

***UN Joint Programme on Girls' Education III: Learning for All in Malawi – Ensuring the realization of girls' and boys' rights to quality, inclusive and equitable education and life skills***



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## **COVER PAGE**

<b>Project Title</b>	<i>UN Joint Programme on Girls' Education III: Learning for All in Malawi – Ensuring the realization of girls' and boys' rights to quality, inclusive and equitable education and life skills.</i>
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<b>Project Goal</b>	School aged girls, boys and adolescent (especially the most vulnerable) in Malawi benefit from quality education improving their life opportunities.
<b>Location</b>	Mangochi, Salima, Dedza and Kasungu districts (Malawi).
<b>Project Duration</b>	4 years (November 2020 – October 2024)
<b>Implementing Partners</b>	Government of Malawi in collaboration with UNFPA, UNICEF and WFP
<b>Total budget: Norway Contribution</b>	NOK 367,000,000

## TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS .....	5
1 EXECUTIVE SUMMARY .....	6
2 BACKGROUND AND RATIONALE.....	8
2.1 The National Context .....	8
2.2 Rationale.....	13
3 LESSONS LEARNT AND RESULTS FROM JPGE I and JPGE II .....	14
4 APPROACH .....	17
5 SUSTAINABILITY .....	20
6 INNOVATIONS .....	23
7 PURPOSE AND THEORY OF CHANGE .....	24
8 DESCRIPTION OF OUTCOME AREAS.....	27
Outcome 1 .....	27
Outcome 2.....	38
Outcome 3.....	42
9 MONITORING AND EVALUATION .....	47
10 PROGRAMME MANAGEMENT .....	49
10.1 Coordination.....	49
10.2 Fund Management.....	51
10.3 Implementing partners.....	51
11 ASSUMPTIONS AND RISK MANAGEMENT .....	53
11.1 Assumptions .....	53
11.2 Risks .....	54
11.3 Cross-cutting Issues and risk management .....	54
12 PROJECT STAFF.....	57
13 PROGRAMME BUDGET.....	59
14 ANNEXES.....	60
a. Annex 1: Programme Theory of Change .....	60
b. Annex 2: Results Framework and M&E Plan .....	61
c. Annex 3: Risk Matrix.....	73
d. Annex 4: Budget Summary .....	82
e. Annex 5: List of Activities and Key Deliverables .....	83
f. Annex 6: Outcome Indicators Reference Sheet (to be included) .....	<b>Error!</b>
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## ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AGYW	Adolescent Girls and Young Women
ASRH	Adolescent Sexual and Reproductive Health
CBE	Complementary Basic Education
CPD	Continuous Professional Development
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DaO	Delivering as One
DCC	District Coordinating Committee
DEC	District Executive Committee
DEM	District Education Manager
EMIS	Education Management Information Systems
FAL	Functional literacy
FOs	Farmers Organizations
GBV	Gender Based Violence
HGSM	Home Grown School Meals
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICT	Information Communication Technology
IE	Inclusive Education
IFA	Iron and Folic Acid
JPAG	Joint Programme on Adolescent Girls
JPGE	Joint Programme on Girls Education
SDG	Sustainable Development Goals
MDHS	Malawi Demographic and Health Survey
MGDS	Malawi Growth and Development Strategy
MHM	Menstrual Hygiene Management
MOE	Ministry of Education
MTR	Mid-Term Review
NER	Net Enrolment Ratio
NESP	National Education Sector Plan
NESIP	National Education Sector Investment Plan
NGO	Non-Governmental Organization
OVC	Orphaned and Vulnerable Children
PCC	Parent Child Communication
PTA	Parent Teachers Association
SMC	School Management Committee
SRHR	Sexual and Reproductive Health Rights
TaRL	Teaching at the Right Level
THR	Take Home Rations
TWG	Technical Working Group
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

## 1 EXECUTIVE SUMMARY

### Problem

There is global recognition and expansive evidence that investment in education is critical to build a country's human capital, leading to poverty reduction, increased resilience and economic growth. By improving children's skills, knowledge and health they can become more productive and innovative, realizing their right to live to their full potential.

According to the World Bank Human Capital project globally, 56 percent of all children born today will grow up to be, at best, half as productive as they could be. In Malawi, a child born today, will be 41 percent as productive as she/he could be if she/he enjoyed complete education and full health. Malawi ranks 125 out of 157 countries in the Human Capital Index.<sup>1</sup> Access to quality education is one of the key determinants. Children in Malawi can expect to complete 9.4 years of schooling by age 18, when adjusted for quality of learning, this is only equivalent to 5.4 years, highlighting a learning gap of 4 years.

Children in Malawi, particularly girls and the most vulnerable, face multiple barriers that prevent them access to an inclusive quality education and alternative learning pathways; these include poor quality schooling, poor food and nutrition, inadequate protection against sexual and physical violence, harmful social and traditional practices and violations of sexual and reproductive rights. Research also shows that investing in girls' education is an effective way to improve gender equality, accelerate development and break the intergenerational cycle of malnutrition, hunger and poverty. Girls' education increases girls' access to their sexual and reproductive health rights. Educated girls marry later, delay age at first birth, and have fewer children who, in turn, lead more productive and healthier lives.

### Solution

The UN Joint Programme on Girls Education was launched in 2014 with support from the Royal Norwegian Embassy, to address multiple socio-economic, cultural, health, nutrition, and gender issues that negatively affect education, especially of the girl child in Malawi, through a holistic and human-rights based approach. The programme has targeted the districts of Dedza, Mangochi and Salima. The programme is a collaborative effort by the Government of Malawi with technical support from three United Nations agencies (WFP, UNICEF and UNFPA).

JPGE had its first phase from 2014-2017 (JPGE I - *Improving access and quality of education for girls in Malawi*). The second phase (JPGE II - *Poverty Reduction through improved Quality Education and Basic life skills for in and Out of School Adolescent Girls in Malawi*) started in 2018 and is scheduled to end in December 2020.

While the first phase focused on the building and piloting of a multi-sectoral model to improve girls' education, the second phase focused on expansion of the model and most importantly placed emphasis on strengthening the role of the government in coordination and implementation of the programme. Most of the interventions are being implemented through the District councils and with the support and oversight of six participating ministries.

The **purpose** of the JPGE III is to strengthen and consolidate the gains made in the previous phases through its multi-sectoral approach to address barriers of access to quality education for

<sup>1</sup> [www.worldbank.org/humancapitalproject](http://www.worldbank.org/humancapitalproject)

The HCI measures the amount of human capital that a child born today can expect to attain by age 18. It conveys the productivity of the next generation of workers compared to a benchmark of complete education and full health. It is made up of five indicators: the probability of survival to age five, a child's expected years of schooling, harmonized test scores as a measure of quality of learning, adult survival rate (fraction of 15-year olds that will survive to age 60), and the proportion of children who are not stunted.



girls and boys and then going a few steps further. The third phase recognizes the need to strengthen the focus on quality of learning and to ensure *inclusive and equitable* access to education, while promoting sustainable solutions. It also adopts a more gender transformative approach, maintaining a focus on girls but ensuring the needs of boys are also addressed and that they are actively engaged so they can be champions in promoting gender equality.

The multi-sectoral approach will remain at the centre of the JPGE, continuing to recognize the different factors impacting girls as well as boys and most vulnerable and marginalized children in accessing quality education and their ability to complete it. It addresses education, nutrition, safety, and integrated sexual and reproductive health concerns in a holistic manner by also focusing on other aspects such as life skills, gender equality and community engagement. Beyond the school, JPGE will continue to ensure that the out of school adolescent girls and boys are not left behind through alternative learning pathways and access to essential services.

The programme aligns with the Malawi Growth Development Strategy (MGDS III 2017-2022), and the goals in key sectoral policies and strategies, particularly the National Education Sector Investment Plan (NESIP). The programme directly contributes to the Malawi United Nations Development Assistance Framework (UNDAF 2019-2023) particularly Pillar 2, Population Management and Inclusive Human Development. The programme aims to facilitate and accelerate the implementation of the 2030 Agenda and the attainment of the Sustainable Development Goals, having a clear potential as an SDG accelerator, building on interlinkages among the goals. Specifically, the programme will contribute to SDG 4 (Quality Education), SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), SDG2 (Zero Hunger) and SDG 17 (Partnerships for the Goals).

### Programme Theory of Change

The Goal of the programme is that school aged girls, boys and adolescent (especially the most vulnerable) in Malawi benefit from quality education improving their life opportunities.

To achieve this goal, JPGE III will focus on three key outcome areas: 1) *Increased access to quality and inclusive education by girls, boys and adolescents (especially the most vulnerable) delivered through integrated services in a safe and gender transformative school, that enhances learning outcomes;* 2) *Increased access to complementary alternative learning and life skills and integrated services by girls and boys out of school and;* 3) *Increased investment and support for education, life skills, health and nutrition of children and adolescents in and out-of-school by communities, parents and education stakeholders.*

Learning from the implementation of previous phases, through the final evaluation of JPGE I and a documentation of lessons learnt and best practices, the integrated and multi-sectoral approach of the programme in identifying and addressing barriers to education remains central to the design of this phase. However, with emphasis on strengthening the integration of the results framework, with less and more comprehensive outcomes, key interventions to avoid duplication and foster further synergies, and with a robust sustainability strategy.

## 2 BACKGROUND AND RATIONALE

### 2.1 The National Context

Malawi is a low-income and least-developed country, ranked 172 out of 189 on the Human Development Index<sup>2</sup> and ranked 125 out of 157 in the World Bank's Human Capital Index. According to the 2018 Malawi Population and Housing Census, the population has increased by 35 percent in 10 years and is expected to double in two decades if current trends continue. Young people are the largest and fastest growing proportion of the population in Malawi (52 percent of the population is below 18 years and 80 percent is below the age of 35) and women comprise about 52 percent of the total population.

According to the World Bank, one in two people in rural areas are poor; 52 percent of the population is deemed poor and 20 percent are deemed ultra-poor<sup>3</sup>. *Poverty* is driven by low productivity in the agriculture sector, limited opportunities in non-farm activities, volatile economic growth, and rapid population growth. Malawi is characterized by significant *gender disparities* and ranks 172 out of 187 countries in the Gender Inequality Index (GII)<sup>4</sup>. Gender inequalities are deeply rooted in cultural and social norms, which limit the realization of women and girls' rights, empowerment and decision-making.

Close to 85% of Malawi's population lives in rural areas, making it one of the least urbanized countries in Africa,<sup>5</sup> posing a challenge to ensuring access to quality education. The country is land-locked, with an agro-based economy. Food access is unequally distributed, primarily reliant on subsistence production, and is constrained by poverty, gender inequalities, underdeveloped markets, recurrent droughts and floods, lack of crop diversification, environmental degradation. In 2020/2021, about 2.6 million people across the country are estimated to be food insecure and unable to meet their basic food needs.<sup>6</sup> The impact of flooding and drought has intensified in recent years and is likely to worsen with climate change.

Some 63 percent of children are multidimensional poor in Malawi<sup>7</sup>. The most vulnerable children are those that experience two or more deprivations (for example, availability of safe drinking water, sanitation, age-appropriate education, and a home environment free from violence and abuse) and live in households which are below the poverty line. This group represents 33 percent of all children in Malawi and suffer both severe individual deprivation and live in households that have few resources to access goods and services on their behalf.

### Education

In 1994, as one of the first countries of sub-Saharan Africa, Malawi eliminated primary school fees. The measure improved access to schooling for all children, particularly for girls and the rural poor. The country achieved *gender parity* in primary school enrolment by 2015, and annual analysis from 2015 shows that girls' enrolment has been growing at a higher rate than boys (2.7% vs 2.3%).<sup>8</sup> However, at secondary level, gender parity is yet to be achieved and is currently at 0.94, with more disparity in rural secondary schools at 0.92. Primary school *net enrolment* rate (NER) in Malawi is at 91 percent. The net intake rate (NIR) has improved from

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2 UNDP, 2019 Human Development Report. Statistical Update (<http://hdr.undp.org/en/indicators/137506#>)

3 2016/2017 Integrated Household Survey-NSO

4 UN Gender Inequality Index, HDR 2019, See: <http://hdr.undp.org/en/composite/GII>

5 World bank 2016. Urbanization Review. "Malawi is at early stage of urbanization and is urbanizing at moderate rate" (3,7-3,9%/year)".

6 2020 Malawi Vulnerability Assessment Committee (MVAC) - press statement 2<sup>nd</sup> Sept 2020.

7 UNICEF, Child Poverty in Malawi, March 2016

8 2018-2019 Education Sector Performance Report – Government of Malawi



71 percent in 2008 to 92 percent in 2018, demonstrating a higher degree of access to education at the official entry age.<sup>9</sup> Education expenditure as percentage of government expenditure has been increasing, from 14.8 percent in 2015 to 18.2 percent in 2019<sup>10</sup>, with primary education having the largest share. The government expenditure per primary school student as % of GDP per capita, was 8.2 in 2016, though below the average of 10.7 for low income countries.<sup>11</sup>

On overall, *girls* still face additional disadvantages, to ensure they remain in school, perform and progress. In most rural households in Malawi, parents are smallholder farmers with limited income. If having to choose, they rather invest in a son's education, since girls are expected to work at home and join their husband's families at marriage. Limited reproductive health information, knowledge, and services results in girls becoming more susceptible to early sexual debut, early marriage, and pregnancy. Malawi has one of the highest rates of child marriage in the world<sup>12</sup> with approximately 1 in 2 girls between the age of 20-24 married before the age of 18, and 9 percent of the same age group married before turning 15 years old. Among girls aged 15-19, 29 percent are already mothers or pregnant with their first child.<sup>13</sup>

**Dropout** rate for primary education has improved from 11.7 percent in 2009 to 3.2 percent in 2017, with no significant difference between girls and boys (3.2 and 3.1 percent respectively). Drivers of dropout include pregnancy and early marriage, long distances, family responsibilities, sickness, and poor facilities. Completion up to the highest class, remains low for both girls and boys. In 2017, for girls increased from 47 to 51 percent, and from 51 to 55 percent for boys. In 2019, the primary **completion** rate only slightly increased to 58 percent, meaning for every 100 students enrolled in Standard 1, only 58 make it to Standard 8.<sup>14</sup>

Primary education continues to face high **repetition** rates which lead to dropout and low completion. Repetition can be linked to lack of school readiness for primary entry, absenteeism and low learning outcomes by students. Repetition rates ranged as high as 32.8 in Standard 1 in 2017/18 to 19 percent in Standard 8<sup>15</sup>. However, there are no significant differences in repetition rates between boys (25.3 percent) compared to girls (22 percent). Over-age participation is a challenge, in Malawi 75 percent of 15-year old are still in primary school.<sup>16</sup>

Moreover, **transition to secondary** is low at 38.3 percent in 2019, showing challenges in access to higher education. This is also due to limited space in secondary schools, as well as higher costs to the families. While tuition fees have been abolished, most vulnerable families often cannot afford the costs of schooling material, transport or boarding. Additionally, a large proportion of the secondary education teaching force is unqualified, teacher deployment norms are weak, and no teacher management information system exists. Currently, 44 per cent of the 10,728 secondary teachers lack the requisite qualification to instruct at the secondary education level, 4,000 of them being trained as primary school teachers.

Challenges remain to ensure the **quality** of the education provided. Learning outcomes in primary schools in Malawi continue to remain poor as reported in the Monitoring Learning Achievement (MLA) Survey at Standard 4 and 7 carried out by the Ministry of Education with UNICEF support. The results showed a declined percentile of learners meeting minimum proficiency in English and Mathematics by 6 percent and 52 percent, respectively as they progress from standard 4 to 8. Most learners failed to reach a 40 percent mark in the national

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9 NIR is the proportion of new entrants to Std 1 who are 6 years old (official primary school entry age) compared to the total populated aged 6 years.

10 Draft National Education Sector Investment Plan (NESIP) 2020-2030

11 World Bank, <https://data.worldbank.org/indicator/>

12 UNICEF. State of the World's Children 2016

13 National Statistical Office (NSO), 2017. 2015-16 Malawi Demographic and Health Survey.

14 2018 EMIS report

15 Draft National Education Sector Investment Plan (NESIP) 2020-2030

16 UNESCO. 2020. Global Education Monitoring Report

primary curriculum performance specification.<sup>17</sup> At secondary level, only 50 per cent of the learners in Form Four who sat for the 2019 Malawi School Certificate examination passed.

Several factors contribute to low learning achievement. Firstly, there is inadequate school readiness, with only 48.73 percent children accessing Early Childhood Development (ECD) centres<sup>18</sup>. At primary level, large classes, in some districts up to one teacher to 120 learners, inadequate teaching and learning materials, insufficient number of qualified teachers (1:68), including female teachers as role model, and teachers requiring continuous professional development needed to build and sustain a qualified cadre of teachers. Additionally, teachers lack the requisite skills to support learners with learning difficulties.

In addition to girls, learners with *special education needs, orphans and other vulnerable children* (OVC), are also marginalized in terms of access to quality education against the aspirations of leaving no one behind. Girls with disabilities are particularly affected due to fears among parents and guardians they may be more at risk to face sexual gender-based violence. Primary school enrolment for children with special education needs was 3.4 percent compared to total enrolment and 7.7 percent for orphans in 2018.<sup>19</sup> According to the EMIS<sup>20</sup>, the proportion of children with special needs in both primary and secondary schools slightly increased from 2 to 3 percent between 2009 and 2018. Barriers to the delivery of inclusive education include lack of transport for itinerant teachers, inadequate specialist teachers, inaccessible infrastructure for learners with disabilities, inadequate teaching and learning materials and assistive devices, large classes and poor attitudes of teachers and parents<sup>21</sup>.

According to the 2018 Malawi Population and Housing Census, 10.4 percent of the population aged 5 years and older in Malawi were living with at least one type of disability (10% males and 11% females). Among these, 49 percent had difficulty seeing, 24 percent had difficulty hearing, 27 percent had difficulty walking/climbing, 9 percent had difficulty in speaking, 16 percent of persons were living with intellectual difficulties while 8.5 percent had problems with safe care. Of the total population, 0.8 percent were persons living with albinism. A recent Situation Analysis of Children with Disabilities commissioned by the Ministry of Gender<sup>22</sup> found that only 40 per cent of the children with disabilities were aware of medical rehabilitation services, 25 per cent required such services and only 13 per cent benefited from such services.

## Nutrition and Health

Even though stunting in children under five years of age has decreased from 53 percent in 2004 to 37 percent in 2014,<sup>23</sup> chronic malnutrition in Malawi remains amongst the highest in Southern Africa (which averages 30 percent). Among children 6-59 months, 11.7 percent are underweight, and 3.7 percent wasted. Dietary diversity for infants and young children is poor, leading to nutrient deficiency and increased health risk. Micronutrient disorders of Iron, vitamin A, Iodine and Zinc are prevalent among school going children<sup>24</sup>.

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17 National Education Sector Investment Plan 2020-2029

18 Early Childhood Development Sector Analysis Report, 2019.

19 Draft National Education Sector Investment Plan (NESIP) 2020-2030

20 Education Management Information System (EMIS) data. The EMIS data collected over a period of 10 years (2009 -2018) was used to determine the trends in the number of children with different types of disabilities enrolled in both primary and secondary schools in Malawi

21 A Situation Analysis of Children with Disabilities in Malawi, Alister C. Munthali, Centre for Social Research, April 2020

22 There were two major sources of data for this study: (i) A comprehensive review of studies done in Malawi between 2011 and 2019; and (ii) Secondary analysis of existing data sets, including the 2008 and 2018 Malawi Population and Housing Census; the Education Management Information System (EMIS) data sets and annual reports for the period 2009-2018; the 2015/2016 Malawi Demographic and Health Survey (MDHS) and (iv) The 2016/2017 study on living conditions of persons with disability in Malawi (LCs).

23 Malawi Demographic and Health Survey 2015-16.

24 National Statistical Office (NSO), Community Health Sciences Unit (CHSU) [Malawi], Centers for Disease Control and Prevention (CDC), and Emory University. 2016. Malawi Micronutrient Survey 2015-16: Key Indicators Report. Atlanta, GA, USA: NSO, CHSU, CDC and Emory University.

The MDHS 2015-16, found that 12.9 percent of adolescent girls are underweight, and 7.1 percent are obese. The micronutrient survey of 2015 revealed that 17 per cent of adolescent girls aged 10-14 years and 21 per cent of girls aged 15-19 are anaemic. In addition, 15 per cent of girls 15-19 years of age are folate deficient.

According to the Cost of Hunger in Africa study in Malawi the annual costs of child undernutrition is \$567 million or 10.3 percent of GDP.<sup>25</sup> The study showed that students who were stunted before the age of five are more likely to underperform in school, with 18 percent of school repetitions are a result of under-nutrition. Undernourished children typically have lower cognitive and physical capacity, and increased risk of repetition, which is costly to the family, the student, and the education system.

While focus on the first 1,000 days is critical to prevent chronic malnutrition, it is now well documented that to sustain early gains, good health and nutrition is important through the first 8,000 days of life, at critical stages of development, and especially during school age.<sup>26</sup> Adolescents have increased nutritional requirements, with rapid growth during this age period. In cases of teenage pregnancies, low birth weight and stunting among their children are commonly associated with poor nutrition.

In 2018, prevalence of HIV was 8.8 percent among population aged 15-49 years. According to the Malawi Human Papillomavirus and Related Diseases Report of April 2017, cervical cancer is the most common cancer among women in Malawi, with a mortality rate of 49.8 per 100,000. Overall, an estimated 5.1 million women (aged 15 years and above) are at risk of cervical cancer in Malawi. The Government of Malawi is committed to the scale-up of the HPV vaccine among in-school and out of school 9-year-old girls. This is in line with the Global Vaccine Action Plan, which states that “individuals and communities (should) understand the value of vaccines and demand immunization as both their right and responsibility”. The decision to introduce and roll out HPV vaccination nationally followed the successful implementation of a GAVI-supported HPV demonstration project in Zomba and Rumphi districts in 2013-2015.

### Sexual Reproductive Health

Early sexual activity is high in Malawi. Around 15 percent of young women and 18 percent of young men (aged 15-24) report having sex before the age of 15. Gender disparities are also reflected in the high rates of child marriage, in women and girls’ limited control over their sexual lives, contributing to high maternal mortality ratio (439 per 100,000 live births), teenage pregnancy, widespread gender-based violence, affecting possibilities to reach their full potential. Girls aged 15 to 19 are ten times more likely to be married than boys.

Teenage pregnancy increased from 26 percent in 2010 to 29 percent in 2015-16. Early pregnancy multiplies the risks to girls’ health, increasing the likelihood of complications such as obstetric fistula, or death from pregnancy-related causes. Pregnancy is one of the leading causes of school drop-out among girls. Almost half (54.1 percent) of young women in Malawi with no education have started childbearing<sup>27</sup>, and only 10% young mothers return to school

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<sup>25</sup> Cost of Hunger in Africa, Malawi Report, 2015

<sup>26</sup> The 3rd edition of the World Bank Disease Control Priorities (DCP3), supported by the Gates Foundation, confirms the crucial importance of the first 1,000 days, but also highlights the neglect of investment during the next 7,000 days (or up to age 21). [ Volume 8, entitled Child and Adolescent Health and Development]. Intervention is required in three phases: the middle childhood growth and consolidation phase (5–9 years), when infection and malnutrition constrain growth, and mortality is higher than previously recognised; the adolescent growth spurt (10–14 years), when substantial physical and emotional changes require good diet and health; and the adolescent phase of growth and consolidation (ages 15 to early 20s), when new responses are needed to support brain maturation, intense social engagement, and emotional control.

<sup>27</sup> Malawi Demographic Health Survey, 2015-16

after childbirth<sup>28</sup>. The COVID-19 pandemic will continue to challenge service providers and communities in the delivery of SRHR and GBV interventions. There have been reports that in some instances, SRHR/YFHS services were not provided due to COVID-19 and that some resources for SRHR outreach were channeled to COVID-19 response.<sup>29</sup> There are serious indications of the potential impact of the pandemic on teenage pregnancy and early marriages.

### Safety and Gender Based Violence

According to a study<sup>30</sup> conducted in Malawi, about 24 percent of Malawian children feared being attacked or bullied when walking to school. Children living in rural areas are more likely to be victimized than those living in urban areas<sup>31</sup>. About 23% of adolescent girls aged 15-19 years have experienced physical violence since age 15<sup>32</sup>. In a survey of gender-based violence (GBV) in Malawi, 61 percent of girls who experienced GBV said it negatively affected their school performance<sup>33</sup>. Sexual violence is an issue with 22 percent of women and 15 percent of men experiencing it before the age of 18<sup>34</sup>. A 2014 survey established that more than 20 percent of girls experience sexual abuse before the age of 18, and half of them before they are 13. A third of all 13-17-year olds who had experienced sexual abuse reported that the abuser was a classmate or schoolmate, with between 10-20% of all reported sexual abuse incidents occurring at school<sup>35</sup>. GBV contributes to poor education indicators, thus keeping children safe from violence is key to reducing dropout. Girls experiencing violence are vulnerable to early pregnancy, child marriage, short- and long-term health issues including psychological distress that can prevent them from staying in school. For both boys and girls, comprehensive knowledge increases with age, social status, and educational attainment, underscoring the need for overall education on reproductive and health issues, and protective measures for school-going girls. Malawi is a shock-prone country and GBV is also exacerbated during emergencies.

### Policy Framework

The **Malawi Growth Development Strategy** (MGDS III 2017-2022), recognizes that education is key to socioeconomic development and growth of the country. The **National Education Policy** (2016) intends to achieve universal primary education using a multi-dimensional approach to improve access to and quality of education. It aligns with Education for All 2000 goals and the Sustainable Development Goals (SDGs). Malawi's 2017–21 **National Strategy on Inclusive Education** translate policy statements into a plan of action to achieve increased access to equitable and quality education for all learners, covering children likely to be excluded from and within the education system. The **National Gender Policy** (2015), aims for equal access, retention and completion of quality education for girls and boys. The **Sexual and Reproductive Health Policy** (2017) and Youth Friendly Health Strategy provide the framework for implementation of ASRHR programmes in a comprehensive and integrated manner and provide age-appropriate access to services and information for adolescents in and out schools. The **National School Health and Nutrition Policy** (2017), aims at ensuring that all learners are equipped with skills, attitudes and habits that allow them to maintain healthy and productive lives. The school **Readmission Policy** aims at providing a second education opportunity for girls who may have dropped out of school due to pregnancy or child marriages.

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<sup>28</sup> National Education Strategy, 2014

<sup>29</sup> Report on the Assessment of State of Implementation of Youth Friendly Health Services amid COVID-19 pandemic.

<sup>30</sup> <https://issafrica.s3.amazonaws.com/site/uploads/SUFFERINGATSCHOOL.PDF> (2005)

<sup>31</sup> [http://pdf.usaid.gov/pdf\\_docs/Pnadm759.pdf](http://pdf.usaid.gov/pdf_docs/Pnadm759.pdf)

<sup>32</sup> Malawi Demographic Health Survey, 2015-16

<sup>33</sup> <http://unesdoc.unesco.org/images/0023/002321/232107E.pdf>

<sup>34</sup> <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/>

<sup>35</sup> Malawi Government, Ministry of Gender, Children and Social Welfare, Violence Against Children survey, 2014.

## 2.2 Rationale

There is global recognition and evidence that investment in education are critical to build a country's **human capital**, leading to poverty reduction, increased resilience and economic growth. By improving children's skills, knowledge and health they can become more productive in the future and innovative, realizing their right to live to their fullest potential.

According to the World Bank Human Capital project globally, 56 percent of all children born today will grow up to be, at best, half as productive as they could be. In Malawi, a child born today, will be 41 percent as productive as she/he could be if she/he enjoyed complete education and full health.<sup>36</sup> Access to quality education is one of the key determinants. Children in Malawi can expect to complete 9.4 years of schooling by age 18, when adjusted for quality of learning, this is only equivalent to 5.4 years, highlighting a learning gap of 4 years.

Research also shows that *investing in girls' education* is an effective way to improve gender equality but also to accelerate development and break the intergenerational cycle of malnutrition, hunger and poverty. According to the World Bank (2007) an extra year of primary school raises girls' future wages by up to 20%, and for every 1% increase in the proportion of girls with secondary education, a country's annual per capita income growth rate increases by 0.3% points. Education delays marriage and childbearing. In Malawi, women with no education marry over 7 years earlier than women with more than secondary education. Similarly, women with more than secondary education have their first birth over 6 years later than women with primary or no education.<sup>37</sup> Educated women are more empowered and likely to resist domestic violence and harmful practices that perpetuate gender inequalities, e.g. early marriage, and discrimination against girls and women at home and in society.<sup>38</sup>

Issues around quality of education in Malawi affect educational achievement of both girls and boys, and even more children with special educational needs, and the most vulnerable and marginalized children. A holistic approach is needed to address barriers to access and completion of quality education, taking into consideration the multi-dimensional nature of these barriers and the specific needs of girls and vulnerable children, thus *leaving no-one behind*. Given the additional disadvantages, reinforced by gender-barriers such as early pregnancies, early marriages and gender-based violence, that girls face in Malawi, girls will remain the primary focus of the programme.

