the partners that UNFPA collaborated with?
   h. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
   i. What other actors have been involved, how does this activity contribute to that of others?

2. Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs

   a) To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
b) To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030?)

3. **Objective:** Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:
   a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
   b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. **Objective:** Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:
   a. Please comment on how the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
   b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights?

5. **Objective:** Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:
   a. Please comment to what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
   b. Comment on the main comparative strengths of UNFPA Malawi; and how can these strengths and lessons learned be used for strategic positioning for future CP development in humanitarian and development nexus.

6. **Objective:** Existence and functioning of coordination mechanisms

Possible questions:
   a) To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?
   b) What is your general experience of working with UNFPA? – ease, timeliness, responsiveness,
   c) What is your experience of working with other UN Agencies or donors? – ease, timeliness, responsiveness,
   d) Are there any gaps that were missed or wrongly identified in the interventions for the CP8?
   e) How did UNFPA support make a difference?
7. **Objective:** **Coverage** of UNFPA humanitarian interventions in response to natural disasters

**Possible questions:**
- a) To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities, LGBTQI populations)?

8. **Objective:** **Connectedness** of CP8

**Possible questions:**
- a) To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?

**Objective: Interview recommendations**
- b) What lessons have you learnt from the CP8 in regards to SRH, gender equality and Adolescent Youth?
- c) What suggestions/recommendations can you make for future programming?
**General Introduction - Purpose of the evaluation**

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The discussion will take 45-60 minutes, and we will be taking/recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

**Core interview: objectives of the interview guide transformed into questions**

<table>
<thead>
<tr>
<th>Equity and Gender Equality - Socio-Demographic Characteristics of End Beneficiaries</th>
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</thead>
<tbody>
<tr>
<td>a. Who are the users of services?</td>
</tr>
<tr>
<td>b. Did the services successfully reach the poorest, women and girls, and youth; women /men with disabilities</td>
</tr>
<tr>
<td>c. Are women and girls an equal part to accessing the SRH services?</td>
</tr>
</tbody>
</table>

1. **Objective: Rationale** for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

   **Possible questions:**
   a. What were, and are your priority needs as far as gender equality and empowerment?

2. **Objective: Relevance** of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs

   **Possible questions:**
   a) What were, and are your priority needs in respect to gender equality and women empowerment?
   b) How well were you consulted about your needs? Possible probes: How were you involved in the development of the programme?
   c) Type of service? – How do those accessing the services view service provision in terms of its importance? Which services did they mainly use?
   d) How did they learn of the programme?
   e) How long was the service available to the community?
   f) What are the barriers you encounter to access the services? At what level – how was it overcome?
   g) Do other community members especially women and youth also use the service?
3. **Objective:** Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

**Possible questions:**
- a. How well has the programme managed to support the gender equality and women empowerment needs? Possible probes: What changes has this programme brought about in your lives?
- b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?
- c. Are there any changes that should be have been made in order to improve services or activities?

4. **Objective:** Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

**Possible questions:**
- a. Were you receiving services in a timely manner/whenever you needed them?
- b. Did the agency/institution seek for your feedback on the services/activities being implemented?
- c. How well did the agency/institution use this feedback to improve services/activities?

5. **Objective:** Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

**Possible questions:**
- a. Are you engaged in gender equality and women empowerment activities by other agencies or individuals?
- b. Do they work together?

6. **Objective:** Existence and functioning of coordination mechanisms

**Possible questions:**
- a) How well has the programme been able to work within existing women, disability and youth community structures?
- b) Do you think the existing structures are able to take on work/part of the work that is being implemented?
- c) What is your general experience of working with UNFPA? – ease, timeliness, responsiveness,
- d) What is your experience of working with other UN Agencies or donors? – ease, timeliness, responsiveness,
- e) Are there any gaps that were missed or wrongly identified in the interventions for the CP8?
- f) How did UNFPA support make a difference?

7. **Objective:** Coverage of UNFPA humanitarian interventions in response to natural disasters
Possible questions:
  a) When natural disasters such as floods, cyclones and droughts occur, do the most vulnerable and marginalized groups (e.g. young people and women with disabilities; religious and national minorities) receive support from UNFPA?
  b) When natural disasters such as floods, cyclones and droughts occur, do the LGBTQI people receive support from UNFPA?

8. Objective: Connectedness of CP8

Possible questions:
  a. Does UNFPA contribute to developing the capacity of local actors (e.g. women’s organizations) to better prepare for, respond to and recover from natural disasters (e.g. floods, cyclones and droughts)?
  b. To what extent has the UNFPA contributed to developing the capacity of national actors (government line ministries) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?
  c. To what extent has the UNFPA contributed to developing the capacity of local actors (youth and women’s organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises from natural disasters (floods, cyclones and droughts)?
  d. How did the CP8 respond to the emergencies?
     i. COVID-19 pandemic
     ii. Cyclones and floods
  e. What capacities were built for the beneficiaries to respond to the emergencies?
  f. What are the special strengths of UNFPA when compared to other UN agencies and development partners in humanitarian response to natural disasters (floods, cyclones and droughts)?
  g. How is UNFPA perceived by implementing and national partners in addressing Gender equality, Adolescent/ youth issues and humanitarian response?

9. Objective: FGD group recommendations
  a) What lessons have you learnt from the CP8 in regards to SRH, gender equality and women empowerment; adolescents & youth; PD?
  b) What suggestions/recommendations can you make for future programming?
**UNFPA Malawi – Population Dynamics (PD)**

**Key Informant Interview Guide for Implementers of PD Component**

### Key Informants
- UNFPA PD staff; National Statistics Office (NSO)
- Planning Departments of Ministry of Health and Population, Ministry of Local Government
- Director of Planning and Development (Zomba city)

### General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoM/UNFPA’s 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje.

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

### Core interview: objectives of the interview guide transformed into questions

1. **Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

   **Possible questions:**
   - a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
   - b. Who was consulted regarding the design?
   - c. What other actors have been involved, how does this activity contribute to that of others?

2. **Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs**

   d. To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
   - e. To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030)?
   - f. To what extent is CP8 aligned to the UNFPA strategic objectives (UNFPA Strategic plans 2018-2021; 2022-2023)?
   - g. To what extent is CP8 aligned to the ICPD Programme of Action and SDGs?
   - h. To what extent has the programme integrated gender and human rights based approaches?

3. **Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these**
outputs have contributed to the achievement of the outcomes).

Possible questions:

a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?

b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. **Objective:** Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?

b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5. **Objective:** Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?

b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?

c. What are the main comparative strengths of UNFPA in Malawi; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of UNSDCF 2019-2023 and changing aid environment?

6. **Objective:** Existence and functioning of coordination mechanisms

Possible questions:

a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

7. **Objective:** Coverage of UNFPA humanitarian interventions in response to natural disasters

Possible questions:

a. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities)?
b. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the LGBTQI populations

8. **Objective: Connectedness of CP8**

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

9. **Objective: Interview recommendations**

   a) What lessons have you learnt from the CP8 in regards to SRH, gender equality and women empowerment; adolescents & youth; PD?
   
   b) What suggestions/recommendations can you make for future programming?
UNFPA Malawi – Population Dynamics (PD)
Key Informant Interview Guide for Implementers of PD Component

Key Informants
- UNFPA PD staff; National Statistics Office (NSO)
- Planning Departments of Ministry of Health and Population, Ministry of Local Government
- Director of Planning and Development.( city)

General Introduction - Purpose of the evaluation
I am (we are) part of a three person team to evaluate GoM/UNFPA’s 8th Country Programme (2019-2023) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting districts of Dedza, Mangochi, Mulanje, Nkhata Bay and Nsanje.

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

   Possible questions:
   a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
   b. Who was consulted regarding the design?
   c. What other actors have been involved, how does this activity contribute to that of others?

2. Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs

   Possible questions:
   i. To what extent is CP8 relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
   j. To what extent is CP8 aligned to the national government priorities (Malawi Vision 2063; MIP-1 2021-2030?)
   k. To what extent is CP8 aligned to the UNFPA strategic objectives (UNFPA Strategic plans 2018-2021; 2022-2023)?
   l. To what extent is CP8 aligned to the ICPD Programme of Action and SDGs?
   m. To what extent has the programme integrated gender and human rights based approaches?

3. Objective: Coherence of the project/activities to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?

   Possible questions:
a. To what extent is CP8 able to respond to changes in the national needs and priorities including those of vulnerable or marginalized groups?
b. To what extent is CP8 able to respond to shifts caused by crisis or major political changes

4. Objective: **Effectiveness** of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

5. Objective: **Efficiency** of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

6. Objective: **Sustainability** of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
c. What are the main comparative strengths of UNFPA in Malawi; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of UNSDCF 2019-2023 and changing aid environment?

7. Objective: **Existence and functioning of coordination mechanisms**

Possible questions:

a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

8. Objective: **Coverage** of UNFPA humanitarian interventions in response to natural disasters
Possible questions:
   a. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the most vulnerable and marginalized groups (young people and women with disabilities; those of ethnic, religious and national minorities)?
   b. To what extent has UNFPA humanitarian interventions responded to natural disasters (floods, cyclones and droughts) to systematically reach the LGBTQI populations

9. Objective: Connectedness of CP8

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

10. Objective: Interview recommendations
    a. What lessons have you learnt from the CP8 in regards to SRH, gender equality and women empowerment; adolescents & youth; PD?
    b. What suggestions/recommendations can you make for future programming?
<table>
<thead>
<tr>
<th>Observation Guide</th>
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<tbody>
<tr>
<td><strong>Key issues to observe:</strong></td>
</tr>
<tr>
<td>- External environment (brief description).</td>
</tr>
<tr>
<td>- Youth Friendly Spaces (Safety, Recreation Facilities, Games/Sports, TV).</td>
</tr>
<tr>
<td>- Ease of access to services (location, transport access, surroundings etc.).</td>
</tr>
<tr>
<td>- Standard Operating Procedures (SOPs).</td>
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<tr>
<td>- Availability of (e.g. IEC/BCC) materials, leaflets and posters etc. (e.g., variety, numbers, documents to take away etc., language, attractiveness, relevance, range).</td>
</tr>
<tr>
<td>- Availability of stocks for FP commodities (including observing stock in and stock outs, medical kits)</td>
</tr>
<tr>
<td>- Post-Exposure Prophylaxis (PEP) kits</td>
</tr>
<tr>
<td>- Sufficiency of facilities: size, counseling/consultation rooms, crowdedness, equipment (space for relaxation as well as service provision, whether all equipment is working, what sort of condition the rooms and equipment are in, etc.)</td>
</tr>
<tr>
<td>- Functional sanitation services that offer privacy</td>
</tr>
<tr>
<td>- Referral Directories and forms.</td>
</tr>
<tr>
<td>- Minutes of coordination meetings</td>
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<td>- Evidence of trainings</td>
</tr>
<tr>
<td>- Training equipment</td>
</tr>
<tr>
<td>- IPs reports and other relevant materials</td>
</tr>
<tr>
<td>- Services provided to beneficiaries</td>
</tr>
<tr>
<td>- Counselling rooms at Health Facilities and Police stations</td>
</tr>
<tr>
<td>- Police Forms and other administrative records</td>
</tr>
<tr>
<td>- Nature of interactions between staff and clients</td>
</tr>
<tr>
<td>- Waiting times and streamlined flow of service provision/staff to client ratio</td>
</tr>
</tbody>
</table>
### Annex 8: Selection of UNFPA interventions by IA, PC output, SP outcome and output

