

Mid Term Review

of the

**National Plan of Action (NPA) for Orphaned and Other
Vulnerable Children**

Draft Report

Prepared by

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Bright B. Sibale
Timothy Nthambi
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List of abbreviations used

| | |
|----------------|---|
| ADC | Area Development Committee |
| AEC | Area Executive Committee |
| ART/ARV | Antiretroviral therapy |
| CBCC | Community-based Child Care Centre |
| CBO | Community-Based Organization |
| CCPW | Community Child Protection Worker |
| CILIC | Civil Liberties Committee |
| CELA | Centre for Legal Affairs |
| CSO | Civil Society Organization |
| CRC | Convention on the Rights of the Child |
| DA | District Assembly |
| DHS | Demographic and Health Survey |
| DLGRD | Department of Local Government and Rural Development |
| DHRMD | Department of Human Resources Management and Development |
| DOVC | District OVC Sub Committee |
| DSWO | District Social Welfare Officer |
| ECD | Early Childhood Development |
| EMIS | Education Management Information System |
| FBO | Faith-based Organization |
| GoM | Government of Malawi |
| HIPC | Highly Indebted Poor Country |
| IEC | Information, Education, Communication |
| IMCI | Integrated Management of Child Illnesses |
| LAMIS | Local Assembly Management Information System |
| MASAF | Malawi Social Action Fund |
| M&E | Monitoring and Evaluation |
| MGDS | Malawi Growth and Development Strategy |
| MICS | Multiple Indicator Cluster Survey |
| MOH | Ministry of Health and Population |
| MOEST | Ministry of Education, Science and Technology |
| MOWCD | Ministry of Women and Child Development |
| MP | Member of Parliament |
| MTR | Midterm Review Team |
| NAC | National AIDS Commission |
| NAPHAM | National association of People Living with AIDS |
| NGO | Non-Government Organisation |
| NPA | National Plan of Action for OVC |
| NOVOC | Network for Orphans and Vulnerable Children Organizations |
| NSF | National Strategic Framework |
| NSC | National Steering Committee |
| OVC | Orphans and other Vulnerable Children |
| RAAAP | Rapid Assessment, Analysis Action Planning |
| SWA | Social Welfare Assistants |
| SWOT | Strength Weaknesses Opportunities and Threats |
| UA | Universal Access |
| TASU | Technical Advisory Services Unit |
| TWG | Technical Working Group |
| UNAIDS | Joint United Nations Programme on HIV and AIDS |
| UNICEF | United Nations Children Fund |
| USAID | United States Agency for International Development |
| VDC | Village Development Committees |

Executive Summary

Introduction

This document presents findings of a midterm review of the National Action Plan for OVC (NPA for OVC) in Malawi. The review has been commissioned by the Ministry of Women and Child Development with financial support from the UNICEF. The NPA for OVC is the national implementation framework for the OVC response in Malawi and was developed in 2005 and expires in 2009.

The Government of Malawi, supported by its development partners, developed and launched the NPA for OVC in 2005, following the conclusion of the 2004 Rapid Assessment Action Plan (RAAAP) process that the country implemented. The NPA for OVC is a five year plan outlining a national response to the increasing problem of OVCs. The overarching goal of the NPA for OVC is to build and strengthen family, community and government capacities to scale-up response for the survival, growth, protection and development of orphans and vulnerable children (OVCs) by end of 2009 (GOM, 2005, NPA). The NPA has six strategic objectives as follows:

- To enhance access to essential quality services such as education, health, nutrition, water and sanitation and birth registration with increased support from social safety nets.
- To strengthen family and community capacity to care for OVC by providing support to improve their economic security, social and emotional well-being and protect them from abuse, exploitation, property dispossession, stigma and discrimination in respect of gender equality.
- To protect the most vulnerable children through improved policy and legislation, leadership, efficient coordination at all levels and by facilitating equal and meaningful child participation for both boys and girls.
- To strengthen and build the technical institutional and human resource capacity of key OVC service providers.
- To raise awareness at all levels through advocacy and social mobilization initiatives to create a supportive environment for children and families affected by HIV and AIDS and poverty.
- To continuously monitor and assess the situation of OVC and measure the gaps between what is being done and what must still be done to adequately fulfil the rights and needs of OVC.

Objectives of the midterm review

The Ministry of Women and Child Development, through the Department of Social Welfare, coordinates implementation of the plan. The NPA for OVC expires in 2009 having been implemented for 5 years, therefore the Ministry of Women and Child Development with support from the UNICEF resolved to conduct a midterm review of the NPA to take stock of the progress made towards achieving the aim. The purpose and specific objectives of the midterm review was therefore to enable the Government

of Malawi reflect on the progress made in the implementation of the national response to OVC, identify areas of strength and neglected areas of implementation and coverage. The midterm review would then, on the basis of the assessment of the progress made, develop a results-based framework which would enable stakeholders, lead by the Government of Malawi, to implement a more coordinated structured response to the OVC crisis in Malawi. The midterm review has two products: 1) a status report on achievements to date against targets and 2) an updated results based NPA for the remaining time-frame which provides a consolidated, clear result based framework. This report is the first product of the two.

Methodology

In terms of methodology, efforts were made to conduct the midterm review of the NPA for OVC in a participatory manner, involving a wide range of stakeholders at national, district and community, household and individual levels. Conceptually the review was designed with a “development evaluation focus” as well as a “managerial evaluation focus” although the bias was more towards the earlier one. A summary of the terms is given below. Methods and tools such as literature review, interviews, the national stakeholder conference, TWG meetings and a district qualitative survey were used to collect data.

In terms of tracking progress the MTR team used indicators and targets (particularly for strategic objectives 1 and 2, which had outcome and impact level indicators and targets) agreed by stakeholders in 2005 and as presented by the NPA for OVC document. The MTR used the 2005 data as the baseline situation, which was compared with the 2007/2008 data using the “before and after” type of analysis. The difference was taken as the progress made. We however, met serious challenges regarding data to the extent that the performance rating framework which we proposed in the inception report and presented below in the table below could not be done. It was also very difficult to get 2008 data as most organizations had not compiled their reports for 2008, bearing in mind that reporting is mainly completed/done in November or December of each year, which is 6 months away.

Summary findings

In terms of findings, we noted that there is generally progress being made on the 6 strategic areas of the NPA for OVC, although there are large gaps that need to be addressed, again in all areas. In the first and second strategic objective, which aims to enhance access to essential quality services such as education, health, nutrition, water and sanitation and birth registration and build family capacity to generate these services on their own, we note that the cash transfer scheme is a major achievement that the NPA has done. We also noted improved access to education support, despite that there a number of gaps that relate to educational support. We also noted that through CBBCs, many children are accessing health care through referral systems that are being established. We note limited progress in birth registration, access to ART for children and poor targeting that has resulted into children in urban areas and the most rural

areas being missed. We also note poor collaboration and synergy in terms of service provision.

On the third strategic objective which aims to protect the most vulnerable children through improved policy and legislation, leadership, efficient coordination at all levels and by facilitating equal and meaningful child participation for both boys and girls, we note while the Laws Commission has reviewed most of the laws that relate to OVC and developed one harmonised Child Protection Bill, this bill has not been enacted in Parliament, partly because of the unfavourable environment and also partly because of limited advocacy by the civil society. On the same objective, we have noted that the presence of the National Steering Committee, the Technical Working Group and the TA support to the Ministry has improved coordination at national level, although we note that there are issues such as governance, functionality, conflict of interests that still affect effective functioning of these structures. The situation is more urgent at district level, where such structures either do not exist or are too many.

On capacity building, which is strategic objective 4, which aims to strengthen and build the technical institutional and human resource capacity of key OVC service providers, we have noted some improvements as well although much would have been done if government approved and implemented the DA human resources establishment recommendations made by the Ministry of Local Government and Rural Development and the Department of Human Resources and Development in 2003. We noted progress around recruitment and training of child protection workers, training of CBOs and care givers, training of district trainers and other officers in various OVC areas. We have also noted good investment in developing standards and guidelines on OVC issues such as education support, CBO management, psychosocial support and management of child care institutions. We have concerns however that these tools are not adequately disseminated to users and the general public, which is also related to strategic objective 5:-raising awareness at all levels through advocacy and social mobilization initiatives to create a supportive environment for children and families affected by HIV and AIDS and poverty.

In terms of monitoring strategic objective 6 aims to continuously monitor and assess the situation of OVC and measure the gaps between what is being done and what must still be done to adequately fulfil the rights and needs of OVC. We have found that as part of progress, the ministry has developed a monitoring and evaluation framework that aims to guide implementation of the OVC NPA, it has registered OVC at about 72 percent coverage, has designed a district data base and trained officers in database management and monitoring and evaluation. We have noted serious concerns about the continuing problem of data availability, the weak OVC registration systems, lack of linkages between reporting and the indicators in the NPA. Notwithstanding the progress made, we are very sceptical about the sustainability of the OVC registration process, the database and the quality, consistence and reliability of the current OVC data and the data that is now and in future will be collected by traditional leaders through village OVC registers. We noted limited operational research on OVC issues. Topical issues are not being investigated.

Across all strategic objectives, we see limited synergy between various players. Inter-departmental or inter-ministerial or inter-organisational linkages and learning are not common, and often there is duplication of efforts and lack of complementarity, unfortunately at all levels.

An environment scan that we did showed that there a number of issues that are positively and negatively affecting the implementation of the NPA for OVC, directly and indirectly. These include the political environment in the country, the continuing impacts of HIV and AIDS, the macro-economic policy framework, the changes and reforms in key sectors such as health, education and agriculture, the legal framework and also global developments such increasing prices of fuel and food.

Recommendations

From the progress made and the SWOT analysis done, we propose 6 overall recommendations and 30 strategic actions. In general our recommendations aim to address six key issues that include unsupportive political environment that has been brought about by differences between politicians and that has negatively affected progress in the National Response. The recommendations also aim to address and encourage the Government and all stakeholders to pull up their socks and raise the quality and quantity of services and support towards OVC in a coordinated manner. The recommendations address also aim to strengthen the leadership role of the MOWCD, the weak capacity in the ministry as well as in its implementing partners as a way of proving quality support to the OVC. We have also identified weak monitoring systems and inadequate involvement of civil society in advocacy work and hence we have provided some recommendations about how to turn that round.

We have developed 6 broad recommendations and have gone a step further to unpack them into smaller but strategic actions that stakeholders might wish to pursue to address issues raised in the SWOT, which are critical to implement the NPA in the proposed period 2008 to 2011.

| Recommendations | Strategic Actions | Lead Institution |
|---|---|--|
| <p>I. The Malawi Government (including executive, legislature and judiciary) should create a favourable and supportive political and legislative environment to enable smooth</p> | <ol style="list-style-type: none"> 1. Re-engage with political leadership on OVC issues, particularly legislation of bills, financing and capacity building. 2. Re-energise commitment towards decentralization by holding local government elections 3. Ensure all relevant legislation/bills are passed in Parliament 4. Provide finance and human capacity for MOWCD | <p>Office of the President and Cabinet, Parliament and Judiciary</p> |

| | | |
|--|--|--|
| implementation of the NPA for OVC. | | |
| 2. Strengthen the quality and quantity of OVC services to the all households that need them in an equitable, transparent and accountable way | <p>5. Improve targeting of OVC interventions and ensure that all households keeping OVCs and OVCs themselves particularly in urban and remote areas</p> <p>6. Negotiate strong partnerships with all key players (public, CSO and private sectors) and monitor their programmes</p> <p>7. Harmonize planning systems in the Ministry and adopt a “one integrated OVC annual work-plan” policy in the same as the NAF is implemented. Develop the work-plan based on the results of NPA for OVC</p> <p>8. Align the NPA to the MGDS implementation timeframe (up to 2011)</p> | MOWCD |
| 3. Promote effective governance, coordination and synergy at all levels to achieve transparency, accountability and responsibility | <p>9. Strengthen governance, transparency and accountability at national level by introducing a Governance Structure, a high powered smaller structure at the top of NSC, to which the NSC reports. The structure should be chaired by the SPC.</p> <p>10. The TWG should introduce rotating chairpersonship and bring in an Independent Advisory Team. The TWG should be restructured to move away from advisory to “doing and implementing”. It should hence be aligned to NPA results framework which is being developed.</p> <p>11. Harmonize planning and reporting structures and systems in the Ministry and introduce an “annual integrated OVC planning system” using lessons from NAC.</p> <p>12. Harmonize structures at DA level to mimic the national picture and provide national guidelines for DA OVC coordination and implementation.</p> | MOWCD, NAC and UNICEF (UNAIDS can play a facilitator role) |
| 4. Strengthen capacity and partnerships to create sustained impact at national, district and community levels. | <p>13. Continue building capacity of local structures particularly ADCs, VDCs, AECs, CBOs, care givers etc concurrently. Build a large mass of trainers at DA level to fast-track programme roll-out to remote areas.</p> <p>14. Implement DA capacity plan as proposed by DLGRD and Department of Human Resources and Development</p> | MOWCD, NAC and UNICEF DLGRD Treasury |

| | | |
|---|--|---|
| | <p>15. Ascertain the lifespan of current TA support in the Ministry and provide TA support to Districts as an interim measure</p> <p>16. Build strategic linkages between MOWCD and DHRMD, DLGRD, MoF and MoEST</p> <p>17. Disseminate all guidelines that have been developed on OVC issues to relevant users</p> | |
| <p>5. Strengthen monitoring and evaluation systems at national, district and community levels</p> | <p>18. Review the monitoring and evaluation plan to include all NPA indicators.</p> <p>19. Collaborate with relevant ministries such MOEST (for EMIS) and Local Government (for LAMIS) and develop systems that feed into each other without duplication of efforts.</p> <p>20. Review current registration exercise to see potential for involvement of the National Statistical Office. Examine potential for using Population and Housing Census data to extract OVC data and statistics and produce a national OVC report based on the data.</p> <p>21. Institutionalize the national stakeholder conference and replicate it at district level as annual event. Ensure progress reporting is aligned to results or objectives of the NPA.</p> <p>22. Collect baseline data on all indicators in the monitoring and evaluation plan.</p> | <p>MOWCD, NAC and UNICEF (UNAIDS can play a facilitator role)</p> |
| <p>6. Strengthen advocacy and civil society engagement in the implementation of the NPA</p> | <p>23. All NGOs interested and implementing OVCs programmes should collaborate and come together to implement evidence-based advocacy work on OVCs</p> <p>24. Build capacity for CSOs on advocacy to enable them influence policies and programmes based on evidence.</p> <p>25. Strengthen the NOVOC and broaden its participation to include bigger and more powerful NGOs-examine potential to introduce a Civil Society OVC Platform for policy advocacy. Lessons can be learnt from the NGO Gender Coordination Network.</p> | <p>NOVOC</p> |

Conclusion

There has been progress recorded in all areas of the NPA. However, big gaps still remain in all the areas. These gaps require more collaboration and cannot be achieved in the one year remaining. It is therefore important to extend the NPA and align its expiry date with the MGDS in 2011.

1.0 Background

This document presents findings of a midterm review of the National Action Plan for OVC (NPA for OVC) in Malawi. The review has been commissioned by the Ministry of Women and Child Development with financial support from the UNICEF. The NPA for OVC is the national implementation framework for the OVC response in Malawi and was developed in 2005 and expires in 2009.

Government defines an orphan as a child under the age of 18 that has lost one or both parents (GoM, 2005). On the other hand, a vulnerable child is defined as a child who has no able parents or guardians, staying alone or with elderly grandparents or live in a sibling headed household or has no fixed place of abode and lacks access to health care, psychosocial support, education and shelter. According to the National AIDS Commission (NAC) Monitoring and Evaluation Report for 2007, there are more are about 1.1 million orphans and other vulnerable children in Malawi, with about half of them being having been orphaned or made vulnerable to HIV and AIDS. Data of actual numbers of OVCs in Malawi is not available. Only estimates are used and can vary between various sources, depending on what methods are used for estimation. However, it is generally reported that the number of orphans has been increasing from around 800,000 in late 90s to the current estimates of over a million. The increasing number of orphans and vulnerable children is creating severe pressure to the economy at national, community, household and individual levels, especially within families that are headed by women, the elderly, children and the poor in general. National research results show that there are more paternal orphans compared to maternal orphans (NAC, 2007). It has also been observed that there are more orphans in urban areas than in rural areas because of high HIV prevalence rate within urban areas as compared to rural areas.

The Government of Malawi, supported by its development partners, developed and launched the NPA for OVC in 2005, following the conclusion of the 2004 Rapid Assessment Action Plan (RAAAP) process that the country implemented. The NPA for OVC is a five year plan outlining a national response to the increasing problem of OVCs. The overarching goal of the NPA for OVC is to build and strengthen family, community and government capacities to scale-up response for the survival, growth, protection and development of orphans and vulnerable children (OVCs) by end of 2009 (GOM, 2005, NPA).

The NPA has six strategic objectives as follows:

- To enhance access to essential quality services such as education, health, nutrition, water and sanitation and birth registration with increased support from social safety nets.
- To strengthen family and community capacity to care for OVC by providing support to improve their economic security, social and emotional well-being and protect them from abuse, exploitation, property dispossession, stigma and discrimination in respect of gender equality.

- To protect the most vulnerable children through improved policy and legislation, leadership, efficient coordination at all levels and by facilitating equal and meaningful child participation for both boys and girls.
- To strengthen and build the technical institutional and human resource capacity of key OVC service providers.
- To raise awareness at all levels through advocacy and social mobilization initiatives to create a supportive environment for children and families affected by HIV and AIDS and poverty.
- To continuously monitor and assess the situation of OVC and measure the gaps between what is being done and what must still be done to adequately fulfil the rights and needs of OVC.

The Ministry of Women and Child Development, through the Department of Social Welfare, coordinates implementation of the plan. In addition to the Department of Social Welfare, the Ministry has Departments of Women Affairs, Planning and Research, Community Development and Financial and Administration. The Departments of Community Development and Social Welfare have district offices in all districts in Malawi. In addition the Department of Community Development has field staff (community development assistants) in most Traditional Authorities in the country. The Ministry has been decentralized and on paper, all their members of staff belong to District Assemblies. In practical sense, members of staff still belong to the Ministry administratively.

2.0 Purpose and objectives of the midterm review

The NPA for OVC expires in 2009 having been implemented for 5 years. The NPA for OVC was meant to assist Malawi to develop a strong united national response to OVC and to rapidly scale-up an integrated support towards OVCs of activity and implementation of the national response. The Ministry of Women and Child Development with support from the UNICEF resolved to conduct a midterm review of the NPA to take stock of the progress made towards achieving the aim.

The purpose and specific objectives of the midterm review was therefore to enable the Government of Malawi reflect on the progress made in the implementation of the national response to OVC, identify areas of strength and neglected areas of implementation and coverage. The midterm review would then, on the basis of the assessment of the progress made, develop a results-based framework which would enable stakeholders, lead by the Government of Malawi, to implement a more coordinated structured response to the OVC crisis in Malawi.

The midterm review has two products: 1) a status report on achievements to date against targets and 2) an updated results based NPA for the remaining time-frame which provides a consolidated, clear result based framework. This report is the first product of the two.

3.0 Methodology

3.1 Conceptual framework for the midterm review

Efforts were made to conduct the midterm review of the NPA for OVC in a participatory manner, involving a wide range of stakeholders at national, district and community, household and individual levels. Conceptually the review was designed with a “development evaluation focus” as well as a “managerial evaluation focus” although the bias was more towards the earlier one. A summary of the terms is given below.

According to Ovretveit 1998, as quoted by Carlson et al, (2006) the ‘developmental evaluation perspective’ is an evaluation process that uses “systematic methods and theories within an evaluation framework to enable service providers to develop and improve their treatments, services, policies or organisational interventions. In that context, developmental evaluations have an immediate practical focus and involve the evaluator working with providers in an independent role to enable providers to judge the value of what they are doing and to improve what they do.” The same author suggests that managerial evaluations “are made for managers and supervisory boards to monitor or improve the performance of services or policies, or to check that agreed changes or projects were implemented as intended. Their purpose is to ensure accountability, value for money and performance improvement”.