The third phase of the UN Joint Programme on Girls' Education will therefore **build on the gains and the lessons learnt from the previous phases, harnessing the power of the multi-sectoral approach and of delivering together integrated solutions, as well as strengthening the focus on learning to ensure an inclusive and equitable quality education.**

The programme aims to work with the Government of Malawi to facilitate and accelerate the implementation of the 2030 Agenda and the attainment of the Sustainable Development Goals. The programme has a clear potential and impact as an SDG accelerator, building on the interlinkages among the goals. Specifically, the programme will contribute to SDG 4 (Quality Education), SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), SDG2 (Zero Hunger) and SDG 17 (Partnerships for the Goals).

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<sup>36</sup> [www.worldbank.org/humancapitalproject](http://www.worldbank.org/humancapitalproject) The HCI measures the amount of human capital that a child born today can expect to attain by age 18. It conveys the productivity of the next generation of workers compared to a benchmark of complete education and full health. It is made up of 5 indicators: the probability of survival to age five, a child's expected years of schooling, harmonized test scores as a measure of quality of learning, adult survival rate (fraction of 15-year olds that will survive to age 60), and the proportion of children who are not stunted.

<sup>37</sup> National Statistical Office (NSO) 2017. 2015-16 Malawi Demographic and Health Survey.

<sup>38</sup> Council on Foreign Relations, 2004. What Works in Girls' Education. Evidence and Policies from the Developing World.



### 3 LESSONS LEARNT AND RESULTS FROM JPGE I AND JPGE II

The UN Joint Programme on Girls Education was launched in 2014 with support from the Royal Norwegian Embassy, to address the multiple socio-economic, cultural, health, nutrition, and gender issues that negatively affect education, especially of the girl child in Malawi, through a holistic and human-rights based approach. The programme has been implemented in the districts of Dedza, Mangochi and Salima. Under the UN coordination umbrella, the programme has seen the collaboration of three agencies (UNFPA, UNICEF and WFP), with an increased role in both leadership, coordination and implementation of the Government of Malawi through the programme phases.

JPGE was built on the experience and lessons learnt of the Joint Programme for Adolescent Girls (JPAG, 2010-2015) aimed at addressing challenges experienced by adolescent girls through investing in education, vocational skills, sexual and reproductive health and protection from violence, abuse and exploitation. Through the JPGE, the initiative was expanded in geographic reach and the aspect of nutrition and food security to promote education was added.

JPGE had its first phase from 2014-2017 (JPGE I - *Improving access and quality of education for girls in Malawi*). The second phase (JPGE II - *Poverty Reduction through improved Quality Education and Basic life skills for in and Out of School Adolescent Girls in Malawi*) started in 2018 and is scheduled to end in December 2020.

Over the years, the programme has been building up, through scaling up interventions, lessons learnt and best practices. Phase I of the JPGE was implemented in 81 schools in the three districts. In JPGE II, the focus was on scaling up to 88 new schools, within the same districts. The rationale was that previously supported schools would seek to improve quality of delivery of interventions and systems strengthening while acting as learning points for the new schools. JPGE II has seen a strengthened role of the government in coordination and implementation at both national and district level, with the Ministry of Education leading the coordination of the programme and with the participation of six ministries (Ministry of Education, Ministry of Health, Ministry of Youth and Sports, Ministry of Gender Community Development and Social Welfare, Ministry of Agriculture, Ministry of Information).

#### Key results to date

While the second phase is ongoing, key results have been consolidated from the implementation to date as evidenced in the mid-term review of JPGE I conducted in 2016, the final evaluation of JPGE I conducted in 2018, and a Documentation of lessons learnt, and best practices conducted in 2020.

**Increased enrolment, school attendance and reduced drop-out**, demonstrating that more girls and boys were attracted to and stayed in school. Findings from JPGE I evaluation show that many children from poor households have an incentive to attend and remain in school because of the programme.<sup>39</sup> The overall school *enrolment* has grown by 31percent, only between 2014 and 2017. Average school *attendance* increased from 73 percent in 2013/2014 to 87 percent in 2019. The percentage for girls was even higher with an increase average attendance at 90 percent compared to that of boys at 83 percent. And an increasing number of girls were able to return to school (for ex, in 2019 over 3,600 girls were readmitted in the targeted schools). *Dropout rates* have fallen impressively from 15.6 percent to about 5 percent, and for boys from 13.5 percent to 4.9 percent for boys).

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<sup>39</sup> [Evaluation of the Joint Programme for Girls Education \(JPGE\) with financial support from the Norwegian Government, July 2014 – October 2017](#), Evaluation Report, June 2019, commissioned by the Ministry of Education Science and Technology (MoEST); World Food Programme (WFP); United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF)



**Improved education outcomes:** examination pass rates in supported schools in JPGE II show encouraging progress at 73.3 percent for girls and 85 percent for boys in Standard 8 against the baseline survey's values of 66.2 percent for girls; 69 percent for boys. Transition rates to secondary school are indicating a slighter improvement for girls (48.9 percent against 47.8 percent) but less for boys (39.4 percent against 44 percent). While repetition rates (standard 5-8 learners) are also indicating an improvement for girls with 31 percent compared to 34.7 percent at baseline, while for boys they are slightly higher at 32 percent compared to the baseline of 29.8 percent, though high on overall.<sup>40</sup>

**Increased access to integrated sexual reproductive health and rights:** the percentage of girls accessing youth friendly health services among those who reported to be in need of them increased. The JPGE I evaluation found that improvement was higher in JPGE areas: from 52 percent to 83.2 percent compared to 74% in non-JPGE areas. Girls in the JPGE areas found less shy to use the YFHS services. Girls participated in comprehensive sexuality education sessions in 98 percent of schools; for non-JPGE schools this was only 69.6 percent. As of 2019, 265,000 young people have been reached with Youth Friendly Health Services (YFHS) through static and outreach services.

**Gender equality:** JPGE has contributed to decreasing gender inequality through its multi-faceted approach. Lower dropout rates and better pass rates are foreseen to strengthen the position of girls in their adult life, and together with gender sensitive environment in schools, (e.g. supporting girls who dropped out of school, helping girls to achieve leadership positions and strengthening access to YFHS) has helped in bridging gaps between girls and boys, contributed to transforming discriminatory gender norms and practices and provided an equal chance in life to both boys and girls. JPGE contributed to the awareness raising and empowerment of girls and encouraged them to take on leadership positions in the community and in school clubs; 87.7 percent of clubs were found to have female leaders in JPGE schools, against 68.8 percent in non-supported schools.

**Access to better nutrition:** over 212,000 learners (51 percent girls, 49 percent boys) have benefitted from daily school meals providing a nutritionally balanced meal, thanks through the home-grown approach, and about 165,000 girls accessed iron and folic acid supplementation. According to the JPGE I final evaluation, 96 percent of parents and household members found that school meals improved the well-being and nutrition status of their children and was one of the key incentives in improving attendance.

### Lessons Learnt and Challenges

Several lessons have been learnt throughout the implementation of JPGE. In 2020, a documentation exercise was conducted to consolidate learnings, best practices and evidence on results of the JPGE from 2014 to date, to support the design process of the third phase. Key lessons that have been considered in the design of the third phase, are discussed in this section.

**Government as leading partner:** From the implementation of the first phase it was learnt that the government involvement in coordination, monitoring and supporting of the programme was necessary to increase sustainability. A key challenge in the earlier stages of the programme implementation was that it was more reliant on the engagement of non-governmental organizations. JPGE II adopted working with Government partners with mandate in the relevant sectors, while NGOs, CSOs or other partners were brought in when government and UN efforts needed complementing. Working with government has proved effective on service delivery, as government sets policies and standards for the services and has presence at grass-

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<sup>40</sup> Education indicators: 2018/2019 school year progress - data source: Districts Education Management Information Systems (DEMIS).  
Baseline source: JPGE II baseline survey.

root level. For example, through collaborative efforts of JPGE and government there is increased support for facilities such as mentoring, learning camps that have increased their access to school but also transition to secondary schools. JPGE has contributed funding to the Government established Scholarship Fund for girls in secondary school, where UNICEF contributed (32%), government (34%) and other players (34%).

JPGE II focused on establishing and consolidating these multi-sectoral partnerships with government leadership and attempted strengthening the government coordination role. District commitment and ownership of the intended programme outcomes and outputs have been crucial to influencing change. Delegating key decision-making to the district helped ensure grass-root level relevance and ownership of programme activities. While the programme has made progress in capacity building at district level, and the development of tools, guidelines that can be rolled out beyond JPGE schools, the comprehensive multi-sectoral model promoted by JPGE requires further commitment from Government and other partners to be adopted.

**Gender transformative approach:** A critical challenge has been to ensure that boys feel engaged. The JPGE I final evaluation, found that boys felt excluded and their needs not fully considered and that it did not include sufficient means to ensure that boys fully understood the programme approach and primary focus on girls. Boys (and other stakeholders) felt it was unfair that girls received more support and would sometimes be found to be frustrated as a result. Boys had the impression that they received much less support than girls of the same age, who live under comparable circumstances. While in JPGE II efforts have been made to purposely engage boys, this has called for further consideration in the design of JPGE III, to ensure a holistic approach, so that the specific needs of both girls and boys are met.

**The critical role of parents and communities:** Lessons from both the JPAG and the JPGE clearly indicated the importance of working with community members in improving access to education. Community members, especially parents/guardians, local leaders, cultural and religious leaders are key in influencing behaviour change.

The JPGE I final evaluation, found a strong community engagement, through the active participation in various structures (eg. mother groups, school management committees, child protection committees, food committees, etc.) and over 93 percent of JPGE schools reported that the community had relevant bylaws, in particular on mandatory sending girls to school and on preventing violence against children. The capacity and attitude of local leaders, teachers and people who participated in committees were positively changed under JPGE. However, the evaluation also noted gaps in parental support towards girls' education as parents had not sufficiently been engaged in the early phase of the programme. To respond to this gap, in JPGE II there was increased parental engagement through different groups such mother groups, food committees, parents-teachers' associations, management committees alongside traditional authorities all of which have made contributions to supporting girls' education. In Phase III, Parents Child Communication will be one of the key approaches to be used in reaching out to guardians and adolescents. Parents play an integral part in influencing the direction their children take especially in education. Many of the issues affecting girls' education are rooted in mind-sets and cultural practices in the community. If a community does not adopt the goals, the achievement will be minimal. Behavioural change takes time and prioritising education requires constant engagement at the community level.

**UN Delivering as One:** One of the key lessons learnt from the JPAG and JPGE is the ability of three different UN agencies to jointly plan and deliver a package of interventions at one entry point. Joint programming is one of the modalities for the UN to "deliver as one" (DaO) under the leadership and coordination of the Resident Coordinator's Office. The joint programme allowed the UN to leverage the comparative advantages, expertise, capacity,

contextual knowledge and relationships with key government sectors of the three agencies and to converge the efforts, to tackle the deep-rooted challenges in education. This initiative provided the best opportunity to learn from within the UN operations, and has provided lessons learnt on coordination mechanisms that have been useful for other joint programmes (eg. design of some of the coordination structures and functions, particularly in providing a model for coordination at district level).

## 4 APPROACH

While the first phase of the programme focused on building and piloting a model, the second phase on the roll-out and expansion with more emphasis on government leadership, the ***approach for the third phase is to: capitalize on the gains, reinforcing the integrated approach and building more synergies for improved sustainability, while strengthening the focus on learning to ensure a quality, inclusive and equitable education.***

The pledge to “leave no one behind” , and to endeavour to reach those furthest behind first, is at the heart of the 2030 Agenda for Sustainable Development, a principle well reflected in the approach of the third phase of the programme, that will strengthen its strategies to ensure inclusive education specifically for those groups that are most at risk of being excluded. This include children living with disabilities, vulnerable and out of school girls and boys. The third phase recognizes the need to strengthen the focus on quality of learning and to ensure inclusive and equitable access to education, while promoting sustainable solutions.

It also adopts a more *gender transformative* approach, while keeping girls as primary focus. Both girls and boys in Malawi, especially the most vulnerable, face multiple barriers that prevent them to have access to an inclusive quality education; however, girls still face additional disadvantages, reinforced by gender-barriers such as early pregnancies, early marriages and gender-based violence. Gaining on results from its previous phases, the programme will step up its efforts to address such threats faced by girls specifically, through a multi-sectoral and integrated approach focusing on effective, inclusive quality and gender sensitive teaching and learning environment, improving food and nutrition, child safety, sexual and reproductive health and community participation.

To promote gender transformation, the roles, needs and opportunities for both boys and girls must be analysed and considered. JPGE III proposes a more holistic approach, so that the specific needs of both girls and boys are met. Leaving boys behind may in fact jeopardize efforts to support girls. The programme will provide opportunities for a safe space to challenge and discuss traditional gender roles and attitudes about “what makes a man or a woman” and it will help breakdown harmful stereotypes and generalisations. In addition, boys could also be champions promoting gender equality and take a stand against gender-based violence.

### Integrated approach

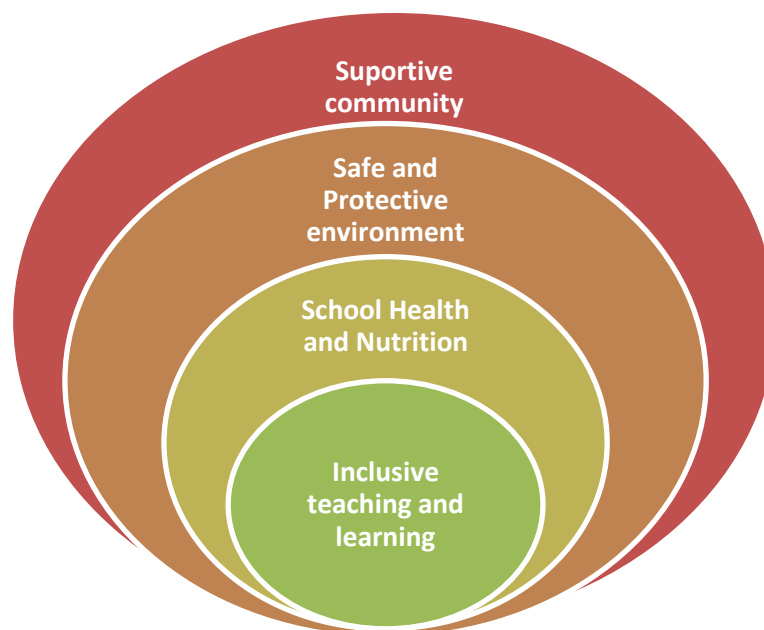
The multi-sectoral approach remains at the centre of the JPGE in this third phase of the programme, continuing to recognize the different factors impacting girls’ as well as boys and most vulnerable and marginalized children in accessing quality education and their ability to complete it. It addresses education, nutrition, safety, and integrated sexual and reproductive health concerns in a holistic manner by also focusing on other aspects such as life skills, gender equality, gender-based violence and community engagement.

The approach facilitates combining resources and specific knowledge and expertise. JPGE enables multiplier effects by simultaneously improving the school conditions, delivery of packaged client centred SRHR services, including information and providing better nutrition

for learners while increasing income of parent farmers (who are then able to use more resources to support the education of their daughters and sons).

The school will continue to be used as the main entry point, with the primary strategies focused on ensuring improved learning in an inclusive environment, layered with additional strategic interventions that influence education outcomes. Beyond the school, JPGE will continue to ensure that the out of school adolescent girls and boys are not left behind through alternative learning pathways and access to essential services.

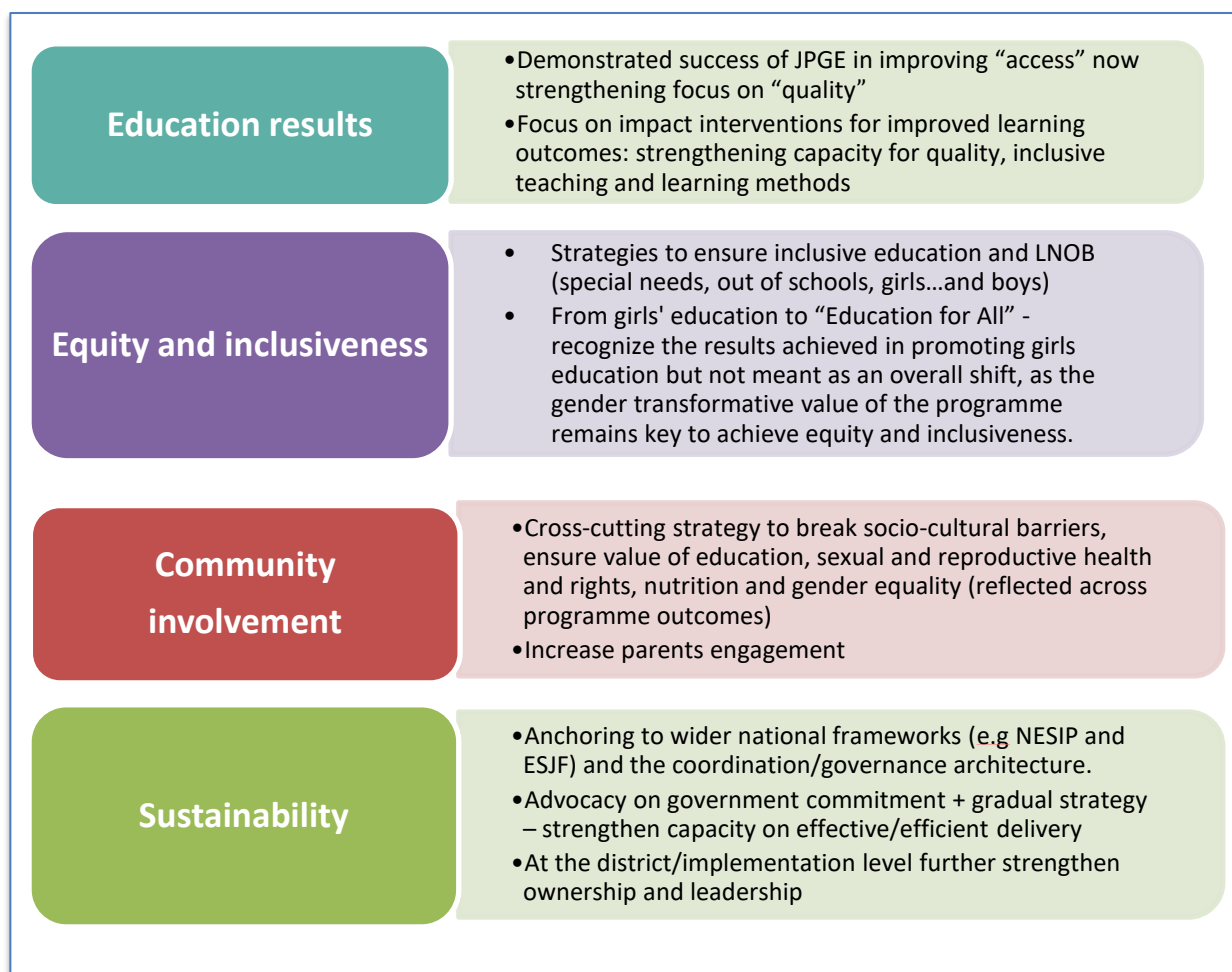
Additional efforts will be made in this third phase to integrate implementation, for example with activities implemented jointly across sectors when targeting the same group of beneficiaries, or community committees etc.



### Key strategic areas of focus

Alongside the importance to maintain and strengthen the multi-sectoral and integrated approach of the programme, some strategic areas for consideration in the design of this third phase have emerged, through consultations and discussions throughout the programme implementation (e.g with stakeholders, government and district counterparts), evidence generated through the 2018 final evaluation of JPGE I, the 2020 documentation of best practices and lessons). The main ones have been outlined in the box below and will be further discussed in the description of the proposed programme purpose and outcomes.

### Box 1. Key strategic areas



### Scale and Geographic coverage

The JPGE phase II reached 169 primary schools and 53 health facilities within the targeted schools' catchment areas, this represented 26 percent of all public primary schools and 56 percent of all health facilities within the three targeted districts of Dedza, Mangochi and Salima.

However, the contribution of the JPGE goes beyond the directly targeted schools, facilities and beneficiaries, as some of the programme interventions have reached entire communities or have been implemented with a “whole district” approach. Examples of these are: community mobilization activities; support of chief councils for the facilitation of enforcement of community by-laws in support of girls' education; standardization of by-laws involving all traditional authorities in the districts; formation of head teachers associations promoting professional development and networking. This approach will continue into the third phase.

JPGE is also contributing at national level, by supporting policies and guidelines. Harmonization of training manuals for some disciplines, thus offers opportunity for replication of the model beyond the three districts.

The third phase will continue this *twin-track approach* by consolidating and, where resources allow, expand interventions within the same districts while focusing on strategies and interventions at national level that will support the mainstreaming of specific components as well as the overall multi-sectoral approach (as further elaborated in the sustainability section).

In order to leverage investments in other programmes, phase III will see a scale-up to one additional district linking the JPGE with the TRANSFORM programme funded by Norway, which aims at sustainable food systems and rural resilience. The district of Kasungu with an indicative target of 30 schools is proposed, based on previous implementation of school feeding programmes, feasibility of the home-grown modality. While the entry point is the linkage between the Home Grown School Meals (HGSM) and the farmers supported through TRANSFORM, the expansion will see all the key components of the JPGE programme reflecting the multi-sectoral approach. With the same intention to ensure linkages with other investments, the complementary partnership with UNESCO and the Our Rights, Our lives, Our Future Programme (O3) supported by Norway will also be leveraged, with particular focus on Comprehensive Sexuality Education to ensure more schools, communities can be reached within the same districts in addition to those already being targeted by JPGE.

## 5 SUSTAINABILITY

The JPGE has been considering the question of sustainability progressively through its phases. While the first phase focused on the building and piloting of a multi-sectoral model to improve girls' education, the second phase focused on expansion of the model and most importantly placed emphasis on strengthening the role of the government in coordination and implementation of the programme. Most of the interventions under JPGE II are in fact being implemented through the District councils and with the support and oversight of six participating ministries. The third phase builds on these progresses but also takes stock of the challenges and lessons learnt and takes a pragmatic approach in defining what sustainability can be achieved by the end of this phase and what foundations can be built to promote it in the longer term/beyond the programme.

This is premised on a definition of sustainability that sees the approach modelled by the programme maintained and able to continue in the long term. While it would not be realistic to expect a national scale up of the integrated model of the JPGE by the end of this four years phase, the programme will focus on ensuring that the key components of the approach and high impact interventions are mainstreamed within the wider policy and programmatic landscape, thus advocating for its uptake and influencing planning and resource allocations.

The programme will employ the following strategies to achieve sustainability:

1. Ensure the programme is more firmly anchored to the wider national policy framework (e.g within the context of the new NESIP 2020-2030) and the right governance architecture. [*institutional sustainability*]
2. Strengthen advocacy on government commitment (including financial) based on a gradual/phased roadmap designed by the government with technical support of the programme. [*financial sustainability*]
3. Continue strengthening capacities for effective/efficient delivery in line with decentralisation. At the district/implementation level further strengthen ownership and leadership [*implementation capacity sustainability*]
4. Fostering Community ownership and participation. [*social sustainability*]

- 1) **Institutional sustainability.** In line with the legal and policy framework, the National Education Sector Plan (2008-2017) and NESP transition plan (up to 2019), has been guiding the implementation of key priorities for the development of the education sector. A National Education Sector Investment Plan (2020-2030) has been developed by the Ministry of Education through a consultative process with key stakeholders and development partners. The



NESIP sets objectives to be achieved and guides the implementation of key activities to attain national and international commitments by 2030. The goals and objectives focus on expansion of equitable access to education, improvement of quality and relevance of education and better governance and management. JPGE III is directly aligned and supports the priorities enshrined in it. The programme has included a focus on inclusive education and will assist in demonstrating key interventions that can contribute to improve learning outcomes (both key aspects of the NESIP). JPGE will also support development of district education plans to facilitate the implementation of the NESIP at district level.

Another area of institutional support is the Education Sector Joint Fund (ESJF) established in 2017. The ESJF is a common funding mechanism designed to receive funding from multiple partners and uses elements of government systems such as planning, budgeting, procurement and reporting but maintains a parallel funding flow with strong fiduciary and oversight and controls. Currently, the Governments of Norway, Germany and UNICEF are participating in ESJF and have contributed \$23m as of August 2020. UNICEF channelled the JPGE II funds through the ESJF and will continue to do so with the JPGE III funds. The ESJF has provided an efficient, accountable and coordinated mechanism for funding. JPGE will continue to advocate for more development partners to channel their resources through the ESJF.

Alongside the multi-sectoral nature of the intervention, the JPGE is aligned and implements the following *cross sectoral strategies*: The National Youth Friendly Services Strategy which aims at giving direction to the implementation of SRH services for all young people to achieve high quality integrated services; the 2017 SRHR Policy which provides the framework for implementation of SRHR programmes in a comprehensive and integrated manner; the National Strategy for Adolescent girls and Young Women (AGYW) provides holistic minimum needs for adolescents and young women; the School Health and Nutrition Policy and the multisectoral adolescent nutrition strategy (2019-2023) seek to promote health and nutrition in schools; the national agriculture investment plan which seeks to transform the sector from subsistence to market-based to increase and diversify agricultural production. As the current National School Health and Nutrition strategic plan runs up to 2022, technical support will also be provided to its review to ensure it considers the transition strategy and emphasizes the integrated approach. In addition, the government is planning to develop a standalone *policy on Inclusive Education*, which the JPGE will support. The policy will focus on how education delivery will respond to the diverse needs of learners within the framework of Universal Design for Learning and Child Friendly School concept. The needs of learners (cognitive, emotional, social etc) will be at the centre of the policy. In order to ensure that out-of-school adolescent girls and teen mothers return to school, Malawi has developed a Readmission Policy to ensure equitable access and gender parity in education. The policy specifically addresses learners who dropped out due to early pregnancy, long illness, forced marriages and lack of basic needs including school fees.

**2) Financial sustainability.** The sustainability of the programme approach is highly dependent on the government support and institutionalization of key components. The results achieved throughout the programme as well as efforts to continue build on evidence generation (e.g. through a robust M&E system, programme evaluation and other specific studies), will support efforts of advocacy to strengthen the commitment, including increased budgetary allocations. Advocacy will be designed around concrete propositions, for example through start building from the beginning with the government a strategy for a phased takeover of some interventions. Advocacy will be channelled to both increasing budgetary allocations as well as to distribution of allocations that promote efficacy (e.g on programmes that promote teaching and learning, for instance towards procurement of materials). While the fiscal space of the government may at times be limited, government investments and prioritization will also support attracting further complementary resources from development partners, other sources.

For example, in relation to school feeding, one of the more resource intensive interventions in the programme yet with high returns, JPGE will support the government in the development of a national school meals operational plan and roadmap which will identify a strategy for full transition of school meals to the government, with key handover milestones. The operational plan will be complemented by a resourcing strategy to support funding for the school meals program, including identifying new opportunities for diversification of funding. It is clear however that without stable and adequate government funding, a school meals program cannot be sustained in the long term. In order to understand the full implications of different modalities that are available for a national programme, a cost benefit analysis will aim at evaluating the different options for evidence-based policy decision making. This will show the full range of benefits, including income multipliers, education and social protection outcomes that a HGSM program can have, and support the case for increased funding to School Meals.

**3) Implementation capacity.** JPGE's combination of capacity building approaches at institutional, organizational and individual level has proved to be successful, as found by the JPGE I final evaluation. Capacity has been built in terms of hardware (including school upgrading, sanitation, functional literacy centres, youth corners in health centres) as well as through trainings to increase knowledge and skills, especially at local level. The shift of the responsibilities of implementation to the district councils has promoted commitment and ownership at the local level and has been instrumental in influencing change. District councils are leading in the programme cycle implementation, from planning to being accountable for the results and resources. However, there are still gaps to be addressed – and the programme is still relying on the JPGE district coordinators to support districts in implementation.

The program places an emphasis on complementing and responding to the need for building the capacity with local youth champions, mentors, community stakeholders, parents, mothers, youth association and civil society organizations as well as multi-sector teams composed by health providers, teachers, community health workers etc. to deliver integrated services. In the third phase of the programme, capacity strengthening activities have been mainstreamed across outcomes. Most of the programme expected outputs and interventions are designed to increase capacity in service delivery, be it at school, health facility, district or community level (see section Description of Outcome areas for further details).

