



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Country programme document for Malawi**

Proposed UNFPA assistance: \$20 million: \$10 million from regular resources and \$10 million through co-financing modalities and/or other, including regular, resources

Programme period: Four years (2008-2011)

Cycle of assistance: Sixth

Category per decision 2005/13: A

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

	Regular resources	Other	Total
Reproductive health	5.0	4	9.0
Population and development	3.4	4	7.4
Gender	1.0	2	3.0
Programme coordination and assistance	0.6	-	0.6
Total	10.0	10	20.0

## **I. Situation analysis**

1. Malawi is a landlocked country in south-eastern Africa that has a population estimated at 12 million. Severe drought caused the per capita gross national product to decline from \$210 in 2001 to \$170 in 2005. About 52 per cent of the population lives below the poverty line, with poverty being particularly severe among female-headed households and people in rural areas. Poverty is compounded by HIV/AIDS, poor harvests and food insecurity.

2. The total fertility rate declined from 6.7 children per woman in 1992 to 6 children per woman in 2004. The contraceptive prevalence rate is 28 per cent, and the unmet need for modern contraception is 28 per cent. There has been a decline in the infant mortality rate, from 104 deaths per 1,000 live births in 2000 to 76 deaths per 1,000 live births in 2004. However, the maternal mortality ratio is high, at 984 deaths per 100,000 live births. There is limited access to high-quality, basic emergency obstetric care services: only 2 per cent of health facilities provide such services. Inadequate health personnel, the migration of health workers, and the lack of medical equipment and drugs aggravate the situation. The number of births attended by skilled health workers has remained at 56 per cent for the past 15 years.

3. Young women are at risk of unintended pregnancies, unsafe abortions, sexually transmitted infections and HIV. The unplanned pregnancy rate is 40.6 per cent. Adolescent fertility is high, with 30 per cent of women having their first pregnancy by age 19. These problems are compounded by the lack of youth programmes, including youth-friendly reproductive health services, particularly in rural areas.

4. The National AIDS Commission estimates that 14 per cent of Malawians aged 15-49 are living with HIV, with women constituting 58 per cent of all adults living with HIV. The HIV prevalence rate among women aged 15-24 years is 15.3 per cent, compared to 7 per cent for young men in the same age group. The higher prevalence rate among

women can be attributed to harmful cultural practices, a lack of the skills necessary to negotiate safer sex, and poor access to HIV prevention services.

5. The UNDP gender-related development index for Malawi is 0.374, one of the lowest in the world. Violence against women is prevalent. Only 14 per cent of parliamentarians are women, well below the target set by the Southern African Development Community, which is 30 per cent of women in decision-making structures by 2005. However, there is parity in primary school attendance, with 84 per cent of girls attending primary school, compared to 80 per cent of boys.

6. The Government conducted the last census in 1998. The next census is planned for 2008. The Malawi socio-economic database, currently in its final stages of development, will provide opportunities to assemble and update vital statistics. However, the availability of updated, disaggregated data for development remains a challenge. The capacity of the National Statistical Office needs to be strengthened so that data systems can be coordinated and an integrated management information system can be established.

## **II. Past cooperation and lessons learned**

7. The fifth country programme (2002-2006) was extended through 2007 to align it with the United Nations Development Assistance Framework (UNDAF) and the Malawi Growth and Development Strategy.

8. UNFPA collaborated with the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) to conduct a nationwide emergency obstetric care assessment and to develop a road map to reduce maternal and neonatal mortality and morbidity. The programme supported adolescent sexual and reproductive health services and helped to increase condom use among youth. As part of HIV prevention efforts, the programme provided voluntary counselling and testing in communities. The programme

implemented community activities to reduce maternal mortality in three districts, helping to reduce maternal deaths in those districts from an average of 11 deaths per year in 2001 to only 1 death per year in 2005. UNFPA is advocating scaling up such interventions within the sector-wide approach in health, in which UNFPA participates.

9. In the area of population and development, UNFPA supported preparations for the 2008 census by: (a) training National Statistical Office staff in data-processing techniques; (b) supporting the mapping and digitization of enumeration areas; (c) and developing an advocacy and resource mobilization strategy for the census. The programme also helped to revise the national population policy.

10. In the area of gender equality, the programme: (a) strengthened initiatives to promote gender equality and women's rights; (b) established a network of women ministers and parliamentarians on population and gender issues; and (c) supported advocacy activities with parliamentarians to enact the domestic violence act and the amended wills and inheritance act.

11. The programme helped to develop the national youth policy; the national population policy; the reproductive health policy; the national gender policy and programme; and the plan of action for women, girls and AIDS. Implementation of these policies and plans remains a challenge, due to inadequate human resource capacity, especially in the Government.

12. Lessons from the fifth country programme include: (a) strengthening national capacity is vital for delivering high-quality reproductive health care and integrated HIV preventive services; (b) to effectively implement policy guidelines and implementation frameworks, there is a need to strengthen national systems; and (c) programmes to reduce maternal mortality need to address all levels of care, from community clinics to referral facilities.

