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MALAWI



# Malawi SDG Acceleration Fund 2024 Annual Report





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## 2024 ANNUAL REPORT

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## Contributors



Belgium



United Kingdom



Ireland



Norway



Canada



Romania



Iceland



UNICEF



Delivering Results  
Together



Expanded DaO  
Funding Window

## UN Participating Agencies



## Acronyms and Abbreviations

<b>AGYWs</b>	Adolescent Girls and Young Women
<b>ANC</b>	Antenatal Care
<b>ASRHR</b>	Adolescent Sexual and Reproductive Health and Rights
<b>BTS</b>	Breaking the Silence
<b>CBFs</b>	Community-Based Facilitators
<b>MPTF</b>	Multi-Partner Trust Fund
<b>CSE</b>	Comprehensive sexuality education
<b>CSOs</b>	Civil Society Organizations
<b>CUCI</b>	COVID-19 Urban Cash Intervention
<b>DIPs</b>	District Implementation Plans
<b>DPs</b>	Development Partners
<b>DSWOs</b>	District Social Welfare Officers
<b>EHIN</b>	Electronic Health Information Network
<b>EMONC</b>	Emergency Obstetric and Newborn Care
<b>ETP</b>	Ending Teenage Pregnancy
<b>FAO</b>	Food and Agriculture Organization
<b>FFA</b>	Food Assistance for Assets
<b>FFS</b>	Farmer Field Schools
<b>GBV</b>	Gender-Based Violence
<b>GoM</b>	Government of Malawi
<b>GRM</b>	Grievance and Redress Mechanisms
<b>HPV</b>	Human Papilloma Virus
<b>HSAs</b>	Health Surveillance Assistants
<b>CHIS</b>	Community Health Information System
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IE</b>	Inclusive Education
<b>IEC</b>	Information, Education and Communication
<b>IOM</b>	International Organization for Migration
<b>IPC</b>	Infection Prevention and Control
<b>IRI</b>	Interactive Radio Instruction
<b>JP</b>	Joint Program
<b>JPGE</b>	UN Joint Program on Girls' Education
<b>KUHES</b>	Kamuzu University of Health Sciences
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MAITAG</b>	Malawi Immunization Technical Advisory Group
<b>MIP-1</b>	Malawi 2063 First 10-year Implementation Plan (2021-2030)
<b>MIS</b>	Management Information System
<b>MoE</b>	Ministry of Education
<b>MoGCDSW</b>	Ministry of Gender, Community Development and Social Welfare
<b>MoH</b>	Ministry of Health
<b>MP4R</b>	Malawi Partnership for Resilience Joint Programme
<b>MPDSR</b>	Maternal Death Surveillance and Response
<b>MTs</b>	Master Trainers
<b>MW2063</b>	Malawi 2063

<b>NEEF</b>	National Economic Empowerment Fund
<b>NGO</b>	Non- Governmental Organization
<b>OC</b>	Operational Committee
<b>OHSP</b>	One Health Surveillance Platform
<b>PCC</b>	Parent-Child Communication
<b>PICSA</b>	Participatory Integrated Climate Services for Agriculture
<b>PLHIV</b>	People Living with HIV
<b>PROSPER</b>	Promoting Sustainable Partnerships for Empowered Resilience
<b>PSEA</b>	Prevention of Sexual Exploitation and Abuse
<b>RCCE</b>	Risk Communication and Community Engagement
<b>RCO</b>	Resident Coordinator's Office
<b>SC</b>	Steering Committee
<b>SCTP</b>	Social Cash Transfer Program
<b>MW SDG-AF</b>	Malawi SDG Acceleration Fund
<b>SDGs</b>	Sustainable Development Goals
<b>SHIMMER</b>	Strengthening Humanitarian Information in Malawi for Enhanced Response
<b>SOPs</b>	Standard Operating Procedures
<b>SRHR</b>	Sexual Reproductive Health and Rights
<b>SSSP</b>	Shock-Sensitive Social Protection
<b>UN</b>	United Nations
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNDS</b>	UN development system
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations Refugee Agency
<b>UNICEF</b>	United Nations Children's Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>UNSDCF</b>	United Nations Sustainable Development Cooperation Framework
<b>UNSDG</b>	United Nations Sustainable Development Group
<b>UW-HSS</b>	Umoyo Wathu Health Systems Strengthening Joint Programme
<b>WASH</b>	Water and Sanitation and Health
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization
<b>YFHS</b>	Youth-Friendly Health Services