**4) Social sustainability.** Phase III will shift the focus from raising awareness to facilitative engagement focused on promoting behaviour change and sustainability bottom-up (fostering community ownership and participation).

Several strategies have been implemented so far to ensure community engagement. The involvement of community-based structures such as “mother groups” is one of the most successful. Mother groups have been instrumental in providing support to vulnerable girls, through small scale business activities thanks to the school funds, teaching girls to sew sanitary pads, and mentoring and encouraging girls who had dropped out to return to school. Using Youth Clubs and Youth networks, community radio programmes, theatre, performances, recreation activities and sports days, young people have been attracted to also participate in activities and for social mobilization. The involvement of traditional and religious leaders in the programme activities has fostered a sense of ownership of the programme. In all three districts, Chiefs' funds from the proceeds of fines from violations of community by-laws, are being established and prove a feasible and replicable approach, as proceeds realized are used to support needy learners with their education needs.

JPGE III will build on these experiences and reinforce efforts to engage with communities in ways that facilitate their direct involvement and coming up with local solutions to support access to education and other services, especially for the most vulnerable children. JPGE III

will also continue to foster linkages between programme interventions as a best practice in the programme with a multiplier effect that can support sustainability. For example, the HGSM approach with smallholder farmers (many of whom are also parents of the targeted children); but also with mother groups managing school funds' seed money for businesses that can support vulnerable learners, have been providing fruits and vegetables to the schools through the HGSM programme. Access to vocational skills by youth accessing YFHS within the same premises has led to increased participation of youth to the Youth Centre.

## 6 INNOVATIONS

JPGE has supported innovative initiatives. Some are being tested and would be rolled out during the third phase (e.g the development of a digital application for teaching comprehensive sexuality education). Other, such as the digital education through the Unlocking Talent initiative has been implemented throughout the programme and is now being brought to scale thanks to other development partners support (KfW is supporting the expansion of this initiative and will cover also the districts targeted by JPGE). Learners in the targeted schools will still be able to benefit from this interactive teaching and learning platform, which also helps to address challenges due to large classes and shortage of textbooks. Through the third phase of the programme, key innovations will be rolled out and explored, contributing to knowledge management, and generating learning for scaling up:

### ➤ **CSE/Life Skills Digital App**

Over the past phase, JPGE has invested in the development of a Life skills digital App and roll-out in 46 targeted schools. JPGE III will scale-up use and training of teachers on the App to additional schools using online and face to face interactions. The success of the App is critical for the adoption of appropriate sexual related behaviors and empowered life skills among in school adolescent girls and boys. The programme intends to promote virtual Continuous Professional Development (CPD) for teachers using e-CSE training curriculum.

➤ **School Feeding Digital transformation at district level:** As a follow-up to HGSM menus developed in JPGE II, *school Menus digital tool* will be rolled out at district level to allow school feeding managers to optimize recipes based on nutritive value, cost and food sources. The tool will support nutritionists and agri-business officers at district level to design/recommend menus for schools based on prices and locally available commodities. The school menus digital tool will be part of the **integrated online dashboards and analytics** whose goal is to provide a digital solution to design nutritious menus, optimize programme monitoring as well as enhanced data quality to enable timely decision making to improve programme efficiency and effectiveness. Depending on results, the tool will support the management of national school feeding programme.

➤ **Use of mobile phone technology** for communication campaigns, community engagement and dissemination of integrated messages. Interactive voice response (IVR) and SMS get real time feedback on services being provided at school and community level including evaluating knowledge and listenership e.g. of radio programs. In *mentorship* programs, mentors will collect real time data using mobile phones on adolescents undergoing mentorship on the performance and changes registered. The programme will explore the use of **U-Report** to collect data on HGSM and adolescent nutrition package in schools.

➤ Use of **web based EMIS system** to collect data on JPGE interventions and produce district and zonal level dashboards for monitoring, reporting and planning.

## 7 PURPOSE AND THEORY OF CHANGE

The purpose of the JPGE III is to strengthen and consolidate the gains made in the previous phases through the multi-sectoral approach to address barriers for girls' access to quality education and then going few steps further. The third phase recognizes the need to strengthen the focus on quality of learning and to ensure inclusive and equitable access to education, while promoting sustainable solutions.

Malawi has made great strides towards universal primary education but achieving the promise of education for all means addressing gaps in school participation and ensuring that education leads to learning. Girls and boys, especially the most vulnerable, in Malawi face **multiple barriers** that prevent them to have access to inclusive quality education and alternative learning pathways; these include poor quality schooling, poor food and nutrition, inadequate protection against sexual and physical violence, harmful social and traditional practices and violations of sexual and reproductive rights, limited knowledge and awareness on rights and expected standard of services. Gaining on results from the previous phases of the programme, it has been acknowledged that such threats can be addressed through a multi-sectoral and integrated approach focusing on effective, inclusive quality and gender sensitive teaching and learning environment, improving food and nutrition, child safety, sexual and reproductive health and community participation. While ensuring that the approach and high impact interventions are mainstreamed within the wider policy and programmatic landscape to ensure sustainability.

The **goal** (or impact) of the JPGE III is to ensure that school aged girls, boys and adolescents (especially the most vulnerable) in Malawi benefit from quality education thus improving their learning outcomes and life opportunities.

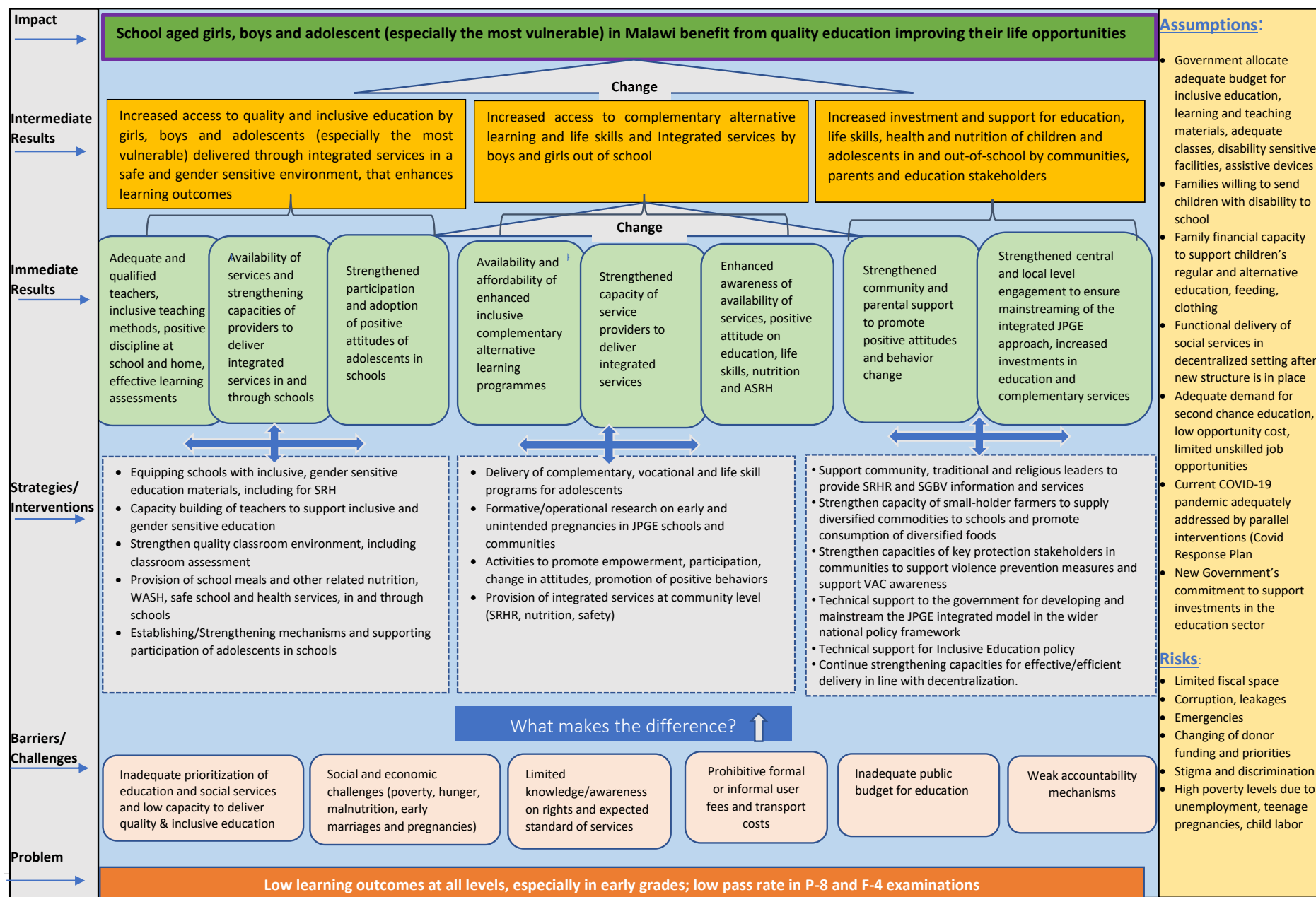
The **theory of change** underlying the results framework is that **if** (i) adequate and qualified teachers, inclusive and gender responsive teaching methods, positive discipline at school and home, effective learning assessments are in place; **if** (ii) services are available and capacities of providers to deliver integrated services in and through schools are strengthened; **if** (iii) mechanisms supporting participation of adolescents girls and boys in schools are established and strengthened; **if** (iv) enhanced inclusive complementary alternative learning programmes are available and affordable; **if** (v) capacity of service providers to deliver integrated services to boys and girls out of school are strengthened; **if** (vi) awareness of availability of services, positive attitude and knowledge of ASHRH are enhanced; **if** (vii) community and parental and education stakeholders' support to promote positive attitudes and behaviour change is strengthened; and **if** (viii) central and local level engagement to ensure mainstreaming of the integrated JPGE approach and gender and disability, increased investments in education and complementary services is enhanced; **then:** (a) there will be a drastic reduction in dropouts, increased participation, reduced pregnancies, and learners will remain and complete quality primary school education leading to transition to secondary school; (b) there will be a significant reduction of out of school children, and specifically adolescents, who will acquire essential alternative learning including life skills and integrated SRHR, safety and nutrition services and (c) there will be an increase of investments and support for education, life skills, health and nutrition of children and adolescents in and out-of-school by institutions at national and district level, communities and parents. (See ToC below).

In order to achieve the above-mentioned results, *several strategies* have been identified. They range from equipping schools with inclusive, gender sensitive education materials; capacity building of teachers to support inclusive and gender sensitive education; strengthening quality classroom environment and assessment; provision of integrated services in and through schools and at community level (nutrition, health, WASH, safety and SRHR services); delivery of complementary, vocational and life skill programs for adolescents; promotion of

empowerment, participation, change in attitudes, and positive behaviours; strengthening capacities of key protection stakeholders in communities to support violence prevention measures and support VAC awareness; promoting parent- child communication; engaging community, traditional and religious leaders to provide SRHR and SGBV information and services; to providing technical support to mainstream the JPGE integrated model in the wider national policy framework and within the right governance architecture and providing technical support to the government (including through financial and costing exercises) for developing of a gradual/phased roadmap for incorporating the integrated model into national policy implementation; while adapting delivery of services to suit the current COVID-19 pandemic mandatory provisions.

Key interventions are further articulated in the Description of Outcomes and Outputs section, a complete list of activities and deliverables is included in Annex 5.

### JPGE III- Theory of Change





## 8 DESCRIPTION OF OUTCOME AREAS

The integration of results has been strengthened in this phase's results framework, reflecting the approach at the core of the programme, with less and interlinked outcomes and outputs.

The **Goal** of the programme is that **school aged girls, boys and adolescent (especially the most vulnerable) in Malawi benefit from quality education improving their life opportunities.**

The key strategic areas of focus are reflected in the three identified outcomes:

- **Outcome 1: By 2024, school aged children and adolescents, especially the most vulnerable, in target areas have access to inclusive quality education, delivered through integrated services in a safe and gender sensitive environment, that enhances learning outcomes**
- **Outcome 2: Girls, boys and adolescents out of school are integrated back in schools, have increased access to complementary alternative learning and life skills, integrated services and are empowered and practice positive behaviors**
- **Outcome 3: Communities, parents and education stakeholders demonstrate increased investment and support for education, life skills, health and nutrition of children and adolescents in and out-of-school**

The integrated and multi sectoral approach ensured by the programme provides a package that will focus on strengthening quality, inclusive and gender responsive education, by promoting a conducive learning environment and provision of services to address the safety, sexual and reproductive health and rights, health and nutrition needs of children and adolescents in and out of schools. The programme will also aim at mainstreaming the approach modelled by the JPGE within the wider policy and programmatic landscape, advocating for its uptake and influencing planning and resource allocations.

**Outcome 1: By 2024, school aged children and adolescents, especially the most vulnerable, in target areas have access to inclusive quality education, delivered through integrated services in a safe and gender sensitive environment, that enhances learning outcomes**

There is a recognition globally that there is a learning crisis in many developing countries, including Malawi. According to the World Bank Human Capital Index for Malawi, while children can expect to complete 9.4 years of pre- primary, primary and secondary school by age 18, when adjusted for quality of learning, this is only equivalent to 5.4 years. This entails that access into the school system and progression is no longer enough, learners should acquire the foundational skills in literacy, numeracy and in addition transferable skills (skills for learning, employability skills and skills for personal development).

The proposed outcome shows the interconnection between inclusive quality education and the integrated services contributing to improved access to it. On one hand, Outcome 1 is aimed at providing learners with the requisite foundational skills and initial transferable skills, namely skills for learning; it is designed to respond to the learning needs of all learners, hence emphasis on inclusiveness; and it is meant to enhance the capacity of teachers to deliver children and adolescent centred comprehensive sexuality education, life skills and gender responsive pedagogy, including skills for teaching at the right level of the children.

On the other hand, adolescents and children need a safe and supportive learning environment if they are to succeed in school, develop in a healthy manner and thrive. In Malawi, most social services targeting children are provided through, or are connected to, the school platform. These services include nutrition, protection, water and sanitation, and health services including SRH, HIV and COVID-19 prevention. Through this outcome, the programme aims to ensure that the school environment is inclusive and that multiple barriers that prevent girls and boys to access and complete quality education are addressed, meeting their needs for safety, sexual and reproductive health rights, health and nutrition services, as well as improve knowledge and awareness on rights and expected standard of services. The outcome will support increase and maintaining of attendance, reduce dropout, reduce unwanted early marriages and pregnancies, and linked with the other outcomes will in turn contribute to the programme goal to improve learning outcomes and life skills.

Outcome 1 is linked to Outcome 2, whereby some of the services are available and provided outside the school environment (eg. youth friendly health services), and to Outcome 3 as the strategies for strengthening parents and community engagement and to support sustainability will also contribute to the achievement of this outcome.

### **Output 1.1: Teachers in targeted schools have strengthened capacities to provide quality inclusive education through child centered teaching and learning methods**

The proposed output is aimed at strengthening the pedagogical skills of teachers on gender responsiveness, inclusion and comprehensive sexual education, life skills and teaching at the right level through continuous professional development. The programme will continue to promote revised curriculum in schools that promotes comprehensive sexuality education as one major platform for delivery of sexual and reproductive health rights among young people aged 10 - 24. This output is building on the global evidence that changes in teacher pedagogical practices at the classroom level can enhance teaching and learning.

The intervention logic assumes that teachers will attend Continued Professional Development (CPD) and use the skills acquired in the classroom. UNICEF has been supporting over last few years the Ministry of Education to develop a systematic Continuous Professional Development Framework, which was completed in 2019. The CPD framework is for teachers and teacher educators and aims at ensuring increased knowledge and skills as well as teaching competencies. The CPD modules have been developed and an e – portal is under development. The CPD framework is anchored in the MOE National Strategy for Teacher Development. For JPGE III, efforts will be made to strengthen systemic CPD by ensuring access and participation of teachers in targeted districts based on needs and skills gaps.

Capacity of teachers will also be built through on-line and face to face Life skills/comprehensive sexuality education (CSE) curriculum, starting from Standard 3 class for Life/Skills and focusing on Standard 5-8 for additional CSE information. As the COVID-19 pandemic is and will continue to challenge the projects to deliver client-based products, the programme will promote more virtual CPD on all core areas gender, inclusion, subject specific, including Life skills/CSE.

This output directly contributes to the achievement of the outcome by equipping teachers with skills on inclusion and responding to the diverse needs of the learner. This will enable learners to access learning from equipped teachers.

To support improved teaching and learning, the programme will also assist schools with supplementary reading materials (in English and Chichewa) as well as assistive devices for learners with mild to moderate special needs. The acquisition of foundation literacy skills is

critical for the learners as it forms the basis for learning. The availability of age appropriate supplementary reading materials, based on the work done by the National Reading Programme, not only supports the acquisition of reading skills, but also builds the habit of reading. This will contribute to the outcome on the premise that learners will reinforce the skills gained from the classroom by developing a reading culture through the access to readers, and the support of assistive devices.

Another key strategy is the strengthening of feedback loop in the teaching and learning process by focusing on school/zonal level formative assessment. There is evidence that bridging the gap between teaching, learning and assessment at the school level can strengthen classroom-based practice and improve outcomes. Currently learners undergo assessments during the term and have an end of term assessments. The intervention logic is that if the National Assessment Framework is finalized and launched, through this output, it will be made operational and modelled. This output will support improvements in conducting assessment by training teachers on item writing, diagnostic assessments and promoting feedback mechanism to the learners and guardians; including strengthening remediation and teaching at the right level of the child using structured pedagogy.

This output also recognizes the critical role of supervision, coaching and mentoring in strengthening school-based management to achieving results. Malawi has developed the national Education standards on which schools are assessed in their education delivery. The intervention logic is that if the school leadership is equipped with skills in management, coaching and mentoring, the school is well resourced and partnerships with the community well cultivated, the school will deliver education to learners more effectively and efficiently. Additionally, to promote accountability in the system, this would be reinforced by external school inspection by district and national inspectors. School inspection represents an approach of accountability in teaching and learning. It also provides policy and decision makers with accurate information about the current state of education in schools.

*Key interventions* will include:

#### **Capacity building of teachers to support inclusive and gender sensitive education:**

- **Training of teachers on inclusive, gender responsive, child centered teaching and learning methods** - This is aimed at building capacity of teachers to respond to the diverse learning needs of 6-13 primary school age learners in their class. The programme will support continuous professional development of teachers focusing on improved teaching practice. Trainings will include subject specific topics and other modules on gender responsive pedagogy, child protection, inclusive education - covering universal design for learning principles and teaching at the right level of the child (TaRL).

The support will provide mentoring and coaching to teachers including ensuring they are effectively delivering curriculum and initiating student assessment aimed to improve learning. The existing model of teacher support programs delivered through local school clusters will be activated and scaled up. The planned teacher training would rely on high quality instruction, both face-to-face and distance learning as well as innovative digital methods to support uptake (e.g., video lessons, distance coaching, WhatsApp reminders).

- **Training of teacher on provision of individual support to children with special education needs including to children with disability** - Using the Inclusive Education (IE) In-Service Teacher Training module developed for the National Reading Programme, headteachers and teachers in targeted districts will be trained on IE principles and practice at school level. The IE manual includes exploration of IE theory and practice; promotion

of inclusive school environment (school level); inclusive teaching practices to accommodate all learners (class level); basic screening, referral process and identification and provision of additional support for children and teachers. Teachers in resource centres schools will be targeted so that they act as a resource for other teachers in nearby schools. The capacity of teachers to undertake diagnostic assessment of learners especially in literacy and numeracy will also be built and will help them understand the learner's learning level and inform targeted remediation. This will build on the work that has been done under the National Reading Programme in the lower grades.

- **Support CPD of teachers on delivering CSE and life skills education including e-CSE modules** - The project intends to build the capacity of teachers on Life skills/ CSE curriculum (Life skills from Standard 3, and additional CSE messages from Standard 5-8). The COVID-19 pandemic is and will continue to challenge the project to deliver client-based products. The programme will promote more virtual CPD on Life skills/CSE. Support will be provided to teacher colleges to provide life skills e-Life Skills/ CSE training to teachers.
- **Engagement of teachers, SMCs on disability inclusion in SRHR:** the programme will support dialogue sessions with teachers and school management committee members on how issues of disabilities can be included in delivery of life skills and SRHR information. The programme will support production of SRHR and SGBV teaching and learning materials. JPGE III will also have synergies with UNESCO and the work being done through the O3 Programme. The Programme will use collaboration with other stakeholders for greater impact and reach (eg. FEDOMA, World Vision).

### **Equipping schools with quality inclusive, gender sensitive and SRH education materials:**

- **Provision of gender sensitive teaching and learning materials and assistive devices in schools** - the availability of reading materials is important to promote the habit of reading and strengthening literacy skills for the learners. The project will procure age appropriate and gender sensitive supplementary readers in English and Chichewa. By gender sensitive, we imply that the stories should depict and promote a positive gender values and portray images of girls and boys in a positive light and not negative stereotypes. These will be distributed to the targeted schools and the school will be trained in management of the books and encouraged to have mobile Libraries.

To promote the habit of reading, schools will be supported to establish reading circles where learners will borrow books, share with their peers what they have read and support each other. At zonal level, the reading festivals will be organized as part of wider advocacy on promoting a reading culture but also strengthening school focus on reading.

To support the learning needs of learners with special education needs, targeted material and assistive devices will be provided. Focus will be on mild to moderate disabilities and assistive devices to support mobility. The proposed assistive devices are hearing aids; eyeglasses, wheelchairs, clutches, walking frames, seats for children with Cerebral palsy.

- **Roll-out the Life Skills digital App** - In this phase, the digital App developed in phase II, will be rolled out to remaining schools. Teachers will be trained in its use and tablets will be procured. The schools will be supported to access internet for the accessibility of the Life Skills App. Advocacy will be done for installation of the standalone app in the Ministry of Education Digital programme.

### **Strengthen quality classroom environment, including classroom assessment:**

- **Delivery of remedial classes and personalized learning support to children with disability and special education needs** - aimed at providing instructional support at the level of the learner, which responds to the diversity of the learners (including disabilities and overage). The focus will be supporting acquisition of foundational skills in literacy and numeracy which will help learners catch up on their grade level learning and progress. A pedagogical package will be designed in literacy and numeracy based on the TaRL model. There is evidence <sup>41</sup> that the TaRL approach helps improve learner achievement. The package involves teachers assessing the levels of the learners, developing a portfolio for each child and packaging the lessons in line with the child's learning needs, including collaborative learning among peers through remediation. The teachers will be equipped with skills through in-service trainings to transact this package with the learners. The remedial package will build on the National Reading programme for Standards 1 to 4 and the upcoming numeracy programme for lower primary. This support at upper primary will enable learners to "catch up" on foundational learning skills and enhance their learning and preparation for standard 8 and secondary. The project will also support development of special tracking tools on the progress of learners with special education needs in the targeted schools.
- **Conduct screening of new entrants for mild to moderate disabilities-** in collaboration with the Health team at district level. The focus will be on early diagnosis, referrals for specialized services and provision of assistive devices. The screening will be done annually with a focus on Standard 1 entrants. Materials will be provided to assist the screening (e.g. Snellen charts, drums, tennis balls and tossing rings). These materials will be distributed to both special schools in the district and the district health teams.
- **Schools inspection, mentoring and coaching of teachers** - The project proposes to (i) digitize school inspection for quick turn around and tracking of recommendations of how to improve quality education and ensure schools exceed the minimum national education standards, and improved learning outcomes for children. The traditional paper-based inspection tools will be modernized for quick assessment, report and recommendations to enable school-based inspection cycle are shortened. The modernized inspection process will also have a tracking of implementation of the recommendations from previously cycle, linked to the district school performance dashboard and provide for real-time decision making. (ii) Strengthening of the supervisory and mentorship for teachers, coaching and communities of practice to improve on teacher practices in the classroom, teacher accountability, teacher absenteeism and time of task.
- **Head teacher training on Instructional leadership-** the training will focus on improvement of the head teachers instructional/pedagogical leadership skills. In addition to training on school management and pedagogical leadership, the head teachers training will include promoting a supportive gender responsive school management system, gender responsive classroom set up, promoting knowledge sharing and community of learning through working closely with a senior teacher at school level to mentor other teachers and provide the necessary pedagogical as well as subject related support. At a later stage, additional guides on positive discipline, peer to peer learning support, addressing violence and sexual harassment will be developed as well as integrating guidance on community engagements, school development and planning into the head teacher training.

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<sup>41</sup> Impact Evaluations by Innovations for Poverty Action and Pratham

## **Output 1.2: Girls and boys in targeted areas demonstrate positive practices and participation to integrated SRHR, safety, health and nutrition services delivered in an inclusive and gender sensitive school environment**

Ensuring that children are healthy, safe, empowered, and able to learn is an essential component of an effective education system. This output aims at ensuring access and strengthening the positive practices and participation of adolescents and children to all the integrated services essential for an inclusive and gender sensitive school environment, specifically SHRH, safety, health and nutrition services.

This output shows the multi- sectoral approach and the solid interlinkages of all components of the programme and how it contributes to the learning outcome and education in general. While in previous phase, emphasis had been on expansion of services within the targeted areas, through this phase the approach is to consolidate on that and focus on strengthening aspects that promote sustainability. For example, through more active engagement of learners to promote participation, knowledge and attitude changes.

In relation to **health and nutrition**, it is widely recognized that universal education cannot be achieved while health and well-being of children and adolescents remain unmet. Nutrition interventions at school-age offers direct benefits for school children because current micronutrient deficiencies, (unlike stunting and other long-term consequences of earlier malnutrition) are rapidly reversible at any age. Addressing these deficiencies has been shown to have a positive impact on learning. Adolescents in Malawi face triple burden malnutrition where all the 3 types of malnutrition exist in this group (over nutrition, underweight and micronutrient deficiencies). Adolescent malnutrition affects physical growth, cognitive development and it consequently impacts on academic performance, health and survival of learners. There is global consensus that School Meals programmes generate lasting impact and is an investment in both human capital and in local economies. School Meals is cost-effective due to multiple benefits. Research has conclusively found that School Meals programmes have high return on investment, whereby for every USD 1 invested on School Meals, USD 20 is returned to education (through human capital) and to the local economy (through local procurement and employment)<sup>42</sup>, with also substantial returns in better health and productivity when the learners reach adulthood.

There is also evidence that in addition to improving child nutrition and attentiveness thus improving learning, school feeding increases school enrolment, reduce health related absences<sup>43</sup> and promote attendance as children are more likely to go and stay in school. The programme will ensure that children have access to better nutrition through diversified school meals and promotion of good nutrition practices, deworming and iron-folate acid supplementation for adolescents.

In relation to **SRHR** services, according to the district Education Management Information System (EMIS), a total of 529 girls from the 169 JPGE schools dropped out of school in 2018 due to early pregnancies and 224 girls due to child marriages. The JPGE I evaluation found that 77.5% of girls reported that they knew a girl in their community, who had fallen out of school in the last year due to pregnancy and the schools reported that 1-2.5% of the female students were pregnant. There is lack of in-depth understanding among girls and boys on issues and information surrounding their sexual and reproductive health rights (SRHRs).

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42 Verguet, S., Drake, L.J, et al (2019) Comprehensive economic evaluation of school feeding program costs and benefits in 14 low- and middle-income countries. Economics Working Paper: Harvard School of Public Health

43 Evidence from Malawi WFP's supported school meals programme in primary schools showed health related absences by 11% (WFP, 2018, Final Evaluation of the School Meals Programme in Malawi with support from United States Department of Agriculture, and the Governments of Brazil and the United Kingdom - 2013 to 2015).



MDHS 2015 affirmed that girls and boys do not have any proper platforms where they can get SRHR information apart from their peers. The programme will ensure that girls and boys in the targeted schools have access to platforms and forums of delivery of SRHR and menstruation hygiene management. Interventions at school level are also complemented by those at community level to promote availability and accessibility of services, and ability to participate (Outcome 2) as well as ensuring the engagement and support of communities and parents (Outcome 3).

Lack of facilities such as **water and sanitation** in schools also contribute to low attendance and school dropouts. Currently in Malawi, approximately 11 percent of schools have no water service, and 25 percent no sanitation access<sup>44</sup>; and only 11 percent practice handwashing<sup>45</sup>. On average there is just one latrine for every 150 students. Adolescent girls in schools suffer most from lack of services to help them cope with management of their menstrual hygiene at school. The main challenges faced in managing menstrual hygiene include lack of materials, facilities for disposal of pads, private space and washing facilities. Through the program, provision of sustainable water will be done in selected schools and sanitation and hygiene interventions will be promoted including for menstrual hygiene management.