### III. Proposed programme

13. 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; (b) preventing HIV; (c) promoting gender equality; and (d) promoting favourable interactions between population dynamics and development. The programme is aligned with the outcomes of the UNDAF and the Malawi Growth and Development Strategy. It has three components: (a) reproductive health; (b) population and development; and (c) gender. The components will incorporate advocacy and will adopt a rights-based, culturally sensitive approach.

#### *Reproductive health component*

14. This component will provide high-quality, gender-sensitive and integrated reproductive health services, including adolescent sexual and reproductive health services, emergency obstetric care and HIV prevention services. The outcome for the reproductive health component is: equitable access to integrated reproductive health and HIV preventive services is increased.

15. Output 1: Increased availability of high-quality, integrated and gender-sensitive sexual and reproductive health and HIV/AIDS services for women, men and young people. The programme will attain this output by implementing the road map to reduce maternal and neonatal mortality and morbidity within the context of the Maputo Plan of Action. The proposed programme will: (a) train health care providers in basic and comprehensive emergency obstetric care; (b) integrate youth-friendly services into reproductive health services; (c) strengthen community referral systems for high-risk pregnancies; (d) develop a comprehensive condom programming policy and programme, and adopt a multisectoral approach to accelerate HIV prevention; (e) provide HIV information and female condoms to vulnerable groups, including women, youth and commercial sex workers; and (f) strengthen reproductive health commodity security. The programme will advocate the integration of these strategies into the Malawi Growth and

Development Strategy and other development plans in order to scale up the programme and ensure that it is sustainable.

16. Output 2: Increased availability of life-skills education for young people in and out of school. UNFPA will help to: (a) develop life-skills teaching and learning materials; (b) train teachers to provide life-skills education; (c) involve members of the community in youth programmes; (d) create community structures to provide male and female condoms and information on reproductive health, HIV prevention and counselling; (e) support youth networks to involve youth in developing and implementing policies and programmes; and (f) advocate the ratification of the African youth charter.

#### *Population and development component*

17. The population and development component will consolidate efforts to implement the national population policy and to improve the availability of data, at all levels, for planning and decision-making purposes. The outcome for this component is: improved national capacity to use population data to formulate, manage and monitor population policies and programmes.

18. Output 1: Improved capacity of national institutions to collect, analyse, disseminate and utilize data for planning and policymaking. The programme will strengthen the capacity of the National Statistical Office to generate, analyse and disseminate gender-disaggregated data and to coordinate data systems. The programme will also strengthen collaboration with research institutions to analyse surveys and to establish linkages between population, poverty and development.

19. Output 2: Increased availability of national gender-disaggregated data to monitor and evaluate strategies for economic growth and poverty reduction. To attain this output, the programme will: (a) provide technical support for the 2008 housing and population census; (b) develop a resource mobilization plan for the census and for the updating of the Malawi socio-economic

database; and (c) establish an integrated management information system to support the national road map for monitoring and evaluation.

#### *Gender component*

20. This component addresses gender inequalities and supports national efforts to address: (a) gender-based violence; (b) the feminization of the HIV/AIDS epidemic; (c) the need to increase women's participation decision-making; and (d) the mainstreaming of gender issues into reproductive health, population and development programmes. The outcome for this component is: gender equality and women's empowerment are enhanced.

21. Output 1: Strengthened legislative framework for gender equality and equity. This will be achieved by: (a) building capacity for parliamentarians and members of the judiciary, in collaboration with civil society, to implement and report on international instruments and regional commitments, such as the African Union declaration on gender equality in Africa; (b) strengthening the network of African women ministers and parliamentarians to advocate and implement gender equality and equity programmes; and (c) supporting the Government, civil society, the judiciary and the police to ensure that women and girls are protected from gender-based violence.

22. Output 2: The capacity for gender analysis, mainstreaming and budgeting is strengthened. This output will be achieved by training government and civil society stakeholders in gender-sensitive analysis, gender mainstreaming and budgeting, in order to incorporate these issues into development plans and strategies.

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

23. The Ministry of Economic Planning and Development will coordinate the programme. Implementing partners will include the Ministry of Health; the Ministry of Education; and the Ministry

of Gender, Child Welfare and Community Services, as well as local non-governmental organizations in the reproductive health field. UNFPA will continue to channel most of its assistance through national execution modalities with government and civil society partners. UNFPA and the Government will develop joint programmes with United Nations organizations and other partners in the areas of HIV prevention; gender; and in the implementation of the road map for maternal health. UNFPA will continue to participate in pooled funding in the health sector. UNFPA will also assist the Government in operationalizing the Maputo Plan of Action within the health sector-wide approach.

24. The programme will employ a results-based management approach, aligning its monitoring and evaluation efforts with those of UNFPA, the UNDAF and the national Millennium Development Goals. The UNFPA country office will mobilize and leverage additional resources to implement the programme.