The review team approached the MTR as a formative evaluation. Formative evaluations strengthen or improve the programmes being evaluated:-they help form it by examining the delivery of the program, the quality of implementation and the organizational context, human resource capacity and other related issues that might have contributed positively or negatively, intended or unintended, to the implementation of the programme.

In terms of tracking progress the MTR team used indicators and targets (particularly for strategic objectives 1 and 2, which had outcome and impact level indicators and targets) agreed by stakeholders in 2005 and as presented by the NPA for OVC document. The MTR used the 2005 data as the baseline situation, which was compared with the 2007/2008 data using the “before and after” type of analysis. The difference was taken as the progress made. We met serious challenges regarding data to the extent that the performance rating framework which we proposed in the inception report and presented below in the table below could not be done. It was also very difficult to get 2008 data as most organizations had not compiled their reports for 2008, bearing in mind that reporting is mainly completed/done in November or December of each year, which is 6 months away.

Table 1: Assessment Framework

| | |
|--------------------------|-----------------------------|
| Highly Satisfactory (HS) | 80% and above of target met |
| Satisfactory (S) | 60 to 79% of targets met |
| Not Satisfactory (NS) | 50 to 59% of targets met |
| Poor (P) | 40 to 49% of targets met |
| Fail (F) | Below 39% of targets met |

3.2 Data Collection Methods

3.2.1 Document Review

The MTR reviewed a number of documents on OVCs in Malawi. The team reviewed key policies such as the MGDS, the OVC Policy and the National Plan of Action for OVCs. We also reviewed national HIV and AIDS documents, various reports and latest reviews on the HIV and AIDS national response. The document review was an on-going exercise during the MTR. A list of documents consulted can be found in the annexes of this document.

3.2.2 National OVC Stakeholders Conference

The beginning of the MTR coincided with the 2008 Annual OVC Stakeholders Conference organized by the Ministry of Women and Child Development. The Conference was the first to be held in the NPA era. The two-day conference was held between 23 and 24 July 2008 at Cresta Hotel in Lilongwe. The objective of the Annual Conference was to bring together all OVC key stakeholders to share experiences, best practices, lessons learnt and challenges in the implementation of the OVC programme in the country.

The Conference attracted over 200 participants from government, civil society, private sector, CBOs, FBOs and District Assemblies. Particularly, it attracted the National AIDS Commission, UNICEF, all District Assemblies, District Social Welfare Officers, development partners and the civil society, including NGOs, CBOs and FBOs. During the conference, a number of programme and research related presentations were made and discussions held on OVC issues were held. A draft annual monitoring and evaluation report for OVC for 2008, was presented by the Ministry. The report highlighted various achievements, challenges faced and recommendations in the OVC programme. The MTR team used the national conference as an opportunity for a broad range of stakeholders to contribute to the review, therefore the team attended the conference in full.

3.2.3 Stakeholders Interviews

There are many players in the OVC sector in Malawi, operating all over the country. Not all would have been consulted, therefore, together with the MOWCD and UNICEF, the MTR team prepared a list of who to contact, based on the MTR framework that the team had developed (see annex). The team kept updating the list of those to be interviewed as data collection progressed.

The MTR conducted various individual interviews with a range of stakeholders at national; districts and community level (see Annex II). The team started with interviews with national level stakeholders, followed by district and community level interviews. After initial planned district and community interviews, additional and follow up interviews were held with some national stakeholders to triangulate information.

The following districts were visited: 1) Mzimba and 2) Nkhata-Bay in the North, 3) Mchinji, 4) Ntchisi, and 5) Salima in Central Region and 6) Zomba, 7) Blantyre, 8) Mulanje and 9) Chikwawa in the Southern Region. At each district, meetings were held with the District Assembly secretariat staff (including District Commissioner (where possible) and Director of Planning and Development and District AIDS Coordinator), and District Social Welfare Officers and the OVC Desk officer. At community levels, the team talked to CBOs, CBCCS, Caregivers, Child protection workers, households and the OVCs themselves.

The district visited were selected in consultation with MOWCD and UNICEF- considering the following criteria, 1) national representation, 2) severity of the OVC problem, 3) resources available, 4) border issues, 5) lakeshore issues, 6) farming/economic systems, 7) rural/urban set-up and 8) ethnicity/cultural set-up.

3.2.4 Qualitative/quantitative analysis

Qualitative data gathered from the methods above was analyzed by comparing baseline figures (years 2005/2006) with 2007/2008 targets and actual. Targets were obtained from the NPA and where they were not available, we used NAF targets. Where the NAF did not have targets for the indicators, we did not do anything.

We got indicators from page 36 of the NPA and reported on each indicator. There are some indicators which we did not have any data, we packed them in the annex. The main focus was on NPA outcome and impact indicators as presented in the NPA Table 3 page 36. Financial data was analyzed in terms of the commitments made in the NPA budget tables (p79-80) against actual disbursements.

3.2.5 District survey

All District Social Welfare Officers that attended the Annual Stakeholder Conference in Lilongwe in July were requested to fill a qualitative questionnaire as part of a strategy for broadening consultations for the MTR. The questionnaire asked the DSWO to provide district specific qualitative information on key NPA activities done, key achievements, how OVC issues are coordinated, the key challenges and weakness of the OVC programme, the lessons learnt and recommendations for the future of the NPA. Twenty of 28 DSWO filled the questionnaire.

3.2.6 TWG Meetings

A number of TWG meetings were also held. The first meeting was held on 18th July 2008, the MTR Team presented Inception Report, while during the second meeting, the team presented the draft report. A third meeting is planned to draft the results framework.

3.2.7 Review constraints

A major constraint that the MTR faced was lack of data on a many of indicators. The problem of OVC data in Malawi is well known and the NPA itself (p11) says that data on OVC varies due to lack of effective mechanisms for collecting information.

Related to the above problem was the problem of getting national reports on OVC programmes. Due to lack of a coordinated OVC reporting system, it was difficult for the team to get national progress data. The 2008 National Monitoring and Evaluation Report for OVC was the first of its kind to be produced, being the first it had a number of challenges, including but not limited to use of old data, weak reliability of the data itself, missing data on many NPA indicators. Further the report focuses on outputs, with very little on outcomes and impacts.

Another challenge was that it was difficult to schedule meetings with partners especially at district level. During the MTR, there were other workshops and processes taking place in the districts that involved DSWOs and some national stakeholders, which overstretched the capacity limits of DSWOs.

Despite the above constraints, we think we have done what we could and it is our best judgment that what we have presented represents the overall picture of NPA implementation in Malawi. We take responsibility and accountability for any omissions or errors. The views in the report are by the Ministry of UNICEF, whatsoever.

4.0 Operating Environment

The MTR team is aware of the importance of the need for an enabling environment for the successful implementation of interventions outlined in the NPA for OVC. Whilst the TOR did not specifically ask us to review the operating environment, we felt duty bound to conduct do so, to identify social, political and economic of the environment within which the NPA has been implemented over the past 3 years. Being a national programme, we suspected that these factors may have impacted on the performance of the NPA, which we have found to be true.

4.1 Policy Framework

Key policy responses within the NPA have been analyzed under the review of progress made under strategic objective 3 of this report. Notwithstanding that assessment, it is important to mention that developments in the policy landscape have impacted both positively and negatively on the NPA. The development of Malawi Growth and Development Strategy, the NAF, the Gender Policy and changes in sectoral policies in health, education and agriculture have provided new opportunities for implementation of OVC programmes.

4.2 Governance and geo-political landscape

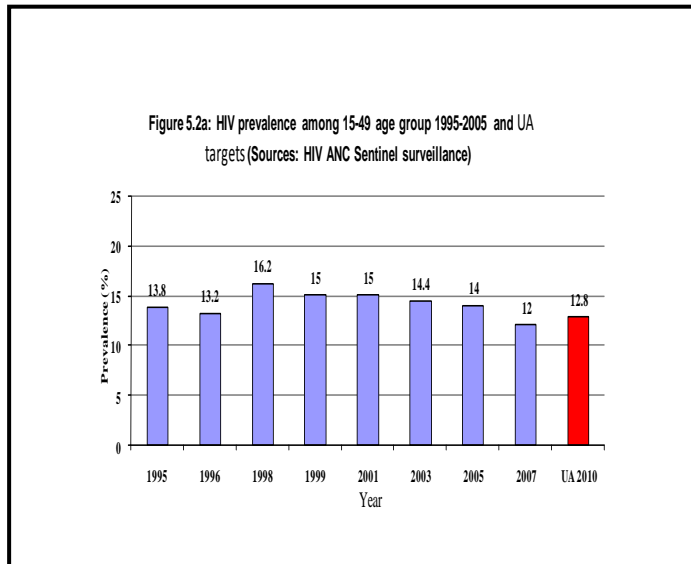
Even good policies and laws require a supportive political environment, will and governance to implement them. We have noted that despite the good policies above, developments in the political landscape of the country has not been supportive. The current government is a minority government, a situation which has created uncertainty in the country. Results of this uncertainty are many-government has not been ready to hold local government elections since 2004, which has provided a threat to implementation of the policies including the OVC plan. There are currently no councillors. Councillors are the legal representatives of the people, and due to their absence, bylaws to govern HIV and AIDS CBOs have not been passed despite being a requirement by the National CBO Guidelines. Councillors would also have played a vital role in the identification and registration of OVCs, including setting priorities to support OVC.

4.3 HIV and AIDS trends

HIV and AIDS continue to negatively affect the economy at all levels. Although the prevalence rate among those aged 15-49 years old has remained stable over the last 9 (though at high levels) years in Malawi, it is accounting for over 50 percent of the OVC problem. While HIV prevalence was estimated at 14.4% in 2003, the 2007 sentinel surveillance survey estimated the HIV prevalence rate among those aged 15-49 years old to be at 12%, showing a decrease, but the prevalence is still too high. The figure below shows the HIV prevalence among 15-49 age group between 1995 and 2007. (Source NAC, 2007).

According to the National AIDS Commission, HIV prevalence is higher in the urban areas than rural areas. Prevalence of HIV among those aged 15-49 during the period 1999-2005 has generally been on the decline among those resident in the urban areas but the previous increase in rural areas between 2001 and 2005 has been followed by stabilization of prevalence around 11.2% by 2007.

Regionally, HIV prevalence among people aged 15-49 is highest in the southern region except in 2001 when the central region had the highest HIV prevalence rate. Prevalence in the northern region significantly increased in the period 2001-2003. In gender terms, HIV prevalence is higher among women than among men. This means that apart from being the majority care givers, women are also the most direct victims of HIV and AIDS. This has been the trend ever since and in 2007, it was 13.53 percent and 10.3 percent age 15-45 for women and men respectively. NAC indicates that there are nearly 100,000 new HIV infections in Malawi annually with at least half of these occurring among young people aged 15-24 and nearly the same number of deaths per annum¹.



4.4 Legal issues

Due to the unsupportive political situation above, legislation of child and gender related laws has been affected negatively. It is clear from interviews with stakeholders that Government has been reluctant to bring before the National Assembly bills that are related to vulnerable groups such women and children. One such a key bill is the Child Protection and Justice Bill which represents a new law on children that has incorporated all developments that have over-taken the current primary legislation on children, paying particular attention to gaps that have been identified through the NPA implementation.

¹ National AIDS Commission. (2005). *National HIV and AIDS Action Framework 2005-2009*. Lilongwe: National AIDS Commission.

4.5 Macro-economic Issues

Malawi's economy relies heavily on agriculture, which contributes more than 30% of GDP and more than 90% of the export earnings. Because of high dependence on agriculture, most of it which is smallholder and seasonal, the economy is very fragile and heavily dependent on weather conditions, particularly availability and reliability of rainfall. Malawi's economic programme is set out in the Malawi Growth and Development Strategy (MGDS), which was launched in October 2007. The MGDS outlines the Government's priorities for the five years between 2006/07 and 2010/11 and recognizes that strong and sustainable economic growth is key to reducing poverty, (GoM, 2005). Since 2004, when the new government was ushered into power, the macroeconomic performance has generally improved and government has also pursued sustainable macroeconomic policies. Donor confidence has been increasing as a result of government's commitment to fight corruption and promotion of accountability and transparency. Because of a good track record of good macroeconomic management, Malawi reached the HIPC Completion Point in August 2006 and, subsequently, qualified for the Multilateral Debt Relief Initiative (NAC, 2007). As a result of good macroeconomic management and favorable weather conditions, Malawi now has better macroeconomic indicators. For example, inflation reached 9.2% in January 2007 and this was the first time Malawi hit single digit inflation in four years. As of June 2007, inflation had reached 7.7 %. Over the period 2004-2006 Malawi's economy has grown at an average of about 5.2 %.

4.6 Global issues-food, fuel and finance

The global economic outlook has been characterized by increasing oil and food prices coupled with increasing financial credit crunches. The impacts of these global market developments have not spared Malawi. For example the price of petrol and diesel rose from about MK150/litre in 2005 to about MK250/litre currently. Price increases result against fixed OVC programme budgets means that fewer OVC can be reached and supported and this was reported as a main challenge facing district assemblies and community-based organizations. Increasing scarcity and prices of food, especially maize, reduces the capacity of families, care and support institutions to provide regular and nutritionally balanced food to OVCs, which affects their nutritional security. When the OVC are also HIV positive, the impacts are greater.

5.0 Status Report on Achievement to Date against Targets

5.1 Introduction

We have presented progress by each strategic objective, by each specific objective and by each indicator under a particular specific objective, following the format of the NPA for OVC.

The review has met serious constraints in terms of getting data to measure progress made in improving access to essential services such as education, health, nutrition, water and sanitation by OVCs as indicated in the first strategic objective of the NPA. We also noted that there are many players that are directly or indirectly, implementing OVC programmes in the country, from government agencies, donor agencies, NGOs, FBOs and CBOs. There is no centralised system to track or collect data on what each of these stakeholders are doing, how much they are contributing to the NPA and where they are. The Ministry of Women and Child Development is just beginning to perform this role. Efforts such as the recently approved monitoring and evaluation framework, the annual stakeholders conference and the OVC registration to address this problem, but currently these are not adequate to provide all the data required.

As a result of the data challenges we met, the review used a more qualitative approach and where possible some data was collected and presented in the progress matrices in the report.

5.2 Progress review by strategic objectives and their indicators

Strategic Objective I: To enhance access to essential quality services such as education, health, nutrition, water and sanitation and birth registration with increased support from social safety nets.

Objective I.1: Support OVC with social welfare assistance through Pillar III of the PRSP

- **Indicator I: Integrated social safety net package for OVC established**

A major achievement is the introduction and implementation of the social cash transfer programme that has been piloted in Mchinji District and now replicated in 6 more additional districts. With the support from UNICEF and NAC the programme has been implemented in Mchinji District since June 2006. Through the programme, ultra poor

Cash Transfers per month

- 1 person household - MK 600
- 2 person household - MK1,000
- 3 person household - MK1,400
- 4 person household – MK1,800

households and those that are labour constrained households are provided with monthly financial support (average \$13/month) that is used to augment their livelihoods at household level. Beneficiaries are selected by the community members themselves, based on agreed targeting criteria. To motivate households to send children to school, for each child enrolled in primary school, a household is given a bonus of MK200 while, for each child in secondary school, a bonus of MK400 is added. Currently the programme has reached 4,454 beneficiary households in 48 Village Clusters. It has also reached 9,836 orphans, 3,485 senior citizens (65yrs and above) and 442 persons with disabilities. A total of MK 10,600,000.00 has so far been disbursed to the beneficiary households (Mchinji DSWO, 2008). An impact evaluation at six months post cash transfer, reported improvements in household wellbeing, in food security status as a result of improved agricultural production, brought about by households ability to procure agricultural inputs. The impact study showed that more children are able to go to school because of improved food security and general improvement in the household wellbeing. The project has now been rolled to Likoma, Machinga and Salima Districts and has trained 52 Trainers in managing the scheme, 77 Community Social Protection Committees formed and trained and 924 Community Social Protection Committee members trained in targeting (MOWCD, 2008). The coverage is tabulated below.

Table 2: Social Cash transfer outreach

| District | Mchinji | Likoma | Machinga | Salima | Total |
|--------------------------------|---------|--------|----------|--------|-------|
| No.TAs | 4 | 1 | 3 | 4 | 12 |
| No.VGs | 35 | 3 | 28 | 11 | 77 |
| Beneficiary HHs | 2878 | 193 | 2911 | 717 | 6699 |
| Elderly Headed (male & female) | 1767 | 133 | 1750 | 458 | 4088 |
| Child headed | 29 | 1 | 52 | 12 | 94 |
| Individual beneficiaries | 12722 | 743 | 12919 | 3529 | 29913 |
| Children | 8925 | 430 | 9128 | 2166 | 20649 |
| Orphans | 6987 | 369 | 6494 | 1647 | 15497 |
| Elderly (>65yrs) | 2330 | 142 | 2153 | 643 | 5268 |
| Disabled | 300 | 46 | 46 | 45 | 437 |

Source: MOWCD, 2008, Annual Stakeholders Conference Presentation

- **Indicator 2: Percentage of households with OVC who received free basic external support to care for OVC**

Evidence from table 2 below shows that the number of OVCs receiving a free package of external support has been increasing over the period 2003-2007. According to monitoring and evaluation reports from the National AIDS Commission, the number of households that received free basic external support to care for OVC rose from 13.63

percent (60,000) in 2004 to 32.5 percent (358, 094 households)², to 53.3 percent (585,945 households) in 2007. The Universal Access target for 2008 of 60 percent is likely to be met by end of December, 2008. The improvements in this indicator may be attributed to increased efforts to reach out to the communities with OVCs support as a result of 1) increased and improved NAC and other donor funding to district and community level organizations, 2) increased numbers and capacity of CBOs at community level, and 3) improved coordination at national level.

A major challenge remaining is “how to reach the hard-to-reach households”. These households may be defined as those that keep OVCs and live in the extreme rural areas and those in living in peri-urban areas, where HIV and AIDS and poverty have a combined effect, but services are not available. Often due to capacity problems at district and CBO level, households that are far from district head offices or from the CBO office are not being targeted, hence not supported. Poor households that are in peri-urban area are also not being targeted at the moment, yet HIV and AIDS, which accounts for 50% of the OVC problem in Malawi is higher in urban areas than in rural areas.

Table 3: Number and percentage of OVCs supported with impact mitigation interventions

| FISCAL YEAR | BACKGROUND CHARACTERISTICS | | | |
|--------------------|---|-------------------------|----------------------------|-------------------------|
| | Estimated # of OVCs (Baseline)³ | Target # of OVCs | # of OVCs Supported | % OVCs Supported |
| 2003/04 | 880,588 | 100,000 | 120,037 | 13.63 |
| 2004/05 | 908,201 | - | 179,886 | 19.81 |
| 2005/06 | 939,388 | 120,000 | 358,084 | 38.12 |
| 2006/07 | 1,100,000 | 450,000 | 585,945 | 53.27 |

Source: NAC, 2007

Objective 1.2: Enhance OVC’s access to quality education

- **Indicator 3: School Attendance ratio of orphans as compared to non-orphans: a) primary and b) secondary**

Under the Convention of the Rights of a Child (CRC), to which Malawi is a signatory, education is a right for all children not a privilege. Hence, improving access to education for OVC is key NPA strategy in promoting the growth, development and protection of children particularly OVC. Girls particularly require education as they are most vulnerable since they are traditionally less supported as compared to boys. They are expected to get married and looked after by their future spouses.