In relation to **safety and protection**, school-related gender-based violence (SRGBV) and other safety issues in Malawi are widespread in both primary and secondary schools and affects learning. A 2018 Malawi Schooling and Adolescent Study which investigated the associations between school and domestic violence and absenteeism, learning and dropouts found that school related sexual violence resulted in poorer education outcomes for both boys and girls and domestic violence resulted in higher absenteeism for boys and dropouts for girls. Adolescents, particularly girls and those with disabilities, are most vulnerable. Addressing SRGBV in and through the schools has proven to be an effective way to facilitate safe learning for adolescents, particularly girls, and their retention in school. A safe school package has been developed to support school and community stakeholders to understand how to prevent and respond to SRGBV in schools. The logic of the safe schools' package is that addressing violence requires the empowerment of learners, development and strengthening of a protective system around the learners within and outside the school, development of a functional and responsive violence prevention, referral and response services framework, identification and capacity building of key responders and strong leadership and coordination for the protection of children through the school at the national, district and school level. Creating strong linkages between school-based violence prevention, referral and response and community-based case management systems, will be emphasized to ensure proper follow up of cases.

**Key interventions** will include:

### **Provision of integrated services in and through schools:**

- **Provision of daily diversified nutritious school meals** - in support of the Government of Malawi's School health and Nutrition Policy implementation, the programme will provide at least one meal during school hours to end short term hunger to school going children in Standard 1-8. The programme will continue to use the Home-Grown School meals (HGSM) approach, whereby food is procured locally through an aggregation system from small-holder farmers. Each child will receive a diversified nutritionally optimized hot meal every school day prepared from a combination of cereals, legumes, vegetables, tubers and fruits, depending on local availability, tastes and preferences, and seasonal calendar. The

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44 WHO/UNICEF JMP (2018). Drinking Water, Sanitation and Hygiene in Schools: Global baseline report 2018.

[https://www.who.int/water\\_sanitation\\_health/publications/jmp-wash-in-schools-en.pdf?ua=1](https://www.who.int/water_sanitation_health/publications/jmp-wash-in-schools-en.pdf?ua=1)

45 NSO (2016). Malawi Demographic and Health Survey, 2016.

[http://www.nsomalawi.mw/images/stories/data\\_on\\_line/demography/mdhs2015\\_16/MDHS%202015-16%20Final%20Report.pdf](http://www.nsomalawi.mw/images/stories/data_on_line/demography/mdhs2015_16/MDHS%202015-16%20Final%20Report.pdf)

meal meets minimum nutritional requirements for a half day school and provides between 558 and 612kcal/day representing more than 30% of the children's total energy and micronutrients requirement depending on the menu. As part of expansion of the JPGE model and promotion of sustainable approaches, software components of HGSM will be scaled up to Government supported schools in the three districts. Focus will be on technical support to develop the government model, strengthen linkage to agricultural extension system, (leveraging current partnerships with Ministry of Agriculture), training of schools and committee members and development of materials/guidelines for the model. In addition, the HGSM model will be expanded to Kasungu district with linkage to the TRANSFORM programme. To further promote sustainability, a *blended model* will be used (between the WFP HGSM based on linkages with the small-holder farmers and the Government community-based model) to generate lessons to support transitioning to Government ownership. The model will provide a market for TRANSFORM farmers through HGSM, with community contributions of other commodities of the food basket through school/community gardens supported by the government model.

- **Provision of Take-Home support to girls and orphans and vulnerable (OVC) boys during lean season** - Poverty and food insecurity are among key barriers to access to education, as confirmed also by the JPGE I evaluation, having an impact on raising absenteeism and drop outs. This is exacerbated during the lean season, when households' resources are at their lowest. To regularize attendance during the lean season and building on results from previous phases, girls, OVC boys and children with special needs in upper grades of Standard 5 to 8 will be provided with an incentive of take-home rations (THR) during the lean season (January to March). The THR is provided on condition of minimum 80 percent of school days attended. To enhance inclusiveness, the conditionality will not be applied for children with special needs. THRs are provided to offset the opportunity cost of sending girls and boys to school, during the lean season when household food stocks and resources are depleted. In the third phase, the use of cash transfers for THR will be expanded, depending on market functionality, to provide more opportunities and choices for a nutritionally balanced diet, as well as benefitting local markets.
- **Strengthen capacity of schools in management of school feeding and promotion of measures for safe preparation of school meals** – through the home-grown model, schools are empowered in the management of school feeding. School staff and school committees will be trained in procurement procedures, financial management, record keeping etc. Training for cooks and school feeding management committees (composed of school staff, parents, community members) will be provided on safe food preparation and storage techniques. To promote provision of quality meals non-food items including kitchen equipment, hand washing facilities among others will be provided to targeted schools. With potential continued risk of COVID-19, to further increase safety in food preparation, clear protocols will be developed together with the Ministry of Education related to physical distancing measures (including staggering feeding times and queuing), strengthened hygiene measures (including handwashing, use of protective equipment for cooks, cleaning procedures for utensils / equipment and safe food preparation practices).
- **Provisions of Weekly Iron and Folic Acid (IFA) supplementation and annual deworming** - Adolescent girls in the targeted schools will be provided with iron folic acid (IFA) supplements. Adolescent girls are at increased risk of anemia because of chronic iron depletion during the menstrual cycle. In Malawi, there is mass fortification with iron of centrally processed maize and wheat flour but consumption in rural areas is very low. Where it is difficult to influence dietary behavior, the key step towards addressing micronutrient deficiency is implementation of the supplementation programme. To prevent

anemia among non-pregnant adolescent girls, intermittent Iron and Folic acid supplementation is recommended strategy by World Health organization for populations with anemia prevalence >20%. In 2019, IFA supplementation was rolled out in 6 districts, including the JPGE supported districts. JPGE III will build up on the lessons from pilot programme where adolescent girls aged 10-19 years are given Weekly IFA supplements and annual deworming. The main focus will be to strengthen teachers' capacity in delivery of programme through interface and review meetings and procurement of supplements.

- **Strengthen school health programming-** Schools will be supported to strengthen the school health programming. A schools' health booth will be created within the school premises. Schools will be clustered, with a health worker assigned for a cluster and supported to provide SRHR, nutrition, and COVID information to all school going children. Teachers will also be trained to support and complement the weekly visits by the health worker and conduct daily COVID initial assessment. The health worker will conduct assessments and provide psychosocial support and referrals. All assigned community health workers will be trained in YFHS, Psychosocial Support, Nutrition and COVID response. The health workers would be coming from the same community or health center where the clustered schools are located. Systematic documentation will be done while ensuring confidentiality. Transportation will be provided, and PPE materials and phone tablets (to promote confidentiality) will be provided for school-based use. Through the existing school clubs' girls and boys from Standard 5 to 8 will be reached with CSE and MHM information through mentors.

- **Schools in targeted districts equipped with basic WASH, MHM sanitation facilities - *Provision of safe water supply.*** In this project, malfunctioning water points will be rehabilitated and/or new water facilities installed to provide safe water supply in selected schools. In Malawi, majority of the institutions such as schools rely on groundwater, with most of wells installed with handpumps such as the Afridev. These handpumps can be installed at a maximum depth of 45 meters and are not suitable for deep well settings. With the current land degradation (land use change) and deforestation (land cover changes), the water table is subject to periodic fluctuations<sup>46</sup> and in some parts of Malawi, groundwater levels have dropped below the level required for an Afridev pump to function. This programme will aim at promoting sustainable water supply systems such as solar powered reticulated water supply schemes to improve on sustainability and reduce the walking distance for fetching water thereby promoting girls' attendance in schools.

***Provision of improved sanitation facilities and hygiene promotion.*** Adolescent girls are the most affected by lack of sanitation facilities for use during their menstruation in schools. Where there are permanent and strong latrine structures that does not include MHM facilities, the latrines will be improved to incorporate the MHM component. Where the latrines are temporary, a reasonable change room for the girls will be constructed with full engagement of the community. Community engagement will be achieved by getting the people to contribute locally available resources for construction such as sand and gravel to help in the construction. This will instill sense of ownership as well as reduce on the costs to produce more facilities. Capacity building will be enforced to build the capacity of teachers and learners on water, sanitation and hygiene. This will help the schools promote a clean and safe environment for learners through use of safe water and improved sanitation facilities and practicing hand washing with soap.

- **Provision of HPV vaccines in targeted schools -** Using the schools as a platform, HPV vaccination will be provided to 9-year-old girls as part of the national campaign. Through

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<sup>46</sup> The Nation (2017). Malawi drying up. <https://mwntation.com/malawi-drying-up/>.

the project, the following will be implemented: coordinating, preparation and planning for the annual HPV vaccination campaign in the supported districts; Support HPV vaccine distribution in the three target districts; Facilitate the mapping of 9-year-old girls and microplanning for the annual HPV vaccination campaign in the target districts as well as conduct supportive supervision and before and during the vaccination campaign.

- **Support mother groups and girls in targeted schools in making of sanitary pads and face masks for menstrual hygiene and COVID-19 prevention** - Mother groups and girls in target schools will be oriented by local tailors on the production of sanitary pads for menstrual hygiene and face-masks for COVID-19 prevention. In addition to learning how to manage their menstruation with dignity, the adolescent girls will be learning a vocation skill – sewing. They will be able to make their own re-usable pads and face masks for COVID-19 prevention. The programme will support mother groups and adolescent's girls with procurement of sewing machines, fabric and materials for local pads and facemasks. Mother groups will be supported to conduct regular sessions either one on one or small sessions with adolescents to teach them on menstrual hygiene education and management issues as they work on the production of local sanitary pads and face masks. Menstrual hygiene handbooks will be redesigned and share with adolescents in schools.

- **Establishing adequate mechanisms for prevention, detection, referral and response of violence and bullying in schools, including capacity building of school stakeholders through the following:**

*Provision of Empowerment Transformation Training to girls and boys*- Learners in targeted schools will be enrolled in the Empowerment Transformation Trainings (Girls Empowerment and Self-Defense, Boys' Transformation, Hero In Me) which equip girls and boys with knowledge, skills and techniques to empower them to protect themselves and their peers from violence. Through preparation and practice, participants cultivate use of their voice and personal power in a striking contrast to social expectations of silence and compliance that enable continued violence perpetration with impunity.

*Strengthening violence reporting within the school* - Every targeted school will work directly with a designated police officer who visits the school regularly (ideally twice a month), responds to school requests, and is part of the school complaints box committee. School police liaisons will also give talks at school based on the issues which arise from the complaints box and will support linkages with other service providers such as child protection workers and social welfare officers for other protection services. *Strengthening follow up of violence cases from the school* by linking school-based reporting mechanisms, such as the complaint boxes, to Community Victim Support Units (CVSUs) for further follow up and improved case management.

*Provision of information on existing referral pathways/services in communities to increase learners' access to referral services* - ensuring that information for reporting and assistance when one faces, or is under threat of, violence is easily available in the school through public display of up to date contact information of key to whom they can report protection and GBV concerns and issues.

*Supporting survivors of sexual assault in schools with psychosocial support through Sexual Assault Survivors Anonymous*- Girls and boys that undergo the Empowerment Transformation Training are also encouraged to speak up about their experiences of violence and supported with counselling and referred to other services. Those who disclosed to have suffered sexual violence will be enrolled in the Sexual Assault Survivors Anonymous (SASA) support program. The program provides hope to the survivors of

violence in reducing depression, self-blame, denial, and isolation and helping survivors to go back to normal self as well as linking them to other services.

***Support the conduct of mobile justice courts-*** Access to justice is one of the key response services for GBV. However, most of the victims of violence especially children are not able to access justice due to several barriers, particularly, distance to the courts. This activity will involve ensuring that court sessions are held in the communities where cases are committed to remove the major barrier to access to justice.

***Increasing capacity of key stakeholders*** - the 2014 capacity assessment of the Ministry of Education in preventing and responding to violence against children showed lack of *capacity by teachers* and other stakeholders in addressing violence in schools. Through this activity teachers will be trained in positive discipline and child protection identification and reporting; district duty bearers, school management committees, PTAs and mother groups will be oriented in gender and child related laws; lower police formations will be trained in safe schools.

***Developing and strengthen national leadership and coordination for safety in schools-*** The programme will support Government in institutionalizing and integrating safety in education. This will include defining the national safe schools' program and facilitating the development of minimum standards of safety in all schools in Malawi and incorporating them in the existing education programs implemented through the basic, secondary, teacher education, inspectorate and advisory directorates. The program will support the development of effective working arrangements between the Ministry of Education and key stakeholders delivering protection services such as the Malawi Police Service, Law Commission and Ministry of Gender. [This will also contribute to Outcome 3].

#### **Establishing/Strengthening mechanisms supporting participation of learners in schools:**

- **Promote, empower and support participation of learners, particularly adolescents, in school management committees** - This include supporting the establishment and functioning of learner councils in schools to encourage both female and male learner participation and representation in school governance. When students' voices are not heard and their aspirations not taken care of, school management becomes a challenge contrary to the government's advocacy for schools that are protective and Child friendly. Creation of Student Council helps students share ideas, interests, and concerns with teachers and headteachers, management and other stakeholders. The Student Council also provides opportunities for students to learn, and demonstrate their talents, leadership skills, and interests that are not necessarily academic-based. While continuing to develop new skills. It is also about giving students more ownership of the school programs.
- **Establishment and strengthening of school-based clubs**— The programme will support establishing new, and reinforce existing, clubs within the schools to discuss and dialogue on issues of education, gender based violence, health, nutrition, HIV and AIDS, safety and WASH. In addition, the programme will promote communication between teachers, students, and school and community authorities to enhance transparency.
- **Raise awareness on child rights and providing learners with knowledge of key child protection services** - For learners to demand and access protection services, they need to know the available services. This activity will focus on providing learners with information on key child protection services available in their communities and how they can access them, through school based legal literacy and civic education activities sessions.

- **Promotion of improved nutrition and healthy dietary practices among learners in targeted schools** - through participatory sessions on good nutrition, hygiene and sanitation practices targeting teachers, children, parents and community members coupled with cooking demonstrations; active engagement of learners to support establishment of School gardens for nutrition demonstration purposes as well and for teaching improved agricultural technologies and utilization for improved nutrition, thus empowering children with skills and knowledge that they can bring back to the household and act as change agents. Through social and behavior change communication (SBCC) approaches, information will be disseminated also to smallholder farmers and communities surrounding the targeted schools to promote integration of locally available nutritious foods and crop diversification, improved nutrition and dietary practices. Initiatives will also include food fairs and open days (see interventions under Outcome 3). Lessons learnt from similar initiatives (e.g Living school programme implemented by UNICEF) will be used to improve learners' involvement and participation in school gardening. School gardens will also be used to complement food procured from local farmers for home-grown school feeding. In addition, nutrition counseling, using standardized adolescent health and nutrition SBCC tools, will be used for promoting and sustaining the desired behavior in school going adolescents by using a variety of communication materials. Nutrition counseling is one of the effective approaches in producing dietary change in school going children and adolescents. Schools are a good platform to counsel the adolescents about their diet and optimal nutrition, focusing on improved intake of fortified foods, and promotion of intake of iron rich foods and foods from the 6 food groups.

**Outcome 2: Girls, boys and adolescents out of school are integrated back in schools, have increased access to complementary alternative learning and life skills, integrated services and are empowered and practice positive behaviours**

This outcome focuses on ensuring that out of school children and adolescents are not left behind and are given a second chance to education as well as the life skills and services they require to tackle adult life. The 2018 Population and Housing Census report indicates that at least 1,016,202 children of primary school going age (6 to 13 yrs) are out of school. The purpose is to increase the access of out of school adolescents to complementary alternative learning including life skills and integrated SRHR, safety and nutrition services. This contributes to the programme goal by reaching out to most vulnerable girls and boys who are out of school to acquire essential learning outcomes as well as life skills.

In terms of the changes to be achieved, the Complementary Basic Education programme will contribute to the reduction of out of school children by aiming that the graduates of the programme enrol back to formal schooling, while Functional Literacy Programme will contribute to increased literacy and numeracy of 13-19 years old out of school children.

Child-centred and adolescent friendly approach has appeared essential in JPGE II to achieve results in child protection and education. JPGE III will continue to use this approach that creates a conducive environment for the girls, in order for girls to share and work on sensitive issues like SRHR including MHM and gender-based violence, important aspects of the project. The JPGE II baseline indicated that only 53% of girls that need SRH services are accessing Youth Friendly Health Services. In addition to the school setting and health facilities, the programme also takes into consideration the role that families and communities play in ensuring that the adolescent girl has access to the right information and appropriate services (link to Output 3.1). The protection services provided through the school platform



(under Output 1.2) will also be targeting to out of school children through community platforms.

### **Output 2.1: Out of school children and adolescents are enrolled and participate in quality complementary alternative learning and life skills programmes**

The purpose of this output is to ensure that out of school children and adolescents are provided with alternative learning and have the opportunity to access integrated services through scaling up two existing programmes, namely Complementary Basic Education programme (CBE) and Functional Literacy Programme, continuing from and building on the implementation under the previous JPGE phases. It also aims at sensitizing communities, and specifically parents and guardians, and ensuring smooth implementation of programmes with the support and understanding of communities. To this end, the output is linked to Outcome 3 and specifically to Output 3.1, that focuses on concrete facilitative engagement of parents and communities (through several activities, such as community mobilization and sensitization meetings for CBE; establishment and training of village literacy Committee members for FL; SBCC among others) to ensure value of education, for both in and out of school children.

The output directly contributes to the Outcome through providing increased opportunities of learning for out of school children.

CBE is a two-year bridging programme led by the Ministry of Education that allows out of school adolescents (9-17 years old) to acquire basic literacy and numeracy skills through an accelerated curriculum and enrol back to formal schools after completion of the programme. Currently CBE classes are held in 10 selected districts. For the next four years, the JPGE will support to the MoE's effort to extend the programme up to 18 districts, thus contributing to national scale up of interventions beyond the JPGE districts. Through the scale-up of the programme and strengthened coordination skills, it is expected that at least 10,000 additional out of school adolescents will be enrolled over the four years and that half of the learners who completed the CBE programme will return to formal schooling.

Functional Literacy programme is the process designed to equip illiterate adolescent boy and girls aged 14 year and above with specialized knowledge, skills, attitudes and techniques to independently engage in listening, speaking, reading, writing, numeracy and critical thinking intended to promote the development of active citizenship. Through the JPGE support, the functional literacy programme was institutionalised at national level through the development of a national functional Literacy curriculum, and the programme was adopted by Ministry of Youth in 2020. The programme is a 9 month non formal programme targeting young people 14 years and above, those that have never been to school or dropped out early. Literacy and numeracy are acquired through functional areas such as HIV/AIDS, Life skills, Health and Hygiene, nutrition's using an already developed and certified curriculum. The Functional Literacy Programme will target adolescent children in the three JPGE districts through 68 literacy centres. At least 15,000 adolescent boys and girls are expected to enrol and complete functional literacy programme over the next four-years. Although the programme is meant to be an end to itself, however, it is expected that least 20% of functional literacy completers will go back formal primary school.

The national literacy level among the general population is 68.6 %. This limits access to socio-economic activities as well as technical, vocational and entrepreneurial education as it requires the minimum level of literacy. Similarly, youth have limited access to credit facilities due to poor socio-economic condition as most micro-finance institutions demand collateral. In addition, young people's economic activity is very minimal. Out of 28% of economically non-active population, more than half are 15 - 30 years old. The economically active group are

primarily in subsistence agriculture activities with no opportunity for value adding their produces. Lack of an effective systemic and coordinated approach to youth livelihood development and empowerment renders many youths, particularly girls, with no means of sustaining their lives responsibly.

To promote life skills, mentorship sessions in Safe Spaces will support in and out of school girls and boys aged 10 - 24 to make informed decisions about their lives including increased understanding of their human rights, sexual and reproductive rights and health as well as preventing and dealing with violence against women and girls and general gender-based violence. The sessions will be done online especially amidst COVID and face to face after the pandemic. Youth engagements and participation will be promoted through out of school clubs and traditional authority. District and national youth networks.

**Key interventions** will include:

**Delivery of complementary, transferable and life skill programs to adolescents:**

- **Establishing of alternative learning centers to accommodate learning needs of OOS adolescents** – a) scale up of the **CBE** programme will be supported through: establishing additional CBE learning centres; conducting community mobilization and sensitization meetings in scale up districts; providing trainings to CBE facilitators and supervisors; and procuring teaching and learning materials; b) **Functional literacy** centres will be established in targeted areas (eg, recruitment and training of instructors, provision of teaching and learning materials, establishment and training of village literacy Committee members; support monitoring and supervision; provide scholastic support to functional literacy graduates returning to formal primary school);
- **Delivery of transferable and life skills to out of school adolescents** – Under this activity, modules for transferable and life skills will be developed and delivered to adolescents out of school through functional literacy centres and out of school clubs. Both transferable and life skills such as decision making, critical thinking, communication, time management, problem solving, interpersonal skills are critical to prepare the adolescent for 21<sup>st</sup> century challenges and be adaptable to any work and challenges affecting them in the community.
- **Support ASRHR mentorship programme for adolescent girls and boys in and out of school aged 10 to 24** – The mentorship programme will provide an opportunity for girls and boys to discuss sexual reproductive health in safe physical and emotional spaces so they are able to make healthy and informed decisions and seek services when needed. The programme will identify young girls' and boys' as mentors and train them for a week. Recruited mentors will recruit mentees and each mentor will have at least 15 to 20 mentees. The mentees will undergo 25 sessions and will be meeting once every week for a period of six weeks. The mentors and mentees identified will be from the same district and community, this approach will limit mobility supporting prevention of COVID-19. The programme will support distribution of context specific mentorship manual and guidelines, including supportive SRH, SGBV, human rights and life skills specific materials; establishment of a real-time M&E system, training of young female mentors and of additional mentors to reach out more adolescents girls in more Safe Spaces, provision of mentors' operational kit (t-shirt, phones, reporting device, flip charts,etc.), continuous supervision of mentorship approach and monthly mentors' meeting.
- **Conduct formative/operational research on early and unintended pregnancies in JPGE schools and communities** - The programme would like to understand drivers of early and unintended pregnancies, and child marriages in JPGE schools and communities within or without COVID-19 context. The formative/operational research would include

an analysis of the impact of COVID-19 on the wellbeing and coping strategies of adolescent to issues around their sexuality. The findings would help inform while addressing issues surrounding teenage pregnancies and early marriages.

## **Output 2.2: Out of school adolescent girls and boys benefit from increased availability of integrated SRHR, safety, health and nutrition services**

Many adolescent girls are not able to make empowered and informed decisions related to their sexual and reproductive health and rights, and in fact control their own fertility deciding the number, timing and spacing of their children. Unmet need for contraceptives among adolescent girls is a key determinant of teenage pregnancy. Contraceptives, including male and female condoms can help prevent early pregnancies and sexually transmitted infections as well as eliminate associated health risks<sup>47</sup>. Currently, the unmet need for contraceptives for sexually active adolescents aged 15- 19 years stands at 51.7% and at 22% among the married 15-19 years<sup>48</sup>. The Malawi Costed Implementation Plan for Family Planning (2016-2020) identifies key issues to be addressed: fear of side effects of using contraceptives; religious and cultural barriers that prevent women from fully understanding and accessing FP services; youth lack information about family planning and the fact that parents do not discuss reproductive and sexual health with their children. Additionally, other existing barriers are the lack of information among adolescents and youth of existing integrated youth-friendly SHR services, limited access to CSE and YFHS, lack of quality and availability of services including outreach interventions among others.

Fragmented and inconsistent delivery of SRHR and SGBV messaging has been one of the key challenges at programme delivery level in JPGE I and II. The programme would like to bring the role of in and out of school girls and boys to be more pronounced and visible within the programme activities. Additional services to ensure the nutrition needs of out of school adolescent girls are met, as well as ensuring safety concerns of out of school adolescent girls and boys will be integrated through this output.

**Key interventions** will include:

- **Conduct a mapping of health facilities, assets, resources, and capacities including trained service providers at facility and community level** - to support Ministry of Health to map out existing health facilities, assets, ASHR services provided by each facility, quality of data being reported, resources and capacities including trained service providers at facility and community level on YFHS and SRHR, status of the facilities and spaces for YFHC, need for renovation. The results of the mapping will be documented, disseminated to stakeholders at different levels for better programming. Under JPGE III renovation of YFHS will be based on demand from the community and community contribution would be strongly integrated in the support for YFHS.
- **Mentorship on-job sessions for health workers on minimum package for integrated YFHS including HIV and SRHR services** - Providers will be assessed and supported to achieve individual clinical competences across all components of YFHS. Based on the assessment, targeted mentorship/trainings will be conducted to staff on clinical quality. Training on handling persons with disability will also be done.
- **Conduct bi-monthly outreach and mobile clinics at T/A on SRHR/YFHS and SGBV services to adolescent girls and boys** - Support will be provided to monthly and quarterly

outreach and mobile clinics for SRHR and YFHS. This activity is aimed at providing SRHR and YFHS support for hard to reach areas for out of school adolescents girls and boys. This activity will assist in scaling up outreach services via mobile clinics and utilizing youth clubs, teen clubs, and youth community-based organizations. This activity will be conducted by trained SRHR/YFHS providers from health facilities within the area supported by district level service providers. A day before provision of the services, adolescents within the communities will be sensitized and mobilized to access the services.

- **Provision of door to door services by community health providers** - Community health workers will be supported to provide door to door SRHR information and services including provision of contraceptives. This will ensure adolescent girls and boys in the households have access to quality SRHR information services during the Covid-19 pandemic by providing a safe SRHR service at the doorstep. Deliberate efforts will be made to reach out adolescents and youth with disability.
- **Support procurement of reproductive health supplies, equipment and commodities for youth friendly health facilities and out of school girls/boys only clubs** - The programme will support procurement of essential YFHS and SRHR equipment and supplies to ensure availability of minimum standard of quality supplies in the Health Centers. Mapping exercise above will provide information to be used under this activity.
- **Support assessment for accreditation of YFHS** - Reproductive Health Unit of the Ministry of Health and Population will be supported to conduct health facility assessments for accreditation of YFHS.
- **Nutrition services to out of school adolescent girls:** Using the existing adolescent structures such as Functional Literacy classes, CBE, adolescent care groups and youth clubs, Weekly IFA supplementation, annual deworming and promotion of intake of diversified and fortified foods will target out of school adolescent girls aged 10-19 years. The adolescent nutrition services will be provided by Health Surveillance assistants through Health Facilities. This will build up on the lessons learnt from 2019 in implementation of Weekly IFA supplementation. Activities will include: refresher training of community frontline workers in comprehensive adolescent nutrition package, review and interface meetings, procurement of IFA and albendazole supplies sensitization on improved dietary diversification and intake of fortified foods to out of school adolescent girls; U-report feedback on comprehensive adolescent nutrition package implementation.

### **Outcome 3: Communities, parents and education stakeholders demonstrate increased investment and support for education, life skills, health and nutrition of children and adolescents in and out-of-school**

This outcome reflects the importance to focus on the sustainability of the programme from a community (output 3.1) as well as institutional perspective (output 3.2).

One of key findings from JPGE I final evaluation was that the programme had a good reach on the community and local leaders but needed to further engage the parents, who are a crucial target group for girl's education. Poor parents make difficult choices about whether to educate their children. This cost-benefit assessment—where costs include both the direct cost of school and the opportunity cost of a child's time outside it—determines their children's enrolment, grade completion, and learning outcomes.<sup>49</sup> The JPGE I evaluation found that many parents still perceived returns from engagement in labour market (for boys) and from marriage (for girls) offering a more immediate advantage for the household. Thus, the demand for

<sup>49</sup> World Bank. 2018 World Development Report – Learning to Realize the Education's Promise

education is likely to be lower if parents underestimate the returns to education. But another important aspect to be considered is the parents' perception about whether children are learning, as when the education available is perceived to be of low quality it also affects the household's choices about schooling. Improving quality while engaging parents and communities and increase their knowledge about the additional services and benefits from school participation (eg. nutrition, health, safety), will also improve their behaviour and attitudes.

Moreover, the sustainability of the programme approach is highly dependent on the government support and institutionalization of key components. The results achieved throughout the programme as well as efforts to continue build on evidence generation (e.g. through a robust M&E system, programme evaluation and other specific studies), such as assessment on YFHS), will support efforts of advocacy to strengthen the commitment, including increased budgetary allocations. To this end, this output aims at engaging stakeholders at the institutional level to mainstream the JPGE integrated model - or at least its key components and high impact interventions- within the wider policy and programmatic landscape (for instance strengthening the link with NESIP and its implementation also at district level), thus advocating for its uptake and influencing planning and resource allocations in the longer term and beyond the programme. This is premised on a definition of sustainability that sees the approach modelled by the programme maintained and able to continue in the long term.

### **Output 3.1: Parents, guardians and key figures in the communities are engaged as champions to support girls' and boys' access to education, life skills, and integrated safety, SRHR, and nutrition**

This output will promote effective and efficient collaboration and coordination with communities and parents in the targeted districts to enhance education, nutrition, prevent early pregnancy, and stop harmful practices including GBV and child.