<table>
<thead>
<tr>
<th>Year</th>
<th>Department Description</th>
<th>Implementing Agency (IA) / IA Description</th>
<th>Activity Description</th>
<th>PC Output</th>
<th>SP Outcome</th>
<th>SP Output</th>
<th>Intervention Area</th>
<th>Project Budget</th>
<th>Budget Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW01 Lilongwe Nkhata Bay District Assembly</td>
<td>Support increased access to modern contraceptives</td>
<td>2.4 Quantity and mix for commodities procured</td>
<td>1: SRH</td>
<td>02 - Integrated SRH services</td>
<td>IA02-2 SRH information and service provision</td>
<td>20,000</td>
<td>19,893.63</td>
</tr>
<tr>
<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW01 Lilongwe Nkhata Bay District Assembly</td>
<td>Support provision of SRHR services to people living with disabilities</td>
<td>Empowerment of young people</td>
<td>1: SRH</td>
<td>02 - Integrated SRH services</td>
<td>IA02-3 SRH service quality improvement</td>
<td>5,000</td>
<td>4,941.02</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW01 Lilongwe Nkhata Bay District Assembly</td>
<td>Support implementation of EMONC in Nkhata Bay</td>
<td>Integrated SRH services and information</td>
<td>1: SRH</td>
<td>02 - Integrated SRH services</td>
<td>IA02-3 SRH service quality improvement</td>
<td>11,902</td>
<td>11,901.36</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW01 Lilongwe Nkhata Bay District Assembly</td>
<td>Support implementation of spotlight activities in Nkhata Bay district.</td>
<td>Gender based violence and sexual exploitation</td>
<td>1: SRH</td>
<td>02 - Integrated SRH services</td>
<td>IA02-1 SRH service integration</td>
<td>12,500</td>
<td>11,388.97</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW01 Lilongwe Nkhata Bay District Assembly</td>
<td>Support CSE activities for in and out of school youths</td>
<td>Comprehensive Sexuality Education and SBC for out of school A&amp;Y</td>
<td>2: Youth</td>
<td>06 - Adolescents and youth skills and capabilities</td>
<td>IA06-2 Sexuality education out-of-school</td>
<td>3,280.43</td>
<td>3,280.43</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW01 Lilongwe Nkhata Bay District Assembly</td>
<td>Support provision of YFHS in Nkhata Bay</td>
<td>Integrated youth friendly services</td>
<td>2: Youth</td>
<td>06 - Adolescents and youth skills and capabilities</td>
<td>IA06-3 Life skills development of young people</td>
<td>18,893.87</td>
<td>18,893.87</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW02 Mangochi District Health Office</td>
<td>Support Family Planning in MH</td>
<td>4.1 Supply chain</td>
<td>1: SRH</td>
<td>04 - Supply chain management</td>
<td>IA04-2 Supply chain system</td>
<td>26,883.44</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW02 Mangochi District Health Office</td>
<td>Support GBV activities</td>
<td>(NB: not in Atlas)</td>
<td>2: Youth</td>
<td>06 - Adolescents and youth skills and capabilities</td>
<td>IA06-3 Life skills development of young people</td>
<td>40,346.59</td>
<td>30,005.72</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW02 Mangochi District Health Office</td>
<td>Support Prevention of GBV</td>
<td>Gender based violence and sexual exploitation</td>
<td>3: Gender</td>
<td>11 - Prevention and addressing of GBV</td>
<td>IA11-3 Essential services package for GBV</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Year</td>
<td>Department Description</td>
<td>Implementing Agency (IA) / IA Description</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW05 Min of Labour, Youth, Sports &amp;</td>
<td>Advocacy Activities</td>
<td>Support development and implementation of youth related policies, strategies and guidelines</td>
<td>2: Youth</td>
<td>06 - Adolescents and youth skills and capabilities</td>
<td>IA06-3 Life skills development of young people</td>
<td>15,833.31</td>
<td>16,007.14</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW05 Min of Labour, Youth, Sports &amp;</td>
<td>Support coordination and advocacy meeting for youth networks</td>
<td>Youth networks participate in decision making platforms</td>
<td>2: Youth</td>
<td>06 - Adolescents and youth skills and capabilities</td>
<td>IA06-2 Sexuality education out-of-school</td>
<td>32,493.39</td>
<td>32,237.1</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW06 Dedza District Assembly</td>
<td>Support integrated YFHS for both static and outreach clinics</td>
<td>Integrated youth friendly services</td>
<td>1: SRH</td>
<td>02 - Integrated SRH services</td>
<td>IA02-1 SRH service integration</td>
<td>19,652.63</td>
<td>19,239.73</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW06 Dedza District Assembly</td>
<td>Support CSE / LS activities</td>
<td>Comprehensive Sexuality Education and SBC for out of school A&amp;Y</td>
<td>2: Youth</td>
<td>06 - Adolescents and youth skills and capabilities</td>
<td>IA06-3 Life skills development of young people</td>
<td>10,000</td>
<td>9,867.67</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW06 Dedza District Assembly</td>
<td>Support Prevention and Management of Gender Based Violence in Dedza</td>
<td>Gender based violence and sexual exploitation</td>
<td>3: Gender</td>
<td>11 - Prevention and addressing of GBV</td>
<td>IA11-3 Essential services package for GBV</td>
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<td>28,821.49</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW06 Dedza District Assembly</td>
<td>Support Supervision, monitoring and coordination of activities</td>
<td>Empowerment of young people</td>
<td>3: Gender</td>
<td>11 - Prevention and addressing of GBV</td>
<td>IA11-3 Essential services package for GBV</td>
<td>11,750</td>
<td>9,606.87</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW07 Ministry of Health and Population</td>
<td>Support integrated YFHS (CKW)</td>
<td>Integrated youth friendly services</td>
<td>1: SRH</td>
<td>02 - Integrated SRH services</td>
<td>IA02-1 SRH service integration</td>
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<td>6,711.59</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW07 Ministry of Health and Population</td>
<td>Support training for 800 adolescents and youth and 100 YFHS providers in SRHR/ FP (including the disabled and those in humanitarian settings)</td>
<td>3.2 Capacity building</td>
<td>1: SRH</td>
<td>02 - Integrated SRH services</td>
<td>IA02-1 SRH service integration</td>
<td>20,000</td>
<td>13249.71</td>
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<td>Year</td>
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<td>Intervention Area</td>
<td>Project Budget</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW07 Ministry of Health and Population</td>
<td>Support training of 560 pharmacy technicians and drug store clerks in supply chain management.</td>
<td>4.1 Supply chain</td>
<td>1: SRH</td>
<td>02 - Integrated SRH services</td>
<td>IA02-1 SRH service integration</td>
<td>120,000</td>
<td>117,986.21</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW07 Ministry of Health and Population</td>
<td>Support MoHP - Pop. Department to facilitate implementation of the National Population Policy.</td>
<td>Demographic intelligence</td>
<td>4: PD</td>
<td>14 - Demographic intelligence</td>
<td>IA14-2 Data use for policies/programmes/plans</td>
<td>3082.89</td>
<td>3,082.89</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW10 National Statistical Office</td>
<td>Support data analysis and dissemination of census reports</td>
<td>Demographic intelligence</td>
<td>4: PD</td>
<td>14 - Demographic intelligence</td>
<td>IA14-2 Data use for policies/programmes/plans</td>
<td>290,298.74</td>
<td>283,389.39</td>
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<tr>
<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW11 Ministry of Gender, Social Welfare</td>
<td>Conduct GBV prevention and MISP including disabled networks</td>
<td>4.1 Supply chain</td>
<td>3: Gender</td>
<td>11 - Prevention and addressing of GBV</td>
<td>IA11-1 Multi-stakeholder engagement for GBV</td>
<td>56,000</td>
<td>50384.21</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW11 Ministry of Gender, Social Welfare</td>
<td>Build capacity of all stakeholders to monitor violations and promote Gender equality</td>
<td>Gender based violence and sexual exploitation</td>
<td>3: Gender</td>
<td>12 - Eliminating harmful practices</td>
<td>IA12-2 Policies/ strategies/ plans to address harmful practices</td>
<td>25,000</td>
<td>15,907.48</td>
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<tr>
<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PGMW19 Mulanje District Assembly</td>
<td>Joint technical team to provide TA to incorporate the integrated district HIV prevention operational plan for the SRH/HIV/SGBV into the district implementation plan</td>
<td>2.2 Scale up integrated SRHR/HIV/SGBV services</td>
<td>1: SRH</td>
<td>02 - Integrated SRH services</td>
<td>IA02-1 SRH service integration</td>
<td>3,500</td>
<td>1282.53</td>
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<tr>
<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PU0074 UNFPA MDSR Activities</td>
<td>Integrated sexual and reproductive health services and</td>
<td>1: SRH</td>
<td>02 - Integrated SRH services</td>
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<td></td>
<td>2,422.07</td>
<td>2,422.07</td>
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<td>Year</td>
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<td>Intervention Area</td>
<td>Project Budget</td>
<td>Budget Utilization</td>
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<tr>
<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PU0074 UNFPA</td>
<td>Engage Consultants review MDSR guidelines and integrate Perinatal Death Review into MDSR</td>
<td>Integrated sexual and reproductive health services and information</td>
<td>1: SRH 02 - Integrated SRH services</td>
<td>IA02-3 SRH service quality improvement</td>
<td>65,564.8</td>
<td>50,677.34</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PU0074 UNFPA</td>
<td>Programme costs for monitoring implementation of the activities under UBRAF.</td>
<td>UBRAF 3.1 Targeted HIV combination prevention prog. for A&amp;YP</td>
<td>1: SRH 02 - Integrated SRH services</td>
<td>IA02-1 SRH service integration</td>
<td>34,906.64</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PU0074 UNFPA</td>
<td>Monitoring and supervision</td>
<td>Empowerment of young people</td>
<td>2: Youth 06 - Adolescents and youth skills and capabilities</td>
<td>IA06-3 Life skills development of young people</td>
<td>21,896.42</td>
<td>28,593.28</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PU0074 UNFPA</td>
<td>Comprehensive Sexuality Education</td>
<td>Support provision of Comprehensive SRHR information in schools</td>
<td>2: Youth 06 - Adolescents and youth skills and capabilities</td>
<td>IA06-1 Sexuality education in school</td>
<td>44,6443</td>
<td>136,672.83</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PU0074 UNFPA</td>
<td>Support to programme coordination for Gender equality and empowerment of women and girls</td>
<td>Gender based violence and sexual exploitation</td>
<td>3: Gender 09 - Accountability for gender equality</td>
<td>IA09-5 Other</td>
<td>1,009,968</td>
<td>679,858.62</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PU0074 UNFPA</td>
<td>SPOTLIGHT</td>
<td>Gender based violence and sexual exploitation</td>
<td>3: Gender 11 - Prevention and addressing of GBV</td>
<td>IA11-3 Essential services package for GBV</td>
<td>14,764.7</td>
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<td>2019</td>
<td>Malawi Lilongwe</td>
<td>PU0074 UNFPA</td>
<td>Strengthening National Statistical Office</td>
<td>Demographic intelligence</td>
<td>4: PD 13 - Population data systems</td>
<td>IA13-1 Data generation and dissemination</td>
<td>94,934.91</td>
<td>61,514.35</td>
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<td>2020</td>
<td>Malawi Lilongwe</td>
<td>PGMW01 Nkhata Bay District Assembly</td>
<td>Support uptake of modern family planning methods</td>
<td>Integrated sexual and reproductive health services and information</td>
<td>1: SRH 02 - Integrated SRH services</td>
<td>IA02-1 SRH service integration</td>
<td>2,000</td>
<td>1,809.53</td>
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</tr>
<tr>
<td>2020</td>
<td>Malawi Lilongwe</td>
<td>PGMW01 Nkhata Bay District Assembly</td>
<td>Support related MNH and BEmONC activities in Nkhatabay</td>
<td>Integrated sexual and reproductive health services and information</td>
<td>1: SRH 02 - Integrated SRH services</td>
<td>IA02-3 SRH service quality improvement</td>
<td>10,000</td>
<td>9,996.89</td>
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<tr>
<td>2020</td>
<td>Malawi Lilongwe</td>
<td>PGMW02 Mangochi District</td>
<td>Support Youth Networks</td>
<td>Youth networks participate in decision</td>
<td>2: Youth 06 - Adolescents and youth skills</td>
<td>IA06-3 Life skills development of young people</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Year</td>
<td>Department Description</td>
<td>Implementing Agency (IA) / IA Description</td>
<td>Activity Description</td>
<td>PC Output</td>
<td>SP Outcome</td>
<td>SP Output</td>
<td>Intervention Area</td>
<td>Project Budget</td>
<td>Budget Utilization</td>
</tr>
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<tr>
<td>2020</td>
<td>Malawi Lilongwe</td>
<td>PGMW02 Mangochi District Health Office</td>
<td>Support YFHS in Mangochi</td>
<td>Integrated youth friendly services</td>
<td>2: Youth</td>
<td>06 - Adolescents and youth skills and capabilities</td>
<td>IA06-2 Sexuality education out-of-school</td>
<td>1,280.87</td>
<td>1,280.87</td>
</tr>
<tr>
<td>2020</td>
<td>Malawi Lilongwe</td>
<td>PGMW02 Mangochi District Health Office</td>
<td>Delivery prevention and management of Gender based Violence among adolescents and Youths in the communities</td>
<td>Gender based violence and sexual exploitation</td>
<td>3: Gender</td>
<td>11 - Prevention and addressing of GBV</td>
<td>IA11-3 Essential services package for GBV</td>
<td>21,864.17</td>
<td>21,864.17</td>
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<tr>
<td>2020</td>
<td>Malawi Lilongwe</td>
<td>PGMW02 Mangochi District Health Office</td>
<td>Support monitoring of project activities</td>
<td>Empowerment of young people</td>
<td>4: PD</td>
<td>14 - Demographic intelligence</td>
<td>IA14-3 Other</td>
<td>4,651.45</td>
<td>4,677.36</td>
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<tr>
<td>2020</td>
<td>Malawi Lilongwe</td>
<td>PN4154 Family Planning Association of Malawi</td>
<td>Support delivery of Integrated Youth Friendly Health Services</td>
<td>Integrated sexual and reproductive health services and information</td>
<td>1: SRH</td>
<td>02 - Integrated SRH services</td>
<td>IA02-1 SRH service integration</td>
<td>198,000</td>
<td>183,843.68</td>
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<td>2021</td>
<td>Malawi Lilongwe</td>
<td>PGMW01 Nkhata Bay District Assembly</td>
<td>Support access to SRHR/GBV services through YFHS</td>
<td>Adolescent &amp; young people empowered with knowledge &amp; skills</td>
<td>1: SRH</td>
<td>02 - Integrated SRH services</td>
<td>IA02-3 SRH service quality improvement</td>
<td>15,783.21</td>
<td>15,783.21</td>
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<td>2021</td>
<td>Malawi Lilongwe</td>
<td>PGMW02 Mangochi District Health Office</td>
<td>Support CSE/LS activities in Mangochi District</td>
<td>Adolescent &amp; young people empowered with knowledge &amp; skills</td>
<td>2: Youth</td>
<td>06 - Adolescents and youth skills and capabilities</td>
<td>IA06-2 Sexuality education out-of-school</td>
<td>3,974.95</td>
<td>3,974.95</td>
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<tr>
<td>2021</td>
<td>Malawi Lilongwe</td>
<td>PGMW02 Mangochi District Health Office</td>
<td>Promote delivery of SRHR, HIV, CSE and life skills information in schools</td>
<td>Empowerment of young people</td>
<td>2: Youth</td>
<td>06 - Adolescents and youth skills and capabilities</td>
<td>IA06-1 Sexuality education in school</td>
<td>26,486.97</td>
<td>26,037.02</td>
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<tr>
<td>2021</td>
<td>Malawi Lilongwe</td>
<td>PGMW02 Mangochi District Health Office</td>
<td>Support implementation of Gender Based activities In line with COVID-19 mitigation measures</td>
<td>Gender based violence and sexual exploitation</td>
<td>3: Gender</td>
<td>11 - Prevention and addressing of GBV</td>
<td>IA11-3 Essential services package for GBV</td>
<td>54,410.52</td>
<td>50,364.07</td>
</tr>
</tbody>
</table>
Annex 9: CPE Agenda