Evidence shows that there is no major difference between orphaned and non-orphaned boys and girls in terms being in school. The 2004 DHS showed that 90.2% of the children with both parents alive were in school while 87.4% of the orphans with both

² NAC M&E Report 2007 and NAC Universal Access Road Map Report

³ These are based on sentinel estimates.

parents dead were in school (NAC, 2007), which calculates to a school attendance between orphans and non-orphans of almost of 0.97, which is close to 1:1. In 2000 this ratio (among the 10-14 year olds) was estimated at 0.94. It then increased, according to the 2004 DHS, to 0.97 in 2004. In 2007, the ratio is estimated to 0.98. The table below gives the proportion of school attendance among orphans to proportion of attendance among non-orphans aged 10-14 in 2006.

Government introduced free primary education in 1994, after the change from single party politics to multiparty politics. As a result of the free primary education policy, the number of children in Malawi's primary schools rose from just about 2 million to nearly 3 million, which represented a 50 percent jump in enrolment (GoM, 2001)⁴. As the table 4 above shows, the school attendance ratio between

| | |
|------------------|------|
| Male | 0.96 |
| Female | 1.00 |
| Rural | 0.98 |
| Urban | 0.97 |
| Maternal orphans | 0.97 |
| Paternal orphans | 0.98 |

Source: NAC, 2007

orphans and non-orphans is almost the same, possibly as a result of school fees abolition. However, NAC has reported that further analysis of the 2004 DHS shows that the ratio of double orphans to single orphans aged 10-14 currently attending school is at 0.67. It can therefore, be concluded that while there are no differences in the proportion of orphaned and non-orphaned children attending school in Malawi, there is a huge difference between double orphaned and single orphaned children attending school (NAC, 2007).

- **Indicator 3.1: Number of OVCs attending primary school (age:6-13)**

The MTR has noted that the number of OVCs that are attending primary and secondary school in general improved between 2005 and 2006 and then dropped in 2007. Reasons for the drop are not clear. There were 439,405 orphans (222,720 boys and 216,685 girls) attending primary school education in 2005 (EMIS, 2005). The figure rose to 461,621 in 2006 (234,667 boys and 226,954 girls)⁵ but reduced to 454,921 in 2007. Of the 454,921 orphans enrolled in 2007, 312,278 had lost a single parent (68 percent) while the remaining were double orphans. Double orphans are the most vulnerable and were more likely to drop from school.

⁴ GoM, 2001: Ministry of Education Policy Investment Framework for Education in Malawi.

⁵ NAC Monitoring and Evaluation, 2007

Table 5: Number of orphans attending school (Primary Education)⁶

| Background Characteristics | 2004 | 2005 | 2006 | 2007⁷ |
|-----------------------------------|----------------|----------------|----------------|-------------------------|
| Male | 195,644 | 222,720 | 234,667 | 233001 |
| Female | 191,084 | 216,685 | 226,954 | 221920 |
| Single Orphans | - | 295,245 | 310,795 | 312278 |
| Double Orphans | 386,728 | 144,160 | 150,826 | 142643 |
| Total # Orphans | 386,728 | 439,405 | 461,621 | 454921 |

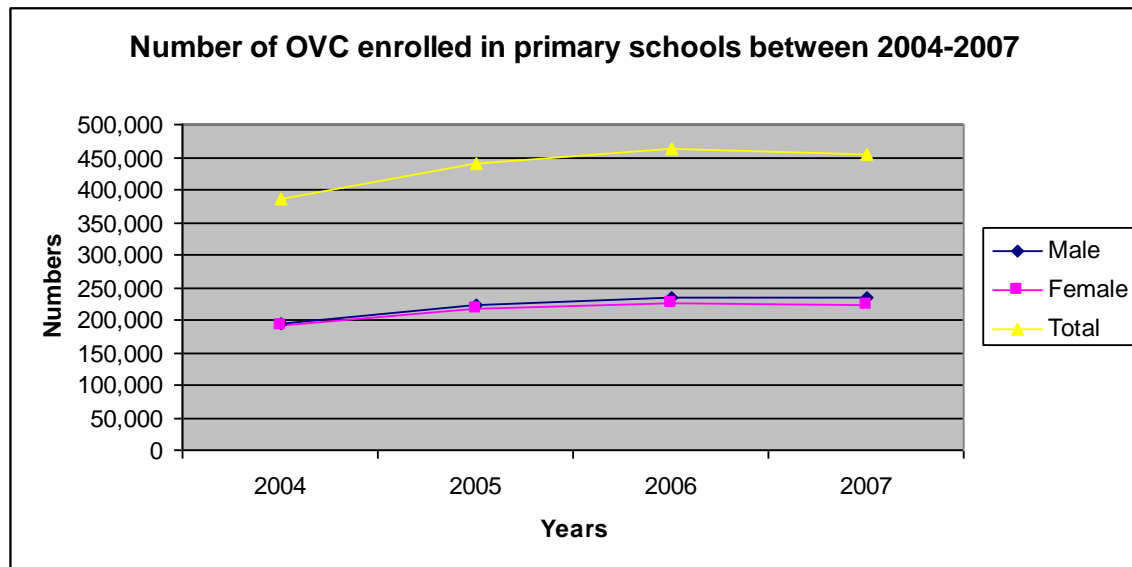
As can be seen from the table above, that there were 386,728 orphans attending primary school in 2004 and this increased to 439,405 in 2005, 461,621 in 2006 and then dropped to 454921 in 2007. More female orphans dropped (5,034) than boys (1666) indicating a gender inequality that needs addressing. The most dominant reasons for school drop out in 2005 in general and not specific to OVC in Malawi was lack of interest for both girls and boys followed by family responsibilities. Lack of interest accumulated for 151,705 of 270,338 children who dropped out of school in 2005 representing 56% while family represents 23%. Other dropout reasons that may be important for OVC Programme are marriage (40%) employment (5%) sickness and death, death, and pregnancy.

In 2007 the same trends have been observed with family responsibilities (42%) employment. Other reasons including lack of interest being the top causes of school drop out. While statistics on dropout are not disaggregated by status of the pupils (whether OVC or non OVC), it is more likely to be worse for OVC than non-OVC. The statistics seem to be dictating the need for a more integrated and holistic support (as part of a broad psychosocial support) to OVC not just school fees and other materials as is the case at the moment. The statistics also show the need to intensify efforts to empower families and households so that they do not overload children (some of whom are OVC) with household chores, to empower them to encourage children to go to school until they attain something.

⁶ Ministry of Education (2004, 2005 and 2006), Education Management Information System (EMIS), Lilongwe: Ministry of Education.

⁷ Ministry of Education (2007), Education Management Information System (EMIS) Lilongwe: Ministry of Education

Figure 1: Number of orphans attending school (Primary Education)



• **Indicator 3.2: Number of OVCs attending secondary school (age:14-17)**

As was the case with primary school pupils, there were more male orphans who were attending secondary schools in 2004, 2005, 2006 and 2007 than female orphans as can be seen in the table 10 below. The proportion of single orphans who were attending secondary school in 2005, 2006 and 2007 was twice those who were double orphans. In Malawi, primary school education is free while students have to pay fees when they go to secondary school. This possibly explains why there are few double orphans attending secondary school compared to primary school as they may not afford to pay school fees.

Table 6: Number of orphans attending school (Secondary Education)⁸

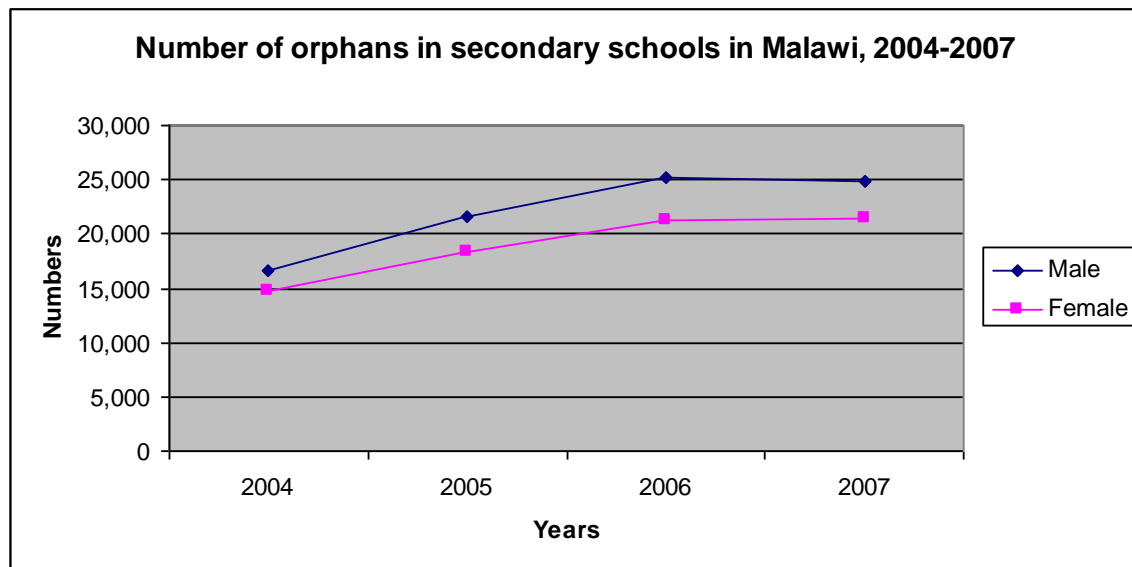
| Background Characteristics | 2004 | 2005 | 2006 | 2007 |
|----------------------------|---------------|--------------------------|---------------|--------------|
| Male | 16,634 | 21,530 | 25,210 | 24884 |
| Female | 14,716 | 18,379 | 21,258 | 21445 |
| Single Orphans | - | 25930 | 30,479 | 30854 |
| Double Orphans | 31,350 | 13,979 | 15,989 | 15475 |
| Total # Orphans | 31,350 | 39909⁹ | 46,468 | 46329 |

Source: NAC, 2007 and EMIS 2007

⁸ Ministry of Education (2004, 2005, and 2006), Education Management Information System (EMIS), Lilongwe: Ministry of Education.

⁹ Totals for 2005 and 2006 from the NAC report are wrongly added as 79,818 and 92,936. These have been corrected.

Figure 2: Number of orphans attending school (Secondary Education)



- **Indicator 3.3 Number of OVCs attending secondary school that have received some educational support**

While the number of children that are benefiting from education support has increased from 450 pupils in 2003 to 3,833 in 2006 and to 15,543 in 2007 (MoWCD, 2008), the overall coverage remains far below the demand. There are more pupils that need the services than is provided at the moment. In addition education support is currently limited to payment of school fees. Almost all districts in Malawi have provided education support (fees) to OVCs. Every district has a very active bursary committee in place (MOWCD, 2007)¹⁰ that is responsible for identification, verification and administration of education support to OVCs. The committee is sub-committee of the DEC. At community level, the districts mostly rely on CBOs as a structure responsible for recommendation of the students requiring education support. Once an application is made, an assessment (verification) is made by members of the bursary committee, led by the DSWO. A recommendation is then made to the committee. Again interviews with stakeholders reported that some deserving pupils are either left out because the district teams do not have capacity to assess them or the pupils do not have adequate transport to submit their applications at district or CBO level. While the process is transparent, not many would-be beneficiaries know that the availability of bursaries at district level. In the past, ward councillors used to disseminate such information and played a key role in identifying and registering beneficiaries.

Using data from the Ministry's monitoring visit of November 2007, the NAC funds accounted for 82 percent of educational support provided to OVCs while partners only contributed 18 percent. We also noted that data from partners was however reported to be difficult to collect. About 5 percent of applications are disqualified. Assuming that

¹⁰ MOWCD, 2007) Monitoring Visit Report for the Quarter of July to September, 2007, Conducted from 8th to 13th October, 2007

these 5 percent are disqualified because they are able to pay school fees, then the percentage of pupils currently being supported with fees is 33%¹¹ and the remaining 62% is the gap.

The aim behind the abolition of the payment of school fees in primary school in 1994 was to increase enrolment as school fees was perceived as a major deterrent to pupils accessing education (NAC, 2007). The NPA has prioritized provision of education support to OVC to enable them stay in school. But we have observed a number of problems regarding educational support:

- 1) Firstly, at the moment, education support is mainly applied to secondary school pupils and focuses on payment of school fees, against national guidelines which include a holistic package of support. There is very little that is being done to support children with materials despite national guidelines recommending that educational support should also include material support, such clothes, learning materials, blankets, pocket money and health related materials such as soap are also necessary. Interviews with stakeholders showed that children that have been supported with fees are still dropping out or not performing well because of poverty and lack of basic materials. Girls have been reported to drop more because they generally have more needs at school and at home than boys.
- 2) OVCs in primary schools are also dropping out of school because of financial related problems as they are expected to pay for salaries of volunteer teachers (about MK20), about MK50 for free primary notebooks and between MK60 to MK300 for development fund.
- 3) We have also noted that there are delays in payment of school fees for those children on bursary and that such children are being expelled by some head teachers.
- 4) In the same vein, we have noted that at primary school level, although there is free primary education there are costs that parents and guardians have to pay. These may include school funds, development contribution and other school-based levies. Children, particularly OVCs, whose parents or guardians cannot afford may face problems with the school management committees and often drop out.
- 5) Pupils with special learning needs are an emerging group of vulnerable children that has not been targeted with educational support and not being properly monitored. According to the Ministry of Education, Science and Technology, this group comprises children with complete blindness, complete deaf, poor vision and partial deaf (EMIS 2007). The number of pupils with special leaning needs in primary schools was 42,586 (22,527 boys and 20,059 girls) in 2005. The figure grew to 69,943 (2.1% of total enrollment (36,708boys and 33,235 girls). In 2005, there were 2711 pupils (1451 boys and 1260 girls) with learning difficulties in

¹¹ Calculated by subtracting the number of undeserving pupils (5%) from total secondary school (46,329) enrollment and then subtracting from the remainder, those that are already benefiting (15,543) and then calculating a percentage.

secondary schools. The figures rose to 4680 (2360 boys and 2320 girls). Data on how many of this group is getting support is not available.

- **Indicator 4: No of OVC attending vocational education**

This indicator does not have disaggregated data. Therefore it is estimated by subtracting the total number of OVC supported with education support at secondary level (15,543) from the total number of OVC supported with financial education in general (33142). The total number of OVC that attend vocational education is therefore 17,599, assuming that financial support is mainly given for education related purposes. Again there are many organizations, particularly NGOs which are providing vocational education to OVC but not reporting to MOCD or NAC.

Objective 1.3 Enhance access to essential health and nutrition services

- **Indicator 5: Ratio of orphans accessing health care as compared to non-orphans**

According to the NAC, a total of 206,490 OVCs were reached with impact mitigation interventions which were nutritional related. In addition to a total of 110,996 households received external medical support for persons who were chronically ill for 3 or more months. Some of these households may be keeping OVCs, who may also be chronically ill.

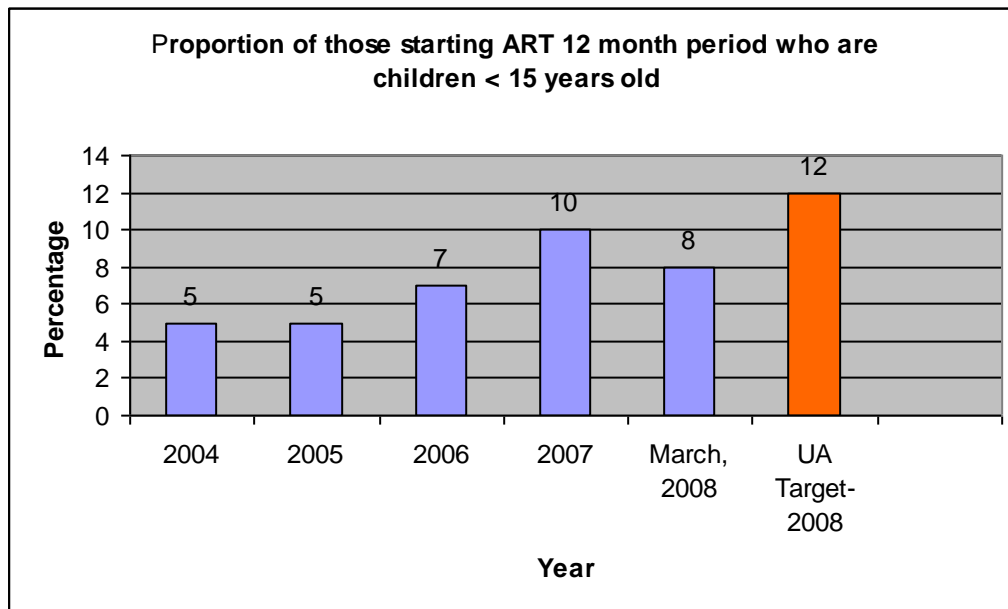
Data from CBCCs can also be used to report for this indicator. Activities at each CBCCs include growth monitoring, referrals to nearby health facility and group feeding programmes. The Ministry of Women and Child Development indicates that there are at the moment, approximately 5,665 CBCC's with an enrolment of 407,468 children aged 0-5 years, out of which 40 percent are orphans. This means that through the CBCC approach, 162,988 orphans have been reached with growth monitoring and group feeding, which contributes to their nutritional and health well-being. A good percentage of the remaining children could also be classified as vulnerable.

The WFP School Feeding Programme is also supporting 635,000 pupils of which 63,500 boys and 330,200 are girls with rations to motivate them to remain in school. The figures are not disaggregated by OVCs, but EMIS data shows that about 13.7 percent of children enrolled in primary schools are orphans. Therefore an estimate of 82,550 orphans could be said to have been reached through the WFP programme.

We have proposed to include an indicator on ART which is in the NAF but not in the NPA-the proportion of those starting ART at 12 month period who are children < 15 years old. This indicator relates to children in general, but because they are infected they are all vulnerable. In 2005/2006, out of all patients accessing ART, only 5% were aged less than 13 years of age. (NAC, 2007). The Ministry of Health reports that by the first quarter of 2008 (January to March), there were 159,111 patients who had ever started on ART (39% male, 61% female; 92% adults and 8 % children). From the progress reported at March, 2008, where 8% of all people who have ever been on ART were children, it is likely that the UA target of 10% (by end of 2008) will be achieved.

The figure below shows the proportion of children starting on ART who are children aged less than 15 years.¹²

Figure 2: The proportion of children starting on ART who are children aged less than 15 years



Source: NAC, 2007 and Ministry of Health, 2008 (for March 2008 data)

The Malawi ART programme has been applauded as a success story. Perhaps this is not true for children as children seem not be benefitting from the success as they comprise a very small percentage (8%) of all people on ART. It is estimated that the present levels of coverage is reaching only about 50% of the estimated number of children in need of ART according to recent spectrum projections. Hence just about half of children that need ART are actually on ART which makes children infected by HIV highly marginalised and vulnerable.

▪ **Indicator 6 and 7: Malnutrition ratio of orphans as compared to non-orphans**

The DHS and MICS provide some indications about the nutritional status of orphans against non-orphans (age 0-4). A recent meta-analysis by Pullum, 2008 analyzed the findings of the DHS (2004) and the MICs (2006) and found that a comparison between orphans and non-orphans showed that children who have lost only one parent are similar to non-orphans in terms of height and weight for age. However double orphans are substantially at a greater risk than non-orphans of having low HAZ (a standard international score for measuring malnutrition) regardless of whether it is in the urban

¹² HIV unit data demarcates at age 13 years unlike the indicator which has 14 years old. This will need to be reworked based on raw data.

or rural area. The analysis reported that 84% of urban and 78% of male double orphans, age 0-4 are shorter than 2 standard deviations below the normative height, compared with 38% and 49% of non-orphans. In a population with adequate levels of nutrition about 2.5% of children are below the standard score and any observable percentage greater than 2.5 percent shows indicates stunting (Pullum, 2008)¹³. About 9 percent of double orphans are underweight (WHZ<-2 criterion), compared with about 4 percent for non-orphans.

In summary the findings of Pullum indicate that double orphans are much more likely than non-orphans to be stunted, to be underweight and to be wasted while single orphans are relatively similar to non-orphans, with only slight higher prevalence of stunting and underweight and a slightly lower prevalence of malnutrition.