# 1. Introduction

## 1.1 Strategic Framework

In December 2016, the UN General Assembly passed a resolution calling for a more strategic, accountable, and results-oriented UN development system (UNDS) capable of achieving the goals outlined in the 2030 Sustainable Development Agenda. Adopted in May 2018, the 'UN Reform', supported the UN Secretary-General António Guterres' call for a "Funding Compact" between the UN system and Member States to address UNDS funding patterns and ensure a more stable funding base to accelerate implementation of the 2030 Agenda. The UN Funding Compact, which was updated in 2024, reinforces the commitment between UN Member States and the UN development system to improve the quality, predictability, and transparency of funding for sustainable development. It emphasizes a shift toward more flexible, multi-year, and pooled funding to better support the delivery of the 2030 Agenda and enable greater agility and coherence across UN operations.

In line with the Funding Compact, the Malawi SDG Acceleration Fund (MW SDF AF) was established by the UN in Malawi in 2018 to implement the recommendation. This Fund improves the quality of non-core resources to help the UNDS support the Government of Malawi in achieving the SDGs by supporting priorities related to the impact on national engagement through joint implementation. The Fund complements other funds by providing targeted resources for multi-agency initiatives that strengthen national capacities for integrated policy, developing the national SDG financing ecosystem, implementing SDG programming and investments, and ensuring result-oriented effective and sustainable development on national and sub-national levels.

## 1.2 The Malawi SDG Acceleration Fund

The Malawi SDG Fund is a multi-stakeholder partnership and financing mechanism designed to support Malawi's efforts to achieve the SDGs. The Fund supports the Government of Malawi (GoM), Development Partners (DPs), and the United Nations (UN) to agree on joint priorities to mobilize resources for key interventions in support of the SDGs and related national priorities. It represents the commitment of its stakeholders to uphold the pledge of leaving no one behind, a principle at the heart of the 2030 Agenda for Sustainable Development. The objective of the Fund is to support coherent resource mobilization to underfunded cross-sectorial areas where the UN has a comparative advantage in joint implementations. The focus of the Fund is the mobilization, financing coordination and co-financing of catalytic interventions in support of the SDGs.

The MW SDG-AF aim in enabling greater synergies and coherence in cross-sectorial SDG priorities by emphasizing collective partnerships, predictable funding, innovative and transformative results; transitioning from fragmented to strategic planning, improved coordination; rapid responses to national priorities, and leveraging on the added value of UN entities in Malawi.