Key: CP means Country Programme; N/A means not applicable; ET = Evaluation team; JMM = John Mark Mwesigwa; CM = Chikondi Munyangwa; JC = Jesman Chintsanya

*Selection Criteria for Stakeholders (SHs):
1. Stakeholders involved in seemingly well-performing and poorly performing interventions of the country programme.
2. All types of stakeholders for each given output/outcome – i.e., implementing partners, execution agencies, other partners, direct and indirect beneficiaries (including marginalized groups and young people) and donors.
3. For each output/outcome, stakeholders associated with ongoing activities as well as with activities (AWPs) that have already been completed.
4. Stakeholders related to both parts of the programme implemented in the country capital and other parts implemented in separate regions/provinces/districts.
5. Stakeholders associated with both financially large and financially modest AWPs.
6. Stakeholders associated with both regular actions and pilot interventions.
7. Stakeholders involved with the national execution (NEX) modality and with the direct execution modality.
8. Stakeholders associated with soft-aid activities carried out by the country office.
10. Whenever relevant, stakeholders that have been involved with interagency projects.

<table>
<thead>
<tr>
<th>Day /Date</th>
<th>Activity/ institution</th>
<th>People to meet</th>
<th>Location</th>
<th>Link with the CP</th>
<th>Selection criteria</th>
<th>Justification</th>
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<tbody>
<tr>
<td><strong>DESIGN PHASE</strong></td>
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<tr>
<td>Day 1 (Mon. 13th Jun.)</td>
<td>10.00-10.30 e-introduction of Evaluation Team (ET) members to UNFPA Country Office (CO)</td>
<td>Jae Hwi Kim Evaluation Manager (EM)</td>
<td>Virtual: Jae at CO; CM &amp; JC in Lilongwe; JMM in Kampala.</td>
<td>N/A</td>
<td>N/A</td>
<td>Presentation of the ET; preliminary discussions; understanding the 8th CP; clarifying expectations</td>
</tr>
<tr>
<td></td>
<td>14.00-16.00 A virtual ET pre-inception meeting</td>
<td>ET internal work</td>
<td>Virtual: Jae at CO; CM &amp; JC in Lilongwe; JMM in Kampala.</td>
<td>N/A</td>
<td>N/A</td>
<td>Preparation for CE design phase</td>
</tr>
<tr>
<td>Day 2 - 6 (Tue. 14th - Fri. 17th Jun.)</td>
<td>Email despatch of key documents to ET by EM</td>
<td>Jae Hwi Kim Evaluation Manager (EM)</td>
<td>Jae at CO</td>
<td>N/A</td>
<td>N/A</td>
<td>ET to get clear picture of the CP</td>
</tr>
<tr>
<td></td>
<td>08.00-18.00 Preliminary document review of key documents</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>ET to get clear picture of the CP</td>
</tr>
<tr>
<td>Day 7 (Mon. 20th Jun.)</td>
<td>09.00-11.00 Internal Evaluation team (ET) meeting</td>
<td>Evaluation team (ET): Chikondi L. Munyangwa (CLM) – Gender expert, Jesman Chintsanya (CM) – Pop. Dynamics expert, John Mark Mwesigwa (JMM) – SRH expert /Team Leader</td>
<td>Virtual: CLM and JC in Lilongwe; JMM in Kampala</td>
<td>N/A</td>
<td>N/A</td>
<td>Preparation for the kick-off session with Evaluation Manager; review of individual agendas; Listing of documents to obtain from UNFPA Country Office (CO).</td>
</tr>
<tr>
<td></td>
<td>Email despatch of repository of key</td>
<td>Jae Hwi Kim</td>
<td>Jae at CO</td>
<td>N/A</td>
<td>N/A</td>
<td>ET to get clear picture of the</td>
</tr>
<tr>
<td>Day /Date</td>
<td>Activity/ institution</td>
<td>People to meet</td>
<td>Location</td>
<td>Link with the CP</td>
<td>Selection criteria</td>
<td>Justification</td>
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<td>Day 8 - 12</td>
<td>documents to ET by EM</td>
<td>Evaluation Manager (EM)</td>
<td></td>
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<td></td>
<td>CP; development of the design report</td>
</tr>
<tr>
<td>(Tue. 21st -Fri. 24th Jul.)</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>Day 13</td>
<td>19.00-20.00 Internal ET preparatory meeting; drafting design report</td>
<td>ET internal work</td>
<td>Virtual: CM and JC in Lilongwe; JMM in Kampala</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>(Sun. 26th Jun.)</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>Day 14</td>
<td>08.00-16.00 Document review; drafting power-point slides for the kick-off meeting</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Preparation for the kick-off meeting; Development of the design report</td>
</tr>
<tr>
<td>Mon. 27th Jun.</td>
<td>14.00-15.30 Virtual kick-off meeting for CPE (design phase)</td>
<td>▪ Jae Hwi Kim, Benard Mijoni Mijoni &amp; Abigail Simkoko [the UNFPA Evaluation Managers EMs]] ▪ ERG members ▪ Regional M&amp;E Adviser</td>
<td>Virtual: EMs at CO; CM &amp; JC in Lilongwe; JMM in Kampala</td>
<td>N/A</td>
<td>N/A</td>
<td>Understanding the 8th CP by ET; clarifying expectations; Discussion on TOR and CPE roadmap</td>
</tr>
<tr>
<td>Day 17 - 18</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>(Thu.30th Jun. - Fri. 1st Jul.)</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>Day 19 - 23</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>(Mon. 4th - Fri. 8th Jul.)</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>Day 24 - 29</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>(Mon. 11th -Fri.15th Jul.)</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>Day 30 - 34</td>
<td>09.30 – 12.00 Internal ET virtual working meeting (</td>
<td>ET internal work</td>
<td>Virtual: CLM and JC in Lilongwe; JMM in Kampala</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
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<td>(Mon. 18th -Fri 22nd Jul.)</td>
<td>08.00-17.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
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<td>Day 35</td>
<td>11.30 – 14.00</td>
<td>ET internal work</td>
<td>Virtual: CM and JC in</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
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<td>Day /Date</td>
<td>Activity/ institution</td>
<td>People to meet</td>
<td>Location</td>
<td>Link with the CP</td>
<td>Selection criteria</td>
<td>Justification</td>
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<tr>
<td>(Wed. 27th Jul)</td>
<td>Internal ET virtual working meeting (ET internal work)</td>
<td></td>
<td>Lilongwe; JMM in Kampala</td>
<td></td>
<td></td>
<td>report</td>
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<tr>
<td>Day 38</td>
<td>08.00 – 17.00 Further drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>(Fri. 29th Jul.)</td>
<td>10.00-12.00 CP Portfolio presentation by programmatic area</td>
<td>Deputy Country Rep. Heads and technical officers of each programme thematic area</td>
<td>Virtual: UNFPA staff at Country Office (CO); CLM and JC in Lilongwe; JMM in Kampala</td>
<td>Head of SRH /HIV; Head of Gender Equality; Head of Adolescent s &amp; Youth; Head of Population Dynamics.</td>
<td>N/A</td>
<td>Brief the evaluation team on the actual CP portfolio being implemented</td>
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<tr>
<td>Day 39</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td></td>
<td>N/A</td>
<td>Development of the design report</td>
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<tr>
<td>Mon. 1st Aug.)</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td></td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
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<td>Day 40</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td></td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>(Tue. 2nd Aug.)</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
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<td>N/A</td>
<td>Development of the design report</td>
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<td>Day 41</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td></td>
<td>N/A</td>
<td>Development of the design report</td>
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<td>(Wed. 3rd Aug.)</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
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<td>N/A</td>
<td>Development of the design report</td>
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<td>Day 42</td>
<td>08.00-18.00 Document review and drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td></td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>(Thu. 4th Aug.)</td>
<td>08.00-12.00 Document review; draft guides for key informant interviews (KIs), focus group discussions (FGDs) and observation; finalise annexes</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td></td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>Day 43</td>
<td>14.00-17.30 Internal virtual ET working meeting to draft Design Rpt</td>
<td>Evaluation team internal meeting</td>
<td>Virtual: CLM and JC in Lilongwe; JMM in Kampala</td>
<td></td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>(Fri. 5th Aug.)</td>
<td>08.00-18.00 Document review; draft guides for key informant interviews (KIs), focus group discussions (FGDs) and</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td></td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>Day 44</td>
<td>08.00-18.00 Document review; draft guides for key informant interviews (KIs), focus group discussions (FGDs) and</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td></td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>Day /Date</td>
<td>Activity/ institution</td>
<td>People to meet</td>
<td>Location</td>
<td>Link with the CP</td>
<td>Selection criteria</td>
<td>Justification</td>
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<tr>
<td>Day 45 (Mon. 8th Aug.)</td>
<td>08.00-12.00 Document review; draft guides for key informant interviews (KII)s, focus group discussions (FGDs) and observation</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>Day 46 ( Tue. 9th Aug.)</td>
