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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Final country programme document for Malawi**

Proposed indicative UNFPA assistance: \$52 million: \$16.7 million from regular resources and \$35.3 million through co-financing modalities and/or other, including regular resources

Programme period: Five years (2012-2016)

Cycle of assistance: Seventh

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	9.7	20.0	29.7
Population and development	4.0	2.0	6.0
Gender equality	2.0	13.3	15.3
Programme coordination and assistance	1.0	-	1.0
<b>Total</b>	<b>16.7</b>	<b>35.3</b>	<b>52.0</b>

## I. Situation analysis

1. Malawi has experienced significant macroeconomic growth in recent years. The annual growth rate for the period 2008-2010 was over 7 per cent. Nevertheless, poverty persists. Approximately 39 per cent of the population lives below the poverty line. Poverty is particularly severe among female-headed households and in rural areas.

2. The 2008 census reported a population of 13.1 million, with an annual population growth rate of 2.8 per cent. The total fertility rate declined from 6.5 children per women in 1998 to 5.7 children per woman in 2010. Fifty per cent of the population is aged 17 years or younger. One third of women aged 15-19 have already begun childbearing.

3. Although the maternal mortality ratio declined from 807 maternal deaths per 100,000 live births in 2006 to 675 maternal deaths per 100,000 live births in 2010, maternal mortality remains high. Skilled birth attendance increased from 54 per cent in 2004 to 73 per cent in 2010. However, there is limited access to essential emergency obstetric care services, with only 2 per cent of health facilities providing basic emergency obstetric care. Inadequate equipment and a lack of drugs and supplies have compromised the quality of maternal and neonatal health care.

4. The contraceptive prevalence rate is 46 per cent among married women. Forty-two per cent of married women use a modern method of contraception, and 4 per cent use traditional methods.

5. The infant mortality rate declined from 76 deaths per 1,000 live births in 2004 to 66 deaths per 1,000 live births in 2010. The under-five mortality rate declined from 133 to 112 deaths per 1,000 live births during the same period. Life expectancy at birth increased from 39 years for males and 45 years for females in 1998 to 48.3 years for males and 51.3 years for females in 2008.

6. The national HIV-prevalence rate among the general population has been 12 per cent since 2007.

Women and girls have higher infection rates than men, and are more often infected at younger ages. The higher HIV-prevalence rate among women can be attributed to: (a) the early age of marriage; (b) harmful cultural practices; (c) a lack of skills to negotiate safer sex; and (d) limited access to HIV prevention services. The HIV epidemic is fuelled by multiple and concurrent partnerships as well as by low, incorrect and inconsistent condom use.

7. The UNDP gender equality index was 0.374 in 2009, one of the lowest in the world. Ineffective legal, policy and coordination frameworks, inadequate financing for gender-related activities, and poor planning and implementation of development programmes, which are not gender sensitive, constrain efforts to achieve gender equality. Women and adolescent girls face formidable challenges and limited opportunities, which increase their vulnerability to reproductive health problems and gender-based violence. Only 22 per cent of parliamentarians are women, well below the Southern African Development Community target of 50 per cent of women in decision-making structures by 2015.

## II. Past cooperation and lessons learned

8. The final evaluation of the sixth country programme found that the programme achieved most of its targets in all outcome areas and contributed to improving the lives of the people of Malawi.

9. In the area of reproductive health, the programme supported: (a) the review of the national sexual and reproductive health and rights policy and of the reproductive health commodity security and condom strategies; (b) an assessment of national emergency obstetric and neonatal care; (c) the development of youth-friendly health-service standards and an implementation framework; and (d) the development of an HIV-prevention strategy.

10. At the service-delivery level, the programme supported capacity-building for health service

providers to implement the road map for accelerating the reduction of maternal and neonatal mortality and morbidity. Nevertheless, challenges remain in the area of human resources, especially in hard-to-reach areas. The programme supported mass-media campaigns to address the principal causes of the HIV/AIDS epidemic.