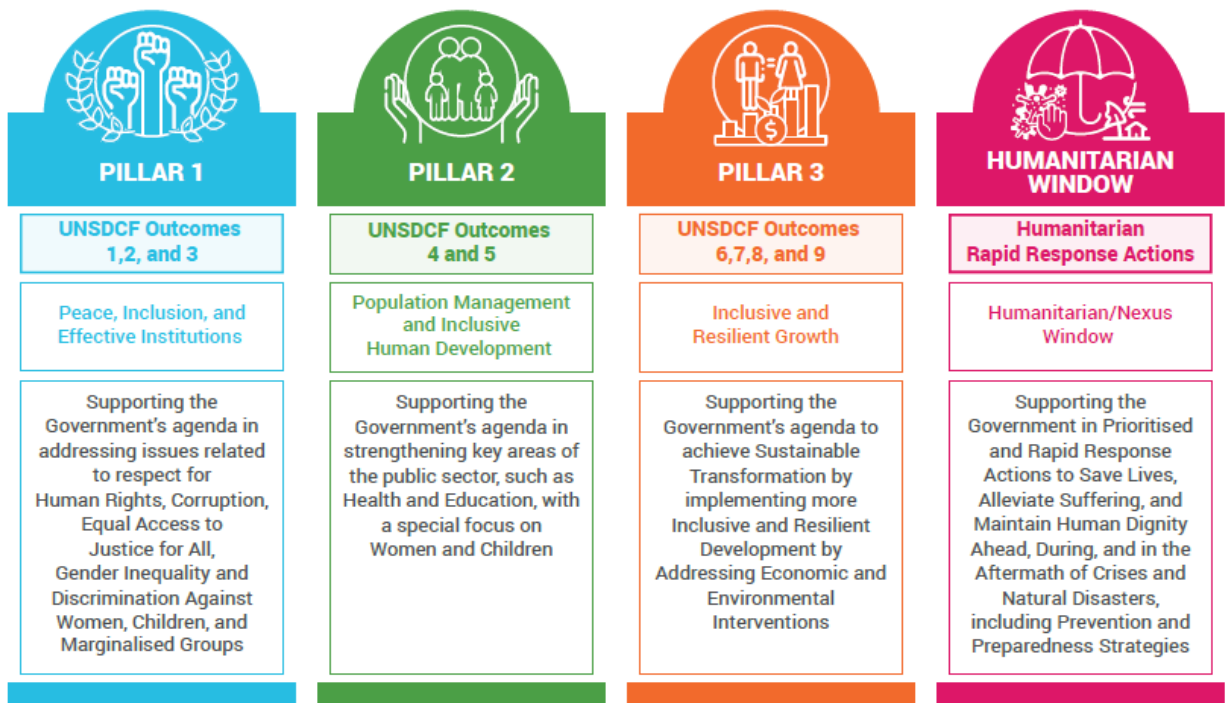
The initial duration of the Fund was five years – from December 2018 to December 2023. In 2022 the Fund's Steering Committee approved an extension up to December 2027, to align with the forthcoming UNSDCF. The fund extension was operationalized in September 2023. The main aim of the extension is to allow joint programmes whose activities were envisaged to go beyond the initial end date of the Fund (December 2023) to come to a natural conclusion.