<td>08.00-11.00 Document review; draft guides for key informant interviews (KII)s, focus group discussions (FGDs) and observation</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>Day 46 ( Tue. 9th Aug.)</td>
<td>12.00-15.00 Internal virtual ET working meeting to draft Design Report</td>
<td>Evaluation team internal meeting</td>
<td>Virtual: CLM and JC in Lilongwe; JMM in Kampala</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>Day 47 (Wed. 10th Aug.)</td>
<td>08.00-16.00 Document review and finalise drafting design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Development of the design report</td>
</tr>
<tr>
<td>Day 47 (Wed. 10th Aug.)</td>
<td>17.00 Submit zero draft design report to EM</td>
<td>Individual residence</td>
<td>Individual residence</td>
<td>N/A</td>
<td>N/A</td>
<td>Review of Design Report by EMs and CO</td>
</tr>
<tr>
<td>Day 48 - 50 (Mon. 15th -17th Aug.)</td>
<td>08.00-18.00 Receive feedback on the draft design report from EM Address comments; finalise guides for FGDs, key interviews and observation</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Improvement of the design report</td>
</tr>
<tr>
<td>Day 51 (Fri. 19th Aug.)</td>
<td>08.00-18.00 Finalise and submit 2nd draft design report</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Improvement of the design report</td>
</tr>
<tr>
<td>Day 52 (Tue. 23rd Aug.)</td>
<td>09.00-13.00 Present draft design report to the Evaluation Reference Group (ERG) for comments – Half day virtual meeting (NB: during the indicated period)</td>
<td>Virtual meeting with ERG</td>
<td>Virtual: EMs at CO; ERG members; CLM &amp; JC in Lilongwe; JMM in Kampala.</td>
<td>N/A</td>
<td>N/A</td>
<td>Presentation to ERG for their review and input</td>
</tr>
<tr>
<td>Day 53 - 61 (Thu. 25th Aug - Thu. 8th Sep.) (8 days)</td>
<td>Revision of the draft design report and circulation of the final version to the EM for approval</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Improvement of the design report</td>
</tr>
<tr>
<td>Day /Date</td>
<td>Activity/ institution</td>
<td>People to meet</td>
<td>Location</td>
<td>Link with the CP</td>
<td>Selection criteria</td>
<td>Justification</td>
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<tr>
<td>Day 62 (Mon. 12th Sep.)</td>
<td>09.00-11.00 Inception meeting for data collection with CO staff</td>
<td>UNFPA CO technical staff</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Preparation for data collection (field phase)</td>
</tr>
<tr>
<td></td>
<td>12.00-12.30 Interviews with CO management staff</td>
<td>Deputy Representative</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the evaluation team on management &amp; coordination of CP; Partnerships with other UN agencies as DaO and joint programmes.</td>
</tr>
<tr>
<td></td>
<td>14.00-14.30 CP portfolio briefing by CO programme staff</td>
<td>Dorothy Nyasulu Assistant Representative</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET on the actual portfolio being implemented</td>
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<tr>
<td></td>
<td>15.00-15.45 CP portfolio briefing by CO programme staff</td>
<td>Sanghmitra Duggal Prog. Coordination Analyst</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET on the actual portfolio being implemented</td>
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<td></td>
<td>16.00-16.30 CP portfolio briefing by CO programme staff</td>
<td>Georgette Whyte-Henry Int. Operations Manager</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET on the actual portfolio being implemented</td>
</tr>
<tr>
<td>Day 63 (Tue. 13th Sep.)</td>
<td>09.00-09.45 CP portfolio briefing by CO programme staff</td>
<td>Juliana Lunguzi SRH Prog. Coordinator</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td></td>
<td>10.00-10.45 CP portfolio briefing by CO programme staff</td>
<td>Beatrice Kumwenda Prog. Specialist Gender</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td></td>
<td>11.00-11.45 CP portfolio briefing by CO programme staff</td>
<td>Maria Pilar Molina AY Specialist</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td></td>
<td>12.00-12.45 CP portfolio briefing by CO programme staff</td>
<td>Bill Chanza Prog. Specialist PD</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
</tr>
<tr>
<td></td>
<td>14.00-14.45 (interviewer JMM – SRH expert) CP portfolio briefing by CO programme staff</td>
<td>Milika Mdala Prog. Specialist RHCS/ CCP</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td></td>
<td>14.00-14.45 (interviewer CM – Gender expert) CP portfolio briefing by CO programme staff</td>
<td>Joseph Kazima Prog. Analyst GBV</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td>Day /Date</td>
<td>Activity/ institution</td>
<td>People to meet</td>
<td>Location</td>
<td>Link with the CP</td>
<td>Selection criteria</td>
<td>Justification</td>
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<tr>
<td>14.00-14.45 (interviewer JC - PD expert)</td>
<td>CP portfolio briefing by CO programme staff</td>
<td>Pierre Dindi Project Facilitator</td>
<td>UNFPA Malawi Zomba</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
</tr>
<tr>
<td>15.00-16.00 (interviewer JMM – SRH expert)</td>
<td>CP portfolio briefing by CO programme staff</td>
<td>Erik Schouten Health Systems Specialist</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td>15.00-16.00 (interviewer CM – GE/AY expert)</td>
<td>CP portfolio briefing by CO programme staff</td>
<td>Cecilia Maganga Alfandika Youth &amp; Adol. Specialist</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
</tr>
<tr>
<td>15.00-16.00 (interviewer JC - PD/AY expert)</td>
<td>CP portfolio briefing by CO programme staff</td>
<td>Rose Khonje Programme Analyst Y&amp;A</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td>Day 64 (Wed. 14th Sep.)</td>
<td>09.00-09.45 (interviewer JMM – SRH expert)</td>
<td>Thandiwe Mijoya Project Coordinator</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td></td>
<td>09.00-09.45 (interviewer CLM – GE/AY expert)</td>
<td>Wanangwa Rachel Mganga Project Officer (AY)</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td></td>
<td>09.00-09.45 (interviewer JC - PD/AY expert)</td>
<td>Robert Chasweka Project Facilitator (AY)</td>
<td>UNFPA Malawi Mangochi</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td></td>
<td>10.00-10.45 (interviewer JMM – SRH expert)</td>
<td>Grace Hiwa Programme Analyst RH</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td></td>
<td>10.00-10.45 (interviewer CM – GE/AY expert)</td>
<td>Khama Ziyabu Programme Officer (AY)</td>
<td>UNFPA Malawi Dedza</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td></td>
<td>10.00-10.45 (interviewer JC - PD/AY expert)</td>
<td>Francis Mbvundula Programme Officer (AY)</td>
<td>UNFPA Malawi Salima</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td>Day /Date</td>
<td>Activity/ institution</td>
<td>People to meet</td>
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<td>Link with the CP</td>
<td>Selection criteria</td>
<td>Justification</td>
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<tr>
<td>Day 65</td>
<td>12.00-13.00 CP portfolio briefing by CO programme staff</td>
<td>Jae Hwi Kim M&amp;E Specialist</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<td></td>
<td>Bernard Mijoni Programme Specialist M&amp;E</td>
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<td>Abigail Simkoko Programme Analyst M&amp;E</td>
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<td>14.00-14.45 CP portfolio briefing by CO programme staff</td>
<td>Joseph Scott Programme Analyst, Communication</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<td></td>
<td>15.00-17.00 Synthesis of notes / data by ET</td>
<td></td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Day 66</td>
<td>09.00-09.45 CP portfolio briefing by CO programme staff</td>
<td>Gloria Mpelembe Operations Analyst (HR)</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<td></td>
<td>11.00-11.30 CP portfolio briefing by CO programme staff</td>
<td>Racheal Banda Finance/Admin Associate</td>
<td>UNFPA Malawi CO Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Detailed brief to the ET by CO staff on the actual portfolio being implemented</td>
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<tr>
<td>Day 67</td>
<td>10.00-11.00 Meeting at UN Resident Coordinator’s Office (Interviewers – ET members)</td>
<td>UN Resident Coordinator, Malawi</td>
<td>UN RCO, Area 40, Plot 7,</td>
<td>Output 4 of GEWE</td>
<td>Criteria 2, 4 and 7</td>
<td>UN agencies Delivering as One; and Partnerships with UNFPA on UNCT; joint</td>
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<td>Lilongwe 3</td>
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<td>programmes with other UN agencies</td>
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<tr>
<td></td>
<td>11.30-12.30 Meeting at UNDP Office (Interviewer JC – PD expert)</td>
<td>Deputy Representative Focal person</td>
<td>UNDP Office, Area 40, Plot</td>
<td>Output 1 of SRH;</td>
<td>Criteria 2, 4 and 7</td>
<td>Implementing partner on JP on Spotlight Initiative; Pillar lead (Outcomes 2 &amp;</td>
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<td>7, Lilongwe 3</td>
<td>Output 4 of GEWE</td>
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<tr>
<td></td>
<td>11.30-12.30 Meeting at UNAIDS Office (Interviewer JMM – SH expert)</td>
<td>Deputy Representative Focal person</td>
<td>UNAIDS, Area 13 Evelyn</td>
<td>Output 1 of SRH;</td>
<td>Criteria 2, 4 and 7</td>
<td>Implementing partner on JP on SRHR &amp; SGBV Linkages 2018-2021; Associated</td>
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<tr>
<td></td>
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<td>Court, Lilongwe</td>