11. In the area of population and development, the programme supported: (a) the 2008 population and housing census, which resulted in the production of thematic reports used to develop the Malawi Growth and Development Strategy and the United Nations Development Assistance Framework (UNDAF); and (b) the 2010 demographic and health survey, which provided baseline data for key country programme indicators. Although the Government has made significant efforts to generate and analyse population-related data, there is a need to improve the dissemination and utilization of this data.

12. The gender equality component supported the review and implementation of: (a) the national gender policy; (b) the national gender programme; (c) the plan of action on women, girls and AIDS; (d) the national strategy to combat gender-based violence, including a plan of action for the church; (e) the law on preventing domestic violence; (f) capacity-building of duty bearers in the area of gender-related laws; and (g) the national programme to increase the participation of women in decision-making.

13. Lessons from the sixth country programme include: (a) strategic partnerships with the Government, parliamentarians, non-governmental organizations, faith-based organizations, other United Nations organizations and the media are important when advocating population and development issues; (b) community mobilization is key to efforts to reach the most vulnerable, underserved and hard-to-reach populations and communities, including young people; (c) empowering young people to stay in school, delay the age of marriage, reduce adolescent fertility and reduce the incidence of HIV contribute significantly to the reduction of maternal mortality and morbidity; and (d) continuously building the capacity of implementing partners on

financial management and audits is crucial for national execution.

### III. Proposed programme

14. The Government and UNFPA formulated the proposed programme in consultation with other United Nations organizations and with civil society organizations in response to national priorities.

15. The goal of the proposed programme is to improve the quality of life of the people of Malawi by: (a) improving their reproductive health status, including by preventing HIV; (b) promoting favourable interactions between population dynamics and development; and (c) promoting gender equality and the empowerment of women.

16. The programme is aligned with the International Conference on Population and Development Programme of Action, the Maputo Plan of Action, the UNFPA strategic plan, the Malawi Growth and Development Strategy and the UNDAF. The programme also takes into account the country analysis, the 2010 report on the status of the Millennium Development Goals, and the final evaluation of the sixth country programme.

17. The proposed programme incorporates a human rights-based approach, results-based management, gender mainstreaming, environmental sustainability, and capacity-building. Issues related to young people and emergency preparedness and response will be mainstreamed throughout the programme.

#### *Reproductive health and rights component*

18. This component contributes to two outcomes: (a) the population has increased access to equitable, high-quality essential health services; and (b) universal access to and use of high-quality, gender-sensitive services to prevent HIV, especially among key populations.

19. Output 1: High-quality, integrated sexual and reproductive health services are promoted, available and accessible at facility and community levels in five districts. This output will be achieved by implementing the road map for accelerating the reduction of maternal and neonatal mortality and morbidity by: (a)

supporting policies and advocacy efforts in the areas of sexual and reproductive health and rights; (b) building the capacity of health-care providers to provide family planning, emergency obstetric care and services to prevent and treat obstetric fistula and to conduct audits of maternal deaths; (c) expanding community-based interventions; (d) providing youth-friendly health services; (e) screening and managing reproductive health cancers; (f) strengthening communication efforts and referrals for obstetric and neonatal emergencies; and (g) strengthening reproductive health commodity security.

20. Output 2: District health offices and community governance entities in five districts have improved capacity to plan, implement, monitor and evaluate the new health-sector strategic plan. The programme will contribute to this output by: (a) advocating additional national resources for sexual and reproductive health; (b) providing targeted training for nurse midwives; and (c) strengthening health-management information systems.

21. Output 3: National institutions have the capacity to use new and innovative technologies and evidence-informed best practices to deliver cost-effective, high-quality, gender-sensitive HIV-prevention services to key populations. The programme will achieve this output by: (a) advocating behaviour change, the reduction of gender-based violence and sexual harassment, and the abandonment of harmful traditional practices; (b) strengthening the content of life-skills education to integrate issues related to HIV/AIDS, reproductive health and rights, population and development, and gender; (c) providing gender-sensitive life-skills education and peer education for out-of-school youth; and (d) promoting universal HIV testing and counselling.