- **Indicator 8 and 9: Number of OVCs accessing improved a) water b) sanitation.**

The data close to this indicator is the number of children that are attending CBCCs, which is at 407,468 children aged 0-5 years, of whom 40 percent are orphans. As indicated above, the through CBCC approach, 162,988 orphans have been reached with growth monitoring, messages on hygiene and sanitation, which contribute to the increased understanding and knowledge in safe water and sanitation. Some of the CBCCs, primary schools and secondary schools have been supported with water points, such as boreholes and piped water, which improves children's access to water and sanitation. Provision of water and sanitation in education (formal and informal) is a good entry point for measuring this indicator.

Objective 1.6 Increase registration of OVC and access to a birth certificate

- **Indicator 10: Percentage of children whose births are registered Check????**

The Ministry of Women and Child Development with support from its funding partners is implementing an OVC registration (not birth registration). As of July 2008, 72 percent of the country has completed the exercise. At district level the exercise has been coordinated by the District Assembly, while actual registration has been implemented by child protection workers. Updating of OVC registers has now been left to traditional leaders. The exercise met a number of challenges, including failure to reach to all villages due to lack of resources, limited number of CCPWs and inadequate supervision.

¹³ Pullum, T.W, 2008; Orphan-wood in Malawi, 2004-2006. A report prepared for the Ministry of Women and Child Development

Strategic Objective 2: To strengthen family and community capacity to care for OVC by providing support to improve their economic security, social and emotional well-being and protect them from abuse, exploitation, property dispossession, stigma and discrimination in respect of gender equality.

Objective 2.1 Establish and strengthen community caring mechanisms for children without parental/guardian support

- ***Indicator 13: Percentage households caring for orphans***

As of March 2008, the MOWCD reported that 11 percent of households were keeping OVCs. There was a wide variation between districts in terms of the number of households keeping OVCs. Districts with large numbers of households keeping OVCs included Rumphu which had 22 percent, Nkhosakota with 28 percent, Phalombe with 22 percent and Nsanje with 10 percent. Blantyre reported the lowest percentage of households keeping OVCs at 3 percent. About 52 percent of all OVCs registered are girls.

- ***Indicator 15: No of children under institutional care***

The Government objective is to support capacity building of households so that care and support is provided in a family environment, with institutional care as being the last resort. While data is not readily available on number of children under institutional care, anecdotal evidence is that the number is actually increasing. There are many new organizations with different names (children's homes, orphanages etc) that are being formed, but doing the same thing-that are institutionalizing care and support for OVC. In December 2007, the MOWCD reported that there were 35 orphanages in the country. These are located in fourteen districts and most of the orphanages are located in urban areas of Lilongwe, Blantyre and Mzuzu.

The key issues that the review has noted are that 1) out of the total number of orphanages, the ministry reported that 26 were registered, while the rest operated without government knowledge, 2) most care givers used in orphanages are not trained, 3) inspection, monitoring and tracking of the children by government through DSWO and ministry is inadequate and often does not take place and 4) the concentration of orphanages in urban areas deprives children in the rural areas of the service and also raises questions about the motives behind.

Objective 2.2 Improve the economic security of households caring for OVC

- ***Indicator 17: No of households hosting OVC accessing IGAs***

This indicator is similar to indicator number 2 which tracks number of households that have received external support for caring for OVC. The external support includes support for impact mitigation activities including income generating activities.

Objective 2.3: Strengthen the capacity of communities, families and OVC to provide psychosocial support to OVC and their caregivers.

▪ **Indicator 18: Percentage of OVC receiving appropriate psychosocial support (PSS)**

There is some confusion in Malawi about the definition of psychosocial support. Many players refer to psychosocial support to include only emotional and spiritual support and yet in real sense, psychosocial supports embraces a holistic package of support that meets the physical, social, mental, emotional and spiritual needs of a child. These needs are interconnected and cyclic in nature and addressing or not addressing one affect has effects on the other. As a result of the confusion social and material support is not generally considered as psychosocial support. This has also caused problems regarding the data being collected under this indicator. Whatever the case or definition of PSS, data shows that overall, social and material support the pre-dominant form of PSS mostly given to orphaned children and those made vulnerable due to HIV/AIDS (NAC, 2007). Geographically, the rural areas getting slightly more support (18.6%) than urban areas (17.9%). The Central Region also registered more support (23.1%) and was seconded by the southern region at 17.2% and then the northern region at 8.7%.

Table 7: Percentage of children aged 0-17 years orphaned or made vulnerable due to AIDS whose households receive free basic external support in caring for child, Malawi, 2006¹⁴

| Background Characteristics | Medical support (in last 12 months) | Emotional and psychosocial support (in last 3 months) | Social/ material support (in last 3 months) | Educational support (in last 12 months) | Any support | All types of support | No support at all |
|----------------------------|-------------------------------------|---|---|---|-------------|----------------------|-------------------|
| Malawi | | | | | | | |
| Total | 5.5 | 4.0 | 8.8 | 5.8 | 18.5 | 0.2 | 81.5 |
| Urban | 4.0 | 6.1 | 11.2 | 4.4 | 17.9 | 0.6 | 82.1 |
| Rural | 5.7 | 3.7 | 8.4 | 6.0 | 18.6 | 0.1 | 81.4 |
| Region | | | | | | | |
| Northern | 2.6 | 1.8 | 4.3 | 3.2 | 8.7 | 0.3 | 91.3 |
| Central | 6.2 | 6.7 | 12.8 | 4.4 | 23.1 | 0.2 | 76.9 |
| Southern | 5.5 | 2.8 | 7.1 | 7.1 | 17.2 | 0.2 | 82.8 |

Source: NAC, 2007 Monitoring and Evaluation Report

Objective 2.4 Protect OVC from abuse, exploitation and property dispossession

¹⁴ These results are based on further analysis of MICS data of 2006 collected by the National Statistical Office.

- **Indicator 19: Increased awareness of children’s rights and child protection among professionals and community members**

This indicator is covered under strategic objective no. 5.

- **Indicator 21: Percentage of widows and orphans that have experienced property dispossession**

Cases of property dispossession are reported on daily basis by the media. However, there is no national data on number of widows and orphans that have experiences property dispossession. Anecdotal evidence however suggests that the number of such cases is increasing. While Malawi has legal aid systems to support victims of such cases, there are no specific systems to support those specifically affected by HIV and AIDS such as OVCs. Malawi has a number of institutions that are mandated to monitor and enforce human rights. These include the Malawi Human Rights Commission, the Malawi Law Commission, the Ombudsman and the National Compensation Tribunal. The work of these institutions is supported by a number of human rights civil organizations for example Civil Liberties Committee (CILIC); Centre for Human Rights Rehabilitation (CHRR); Malawi Carer; Women Voices; NAPHAM; Centre for Legal Assistance (CELA) and National Initiative for Civic Education. Although there exists independent human rights monitoring and enforcement institutions, compliance with human rights standards in the context of HIV and AIDS efforts is not yet up to the expected level (NAC, 2007).

Accordingly, there is need for the MOWCD to collaborate with these institutions in the area of data collection so that the indicator can be adequately tracked.

Objective 2.5: Reduce stigma and discrimination of OVC

- **Indicator 22: Percentage of OVC experiencing stigma and discrimination because of their orphan status**

Stigma and discrimination against people living with HIV and AIDS and against orphans is still prevalent in Malawi despite that there are many stakeholders that are implementing programmes to address these twin evils. In the DHS and MICS, respondents were asked whether they would be willing to take orphaned children of a relative who died of AIDS, whether they would be willing to buy vegetables from a vendor who has HIV, whether they believe a female teacher who has HIV should be allowed to continue to teach and, lastly, whether they would want the HIV+ status of a family member to remain secret. The table shows the proportion of people expressing accepting attitudes towards PLHIV:

Table 8: The proportion of people expressing accepting attitudes towards PLHIV:

| Table 5.14: Percent of population expressing accepting attitudes towards PLHIV | | | |
|---|------------------|------------------|------------------|
| | MDHS 2000 | MDHS 2004 | MICS 2006 |
| Male | 46.2 | 29.7 | 44.3 |
| Female | 36.8 | 30.8 | 20.3 |
| Rural Male | 43.3 | 30.5 | 41.8 |
| Female | 35.3 | 30.1 | 19.6 |
| Urban Male | 59.0 | 27.6 | 54.8 |
| Female | 45.0 | 34.3 | 23.6 |

Source: NAC, 2007.

It can be seen from the table that in 2000 46.2% of the males expressed accepting attitudes towards PLHIV and this decreased to 29.7% in 2004 and then increased to 44.3% in 2006. Among females it has been decreasing: in 2000 it was 36.8% and this decreased to 30.8% in 2004 and then 20.3% in 2006. This trend is also observed among both rural and urban females as can be seen above. Among rural males 43.3% expressed accepting attitudes towards PLHIV and this decreased to 30.5% in 2004 and then increased to 41.8% in 2006. The corresponding proportions among urban males were 59.0%, 27.6% and 54.8%, respectively. The 2010 universal access targets for this indicator are 75% among both males and females.

Objective 2.6: Provide emergency support to destitute families caring for OVC with direct assistance

- **Indicator 23: Percentage of households with OVC who receive free basic external support in care of OVC**

Same as indicator number 2 above.

Strategic Objective 3: To protect the most vulnerable children through improved policy and legislation, leadership, efficient coordination at all levels and by facilitating equal and meaningful child participation for both boys and girls.

Objective 3.1: Enhance an enabling policy framework in which OVC are better protected and in which OVC interventions can be guided, scaled-up, implemented, monitored and evaluated.

- ***Indicator 24: Policy and strategy index reflecting the progress made and quality of the national policies and strategies for the support, protection and care of OVC***

In December 2007, the Malawi Government carried out an OVC Policy and Planning Effort Index assessment for Orphans and Vulnerable Children. The index measures the response by countries in sub-Saharan Africa to the crisis facing orphans and other vulnerable children. It is one of the 10 core indicators recommended to countries by UNAIDS to monitor the implementation of their national response for OVC. The index is a combination count of progress on 8 variables, which include 1) national situation analysis, 2) Consultative processes, 3) coordinating mechanisms, 4) national action plans, 5) OVC policy, 6) legislative review, 7) monitoring and evaluation and 8) Resources and financing. In general the OVC national policy index had improved since the first was done in 2005/2006. There are still areas that need pothole-filling and these have been analyzed in sections of this report that relate to specific variables of the policy index. The table below summarizes the results of the assessment.

Table 9: Summary of OVC national policy index

| Variable | Key Question | Rating |
|-----------------------------|--|--------------------|
| National situation analysis | How would you rate the quality of the national situation assessment of orphans and other children made vulnerable by HIV/AIDS? ¹⁵ | Adequate |
| Consultative processes | How actively are stakeholders involved? ¹⁶ | Fair Participation |
| Coordinating mechanisms | How effective would you rate the coordination? ¹⁷ | Fair Coordination |
| National action plans | How would you rate your government's (by government includes the cabinet and all ministries and departments) commitment to taking action for orphans and other children made vulnerable by HIV/AIDS? ¹⁸ | Fair |
| OVC policy | How effective is this policy in creating a supportive environment for effective programming? ¹⁹ | Good |
| Legislative review | How are orphans and other children made vulnerable by HIV/AIDS being protected by legislation? ²⁰ | Poor |
| Monitoring and evaluation | Are M&E findings used in policy formulation and programme planning? ²¹ | Fair use |
| Resources and financing | How would you rate the adequacy of financial resources to support the national response to orphans and other children made vulnerable by HIV/AIDS your country? ²² | Reasonable |

▪ **Indicator 25: Specific strategies designed to meet OVC goals developed.**

Social Cash Transfer scheme: The Government has developed the social cash transfer strategy with the aim of providing direct financial support to OVC. The programme started in Mchinji District and is now being rolled out to additional districts as explained in earlier sections. A social protection policy has been formulated to provide national guidance on social protection issues, including social cash transfer.

Agricultural Input Subsidy Programme: which has been described above supports rural farmers with cheaper agricultural inputs to enhance food production at household level.

¹⁵ (0=has not been done; 1=very poor; 2=inadequate; 3=fair; 4=useful; 5=excellent)

¹⁶ (0=no consultation; 1=most do not attend; 2=poor participation; 3=fair participation; 4=good participation; 5=highly committed)

¹⁷ (0=no coordination; 1=very poor; 2=slight; 3=fair; 4=good; 5=excellent)

¹⁸ (1=not committed; 2=slight; 3=fair; 4=good; 5=highly committed)

¹⁹ (0=no policy; 1=not effective; 2=slight; 3=fair; 4=good; 5=very effective)

²⁰ (0=no legislation; 1=not protected; 2=poor; 3=fair; 4=good; 5=fully protected)

²¹ (0=no M&E; 1=data not used; 2=poorly used; 3=fair use; 4=good use; 5=essential to planning)

²² (0=no resources; 1=very limited; 2=modest; 3=reasonable; 4=good; 5=adequate for all needs)

Public works for income generation: Government, with support from European Union, is also implementing various public works for income and food generation targeting poor households that keep orphans and chronically ill people at community level.

MASAF continues and is now being re-energized to provide both developmental and social services to the poor.

Social protection policy: The above programmes are also reinforced by the priorities in the MGDS where social protection is an important theme for Government. But Government is in the process of developing a full-fledged social protection policy to provide national policy direction and guidelines for social protection programmes.

▪ **Indicator 26: Policy strategy linked to PRSP, MGDS and NAF**

Links with the Malawi Growth and Development Strategy: The NPA for OVC was developed in 2005, after the Government of Dr Bingu Wa Mutharika had just been ushered into power following Presidential and Parliamentary General Elections held in May, 2004. The new government developed the Malawi Growth and Development Strategy (MGDS) to replace the Malawi Poverty Reduction Strategy which had expired in 2004. The main development policy as embedded in the MGDS is poverty reduction through sustainable economic growth and development.

The MGDS identifies six key government medium term priorities that include: 1) Agricultural and Food Security, 2) Irrigation and Water Development, 3) Transport and Infrastructure, 4) Energy generation and Supply, 5) Integrated and rural development and 6) Preventions and Management of nutrition disorders HIV/AIDS.

In order to support the six key priority areas above, the development framework of the MGDS is built around five broad thematic areas (GoM, 2006) where progress must be made if poverty is to be reduced and sustainable economic growth achieved. These areas are: 1) Sustainable economic growth, 2) Social protection, 3) Social development, 4) Infrastructure development and 5) Improved governance.

The six MGDS medium term priority areas highlighted above had been singled out from the five thematic areas as areas where government will concentrate its efforts in the short to medium term in order to realize immediate economic benefits for the well being of the people (GoM, 2006). A quick analysis of the MGDS shows that it has incorporated the NPA for OVC priority areas in the social protection and disaster risk management thematic area under the sub-theme number one “protecting the vulnerable” (page 44). OVC issues are implied in the impact mitigation objectives under the priority area of prevention and management of nutritional disorders, HIV and AIDS (page 13). The MGDS defines the most vulnerable as individuals and households affected by disasters, households headed by orphaned children, the elderly and single parents (especially female headed households); persons with disabilities; under five children (who also include OVCs); lactating and pregnant mothers; orphans; the underemployed and un-employed and the land constrained in rural areas.

Links with HIV and AIDS Policy Framework: HIV/AIDS has continued to negatively impact on the economy. Although HIV prevalence among the 15-49 age group reduced from 14% (NAC 2006) to 12% (NAC, 2007)²³, AIDS continues to contribute to about half of the number of OVCs in Malawi. In 2005, the Malawi Government developed the national HIV and AIDS action framework, after the expiry of the National Strategic Framework (NSF). The goal of NAF, which is based on the HIV/AIDS policy of 2000, is to prevent the spread of HIV infection among Malawians, provide access health, socio-economic and psychosocial families, communities and the nation (NAC, 2005). The NAF has 8 priority areas, which include mitigation of the socio-economic impacts of HIV and AIDS, where OVC issues are incorporated. Due to the combined impacts of poverty and HIV and AIDS, the number of OVC has been increasing over the period 2003-2007. In 2003/2004 there were an estimated 880,588 OVC in Malawi and this increased to 908,201 in 2004/05, 939,388 in 2005.06 and then 1,100,000 in 2006/07. The increasing number of OVC poses a challenge to provision of care and support as households are overstretched.

Sectoral policy reform: Change of policies in key sectors such as in education, health and agriculture has created new opportunities for implementation of the NPA. For example, the introduction of free primary education in 1994 raised enrolment in primary schools from about 2 million to 3 million and has widely been applauded for increasing access to primary education for OVCs. Ten years later in 2004, the introduction of agricultural inputs subsidy scheme combined with favourable weather conditions, has generally resulted in improved food security at national and household level, which has on its own provided a potential for OVC programmes to improve food and nutritional support to OVCs.

In 2004, Government, with support from the Global Fund, introduced free ARVs for AIDS patients with advanced HIV infection. The introduction of free ART motivated many people to undergo an HIV test and as a result the number of people with advanced HIV infection receiving ART jumped rapidly increased. For example, in 2003 only 3,000 persons with advanced HIV infection were paying for ARVs. However, with free ARVs, the figure rose to 13,183 in 2004, to 130,488 in September 2007 and to 159,111 in March 2008. According to NAC reports, the survival rate of patients on ART has steadily increased from 55% in 2005 to 78% in 2007 at 12 months interval, meaning that more parents and guardians are living longer to provide the much needed care and support to the OVCs.

²³ NAC Monitoring and Evaluation reports A DHS estimate was 12% NAC 2007 M+E Report.

Objective 3.2: Strengthen the legal protective framework for OVC

- ***Indicator 27: Legislative framework exists to ensure OVCs rights are respected, including protection, inheritance rights and protection from property grabbing.***

The current primary law on child justice was enacted in 1969 (Children and Young Persons Act). The law is a very archaic legislation and has several gaps in as far as child justice is concerned. It has not taken up issues that have developed over time. Specifically, the law has no comprehensive provision on child care and protection e.g fosterage; it has no provision on re-integration of child offenders into society; has no proper definition of a child; has no provisions on parental responsibilities; has no guidelines on age and parental determination; does not take into account general principles of the CRC and other international Agreements on Child Justice; does not clearly stipulate the role of government and other key players in child justice; has no comprehensive provisions on children in need of substitute care and protection.

The Law Commission (LC) is the competent authority in review of legislation in Malawi. Accordingly, the LC has developed a harmonized Child Justice Bill, which has incorporated the gaps identified in the Children and Young Persons Act of 1969. Unfortunately the bill is not yet law. The Law Commission is developing an HIV and AIDS Bill which outlines the specific rights of persons infected with HIV or suffering from AIDS, and those affected with HIV and AIDS, as well as making provisions for the observance of privacy and confidentiality. The proposed law provides for the right of any persons of 13 years and above to access HIV voluntary counselling and testing services without the consent of his/her parent or guardian.

The review team has noted lack of a proper multi-stakeholder advocacy strategy to lobby and force MPs to pass important legislation affecting children. The advocacy role has been left to the MOWCD, which in our view is not the right institution to advocate for this legislation. Hence only one meeting with MPs has been held; the media has not been adequately mobilized on the bill. The Ministry, with support from UNICEF has produced quite a number of IEC materials on child protection issues, but these need to be complimented with advocacy and legislation. The NGOs, who are the right stakeholder in advocacy work, have played no recognizable advocacy role on the bill.

Objective 3.3: Strengthen the capacity of Government and civil society to provide leadership, guidance, supervision and coordination for OVC interventions.

- ***Indicator 28: Functioning, effective body to coordinate policy development, implementation and monitoring exists***

Three key institutions need to be mentioned: 1) The Ministry of Women and Child Development, 2) the National Steering Committee and 3) the OVC Technical Working Group.