<td>Output 4 of GEWE</td>
<td></td>
<td>partner on Spotlight Initiative</td>
</tr>
<tr>
<td></td>
<td>14.00-14.45 Meeting at National Planning Commission (NPC) Office (Interviewer JC –</td>
<td>Director NPC</td>
<td>NPC, Chief Mbelwa House,</td>
<td>Output 5 of PD</td>
<td></td>
<td>Implementing agency on PD Oversight role on the alignment of GoM policies to</td>
</tr>
<tr>
<td></td>
<td>PD/Youth expert)</td>
<td></td>
<td>Lilongwe</td>
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<td>Malawi 2063 Vision</td>
</tr>
<tr>
<td></td>
<td>15.00-17.00 Synthesis of notes &amp; data by ET</td>
<td>Evaluation team internal work</td>
<td>Individual residences in</td>
<td>N/A</td>
<td>N/A</td>
<td>Initial synthesis of findings</td>
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<td>Malawi</td>
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<tr>
<td>Day 67</td>
<td>09.00-09.45 Meeting at WHO Office</td>
<td>Deput County Rep, Focal person</td>
<td>WHO, ADL House, City Centre,</td>
<td>Output 1 of SRH;</td>
<td>Criteria 2, 4 and 7</td>
<td>Implementing partner on SRH; Implementing partner on JP on</td>
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<td>Lilongwe</td>
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<td>Day /Date</td>
<td>Activity/ institution</td>
<td>People to meet</td>
<td>Location</td>
<td>Link with the CP</td>
<td>Selection criteria</td>
<td>Justification</td>
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<tr>
<td>09.00-09.45</td>
<td>Meeting at UN Women Office (Interviewer CM – GE/Youth expert)</td>
<td>Deputy Representative Focal person</td>
<td>UN Women Office, Area 12/224, Lilongwe</td>
<td>Output 4 of GEWE</td>
<td>Criteria 2, 4 and 7</td>
<td>Implementing partner on Spotlight Initiative (Pillar lead Outcome 4)</td>
</tr>
<tr>
<td>09.00-09.45</td>
<td>Meeting at FAO Office (Interviewer JC – PD/Youth expert)</td>
<td>Deputy Representative Focal person</td>
<td>FAO Office, Area 13 Evelyn Court, Lilongwe</td>
<td>PU0012 Output 3 of AY</td>
<td>Criteria 2, 4 and 7</td>
<td>Implementing agency on AY (Farmers Field and Life Schools)</td>
</tr>
<tr>
<td>11.00-12.00</td>
<td>Meeting at UNICEF Office (Interviewer CM – GE/Youth expert)</td>
<td>Deputy Representative Focal person</td>
<td>UNICEF, Mantino Complex Area 40/31 Lilongwe 3</td>
<td>Outputs 1 (SRH); Outputs 3 of (AY); Output 4 of GEWE</td>
<td>Criteria 2, 4 and 7</td>
<td>Implementing partner on SRH; Implementing partner on Spotlight Initiative (Pillar lead Outcome 3); JP on SRHR &amp; SGBV Linkages 2018-2021; JP Girls Education 2017-2021</td>
</tr>
<tr>
<td>11.00-12.00</td>
<td>Meeting at UNHCR Office (Interviewer JMM – SRH expert)</td>
<td>Deputy Representative Focal person</td>
<td>UNHCR, 8th Floor, Kangombe House, Robert Mugabe Crescent City Centre</td>
<td>Output 4 of GEWE</td>
<td>Criteria 2, 4 and 7</td>
<td>Associated partner on Spotlight Initiative;</td>
</tr>
<tr>
<td>11.00-12.00</td>
<td>Meeting at WFP Office (Interviewer JC – PD/Youth expert)</td>
<td>Deputy Representative Focal person</td>
<td></td>
<td>Output 3 (AY)</td>
<td>Criteria 2, 4 and 7</td>
<td>Implementing partner on AY; JP Girls Education 2017-2021</td>
</tr>
<tr>
<td>14.00-14.45</td>
<td>Meeting at Ministry of Health &amp; Pop. (Interviewer JMM – SRH expert)</td>
<td>Focal person in-charge of SRH/FP</td>
<td>MoHP Hqrs, Federal Government Office, Lilongwe</td>
<td>PGMW07 Outputs 1 &amp; 2 (SRH); 3 of AY</td>
<td>Criteria 2, 4 and 7</td>
<td>Implementing agency on SRH; beneficiary for improved capacities to provide high-quality integrated sexual and reproductive health services and information; Implementing partner on Spotlight Initiative</td>
</tr>
<tr>
<td>14.00-14.45</td>
<td>Meeting at Ministry of Gender Office (Interviewer CM – GE/Youth expert)</td>
<td>Focal person in-charge of Gender</td>
<td></td>
<td>PGMW11 Output 4 of GE</td>
<td>Criteria 2, 4 and 7</td>
<td>Implementing agency on GE; AY; beneficiary for improved capacities to prevent and address gender-based violence and sexual exploitation; Implementing partner on Spotlight Initiative</td>
</tr>
<tr>
<td>14.00-14.45</td>
<td>Meeting at Ministry of Youth Office (Interviewer JC – PD/Youth expert)</td>
<td>Focal person in-charge of Youth</td>
<td>MoYS Hqrs, Private Bag 384, Lilongwe</td>
<td>PGMW05 Output 3 of AY</td>
<td>Criteria 2, 4 and 7</td>
<td>Implementing agency on AY; Implementing partner on Spotlight Initiative</td>
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<tr>
<td>15.30-16.30</td>
<td>Director FPAM</td>
<td>FPAM Secr. Office,</td>
<td>PN4154</td>
<td>Criteria 2</td>
<td>Implementing partner on SRH/</td>
<td></td>
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<tr>
<td>Day /Date</td>
<td>Activity/ institution</td>
<td>People to meet</td>
<td>Location</td>
<td>Link with the CP</td>
<td>Selection criteria</td>
<td>Justification</td>
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</table>
|           | Meeting at Family Planning Assoc. of Malawi (FPAM)  
(Interviewer JMM – SRH expert) | Focal person in-charge of FP | FPAM House, Area Plot 10/447 (near Garden Court), Lilongwe | Output 1 & 2 of SRH | 4 and 7 | FP including SRHR/HIV/SGBV integrated services |
| 15.30-16.30 | Meeting at Ministry of Education, Science and Technology (MoEST)  
(Interviewer CM – GE/Youth expert) | Focal person in-charge of Comprehensive Sexuality Education | MoEST Hqrs, Off Chilembwe drive, Capital Hill Cir, Area 20, Lilongwe | PGMW18 Output 3 of AY | Criteria 2, 4 and 7 | Implementing agency on AY; Implementing partner on Spotlight Initiative |
| 15.30-16.30 | Meeting at Ministry of Youth Office  
(Interviewer JC – PD/Youth expert) | Focal person in-charge of Youth | MoYS Hqrs P.O. Box 384 Capital City, Lilongwe | PGMW05 Output 3 of AY | Criteria 2, 4 and 7 | Implementing agency on AY; Implementing partner on Spotlight Initiative |
| Day 68 Tue. 20th Sep. | 09.00-09.45 Meeting at ActionAid Malawi Office  
(Interviewer JMM – SRH expert) | Director, ActionAid Malawi Focal person i/c gender | ActionAid Malawi Upper Hayyat Complex, 1st Floor, Corner Selous Kamuzu Proc. Road | PN7244 Output 4 of GE | Criteria 2, 4 and 7 | Implementing agency on GE |
|           | 09.00-09.45 Meeting at AMREF Health Africa  
(Interviewer CM – GE/Youth expert) | Director, AMREF Health Africa Focal Person i/c gender | AMREF Health Africa Lintihpe street, 47/238 Lilongwe | PN7245 Output 4 of GE | Criteria 2 | Implementing agency on GE (e.g. support to survivors of GBV) |
|           | 09.00-09.45 Meeting at Malawi Girl Guides Association Malawi (MAGGA) Office  
(Interviewer JC – PD/Youth expert) | Executive Director, MAGGA Focal person i/c Youth | MAGGA Office Sector 3, Lilongwe P.O. Box 1264 Lilongwe | PN4212 Output 3 of AY | Criteria 2 | Implementing agency on AY (e.g. CSE, YHFS) |
|           | 10.30-11.30 Meeting at Freedom From Fistula  
(Interviewer JMM – SRH expert) | Director, FFF Focal person i/c maternal health | FFF Office, Bwaila Maternity Hospital, Lilongwe | PN7577 Output 1 & 2 of SRH | Criteria 2 | Implementing agency on SRH (e.g. prevention of fistula) |
|           | 10.30-11.30 Meeting at Girls Empowerment Network Office  
(Interviewer CM – GE/Youth expert) | Director, Girls Empowerment Network Focal Person i/c gender GBV | Girls Empowerment Network, Salman Armour Road, Blantyre. | PN7243 Output 4 of GE | Criteria 2 | Implementing agency on GE (e.g. GBV prevention, management, response; Support AGYW) |
|           | 10.30-11.30 Meeting at Youth Net and Counselling (YONECO)  
(Interviewer JC – PD/Youth expert) | Director, YONECO Focal person i/c Youth | YONECO Office, Lilongwe | PN7266 Output 3 of AY; Output 4 of GE | Criteria 2 | Implementing agency on AY & GE (e.g. GBV prevention, management, response, access to GBV & SRHR) |
|           | 12.30-13.00 Meeting at Banja La Mtsogolo (Marie Stopes International)  
(Interviewer JMM – SRH expert) | Director, Banja La Mtsogolo Focal person on Youth | Banja La Mtsogolo Office, | PN7229 Output 3 of AY | Criteria 2 | Implementing agency on AY (e.g Renovation of two Youth Friendly Health Corners) |
|           | 12.30-13.00 Meeting at GOAL Malawi  
(Interviewer JMM – SRH expert) | Director, GOAL Malawi | GOAL Malawi | PN7246 | Criteria 2 | Implementing agency on GE |
<table>
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<tr>
<th>Day /Date</th>
<th>Activity/ institution</th>
<th>People to meet</th>
<th>Location</th>
<th>Link with the CP</th>
<th>Selection criteria</th>
<th>Justification</th>
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<tbody>
<tr>
<td></td>
<td>Meeting at GOAL Malawi Office (Interviewer CM – GE/Youth expert)</td>
<td>Focal person i/c gender GBV</td>
<td>Liaison Office, Acacia Office,</td>
<td>Output 4 of GE</td>
<td></td>
<td>(e.g. Mentorship of AGYW; essential services package on GBV)</td>
</tr>
<tr>
<td>12.30-13.00</td>
<td>Meeting at National Youth Council of Malawi (NYCM) Office (Interviewer JC – PD/Youth expert)</td>
<td>Director, NYCM Cell: +265 175 58 99</td>
<td>NYCM Office P.O. Box 389, Lilongwe</td>
<td>Output 3 of AY</td>
<td>Criteria 2 and 10</td>
<td>Non-implementing partner on AY</td>
</tr>
<tr>
<td>14.00-15.00</td>
<td>Meeting at Zodiac Broadcasting Office (Interviewer JC – PD/Youth expert)</td>
<td>Director, Zodiac Broadcasting Focal person i/c Youth</td>
<td>Zodiac Broadcasting Arbridge House, Area 47, Lilongwe</td>
<td>Criteria 2</td>
<td>Non-implementing partner on AY</td>
<td></td>
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<tr>
<td>15.00-17.00</td>
<td>Preparation for district field visits</td>
<td>Liaison with Eval. Managers</td>
<td>UNFPA CO Lilongwe Individual residences</td>
<td>NA</td>
<td>NA</td>
<td>To ensure all logistics for field visits have been prepared</td>
</tr>
</tbody>
</table>