22. Output 4: District health offices have the capacity to deliver comprehensive services to prevent mother-to-child transmission of HIV in five districts. This output will be achieved by: (a) providing services that prevent mother-to-child transmission of HIV to all women of reproductive age; (b) supporting the integration of and linkages between sexual and reproductive health and HIV;

and (c) promoting community involvement to prevent mother-to-child transmission of HIV.

#### *Population and development component*

23. The outcome for this component is: national policies and public behaviour are responsive to population dynamics to support sustainable development.

24. Output 1: National institutions have the capacity to generate data and integrate population dynamics into development policies and programmes. The programme will: (a) strengthen the capacity of the National Statistical Office to conduct the 2014 demographic and health survey and plan for the 2018 population and housing census; (b) strengthen the national institutional capacity to synthesize and use data from censuses and surveys; and (c) improve the knowledge of policymakers on emerging issues, such as ageing, climate change, migration and urbanization.

25. Output 2: The national population policy is developed and implemented. The programme will: (a) support advocacy to approve the national population policy; (b) build the capacity of planners to link population dynamics and development; and (c) build the capacity of the Ministry of Development Planning and Cooperation to implement the national population policy.

26. Output 3: Relevant government ministries and academic institutions have the capacity to educate the public on the impact of population growth on socio-economic development. To achieve this output, the programme will: (a) increase public awareness of the advantages of planned families; and (b) expand capacity-building efforts for government ministries and academic institutions to advocate evidence-based development planning.

#### *Gender equality component*

27. The outcome of this component is: national institutions advance gender equality and the status of women.

28. Output 1: The Ministry of Gender, Children and Community Development and the Gender Coordination Network have the capacity to

facilitate gender mainstreaming in the gender and youth-sector working group and in the health sector-wide approach. This will be achieved by: (a) institutionalizing the gender and youth-sector working group, including by developing sector-specific gender analysis and mainstreaming tools; (b) strengthening the capacity of sectors and gender focal points to facilitate policy implementation; and (c) supporting the development of a national gender management information system.

29. Output 2: The health sector and 13 district councils are able to account for gender-specific allocations, and utilize and report on public resources. This output will be achieved by: (a) capacity-building in the area of gender budget analysis and tracking at national and subnational levels; and (b) advocacy and lobbying on gender-responsive budgeting for the health sector.

30. Output 3: Gender-related laws, policies and programmes are reviewed and a functional implementation framework is in place to address gender-based violence and other gender inequalities. To achieve this output, the programme will support: (a) advocacy and lobbying to promote the adoption of gender-related laws; (b) capacity-building of duty bearers on gender issues; (c) advocacy to modify and/or eradicate harmful cultural practices that negatively affect women and girls; (d) capacity-building for service providers and facilities for victims of gender-based violence; and (e) the development of a multisectoral, comprehensive programme for adolescent girls.

31. Output 4: Women in 13 districts benefit from an enabling environment to claim and exercise their right to participate in decision-making in the public and private sectors. The programme will achieve this output by: (a) building the capacity of women in decision-making at all levels; and (b) advocating the participation of women in all processes and community services.

#### **IV. Programme management, monitoring and evaluation**

32. UNFPA and the Government will implement the programme in accordance with UNFPA policies and procedures through government and

civil society partners. The Ministry of Development Planning and Cooperation will coordinate the programme. UNFPA will develop joint programmes with other United Nations organizations and with other development partners in the areas of HIV/AIDS, gender-based violence, data management and utilization and the road map for accelerating the reduction of maternal and neonatal mortality and morbidity. UNFPA will participate in the sector-wide approaches on health, gender and youth.

33. UNFPA and the Government will develop and implement a monitoring and evaluation framework to ensure timely performance assessment. UNFPA will also carry out an end-of-programme evaluation to assess programme achievements and to provide guidance for the development of the next country programme.