The Ministry of Women and Child Development is the Government Body that spearheads development and implementation of the NPA for OVC. There has been

significant progress recorded with the aim of building the Ministry's capacity at various levels to enhance support to OVCs. At national level, the Ministry of Women and Child Development has received technical support to facilitate implementation of the OVC programme. The following experts have been deployed within the Ministry- 1) OVC Expert within the Department of Social Welfare, 2) one Monitoring and Evaluation Expert in the Department of Planning and Research, 3) one Procurement Specialist and 4) one Accountant within the Department of Finance and Administration. Each expert has been allocated a counterpart within their respective department with the objective of transferring skills to the Ministry staff. As a result of the technical team, we have noted improved capacity at national level to coordinate and implement the OVC plan, to convene and operationalise the National Steering Committee and the Technical Working Group. Deploying experts within the departments, other than creating a separate project set-up such as the TASU which was proposed in the OVC plan has comparative advantages in that it promotes ownership of the programme and contributes to sustainability. The review team is happy with the arrangement, although it is not clear how long the TA team will be in the ministry, therefore issues of sustainability still need to be resolved. What happens when the funding for TA support expires? Will the ministry still operate at the same level? Currently the Social Welfare Department has only about 40 percent of its posts filled and operationally, the department receives very little funding. How are these issues being addressed at the moment?

To guide implementation of the OVC plans, the ministry has also developed several guidelines and manuals that are available for stakeholders to use to deliver effective and sustained support to OVCs at community level. For example, the ministry has developed guidelines for establishment and management of CBOs, guidelines for establishment and management of children's homes, training manual for psychosocial support and guidelines for education support and many more. These manuals and guidelines are important tools to support capacity building and service delivery. We note however, that dissemination of most of these tools has not been adequate and has led to inadequate application and use.

NSC and TWG: A multi-sectoral National Steering Committee (a committee of Principal Secretaries) on OVC is in place and is led by the Ministry of Women and Child Development. The NSC comprises Government Ministries, NGOs, CBOs and UN Agencies (Malawi Government, NPA, 2005). Technically the NSC is supported by an OVC Technical Working Group, a grouping of experts that provide technical advice to the Ministry on OVC issues. The NSC and the TWG were formed in 2005 when stakeholders began implementation of the OVC NPA.

While in general these two bodies, particularly the TWG, have contributed to improved coordination at national level, we have some concerns about governance, transparency and accountability of the coordination arrangements. Firstly, we note that the NSC has been idle for a long time and only the change of the PS made it to begin to function. We think the idleness has contributed to some of the slow progress recorded regarding issues of capacity, legislation, ownership and leadership of the programme and other

policy levels issues raised in SWOT analysis. We also think that the root cause is that the NSC lacks a governance, transparency and accountability board that has powers to sanction the NSC. We further think that the fact that the NSC is a committee of PSs makes it difficult for the Ministry's PS to convene an effective meeting. Very likely, PSs from other Ministries, especially the strong ministries such health, education, agriculture etc will delegate junior officers who cannot make decisions. We are also concerned that both the NSC and the TWG are chaired by the Ministry, leaving no room for participation of stakeholders in the process. There are also questions about the effectiveness of TWG in advising the Ministry-how do members who are an interested party in OVC issues, also advise their chairperson, who also monitors their programmes? It seems to us that some independent advice is required.

Indicator 29: Decentralized coordinating structures exist and are functioning

The District Social Welfare Office is the lead agency on OVC at district level. Currently the DSWO is highly understaffed and often the level/grade of staff is much lower than that of their peers in the District Assembly, making collaboration a challenge. Although, the Ministry decentralized enabling the DSWO to be under the District Assembly and reporting to the District Commissioner on technical issues, they are actually mostly controlled by the MOWCD head office. This is understandable considering that the career path of the DSWOs is not with District Assemblies. Hence DSWO officers can be moved from district A to B, without the knowledge or consultation with the District Commissioner. The current arrangement weakens the DA to hire and retain performing officers and fire underperforming officers. It also shows the incompleteness of decentralization and lack of central line ministries to relinquish power. In 2003, the Ministry of Local Government and Rural Development in conjunction with the Department of Human Resources and Development developed a human resources development plan for DAs which would have enabled DA to recruit their own staff, but the plan and its establishment has not been approved.

The main coordinating body for OVC activities at district level is theoretically the District OVC Subcommittee-a subcommittee of the District AIDS Coordinating Committee. However, practically the functionality of this important structure is mixed between districts. There are districts where the DOVC is working while in many districts, this is not working. We noted that the DOVC worked better where NGOs were active, such as in Karonga district where WVI works with the DA very closely and supports meetings of the DOVC. In many districts, there are more than one structure at district level coordinating issues of children and OVCs. There are for example, district child protection committees, district IMCI committees, district child labour committee and district youth committees. Often stakeholders who meet in the committees are the same. The situation has created a lot duplication of efforts, inefficiencies and often is the responsible for weak coordination and lack of synergy.

At community level, OVC services are delivered mainly by CBOs through care givers/volunteers. The number of CBOs and care givers has been increasing. According

to the MOWCD, there were 3,249 CBOs in the country in 2007. Out of these CBOs, 1,733 are registered with the District Assembly and none are registered with the Registrar General. Only about one sixth of these CBOs (584) were trained in areas such as orphan care, IGA management, psychosocial support, ECD, monitoring and evaluation.

With increasing HIV and AIDS resources flowing district assemblies, the number of CBOs has kept increasing, leading to serious coordination problems and an ever increasing demand for capacity building. Although, government has moved in to address CBO coordination by issuing a directive of 1 CBO per Group Village Policy, districts are finding it a problem to implement the policy, particularly to deal with questions of which CBO merges with which? There are some districts that are adhering to the policy, but in others it has been difficult to harmonize existing CBOs, because of resistance from CBO founders.

With increasing number of CBOs, the number of care givers/volunteers has also been increasing. By 2007, the CBCC inventory reported that a total of 5477 care givers in the country. The main challenge is that most of these are not trained, with only about one quarter (24 percent) being trained.

Objective 4.1 Increase knowledge of SWAs and Community Child Protection Workers on OVC and child protection issues and Objective 4.2 Increase knowledge of SWAs and Community Child Protection Workers on OVC and child protection issues

- ***Indicator 30: Social Welfare and Protection Officers further trained and Indicator 31: District level protection officers further trained.***

The Ministry and many OVC stakeholders have implemented various capacity building initiatives at districts and community level. A district team of trainers on OVC and psychosocial support has been trained in each of 28 districts. A total of 58 existing SWAs have been reoriented on OVC issues and an additional 60 new Social Welfare Assistants have been recruited and trained in 2007. Although the new SWA have been trained, they have not yet been recruited by government as no establishment warrant exists for them.

One key achievement regarding capacity building has been the recruitment, deployment and training of 659 community child protection workers. The role a child protection worker is to facilitate child protection interventions at community level, link OVC activities at community level with district officials and handle community level child protection and referral issues. Out of the 659 recruited and trained, 57, representing about 9 percent have left or died. We have learnt from interviews with stakeholders and reports from the Ministry that the CCPW that were recruited through MPs have not been as effective as the ones recruited by the Ministry. The former have tended to be accountable to the MP rather than to the people they serve.

Plans to upgrade district social welfare officers in terms of their academic qualifications and posts have not materialized. The numbers of staff at the DSWO remain critically low to the extent that some district offices are managed by SWAs as DSWO. This creates serious capacity and coordination gaps, especially considering that other sectors at district level have relatively a higher calibre of staff.

Objective 4.3: Enhance capacity of Magomero to train child protection workers

- ***Indicator 32: Magomero Training College curriculum upgraded:***

Traditionally Social Welfare Officers/Assistants are trained at Magomero Community Development College, based in Chiradzulu and run by the MOWCD. The college offers certificate courses in community development and social welfare. Those trained are recruited by the Ministry to work as extension workers in its departments. When there are no vacancies in the Ministry or no funds for employment in the civil service, no training takes place.

To some extent, the NPA has contributed to improvement in training capacity of Magomero through development of training manuals for OVCs issues. All the SWAs and CCPW have been trained at Magomero. The CCPW workers have also been trained at Magomero, which has in itself developed the capacity of the college to implement OVC capacity building for stakeholders. For example, the college is soon to launch a parallel programme to train private SWAs and CDAs, which will now be available for employment by other agencies in the sector.

The Ministry is preparing to develop a strategic plan that will further guide the development and reform of Magomero, that will address more strategic issues regarding the college. Links with the Catholic University and Chancellor College for joint programmes and accreditation are being explored. The Catholic University has introduced a degree programme in social work, which has created an opportunity for linkages with the MOWCD and other OVC stakeholders in the area of capacity building.

Strategic Objective 5: To raise awareness at all levels through advocacy and social mobilization initiatives to create a supportive environment for children and families affected by HIV and AIDS and poverty.

Objective 5.1: Enhance awareness and understanding of the overall population on the scale and dimension of the OVC crisis and objective 5.2: Mobilise intergovernmental, governmental, parliamentary bodies to ensure high levels of commitment to OVC issues.

- ***Indicator 33: Increased community, donor and political engagement in care, protection and support of OVC.***

In general awareness and appreciation of OVC issues has increased with the adoption of the NPA. The launch of the plan by the President provided the first dose of public interest. Donor commitment in terms of resources to the OVC sector has increased and more importantly so at district level. The Global Fund and other donors through the National AIDS Commission, USAID and UNICEF have continued to be the main funders to the NPA activities in the Ministry. In general, the understanding of the OVC policy and NPA is high at national level but weak at the lower levels-district and community level.

Although the Ministry has lately implemented some NPA dissemination activities at district and community level through awareness meetings, the level of understanding of the document at these levels seem to be very low. Partly, because dissemination started only recently and also because mass media has not been adequately engaged. This is particularly important for key collaborating sectors such health, education, agriculture, youth and community development at district level. There is need for more dissemination activities, at all levels, especially within key sectors such as agriculture, health, education, NGO programmes and at district and community level. This will require new communication methods and products such NPA briefs, radio programmes, posters and other IEC materials to be continuously developed and disseminated.

We note that although there are elements of government commitment to OVC issues as demonstrated through the production and launch of the NPA by the President, the presence of NSC/TWG and the continued support to the MOCWD, the review team is concerned with overall political will to implement the OVC programme. There are areas that government (including the legislature) needs and should have done better particularly regarding 1) legislation, 2) implementation of decentralization, 3) funding and staffing levels of the Ministry, especially DSWOs, 4) inter-government department coordination and planning and 5) more importantly general leadership in the OVC issues. These are strategic and very critical areas that need government and overall political will by all arms of government (executive, legislature and judiciary), but we note very little progress is being made. We have noted high dependence on donors, particularly NAC and UNICEF, with limited signs of Ministry leaderships and ownership of the programme.

Strategic Objective 6: To continuously monitor and assess the situation of OVC and measure the gaps between what is being done and what must still be done to adequately fulfill the rights and needs of OVC.

Objective 6.1: Strengthen and further synchronize a OVC identification and registration system

▪ ***Indicator 35: Effective OVC data collection mechanisms functioning***

A process to develop a web-based database is underway. A consultant has been hired and the database has been developed. Computers to host the database have been procured and awaiting delivery to districts. Training of DSWO in computer use and data entry has also been done. It is not clear whether the training was specific to the database management or generic data collection and entry.

We have also noted existence of other data bases at the district level-such as the Local Assembly Management Information System (LAMIS). The LAMIS also collects OVC data and is being upgrade by the Department of Local Government. We have also noted that the computers used for data entry are also used for other purposes, exposing them to heavy usage, burn-out and risk of viruses. Technical backstopping for the database has not been guaranteed.

While appreciating progress on the database we caution that with the human, technical, financial, infrastructural and management capacity currently at DA level, especially within DSWO, who will host the data-base, the system might not function as expected. Close monitoring and mentoring of DSWO needs to be done. Backup and follow-up support services should be guaranteed.

Objective 6.2: Conduct a National OVC situation analysis to enhance understanding of the scale and dimension of the OVC issue

▪ ***Indicator 36: National Situation analysis of OVC undertaken***

Data on OVC in Malawi is very limited. Often it is inconsistent and based on estimates. To address this shortfall the NPA recommended an OVC registration exercise, which is now being implemented and by March 2008, 72% of the country had been covered. Registration was primarily done by CCPWs and then handed over to traditional leaders who will be updating the village registers. All stakeholders interviewed mentioned that the registration process is a good exercise but it has serious loopholes. Particularly the lack of resources to monitor the exercise, the limited number of child protection workers, which meant many villages have not been covered and therefore not reported on, the lack of involvement of the District Assembly and other sectors and in general the quality of data generated

Outside the MOWCD, the Ministry of Education, Science and Technology manages a very robust Education Management Information System (EMIS), which is school-based and collects data on orphans and some vulnerable children (especially pupils with learning difficulties). The MOWCD has not linked up clearly with the MOEST to learn from it and adapt some approaches for its own M+E system. The EMIS report is

produced every year. The MTR thinks there is potential in working with MOEST and examine opportunities for registration of OVC using lessons from EMIS.

Other important studies that have been done and have included OVC data include the DHS (2004) and MICS (2006). Recently, a meta-analysis of OVC issues in the DHS and MICS has also been and has provided a good insight about orphan-hood in Malawi. Much as the report is very good and provides a good analysis of orphan-wood in Malawi, it is too technical and too academic for a common professional to understand and may need simplifying if it is to be used by stakeholders more effectively.

In June, this year Malawi conducted a National Population and Housing Census. The census asked every household the number of children in the household, their relationship with the head, their age, their education level, the economic status of the household and many more questions which generate very good population-based data on orphans and vulnerable children in Malawi. The MTR sees a close relationship between the OVC registration the MOWCD conducted and the Ministry will need to look how best to utilise census data to generate an OVC national report for Malawi.

Objective 6.3: Improve monitoring of programme effectiveness on wellbeing of OVC

- **Indicator 37: Effective monitoring work-plan and structures in place and operational**

The Ministry of Women and Child Development is a key player in the implementation of the MGDS and the NAF, therefore there are many indicators that the Ministry has to contribute to and report on, particularly on issues of gender, HIV and AIDS, women empowerment, children and other vulnerable groups. This is a challenge to the ministry but creates an opportunity for the ministry to raise the profile of its programmes. The M+E plan has not included all indicators in the NPA and does not have baseline data on most of the indicators. Data is mainly available on indicators that appear in the NAF, as NAC has a more robust monitoring and evaluation system that encourages stakeholders to collect and report on data. Efforts are needed to collect baseline data on all NPA indicators, as well examining the possibility of including the indicators in routine national surveys.

In 2006/2007, the MOCWD through a Technical Working Group on monitoring and evaluation, developed a monitoring and evaluation plan whose objective is to provide the Ministry and its stakeholders relevant, reliable and accurate information that would be useful in evidence-based decision making, planning and implementation of HIV/AIDS and OVC programmes. The M&E tracks OVC, women and girls and HIV and AIDS interventions and the general process of HIV/AIDS mainstreaming.

On OVC issues, the plan has identified 5 impact indicators, 5 outcome indicators, 31 output indicators and 10 input indicators. In terms of monitoring and evaluation stakeholders, the National Statistics Office is responsible for collecting impact data

through DHS, Population and Housing Census, Multiple Indicator Cluster Survey, Behavioural Surveillance Studies and other routine national studies. According to the plan, most of the outcome, output and input data is expected to be collected and processed by District Assemblies.

In terms of structures for monitoring and coordination, we have the National Steering Committee on OVC and the Technical Working Group for OVC, which have been established in line with the NPA. The NSC is chaired by the PS from the MOWCD and it oversees and advises on key policy issues related to the NPA for OVC. The NSC comprises of PSs, Directors and representatives from key OVC stakeholders such as Government line ministries, UN, donors, local and international NGOs and FBOs. The TWG comprises of technical experts from the same organizations. The role of the TWG is to give technical direction on NPA for OVC. TWG has met as planned on quarterly basis since 2005 while the NSC has met 3 times, mostly between 2007 and 2008.

The assessment found out that the NSC was initially not active but with new management in the ministry, the frequency of NSC meetings has picked up. There have also been frequent changes in the Ministers and PSs of the Ministry, which has compromised continuity. The participation and commitment of the NSC members has been poor, in most cases PS from line ministries have delegated attendance to junior officers who do not make decisions.

At district level, there are various structures in place: each district has an OVC desk officer, who is often a Social Welfare Assistant, not a DSWO. This has also created problems in that DSWO are often sidelined in OVC activities. The low level of a SWA makes it difficult for them to confidently mobilize other key players, who are often more senior, as has been reported.

We have also noted that there are too many committees at district level in many districts that deal with children related issues. Some of them include District OVC Subcommittee, District Child Labour Committees, District Child Protection Subcommittee, District IMCI Subcommittee, District Youth Committee to mention but some of them. In many districts these committees exist side by side and often have same people from the same sectors. Unfortunately this has lead to inefficiencies in coordination, poor synergy and duplication of efforts in implementation.

Objective 6.4: Enhanced evaluation of OVC interventions

Indicator 38: Enhanced evaluation mechanisms in place

The main evaluation activity the Ministry has launched is this midterm review. Understandably, the review has been done late, one year before the end of the programme, because generally implementation of the NPA for OVC begun in 2006.

6.0 Financial analysis

The NPA for OVC is being financially supported by a number of donors that fall into 6 categories as follows:

1. The National AIDS Commission (NAC), which manages funds from pool donors (including the Global Fund for HIV/AIDS Tuberculosis and Malaria, GFATM) and its discrete donors. The NAC finances implementation of the NAF. OVC activities are funded as impact mitigation activities.
2. UNICEF and other UN agencies. UNICEF is a long time partner to the MOWCD in OVC and general child programmes.
3. The Malawi Government funds the MOWCD and the OVC programmes through personal emoluments, office costs and operational funds (ORT). It also indirectly funds OVC programmes through programmes such as MASAF.
4. Civil society-including international, national NGOs and CBOs/FBOs.
5. Other international bilateral and multilateral development agencies such USAID, EU, GTZ, JICA, CDC.
6. The Private sector.

The NAC and UNICEF are the biggest single donors to the Ministry and the two have significant influence on the direction of the NPA. In addition to the two, the MTR has noted that in general there are many partners that fall in one of the above categories that are directly or indirectly providing resources to the OVC programme. We noted however problems of getting finance data and a complete picture of how much financing has been invested in the OVC programme, requires a separate study.

The table below shows the amount of money spent through NAC between 2003 and 2006.

Table 10: Grants Disbursed (2003 – 2006) by type of recipient and type of project

| BREAKDOWN OF NAC GRANTS | | | | | | |
|---|----------------------------|---|---|---------------------------------------|---|--------------|
| By type of grant beneficiary | | | | | | |
| Status | No. of transactions | Committed funds Grant amount (MWK) | Disbursed funds Grant amount (MWK) | Spent funds Grant amount (MWK) | % of committed funds Disbursed Spent | |
| Non-governmental Organisations | 158 | 1,896,479,138 | 1,124,802,020 | 857,575,306 | 59.31 | 45.22 |
| Community-Based Organisations | 0 | 0 | 0 | 0 | | |
| Faith-Based Organisations | 51 | 741,673,940 | 303,461,481 | 208,193,511 | 40.92 | 28.07 |
| Private sector | 16 | 346,845,147 | 136,011,550 | 123,632,932 | 39.21 | 35.64 |
| Public sector | 112 | 4,940,492,146 | 1,570,749,510 | 1,364,799,474 | 31.79 | 27.62 |
| Education/training institutions | 17 | 457,120,225 | 395,429,870 | 192,671,873 | 86.50 | 42.15 |
| Umbrella Organisations | 45 | 4,481,373,433 | 1,672,754,346 | 1,584,146,338 | 37.33 | 35.35 |
| Other | 4 | 193,057,644 | 30,400,660 | 5,604,681 | 15.75 | 2.90 |
| Total | 403 | 13,057,041,672 | 5,233,609,437 | 4,336,624,114 | 40.08 | 33.21 |
| By type of project | | | | | | |
| Project category | No. of transactions | Committed funds Grant amount (MWK) | Disbursed funds Grant amount (MWK) | Spent funds Grant amount (MWK) | % of committed funds Disbursed Spent | |
| Advocacy and prevention | 232 | 2,978,714,247 | 1,076,625,193 | 830,019,961 | 36.14 | 27.87 |
| Sectoral HIV/AIDS mainstreaming | 98 | 1,213,880,631 | 558,575,131 | 458,505,181 | 46.02 | 37.77 |
| Treatment, care and support | 132 | 4,368,199,045 | 1,782,859,099 | 1,538,282,969 | 40.81 | 35.22 |
| Impact mitigation | 96 | 1,841,240,548 | 662,651,271 | 554,172,532 | 35.99 | 30.10 |
| Capacity building and partnerships | 89 | 1,975,491,542 | 899,783,472 | 752,213,416 | 45.55 | 38.08 |
| Monitoring, evaluation and research | 44 | 679,515,658 | 253,115,271 | 203,430,056 | 37.25 | 29.94 |
| Leadership, coordination and programme management | 0 | 0 | 0 | 0 | | |
| Total | 691 | 13,057,041,672 | 5,233,609,437 | 4,336,624,114 | 40.08 | 33.21 |

Source: M&E Report MOWCD 2007

The support from Global Fund in 2008 was MK 381,522,394.00 and MK 309,588,974.00 was disbursed for NPA for OVC out of which MK 169,195,411.00 has been spent representing 44% of total budgetary allocation. The table below shows the breakdown on funding provided during the quarter under review. It was noted that the utilization of resources by the MOWCD was depended on the Integrated Annual Work Plans (IAWP). In comparing utilization of allocated resources from the IAWP the expenditure levels were at least at 86% which is a reasonable expenditure level.