Effective engagement of parents, guardians and key figures in the communities was identified as one of the key challenges in the JPGE I evaluation. The parents, guardians and community leaders have inadequate skills, knowledge on child sexuality communication including SRHR, nutrition, safety and referrals. Targeted engagement will be conducted with parents, guardians and community thought leaders (Religious and Traditional Chiefs). The output's activities take the opportunity to promote open dialogue of parents, community leaders and other key groups and promote behaviour change on key issues, from SRHR, nutrition, SGBV, protection.

The JPGE I evaluation found a discrepancy between behaviour and attitude inside and outside of schools. Capacity and attitude of village leaders, teachers and people who participated in committees were positively changed. However, the programme had not managed yet to sufficiently address, the potential of gains to be made in schools was affected by parents' practice and perceptions. The evaluation found that many parents did not appear to acknowledge the importance of education. Instead, they saw the short-term goal of going into business (for boys) and marrying a businessman (for girls) as more profitable.

Regarding health and nutrition services, community based participatory approaches with local leaders will be used to raise awareness on school health and nutrition activities as well as identify gaps and available local resources to support / maintain or own related interventions at school and community level. Interventions on social behaviour change and communication will contribute to this result, including with practical ways to promote change

in practices and attitudes (for ex. on nutrition practice by promoting diversified production by local farmers engaged under the home-grown school meals programme).

Under this output, JPGE III will reinforce increased awareness on parents/guardians, traditional and religious leaders used as an entry point to the larger community and thus engaging also women and the most marginalized groups as champions and allies that promote education, along with other key essential services, as a right that serves both the personal growth of the child but also the households and communities as a whole, lifting them out of poverty over generations. The programme will work to link the school level stakeholders (Mother groups, PTA) with community stakeholders for greater impact.

However, the programme will step up its efforts to move from the raising awareness level to the concrete facilitative engagement of communities to break socio-cultural barriers, ensure value of education, sexual and reproductive health and rights, nutrition, gender equality, focusing on promoting behavior change and sustainability bottom-up (fostering community ownership and participation - [social sustainability]).

**Key interventions** will include:

- **Conduct Social and Behavior Change Communication (SBCC) activities among parents, school and communities' committees on** - Behavior Change Communication would be an overall strategy to inform engagement with parents, teachers, community leaders, youths and mentors in a coordinated and consistent manner. Currently various channels of engagement appear as if they are stand alone and taking place independently. This component will be strengthened compared to previous phases to further extend and link targeted schools with Social and Behaviour Change Communication (SBCC) activities being done at community level to increase knowledge, awareness and support towards education, safety and protection, health and nutrition. s. A joint SBCC strategy will be developed and implemented for harmonized messages and approaches. Awareness campaigns will be carried out on good nutrition, hygiene and sanitation practices including dignified MHM and gender equality targeting teachers, children, community members coupled with cooking demonstrations. Support to community-led initiatives (though care group model) using the Scaling Up Nutrition (SUN) education counselling and integrated household farming (IHF) packages to promote the integration of locally available nutritious foods, e.g. fruits and vegetables, to augment school meals ration in alignment with the National Integrated Nutrition policy. Through SBCC, information will be disseminated also to smallholder farmers engaged in the HGSM and communities surrounding the targeted schools to promote integration of locally available nutritious foods and crop diversification, improved nutrition and dietary practices.
- **Empower parents as advocates-** To ensure participation in education for children with disabilities, their parents need to be regarded as partners and must be empowered to hold schools and teachers to account. They should also be able to ensure their children are enrolled in schools. Parents also need to play a central role in advocating for services for their child with disabilities and in holding systems accountable. They need to be viewed as enablers rather than barriers in promoting education of children with disabilities.

A parent engagement tool will be developed after mapping and assessing the different roles and responsibilities of parents in girls education to complement the Parent Communication tool. This will guide the different roles that parents will undertake in supporting girl's education including awareness raising and fostering learning through supporting reading and learning. Increased awareness of parents on school health and nutrition interventions will also be promoted through targeted sessions.



*Parent - Child Communication (PCC) sessions* will be supported to improve sexual communication gap between parents and adolescents based on the Parents and Children Communication (PCC) manual developed by Ministry of Youth with support from UNFPA, PCC facilitators will be recruited, trained and supported to conduct PCC sessions at least twice per week for period of 6 weeks continuously. Printing and distribution of the developed PCC manual and guidelines will be done to cover the entire targeted areas. Parents and adolescents will be recruited (5 to 6 families each facilitator) and engaged follow up will be made with families to assess level of impact. New cohorts will be recruited, and the process will be repeated.

- **Key protection stakeholders in communities have capacities and skill to support violence prevention measures and support VAC awareness** –building the capacity of community gate keepers, mother groups and parents in violence prevention, identification, reporting and referral through empowerment with knowledge of laws, existing protection response services and how to effectively interface with the existing services.
- **Strengthen capacity of small-holder farmers to supply diversified commodities to schools and promote consumption of diversified foods** - HGSM promotes opportunities for nutrition education and optimal consumption of diversified foods and enhance hygiene practices for surrounding communities as well as the participating smallholder farmers (SHF). The National Agriculture Investment Plan has identified post-harvest losses, limited access to inputs, lack of market access and weak Farmer Organizations as some of the critical gaps limiting smallholder farmers' capacity to break the cycle of hunger. Economic empowerment of families and SHF through the HGSM enhances their ability to withstand shocks and meet their food needs, through a dependable market demand, as well as reduce negative coping mechanisms, such as taking out of school their children to support with farming activities or in the household. Farmers are linked to schools for supply of diversified food commodities, through termly contracts based on competitive tendering processes facilitated by District Agriculture Development Officers (DADO), District Education officers and District Price setting committees (PSC). Farmers will be supported to become quality producers and competitive suppliers, improve post-harvest management to reduce losses, knowledge and techniques for production of diversified commodities. Increasing production and availability, together with robust SBCC strategies described above, will promote consumption of diversified and nutritious foods. The approach on how to strengthen capacity of smallholder farmers, supporting aggregation and farmers organization has been evolving through the JPGE Phases. In Phase 1 support to smallholder farmers was conducted through Non-Governmental Organizations (NGOs) working alongside the Ministry of Agriculture extension workers to mobilize farmers in diversified production, post-harvest handling, aggregation strengthening of farmer organizations, including market linkages. During initial phases of JPGE II, NGOs continued to support the Ministry of Agriculture to strengthen the capacity of farmer organizations and eventually the responsibility was transitioned to MoA/District Agriculture offices, in line also with the commitment of the JPGE to strengthen implementation capacity of the district authorities but also in consideration that this work is building on the foundations already laid with the farmers in the previous phases. In Phase III, Government will take lead in implementation of these activities, with increased technical support from WFP and Ministry of Agriculture, Department of Agricultural Extension Services (DAES) to reinforce quality delivery.

### **Output 3.2 National and local institutions adopt and mainstream the integrated JPGE model into the wider policy and strategic framework to ensure scalability and sustainability of the project**

This output reflects the institutional engagement at both central and local level to ensure the mainstreaming of the integrated JPGE approach, increased investments in education and complementary services, as already articulated in the sustainability strategy in the proposal.

By the end of this four years phase, the programme aims at ensuring that the key components of the approach and high impact interventions are mainstreamed within the wider policy and programmatic landscape, thus advocating for its uptake and influencing planning and resource allocations.

*Key interventions* will include:

- **Provide technical support for mainstreaming the JPGE integrated model:** the programme will support the mainstreaming of the integrated approach in the wider national policy framework, leveraging on the UN's role and comparative advantage in providing technical assistance for normative frameworks (e.g within the context of the new National Education Sector Investment Plan - NESIP 2020-2030, and other sectoral policies/strategies such as National Youth Policy, National youth friendly health strategy, School health and nutrition policy) and within the right governance architecture. JPGE will also support development of district education plans to facilitate the implementation of the NESIP at district level, enabling the districts to develop district strategies and targets to deliver the national goals. It also offers an opportunity to ensure the integrated approach is anchored in the district plans and could be used as example for other districts. Other policies and strategies will be reviewed during this period and the programme will engage the relevant ministries and provide support to ensure the integrated approach is reflected (eg. Inclusive education policy, School health and nutrition policy and strategy).
- **Provide technical support to the government (including through financial and costing exercises) for developing of a gradual/phased roadmap for incorporating the integrated JPGE model into national policy implementation-** an example will be in relation to the HGSM, as the JPGE will support the government in the development of a national school meals operational plan and roadmap which will clearly identify a strategy for full transition of school meals to the government, and which will stipulate key handover milestones. The operational plan will also be complemented with a cost benefit analysis and a resourcing strategy to support funding for the school meals program, including identifying new opportunities for diversification of funding. As the National Youth Policy and Youth friendly Health Strategy will undergo review, the programme will continuously support the process and ensure elements of JPGE are incorporated in the revised documents. Advocacy will be done to include and cost the activities in the district implementation plans.
- **Continue strengthening capacities for effective/efficient delivery in line with decentralization-** JPGE's combination of capacity building approaches at institutional, organizational and individual level has proved to be successful, as found by the JPGE I final evaluation. Capacity has been built in terms of hardware (including school upgrading, sanitation, functional literacy centres, youth corners in health centres) as well as through trainings to increase knowledge and skills, especially at local level. The shift of the responsibilities of implementation to the district councils has promoted commitment and ownership at the local level and has been instrumental in influencing change. District councils are leading in the programme cycle implementation, from planning to being accountable for the results and resources. However, there are still gaps to be addressed –

and the programme is still relying on the JPGE district coordinators to support districts in implementation. The program places an emphasis on complementing and responding to the need for building the capacity with local youth champions, mentors, community stakeholders, parents, mothers, youth association and civil society organizations as well as multi-sector teams composed by health providers, teachers, community health workers etc. to deliver integrated services. In the third phase of the programme, capacity strengthening activities have been mainstreamed across outcomes. Most of the programme expected outputs and interventions are designed to increase capacity in service delivery, be it at school, health facility, district or community level.

## 9 MONITORING AND EVALUATION

### Results Framework and M&E Plan

In order to establish an evidence-based approach with a learning agenda, the programme will put in place a robust monitoring and evaluation framework to track results and meet the accountability requirements.

Guided by the underlying theory of change, progress on results will be tracked through the joint results framework and monitoring and evaluation plan (as detailed in Annex 2). The structure of the framework as well as the key proposed indicators reflect the efforts to strengthen synergies and focus on joint results. This is particularly evident at objective and outcome level, where a number of interlinked outputs and underlying interventions converge to contribute to common results. The description of the key programme performance indicators is included in an Indicator Reference sheet in Annex 6.

The results framework aligns with the key goals in national policies and strategies, particularly the National Education Sector Investment Plan (NESIP), as well as other key sectoral policies and strategies as per the policy framework outlined in the background section of this proposal. The programme directly contributes to the Malawi United Nations Development Assistance Framework (UNDAF 2019-2023) particularly Pillar 2, Population Management and Inclusive Human Development. In fact, the joint programme is one of the key interventions that support the achievement of results under UNDAF Outcome 5: *Girls and boys 6-17 years, particularly the most marginalized, benefit from an integrated package of quality education, health, nutrition, HIV/AIDS and protection services.*

The Ministry of Education, other line Ministries, UN agencies and the Programme Coordinating Unit will provide oversight and monitoring roles to the project. Relevant government ministries/sectors will be supported to coordinate and conduct joint visits. The monitoring visits will be aimed at providing technical support to the district partners and resolving any emerging operational project challenges. Annual review meetings will be jointly conducted by the UN agencies and the district teams. The JPGE reporting formats and monitoring tools will be reviewed to facilitate capturing of relevant operational data on key performance indicators for the project at all levels.

The Education Management and Information System (EMIS), the Ministry of Education's main data system for tracking education results, and District Health Management System will be used and supported at both the central and district levels to provide quasi-real time monitoring. As outlined in the innovation section, other initiatives to support and complement the M&E system, with real time monitoring information and dashboards will be explored.

At the implementation level within the districts, joint monitoring plans will be developed and implemented through joint monitoring committee, with participation of the key M&E responsible officers (eg. DEMIS, M&E office under the Director of Planning and

Development, and Health and Social welfare), under the overall coordination of the Director of Education, Youth and Sports. Quarterly reports based on routine data will be facilitated (for output and activity-based reporting).

The M&E plan in Annex 2 outlines the frequency of data collection, source/means of verification, responsible partner, for each of the indicators identified to track results at objective, outcome and output level. Consolidated reporting will be in line with the agreed programme reporting requirements.

### **Baseline study**

A baseline survey will be conducted at the start of the phase to establish the status of key outcome indicators and as basis to measure progress at midterm and final evaluation of the programme. The survey will be conducted through the engagement of external consultancy.

### **Midterm review**

A midterm review (MTR) of the programme will be conducted at the end of the second year of the programme by a team of external consultants to assess progress made in various indicators and also assess if there are any programmatic issues that require adjustment or improvement. The MTR will further provide any opportunity for the review performance of inputs and outputs.

### **End of programme evaluation and report**

The UN will commission an end of programme evaluation with the primary purpose to determine the extent to which the programme has achieved its proposed outcomes and contributed to its proposed objective. The evaluation will serve three key objectives of accountability and transparency, learning and deepening understanding.

The evaluation will assess the outcomes of the programme (including the contributions towards government capacity building), operational success and challenges, and assess the contributions of different interventions implemented within the programme. The findings will inform the Government of Malawi, UN agencies, the Norwegian Government and other key stakeholders on relevance, effectiveness, efficiency, sustainability and impact (positive, negative, intended and unintended) that the programme has had on intended beneficiaries at all levels. The evaluation will also highlight valuable lessons on what has worked and what has not worked for consideration in the design and implementation of other similar programmes in future. Most importantly, the findings will provide valuable information to key stakeholders including beneficiaries on the level of sustainability and potential for replication of good practices beyond the support of the programme.

The evaluation will be conducted by an external consultant or firm and will follow the United Nations Evaluation Group (UNEG) norms and standards and the Development Assistance Committee of the Economic Cooperation and Development (DAC/OECD) evaluation criteria<sup>50</sup> of Relevance, Effectiveness, Efficiency, Impact and Sustainability.

### **Programme Reporting**

The UN will submit comprehensive narrative and financial reports *annually*. This will be in accordance with the grant requirements and agreements.

The annual report for the last year of the intervention, will also serve as final programme report, thus incorporating summary of the progress over the entire agreement period. The *final report* will detail achievement of project outputs and outcomes, progress against overall strategic objectives, and review best practices and lessons learnt over the course of the

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<sup>50</sup> <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

implementation. The report will also provide key recommendations. Six-month progress updates each year may be submitted according to a schedule to be agreed between the Royal Norwegian Embassy and the UN. Case studies, best practices and lessons learnt will be documented and shared in different forums.

## **10 PROGRAMME MANAGEMENT**

### **10.1 Coordination**

#### **National level**

Following from the previous phases, the overall strategic direction and oversight of the programme will lie with the Technical Steering Committee co-chaired by the UN Resident Coordinator and Principal Secretary for the Ministry of Education. The Committee shall also comprise of the Principal secretaries of the participating ministries (Health, Youth and Sports, Agriculture, Information, Gender Community Development and Social Welfare), the UN Heads of Agencies (UNICEF, WFP and UNFPA), a senior representative from the Norwegian Embassy. In this phase the JPGE will be included in the Malawi SDG Acceleration Fund and as such further strategic and operational guidance will be provided through the SDG AF Steering committee and governance structure.

The role of the three UN agencies (UNFPA, UNICEF and WFP) will be to harness their core competencies and respective comparative advantages in supporting the Government of Malawi to provide and facilitate delivery of a comprehensive package of services for increasing access to quality and inclusive education. The UN Resident Coordinator's Office will play a central role in steering the coordinated approach by the implementing UN agencies, in line with the commitment to deliver as One UN. The UN Resident coordinator will lead advocacy efforts at the highest level of government and development partners and will promote synergies between the programme and other joint UN efforts as well as the overarching UNDAF. Among the implementing agencies, WFP in continuity with previous phases will support the RCO in the coordination role and will house the UN programme coordinators at national and district level, while UNICEF will support as technical lead.

At national level, the programme will have a Government Coordinator appointed within the Ministry of Education and an international full time UN Programme Coordinator, forming a programme coordination unit. The UN Programme Coordinator will work in conjunction with the Government coordinator to provide guidance, oversight, coordination of programme implementation and management, and assuring timely reporting of results. The programme coordinators will be accountable to the programme Steering Committee and shall, in addition, serve as secretary to the Steering Committee. The programme coordination unit will be as independent as possible and will have its own budget to cater for all programme coordination activities at national and district levels.

The existing two technical working groups, i.e. UN and Malawi Government will continue to provide technical expertise, with more synergies this time than during JPGE Phase1. The UN technical working group (TWG) shall comprise the UN Project Coordinator and relevant programme staff from WFP, UNFPA and UNICEF. During the second phase, to ensure government leadership and commitment and strengthen overall coordination a Joint Technical Committee was formed, fostering involvement of all sectors at national level involving key implementing Ministries and UN agencies. This group will be responsible for monitoring project progress, overseeing programme implementation, coordinating project activities, and assuring achievement of project outcomes. Recommendations made by this group will be taken to the Steering Committee. Annual review and planning meetings will be held at the end

of each year to review progress of implementation and develop detailed results-based plan for the following year. The annual reviews will see the participation of all the relevant ministries and sectors from the national and district level, UN agencies and implementing partners and will also promote networking and coordination between the national and the district levels.

### **District level**

At district level, the District Council will have oversight of the programme, while the coordination and day to day management will be under the responsibility of the Director of Education, Youth and Sports. In the districts, coordination is mainly structured as below.

#### **a) District Executive Committee**

The District Executive Committee is an existing structure, chaired by the District Commissioner with participation of all district sectors as well as relevant stakeholders. Quarterly DEC meetings are conducted where all implementing partners can provide an update on the implementation, share key successes, identify challenges, propose solutions, and solicit advice from other stakeholders.

#### **b) District Coordinating Committee**

At district level, JPGE is coordinated through a Coordination Committee which is co-chaired by the District Director of Education, Youth and Sports and the Director of Planning and Development. This committee makes decisions and recommendations regarding programme implementation, monitoring and reporting. The meetings help to keep track of the implementation progress, build accountability and transparency, strengthen district capacity in programme management, reinforce successes and brainstorm solutions to challenges.

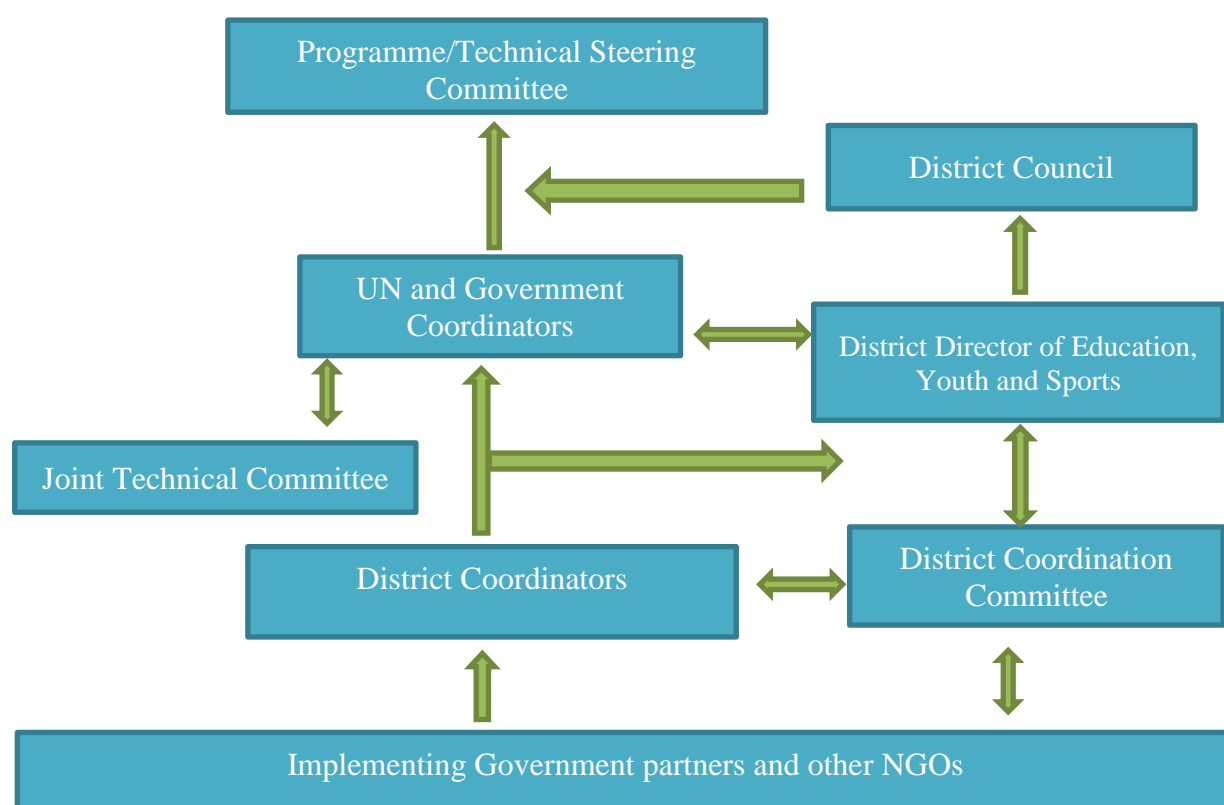
#### **c) District coordinators**

To ensure efficient and effective coordination, each district will have a District Programme Coordinator employed by the UN at an upgraded field level but based in the Director of Education, Youth and Sports office. The Director of Education, Youth and Sports will nominate a Coordinator among the civil servants within their office to work with the UN district coordinator. This position will be necessary to ensure government leadership and participation and sustainability of the approach and interventions promoted by the programme beyond its duration. The district coordinators shall support the coordination of the programme activities among all the involved sectors and shall serve as secretariat for the District Coordinating Committee. Furthermore, the officer of the Director of Education, Youth and Sport shall be responsible for reporting progress of the programme to the DEC, chaired by the DC, who shall be reporting to the District Council.

The Director of Education, Youth and Sports, supported by the district coordinating team office shall be responsible for reporting progress on project activities and any challenges to the national coordinator within the Ministry of Education. Similarly, the UN district coordinators shall be reporting to the UN Programme coordinator and directly to agency focal points at national level for specific implementation issues. The national coordinating unit shall follow the same structure when providing feedback or communications to the districts.



**Figure: Programme Management Structure**



## 10.2 Fund Management

The funds will be administered by the UN using a pass-through funding modality. The Administrative Agent is the Multi-Partner Trust Fund Office (MPTFO) hosted by UNDP Headquarters.

Participating UN agencies are then responsible and accountable for the programmatic and financial results as per the agreed programme budget and results framework. Project funds are then disbursed to relevant Ministries and District councils, and in compliance with the UN Harmonized Approach to Cash Transfer (HACT). Since the second phase of the programme, the main responsibility for implementation at district level has in fact been entrusted to the local governments. UN agencies will be disbursing project funds for activity implementation to the District Councils in compliance through signing of Memorandum of Understanding and with designated bank accounts. Another modality for funds disbursement, which was successfully introduced within phase II, will be through the Education Services Joint Fund (ESJF). The ESJF is a funding modality that aims at improving performance and address specific priority issues constraining delivery of education services in Malawi. It also provides a secure, efficient and accountable mechanism to channel funds to defined MOE budget lines at national and district levels. The ESJF is aligned with government systems while maintaining a parallel funds flow with strong fiduciary oversight and controls and an opportunity for earmarking.

## 10.3 Implementing partners

The UN will work directly with the lead national Government Ministries and the District councils in targeted districts. National Government partners with mandate in the relevant thematic areas support the coordination with the District level and implement activities at

national level. The Ministry of Education, Science and Technology is the leading and coordinating ministry. The District Councils lead the implementation at district level.

Should there be a need for specialized services, technical expertise, or need of augmenting the districts capacity to implement the programme, the UN agencies may enter into a partnership agreement or a contract with Non-Governmental Organizations (NGO), Civil Society Organizations (CSOs) or procure services from private sector entities on the basis of needs. Like for the second phase, the following guiding principles will follow the implementing partners selection process:

- In the case that UN decides to enter into a partnership agreement, the NGO/CSO will have to demonstrate a) financial contribution to the programme results b) proven technical and organizational capacity c) demonstrated good track record in required area of expertise and d) are fully HACT compliant.
- Based on the required expertise, the UN agencies will use the following options 1) Request for proposal from a number of NGOs/CSOs through a competitive process or 2) Single sourcing if required expertise is specialized and limited in availability.
- For institutional contracts - partners would be required to submit a technical proposal and financial bid. Procurement procedures of respective UN agencies will be followed.

**Table 1: JPGE II Partner Mapping**

Outcome	Implementing Partner	Districts partner	Support partner	UN Agency
1	MOE – Directorate of Basic Education	District councils – DEMs	MOE - DTED	UNICEF
2	MOE – School Health and Nutrition (SHN)	District councils – DEMs/SHN coordinators, DADO	WeEffect – Salima CADECOM – Dedza Ministry of Agriculture – (all three districts)	WFP, UNICEF
3	Ministry of Health	District councils – DHOs/DYOs /PNHAOs	Malawi Girls Guide Association (MAGGA); FPAM; BLM	UNFPA, UNICEF
4	Ministry of Gender	District councils – Social Welfare	Ujamaa Pamodzi	UNICEF
5	Ministry of Information and Communication	District councils – DIO/DEMs	CRECCOM, Malawi Girls Guide Association (MAGGA)	UNICEF & UNFPA
6	Ministry of Youth, Sports and Culture – Youth Directorate	District councils – DYO	AGLIT+	UNICEF
7	Ministry of Youth, Sports and Culture – Youth Directorate	District councils – DYO/DHO	MAGGA, YONECO	UNFPA
8	Ministry of Youth, Sports and Culture – Youth Directorate	District councils – DYO	AGLIT+, ILO	UNICEF
9	MOE (Coordination), and Ministries of Health, Youth, Gender, Information, Agriculture			UNFPA, UNICEF, WFP

**Table 2: JPGE III - Indicative Partner Mapping**

Outcome	National Level leads	Districts Leads	Support partner	UN Agency
1	<b>Ministry of Education – Directorate of Basic Education</b> Ministry of Education – School Health and Nutrition (SHN), Ministry of Agriculture, Ministry of Gender, Community Development and Social Welfare, Ministry of Information	Director of Education Youth and Sports (DEYS, SHN coordinators, Youth officers), Director Agriculture (DADO), Principal Nutrition, HIV/AIDS Officers (PNHAO)	Ministry of Education – DTED, DIAS, Planning NGO/CSOs (tbd)	UNICEF, UNFPA, WFP
2	Ministry of Education, Ministry of Youth Ministry of Health	Director of Education Youth and Sports (DEYS, Youth officers), Director of Health and Social Welfare	NGO/CSOs (tbd)	UNICEF, UNFPA
3	Ministry of Education, Ministry of Health, Ministry of Gender, Community Development and Social Welfare, Ministry of Information	Director of Health and Social Welfare (Youth Friendly Health Service coordinators, District Nutritionists)	NGO/CSOs (tbd)	UNFPA, UNICEF, WFP

## 11 ASSUMPTIONS AND RISK MANAGEMENT

### 11.1 Assumptions

As one of the key strategic area of focus for this phase of the programme is ensuring future sustainability of key interventions, the main assumption made is that the Government of Malawi will increase its commitment not only to the programme's implementation, management and coordination but, more importantly, to ensure a transition and mainstreaming of the multi-sectoral approach promoted by the JPGE. The commitment, in line with the policy framework will further be seen through increased financial resources necessary to pursue inclusive and quality education accompanied by other critical essential services for the well-being and development of girls and boys, particularly the most vulnerable and marginalized.

Several assumptions have been made in the programme design which will influence the degree to which the desired results will be achieved (as presented in the theory of change and the results framework). Key assumptions are summarized below:

- Adequate government budget for inclusive education, learning and teaching materials, adequate classes, disability sensitive facilities;
- Families have financial capacity to support children's regular and alternative education, feeding, clothing
- Absence of shocks negatively affecting families' resources and food security, as well as the production capacity of smallholder farmers (linked to the HGSM).
- Schools and communities are willing to collaborate with the programme and use the knowledge to promote education and increase demand of other critical services;
- Functional delivery of complementary social services in decentralized setting

- Enhanced access to services (e.g. ASRHR; YFHS; nutrition; WASH; protection etc.) translate to increased demand and behavior change;
- Communities, local and religious leaders will be willing and committed to play key role in preventing teenage pregnancy and child marriage
- Families are willing to send children with disability to school
- Adequate demand for second chance education, low opportunity cost, limited unskilled job opportunities
- Current COVID-19 pandemic adequately addressed by parallel interventions (COVID-19 response plan)

## 11.2 Risks

The programme integrates risk management as an integral part of its design and in the course of the implementation. Alongside assumptions, key risks that can affect the programme implementation have been identified with the design of the theory of change. These include:

- Limited fiscal space
- Corruption
- Occurrence of shocks
- Changing of donor funding and priorities
- High poverty levels due to unemployment, increasing risk of teenage pregnancies, early marriages, child labor.
- Protracted negative effects of the COVID-19 pandemic
- Institutional risk: low implementation capacity of implementing partners.