34. The UNFPA country office in Malawi consists of a representative, a deputy representative, an assistant representative, an operations manager, and a number of national programme officers and support staff. UNFPA will earmark programme funds for additional international and national programme staff posts to facilitate programme delivery and implementation, especially where additional resources for specific projects have been mobilized. UNFPA regional and subregional offices in Africa and other international experts will provide technical support. The country office will encourage and use South-South cooperation.

## RESULTS AND RESOURCES FRAMEWORK FOR MALAWI

<p><b>National priority goals:</b> (a) to raise the health status of all Malawians; (b) prevent the spread of HIV infection and mitigate the health, socio-economic and psychological impact of HIV; (c) to manage population growth for sustainable socio-economic development; and (d) to reduce gender inequality and enhance the participation of men and women in socio-economic development</p> <p><b>UNDAF outcomes:</b> (a) by 2016, government policies and local and national institutions effectively support equitable, high-quality basic social and protection services; (b) by 2016, the national response to HIV and AIDS is scaled up to achieve universal access to prevention, treatment, care and support services; and (c) by 2016, government policies and local and national institutions effectively support transparency, accountability, participatory democracy and human rights</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome 1:</u> The population has increased access to equitable, high-quality essential health services</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Maternal mortality ratio Baseline: 675 maternal deaths per 100,000 live births; Target: 500 maternal deaths per 100,000 live births</li> <li>• Adolescent birth rate Baseline: 193 births per 1,000 adolescent women (census 2008); Target: 118 births per 1,000 adolescent women</li> <li>• Contraceptive prevalence rate Baseline: 42%; Target: 60%</li> <li>• Total fertility rate Baseline: 5.7 births per woman; Target: 5 births per woman</li> </ul> <p><u>Outcome 2:</u> Universal access to and use of high-quality, gender-sensitive services to prevent HIV, especially among key populations</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• HIV prevalence rate Baseline: 12%; Target: 9%</li> <li>• Percentage of sexually active population that report using condom during sexual intercourse with non-regular or non-cohabiting partners Baseline: Females 27.3%, Males 24.6%; Target: 60%</li> <li>• Percentage of HIV-positive pregnant women accessing antiretroviral treatment Baseline: 40%; Target: 70%</li> </ul>	<p><u>Output 1:</u> High-quality, integrated sexual and reproductive health services are promoted, available and accessible at facility and community levels in five districts</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of deliveries attended by skilled health personnel Baseline: 65%; Target: 90%</li> <li>• Percentage of health facilities providing basic emergency obstetric care Baseline: 2%; Target: 50%</li> </ul> <p><u>Output 2:</u> District health offices and community governance entities in five districts have improved capacity to plan, implement, monitor and evaluate the new health-sector strategic plan</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of district health officers who have received capacity-building training in planning, implementing and monitoring the reproductive health component of the health-sector strategic plan Baseline: 60%; Target: 90%</li> <li>• Percentage of central and regional medical stores in which CHANNEL software (for managing health supplies) is installed and functional. Target: 100%</li> </ul> <p><u>Output 3:</u> National institutions have the capacity to use new and innovative technologies and evidence-informed best practices to deliver cost-effective, high-quality, gender-sensitive HIV-prevention services to key populations</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of male and female condoms distributed Baseline: 1.03 million female condoms and 20.28 million male condoms Target: 2 million female condoms; 30 million male condoms</li> <li>• Percentage of men, women, and young people who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV. Baseline: 66%; Target: 75%</li> </ul> <p><u>Output 4:</u> District health offices have the capacity to deliver comprehensive services to prevent mother-to-child transmission of HIV in five districts</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of health facilities providing primary HIV prevention as well as family planning services for HIV-positive women and girls Baseline: 0%; Target: 30%</li> <li>• Percentage of males involved in primary prevention as well as family planning. Baseline: 