Table 11: Summary of Funding

| | Budget | Actual disbursement by UNICEF | Expenditure ((absorption) |
|-------------|-------------|-------------------------------|----------------------------|
| GLOBAL FUND | 381,522,394 | 309,588,974 | 169,195,411 |
| IAWP | 29,824,634 | 22,250,301 | 25,607,221 |
| ADDENDUM | 47,913,289 | 47,843,289 | 33,228,390 |
| | | | |
| | Budget | Funding | Expenditure |
| GLOBAL FUND | 100% | 81% | 44% |
| IAWP | 100% | 75% | 86% |
| ADDENDUM | 100% | 100% | 69% |

Source: MOWCD Financial Reports

Despite the availability of resources the table shows that 81% of resources were made available and the funds utilization is on the lower side at only 44% of expenditure.

Overall it could be said there has been an increase in funding levels to the district assemblies in the country to scale up the national response since 2005. In 2007 alone, Global Fund through the National AIDS Commission had disbursed approximately US\$5,109,669 to district assemblies under impact mitigation (this includes OVC) while the Ministry of Women and Child Development had been allocated US\$2,548,880 to implement policy level activities related to OVCY²⁴.

UNICEF alone supported the Ministry of Women and Child Development as well as its partners with a total of US\$4,522,484 in 2007 for OVCY. Specific activities included capacity building of the MOWCD (US\$337,787), family and community strengthening (US\$2,101,112), social protection (US\$452,025) and child protection (US\$1,631,559)²⁵.

The funding from UNICEF for general support to child development for the period 2005 to 2008 amounted to USD 46,218,702.44 whilst funds specific to support and care for OVC amounted to USD 9,257,544.68 representing 20% of total support for child development.

The table below gives the total funds disbursed by UNICEF between 2005 and 2008 for the child development in terms of; Basic Education & Youth Development, Health and Nutrition, Orphan and Vulnerable Children and Child Protection:

²⁴ RAAAP Report 2008 assessing and analysing vulnerabilities facing orphans and other vulnerable children and youth (OVCY) and the quality of OVCY projects and programmes in Malawi

²⁵ RAAAP Report 2008

Table 12: UNICEF Funding 2005 -2008

| Activity | Year | Amount in USD |
|--|------|----------------------|
| Child Health, Reproductive Health and HIV/AIDS, Youth Reproductive Health/VCT, Support to Health Sector Reform, Emergency Health & Nutrition | 2005 | 6,914,508.41 |
| Quality Primary Education with Focus on Girls Education, Adolescent Development and Participation and HIV/AIDS, Support to Education Sector Reform, Emergency Education and Child Protection | 2005 | 4,252,483.94 |
| Community Child Care, Support & Care of OVC, Emergency Nutrition | 2005 | 2,574,989.33 |
| Quality Primary Education with Focus on Girls Education, Adolescent Development and Participation and HIV/AIDS, Support to Education Sector Reform | 2006 | 3,204,071.21 |
| Support & Care of OVC , Child Protection | 2006 | 3,662,263.66 |
| Child Health, Reproductive Health and HIV/AIDS, Youth Reproductive Health/VCT, Support to Health Sector Reform, Emergency Health & Nutrition | 2006 | 11,988,342.05 |
| Care and Support to Orphans & Other Vulnerable Children, | 2007 | 3,687,225.59 |
| Quality Primary Education with Focus on Girls Education, Adolescent Development and Participation and HIV/AIDS | 2007 | 740,263.5 |
| Reproductive Health and HIV/AIDS | 2007 | 2,641,155.96 |
| Reproductive Health and HIV/AIDS | 2008 | 2,694,413.23 |
| Support & Care of OVC | 2008 | 3,020,291.69 |
| Adolescent Development & Participation and HIV/AIDS | 2008 | 838,693.87 |
| Total Amount Disbursed | | 46,218,702.44 |

Source: UNICEF Documentation Review

In 2005, UNICEF expenditure on Care and Support to Orphans and OVC was USD 2,574,989.33. The expenditure increased to USD 3,662,263.66 in 2006, to USD 3,687,225.59 and in 2007, but reduced USD 3,020,291.69 in 2008. Since 2005, funding for OVC care and support by UNICEF has increased by 15% .

The Malawi Government: The Malawi Government contribution is mainly through Treasury which contributes personnel emoluments, office accommodation and other running costs through ORT. The government contribution to actual programme implementation is very minimal. The NPA for OVC benefits from the financial allocations for the MOWCD in respect of ORT which allows ministry personnel to contribute their technical input to the management of the TAS. Government provides about 5% and donors 95%. There is no specific budgetary allocation to the TA support but it uses the expertise of the MOWCD accountant to manage the NPA for OVC activities.

The NPA for OVC developed a common financing framework so that funds are properly mobilized and disbursed with the ultimate intention of reaching the intended communities. The proposals for OVC intervention are compiled at community levels and reviewed at District level by the DA. At this level the role of the DACC and the

DSWO are key in ensuring that the proposals are in keeping with the District OVC Action Plans.

Once the proposals are processed they are submitted to donors with copies to TAS who will give technical advice on each proposal to the donor before approval. Upon the OVC service provider establishing credibility and a bank account funds are paid direct to their account through the DA with copy to TAS.

USAID: The USAID through the Family Health International (FHI) has been spending approximately US\$600,000 each year in the last 3 years on OVC and youths issues. The sector areas covered by USAID are: education, health/HIV/AIDS, legal issues, food and nutritional security, water and sanitation, capacity building/advocacy and monitoring and evaluation. The funding is for five years 2005-2009 at \$45M (NPA) per year.

Malawi has not yet a PEPFAR focus country but, it will soon be. However the USG still provides a reasonable amount of resources through American NGOs. According to recent reports the US Government still provides valuable resources for OVC activities in Malawi. For example about \$0.84M allocated to OVC issues in financial year 2007 and US\$1 million for financial year 2008.

The Private sector: We did not have data on which private sector provides what resources. But with the money from NAC and their own resources, a number of private organisations are implementing CSR (corporate social responsibility) programmes where they fund OVC institutions with financial and materials support. They also implement HIV and AIDS mainstreaming activities through the Malawi Business Coalition Against HIV and AIDS. OVC support is hence provided as an impact mitigation mainstreaming activity.

Civil Society: There are many international, national NGOs and CBOs that are sourcing money from local and international source to implement various OVC programmes. Data on most of these is not readily available. The funding mechanism for international and large national NGOs has been through the NAC itself. Through this mechanism, the NGOs submit a proposal to NAC, which after external and internal review is either approved or not approved by NAC. For approved projects, the NAC enters into an agreement with the applicant specifying terms and conditions on the funding. For the local CBOs, funding has been through the umbrella mechanism, where a few international NGOs are selected to sub-manage the NAC money, which they sub-grant to CBOs. The process is done at district level, but has met many challenges, including delayed funding, protracted proposal review processes, hard-to-follow proposal writing guidelines and others. NAC has now decided to curtail the umbrella mechanism and start funding through District Assemblies.

Other UN Agencies: The UN Agencies have supported the NPA for OVC in line with their mandate. They are however lead by UNICEF on OVC issues. The WFP is working in partnership with UNICEF, FAO, MOWCD, MOH and MOEST to address the food and nutritional issues surrounding OVC. Particular focus is on health, education, nutrition and longer term food security, with the objective of enhancing the

care and support given to OVC. These activities are implemented through two WFP projects; HIV/AIDS and School Feeding via community-based care approach in 8 districts: Kasungu, Lilongwe, Salima, Balaka, Machinga, Phalombe, Nsanje and Chikwawa.

The NPA for OVC Budget: The total budget excluding costs for the first two years (2005-2006) was USD 64,087,525 with the projections for 2007-2009 of USD 123,328,530 representing 95% increased support. The total budget for the entire five years is USD 206,157,661 and projected as the table below provides:

Table 13: Budget for the NPA for OVC

| Strategic Objective | Budget Required 2005-2006 (USD) | Budget Available 2005-2006 (USD) | Estimated Budget Required 2007-2009 (USD) | Percentage change |
|---|---------------------------------|--|---|-------------------|
| 1 Access to Essential Services | 38,133,329 | 8,125,600 | 95,043,833 | 149% |
| 2 Family and community capacity for care support and protection | 20,655,610 | 10,640,260 | 24,785,430 | 20% |
| 3 Leadership, coordination and programme management | 1,747,810 | 255,728 | 1,572,730 | -1% |
| 4 Capacity Building | 1,284,000 | 403,000 | 310,000 | -76% |
| 5 Advocacy and Social Mobilisation | 139,512 | 127,200 | 151,537 | 9% |
| 6 Monitoring Evaluation and Operational Research | 2,127,264 | 197,764 | 1,465,000 | -31% |
| Sub Total | 64,087,525 | | 123,328,530 | 92% |
| Operational Costs 10% | 6,408,753 | 332,000 | 12,328,530 | |
| Sub-Total II | 70,496,278 (2 years) | 20,731,552 (Available Budget for 2 years) | 135,661,383 (2007-2009, for 3 years) | |
| Total for five years | 206,157,661 | | | |

The assessment found out that the resources released for the NPA for OVC are reconciled by NAC and UNICEF independently. NAC oversees the Global Fund and pool funds whilst UNICEF accounts for their own funding. The Ministry has two OVC work-plans, one for NAC and UNICEF and reports to each of them without harmonising the reporting system. There are no annual planning processes that integrate activities of other stakeholders, in line with the priority areas of the NPA. There were obviously problems at the beginning of the NPA for OVC implementation which affected the disbursement mechanisms from each of the donors and the various contributions being made. Nonetheless over the period MOWCD should have been able to relate the budgetary allocations to the outputs and the outcomes to assess the overall impact in terms of funding levels.

Box 1: Key Challenge

A major challenge noted on the financial issues is the problem of a harmonized reporting framework by the MOWCD. The financial reports are not timely to provide up to date funds utilization for OVC. While there are a lot of resources for OVC, it may not suffice to merely state that more funds are being utilized. In our view there does not seem to be a clear linkage between the NPA Budget, the Strategic Objectives and the financial support from the respective donor inflows. There ought to be a common financing arrangement managed through MOWCD that will have common coding.

7.0 Programme SWOT Analysis, Keys Issues and Conclusions about the OVC Response in Malawi

7.1 Strengths and opportunities

7.1.1 Links with national policies, including the HIV and AIDS response

The OVC response is strongly linked to the MDGs, MGDS, gender policy and the HIV and AIDS response because of the impact that HIV and AIDS has on development in general and on OVCs. Therefore, the successes and failure of the broader policy framework and particularly the HIV and AIDS policy, affects the OVC response. For example, one major strength of the HIV and AIDS response in Malawi is its ability to rally many stakeholders around the UNAIDS' Three Ones principle, as a result of which the national response has a single, comprehensive national HIV&AIDS strategy, and a recognized single coordination body, NAC.

7.1.2 Availability of financial resources

A major strength of the OVC response in Malawi is at least the availability of the National Action Plan that has provided an implementation framework for the OVC policy and the MGDS. Donor commitment to OVC response is high and improving. The Global fund, UNICEF, USAID and other donors have financially bankrolled the NPA and have medium to long-term commitments to the NPA plan. It has also been reported that Malawi is about to become a PEPFAR focus country, which will also bring more resources to the HIV and AIDS sector. A detailed discussion on funding is presented in the preceding section.

7.1.3 Coordinating structures

Although we have noted some weakness in the coordination mechanisms and structures, especially in the MOWCD, NSC and TWG, the fact that such structures exist is a strength that the response can be proud of. A lot can be done within the existing institutional framework and coordination structures.

7.1.4 Willingness to create impact

There is a high level of willingness amongst OVC partners to implement OVC programme. The increasing flow of resources and the number of partners in the sector is evidence that many stakeholders are willing to address challenges that OVCs face in Malawi.

7.2 Challenges and weaknesses

While progress has been recorded in the implementation of the NPA, there have been significant challenges that need to be considered.

7.2.1 Lack of a conducive political environment

As has been indicated earlier, while in general the President has shown commitment to HIV and AIDS by creating and heading a Ministry within OPC responsible for HIV and AIDS and also by approving and personally launching the NPA for OVC, the overall political environment has not been conducive and supportive to the cause.

- As a result it has not been possible for government to enact important OVC related legislation, particularly, the Child Justice Bill, in Parliament. In addition, it has difficult for government to fully implement decentralization by holding Local Government elections. The councillors legitimize District Assemblies and overall district planning while at the same time representing the people at grass-root level. Districts we visited reported that they are unable to regulate, for example, CBOs, because there not councillors to pass bylaws governing CBOs.
- We have noted limited funding to the Department of Social Welfare and the ministry in general that limits their ability to implement and monitor their programmes, resulting in high dependence on donors and hence vulnerability to be donor-managed.

7.2.2 Weak service delivery and challenges of reaching the most vulnerable children and their households

We have noted weakness in both the quality and quantity of service delivery in all priority service areas of the NPA-education, food and nutrition, health, water and sanitation, legal support and similarly in the ART programme. While we appreciate that the general direction seems to be positive, the success lags behind if compared with the demand for such services. The ultimate objective of the NPA for OVC is to support the OVC and the household they belong to in the areas above, but key challenges remain:

- The first one of these challenges is the question “how to reach the most vulnerable children and the households that host such OVCs, particularly in the very remotest areas of the country and in the urban areas”. Discussions during the recent annual stakeholders’ conference and consultations during the review clearly showed that the OVC response is not targeting these groups. Hence children in streets, children in conflict with the law, children living with vulnerable households in and around urban areas and those living rural households far from district headquarters have been sidelined. The urban households and children have been skipped because of the wrong assumption that they have access to impact mitigation services, while rural households have not been adequately reached because of the limited capacity at DA and CBO level. This is happening at the time when HIV prevalence is higher in urban areas (hence more demand for impact mitigation efforts) and increasing in the rural areas. The problem of weak CBO is further compounded by the fact that decentralized structures (ADC, VDC, AEC) have generally been left out in the OVC response, just as with the HIV and AIDS response. Capacity building has focused on CBOs, and not Area and Village Development Committees, which are the official government decentralized structures.

- Another challenge is about targeting-the question is which household or which child needs what support and how does that support get the child, in a transparent and accountable manner. These questions have no easy answers, but they need to be answered. OVCs in primary schools are not being supported with financial support, on the assumption that primary education is free, yet on the ground it is only fees-less, not free.

7.2.3 Ownership and leadership of the response

Although we have noted an improvement in leadership and coordination provided by the Ministry particularly since 2007, there are still big holes, both at national and DA level that need mending, if the Ministry is to provide effective coordination of the response.

- We note that donors have a lot influence on the OVC response, to the extent that the ministry has three parallel planning systems for OVCs, one for Government funds, the other for NAC funds and the last one for UNICEF funds. Although this may be argued as a transitory measure as the ministry is still building its capacity, it should not be the case-a single integrated annual work-plan that is based on the priorities in the NPA and that addresses the needs of all donors, developed in a transparent manner, should be the norm. This is the spirit of the National HIV/AIDS response in the 3 One Framework.
- The National Steering Committee had been dormant for most of the first two years of the NPA. At that time key milestones such as recruitment of technical experts and financial reporting could not be done in time, but the NSC did not intervene, which lead to delays in implementation of the NPA for OVC. We have also noted that the roles of NSC and TWG are not being sufficiently implemented because of conflict of interest. The TWG is supposed to provide technical advice to the ministry, and yet it is not independent of the Ministry. It is actually chaired by the same ministry. This negatively affects accountability. The membership of these committee are also key implementers of the OVC programme, which compromises the quality of their advice as they may be afraid of the Ministry. Experience with other sectors, such as the environment, shows that TWGs work better when they have some level of independence from the coordinating ministry. In such cases, the Ministry only provides secretariat functions. There are also clear lines of duplication between the NSC and the TWG, as in many cases the same organizations and the same people attend both.
- In addition, we have noted that until the July 2008 Stakeholders meeting, no national forum existed for OVC stakeholders to share experiences and lessons. We have also noted weak and disjointed monitoring systems, not taking away the progress made around the M+E function.
- At district level, there are limited synergies in OVC programming between key sectors. For example, the Community Development Section of the MOCWD would be implementing income generating activities for women, without linkages with DSWO so that their intervention would target households keeping

orphans. Similarly the MOAFS would be facilitating irrigation programmes without targeting HIV/AIDS CBOs that would use irrigation to improve food production for CBCCs. In the districts we visited, such missing links were not uncommon.

7.2.4 Weak capacity within MOWCD and amongst its implementing partners

Capacity constraints within the Ministry of Women and Child Development and its implementing have been documented time immemorial. There are capacity problems at all levels. The capacity problem has also led to limited capacity to absorb ever increasing resources at DA level, particularly. The midterm review that looked at the National HIV and AIDS Strategic Management plan highlighted similar problems.

- Currently the Social Welfare Department, which coordinates the OVC programme, on behalf of the Ministry, has a vacancy rate of between 35 to 40 percent of its capacity. Despite taking lead in coordinating the response to OVC, the Department, particularly at district level, is seriously understaffed. The grade and academic qualifications for existing staff are much weaker compared with colleagues in the DA and other sectors. In Chikwawa for example, for period of 1 year, there was only 1 social welfare assistant, who was also the DSWO. He was supported by 8 child protection workers.
- We have found that CBOs, who are the major OVC service delivery at local level, are limited in capacity and outreach and most of them are operating at very small-scale. CBOs mainly implement their programmes through care givers or volunteers and reports from the ministry indicate that only about 25 percent of these are trained. These cadres are doing tremendous work against very difficult circumstances, with limited or no support at all.
- Failure to roll-out training to CBOs, Care Givers and A/VDC has been due to lack of trainers in OVC issues at district level. Often the few trained have to commute between training programmes for one CBO to the next, concurrently or consecutively, leading to delays in scaling up OVC programmes and poorly delivered training programmes.

7.2.5 Weak and disjointed coordination, particularly at DA level

In countries with strong OVC programmes, such as Zambia and Uganda, coordination structures, particularly District OVC subcommittees (DOVCCS) are very strong and influential in the HIV/AIDS sector. In Malawi, this is not the case. Although, there are signs that things are improving at national level, coordination problems at district are far from being addressed.

- At national level, the NSC has only met twice since the NPA was launched. And these meetings only took place in 2008. As a result of its ineffectiveness a number of implementation huddles that the NSC would have involved still remain.