**DISTRICT FIELD VISITS: Districts of Nkhata Bay, Dedza, Mangochi, Mulange and Nsanje (10 calendar days)**

Day 69

Evaluation Team travels from Lilongwe to Nkhata Bay

Day 70

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>People to meet</th>
<th>Location</th>
<th>Link with the CP</th>
<th>Selection criteria</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00-09.30</td>
<td>Courtesy call/meeting at Nkhata Bay District Assembly</td>
<td>District Commissioner, Nkhata Bay</td>
<td>Nkhata Bay town</td>
<td>PGMW01</td>
<td>N/A</td>
<td>Overall coordinator of Implementing Agencies and Partners at district level on SRH, AY, GE &amp; Spotlight Initiative</td>
</tr>
<tr>
<td>10.00-10.45</td>
<td>Meeting with Director of Health Services &amp; District Nursing Officer, Nkhata Bay</td>
<td>Director of Health Services District Nursing Officer</td>
<td>Nkhata Bay town</td>
<td>PGMW01 Output 1 &amp; 2</td>
<td>Criteria 2</td>
<td>Implementing partners of SRH /FP; SRH/HIVSGBV integration services</td>
</tr>
<tr>
<td>11.00-11.45</td>
<td>Meeting with District Gender Officer &amp; District Social Welfare Officer, Nkhata Bay</td>
<td>District Gender Officer District Social Welfare Officer</td>
<td>Nkhata Bay town</td>
<td>PGMW01 Output 4 of GE</td>
<td>Criteria 2</td>
<td>Implementing partners of GE services; Spotlight Initiative</td>
</tr>
<tr>
<td>12.00-12.45</td>
<td>Meeting with District Youth Officer &amp; YFHS Coordinator</td>
<td>District Youth Officer YFHS Coordinator</td>
<td>Nkhata Bay town</td>
<td>PGMW01 Output 3 of AY</td>
<td>Criteria 2</td>
<td>Implementing partners of AY services (e.g CSE activities for in and out of school youths); YFHS</td>
</tr>
<tr>
<td>14.00-15.00</td>
<td>Meeting with Freedom From Fistula (Moderator JMM – SRH expert)</td>
<td>FFF Coordinator/Manager Focal person on fistula</td>
<td>Nkhata Bay town</td>
<td>PN7577 Output 1 &amp; 2 of SRH</td>
<td>Criteria 2</td>
<td>Implementing agency of SRH services (e.g. prevention fistula)</td>
</tr>
<tr>
<td>14.00-15.00</td>
<td>FGD session with women on elimination of violence against women (Moderator CM – GE/Youth expert)</td>
<td>Women beneficiaries</td>
<td>One of the nearby villages</td>
<td>PGMW01</td>
<td>Criteria 2</td>
<td>Women beneficiaries of Spotlight Initiative activities</td>
</tr>
<tr>
<td>14.00-15.00</td>
<td>FGD session with women on elimination of violence against women (Moderator CM – GE/Youth expert)</td>
<td>Adolescents/Youth</td>
<td>One of the nearby residences</td>
<td>PGMW01</td>
<td>Criteria 2</td>
<td>Youth beneficiaries of AY</td>
</tr>
<tr>
<td>Day /Date</td>
<td>Activity/ institution</td>
<td>People to meet</td>
<td>Location</td>
<td>Link with the CP</td>
<td>Selection criteria</td>
<td>Justification</td>
</tr>
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</tr>
<tr>
<td></td>
<td>FGD session with out of school youth (15-24 years) on CSE, YHFS</td>
<td>beneficiaries (female)</td>
<td>villages (Nkhata Bay town)</td>
<td>Output 3 of AY</td>
<td></td>
<td>services (e.g. CSE activities for in and out of school youths); YFHS; youth empowerment</td>
</tr>
<tr>
<td>Day 71</td>
<td>09.00-09.30 Meeting with Religious leader</td>
<td>Religious Leader</td>
<td>Nkhata Bay town</td>
<td>Criteria 2</td>
<td></td>
<td>Implementing partner of GE services; (e.g. prevention of GBV)</td>
</tr>
<tr>
<td>Fri. 22nd Sep.</td>
<td>(Moderator JMM – SRH expert)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>09.00-9.30 Meeting with Police Victim Support Unit Coordinator</td>
<td>Police Victim Support Unit Coordinator</td>
<td>Nkhata Bay town</td>
<td>Criteria 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Moderator CM – GE/Youth expert)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>09.00-09.30 Meeting with a Cultural leader</td>
<td>Cultural leader</td>
<td>Nkhata Bay town</td>
<td>Criteria 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Moderator JC – PD/Youth expert)</td>
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<tr>
<td></td>
<td>10.00-18.00</td>
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<tr>
<td></td>
<td><strong>ET travels from Nkhata Bay to Lilongwe by road</strong></td>
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</tr>
<tr>
<td>Day 72</td>
<td>09.00-18.00 Further document review; compiling /arranging notes from various interviews and FGDs</td>
<td>Evaluation Team</td>
<td>Individual residences in Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>To ensure data is of good quality and is kept safely</td>
</tr>
<tr>
<td>Sat. 24th Sep.</td>
<td><strong>ET travels from Lilongwe to Dedza by road (4 hours)</strong></td>
<td></td>
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</tr>
<tr>
<td>Day 73</td>
<td>09.00-14.00</td>
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</tr>
<tr>
<td>Sun. 25th Sep.</td>
<td><strong>ET travels from Lilongwe to Dedza by road (4 hours)</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 74</td>
<td>09.00-09.30 Courtesy call /meeting at Dedza District Assembly</td>
<td>District Commissioner, Dedza</td>
<td>Dedza Town</td>
<td>PGMW06</td>
<td>N/A</td>
<td>Overall coordinator of Implementing Agencies and Partners at district level on SRH, AY, GE &amp; Spotlight</td>
</tr>
<tr>
<td>Mon. 26th Sep.</td>
<td>10.00-10.45 Meeting with Director of Health Services &amp; District Nursing Officer, Dedza</td>
<td>Director of Health Services</td>
<td>Dedza Town</td>
<td>PGMW06 Output 1 &amp; 2</td>
<td>Criteria 2</td>
<td>Implementing partners of SRH /FP, SRH/HIV/GBV integration services</td>
</tr>
<tr>
<td></td>
<td>(Interviewer JMM – SRH expert)</td>
<td>District Nursing Officer</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>10.00-10.45 Meeting with District Gender Officer &amp; District Social Welfare Officer, Dedza</td>
<td>District Gender Officer</td>
<td>Dedza Town</td>
<td>PGMW06 Output 4 of GE</td>
<td>Criteria 2</td>
<td>Implementing partners of GE services</td>
</tr>
<tr>
<td></td>
<td>(Interviewer CM – GE/Youth expert)</td>
<td>District Social Welfare Officer</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>10.00-10.45 Meeting with District Youth Officer &amp; YFHS Coordinator</td>
<td>District Youth Officer</td>
<td>Dedza Town</td>
<td>PGMW06 Output 3 of AY</td>
<td>Criteria 2</td>
<td>Implementing partners of AY services (e.g. CSE activities for in and out of school youths); YFHS</td>
</tr>
<tr>
<td></td>
<td>(Interviewer JC – PD/Youth expert)</td>
<td>YFHS Coordinator</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>11.00-12.00 Meeting with Family Planning Assoc.</td>
<td>FPAM Coordinator/Manager</td>
<td>Dedza Town</td>
<td>PN4154 Output 1 &amp;</td>
<td>Criteria 2</td>
<td>Implementing agency of SRH services (e.g. FP services)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focal person on FP</td>
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</tr>
<tr>
<td>Day /Date</td>
<td>Activity/ institution</td>
<td>People to meet</td>
<td>Location</td>
<td>Link with the CP</td>
<td>Selection criteria</td>
<td>Justification</td>
</tr>
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</tr>
<tr>
<td></td>
<td>of Malawi (FPAM) (Interviewer JMM – SRH expert)</td>
<td>Young women beneficiaries</td>
<td>One of the nearby villages (Dedza town)</td>
<td>2 of SRH</td>
<td></td>
<td>Young women beneficiaries of SRHR and GBV services</td>
</tr>
<tr>
<td>12.00-13.00</td>
<td>FGD session with adolescent young women on SRHR and GBV services (Moderator CM – GE/Youth expert)</td>
<td>Adolescents/Youth beneficiaries (Male)</td>
<td>One of the nearby secondary school (Dedza town)</td>
<td>PGMW06 Output 3 of AY</td>
<td>Criteria 2</td>
<td>Youth beneficiaries of AY services (e.g. CSE activities for in and out of school youths); YFHS; youth empowerment</td>
</tr>
<tr>
<td>12.00-13.00</td>
<td>FGD session with in school youth (15-24 years) on CSE, YHFS (Moderator JC – PD/Youth expert)</td>
<td></td>
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<tr>
<td>Day 75</td>
<td>ET travels from Dedza to Mangochi (6 hours)</td>
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<tr>
<td>Tue. 27th Sep.</td>
<td>09.00-09.30</td>
<td>District Commissioner, Mangochi</td>
<td>Mangochi Town</td>
<td>PGMW02</td>
<td>N/A</td>
<td>Overall coordinator of Implementing Agencies and Partners at district level on SRH, AY, GE &amp; Spotlight</td>
</tr>
<tr>
<td></td>
<td>Courtesy call /meeting at Mangochi District Commissioner</td>
<td></td>
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</tr>
<tr>
<td>10.00-10.45</td>
<td>Meeting with Director of Health Services &amp; District Nursing Officer, Mangochi (Interviewer JMM – SRH expert)</td>
<td>Director of Health Services</td>
<td>Mangochi Town</td>
<td>PGMW02 Output 1 &amp; 2</td>
<td>Criteria 2</td>
<td>Implementing partners of SRH /FP; SRH/HIV/GBV integration services</td>
</tr>
<tr>
<td></td>
<td>(Interviewer CM – GE/Youth expert)</td>
<td>District Nursing Officer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.00-10.45</td>
<td>Meeting with District Gender Officer &amp; District Social Welfare Officer (Interviewer CM – GE/Youth expert)</td>
<td>District Gender Officer</td>
<td>Mangochi Town</td>
<td>PGMW02 Output 4 of GE</td>
<td>Criteria 2</td>
<td>Implementing partners of GE services</td>
</tr>
<tr>
<td>10.00-10.45</td>
<td>Meeting with District Youth Officer &amp; YFHS Coordinator Mangochi (Interviewer JC – PD/Youth expert)</td>
<td>District Youth Officer</td>
<td>Mangochi Town</td>
<td>PGMW02 Output 3 of AY</td>
<td>Criteria 2</td>
<td>Implementing partners of AY services (e.g. CSE activities for in and out of school youths); YFHS</td>
</tr>
<tr>
<td>11.00-12.00</td>
<td>Meeting with Family Planning Assoc. of Malawi (FPAM) (Interviewer JMM – SRH expert)</td>
<td>FPAM Coordinator/Manager Focal person on FP</td>
<td>Mangochi Town</td>
<td>PN4154 Output 1 &amp; 2 of SRH</td>
<td>Criteria 2</td>
<td>Implementing agency of SRH services (e.g. FP services)</td>
</tr>
<tr>
<td>12.00-13.00</td>
<td>FGD session with adult women on SRHR, HIV and GBV services (Moderator CM – GE/Youth expert)</td>
<td>Young women beneficiaries</td>
<td>One of the nearby villages (Mulanje town)</td>
<td>PGMW02 Output 1 &amp; 2; 4 of GE</td>
<td>Criteria 2</td>
<td>Young women beneficiaries of SRHR /HIV / GBV integrated services</td>
</tr>
<tr>
<td>12.00-13.00</td>
<td>FGD session with in school youth (15-24 years) on CSE, girls education (female)</td>
<td>Adolescents/Youth beneficiaries</td>