0%; Target: 40%</li> </ul>	<p>Ministry of Health</p> <p>Joint United Nations Programme on HIV/AIDS (UNAIDS); United Nations Children's Fund (UNICEF); United Kingdom Department for International Development; United States Agency for International Development; World Health Organization</p> <p>Civil society organizations; University of Malawi</p>	<p>\$29.7 million (\$9.7 million from regular resources and \$20 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><b>Outcome:</b> National policies and public behaviour are responsive to population dynamics to support sustainable development</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of ministries that have incorporated population policies and programmes Baseline: 50%; Target: 100%</li> <li>Percentage of health management information systems that have been updated Baseline: 60%; Target: 90%</li> <li>Malawi demographic and health survey completion rate Baseline: 10%; Target: 100%</li> </ul>	<p><b>Output 1:</b> National institutions have the capacity to generate data and integrate population dynamics into development policies and programmes</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of district plans that reflect population dynamics. Baseline: 50%; Target: 90%</li> <li>Percentage of population and development programme indicators that have been integrated into the health management information system Baseline: 66%; Target: 100%</li> </ul> <p><b>Output 2:</b> The national population policy is updated and implemented</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of consultation meetings held to approve the population policy Baseline: 2; Target: 6</li> <li>National population policy and its plan of action are in place Baseline: 0; Target: 1</li> </ul> <p><b>Output 3:</b> Relevant government ministries and academic institutions have the capacity to educate the public on the impact of population growth on socio-economic development</p> <p><b>Output indicator:</b> Number of government ministries and academic institutions facilitating meetings to link population and development held at the community level. Baseline: 2; Target: 5</p>	<p>Ministry of Development Planning and Cooperation; National Statistical Office</p> <p>Civil society organizations; University of Malawi</p> <p>Office of the United Nations High Commissioner for Refugees; UNDP; UNICEF</p>	<p>\$6 million (\$4 million from regular resources and \$2 million from other resources)</p>
Gender equality	<p><b>Outcome:</b> National institutions advance gender equality and the status of women</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Number of ministries with gender-responsive policies and strategies Baseline: 2; Target: 5</li> <li>Percentage of sectors with active gender focal points Baseline: 45%; Target: 90%</li> <li>Percentage of ministries and institutions with systems that generate and utilize data disaggregated by gender Baseline: 60%; Target: 90%</li> </ul>	<p><b>Output 1:</b> The Ministry of Gender, Children and Community Development and the Gender Coordination Network have the capacity to facilitate gender mainstreaming in the gender and youth-sector working group and in the health sector-wide approach</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Secretariat for the gender-and youth-sector working groups established Baseline: 0; Target: 1</li> <li>Number of technical working groups established to support sectoral working groups. Baseline: 0; Target: 5</li> </ul> <p><b>Output 2:</b> The health sector and 13 district councils are able to account for gender-specific allocations, and utilize and report on public resources</p> <p><b>Output indicator:</b> Percentage of ministries and districts using gender budgeting Baseline: 0%; Target: 90%</p> <p><b>Output 3:</b> Gender-related laws, policies and programmes are reviewed and a functional implementation framework is in place to address gender-based violence and other gender inequalities</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of gender-based violence cases reported and prosecuted Baseline: 36%; Target: 75%</li> <li>Number of laws that promote gender equality reviewed. Baseline: 2; Target: 4</li> </ul> <p><b>Output 4:</b> Women in 13 districts benefit from an enabling environment to claim and exercise their right to participate in decision-making in the public and private sectors. <b>Output indicator:</b> Percentage of women in decision-making positions at the district level. Baseline: 22%; Target: 50%</p>	<p>Constitutional bodies; Parliament</p> <p>Civil society organizations</p> <p>Food and Agriculture Organization of the United Nations; UNAIDS; UNDP; UNICEF; United Nations World Food Programme</p>	<p>\$15.3 million (\$2 million from regular resources and \$13.3 million from other resources)</p> <p>Total for programme coordination and assistance: \$1 million from regular resources</p>