The risk analysis is summarized in the Risk Matrix (Annex 3), which outlines the overall potential risks and specific risks related to outcomes, rates the risks alongside likelihood and impact, and proposes mitigation strategies. Management of risks related to four key cross-cutting issues is further described in the section below.

## 11.3 Cross-cutting Issues and risk management

### *a) Human rights and Good Governance*

Inherent to the UN JPGE is the upholding of human rights in accordance with the Universal Declaration of Human rights and international conventions, such as the right to education, to health, well-being and gender equality, and more broadly to the right to development<sup>51</sup>, which is at the core of the Sustainable Development Goals.

The implementation of the programme may have potential negative effects on human rights and specifically on weak protection for some groups, as the third phase - in the spirit of the *leaving no one behind* and *inclusiveness* principles – aims at broadening the scope of its target groups, to ensure that all children, in and out of school and specifically the most marginalized and vulnerable ones, children with special needs, benefit from the interventions. The programme will make deliberate efforts to ensure that no one is left behind and that all targeted children and adolescents will be reached out, through a combination of integrated

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<sup>51</sup> Everyone is “entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized”, UN Declaration on the Right to Development 1948

interventions conducive to empowerment and active participation and ensuring the respect, protection and fulfilment of their human rights.

In addition, the programme will ensure that targeted children and adolescents, and specifically the most vulnerable, are able to benefit in a manner that ensures and promotes their safety, dignity and integrity. The programme aims at reducing protection risks across interventions, particularly for negative coping mechanisms, such as child labour, sexual exploitation and abuse, among others. Safety and protection are also one of the critical programme components, to ensure that girls and boys have increased access to violence prevention, referral and response services in and out of the school.

The JPGE will continue to apply the principles of good governance and be participatory, consensus oriented, accountable, transparent, responsive, effective and efficient, equitable and inclusive and follows the rule of law. It assures zero tolerance towards corruption, that the views of minorities are taken into account and that the voices of the most vulnerable are heard in decision-making.

The following are considered in the JPGE III to ensure that principles of good governance and human rights are applied during implementation:

- Participation and consensus of all relevant stakeholders is promoted throughout the programme – girls and boys through various forums (e.g student council; school and community based clubs; youth groups); parents; local and religious leaders; community members and groups (eg. mother groups; school committees etc); local authorities, district councils.
- Accountability - all agencies, organizations and institutions involved in the implementation should be accountable to programme beneficiaries at all levels. Feedback mechanisms will be in place enable programme participants (beneficiaries as well non beneficiaries) to have a voice and provide their feedback and complaints regarding the programme implementation (e.g school complaint boxes; other mechanisms for specific interventions such as toll-free line for the home-grown school meals intervention or the use of U-report).
- Inclusiveness – the third phase has made deliberate efforts to broaden the focus to promote access to equitable and inclusive education in and out of school, ensuring that the most vulnerable, children with special learning needs benefit from the intervention.
- Transparency – decisions and enforcement will be done in a manner that follows rules and regulations; and ensure that information is freely available and directly accessible.
- Effectiveness and efficiency – the programme aims to produce results that meet the needs of beneficiaries while making the best use of resources available. These principles will be promoted in the implementation of each activity, but also by strengthening synergies and integration among the different interventions. The main approach adopted by JPGE III is to facilitate combining resources and specific knowledge and expertise across a number of sectors, thus benefitting from multiplier effects.
- Rule of law – a fair legal framework that is enforced impartially, including respect of human rights, and without corruption.

#### *b) Fraud and Corruption*

Fraud and corruption are contrary to UN's core values, and the programme will adopt zero tolerance approach in the course of the implementation, through prevention as well as taking decisive action in the event that they are found to occur, in accordance to UN policies and standard.

The programme recognizes the potential risk of misuse of financial resources and supplies at the national, district, community and school level, for example where school grants will be provided, procurement of services and goods including health supplies and commodities. Project funds will be disbursed to implementing partners both at national and district level in accordance to the operational framework established through the UN Harmonized Approach to Cash Transfers, which outlines policies and procedures for capacity assessment, cash transfer modality, audit, assurance and monitoring. This is a systematic process of working with national partners based on capacity development and risk management system.

Micro-assessments, regular spot checks and audits are made on implementing partners to ensure that implementation is going as planned and that funds are being utilized for planned purposes. The UN will also make direct payments to service providers and suppliers for procurements of equipment. In addition, based on prior agreement with the Ministries, the UN will sign project cooperation agreements with other partners to support the relevant government sectors in some of the programme activities where further capacity is needed.

Additional risk mitigating measures employed in the programme will include provision of standard operating procedures and tools; trainings on accountability and resource management; awareness and sensitization at community level. Undertaking regular and wide stakeholder consultation be critical to reduce corruption risks. At the school level using the school councils, Teachers Association and local leaders will help curb potential corruption. As regards to reproductive health supplies and commodities, quarterly supportive supervision to supported health facilities will be supported to track family planning commodities distribution and access by intended beneficiaries.

### *c) Gender*

The main purpose of the JPGE has been since its inception to support gender equality and the advancement of girls' education by addressing key multi-faceted barriers that stand in the way of achieving their full potential. It is particularly designed to transform discriminatory gender norms and practices affecting girls and boys education.

The JPGE I final evaluation, found that boys felt excluded and their needs not fully considered. Boys felt it was unfair that girls received more support and would sometimes be frustrated as a result. While in JPGE II efforts have been made to purposely engage boys, this has called for further consideration in the design of JPGE III, to ensure a holistic approach, so that the specific needs of both girls and boys are met. In addition, boys can also be champions promoting gender equality and take a stand against gender-based violence.

The third phase of the programme is committed to promote the realization of rights for both girls and boys to inclusive and quality education. The theory of change underlying JPGE III recognizes that girls are still facing additional socio-economic challenges, constraints in accessing adequate health services, gender-based violence, leading for examples to early pregnancies and marriages and which in turn lead to reduced access to education. But it also recognizes that the underlying factors affecting inclusiveness and quality of education equally impact on achievement of learning outcomes for both boys and girls. Programme interventions have therefore been designed along these premises and promote gender transformation by taking into consideration roles, needs and opportunities for both girls and boys and instilling gender equality values. For example, interventions that aim at promoting access to essential services (e.g. nutrition through school meals, youth friendly health services), and improvement in teaching and learning will be equally targeted to both girls and boys and deconstruct some negative gender and social norms. Activities that promote empowerment and engage and discuss key issues among peers, for example through clubs and youth groups,



will see active participation of boys, not only as champions to support girls' education but also to ensure they have a safe space to air their own concerns and needs.

#### *d) Climate and Environment*

Malawi is prone to recurrent climate related shocks (eg. flooding and droughts) associated with changes in maintaining sustainable environments. The UN is committed to ensure that risks to the environment and climate associated with its work are systematically identified, avoided and managed.

Risks of negative effects on the environment emanating from the programme implementation may include: inappropriate disposal of IT equipment provided through the support of the programme; impact on environment because of transport of equipment, supplies; firewood required for cooking in schools; where infrastructure development is supported if not done according to environmental health standards.

Following from positive experience in previous phases, the third phase of the programme will put in place measures to mitigate the impact and exerting a positive effect on the environment. Examples of such measures are: promotion of woodlots and school gardens as part of the home-grown school feeding model; limiting fuel emissions due to transport by supporting, where possible, local procurement (e.g. food procurement from local small-holder farmers; in-country procurement of supplies and materials). JPGE will mitigate risks by integrating risk assessment and management into planning of interventions. The planning phase is particularly crucial for environmental considerations, as key decisions relating to the design might be difficult to adjust in later phases. At the on-set of the first year, assessment of potential risks of environmental impact and identification of measures, will be made in the development of the annual workplans with all relevant stakeholders at the national and district level. These will be reviewed during the Annual programme review meetings.

## **12 PROJECT STAFF**

The list of the key positions contributing to the implementation of the programme are presented in the table below with indication of the level of effort and whether the position is funded by the programme.

SN	Position	Level	Level of Effort	Funded by JPGE
<b>COORDINATION STAFF</b>				
1	Programme Coordinator	P3	100%	100%
2	District Coordinator (Dedza)	SC8	100%	100%
3	District Coordinator (Mangochi)	SC8	100%	100%
4	District Coordinator (Salima)	SC8	100%	100%
5	District Coordinator (Kasungu)	SC8	100%	100%
6	Driver (Dedza)	SC3	100%	100%
7	Driver (Mangochi)	SC3	100%	100%
8	Driver (Salima)	SC3	100%	100%
9	Driver (Kasungu)	SC3	100%	100%

SN	Position	Level	Level of Effort	Funded by JPGE
<b>UNICEF STAFF</b>				
SN	Position	Level	Level of Effort (LOE)	Funded by JPGE
<b>Non-costed Staff</b>				
1	Chief, Education and Adolescent Development	P4	10%	No
2	Education Manager	P 4	50%	No
3	Education Specialist- Primary	P3	40%	No
4	Education Specialist- Integrated Services	NOC	50%	No
5	Education Specialist– M&E	P3	30%	No
6	WASH Officer	NOB	40%	No
7	Education Officer-GE	NOB	50%	No
8	Education Officer-Youth	NOB	40%	No
9	Chief Child Protection	P4	5%	No
10	Chief, Nutrition	P4	5%	No
11	C4D Manager	P3	5%	No
<b>Costed Staff</b>				
12	Education Specialist– Teacher Education and online learning	NOC	100%	100%
13	Child Protection Specialist	NOC	100%	100%
14	Nutrition Officer – Adolescent Nutrition	NOB	100%	50%
15	C4D Specialist	NOC	80%	80%
16	Programme Associate	GS-6	100%	100%
17	Senior Budget Associate	GS-7	100%	100%
18	Driver	GS 2	100%	100%
19	Driver	GS 2	100%	100%
20	Supply Associate	G-4	60%	60%
21	Planning Officer	NOB	100%	100%
22	M&E Officer	NOB	60%	60%
23	Communications Officer	NOB	75%	75%
24	Programme Officer HACT	NOB	30%	30%
25	Social policy officer	NOC	30%	30%
26	ICT Specialist	P-3	15%	15%
27	HR Officer	NOB	30%	30%
28	Programme Partner Specialist -	P3	30%	30%
29	Travel Associate	G-5	60%	60%

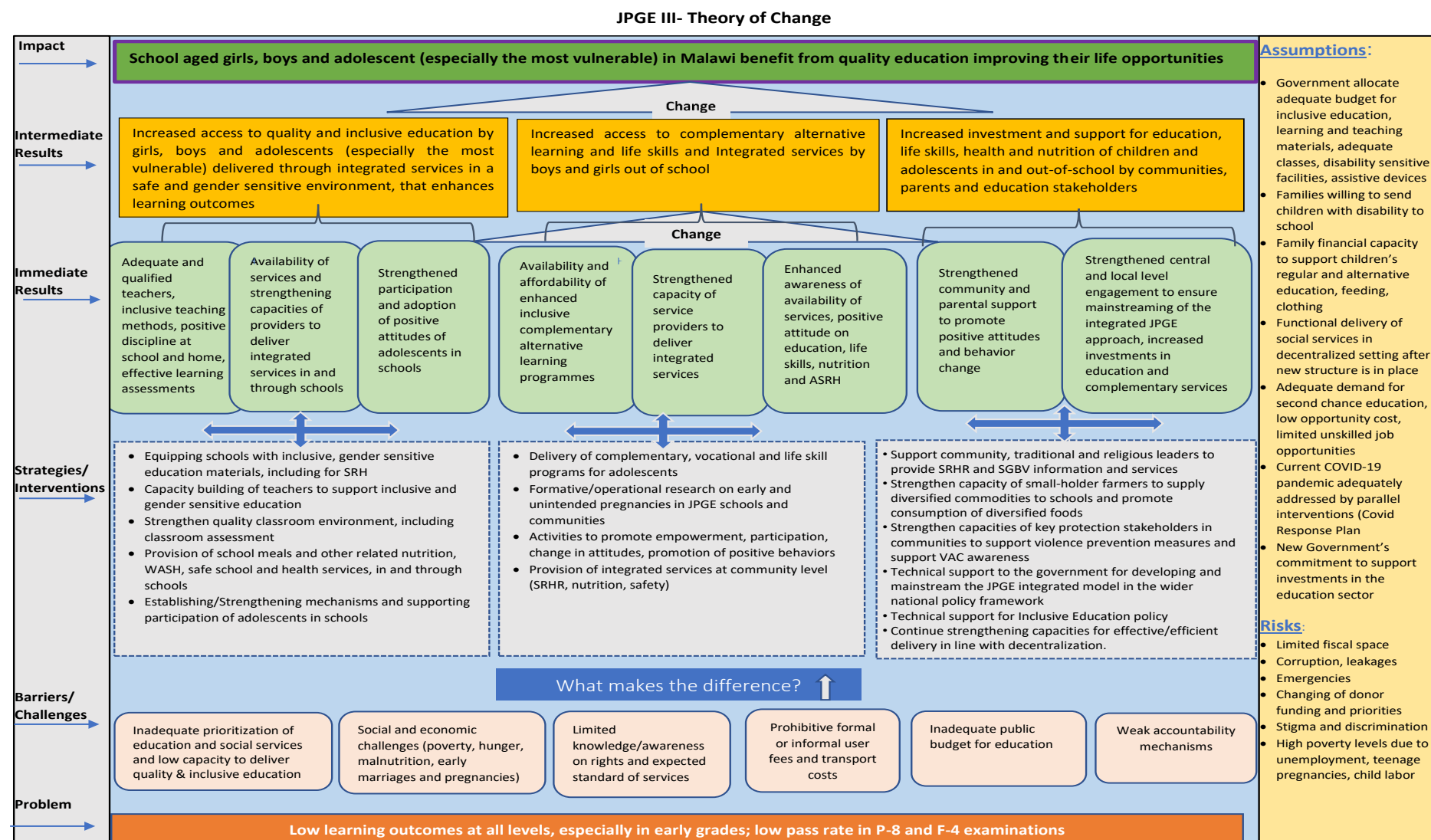
SN	Position	Level	Level of Effort	Funded by JPGE
<b>WFP STAFF</b>				
1	Head of Programme	P4	10%	NO
2	Programme Policy Officer - Activity Manager	NOC	50%	NO
3	Nutritionist	P3	5%	NO
4	Finance officer	NOB	10%	NO
5	Supply Chain officer	NOB	10%	NO
6	Partnerships officer	NOA	10%	NO
7	Communication officer	NOB	10%	NO
8	Programme Policy Officer - HSGM	NOA	60%	60%
9	Programme Associate - HGSM	SC 6	70%	70%
10	Smallholder Farmers Access Market Support (SAMS) Associate	SC 7	30%	30%
11	M&E officer	NOB	50%	50%
12	Field Monitoring Assistant (Dedza)	SC5	100%	100%
13	Field Monitoring Assistant (Salima)	SC5	100%	100%
14	Field Monitoring Assistant (Mangochi)	SC5	80%	80%
11	Drivers (Dedza, Salima, Mangochi)	SC3	100%	50%
<b>UNFPA STAFF</b>				
1	Programme Specialist	NOC	100%	100%
2	Project Facilitator (Salima and Dedza)	NOB	100%	100%
3	Project Facilitator (Mangochi)	NOB	50%	50%
4	Data Analyst/ M&E	NOB	100%	100%
5	Finance Officer	SB4	70%	YES
6	Administrative Assistant	G7	85%	NO
7	SRHR Coordinator	NOD	40%	NO
8	Programme Analyst/Youth	G7	40%	NO
9	Gender Specialist	NOC	40%	NO
10	Assistant Representative	NOD	70%	NO
11	Programme Analyst/Youth	G7	40%	NO
12	Gender Specialist	NOC	40%	NO
13	Assistant Representative	NOD	70%	NO
14	Transport Assistant		70%	NO

## 13 PROGRAMME BUDGET

The JPGE III four-year budget is estimated at NOK 367 million equivalent to USD 40,561,450 (based on exchange rate of NOK 9.048 to 1 US). See Annex 3 for the summarized outcome-based budget.

## 14 ANNEXES

### a. Annex 1: Programme Theory of Change



b. **Annex 2: Results Framework and M&E Plan**

Result level	Key Performance Indicators	Disaggregation	Baseline <sup>52</sup>	Target (year)	Data Source	Frequency of data collection and reporting	Responsible UN Agency	Key assumptions and Risks
<b>Goal</b>								
<b>School aged girls, boys and adolescent (especially the most vulnerable) in Malawi benefit from quality education improving their life opportunities</b>	Percentage of learners in Grade 7 that attain at least minimum competency in (i) literacy (ii) numeracy, by Sex	Subject and sex	Chichewa: 42.30% (43.90% girls and 40.80%) English: 3.60% (girls 3.60 and 3.50 boys); Mathematics 22.30% (girls 20.70% and 23.90% boys)	Chichewa: 50% (50% for girls, and 49% for boys) English: 20% (22% for girls and 19% for boys) Mathematics: 31% (30% for girls and 33% for boys) (2024)	Malawi Learning Assessment (MLA)	Every three years	UNICEF UNFPA WFP	Government's continued commitment to support investments in the education sector. Adequate resources for non-direct interventions that lead to teenage pregnancy in schools and communities. Current COVID-19 pandemic adequately addressed by parallel interventions (COVID Response Plan)
	Percentage of primary school-age children enrolled in primary school, by Sex	Sex	90% (87% boys and 92% girls) (EMIS 2018)	93% (90% boys and 97% for girls) (2024)	Annual school census (EMIS) and Multiple Indicator Cluster Survey (MICS)	Annually (EMIS)		
	Percentage of primary school-age children who dropout during primary school, by Sex	Sex	3.2% girls; 3.1% boys (EMIS, 2018)	1.5% for girls, and 2.2 % for boys (2024)	Annual school census (EMIS)	Annually		

<sup>52</sup> Where baseline values are indicated from the JPGE II 2019 annual report, these will be reviewed and updated once the 2020 end of project report will be available in early 2021. Information for some missing baselines and targets will be collected through the baseline assessment at the beginning of the programme.

Result level	Key Performance Indicators	Disaggregation	Baseline <sup>52</sup>	Target (year)	Data Source	Frequency of data collection and reporting	Responsible UN Agency	Key assumptions and Risks
<b>Outcome 1</b>								
<b>By 2024, school aged children and adolescents, especially the most vulnerable, in target areas have access to inclusive quality education, delivered through integrated services in a safe and gender sensitive environment, that enhances learning outcomes</b>	1.1 Percentage of children in Standard 8 who passed the national examination in the target areas, by sex	Sex	79.2%: 73.3% girls; 85% boys; (JPGE II 2019 report)	85% (78% girls; 88% for boys) (2024)	District report	Annually	UNICEF	Adequate government budget for inclusive education, learning and teaching materials, adequate classes, disability sensitive facilities.
	1.2 Percentage of children who repeated Standard 5 – 8 in the target areas, by sex	Sex	31.5%: 30.9% girls; 32% boys (JPGE II 2019 report)	27% (25% girls; 29% for boys) (2024)	Annual school census (EMIS)	Annually	UNICEF	
	1.3 Percentage of children at last grade of primary who transition to Secondary school in the targeted schools disaggregated by Sex	Sex	44.2%: 48.9% girls; 39.4% boys (JPGE II 2019 report)	49% (54% girls; 42% for boys) (2024)	Annual School Census (EMIS)	Annually	UNICEF	UN agencies, key government ministries will continue to work together to reinforce integration
	1.4 Percentage of primary school-age children who	Sex	5.2%: 5% for girls; 5.3% boys	3.5 % (3.0 % for girls, and 4.0 % for boys) (2024)	Annual School	Annually	UNICEF, UNFPA, WFP	

Result level	Key Performance Indicators	Disaggregation	Baseline <sup>52</sup>	Target (year)	Data Source	Frequency of data collection and reporting	Responsible UN Agency	Key assumptions and Risks
	dropout during standard 5 - 8 in the target areas, by sex		(JPGE II 2019 report)		Census (EMIS)			
	1.5 Percentage of girls enrolled in targeted schools who have fallen pregnant during the school year		tbd <sup>53</sup>	tbd	Annual School Census (DEMIS, School records)	Annually	UNFPA	
	1.6 Number of targeted schools providing a minimum package of integrated services (SRHR, health and nutrition, WASH services, diversified nutritious meals)		0	199 (2024)	District reports (School registers, IFA registers)	Annually	UNICEF UNFPA WFP	
Output 1.1								
Teachers in targeted schools have strengthened capacities to provide quality inclusive	1.1.1 Number of schools meeting minimum National Education Standards (NES) in targeted districts, with a		n/a	60 (2021) 90 (2022) 120 (2023) 169 (2024)	National Inspection Survey	Annually	UNICEF	Adequate funding  Families have financial capacity to support children’s regular

<sup>53</sup> Baseline and target will be established after the baseline survey in Q1 of 2021.



Result level	Key Performance Indicators	Disaggregation	Baseline <sup>52</sup>	Target (year)	Data Source	Frequency of data collection and reporting	Responsible UN Agency	Key assumptions and Risks
education through child centred teaching and learning methods	focus on special needs							education, feeding, clothing  Families are willing to send children with disability to school
	1.1.2 Number of teachers in targeted districts trained in a) inclusive, JRP, lifeskills, and CCE b) diagnostic assessment and structured pedagogy /remediation in foundational literacy and numeracy	Sex	n/a	1652/289 (2021) 1652/458 (2022) 1652/747 (2023) (n/a)/916 (2024)	District Report	Quarterly	UNICEF	
	1.1.3 Number of teachers that have applied diagnostic assessment and structured pedagogy /remediation in foundational literacy and numeracy	Sex	0	289 (2021) 458 (2022) 747 (2023) 916 (2024)	Targeted inspection survey	Annually	UNICEF	
	1.1.4 Number of schools where head teachers have structured mentorship and coaching support to fellow teacher		0	42 (2021) 84 (2022) 126 (2023) 169 (2024)	District Inspection Survey	Quarterly	UNICEF	

Result level	Key Performance Indicators	Disaggregation	Baseline <sup>52</sup>	Target (year)	Data Source	Frequency of data collection and reporting	Responsible UN Agency	Key assumptions and Risks
<b>Output 1.2</b>								
<b>Girls and boys in targeted areas demonstrate positive practices and participation to integrated SRHR, safety, health and nutrition services delivered in an inclusive and gender sensitive school environment</b>	1.2.1 Number of schools in target areas with a functioning violence prevention, reporting, referral and follow up mechanisms		166	210 (2021) 280 (2022) 350 (2023) 500 (2024)	School monitoring report card/tool	Quarterly	UNICEF	Schools and communities are willing to collaborate with the programme and use the knowledge to promote education and increase demand of other critical services.  Absence of shocks negatively affecting families' resources and food security, as well as the production capacity of smallholder farmers (linked to the HGSM).  Adequate funding  Enhanced access to services translate to increased demand and behaviour change
	1.2.2 Number of children receiving diversified nutritious `school meals, disaggregated by gender	Sex		51% Girls, 49% boys, (230,000 per year)	School records /DEMIS	Monthly	WFP	
	1.2.3 Number of adolescent girls receiving IFA and albendazole tablets	Sex	141, 460	77,634 (2021) 78,640 (2022) 79,442 (2023) 80,273 (2024)	DHO reports	Monthly	UNICEF	
	1.2.4 Number of adolescent girls and boys participating in ASRH interventions	Sex	0	26,000 children annually Girls 14,000 Boys 12,000	Annual, semi-annual and quarterly reports	Quarterly	UNFPA	
	1.2.5 Number of learners in targeted districts accessing safe water	Sex	TBD	36,000 (2021) 36,000 (2022) 34,000 (2023) 30,000(2024)  Overall:136,000	District Monitoring tool	Quarterly	UNICEF	

Result level	Key Performance Indicators	Disaggregation	Baseline <sup>52</sup>	Target (year)	Data Source	Frequency of data collection and reporting	Responsible UN Agency	Key assumptions and Risks
				Girls:68,000 Boys: 68,000				
	1.2.6 Proportion of girls completing 2 doses of HPV dose annually		68%	75% (2021) 80% (2022) 85% (2023) 90% (2024)	School and DHO reports	Annually	UNICEF	
	1.2.7 Percentage of school children in targeted schools with increased knowledge and skills in nutrition (and nutrition related topics e.g. primary health, sanitation and hygiene), sanitation and hygiene knowledge and practices		n/a	≥ 50% of those targeted  15 % (2021) 35 % (2022) 45% (2023) 50% (2024)	Social behaviour change tracking tool  School and DHO reports; M&E programme reports.	Annually	WFP UNICEF	
	1.2.8 Number of children and adolescents reached with life skills and Sexuality education	Sex	0	10,000 annually children/adolescents	School registers	Quarterly	UNFPA	

Result level	Key Performance Indicators	Disaggregation	Baseline <sup>52</sup>	Target (year)	Data Source	Frequency of data collection and reporting	Responsible UN Agency	Key assumptions and Risks
<b>Outcome 2</b>								
<b>Girls, boys and adolescents out of school are integrated back in schools, have increased access to complementary alternative learning and life skills, Integrated services and are empowered and practice positive behaviours</b>	2.1 Proportion of graduates, especially girls, who completed an alternative learning programme and are enrolled back in formal education	Sex	10% for Functional literacy (FAL) and 0% for CBE	20% of those completing FAL At least 50% of CBE completers	Project assessment form		UNICEF	Adequate funding  Families have financial capacity to support children's alternative education, feeding, clothing.
	2.2 Proportion of girls and boys age 10-24 who demonstrate positive behaviours and attitudes towards SHRH	Sex	0	Above 80% annually	Behavior Change Communication tool	Annually	UNFPA	
	2.3 Number and % of girls and boys in target areas enrolled in life skills programme that complete programme	Sex	0	50,000 girls and boys trained 1350 mentors recruited and trained 90% of girls and boys complete all mentorship sessions	Annual, semi-annual and quarterly reports	Quarterly	UNFPA	

Result level	Key Performance Indicators	Disaggregation	Baseline <sup>52</sup>	Target (year)	Data Source	Frequency of data collection and reporting	Responsible UN Agency	Key assumptions and Risks
<b>Output 2.1</b>								
<b>Out of school children and adolescents are enrolled and participate in quality complementary alternative learning and life skills programmes</b>	2.1.1 Number of adolescents that complete quality alternative complementary and skill development programmes	Sex Type of programme	6000 (2020 enrolment FAL  10300 CBE 2020 enrolment	4,400 FAL 10,300 CBE (2021)  4,400 FAL 10,300 CBE (2022)  4,400 FAL 10,300 CBE (2023)  10,300 CBE (2024)	Project assessment form	Annually	UNICEF	Adequate demand for second chance education, low opportunity cost, limited unskilled job opportunities  Communities are willing to collaborate with the programme and use the knowledge to promote education and increase demand of other critical services.
<b>Output 2.2</b>								
<b>Out of school adolescent girls and boys benefit from increased availability of integrated SHRH, safety, health and nutrition services</b>	2.2.1 Number of health facilities offering a minimum package of services in JPGE districts		0	30	Health facility records	Quarterly	UNICEF UNFPA	Delivery of complementary social services  Enhanced access to services translate to increased demand and behavior change.
	2.2.2 Number of adolescent girls and boys accessing comprehensive youth friendly	Sex	0	10,000 adolescents annually 5,000 boys 5,000 girls	Health facility records	Quarterly	UNFPA	

Result level	Key Performance Indicators	Disaggregation	Baseline <sup>52</sup>	Target (year)	Data Source	Frequency of data collection and reporting	Responsible UN Agency	Key assumptions and Risks
	health services in health facilities							
	2.2.3 Number of community based YHFS and SRHR trainers trained in targeted districts	Sex	0	270 annually	Training attendance registers	Quarterly	UNFPA	
	2.2.4 Number of girls and boys in targeted districts reached with quarterly outreach and mobile clinics on SRHR and YHFS services	Sex	0	50,000 annually	Health facility records	Quarterly	UNFPA	
	2.2.5 Number of out of school adolescent girls receiving comprehensive adolescent nutrition package (IFA supplementation and deworming, promotion of dietary diversification, promotion of intake of fortified foods)		23,028	7,300 (2021) 7,300 (2022) 7,300 (2023) 7,300 (2024)	DHO report	Monthly	UNICEF	