<td>One of the nearby secondary school (Mulanje town)</td>
<td>PGMW02 Output 3 of AY</td>
<td>Criteria 2</td>
<td>Youth beneficiaries of AY services (e.g. CSE activities for in of school youths); JP on</td>
</tr>
<tr>
<td>Day /Date</td>
<td>Activity/ institution</td>
<td>People to meet</td>
<td>Location</td>
<td>Link with the CP</td>
<td>Selection criteria</td>
<td>Justification</td>
</tr>
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</tr>
<tr>
<td>13.00-18.00</td>
<td>ET Travels from Mangochi to Mulanje (4 hours)</td>
<td></td>
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<tr>
<td>Day 76</td>
<td>Wed. 28th Sep.</td>
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<tr>
<td>09.00-09.30</td>
<td>Courtesy call /meeting at Mulanje District Assembly</td>
<td>District Commissioner, Mulanje</td>
<td>Mulanje Town</td>
<td>PGMW19</td>
<td>N/A</td>
<td>Overall coordinator of Implementing Agencies and Partners at district level on SRH, AY, GE &amp; Spotlight</td>
</tr>
<tr>
<td>10.00-10.45</td>
<td>Meeting with Director of Health Services &amp; District Nursing Officer, Mulanje (Interviewer JMM – SRH expert)</td>
<td>Director of Health Services, District Nursing Officer</td>
<td>Mulanje Town</td>
<td>PGMW19 Output 1 &amp; 2</td>
<td>Criteria 2</td>
<td>Implementing partners of SRH /FP; SRH/HIV/SGBV integration services</td>
</tr>
<tr>
<td>10.00-10.45</td>
<td>Meeting with District Gender Officer &amp; District Social Welfare Officer (Interviewer CM – GE/Youth expert)</td>
<td>District Gender Officer, District Social Welfare Officer</td>
<td>Mulanje Town</td>
<td>PGMW19 Output 4 of GE</td>
<td>Criteria 2</td>
<td>Implementing partners of GE services</td>
</tr>
<tr>
<td>10.00-10.45</td>
<td>Meeting with District Youth Officer &amp; YFHS Coordinator Mulanje (Interviewer JC – PD/Youth expert)</td>
<td>District Youth Officer, YFHS Coordinator</td>
<td>Mulanje Town</td>
<td>PGMW19 Output 3 of AY</td>
<td>Criteria 2</td>
<td>Implementing partners of AY services (e.g. CSE activities for in and out of school youths); YFHS</td>
</tr>
<tr>
<td>11.00-11.45</td>
<td>Meeting with Freedom from Fistula (FFF) (Interviewer JMM – SRH expert)</td>
<td>FFF Coordinator/Manager Focal person on Fistula</td>
<td>Mulanje Town</td>
<td>PN7577 Output 1 &amp; 2 of SRH</td>
<td>Criteria 2</td>
<td>Implementing agency of SRH services (e.g. prevention of fistula)</td>
</tr>
<tr>
<td>12.00-13.00</td>
<td>FGD session with adult men on SRHR, HIV and GBV services (Moderator CM – GE/Youth expert)</td>
<td>Adult men beneficiaries</td>
<td>One of the nearby villages (Mulanje town)</td>
<td>PGMW19 Output 1 &amp; 2; 4 of GE</td>
<td>Criteria 2</td>
<td>Adult men beneficiaries of SRHR /HIV / GBV integrated services; FP services</td>
</tr>
<tr>
<td>12.00-13.00</td>
<td>FGD session with in school youth (15-24 years) on CSE (Moderator JC – PD/Youth expert)</td>
<td>Adolescents/Youth beneficiaries (male)</td>
<td>One of the nearby secondary schools (Mulanje town)</td>
<td>PGMW19 Output 3 of AY</td>
<td>Criteria 2</td>
<td>Youth beneficiaries of AY services (e.g. CSE activities for in of school youths); JP on Girls Education 2017-2021.</td>
</tr>
<tr>
<td>13.00-18.00</td>
<td>ET travels from Mulanje to Nsanje (6 hours)</td>
<td></td>
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<tr>
<td>Day 77</td>
<td>Thu. 29th Sep.</td>
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</tr>
<tr>
<td>09.00-09.30</td>
<td>Courtesy call /meeting at Nsanje District Commissioner</td>
<td>District Commissioner, Nsanje</td>
<td>Nsanje Town</td>
<td>PU0074 (UNFPA)</td>
<td>N/A</td>
<td>Overall coordinator of Implementing Agencies and Partners at district level on SRH, AY, GE &amp; humanitarian response</td>
</tr>
<tr>
<td>10.00-10.45</td>
<td>Director of Health Services</td>
<td></td>
<td>Nsanje Town</td>
<td>PU0074</td>
<td>Criteria 2</td>
<td>Implementing partners of SRH</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Day /Date</th>
<th>Activity/ institution</th>
<th>People to meet</th>
<th>Location</th>
<th>Link with the CP</th>
<th>Selection criteria</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 78 Fri. 30th Sep</td>
<td>Meeting with Director of Health Services &amp; District Nursing Officer, Nsanje (Interviewer JMM – SRH expert)</td>
<td>District Nursing Officer</td>
<td>Nsanje Town</td>
<td>(UNFPA) Output 1 &amp; 2</td>
<td>Criteria 2</td>
<td>Implementing partners of GE services</td>
</tr>
<tr>
<td></td>
<td>10.00-10.45 Meeting with District Gender Officer &amp; District Social Welfare Officer</td>
<td>District Gender Officer</td>
<td>Nsanje Town</td>
<td>PU0074 Output 4 of GE</td>
<td>Criteria 2</td>
<td>Implementing partners of GE services</td>
</tr>
<tr>
<td></td>
<td>(Interviewer CM – GE/Youth expert)</td>
<td>District Social Welfare Officer</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>10.00-10.45 Meeting with GOAL Malawi, Nsanje (Interviewer JC – PD/Youth expert)</td>
<td>GOAL Malawi Coordinator</td>
<td>Nsanje Town</td>
<td>PN7246 Output 3 of AY</td>
<td>Criteria 2</td>
<td>Implementing partners of AY services (e.g. CSE activities for in and out of school youths); YFHS</td>
</tr>
<tr>
<td></td>
<td>Focal person on YFHS Coordinator</td>
<td>Focal person on Youth</td>
<td></td>
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<tr>
<td></td>
<td>11.00-12.00 Meeting with Native Youth Development (NYD)</td>
<td>NYD Coordinator/Manager</td>
<td>Nsanje Town</td>
<td>PN7247 Output 1 &amp; 2 of SRH</td>
<td>Criteria 2</td>
<td>Implementing agency of SRH services (e.g. prevention of fistula)</td>
</tr>
<tr>
<td></td>
<td>(Interviewer JMM – SRH expert)</td>
<td>Focal person on Youth</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>12.00-13.00 FGD session with adult women on SRHR, HIV and GBV services</td>
<td>Adult men beneficiaries</td>
<td>One of the nearby villages (Nsanje town)</td>
<td>PU0074 Output 1 &amp; 2; 4 of GE</td>
<td>Criteria 2</td>
<td>Adult men beneficiaries of SRHR /HIV / GBV integrated services in humanitarian situation</td>
</tr>
<tr>
<td></td>
<td>(Moderator CM – GE/Youth expert)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>12.00-13.00 Meeting with a Religious leader</td>
<td>Religious leader</td>
<td>One of the nearby places of worship (Nsanje town)</td>
<td>PN7247 Output 3 of AY</td>
<td>Criteria 2 and 10</td>
<td>Religious leaders support the prevention and response to early pregnancy and GBV, including early marriage</td>
</tr>
<tr>
<td></td>
<td>(Interviewer JMM – SRH expert)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>15.00-16.00 Meeting with a womens groups</td>
<td>Rep. of womens group</td>
<td>One of the nearby villages (Nsanje town)</td>
<td>PU0074</td>
<td>Criteria 2</td>
<td>Beneficiaries of GBV services during humanitarian situation (Cyclone Ata)</td>
</tr>
<tr>
<td></td>
<td>(Interviewer CM – GE/Youth expert)</td>
<td></td>
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<tr>
<td></td>
<td>15.00-16.00 Meeting with a Traditional leader</td>
<td>Traditional leader</td>
<td>One of the nearby villages (Nsanje town)</td>
<td></td>
<td>Criteria 2 and 10</td>
<td>Non-implementing partner on SRH /HIV /GBV issues</td>
</tr>
<tr>
<td></td>
<td>(Interviewer JC – PD/Youth expert)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 79 Sat. 1st Oct</td>
<td>08.00-18.00 ET travels from Nsanje to Lilongwe (10 hours)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 80 Sun. 2nd Oct</td>
<td>09.00-18.00 Further document review; compiling /arranging notes from various interviews and FGDs</td>
<td>Evaluation Team</td>
<td>Individual residences in Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>To ensure data is of good quality and is kept safely</td>
</tr>
<tr>
<td></td>
<td>09.00-18.00 Further document review; compiling /arranging notes from various interviews and FGDs</td>
<td>Evaluation team internal work</td>
<td>Individual residences in Lilongwe</td>
<td>N/A</td>
<td>N/A</td>
<td>Evaluator team members work individually in data analysis and preparation of their individual findings to the team</td>
</tr>
<tr>
<td>Day /Date</td>
<td>Activity/ institution</td>
<td>People to meet</td>
<td>Location</td>
<td>Link with the CP</td>
<td>Selection criteria</td>
<td>Justification</td>
</tr>
<tr>
<td>-----------</td>
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<td>---------------</td>
</tr>
</tbody>
</table>
| Day 81  
Mon. 3rd Oct.  
(Interviews with donors) | 09.00-09.45  
Meeting with FCDO  
(Interviewer JMM – SRH expert) | FCDO Focal person on Health | N/A | N/A | Support to SRH | the next day |
| | 09.00-09.45  
Meeting with Norway  
(Interviewer CM – GE/Youth expert) | Norway Focal person | N/A | N/A | Support to GE, AY |
| | 09.00-09.45  
Meeting with Iceland  
(Interviewer JC – PD/Youth expert) | Iceland Focal person | N/A | N/A | Support to SRH and GE |
| | 10.30-11.00  
Meeting with KOICA  
(Interviewer JMM – SRH expert) | KOICA (Korea) Focal person | N/A | N/A | Support to SRH, PD and SP Outcomes |
| | 10.30-11.00  
Meeting with Switzerland  
(Interviewer CM – GE/Youth expert) | Switzerland Focal person | N/A | N/A | Support to SRH, AY, SP Outcomes |
| | 10.30-11.00  
Meeting with OCHA  
(Interviewer JC – PD/Youth expert) | OCHA Focal person | N/A | N/A | Support to GE & SP Outcomes |
| Day 82  
Tue. 4th Oct. | 08.00-17.00  
Data analysis | ET internal work | Lilongwe | N/A | Engineer team members work individually in data analysis and preparation of their individual findings to the team the next day |
| Day 83  
(Wed. 5th Oct.) | 08.00-17.00  
Data analysis | ET internal work | Lilongwe | N/A | Engineer team members work individually in data analysis and preparation of their individual findings to the team the next day |
| | | | | | | |
| **REPORTING PHASE** | | | | | | |
| Day 84  
(Thu. 6th Oct.) | 09.00-11.00  
Debriefing by ET for preliminary evaluation findings | UNFPA CO staff | UNFPA CO | N/A | Providing a snapshot of the key evaluation findings incl. recommendations |
| Day 85 - 103  
Fri. 7th - Mon. 24th Oct.) | Prepare draft evaluation report and submit to EM | ET internal work | Individual residences | N/A | Ensuring a high quality CPE Report which has addressed all comments and input from EM and ERG members |
| Day 104 - 109  
(Sat.12th - Thu. 17th Nov) | 08.00-18.00  
Drafting of the final evaluation report (incl. annexes); Incorporate comments on the draft evaluation report | ET internal work | Individual residences | N/A | |