- At district level, we note that many districts do not have functional District OVC subcommittees, which essentially should be under the DACC but coordinating OVC issues.
- In some districts, there are too many structures or committees dealing with issues of children. We found Districts OVC subcommittees, District OVC Networks, District Child Labour Committees, District Child Protection Committees and many others. Surprisingly, these committees operate with the same members. There is a tendency for stakeholders particularly line ministries and donors (operating from the center) to introduce their own committees at district assemblies without due consideration to the decentralization policy. This problem has resulted in unwanted inefficiencies.
- The onus of coordination of OVC activities at DA level falls on the DSWO. With understaffing, low grades and low qualifications mentioned above, it should be expected that coordination can be satisfactory.
- We have further observed limited inter-ministerial/departmental linkages and partnerships, including linkages within the MOWCD own Departments at all levels.

7.2.6 Weak monitoring and evaluation systems

Although the progress has been made to improve monitoring and evaluation, particularly through the development and approval of the monitoring and evaluation plan for HIV and AIDS and OVCs, the MTR team has noted the following issues that need to be addressed.

- The problem of data on the status of OVC still exists. While studies like the MICs, the DHS and others have been done, we still don't have data readily available on the numbers of OVC in Malawi. The OVC registration exercise does not provide reliable data.
- Registration of OVC at village level is still not completed; only about 72 percent of the country had been covered by July 2008. Even when the exercise is completed, we doubt the quality and reliability of the data to be produced henceforth; as the exercise had many loopholes (see progress made on monitoring). In all districts we visited, the CCPWs, who were responsible for the OVC registration, before handing over to local leaders, did not cover all villages because they are too few, did not have resources and lacked relevant support normally required in surveys. Most of them were not supervised.
- The Ministry has developed a database to be hosted by DSWO, which will be used for hosting OVC data collected through registration. Notwithstanding the importance of the database, we doubt whether it will function as expected—particularly with limited guarantee for backstopping services and the limited capacity at DSWO.
- Some indicators in the OVC NPA have not been included in the Monitoring and Evaluation Plan. Many others do not have baseline figures. The first monitoring and evaluation report does not capture the majority of indicators in the NPA plan.

- One major challenge for the overall HIV/AIDS M+E in Malawi which the MOCWD will also face on OVC is to motivate stakeholders to report, according to the OVC programme. This problem will be bigger for those indicators that are not in the NAF, where NAC has more control and therefore MOCWD can use the clout of NAC to get reports and data. NAC too faces this challenge for stakeholders that it has not provided funding. Bigger and powerful monitoring and evaluation stakeholders like NSO and Centre for Social Research, who have expertise to collect outcome and impact data, may not be obliged to collect such data, especially if the MOCWD does not provide funding and required technical guidance.
- We have also noted weaknesses in supervision of institutions that provide care and support to OVCs, particularly orphanages, children's homes and other community-based care institutions, particularly by DSWOs.

8.0 Recommendations

From the progress made and the SWOT analysis done, we propose 6 overall recommendations and 30 strategic actions. In general our recommendations aim to address six key issues that include unsupportive political environment that has been brought about by differences between politicians and that has negatively affected progress in the National Response. The recommendations also aim to address and encourage the Government and all stakeholders to pull up their socks and raise the quality and quantity of services and support towards OVC in a coordinated manner. The recommendations also aim to strengthen the leadership role of the MOWCD, the weak capacity in the ministry as well as in its implementing partners as a way of providing quality support to the OVC. We have also identified weak monitoring systems and inadequate involvement of civil society in advocacy work and hence we have provided some recommendations about how to turn that round.

We have developed 6 broad recommendations and have gone a step further to unpack them into smaller but strategic actions that stakeholders might wish to pursue to address issues raised in the SWOT, which are critical to implement the NPA in the proposed period 2008 to 2011.

Table 14: Proposed recommendations and their strategic actions

| Recommendations | Strategic Actions | Lead Institution |
|---|---|---|
| 1. The Malawi Government (including executive, legislature and judiciary) should create a favourable and supportive political and legislative environment to enable smooth implementation of the NPA for OVC. | 1. Re-engage with political leadership on OVC issues, particularly legislation of bills, financing and capacity building. 2. Re-energise commitment towards decentralization by holding local government elections 3. Ensure all relevant legislation/bills are passed in Parliament 4. Provide finance and human capacity for MOWCD | Office of the President and Cabinet, Parliament and Judiciary |
| 2. Strengthen the quality and quantity of OVC services to the all households that need them in an equitable, transparent and accountable way | 5. Improve targeting of OVC interventions and ensure that all households keeping OVCs and OVCs themselves particularly in urban and remote areas 6. Negotiate strong partnerships with all key players (public, CSO and private sectors) and monitor | MOWCD |

| | | |
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| | <p>their programmes</p> <p>7. Harmonize planning systems in the Ministry and adopt a “one integrated OVC annual work-plan” policy in the same as the NAF is implemented. Develop the work-plan based on the results of NPA for OVC</p> <p>8. Align the NPA to the MGDS implementation timeframe (up to 2011)</p> | |
| <p>3. Promote effective governance, coordination and synergy at all levels to achieve transparency, accountability and responsibility</p> | <p>9. Strengthen governance, transparency and accountability at national level by introducing a Governance Structure, a high powered smaller structure at the top of NSC, to which the NSC reports. The structure should be chaired by the SPC.</p> <p>10. The TWG should introduce rotating chairpersonship and bring in an Independent Advisory Team. The TWG should be restructured to move away from advisory to “doing and implementing”. It should hence be aligned to NPA results framework which is being developed.</p> <p>11. Harmonize planning and reporting structures and systems in the Ministry and introduce an “annual integrated OVC planning system” using lessons from NAC.</p> <p>12. Harmonize structures at DA level to mimic the national picture and provide national guidelines for DA OVC coordination and implementation.</p> | <p>MOWCD, NAC and UNICEF (UNAIDS can play a facilitator role)</p> |
| <p>4. Strengthen capacity and partnerships to create sustained impact at national, district and community levels.</p> | <p>13. Continue building capacity of local structures particularly ADCs, VDCs, AECs, CBOs, care givers etc concurrently. Build a large mass of trainers at DA level to fast-track programme roll-out to remote areas.</p> <p>14. Implement DA capacity plan as</p> | <p>MOWCD, NAC and UNICEF DLGRD Treasury</p> |

| | | |
|---|---|---|
| | <p>proposed by DLGRD and Department of Human Resources and Development</p> <p>15. Ascertain the lifespan of current TA support in the Ministry and provide TA support to Districts as an interim measure</p> <p>16. Build strategic linkages between MOWCD and DHRMD, DLGRD, MoF and MoEST</p> <p>17. Disseminate all guidelines that have been developed on OVC issues to relevant users</p> | |
| <p>5. Strengthen monitoring and evaluation systems at national, district and community levels</p> | <p>18. Review the monitoring and evaluation plan to include all NPA indicators.</p> <p>19. Collaborate with relevant ministries such MOEST (for EMIS) and Local Government (for LAMIS) and develop systems that feed into each other without duplication of efforts.</p> <p>20. Review current registration exercise to see potential for involvement of the National Statistical Office. Examine potential for using Population and Housing Census data to extract OVC data and statistics and produce a national OVC report based on census data.</p> <p>21. Institutionalizing the national stakeholder conference and replicate it at district level as annual event. Ensure progress reporting is aligned to results or objectives of the NPA.</p> <p>22. Collect baseline data on all indicators in the monitoring and evaluation plan.</p> | <p>MOWCD, NAC and UNICEF (UNAIDS can play a facilitator role)</p> |
| <p>6. Strengthen advocacy and civil society engagement in the implementation of the NPA</p> | <p>23. All NGOs interested and implementing OVCs programmes should collaborate and come together to implement evidence-based advocacy work on OVCs</p> <p>24. Build capacity for CSOs on</p> | <p>NOVOC</p> |

| | | |
|--|---|--|
| | <p>advocacy to enable them influence policies and programmes based on evidence.</p> <p>25. Strengthen the NOVOC and broaden its participation to include bigger and more powerful NGOs-examine potential to introduce a Civil Society OVC Platform for policy advocacy. Lessons can be learnt from the NGO Gender Coordination Network.</p> | |
|--|---|--|

Annex I: NPA for OVC Review Framework

| Suggested review issue | Data required and questions that need to be answered | Data Sources | Responsibility |
|---|--|---|------------------|
| 1. Overall context (policy and legal review) | <ul style="list-style-type: none"> What political factors have influenced the implementation of NPA What economic factors have influenced the implementation of NPA What major social factors? What major were the technical factors? What major policies have emerged or changed, how is NPA linked to the MGDs? What legal factors have facilitated the smooth operations of NPA? What major financial decisions have enabled the development of NPA? | MOWCD , Donors, NGOs, NAC | Bright & Timothy |
| 2. Progress review by NPA objective | <ul style="list-style-type: none"> On each objective indicator, what was the baseline? What has been achieved? What is the gap? Is the gap likely to be met by 2009? What interventions worked? Which ones did not work? Why? Which stakeholder implemented? What? | MOWCD , Donors, NGOs, NAC | Bright & Timothy |
| 3. Coordination and implementation management | <ul style="list-style-type: none"> How is coordination arranged? How effective is the NSC? How many times has it met compared to provision in the NPA? Why is the situation as it is? How is coordination arranged? Is the training improving? What are the challenges? How has the TA support helped to improve coordination? How is this going to be sustainable? <p>District Level</p> <ul style="list-style-type: none"> On each objective indicator, what was the baseline? What has been achieved? What is the gap? Is the gap likely to be met by 2009? What interventions worked? Which ones did not work? Why? Which stakeholder implemented? What? What is the structure of coordination and implementation at district level? What capacity has it received? Which committees are available at DA, ADC, VDC and Community level? Are they functional? What are the challenges? If coordination is good or bad what makes it so? What planning processes are available regarding OVC, HIV and AIDS and Development in general. How do these relate? How are they funded? What is the synergy? Find out the relationship between the DIP (HIV/AIDS action plan), the DAP (OVC action plan) and the DDP (District Development Plan) and how the three are linked and funded. Which OVC services have not been implemented? Why? What achievements has it made? | <p>MOWCD , UNICEF, districts communities</p> <p>MOWCD , DSWO</p> <p>CBOs, T/A, CBCC</p> | Bright & Timothy |

| | | | |
|---|---|---|------------------|
| | <ul style="list-style-type: none"> • Who participates? • What challenges does it face? What needs to be done to strengthen coordination? What are the opportunities? • Which areas should we focus on in implementing the OVC NPA in the next 3 years? • How much funding has the district received in the past 3 years? What challenges do they face in accessing finances? • What is the status of OVC registration? What challenges did they face? Did they reach out to all communities? • What is the capacity of DSWO? How many staff members? • What M+E activities have happened so far? Is data being collected? Have there been challenges?_Do we have the M+E systems?_What are the constraints being faced? • What major challenges has the NPA faced? • What lessons can we learn from implementation? • What recommendations should be made? <p>Community Level (CBOs and Decentralized structures)</p> <ul style="list-style-type: none"> • What is the structure of coordination and implementation at district level? What capacity has it received? <ul style="list-style-type: none"> • What achievements has it made? • Who participates? • What challenges does it face? What needs to be done to strengthen coordination? What are the opportunities? • How are traditional and other local leaders involved? • How are CBOs working with decentralized structures? What challenges do they face? • How are they reaching out to the most disadvantaged households that keep orphans? • What are the main challenges that limit reaching out to poor households that keep OVCs? How can we reach such households? • How are they linking up with other government programmes such fertiliser subsidy, public works programmes etc. | | |
| 4. Financial Analysis & Donor Coordination | <ul style="list-style-type: none"> • How much was the NPA projected to cost? • How much has actually been the cost by objective and in terms of commitment? • How much has actually been disbursed? • How much has actually been spent and reported on? • What are the financial risks and bottlenecks affecting inflows and outflows? • What has been the impact of levels of available funds to the NPA? • What lessons can we learn? | Donors, UNICEF report, NAC, pool donors | Timothy |
| 5. Monitoring and evaluation systems | <ul style="list-style-type: none"> • What indicators did the NPA recommend? What levels? What M+E activities have happened so far? Is data being collected? Have there been challenges?_Do we have the M+E systems?_What are the constraints being faced? | MOWCD | Bright |
| 6. Impact and sustainability | <ul style="list-style-type: none"> • What key changes are being reported? By Who? At what levels are these changes happening? Are these changes attainable? Organizationally, institutionally or financially? | Various | Bright + Timothy |

| | | | |
|--|---|-------------------------|------------------|
| 7. Capacity building and human resources management | <ul style="list-style-type: none"> • What capacity building and activities are being implemented? At what levels? • Are there vacancies at the MOWCD, SWA? • How are MOWCD being supported? • How are CDA being supported? What are their challenges? • What is planned? How many are they? What is the demand? • Has government taken them on board? | MOWCD , DSWO, CPW, TASU | Bright + Timothy |
| 8. Civil society participation | <ul style="list-style-type: none"> • How much is NGO participation? • What project areas are they involved in? What barriers do they face? Which forums do they attend? | NGOs | Bright + Timothy |
| 9. Challenges / Lessons Learnt | <ul style="list-style-type: none"> • What major challenges has the NPA faced? • What lessons can we learn from implementation? • What recommendations should be made? | All | Bright + Timothy |

Annex 2: National Plan of Action (NPA) Impact and outcome Indicators

Strategic Objective I: Enhanced access for OVC to essential quality services such as education, health, nutrition, water and sanitation and birth registration with increased support from integrated safety nets

| Key Outcomes | I. Enhanced access for OVC to essential quality services such as education, health, nutrition, water and sanitation and birth registration with increased support from integrated safety nets | | | | |
|---|---|--|---|---|--|
| Expected Outputs | Key Indicators | 2004/05 (Baseline) | 2007/09 NAF/UA Targets | 2007/09 (NPA Targets) | 2007/2008 (Actual and remarks) |
| I.1 Support OVC with social welfare assistance through Pillar III of the PRSP | 1. Feasibility study on social safety nets conducted | DHS 2004 and MICS Data | N/A | A feasibility study on social safety nets to be done. | Feasibility study on social safety nets not done because stakeholders felt the data from DHS (2004) and MICS (2006) was sufficient justification for a cash transfer |
| | 2. Integrated social safety net package for OVC established | No social cash transfer scheme was available, but they were other social safety net programmes such as the Public Works Programmes, the Fertiliser subsidy etc | N/A | - 75,000 households reached in 20 Districts by 2008 (NPA PG 81) -Mchinji scheme targets 3000 households (10%) of total catchment of 30000 households in 4 of the 9 Traditional areas (Social Cash Transfer Operations Manual, 2007) | 6,699 households reached in 4 districts. Pilot to be extended to 4 more districts. |
| | 3. % of children with 3 locally defined minimum basic needs for personal care | | | | WFP school feeding programme supporting 635,000 pupils of which 63,500 boys and 330,200 girls are OVCs. |
| | 4. % of households with OVC who received free basic external support to care for OVC | 358,094 households representing 32.5% (NAC M&E Report 2007, Universal Access Road Map Report) | 60% ie 660,000 households in 2008 (NAC M&E Report 2007, Universal Access | Not available | 53.3% (NAC M&E Report 2007) *585,945 OVCs (NAC, M+E Report 2007) Increased |

| | | | | | |
|--|--|---|---|---|---|
| | | | Road Map Report) | | |
| 1.2. Enhance OVC's access to quality education | 5.Attendance ratio of orphans vs non orphans | 0.97 (DHS 2004 as quoted by NAC M&E Report 2007) -OVC attendance=439,405 (NAC M and E Report 2007, table I, pg xii) | 0.98 for 2008 *450,000 OVC (NAC, M+E Report 2007 | *65,000 OVC bursaries primary school, 35,000 sec schools | 0.98 for 2007 (*Ratio for Males=0.96 and females Ratio=1.0, NAC, M+E Report 2007 quoted from MICS 2006) -no. of OVC attending primary school attendance=(461, 621 in 2006) (NAC M and E Report 2007, table I, pg xiii), 454,921 in 2007 (EMIS, 2007) *14,129 OVC being supported with school fees (8534 males and 5595 females) (M&E Draft Report MOWCD 2008) *585,945 OVC have been reached with impact mitigation activities (NAC M and E Report 2007,appendix 5, pg 86) Attendance ratio has reduced between 2004 and 2007 No. of bursaries have reduced from 2006 |
| | 6.Attendance rate of OVC in schools with feeding programmes | | | *500 schools feeding 210,000 OVCs *126,000 girls & orphan boys receiving take home rations | 461,621 OVCs (NAC M&E 2007 Report) |
| | 7.No. of OVC accessing vocational skills training | | | 34,000 out of school OVC trained in vocational & livelihood skills | *585,945 OVC have been reached with impact mitigation activities (NAC M and E Report 2007,appendix 5, pg 86) |
| 1.3. Enhance OVC's access to essential health and nutrition services | 8. Ratio of orphans accessing health care as compared to non orphans | | | *65% of 1,008,000 orphans targeted as per Poverty Index (NPA) | 8% of children 14yrs and below receiving ART (13,525 MOH ART Report Qtr 2008) *585,945 OVC have been reached with impact mitigation activities (NAC M and E Report 2007,appendix 5, pg 86), which include growth monitoring, nutritional support and basic healthcare through CBCCs |
| | 9.No. of OVC accessing | | | 747,500 OVC (NPA) | NPA targets show Orphans 0-4yrs 110,000, |

| | | | | | |
|---|---|---|--|---|---|
| | essential health care packages | | | | 5-9 yrs 340,000, 10-14 yrs 590,000 gives 1,040,000 demonstrating inconsistent targets within NPA matrices |
| | 10.Malnutrition ratio of orphaned children compared to non orphaned children | *30,000 OVC through 300 communities (NPA) | | *420,000 OVC through 4,200 communities | NAC nutrition 2006-2007 reached 206,490 OVCs. Data on the actual ratio of orphaned children compared to non orphaned children in terms of malnutrition not available. WFP school feeding programme supporting 635,000 pupils of which 63,500 boys and 330,200 girls are OVCs. |
| 1.4. Improve household food security and nutrition of orphan children and families affected by HIV/AIDS | 11.Malnutrition ratio of orphans as compared to non orphans | *30,000 OVC through 300 communities (NPA) | | *420,000 OVC through 4,200 communities | NAC nutrition 2006-2007 reached 206,490 OVCs |
| 1.5. Enhance OVC's access to and knowledge on safe water and sanitation | 12.No. of OVC & their care givers educated on health, hygiene, safe water, sanitation and water point maintenance | | | *1,050,000 children *1,400 water points, 350,000 people and 70,000 children under 5 | |
| | 13.No. of OVC accessing improved latrines at home, at CBCCs and at school | | | *1,400 school/CBCCs oriented, 4,200 youth identified from OVC hhs | |
| | 14.No. of water points established in HIV/AIDS affected areas | | | *420,000 children *1,400 improved latrines constructed, 35,000 hhs with improved sanitation | |
| 1.6. Increase registration of OVC and access to a birth | 15.% of children whose birth are registered (0 – 17yrs) | | | *NGO, CBO, FBO umbrella networks hired to reach out to CBCCs * Printing of | |

| | | | | | |
|------------------------------|---|--|--|--|------|
| certificate for all children | | | | 250,000 birth and death registration books | |
| | 16.No. of children with a birth certificate | | | 1,008,000 OVC | None |