Result level	Key Performance Indicators	Disaggregation	Baseline <sup>52</sup>	Target (year)	Data Source	Frequency of data collection and reporting	Responsible UN Agency	Key assumptions and Risks
<b>Outcome 3</b>								
<b>Communities, parents and education stakeholders demonstrate increased investment and support for education, life skills, health and nutrition of children and adolescents in and out-of-school</b>	3.1 Number of districts with revised district education plan aligned to NESIP (2020 -2030) as part of the overall district plans.		0	4			UNICEF UNFPA WFP	Government's commitment to support investments in the education sector, and commitment to the integrated approach.  Communities are willing to collaborate with the programme and use the knowledge to promote education and increase demand of other critical services.  Absence of shocks negatively affecting production capacity of smallholder farmers
	3.2 Proportion of parents, caregiver and stakeholders understanding and promoting enrolment of girls in education		0	Overall: 75% 11% (2021) 30% (2022) 52% (2023) 75% (2024)	Social behavior tracking tool (survey)		UNICEF	
	3.3 Number of parents with capacities and skills to provide support to learning for school going children, especially those with disabilities and special education needs		0	Overall: 5100 1020 (2021) 1632 (2022) 1347 (2023) 1101 (2024)	Quarterly reports		UNICEF	
	3.4 Percentage of targeted smallholders	Sex	20% NAIP	37% female, 34% male	Farmer Org.Records	Annually	WFP	



Result level	Key Performance Indicators	Disaggregation	Baseline <sup>52</sup>	Target (year)	Data Source	Frequency of data collection and reporting	Responsible UN Agency	Key assumptions and Risks
	selling through programme-supported farmer aggregation systems			(35%) (annual target)				
<b>Output 3.1</b>								
<b>Parents, guardians and key figures in the communities are engaged as champions to support girls' and boys' access to education, life skills, and integrated safety, SRHR, and nutrition services</b>	3.1.1 Number of people reached with education, health and nutrition, SRHR, GBV messages through the implementation of a joint Social Behavior Change Communication strategy SBCC messages	Sex	0	Overall: 70,000 10,000 (2021) 20,000 (2022) 30,000 (2023) 10,000 (2024)	Activity report, SBCC survey tool	Annually	UNICEF UNFPA WFP	Communities, local and religious leaders will be willing and committed to play key role in preventing teenage pregnancy and child marriage  Communities and key stakeholders are willing to collaborate with the programme
	3.1.2 Number of parents/guardians and children reached with integrated comprehensive parent child communication programme	Sex	0	40,000 parents/guardians annually and 50,000 children annually			UNFPA	
	3.1.3 Number of smallholder farmers supported or trained	Sex	13,284	15,600 each year (52% female, 48% male)	Training Attendance Registers	Annually	WFP	

Result level	Key Performance Indicators	Disaggregation	Baseline <sup>52</sup>	Target (year)	Data Source	Frequency of data collection and reporting	Responsible UN Agency	Key assumptions and Risks
<b>Output 3.2</b>								
<b>National and local institutions adopt and mainstream the integrated JPGE model into the wider policy and strategic framework to ensure scalability and sustainability of the project</b>	3.2.1 Number of adopted guidelines/standards /policy changes facilitating the integration of the JPGE model in national implementation framework		-	Inclusive Education (IE) policy School Health and Nutrition (SHN) Policy review YFHS Policy MHM standards	Policy Briefs	Annually	UNICEF UNFPA WFP	Government commitment to include JPGE in in relevant Govt plans
	3.2.2 Number of plans that support the implementation of the JPGE model at national and local level are in place		0	3 (1 phased roadmap for incorporating integrated model into policy implementation; 1 School Health and Nutrition Strategic plan reviewed; 1 school feeding operational plan with costing)	Road map strategy/Reviewed Strategic Plan/ and Costed Scholl Feeding Operational Plan	Annually	UNICEF UNFPA WFP	

### c. Annex 3: Risk Matrix

Overall Risks		
Description of Risk	Risk Rating (High, medium or low) <sup>54</sup>	Proposed Mitigation Strategies
Limited fiscal space for the Government to sustain and increase investments in education and other essential services. This may affect programme sustainability.	<b>High</b> (Medium likelihood, high impact)	<ul style="list-style-type: none"> <li>✓ Ensure strong evidence generated to support/make case for investments due to longer term returns</li> <li>✓ Work with government to ensure the multi-sectoral model promoted by the programme is mainstreamed and prioritized in sectoral strategies, investment plans etc.</li> <li>✓ Programme supports interventions with sustainable, efficient and effective approaches that can be scaled up (e. HGSM; community-based interventions...)</li> <li>✓ Engagement with beneficiaries, parents, communities to raise awareness as well as demand for essential services.</li> </ul>
Fraud and corruption	<b>High</b> (Medium likelihood, high impact)	<ul style="list-style-type: none"> <li>✓ Use of UN Harmonized approach to cash transfers (HACT) for funds disbursements to government and implementing partners</li> <li>✓ Use of the Education Sector Joint Fund, where possible for transfer of funds from Ministry of Education at national level to district level (ESJF has strong oversight and control mechanisms).</li> <li>✓ Provision of standard operating procedures and tools</li> <li>✓ Provision of trainings on accountability and resource management at district and school level</li> <li>✓ Conduct spot check on resource management and programme implementation by implementing partners.</li> <li>✓ Mainstream messages on community roles in resource management and accountability (whistle-blower) within community engagement and sensitizations meetings.</li> </ul>

<sup>54</sup> Risks are classified according to Probability (likelihood of occurrence) and impact, as follow: **High** = High likelihood and high Impact; or medium likelihood but high impact; or high likelihood and medium impact; **Medium** = High likelihood and low impact; or low likelihood and high impact; or medium likelihood and medium impact; **Low** = Low likelihood and low impact; or low likelihood and medium impact; or medium likelihood but low impact.

<p>Occurrence of shocks: these include climate related shocks; economic shocks etc.</p> <p>Economic shocks and climate shocks (such as droughts or flooding in disaster prone areas) will affect food security and economic position of families of targeted beneficiaries – negative coping mechanisms might increase such as taking children out of school to support the household; or engage girls in early marriage for economic purposes. With climate shocks, smallholder farmers benefitting from the programme may also be affected due to reduced harvest.</p>	<p><b>High</b> (High likelihood, medium impact)</p>	<ul style="list-style-type: none"> <li>✓ Programme has a strong component on community engagement to support education – in occurrence of shocks these efforts would be further stepped up.</li> <li>✓ Programme has interventions to strengthen the capacity of small-holder farmers in use of climate-smart agriculture techniques, crop-diversification, reduction of post-harvest losses, which increase their resilience to shocks.</li> </ul>
<p>Changing of donor funding and priorities</p>	<p><b>Low</b> (Low likelihood, medium impact)</p>	<ul style="list-style-type: none"> <li>✓ JPGE III is anchored around agreed priorities in key policies and strategies that have high consensus from development partners – thus facilitating advocacy with other donors to support the programme/through also complementary interventions.</li> <li>✓ While other donor support will be advocated for, the programme is premised on the alignment with national priorities and in support of the government of Malawi's key strategies and programmes.</li> </ul>
<p>Non-enabling environment, high poverty levels and unemployment, increasing risk of teenage pregnancies, early marriages, child labor.</p>	<p><b>High</b> (High likelihood, high impact)</p>	<ul style="list-style-type: none"> <li>✓ JPGE III design includes strategies for active participation in the programme and engagement of direct beneficiaries, parents, local and religious leaders, other community structures aimed at reducing risks of negative coping mechanisms;</li> <li>✓ Provision of essential services (YFHS) coupled with increased awareness on sexual reproductive health and rights to reduce risk of unwanted pregnancies;</li> <li>✓ Engaging small-holder farmers from the local communities (many of whom are also parents) creates opportunities for increased incomes and food security.</li> </ul>
<p>Institutional risk: low implementation capacity of implementing partners and failure by</p>	<p><b>High</b> (High likelihood, high impact)</p>	<ul style="list-style-type: none"> <li>✓ JPGE III streamlines need for building capacity across all outcome areas and target groups (e.g strengthening capacity of teachers and schools; health workers and health facilities; farmers; district implementing partners).</li> </ul>

government to acquire necessary capacities to adopt the program elements and mainstream them in their day to day functions.		<ul style="list-style-type: none"> <li>✓ Capacity strengthening is supported through a combination of <i>soft</i> components, improving skills and knowledge (e.g training of teachers, health workers, committees etc), and <i>hard</i> components improving ability to provide services (eg. provision of learning materials, SRHR supplies etc).</li> <li>✓ The program will continue to develop manuals and guides with participation of the Government counterparts.</li> </ul>
Protracted negative effects of the COVID-19 pandemic. At the time of design, the pandemic in Malawi has not reached its peak and has had already negative effects on education with the school closure since 23 March 2020. While there is expectation of school reopening for the 2020/2021 school year, the date are not yet known and reopening would still happen at a time where COVID-19 spread is a serious risk.	<b>High</b> (High likelihood, high impact)	<ul style="list-style-type: none"> <li>✓ JPGE will continue to contribute and align to the COVID-19 Education Cluster Plan and follow national guidelines for implementation and for school reopening.</li> <li>✓ The need to adapt was already recognized in the current phase, where a number of activities have been able to continue by adapting implementation modalities to ensure the risk of disease spread is minimized to the maximum. A JPGE COVID-19 adaptation plan and revised workplan was put in place. This will be revisited and adapted in the third phase as appropriate.</li> <li>✓ The JPGE III design takes already into account that the pandemic might have a protracted duration in the country, and therefore preventive and adaptive measures have already been included in the design of implementation modalities of key interventions and budgetary considerations (at least for the first year of the programme).</li> </ul>
Gender issues not well and systematically integrated in the implementation, monitoring and reporting of progress. Adhoc reporting on sex, age and disability disaggregated data		<ul style="list-style-type: none"> <li>✓ The JPGE III will ensure continued advocacy on gender integration, provide gender technical support to all output managers to adhere to gender results with sex, age and disability disaggregated data. Where necessary data collection tools will be reviewed to ensure proper variables are incorporated. The Programme will also ensure that gender becomes a substantive agenda on quarterly and annual review and planning meetings</li> </ul>
<b>Risks by Outcome areas</b>		
<b>Outcome 1 By 2024, school aged children and adolescents, especially the most vulnerable, in target areas have access to inclusive quality education, delivered through integrated services in a safe and gender sensitive environment, that enhances learning outcomes</b>		
<b>Description of Risk</b>	<b>Risk Rating (High, medium or low)</b>	<b>Proposed Mitigation Strategies</b>
Negative attitude of teachers, head teachers, key stakeholders in the implementation of the CPD	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>• Head teachers, the DA officers and training coordinators in all the targeted districts will be oriented and interviews with in-service teachers on the quality of trainings provided</li> </ul>

		<ul style="list-style-type: none"> <li>District coordination meetings involving District Education Managers, district Assemblies will be conducted on quarterly basis where issues of quality will be discussed among others ✓ Risk likely to be low with continuous mitigation.</li> </ul>
Teachers' prejudice and misconceptions that provision of school based CPD to teachers should always translate to grade promotion might affect implementation of CPD activities championed by schools.	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>The project will work hand in hand with the District Assemblies and DEM office to conduct various orientation at school level to clear the misconceptions associated CPD. ✓ Risk likely to be low with continuous mitigation</li> </ul>
Head teachers attitudes towards the associations might be perceived as additional work and take them away from their primary duty station	Medium (low likelihood and high impact)	<ul style="list-style-type: none"> <li>Demonstration of head teachers association as body for their professional development.</li> </ul>
Some parents may not allow their girls to attend learning camps, remedial and preparations classes for girls.	Medium (low likelihood and high impact)	<ul style="list-style-type: none"> <li>The project will work hand in hand with the mother groups, SMC to raise awareness and assure safety of the girls during sessions.</li> </ul>
Funding for HGSM model for year 4 is not secured affecting transition and continuity of the JPGE package	High (medium likelihood and high impact)	<ul style="list-style-type: none"> <li>Resource mobilization efforts (targeting all potential donors) to be implemented starting from year 1 of the JPGE phase II implementation</li> <li>The prioritization and utilization of current resources will be used in a way that will allow possible extension to the 3<sup>rd</sup> year of potential deficit with close monitoring of outcome progress e.g. reduce rations during the harvest period ✓ Cost effective menus will be developed based on local food availability as a cost containment measure. This will result in possible revision of unit cost of feeding and extension of the available JPGE budget to cover year 4 and hence reducing impact to medium</li> </ul>
Unfavourable weather conditions affecting production of crops in community / school owned gardens thus slow transition / conversion to local ownership	Low (Low likelihood and low impact)	<ul style="list-style-type: none"> <li>Assessment of Fos/clubs will be carried out to determine available capacity</li> <li>Assessment of other medium scale traders will be done as potential suppliers to complement FO capacity</li> <li>Based on capacity of Fos / traders, a competitive procurement model will be re-designed for phase II (to ensure enough capacity)</li> </ul>
High commodity prices resulting from unfavourable weather conditions affecting production by farmers belonging to Fos / clubs participating in the programme	Low (Low likelihood and low impact)	

Poor Compliance rates of IFA among adolescent girls in and out of school may hamper expected program results	Medium	<ul style="list-style-type: none"> <li>• Strong BCC strategy before the start of the program and during the program focussing on positive impact of IFA consumption in adolescents</li> <li>• Capacity building of service providers at all level will be done with special focus on management of side effects of IFA consumption</li> </ul>
Most of the SHN and Head Teachers trained by the project in provision of IFA might be transferred by Government to other schools		<ul style="list-style-type: none"> <li>• The project will continuously promote on job training by SHN teachers and involvement of class teachers in administration of IFA tablets in line with redesigned programme registers</li> </ul>
Inadequate resources by the Government on school meals in the national budget	High (High likelihood and high impact)	<ul style="list-style-type: none"> <li>• Government will be supported to develop a school meals programme strategy that will stipulate scale, speed of handover to national ownership and financing mechanisms</li> <li>• Advocacy efforts will be carried out with Government key Ministries of finance and education for increased allocation of resources towards National School Meals Programme in the National budget.</li> <li>• Advocacy efforts will be carried out with Government key Ministries of finance, education, agriculture for mainstreaming HGSM in sectoral programs</li> <li>• Engagement of central level Government at all levels of project cycle for sustainability and ownership</li> </ul>
Failure to fully mainstream HGSM programme in district planning processes and budgets for sustainability	Medium (medium likelihood and medium impact)	<ul style="list-style-type: none"> <li>• Advocacy efforts will be carried out with district councils for incorporation of HGSM in district planning processes</li> <li>• Advocacy efforts with central Government for streamlining HGSM at policy and strategy level</li> <li>• Allocation of clear roles and responsibilities of district council at all levels of project cycle for sustainability and ownership</li> </ul>
Learners, especially girls, receiving take home rations in form of cash likely to face safety / protection issues	Low (Low likelihood and high impact)	<ul style="list-style-type: none"> <li>• Conduct community sensitizations for awareness prior to each transfer</li> <li>• Involvement of parents/guardians during distributions</li> </ul>
Contribution to environmental degradation through use of firewood	Medium (low likelihood and medium impact)	<ul style="list-style-type: none"> <li>• Promotion of school and community woodlots</li> <li>• Promote use of fuel-efficient stoves and other alternatives</li> <li>• Design menus that use less fuel for cooking</li> </ul>
Adolescents might opt to talk to their peer's about issues of SRHR despite the fact that the information may sometimes be misleading or inadequate.	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>• All peer educators will be trained on SRHR and given necessary materials for reference according to age</li> <li>• IEC materials for specific age groups will be developed and certified by the ministries and distributed to targeted groups</li> </ul>



Stereotypes, prejudices and misconceptions that communities have on SRHR issues for young people especially for school-going adolescents might discourage young people to access information and some parents might not allow their children to access SRHR information or services	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>The project will work hand in hand with the Ministries of Information and Civic Education as well as Ministry of Gender, Children, Disability and Social Welfare to conduct various campaigns at community level to unravel the misconceptions and stereotypes that are associated with SRHR especially for young people.</li> <li>The project will continuously engage local leaders, Religious leaders, parents and other opinion leaders in various forums to openly discuss issues of SRH in the context of young people.</li> <li>The project will engage both parents and children using Parent Child Communication model to break the silence on SRHR issues. <ul style="list-style-type: none"> <li>✓ Risk mitigated to low with continuous awareness campaigns</li> </ul> </li> </ul>
Relevant Government sectors (Police, Social Welfare, Judiciary and Education) fail to coordinate with each other and lead to fragmentation and low quality services provided.	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>Supervisory visits on monthly and quarterly basis will be conducted by National and district level supervisors.</li> <li>Review meetings will be carried out at National, district and community level to foster coordination.</li> </ul>
Lower formation Police Officers not adhering to transparency principles and take bribes on criminal case (defilement and child abduction) that need to be prosecuted.	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>Police from parent station (district) will monitor and mentor lower formation police officers on One School One Police Officer (OSOPO) initiative.</li> <li>Opening of complaints will be participatory (all key stakeholders) and will include learners themselves. The anonymous tips discussions will be done on non-criminal cases only.</li> </ul>
High School level identified empowerment instructors turnover due to posting to schools not in the program.	Medium	<ul style="list-style-type: none"> <li>The program will identify both school and community-based empowerment instructors to ensure there are always instructors available to train learners.</li> <li>The community-based instructors will ensure sustainability.</li> </ul>
Failure by teachers to adopt new ways of doing things and knowledge deficit may lead to failure by teachers to adopt positive disciplining of learners and other child led accountability mechanisms.	Medium	<ul style="list-style-type: none"> <li>Teachers will be trained in positive disciplining of children that will provide alternatives to corporal punishment (positive forms of disciplining learners).</li> <li>Codes of conduct that guide teacher and pupil behaviour will be developed with participation of all school key stakeholders and this will reinforce compliance to use of positive discipline.</li> </ul>
<b>Outcome 2. Girls, boys and adolescents out of school are integrated back in schools, have increased access to complementary alternative learning and life skills, Integrated services and are empowered and practice positive behaviours</b>		
<b>Description of Risk</b>	<b>Risk Rating (High, medium or low)</b>	<b>Proposed Mitigation Strategies</b>

Registration of under-aged and overaged learners in literacy classes	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>Continuous sensitization through the village education committee to encourage only adolescent girls in the appropriate age bracket</li> <li>Screening of registered adolescent girls to ensure that only those in the appropriate age bracket are registered</li> </ul>
Adolescents girls might dropout and not complete the functional literacy course and CBE program due to loss of interest	Medium (medium likelihood and medium impact)	<ul style="list-style-type: none"> <li>Continued sensitization in the communities using village education committees to follow up on girls likely to drop out</li> </ul>
Negative community attitude and discouragement from husbands (for married adolescents) towards second chance education for adolescent girls, some of whom may be young mothers	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>The project will continuously engage local leaders, Religious leaders, parents and other opinion leaders in various forums to encourage enrolment into functional literacy classes.</li> </ul>
Adolescents especially girls may be shy to attend function literacy and CBE classes due to fear of being labelled as illiterate.	Low (low likelihood and medium impact)	<ul style="list-style-type: none"> <li>The project will continue engaging communities and adolescents especially girls through different forums</li> </ul>
Attitudes of Service providers in the designated Youth Friendly Health Services facilities might discourage adolescents to access SRHR information and services in such facilities for fear of being ridiculed and exposed (privacy and confidentiality).	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>Service providers including support staff in all the targeted health facilities will be trained in YFHS and exit interviews with clients will be done regularly to assess quality of services</li> <li>YFHS coordination meetings involving District Health Officers and District Education Officers will be conducted on quarterly basis where issues of quality will be discussed among others <ul style="list-style-type: none"> <li>✓ Low risk with continuous mitigation measures throughout the programme cycle.</li> </ul> </li> </ul>
Health workers in the targeted facilities might be corrupt and decide to sell some of the reproductive health commodities and supplies procured by the project for the Youth Friendly Health Services facilities.	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>Quarterly supportive supervision visits will be conducted to targeted health facilities to track family planning commodities distribution and access by adolescents and young people</li> <li>Health workers in the targeted facilities will be prioritized by regular capacity building programmes on HMIS and LMIS supported by other UNFPA programmes <ul style="list-style-type: none"> <li>✓ Risk mitigated to medium/low with continuous mitigation measures throughout the programme cycle.</li> </ul> </li> </ul>
Most of the health workers and Teachers trained by the project (i.e. in provision of YFHS; CSE.	Medium (low likelihood)	<ul style="list-style-type: none"> <li>The project will continuously engage Ministry of Health and Ministry of Education through the quarterly safe motherhood and YFHS coordination</li> </ul>

IFA) might be transferred by Government to other health facilities and schools outside the project area.	and high impact)	<p>meetings (both at national and district) on the importance of maintaining staff trained by the project.</p> <ul style="list-style-type: none"> <li>• A mapping exercise on availability and capacity of service providers on YFHS will be conducted during the beginning of Phase II and the list will be updated on regular basis.</li> <li>• The project has set aside resources for training of health workers and Teachers in CSE on annual basis to cover cases of staff redeployments.</li> <li>• The project will continuously promote on job training by SHN teachers and involvement of class teachers in administration of IFA tablets in line with redesigned programme registers</li> </ul>
Long distances from other targeted schools to health facilities where the project has established Youth Friendly Health Services centers might discourage young people to access services	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>• The project will strive to establish YFHS facilities in most of the health facilities surrounding the targeted schools. In Phase II, 15 additional YFHS will be established.</li> <li>• Mobile health vans will be used to provide mobile YFHS services to adolescents and priority will be given to areas not surrounded by any YFHS facility within a radius of 5 kilometres. <ul style="list-style-type: none"> <li>✓ Risk mitigated to low with provision of mobile YFHS vans.</li> </ul> </li> </ul>
Religious beliefs coupled with custom beliefs of some of the teachers and health service providers might affect the quality of SRHR information and services that they will be given to adolescents especially to school going adolescents.	Medium (low likelihood and high impact)	<ul style="list-style-type: none"> <li>• The project will continuously engage local leaders, Religious leaders, parents and teachers in various forums to openly discuss issues of SRH in the context of young people.</li> </ul>
The District Health Offices might decide to use the mobile health vans for other uses and not necessarily for provision of mobile YFHS in the targeted communities.	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>• The project will continuously monitor provision of SRH services through mobile services through structured monitoring tools.</li> <li>• The project will make use of the quarterly YFHS district coordination meetings to empower key stakeholders to assess utilization of mobile vans in provision of YFHS to adolescents in the targeted communities <ul style="list-style-type: none"> <li>✓ Risk mitigated to low with continuous monitoring</li> </ul> </li> </ul>
Some adolescents may be shy to access the SRHR services through YFHC and Community Based Distribution Agents	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>• The project will continue engaging adolescents especially girls through different forums for empowerment and models to break the silence hence mitigate the shyness.</li> </ul>

Mix up of maternal Iron and Folic acid supplements with that of adolescent nutrition programme by Pharmacists and Health personnel especially when maternal programme has stockouts resulting in stockouts for the adolescent programme	Medium	<ul style="list-style-type: none"> <li>Emphasize use of different stock and stack cards for the two programmes</li> <li>The project will ensure that IFA supplies are delivered to school from health facility to school on quarterly basis instead of monthly basis</li> </ul>
<b>Outcome 3. Communities, parents and education stakeholders demonstrate increased investment and support for education, life skills, health and nutrition of children and adolescents in and out-of-school</b>		
<b>Description of Risk</b>	<b>Risk Rating (High, medium or low)</b>	<b>Proposed Mitigation Strategies</b>
Negative social norms and other harmful practices held by teachers and community members may affect school and community response to violence against children.	Medium	<ul style="list-style-type: none"> <li>The program will engage gate keepers (through dialogue) and challenge them to break the culture of silence.</li> <li>The program will create various child friendly platforms for reporting.</li> <li>Build capacity of learners themselves that they are empowered to report violence through platforms created independent of adults.</li> <li>Program will provide legal literacy to teachers and communities on legal obligation regarding reporting and support law enforcement Government agencies to respond where need be.</li> </ul>
Local and traditional leaders, including chiefs may demonstrate resistance to change	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>Project will work to mobilize custodians of culture and traditional leaders, including chiefs to modify or eradicate harmful cultural practices that negatively affect girl's participation to quality education.</li> <li>Project will work with chiefs and custodians of culture to develop and implement road map towards developing positive coping strategies and mechanisms affecting girls' education.</li> <li>Project will work to strengthen capacity and capability of community-based structures to empower communities to take decisive actions to stop child marriages, etc.</li> <li>Project will engage champion chiefs, custodians of culture, head teachers to conduct monitoring of implementation of bylaws, adoption of new social norms on girls' education in communities.</li> </ul>
Parents and caregivers may not in position to make informed decision due to strong stereotypes, misconceptions and cultural beliefs on girls' education.	High (high likelihood and high impact)	<ul style="list-style-type: none"> <li>Community dialogues and consultations will be conducted to enable parents and caretakers, and other community members to define the negative and positive norms and practices and then, to make informed decisions on community response and solutions at individual, family and community levels.</li> </ul>

## d. Annex 4: Budget Summary

	Total (USD)	Total (NOK)	Nov-Dec 2020		2021		2022		2023		Jan-Oct 2024	
			USD	NOK	USD	NOK	USD	NOK	USD	NOK	USD	NOK
Outcome 1	22,504,612	203,621,728	-	-	7,458,755	67,486,814	6,101,395	55,205,425	5,544,895	50,170,214	3,399,566	30,759,275
Outcome 2	6,211,146	56,198,446	98,267	889,117	1,781,002	16,114,506	1,717,292	15,538,058	1,389,892	12,575,743	1,224,693	11,081,022
Outcome 3	2,889,955	26,148,314	82,000	741,936	824,987	7,464,484	842,811	7,625,754	666,632	6,031,686	473,525	4,284,454
<b>Sub total interventions</b>	<b>31,605,713</b>	<b>285,968,489</b>	<b>180,267</b>	<b>1,631,053</b>	<b>10,064,744</b>	<b>91,065,804</b>	<b>8,661,498</b>	<b>78,369,237</b>	<b>7,601,419</b>	<b>68,777,643</b>	<b>5,097,784</b>	<b>46,124,751</b>
Communication	20,000	180,960	-	-	5,000	45,240	5,000	45,240	5,000	45,240	5,000	45,240
National UN coordination	756,420	6,844,088	-	-	197,240	1,784,628	197,240	1,784,628	197,240	1,784,628	164,700	1,490,206
Support to Government Coordination (National)	75,000	678,600	-	-	20,000	180,960	20,000	180,960	20,000	180,960	15,000	135,720
Support to Coordination (District)	980,718	8,873,532	-	-	248,467	2,248,126	258,168	2,335,903	258,168	2,335,903	215,915	1,953,601
M&E (incl.Baseline, Evaluation, cross-cutting)	450,000	4,071,600	-	-	215,000	1,945,320	15,000	135,720	15,000	135,720	205,000	1,854,840
<b>Total Coordination</b>	<b>2,282,138</b>	<b>20,648,780</b>	<b>-</b>	<b>-</b>	<b>685,707</b>	<b>6,204,273</b>	<b>495,408</b>	<b>4,482,450</b>	<b>495,408</b>	<b>4,482,450</b>	<b>605,615</b>	<b>5,479,606</b>
<b>Direct Programme Administrative costs</b>	<b>3,722,272</b>	<b>33,679,116</b>	90,132	815,514	986,611	8,926,854	976,347	8,833,990	936,759	8,475,791	732,423	6,626,966
<b>Sub total admin &amp; coordination</b>	<b>6,004,409</b>	<b>54,327,896</b>	<b>90,132</b>	<b>815,514</b>	<b>1,672,317</b>	<b>15,131,127</b>	<b>1,471,755</b>	<b>13,316,441</b>	<b>1,432,166</b>	<b>12,958,241</b>	<b>1,338,039</b>	<b>12,106,573</b>
<b>Sub total interventions, coordination and admin</b>	<b>37,610,122</b>	<b>340,296,385</b>	<b>270,399</b>	<b>2,446,567</b>	<b>11,737,061</b>	<b>106,196,932</b>	<b>10,133,254</b>	<b>91,685,678</b>	<b>9,033,586</b>	<b>81,735,884</b>	<b>6,435,823</b>	<b>58,231,324</b>
Indirect support costs (7%)	2,549,729	23,069,951	18,928	171,260	797,693	7,217,529	686,587	6,212,239	611,167	5,529,837	435,679	3,942,028
1% One UN Fund	401,599	3,633,663	2,893	26,178	125,348	1,134,145	108,248	979,432	96,448	872,657	68,715	621,734
<b>GRAND TOTAL</b>	<b>40,561,450</b>	<b>367,000,000</b>	<b>292,220</b>	<b>2,644,005</b>	<b>12,660,102</b>	<b>114,548,606</b>	<b>10,928,089</b>	<b>98,877,348</b>	<b>9,741,200</b>	<b>88,138,378</b>	<b>6,940,217</b>	<b>62,795,085</b>

e. **Annex 5: List of Activities and Key Deliverables**

Output	Activity	Description of Key Strategies/Activities	Key Deliverable
<b>Outcome 1: By 2024, school aged children and adolescents, especially the most vulnerable, in target areas have access to inclusive quality education, delivered through integrated services in a safe and gender sensitive environment, that enhances learning outcomes</b>			
<b>Output 1.1: Teachers in targeted schools have strengthened capacities to provide quality inclusive education through child centered teaching and learning methods</b>	<i>Key strategies: Capacity building of teachers to support inclusive and gender sensitive education</i>		
	<b>1.1.1</b>	Training of teachers on inclusive, gender responsive, child centered teaching and learning methods	<ul style="list-style-type: none"> <li>1652 teachers trained on GRP, life skills and CCE methodologies annually</li> </ul>
	<b>1.1.2</b>	Training of teacher on provision of individual support to children with special education needs including to children with disability	<ul style="list-style-type: none"> <li>1,104 teachers trained on provision of individual support to children with special education needs, including to children with disability</li> </ul>
	<b>1.1.3</b>	Support CPD of teachers on delivering CSE and life skills education including e-CSE modules	<ul style="list-style-type: none"> <li>40 CSE online courses made available annually</li> <li>200 CSE training reference manual printed annually</li> <li>600 manuals on basic computer course for teachers printed for four years</li> <li>65 PEAs oriented on conducting e-CSE monitoring and supervision annually</li> </ul>
	<b>1.1.4</b>	Engagement of teachers, SMCs on disability inclusion in SRHR (including all disability elements with teachers and SMCs)	<ul style="list-style-type: none"> <li>15 teachers engaged in dialogue sessions on SRHR disability inclusion annually</li> <li>15 teachers oriented on use of brail for visually impaired</li> <li>1 package of SRHR brail material designed and produced</li> </ul>
	<i>Key strategy: Equipping schools with quality inclusive, gender sensitive and SRH education materials</i>		
	<b>1.1.5</b>	Provision of gender sensitive teaching and learning materials and assistive devices in schools	<ul style="list-style-type: none"> <li>80,000 supplementary readers in Chichewa and in English provided to schools</li> <li>9 school and zone-based reading festivals activities conducted</li> <li>1,050 assistive devices for learners based on identified needs procured</li> </ul>
	<b>1.1.6</b>	Roll-out like skills digital App	<ul style="list-style-type: none"> <li>200 Head Teachers, PEAs oriented as facilitators</li> </ul>
	<i>Key strategy: Strengthening quality classroom environment, including classroom assessment</i>		
	<b>1.1.7</b>	Delivery of remedial classes and personalized learning support to children with disability and special education needs	<ul style="list-style-type: none"> <li>796 teachers trained in teaching at the right level of the child (TaRL) and diagnostic assessment</li> <li>Remedial classes for standards 5-8 in reading and numeracy delivered in 169 schools</li> </ul>
	<b>1.1.8</b>	Conduct screening of new entrants for mild to moderate disabilities including hearing impairment and visual	<ul style="list-style-type: none"> <li>1 yearly screening and assessment of new entrants in 169 targeted schools conducted</li> </ul>