25. The UNFPA country office in Malawi consists of a representative, an assistant representative, an operations manager, two national programme officers, five national programme staff and several support staff. National and international experts, UNFPA country technical services teams, and the regional directors' team will provide technical support, as required. UNFPA will employ the services of national project personnel, junior programme officers, United Nations volunteers and chief technical advisers, as necessary, to strengthen programme implementation.

**RESULTS AND RESOURCES FRAMEWORK FOR MALAWI**

<p><b>National priority goals:</b> (a) to reduce the spread of HIV; (b) to provide essential health care and strengthen service delivery; and (c) to promote observance of good governance principles</p> <p><b>UNDAF outcomes:</b> (a) equitable access to and use of basic social services increased by the year 2011; (b) national response to HIV and AIDS scaled up; and (c) good governance, gender equality and rights-based approach to development enhanced</p>				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Reproductive health	<p><u>Outcome:</u> Equitable access to integrated reproductive health and HIV prevention services is increased</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Increased proportion of women receiving obstetric care</li> <li>Contraceptive prevalence rate</li> </ul> <p><u>Baseline:</u> 28.1% : demographic and health survey (2004)</p> <ul style="list-style-type: none"> <li>Percentage of men, women and young people accessing HIV/ AIDS information and services</li> <li>HIV prevalence rate</li> </ul> <p><u>Baseline:</u> 14% : demographic and health survey (2004)</p> <ul style="list-style-type: none"> <li>Percentage of young people accessing youth-friendly health services</li> <li>Percentage of young people aged 15-24 reporting condom use during sexual intercourse with non-regular partner</li> </ul> <p><u>Baseline:</u> 39% of females and 46% of males: demographic and health survey (2004)</p>	<p><u>Output 1:</u> Increased availability of high-quality, integrated and gender-sensitive sexual and reproductive health and HIV/AIDS services for women, men and young people</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of health facilities providing three modern family planning services</li> </ul> <p><u>Baseline:</u> 67% : health management information systems (2006)</p> <ul style="list-style-type: none"> <li>Percentage of health facilities providing basic emergency obstetric care</li> </ul> <p><u>Baseline:</u> 2% : emergency obstetric care needs assessment (2005)</p> <ul style="list-style-type: none"> <li>Percentage of deliveries attended by skilled attendants</li> </ul> <p><u>Baseline:</u> 56% : demographic and health survey (2004)</p> <ul style="list-style-type: none"> <li>Comprehensive condom policy and programme developed</li> <li>Number of male and female condoms distributed</li> </ul> <p><u>Output 2:</u> Increased availability of life-skills education for young people in and out of school</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of schools with teachers trained in life skills-based HIV education who taught during the last year</li> <li>Number of out-of-school youth clubs providing life-skills education</li> </ul>	<p>Joint United Nations Programme on HIV/AIDS; UNICEF; WHO</p> <p>Department for International Development of the United Kingdom; German Agency for Technical Development (GTZ); United States Agency for International Development</p>	<p>\$9 million (\$5 million from regular resources and \$4 million from other sources)</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> Improved national capacity to use population data to formulate, manage and monitor population policies and programmes</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of policies utilizing high-quality data disaggregated by age and gender</li> <li>• Number of policies and frameworks integrating population linkages into development</li> </ul>	<p><b>Output 1:</b> Improved capacity of national institutions to collect, analyse, disseminate and utilize data for planning and policymaking</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Capacity of National Statistical Office to provide up-to-date data</li> <li>• Existence of a national statistics system</li> </ul> <p><b>Output 2:</b> Increased availability of national gender-disaggregated data to monitor and evaluate strategies for economic growth and poverty reduction</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• National monitoring and evaluation road map fully implemented and extended to 2011</li> <li>• Up-to-date Malawi socio-economic database (MASEDA – DevInfo)</li> <li>• Malawi 2008 housing and population census conducted</li> </ul>	National Statistical Office	\$7.4 million (\$3.4 million from regular resources and \$4 million from other sources)
Gender	<p><b>Outcome:</b> Gender equality and women’s empowerment are enhanced</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of women in decision-making positions</li> <li>• Reduction in gender-based violence</li> <li>• National budget addresses gender concerns</li> </ul>	<p><b>Output 1:</b> Strengthened legislative framework for gender equality and equity</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Legislation implemented to promote gender equality and equity</li> <li>• Number of functional victim support units, disaggregated by sex and age</li> <li>• Percentage of cases of gender-based violence prosecuted disaggregated by sex and age</li> </ul> <p><b>Output 2:</b> The capacity for gender analysis, mainstreaming and budgeting is strengthened</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of ministries trained in gender analysis, budgeting and mainstreaming</li> <li>• Number of ministries and departments using gender budgeting</li> </ul>	<p>Food and Agriculture Organization of the United Nations; UNDP; UNICEF; United Nations World Food Programme</p> <p>Canadian International Development Agency; Department for International Development of the United Kingdom; Government of Norway</p>	<p>\$3 million (\$1 million from regular resources and \$2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.6 million from regular resources</p>