Strategic Objective 2: Enhanced access for OVC to essential quality services such as education, health, nutrition, water and sanitation and birth registration with increased support from integrated safety nets

| Key Outcomes | | Strengthen the capacity of families and communities to care for OVC by providing support to enhance their economic security, social and emotional well-being and to protect OVC from abuse, exploitation, property dispossession, stigma and discrimination | | | | |
|--|--|---|-------------------------------------|-------------------------|--|---------|
| Expected Outputs | Key Indicators | 2004/05 (Baseline) | 2007/09 (NPA Target) | 2007/09 (NAF/UA Target) | 2007/08 (Actual) | Remarks |
| 2.1. Establish and strengthen community caring mechanisms for children without parental/guardian support | 17.No. of OVC accessing formal foster care or adoption | Enabling legal framework for OVC to be fostered | Foster care guidelines | | Foster care guidelines done 2007 working on adoption of model | |
| | 18.% of households caring for orphans | | | | 72% of the country has been covered with registration. A total of 399,644 OVCs have been registered in 140821 households (42261 male headed and 98560 female headed)- MOWCD M and E Report 2008. | |
| | 19.No. of children who are living on the street | | | | | |
| | 20.No. of children in institutional care | | | | | |
| 2.2. Improve the economic security of households | 21.% of children that have three locally | *56,000 additional OVC supported | *Increased to 600,000 by gender and | *53.3% (NAC M&E Report) | | |

| | | | | | | |
|---|--|------------------------|--|--|--|---|
| caring for OVC | defined needs for personal care | by district 850 to 960 | residence by district 960 to 1,000 *80% of OVC whose household receive free basic package | | | |
| | 22.No. of households hosting OVC accessing IGA | | | | | |
| 2.3. Strengthen the capacity of communities, families and OVC to provide psychosocial support to OVC and their caregivers | 23.% of OVC receiving appropriate psychosocial support | | *22,400 under 5's supported *3,780 OVC supported *84 OVC involved *11,200 (6-18yr supported in children's corners | | *Psychosocial care reached 291,626 between 2006-2007 | |
| 2.4. Protect OVC from abuse, exploitation and property dispossession | 24.Increased awareness of children's rights and child protection among professionals and community members | | *880 OVC in safe houses *400 street children supported | | | National Juvenile Justice Forum supposed to have quarterly reviews, leaflets, billboards on child abuse distributed. Not emphasized as indicator in NPA |
| | 25.% of OVC receiving appropriate referrals in cases of abuse and exploitation (psychosocial support) | | *240 OVC in safe houses | | | |
| | 26.% of widows and orphans that have experienced property dispossession | | 28 multi-sectoral watchdogs established 1 per district | | | |
| | 27.No. of families affected by HIV/AIDS accessing | | | | | |

| | | | | | | |
|--|--|--|---|---|--|--|
| | programmes on succession planning | | | | | |
| 2.5. Reduce stigma and discrimination of OVC | 28.% of OVC experiencing stigma and discrimination because of their orphan status | | *90 OVC peer facilitators trained and involved in campaigns | 100% of the schools should have teachers who have been trained in life skills and are teaching the subject (NAF/UA) | 17% and 57% of the trained teachers in primary and secondary schools, respectively, were not teaching the subject despite being trained. | |
| | 29.No. of social mobilisation campaigns held | | | | | |
| | 30.No. of musical festivals held by young artists | | | | | |
| | 31.No. of youth drama groups operational | | | | | |
| 2.6. Provide emergency support to destitute families caring for OVC with direct assistance | 32.% of households with OVC who receive free basic external support in care of OVC | | *56,000 OVC supported *20,000 households *300,000 OVC | | | |

Source: Literature Review

Annex 3: Proportion of orphans in schools

| Division and district | Number of schools | Total Enrollment | Orphans as a % of all school children per district | | |
|-------------------------|-------------------|------------------|--|-------------|-------------|
| | | | % Boys | % Girls | % All |
| Northern | | | | | |
| Chitipa | 169 | 58,228 | 13.6 | 12.8 | 13.2 |
| Karonga | 154 | 74,440 | 14.7 | 13.8 | 14.3 |
| Rumphi | 145 | 54,520 | 15.6 | 15.6 | 15.6 |
| Mzimba North | 246 | 98,320 | 12.6 | 12.7 | 12.6 |
| Mzimba South | 274 | 110,623 | 13.0 | 12.6 | 12.8 |
| Mzuzu City | 39 | 36,617 | 12.0 | 12.7 | 12.3 |
| Nkhata Bay | 166 | 74,146 | 19.4 | 19.1 | 19.3 |
| Likoma | 10 | 3,289 | 23.0 | 20.3 | 21.6 |
| Total | 1,203 | 510,183 | 14.4 | 14.1 | 14.3 |
| Central Eastern | | | | | |
| Kasungu | 323 | 186,193 | 10.8 | 10.4 | 10.6 |
| Nkhotakota | 150 | 74,970 | 13.3 | 13.6 | 13.4 |
| Dowa | 234 | 132,624 | 10.8 | 10.8 | 10.8 |
| Ntchisi | 137 | 53,667 | 10.0 | 10.1 | 10.1 |
| Salima | 129 | 76,477 | 13.8 | 13.7 | 13.8 |
| Total | 973 | 523,931 | 11.5 | 11.4 | 11.5 |
| Central Western | | | | | |
| Mchinji | 192 | 106,650 | 11.4 | 11.9 | 11.6 |
| Lilongwe City | 52 | 96,799 | 12.2 | 12.0 | 12.1 |
| Lilongwe Rural East | 188 | 149,759 | 10.0 | 10.0 | 10.0 |
| Lilongwe Rural West | 223 | 160,547 | 11.2 | 10.0 | 10.6 |
| Dedza | 213 | 140,958 | 12.8 | 12.0 | 12.4 |
| Ntcheu | 222 | 140,375 | 16.3 | 16.0 | 16.1 |
| Total | 1,090 | 795,088 | 12.3 | 11.9 | 12.1 |
| Southern Eastern | | | | | |
| Mangochi | 239 | 157,438 | 17.2 | 15.9 | 16.6 |
| Balaka | 154 | 88,984 | 16.1 | 16.8 | 16.5 |
| Machinga | 160 | 100,838 | 11.7 | 11.9 | 11.8 |
| Zomba Urban | 18 | 19,545 | 13.6 | 14.1 | 13.9 |
| Zomba Rural | 192 | 142,576 | 15.6 | 15.4 | 15.5 |
| Total | 763 | 509,381 | 15.3 | 15.0 | 15.2 |
| Southern Western | | | | | |
| Blantyre City | 72 | 135,162 | 12.2 | 13.6 | 12.9 |
| Blantyre Rural | 156 | 99,471 | 15.8 | 15.4 | 15.6 |
| Mwanza | 113 | 51,710 | 14.3 | 14.6 | 14.5 |
| Chikwawa | 167 | 94,498 | 15.1 | 13.6 | 14.4 |
| Nsanje | 106 | 59,663 | 20.7 | 18.7 | 19.8 |
| Total | 614 | 440,504 | 15.1 | 14.8 | 14.9 |

| | | | | | |
|------------------------|-------|------------------|--------------------|-------------|---------------|
| Shire Highlands | | | | | |
| Chiradzulu | 87 | 79,375 | 17.0 | 17.4 | 17.2 |
| Thyolo | 187 | 145,322 | 15.3 | 14.9 | 15.1 |
| Mulanje | 158 | 126,336 | 15.6 | 15.8 | 15.7 |
| Phalombe | 84 | 70,526 | 15.9 | 16.6 | 16.3 |
| Total | 516 | 421,559 | 15.8 | 15.9 | 15.9 |
| | | | | | |
| Grand Total | 5,159 | 3,200,646 | 13.9 | 13.6 | 13.7 |
| 0 | | 3,200,646 | Average % Orphans: | | 13.7 % |

Annex 4: A Summary of Education Support, orphanages CBOs ²⁶ in Malawi

| District | EDUCATION SUPPORT | | | ORPHANAGES | | | | CBOs | | |
|--------------|-------------------|--------------------------------|-----------------|-----------------------|-------------------|----------------|--------------------------|-------------|----------------|-------------|
| | Applicants | Students assisted by NAC funds | Other Bursaries | Total No. of assisted | No. of orphanages | No. registered | Visited in past 3 months | No. of CBOs | No. registered | No. trained |
| Chitipa | 525 | 381 | 66 | 447 | 0 | N/A | N/A | 54 | 54 | 34 |
| Karonga | 289 | 267 | 71 | 338 | 0 | N/A | N/A | 50 | 50 | 21 |
| Rumphi | 250 | 205 | 19 | 224 | 0 | N/A | N/A | 84 | 84 | 8 |
| Mzuzu | 180 | 102 | 60 | 162 | 3 | 3 | 3 | 0 | N/A | N/A |
| Nkhatabay | 700 | 376 | 200 | 576 | 0 | N/A | N/A | 68 | 68 | 59 |
| Mzimba | 350 | 350 | | 350 | 0 | N/A | N/A | 80 | 80 | 40 |
| Kasungu | 600 | 466 | | 466 | 1 | 1 | 0 | 300 | 300 | |
| Ntchisi | 473 | 256 | 150 | 406 | 0 | N/A | N/A | 69 | 69 | |
| Dowa | 197 | 197 | 27 | 224 | 1 | 1 | 0 | 197 | 197 | 36 |
| Mchinji | 330 | 120 | | 120 | 1 | 1 | 0 | 360 | | 61 |
| Salima | 321 | 271 | | 271 | 0 | N/A | N/A | 198 | 0 | 32 |
| Nkhotakota | 351 | 207 | | 207 | 0 | N/A | N/A | 93 | 67 | 24 |
| Mangochi | 1200 | 1189 | | 1189 | 3 | 3 | 3 | 54 | 54 | 0 |
| Machinga | 180 | 178 | 0 | 178 | 0 | N/A | N/A | 216 | 76 | 35 |
| Balaka | 370 | 261 | 4 | 265 | 1 | 0 | 1 | 200 | 4 | 40 |
| Ntcheu | 277 | 158 | 119 | 277 | 0 | N/A | N/A | 106 | 66 | 36 |
| Dedza | 550 | 350 | 90 | 440 | 1 | 0 | 1 | 147 | 40 | 0 |
| Phalombe | 400 | 230 | | 230 | 0 | N/A | N/A | 58 | 58 | 20 |
| Chiradzulu | 500 | 500 | | 500 | 2 | 1 | 2 | 85 | 85 | 51 |
| Thyolo | 632 | 632 | 400 | 1032 | 3 | 1 | 2 | 74 | 49 | 0 |
| Mwanza | 162 | 162 | 132 | 294 | 0 | N/A | N/A | 21 | 21 | 6 |
| Neno | 168 | 236 | 116 | 352 | 0 | N/A | N/A | 26 | 0 | 23 |
| chikwawa | 610 | 610 | 100 | 710 | 3 | 0 | 1 | 109 | 90 | 12 |
| Nsanje | 443 | 443 | | 443 | 1 | 0 | 1 | 68 | 68 | 5 |
| Blantyre | 1300 | 822 | 500 | 1322 | 13 | 13 | 4 | 152 | 152 | 20 |
| Mulanje | 648 | 586 | | 586 | 1 | 1 | 1 | 93 | 0 | 2 |
| Zomba | | | | | 1 | 1 | 1 | 287 | 1 | 19 |
| Total | 12006 | 9555 | 2054 | | 35 | 26 | 20 | 3249 | 1733 | 584 |

Source, Ministry of Women and Child Development²⁷

²⁶ This analysis was not exhaustive by the Ministry.

²⁷ Ministry of Women and Child Development, Department of Planning and Research, 2007, Monitoring Visit Report For The Quarter Of July To September 2007

Annex 5: Indicator with no data

We did not manage to get data on the following indicators:

- Indicator 11: No of children with a birth certificate
- Indicator 12: No of OVCs accessing formal foster care or adoption
- Indicator 14: No of children living on the streets
- Indicator 16: Percentage of children that have three locally defined needs for personal care
- Indicator 20: Percentage of OVCs receiving appropriate referrals in cases of abuse and exploitations

Annex 6: List of people consulted

| 1. | Name | Designation | Organisation |
|-----|-------------------|-------------------------------------|--|
| 2. | O. Chikankheni | Principal Secretary | MOWCD |
| 3. | A. Gilmer | Resident Representative | UNICEF |
| 4. | P. Kilembe | Director Child & Social Development | MOWCD |
| 5. | Dr Biziwick Mwale | Executive Director | NAC |
| 6. | B. Chibwana | Head of Behaviour Change | NAC |
| 7. | S. Ligomeka | Director | Ministry of Local Government and Rural Development |
| 8. | M. Mabona | OVC Technical Expert | MOWCD |
| 9. | M. Kalua | Policy Officer –Socio Economic | NAC |
| 10. | J. Kabambe | OVC Specialist | UNICEF |
| 11. | H. Satumba | M&E Officer | MOWCD |
| 12. | Mr Kaneka | Lecturer | Chancellor College, Demography Section |
| 13. | A.M Kamwendo | Psycho-social Officer | UNICEF |
| 14. | K.Doll Manda | Head, OVC and Child Protection Unit | UNICEF |
| 15. | E. Kainja | Deputy Director-Child Development | MOWCD |
| 16. | E.K Mphande | Director of Planning | MOWCD |
| 17. | G. Malera | Officer | MHRCC |
| 18. | C. Nyirenda | Officer | NOVOC |
| 19. | M. Khombe | EMIS | MOEST |
| 20. | H. Moyo | M&E Officer | MOWCD |
| 21. | E. Banda | Officer | World Vision International |
| 22. | Mr Chisale | Officer | MOWCD |
| 23. | N. Chitule | HIV/AIDS Specialist | USAID |
| 24. | A. Odiechi | Community care & Support Advisor | USAID |
| 25. | P. W. Chipeta | Programme Advisor | MASAF |
| 26. | A. Kambiri | Finance Officer | UNICEF |
| 27. | R. Kumwenda | Finance Officer | UNICEF |
| 28. | G. Mwinawina | Programme Officer | Malawi Red Cross |
| 29. | Mr Mtekateka | Accountant | MOWCD |
| 30. | S. Makombe | Care and support Officer | MOH |
| 31. | O. Banda | Grants Accountant | NAC |
| 32. | M. Chapomba | Executive Secretary | CONSOLE Homes |
| 33. | H Chapomba | Coordinator | CONSOLE Homes |
| 34. | E. Chikuni | DSWO | Mchinji |
| 35. | B. Nkhoma | DPD | Mchinji |
| 36. | J. Majawa | OVC Desk Officer | Mchinji |
| 37. | N. Maliseni | OVC Officer | Mchinji |
| 38. | F. Kande | Coordinator | Chithenga CBO |
| 39. | S. Stock | Chairman | Chithenga CBCC |
| 40. | S. Chilije | Secretary | Chithenga CBCC |
| 41. | D. Dulani | Member | Chithenga CBCC |
| 42. | A. Mateyo | Chairlady | Chithenga CBCC |
| 43. | A. Mchenga | Member | Chithenga CBCC |
| 44. | E. Samuel | Secretary | Chithenga CBCC |
| 45. | N. Chawinga | DSWO | Salima |
| 46. | B. Tonho | DACC | Salima |

| | | | |
|-----|------------------|------------------------------------|--------------------|
| 47. | A. Ajison | Coordinator | Chifundo CBO |
| 48. | S. Mwenda | Secretary | Chifundo CBO |
| 49. | M. Sesala | Chairman | Chifundo CBO |
| 50. | L. Mgunda | DC | Ntchisi |
| 51. | Mr Sikwese | DSWO | Ntchisi |
| 52. | K. Nyirongo | DPD | Ntchisi |
| 53. | Mr. Kambewa | OVC Desk Officer | Ntchisi |
| 54. | Mr Manyowe | DACC | Ntchisi |
| 55. | R. Mnyagu | Chairman | Laisi CBO/CBCC |
| 56. | R. Ketala | Coordinator | Laisi CBO/CBCC |
| 57. | M. Nkuna | Programme Officer Child Protection | PLAN International |
| 58. | I. Kumwenda | Programme Officer School Feeding | WFP |
| 59. | J. Luhana | DSWO | Mzimba |
| 60. | O. Kamanga | Session Clerk | Kaphuta FBO |
| 61. | Mr Matayataya | DPD | Nkhata Bay |
| 62. | Mr Chafuwa | DSWO | Nkhata Bay |
| 63. | R. Ngambi | OVC Desk Officer | Nkhata Bay |
| 64. | Mr. Matope | DACC | Nkhata Bay |
| 65. | Jeremy Sandbrook | National Director | SOS |
| 66. | J.S Dzumbira | DSWO | Chikwawa |
| 67. | I.N Funsani | SWA | Chikwawa |
| 68. | J. Chilenje | Mthumba CBO vice chairperson | Chikwawa |
| 69. | Mr Mphande | DSWO | Mulanje |
| 70. | M. Chimphepo | DC | Mulanje |
| 71. | C. Lomoni | DAC | Mulanje |
| 72. | T.M Harawa | DPD | Zomba |
| 73. | Mr. Kamtsitsi | DPD | Blantyre |
| 74. | Mrs Ndayipalero | OVC Desk Officer | Blantyre |

Annex 7: Literature review

1. National Plan of Action for Orphans and Other Vulnerable Children: Ministry of Women and Child Development
2. Functional Appraisal of the NAC Organizational Systems and Institutional Arrangements: Management international
3. Malawi HIV and AIDS National Action Framework (NAF) 2005-2009: National AIDS Commission
4. Malawi Country Report April 2005: UNICEF
5. Universal Access Indicators and Targets for Malawi: Final Report National AIDS Commission
6. Malawi Annual Report 2007; UNICEF
7. Final Draft An Integrated Strategic & Implementation plan for Early Childhood Development (ECD) 2008-2012: MOWCD
8. Malawi HIV & AIDS Monitoring and Evaluation Report 2007: Malawi Government
9. Community Child Protection on Programme Review of progress and Recommendation 1 January 2007; Plan Malawi
10. Community Based Child Care Centres in Malawi Past Present and future; UNICEF
11. National HIV and AIDS Impact mitigation Conceptual framework: NAC
12. Guidelines for Child Participation in Malawi; MOWCD
13. Guidelines for Internal monitoring of the Mchinji Pilot cash transfer Scheme; Bernd Schubert September 2006
14. Manual of Operations for the Malawi Pilot Social transfer Scheme; Bernd Schubert august 2007
15. Monitoring and evaluation of Orphans and other Vulnerable children (OVC) 2008: MOWCD
16. Guidelines for Community Dialogue: NAC 2007
17. Minimum Standards Rules and Regulations for The Establishment and Management of Children Homes and Orphanages in Malawi: MOWCD 2006
18. The Road Towards Universal Access; Sealing Up access to HIV prevention, treatment, care and support in Malawi: NAC December 2006
19. National HIV and AIDS Response Integrated annual Work Plan July 2007 June 2008: NAC Initiated
20. HIV and AIDS Communications Guidelines: Part 3 Information, Education and Communication: NAC 2006
21. Assessment of the Effectiveness of the IGAs for HIV and AIDS Impact Mitigation Interventions Draft Report: JIMAT Consultants September 2007
22. Monitoring and Evaluation Plan of HIV/AIDS Programme in MOWCD (2007 -2011): MOWCD July 2007
23. National HIV and AIDS Response Integrated annual Work Plan July 2007 June 2008: NAC Partner Implemented
24. HIV and AIDS Research Strategy For Malawi: NAC January 2005
25. Ethical Approach top Gathering Information from Children and adolescents in International setting: Horizon population council Impact Family health planning Kate Schenk and Jan Williamson
26. A Report on Consolidating the Coordinating Capacity of the NAC: NAC August 2003
27. National HIV Testing and Counseling Week 16Th-21st July 2007: Technical Report November 2007 NAC
28. National HIV and AIDS Research and Best Practices Dissemination conference; Malawi Institute of management (MIM) 25-27 June 2008: NAC
29. Conceptual Framework for Mainstreaming HIV and AIDS Response into Development, Policies and programmes, Projects and action plans: NAC 2006
30. Malawi HIV and AIDS Monitoring and evaluation Report 2005-2006: NAC
31. Malawi Growth and development strategy 2006-2011 I: Ministry of Economic Planning and Development
32. Directory of Orphans and Vulnerable Children and Child Protection Community based organisations in Malawi: UNICEF 2005