			<ul style="list-style-type: none"> <li>50 screen kits in 50 zones/cluster schools procured</li> </ul>
	1.1.9	Schools inspection, mentoring and coaching of teachers	<ul style="list-style-type: none"> <li>1 inspection tools digitalized</li> <li>169 monitoring visits of schools conducted by PEAS and National Inspectors</li> </ul>
	1.1.10	Head teacher training on Instructional leadership	<ul style="list-style-type: none"> <li>945 headteachers in targeted schools trained on school leadership, mentorship and coaching, including National Education Standards (NES)</li> </ul>
	1.1.11	Monitoring support and capacity building activities at school level	<ul style="list-style-type: none"> <li>Capacity building activities to improve DEMIS and ZEMIS officers' abilities to enter, analyze and visualize EMIS data in quality and accurate manner conducted and district data collection systems digitalized</li> <li>Tools developed to monitor activities under outcome 1 developed and a monitoring mechanism in place to improve quality monitoring and reporting</li> </ul>
<b>Output 1.2: Girls and boys in targeted areas demonstrate positive practices and participation to integrated SRHR, safety, health and nutrition services delivered in an inclusive and gender sensitive school environment</b>	<b>Key strategy: Provision of integrated services in and through schools</b>		
	1.2.1	Provision of diversified nutritious school meals	<ul style="list-style-type: none"> <li>230,000 diversified HGSM to learners in 197 schools provided in 4 districts</li> <li>1 school meals digital tool to optimize HGSM menus rolled out</li> <li>Non-food items (cooking and eating utensils, WASH items) provided</li> <li>Annual post distribution monitoring visits conducted</li> <li>8 visits for assessment and training of schools under Govt model</li> </ul>
	1.2.2	Provision of Take-Home support to girls, orphans and vulnerable (OVC) boys, children with disabilities	<ul style="list-style-type: none"> <li>33,164 learners reached with THR in 3 districts</li> </ul>
	1.2.3	Strengthen capacity of schools in management of school feeding and promotion of measures for safe preparation of school meals	<ul style="list-style-type: none"> <li>4,480 (school officials, teachers, and PTA members) in target schools trained on school feeding procurement, management, finance, food preparation, and safe water access/preparation</li> <li>9 monitoring visits on food procurement and feeding activities by district councils conducted</li> </ul>
	1.2.4	Provisions of Weekly Iron and Folic Acid (IFA) supplementation and annual deworming	<ul style="list-style-type: none"> <li>240,000 girls (60,000 girls per year) reached with Weekly IFA tablets and annual deworming</li> <li>4 districts supported with monthly programme monitoring and mentorship sessions</li> </ul>



			<ul style="list-style-type: none"> <li>4 districts supported with capacity building of teachers (monthly district monitoring and data collection, interface meetings with service providers)</li> </ul>
	<b>1.2.5</b>	Strengthen school health programming	<ul style="list-style-type: none"> <li>110 tents provided as school Health Booth for 4 years</li> <li>260 teachers oriented on COVID-19, referral system, psychosocial support every year</li> <li>90 nurses oriented on data collection and real time reporting every year</li> <li>34 motorcycles procured for School Health Programme</li> <li>210 digital infrared thermometers for COVID-19 tests procured</li> <li>650 PPEs for School Health Programme (Masks, Sanitizers, Aprons, Buckets and Gloves) procured annually</li> <li>80 tablets for real time reporting and monitoring during SHP for confidentiality procured for 4 years</li> <li>70 First Aid Kit procured annually</li> </ul>
	<b>1.2.6</b>	Schools in targeted districts equipped with basic WASH, MHM sanitation facilities	<ul style="list-style-type: none"> <li>120,000 learners in targeted districts accessing safe water</li> <li>National WASH standards developed with MoEST</li> <li>8 resilient Water facilities in vulnerable schools provided</li> <li>110 WASH facilities to include MHM facilities in the schools rehabilitated or refurbished</li> </ul>
	<b>1.2.7</b>	Provision of HPV vaccines in project schools	<ul style="list-style-type: none"> <li>HPV vaccination campaigns through National Task Force meeting supported with national coordination and planning</li> <li>12 Briefing of HSAs, Head teachers and SHN Coordinators in the targeted districts</li> <li>12 Mapping and Mapping verification exercise in targeted districts</li> <li>12 Microplanning exercise in targeted districts supported</li> <li>12 Supportive supervision by national and district teams (before and during the campaign)</li> </ul>
	<b>1.2.8</b>	Support mother groups and girls in targeted schools in making of local sanitary pads and face masks for menstrual hygiene and COVID-19 prevention	<ul style="list-style-type: none"> <li>50 members of mother groups oriented on pad and masks tailoring annually</li> </ul>
	<b>1.2.9</b>	Establishing adequate mechanisms for prevention, detection, referral and response of violence and bullying in schools, including capacity building of school stakeholders	<ul style="list-style-type: none"> <li>14,500 girls and boys trained on empowerment transformation</li> <li>197 Schools with established and strengthened violence reporting, referral and follow up mechanism</li> </ul>

			<ul style="list-style-type: none"> <li>▪ 2700 teachers, parents and police officers trained on positive discipline, safe schools and gender and child related laws</li> <li>▪ 40 mobile justice courts conducted for quick response to cases of violence reported through the school</li> </ul>
<b>Key strategy:</b> <i>Establishing/Strengthening mechanisms supporting participation of learners in schools</i>			
<b>1.2.10</b>	Promote, empower and support participation of learners, particularly adolescents, in school management committees		<ul style="list-style-type: none"> <li>▪ 50 learner councils established and functioning</li> <li>▪ 50 Student council executive members oriented on their roles, responsibilities, democracy and leadership</li> <li>▪ 1 Guidelines package on adolescent participation revised and disseminated</li> <li>▪ 450 Adolescents empowered with life skills including negotiation skills, public speaking, budget literacy to better participate in school governance including school budget preparation and monitoring</li> </ul>
<b>1.2.11</b>	Establishment and strengthening of school-based clubs		<ul style="list-style-type: none"> <li>▪ 30 School based Ifenso platforms for dialogue and information sharing established</li> <li>▪ 300 Ifenso members trained</li> <li>▪ 30 Training of Ifenso trainer of trainers conducted</li> </ul>
<b>1.2.12</b>	Raise awareness on child rights and providing learners with knowledge of key child protection services		<ul style="list-style-type: none"> <li>▪ 1,500 Packages of child friendly materials on child rights, child protection, gender and child related laws to learners, teachers developed and distributed</li> <li>▪ 8,700 people reached with school based legal literacy and awareness sessions on child rights, child protection and child protection services conducted</li> </ul>
<b>1.2.13</b>	Promotion of improved nutrition and healthy dietary practices among learners in targeted schools		<ul style="list-style-type: none"> <li>▪ 4 Districts supported with nutrition education to learners (sessions conducted with district SHN/DNCC)</li> <li>▪ 4 Districts supported with cooking demonstrations to cooks and committee members (sessions conducted with district SHN/DNCC)</li> <li>▪ 4,400 IEC materials printed and distributed</li> <li>▪ Adolescent nutrition programme integrated in Life skills curriculum</li> <li>▪ 105 schools trained on Nursery establishment, school gardens, Woodlot/Orchard Establishment &amp; Management,</li> </ul>

			<p>WASH and designing, student engagement/inclusion (waste management)</p> <ul style="list-style-type: none"> <li>60 Packages of gardening materials and seedlings for schools and distribution procured</li> <li>Adolescent boys and girls reached with cooking demonstrations to impart skills on preparation of nutrient dense diversified diets in selected schools conducted</li> </ul>
<b>Outcome 2: Girls, boys and adolescents out of school are integrated back in schools, have increased access to complementary alternative learning and life skills, Integrated services and are empowered and practice positive behaviours</b>			
<b>Output 2.1: Out of school children and adolescents are enrolled and participate in quality complementary alternative learning and life skills programmes</b>	<i>Key strategy: Delivery of complementary, vocational, transferable and life skill programs to adolescents</i>		
	<b>2.1.1</b>	Establishing of alternative learning centers to accommodate learning needs of OOS adolescents	<ul style="list-style-type: none"> <li>960 CBE – learning centres</li> <li>At least 198 Functional Literacy Centres are established and functional</li> <li>198 instructors recruited</li> <li>6,090 enrolled FAL</li> <li>10,300 enrolled CBE</li> </ul>
	<b>2.1.2</b>	Delivery of vocational education and transferable skills to out of school adolescents	<ul style="list-style-type: none"> <li>80 training packages delivered to support Ministry of Youth scale up transferable skills (Decision making, negotiation, public speaking etc) to functional literacy graduates and youth groups</li> </ul>
		Support mentorship programme in safe spaces within communities	<ul style="list-style-type: none"> <li>5400 adolescents reached with mentorship both in school and out of school</li> </ul>
		Conduct formative/operational research on early and unintended pregnancies in JPGE schools and communities	<ul style="list-style-type: none"> <li>Research conducted in partnership with the three agencies</li> </ul>
	<b>2.1.5</b>	Monitoring support and capacity building activities to strengthen data collection at alternative learning centers	<ul style="list-style-type: none"> <li>Tools developed to monitor activities and a monitoring mechanism to improve quality monitoring and reporting developed and strengthened</li> </ul>
<b>Output 2.2: Out of school adolescent girls and boys</b>	<i>Key strategy: Equip Health facility and community structures with knowledge on comprehensive adolescent nutrition package</i>		
	<b>2.2.1</b>	Conduct a mapping of health facilities, assets, resources, and capacities including trained service providers at facility and community level	<ul style="list-style-type: none"> <li>Mapping exercise conducted in 15 of health facilities</li> </ul>

<b>benefit from increased availability of integrated SHRH, safety, health and nutrition services</b>	<b>2.2.3</b>	Conduct outreach and mobile clinics at T/A on SRHR/YFHS and SGBV services to adolescent girls and boys	<ul style="list-style-type: none"> <li>150,000 girls and boys in targeted districts reached through Static, outreach, and mobile clinics with SRHR and YHFS services.</li> <li>500 PPEs for mobile and outreach clinics procured and distributed quarterly</li> <li>200 IEC materials printed and distributed quarterly</li> </ul>
	<b>2.2.4</b>	Provision of door to door services by community health providers	<ul style="list-style-type: none"> <li>75 bicycles for CBDAs procured</li> <li>15 of coaching and mentoring sessions conducted by CBDAs quarterly</li> <li>200 CBDA kits procured and distributed annually</li> </ul>
	<b>2.2.5</b>	Support procurement of reproductive health supplies, equipment and commodities for youth friendly health facilities and out of school girls/boys only clubs	<ul style="list-style-type: none"> <li>Health supplies procured</li> </ul>
	<b>2.2.6</b>	Support assessment for accreditation of YFHS	<ul style="list-style-type: none"> <li>3 district assessments conducted by RDH teams</li> <li>20 YFHS centres provided with recreational materials</li> </ul>
	<b>2.2.8</b>	Nutrition services to out of school adolescent girls (eg. IFA supplementation, deworming, promotion of diversified diets)	
<b>Outcome 3: Communities, parents and education stakeholders demonstrate increased investment and support for education, life skills, health and nutrition of children and adolescents in and out-of-school</b>			
<b>Output 3.1: Parents, guardians and key figures in the communities are engaged as champions to support girls' and boys' access to education, life skills, and integrated safety, SRHR, and nutrition</b>	<b>Key strategy:</b> <i>Effective engagement of parents, guardians and key figures in the communities to promote behavior change on key issues, as SRHR, nutrition, SGBV, protection.</i>		
	<b>3.1.1</b>	Conduct Social and Behavior Change Communication (SBCC) activities among parents, school and communities' committees	<ul style="list-style-type: none"> <li>70,000 people reached with education, health and nutrition, SRHR, GBV messages through the implementation of a joint Social Behavior Change Communication strategy SBCC messages</li> <li>36,000 child friendly IEC materials on safety, hygiene, adolescent nutrition, including COVID -19 prevention materials developed, printed, and distributed</li> <li>105 mobile, radio and TV based awareness programs on Hygiene, Adolescent nutrition, safety and COVID-19 including jingles, PSA, mini documentaries and radio spots and radio drama</li> <li>Interpersonal and social accountability interface meetings with community and school-based support network (Mother</li> </ul>

			group, PTA, Traditional leaders, Religious Leaders, Village Education Committees, Child Protection Committees) conducted
	<b>3.1.2</b>	Empower parents as advocates	<ul style="list-style-type: none"> <li>▪ 95 Community and school based interpersonal awareness campaign on girls' education, ending child marriage, VAC prevention, hygiene and nutrition conducted</li> <li>▪ 120 Training and Role modelling through parents in their communities including peer to peer education and emotional support between parents and children</li> <li>▪ 40,000 parents/guardians and 50,000 children reached with integrated comprehensive Parent Child sexuality communication messages/programme</li> </ul>
	<b>3.1.3</b>	Key protection stakeholders in communities have capacities and skill to support violence prevention measures and support VAC awareness	<ul style="list-style-type: none"> <li>▪ 150 PTA, Mother group, Learner council strengthened and trained on child and gender related laws and positive discipline to increase awareness and support learners on case reporting and referral</li> <li>▪ 150 traditional and religious leaders and trained on gender and child related laws and their roles and responsibilities to effectively champion keep girls in school campaigns and community mobilization and awareness</li> <li>▪ 150 Mobile based Training of Child Protection officers, child protection committees and Village Education Committees, and District Social Mobilization Committee to facilitate journey of life activities conducted</li> </ul>
	<b>3.1.4</b>	Strengthen capacity of small-holder farmers to supply diversified commodities to schools and promote consumption of diversified foods	<ul style="list-style-type: none"> <li>▪ 15,600 smallholder farmers supported or trained</li> <li>▪ Farmer trainings in group dynamics, gender, gross margins, Collective marketing and production conducted</li> </ul>
<b>Output 3.2 National and local institutions adopt and mainstream the integrated JPGE model into the wider policy and strategic framework to ensure</b>	<b>Key strategy:</b> <i>Effective engagement of local and national institutions to mainstream the JPGE integrated model into wider policy framework and to increase capacity in service delivery</i>		
	<b>3.2.1</b>	Provide technical support for mainstreaming the JPGE integrated model	<ul style="list-style-type: none"> <li>▪ Technical support to mainstream the JPGE integrated model in the wider national policy framework (NESIP, Youth Policy etc.) provided</li> <li>▪ Inclusive Education policy reviewed</li> <li>▪ SHN Policy/strategy reviewed</li> <li>▪ YFHS policy reviewed</li> </ul>

<b>scalability and sustainability of the project</b>	<b>3.2.2</b>	Provide technical support to the government (including through financial and costing exercises) for developing of a gradual/phased roadmap for incorporating the integrated JPGE model into national policy implementation	<ul style="list-style-type: none"> <li>▪ School feeding operational plan developed</li> <li>▪ Benefit Cost Analysis - school feeding developed by the government</li> <li>▪ Support to MoE on child sensitive budgeting especially in regard to inclusion in education of vulnerable children CWD and OOS and support to poor families</li> </ul>
	<b>3.2.3</b>	Continue strengthening capacities for effective/efficient delivery in line with decentralization	<ul style="list-style-type: none"> <li>▪ 3 plans that support the implementation of the JPGE model at national and local level in place</li> <li>▪ Annual review and planning meetings with participation from the targeted districts</li> <li>▪ Monitoring and supervision visits from national and district to community level</li> <li>▪ 240 n. of health facility staff on DHIS II reporting, e-data tools and internal data quality assessments trained</li> <li>▪ Best practices and case studies for JPGE III documented</li> </ul>

**f. Annex 6: Outcome Indicators Reference Sheet**

<b>Outcome 1</b>	
<b>1.1 Percentage of children in Standard 8 who passed the national examination in the target areas, by sex</b>	
<b>Unit of Measurement</b>	Percentage
<b>Definition</b>	This indicator measures the percentage of children in Standard 8 who have passed the national MSCE examination.
<b>Data Source</b>	National MSCE examination
<b>Disaggregation</b>	Sex, district
<b>1.2 Percentage of children who repeated Standard 5 – 8 in the target areas, by sex</b>	
<b>Unit of Measurement</b>	Percentage
<b>Definition</b>	Percentage of children at Standard 5-8 who have repeated the same grade
<b>Data Source</b>	Annual school census, household survey
<b>Disaggregation</b>	Sex, district
<b>1.3 Percentage of children at last grade of primary who transition to Secondary school in the targeted schools disaggregated by Sex</b>	
<b>Unit of Measurement</b>	Percentage
<b>Definition</b>	Percentage of children at last grade of primary level who have transitioned to secondary school in the following year
<b>Data Source</b>	Annual school census, household survey
<b>Disaggregation</b>	Sex, district
<b>1.4 Percentage of primary school-age children who dropout during standard 5 - 8 in the target areas, by sex</b>	
<b>Unit of Measurement</b>	Percentage
<b>Definition</b>	Percentage of children at Standard 5-8 who have dropped out of primary school
<b>Data Source</b>	Annual school census, household survey
<b>Disaggregation</b>	Sex, district
<b>1.5 Percentage of girls enrolled in targeted schools who have fallen pregnant during the school year</b>	
<b>Unit of Measurement</b>	Percentage
<b>Definition</b>	This indicator will measure the reduction of teenage pregnancy among 10 – 19-year pupils within JPGE III targeted schools. The assumption is that these will be girls within standard 5 to 8. Data for this indicator will be collected at baseline and final evaluation. The girls to be included are those that have been actively attending school from November 2020 to November 2025.
<b>Data Source</b>	DEMIS
<b>Disaggregation</b>	District, Schools
<b>1.6 Number and % of schools providing a minimum package of integrated services (SRHR, health and nutrition, WASH services, diversified nutritious meals)</b>	
<b>Unit of Measurement</b>	Number, percentage
<b>Definition</b>	Number or Percentage of schools which provide defined minimum package of integrated services
<b>Data Source</b>	TBD
<b>Disaggregation</b>	district

<b>Outcome 2</b>	
<b>2.1 Proportion of graduates, especially girls, who completed an alternative learning programme and are enrolled back in formal education</b>	
<b>Unit of Measurement</b>	Percentage
<b>Definition</b>	Percentage of graduations from alternative learning programmes (FAL, CBE) that have enrolled back in formal education
<b>Data Source</b>	Project Assessment Form
<b>Disaggregation</b>	Sex, district, type of programme (CBE, FAL)
<b>2.2 Proportion of girls and boys age 10-24 who demonstrate positive behaviors and attitudes towards SHRH</b>	
<b>Unit of Measurement</b>	Proportion
<b>Definition</b>	This indicator will measure adolescent boys and girls aged 10 to 19 and young women and young men 20 – 24 years, within standard 5-8 that are demonstrating positive behaviors and attitudes towards SRHR. These 10 – 24 years are being targeted through safe space mentorship activities, door to door activities, school health programme, youth friendly health services in schools and within the community. The targeted behaviors (Use of contraceptives, reporting not have sexual partner and delayed sexual debut) Delayed sexual debut that prevents early pregnancy and child marriages. Data for this collected routinely through behavior change communication tool done every quarter within the schools.
<b>Data Source</b>	BCC tool
<b>Disaggregation</b>	Sex, district, schools
<b>2.3 Number and % of girls in target areas enrolled in life skills programme that complete programme</b>	
<b>Unit of Measurement</b>	Number
<b>Definition</b>	This indicator will measure the number of adolescents boys and girls 10 to 19 and young women and young men aged 20 to 24 years, within standard 5-8 that have been enrolled within the life skills programme. These 9 – 24 years are being targeted through safe space mentorship activities, door to door activities, school health programme, youth friendly health services in schools and within the community.
<b>Data Source</b>	Mentorship Programme records
<b>Disaggregation</b>	Sex, district, schools
<b>Outcome 3</b>	
<b>3.1 Number of districts with revised district education plan aligned to NESIP (2020 -2030 as part of the overall district plans</b>	
<b>Unit of Measurement</b>	Number
<b>Definition</b>	Number of districts with revised district education plan which has aligned to NESIP
<b>Data Source</b>	Document review
<b>Disaggregation</b>	District
<b>3.2 Proportion of parents, caregiver and stakeholders understanding and promoting enrolment of girls in education</b>	
<b>Unit of Measurement</b>	Percentage
<b>Definition</b>	Percentage of parents, caregivers and stakeholders who have demonstrated understanding and promoting enrolment of girls in education
<b>Data Source</b>	Social behaviour tracking survey
<b>Disaggregation</b>	District



<b>3.3 Number of parents with capacities and skills to provide support to learning for school going children, especially those with disabilities and special education needs</b>	
<b>Unit of Measurement</b>	Number
<b>Definition</b>	Number of parents who have demonstrated capacities and skills to provide support to learning for children, especially those with disabilities
<b>Data Source</b>	Quarterly survey
<b>Disaggregation</b>	District
<b>3.4 Percentage of targeted smallholders selling through programme-supported farmer aggregation systems</b>	
<b>Unit of Measurement</b>	Percentage %
<b>Definition</b>	<p>This indicator refers to the proportion of smallholder farmers targeted by the JPGE Programme, selling through WFP-supported aggregation systems.</p> <p>Smallholder farmer: will be considered as those farming less than two hectares.</p> <p>Smallholder farmer aggregation system (or aggregator) will be defined as any organization that aggregates, or has the potential to aggregate, smallholder farmers' staple commodities in order to facilitate their sale to formal buyers at favourable conditions.</p> <p>We consider that a farmer has sold through an aggregation system when the commodities are used to fulfil contracts stipulated between the aggregator and a third-party buyer. Measures the extent to which the smallholder farmers targeted by the programme are actually benefiting from the market opportunity offered by the aggregation system.</p>
<b>Data Source</b>	Sales records provided by targeted smallholder farmers' aggregation systems (aggregator records).
<b>Disaggregation</b>	Sex

The undersigned, duly authorized representatives of the respective participating UN organizations, have approved this project document for the Joint Programme on Girls Education Phase III.

*For Participating UN Organization*

**UNFPA**

Signature: \_\_\_\_\_

Name: Won Young Hong

Title: Representative \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

*For Participating UN Organization*

**UNICEF**

Signature: \_\_\_\_\_  


Name: Rudolf Schwenk

Title: Representative \_\_\_\_\_

Place: Lilongwe

Date: 17 December 2020

*For Participating UN Organization*

**WFP**

Signature: \_\_\_\_\_  


Name: Benoit Thiry

Title: Representative \_\_\_\_\_

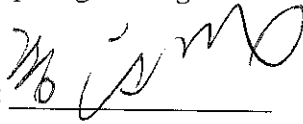
Place: \_\_\_\_\_

Date: 15/12/2020

The undersigned, duly authorized representatives of the respective participating UN organizations, have approved this project document for the Joint Programme on Girls Education Phase III.

*For Participating UN Organization*

**UNFPA**

Signature: 

Name: Won Young Hong


Title: Representative

Place:

Date: 

*For Participating UN Organization*

**UNICEF**

Signature: 

Name: Rudolf Schwenk


Title: Representative

Place: Lilongwe

Date: 17 December 2020

*For Participating UN Organization*

**WFP**

Signature: 

Name: Benoit Thiry

Title: Representative

Place:

Date: 15/12/2020

## Standard Joint Programme Budget

### JOINT PROJECT BUDGET\*

<b>Total Resources for the transfer (US\$)</b>	<b>40,159,851</b>
<b>% of Indirect Costs</b>	<b>7%</b>
<b>Total Indirect Costs</b>	<b>2,551,842</b>
<b>Total Direct Costs</b>	<b>37,608,009</b>

PROJECT BUDGET		ESTIMATED UTILIZATION OF RESOURCES (US\$)		
CATEGORY	Total Amount (US\$)	UNFPA	UNICEF	WFP
<b>1</b> Staff and other personnel costs	<b>2,941,191</b>	626,501	1,464,065	850,625
<b>2</b> Supplies, Commodities, Materials	<b>13,405,086</b>	844,228	1,538,373	11,022,485
<b>3</b> Equipment, Vehicles and Furniture including Depreciation	<b>323,662</b>	4,896	-	318,766
<b>4</b> Contractual Services	<b>1,985,900</b>	815,467	590,000	580,433
<b>5</b> Travel	<b>661,016</b>	145,712	179,000	336,304
<b>6</b> Transfers and Grants Counterparts	<b>16,426,870</b>	4,228,604	10,778,378	1,419,888
<b>7</b> General Operating and Other Direct Costs	<b>1,864,284</b>	133,330	115,733	1,615,222
<b>Total Programme Costs</b>	<b>37,608,009</b>	<b>6,798,738</b>	<b>14,665,549</b>	<b>16,143,723</b>
<b>8</b> Indirect Support Costs**	<b>2,551,842</b>	475,912	1,026,588	1,049,342
<b>TOTAL Pass-Through Amount Approved</b>	<b>40,159,851</b>	<b>7,274,649</b>	<b>15,692,137</b>	<b>17,193,065</b>

\* This is based on the UNDG Harmonized Financial Reporting to Donors for Joint Programmes approved in 2012. It does not include the 1% for MPTF - Administrative Agent

\*\* Indirect support cost should be in line with the rate or range specified in the Fund TOR (or Joint Programme Document) and MOU and SAA for the particular JP. Indirect costs of the Participating Organizations should not exceed 7% of Total Programme Costs

#### UNICEF

Name and title: Rudolf Schwenk, Representative

Signature: 

Date: 12 February 2021

#### UNFPA

Name and title: Won Young Hong, Representative

Signature: 

Date: 17-Feb-2021

#### WFP

Name and title: Benoit Thiry, Representative

Signature: 

Date: 10/02/2021