203
<table>
<thead>
<tr>
<th>Day /Date</th>
<th>Activity/ institution</th>
<th>People to meet</th>
<th>Location</th>
<th>Link with the CP</th>
<th>Selection criteria</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 110 - 117 Fri. 18th – Fri. 25th Nov.</td>
<td>Review of draft final evaluation report by EM, ERG and Regional M&amp;E Adviser</td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>Ensuring a high quality CPE Report which has addressed all comments and input from EM, Regional Office and ERG.</td>
</tr>
<tr>
<td>Day 118 – 119 (Sat. 26th - Sun. 27th Nov.)</td>
<td>08.00-18.00 Draft and submit the final evaluation report to the EM</td>
<td>ET internal work</td>
<td>Individual residences</td>
<td>N/A</td>
<td>N/A</td>
<td>Ensuring a high quality &amp; user-friendly power-point slide desk of CPE Report (power-point premised upon the UNFPA template)</td>
</tr>
</tbody>
</table>

**DISSEMINATION AND FACILITATION OF USE**

| Day 120 (Mon. 28th Nov.) | 09.00-17.00 Develop a draft power-point presentation of the evaluation results for the dissemination | ET Team Leader | Individual residence | N/A              | N/A                | Ensuring a high quality & user-friendly power-point slide desk of CPE Report (power-point premised upon the UNFPA template)                      |

Note: Next activities on CPE report to be undertaken by EM.
Annex 10: Performance measurement framework – Output indicators

<table>
<thead>
<tr>
<th>Outcome /Output Indicators</th>
<th>Baseline 2019</th>
<th>Target</th>
<th>Achieved 2019</th>
<th>Achieved 2020</th>
<th>Achieved 2021</th>
<th>Cumulative Total</th>
<th>Proportion of achieved to target</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1: Sexual and reproductive health and rights</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of births attended by skilled health personnel.</td>
<td>90</td>
<td>95</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MICS 2019-2020</td>
</tr>
<tr>
<td>Percentage of adolescent girls aged 15-19 who have their need for family planning met with modern methods.</td>
<td>58</td>
<td>70</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MICS 2019-2020</td>
</tr>
<tr>
<td>Contraceptive prevalence rate for all women.</td>
<td>45.2</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MICS 2019-2020</td>
</tr>
<tr>
<td>Number of adolescents and youth (aged 10-24) who have utilized integrated sexual and reproductive health services.</td>
<td>1,279,683</td>
<td>2,461,100</td>
<td>1,751,300</td>
<td>1,665,043</td>
<td>1,435,040 (489690 males; 945350 females)</td>
<td>4,851,383</td>
<td>197.1</td>
<td>42.95 (based on 2021 data which was disaggreagted)</td>
</tr>
</tbody>
</table>
Outcome /Output Indicators | Baseline 2019 | Target | Achieved 2019 | Achieved 2020 | Achieved 2021 | Cumulative Total | Proportion of achieved to target | Data sources |
--- | --- | --- | --- | --- | --- | --- | --- | --- |
Output 1: Health institutions and health workers, including midwives in the five focus districts, have improved capacities to provide high quality integrated sexual and reproductive health services and information to the most marginalized women and young people, especially adolescents, including in humanitarian settings

<table>
<thead>
<tr>
<th>Percentage of health facilities in UNFPA focus districts providing emergency obstetric care.</th>
<th>66</th>
<th>80</th>
<th>82</th>
<th>85</th>
<th>66</th>
<th>78</th>
<th>95</th>
<th>Programe reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of women and girls living with fistula receiving treatment with UNFPA support.</td>
<td>1,377</td>
<td>5,495</td>
<td>1,698</td>
<td>1,773</td>
<td>2,091</td>
<td>5,562</td>
<td>101.2</td>
<td>100</td>
</tr>
<tr>
<td>Number of identified vulnerable people provided with minimum initial service package for humanitarian response with UNFPA support. Towards surgery, unit providing treatment or transport of fistula patients to and from the health facilities (cumulative)</td>
<td>0</td>
<td>92,200</td>
<td>50,200</td>
<td>52,200</td>
<td>0</td>
<td>102,400</td>
<td>110.9</td>
<td>Programe reports</td>
</tr>
<tr>
<td>Outcome /Output Indicators</td>
<td>Baseline 2019</td>
<td>Target</td>
<td>Achieved 2019</td>
<td>Achieved 2020</td>
<td>Achieved 2021</td>
<td>Cumulative Total</td>
<td>Proportion of achieved to target</td>
<td>Data sources</td>
</tr>
<tr>
<td>----------------------------</td>
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<td>---------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Number of public health facilities in focus districts providing high-quality, adolescent-friendly, integrated sexual and reproductive health services.</td>
<td>8</td>
<td>33</td>
<td>33</td>
<td>53</td>
<td>53</td>
<td>53</td>
<td>160.6</td>
<td>Programe reports</td>
</tr>
<tr>
<td>Output 2: Ministry of Health is better able to effectively forecast, procure and distribute sexual and reproductive health commodities and maternal health life-saving drugs, including last mile tracking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of additional users of family planning for adolescent girls aged 15-19 years in focus districts.</td>
<td>141,000</td>
<td>794,250</td>
<td>162,440</td>
<td>232656</td>
<td>61,434</td>
<td>456,530</td>
<td>57.5</td>
<td>24.43 (2020)</td>
</tr>
<tr>
<td>Percentage of service delivery points with functional Logistics Management Information System.</td>
<td>85</td>
<td>83</td>
<td>98.4</td>
<td>95</td>
<td>95</td>
<td>98</td>
<td>118</td>
<td></td>
</tr>
<tr>
<td>Outcome 2: Adolescents and youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major</td>
<td>57.9% F 64% M</td>
<td>65% F 70% M</td>
<td>63.4 F 65.4 M</td>
<td>97.5% F 102.2% M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

207
<table>
<thead>
<tr>
<th>Outcome /Output Indicators</th>
<th>Baseline 2019</th>
<th>Target</th>
<th>Achieved 2019</th>
<th>Achieved 2020</th>
<th>Achieved 2021</th>
<th>Cumulative Total</th>
<th>Proportion of achieved to target</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>misconceptions about HIV transmission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent Birth Rate</td>
<td>136/1000</td>
<td>100/1000</td>
<td></td>
<td></td>
<td>Overall 136 204 from poor households (MICS) 60 from rural households (MICS) 225 with no education (MICS) 22 with education (MICS) 75 urban (MICS) 149 rural (MICS)</td>
<td></td>
<td>73.5</td>
<td>MICS 2019-2020</td>
</tr>
</tbody>
</table>

Output 3: Young people, particularly adolescent girls, are more empowered to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development at national and local level.

| Number of identified marginalized girls in UNFPA focus districts that have successfully completed life skills programmes that build their health, social and economic assets | 350,000 | 600,000 | 385,879 | 420,903 | 467,659 | 1,274,441 | 212.41 |

Programme reports
<table>
<thead>
<tr>
<th>Outcome /Output Indicators</th>
<th>Baseline 2019</th>
<th>Target</th>
<th>Achieved 2019</th>
<th>Achieved 2020</th>
<th>Achieved 2021</th>
<th>Cumulative Total</th>
<th>Proportion of achieved to target</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>A national comprehensive sexuality education manual for out-of-school youth in place.</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>100</td>
<td>1 CSE Manual 1 Programme guide 1 CSE Facilitator manual</td>
</tr>
<tr>
<td>Number of national- and district-level networks for the participation of young people in policy dialogue and programming</td>
<td>49</td>
<td>75</td>
<td>75</td>
<td>53</td>
<td>96</td>
<td>96</td>
<td>128.00</td>
<td>Programme reports</td>
</tr>
</tbody>
</table>

**Outcome 3: Gender equality and women’s empowerment**

<p>| Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care | 67% | 80% | Not Applicable | 69% married (MICS) 22% unmarried (MICS) | 86.3 | MICS 2019-2020 |
| Proportion of ever partnered women and girls aged 15 and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous | 24% | 20% | Not Applicable | No data | | |</p>
<table>
<thead>
<tr>
<th>Outcome /Output Indicators</th>
<th>Baseline 2019</th>
<th>Target</th>
<th>Achieved 2019</th>
<th>Achieved 2020</th>
<th>Achieved 2021</th>
<th>Cumulative Total</th>
<th>Proportion of achieved to target</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 months.</td>
<td></td>
<td></td>
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</tbody>
</table>

**Output 4: Government entities, national human rights institutions, civil society organizations and communities at national level and in focus districts have improved capacities to prevent and address gender-based violence and sexual exploitation**

Proportion of disabled

<table>
<thead>
<tr>
<th>Number of women and girls, including persons living with disabilities, subjected to violence who received essential services in the five focus districts.</th>
<th>1,300</th>
<th>4,300</th>
<th>1,450 of which 150 were disabled women and girls</th>
<th>2,445</th>
<th>68,960</th>
<th>72,855</th>
<th>1694.30</th>
<th>2.12</th>
<th>Programme reports (Being monitored by UN Women)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of districts with a functional gender-based violence information management system in place.</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>100</td>
<td></td>
<td>Programme reports</td>
</tr>
<tr>
<td>A costed national action plan for engagement of multiple stakeholders, including civil society, faith-based organizations,</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

210
<table>
<thead>
<tr>
<th>Outcome /Output Indicators</th>
<th>Baseline 2019</th>
<th>Target</th>
<th>Achieved 2019</th>
<th>Achieved 2020</th>
<th>Achieved 2021</th>
<th>Cumulative Total</th>
<th>Proportion of achieved to target</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>and men and boys, to prevent and address gender-based violence in place.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A functional inter-agency coordination mechanism for RH and GBV in place at national and district levels.</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Outcome 4: Population dynamics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of ministries with sustainable development indicators produced at the national level with full disaggregation where required.</td>
<td>0</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output 5: Public institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy</td>
<td>0</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>Outcome /Output Indicators</td>
<td>Baseline 2019</td>
<td>Target</td>
<td>Achieved 2019</td>
<td>Achieved 2020</td>
<td>Achieved 2021</td>
<td>Cumulative Total</td>
<td>Proportion of achieved to target</td>
<td>Data sources</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<td>---------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Strategy in place to strengthen policy makers use of population data and increase data literacy in communities</td>
<td>No</td>
<td>Yes</td>
<td>Yes: Full and preliminary results of PHC were published in record time. Strategy in place</td>
<td>Yes: 17 Thematic reports produced and disseminated. A functional web based and mobile application census data dissemination platform in place</td>
<td></td>
<td>Yes</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>


Annex 11: Summary of FGDs conducted

<table>
<thead>
<tr>
<th>District</th>
<th>Kms from Boma/ Town</th>
<th>Location /TA</th>
<th>Category/Gender</th>
<th>Age (years)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedza</td>
<td>45</td>
<td>Mganja health facility; TA Kachindamoto</td>
<td>Adolescent girls (F)</td>
<td>10-24</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>65</td>
<td>Ngwimbi TA Kachindamoto</td>
<td>FGD with Out-of-School (M) CSE</td>
<td>23-30</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>65</td>
<td>Ngwimbi TA Kachindamoto</td>
<td>FGD with In-School (M) CSE</td>
<td>17-22</td>
<td>10</td>
</tr>
<tr>
<td>Mangochi</td>
<td>35</td>
<td>Ntonda/TA Chowe</td>
<td>Women in the reproductive age group (F)</td>
<td>15-54</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>Ntonda/TA Chowe</td>
<td>FGD with out-of-school youth (F)</td>
<td>18-23</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>Ntonda/TA Chowe</td>
<td>FGD with out-of-school youth (M)</td>
<td>19-23</td>
<td>6</td>
</tr>
<tr>
<td>Mulanje</td>
<td>30</td>
<td>Chinyama/ TA Chinyama</td>
<td>In-school youth (F)</td>
<td>17-20</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>Tambodia/ TA Chinyama</td>
<td>Adult men (M) beneficiaries</td>
<td>29-50</td>
<td>11</td>
</tr>
<tr>
<td>Nsanje</td>
<td>10</td>
<td>Malemia</td>
<td>Representatives of persons living with disabilities (F)</td>
<td>15-25</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>Ngabu</td>
<td>Survivors of GBV (F)</td>
<td>15-54</td>
<td>10</td>
</tr>
<tr>
<td>Nkhata Bay</td>
<td>30</td>
<td>GVH Thuli/ TA Fukamalaza</td>
<td>Male champions (M)</td>
<td>19-34</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>GVH Thuli/TA Fukamalaza</td>
<td>GBV survivors (F)</td>
<td>20-49</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>70</td>
<td>GVH Chitete/TA Zilakoma</td>
<td>In-school CSE girls (F)</td>
<td>14-25</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>111</td>
</tr>
</tbody>
</table>