## 1.3 Operation of the Fund

### 1.3.1 Structure of the Fund

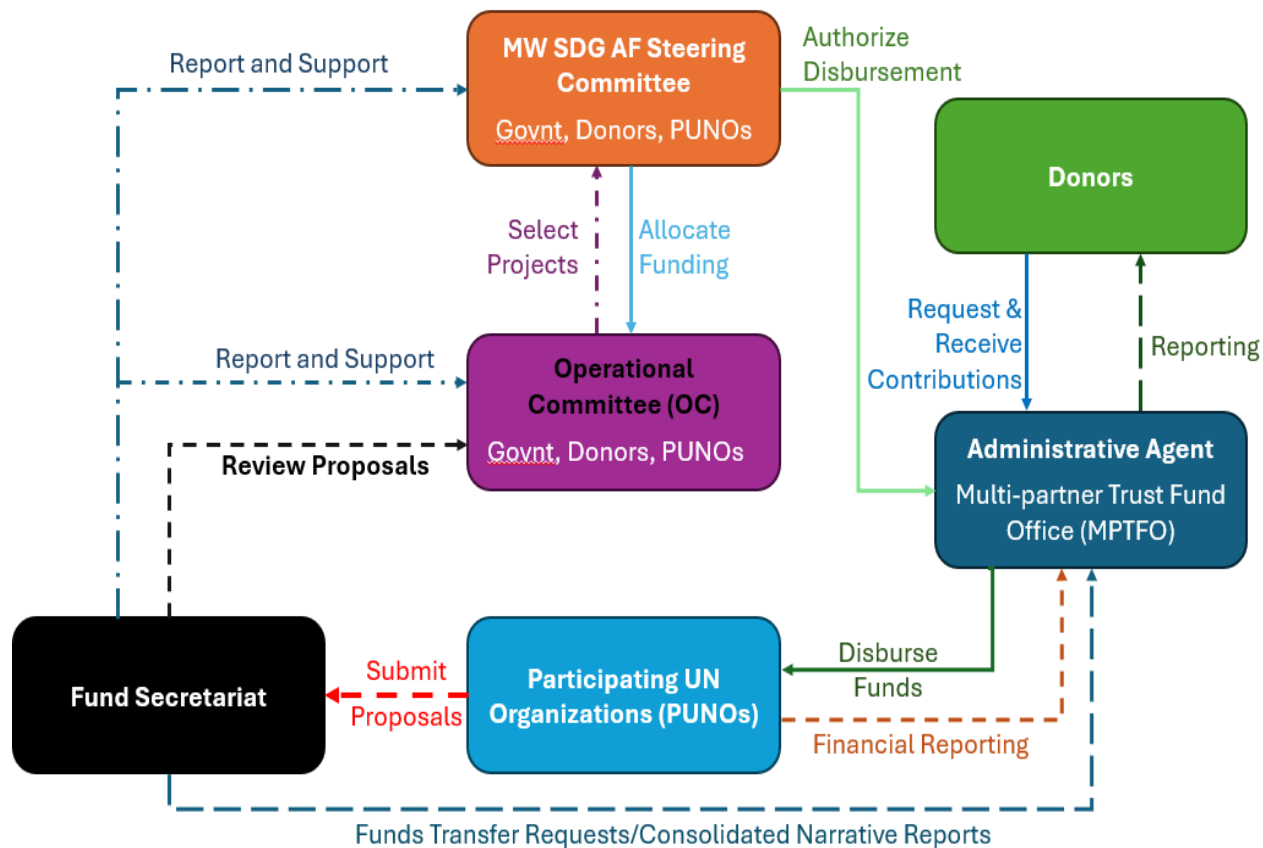
The structure of the Fund is aligned to the key outcome areas of the 2019-2023 UNSDCF and has three thematic windows (that are aligned with the pillars of the UNSDCF and related outcomes), and one special funding window that supports humanitarian rapid response actions as demonstrated in the diagram below:



### 1.3.2 Governance of the Fund

The governance structure of the Fund has three levels: decision-making, oversight, and coordination (Steering Committee, Operational Committee and Secretariat), design and administration (MPTF Office), and implementation (Participating UN Organizations). The diagram below demonstrates the levels of governance.



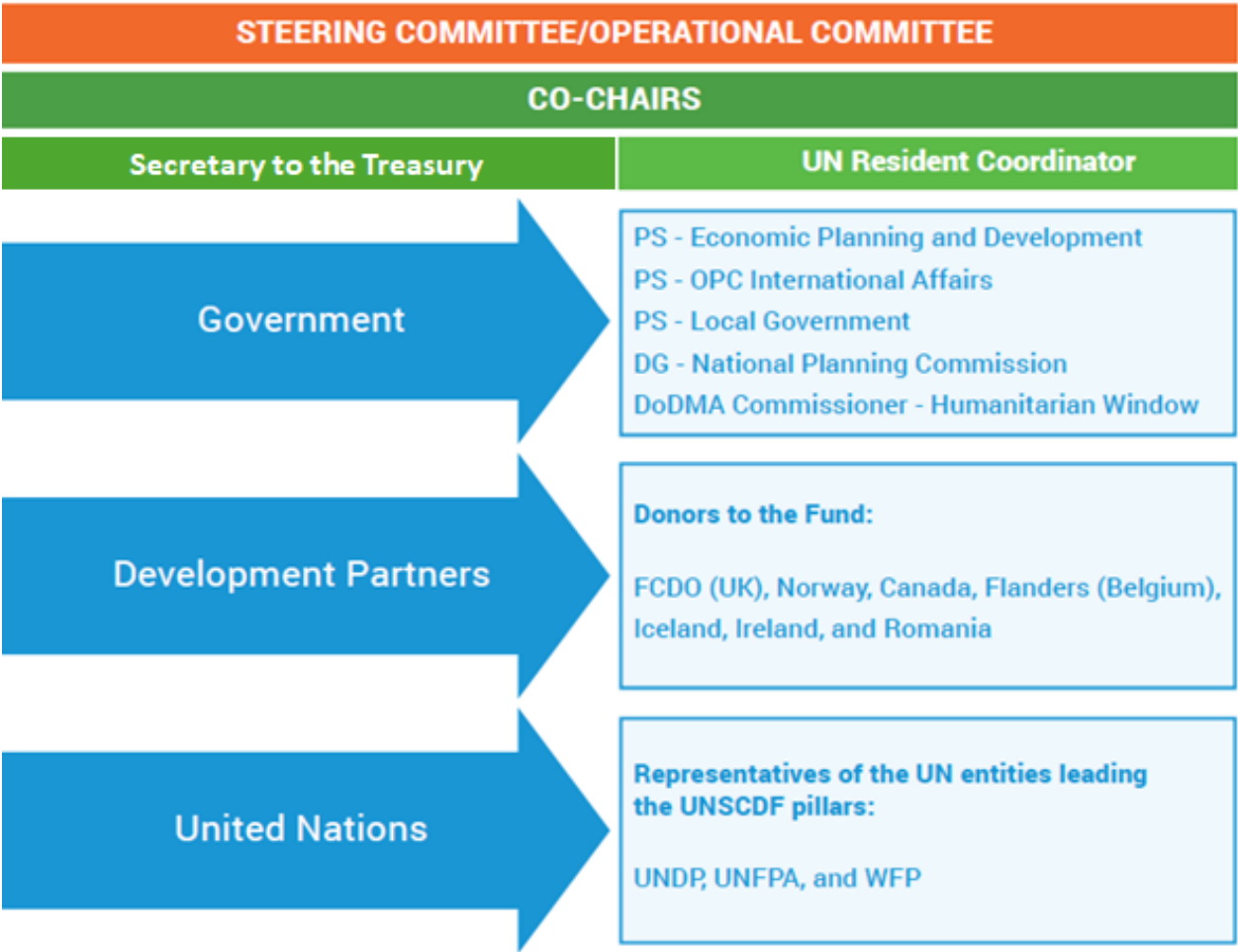


**Steering Committee:** The Steering Committee provides strategic guidance and performs oversight of the Fund. The SC is the highest decision-making body of the Fund, and it makes decisions by consensus.

**Operational Committee:** The Operational Committee (OC) is the authority in charge of performing technical reviews and initial endorsement of joint programme proposals submitted to the Fund. The OC is also in charge of reviewing and approving requests for changes (scope, budget) to joint programs under implementation. The UN Agencies will designate thematic experts for peer review of proposals to help ensure the technical quality of the proposals submitted for endorsement.

**Fund Secretariat:** The Fund Secretariat, hosted in the UN Resident Coordinator's Office, is set up to support the Fund's operational functioning. The Secretariat provides technical, management, and administrative support to the Steering and Operational Committees and is responsible for organizing the Fund's processes related to programme review, approval, monitoring, evaluation, and reporting.

The diagram below highlights the overall governance structures of the Fund.



As the current MW SDG AF is coming to an end, processes are underway to establish a successor fund that will be aligned to the new 2024-2028 UNSDCF that reflects the ambitious nature of the global development goals, responds to the competitive funding landscape and the need to move from funding to financing of sustainable development, and towards actions that can accelerate progress towards the 2030 Agenda in the country.

Overall, the new Fund will aim to complement other resources already in implementation by i) providing targeted resources for multi-agency initiatives that strengthen national capacities for integrated policy; ii) developing the country’s SDG financing ecosystem; iii) implementing catalytic SDG programming and investments; and iv) ensuring effective and sustainable development results at national and sub-national levels.

1.4 Cross Cutting Approaches

To ensure the Fund’s goal to enable transformative changes through tailored and specific actions to achieve the goals of SDGs, the Fund prioritizes interventions such as cross-cutting approaches to include a Human Rights Based approach that emphasizes the empowerment of women and youth. The Fund has a cross-

cutting priority to ensure no environmental damage in any of its interventions. These approaches are incorporated and evaluated in each programme according to the characteristics of each intervention.

The Fund ensures the promotion of gender equality and the empowerment of women through their participation in decision-making and guarantees the protection of women and girls from all forms of violence and aims to allocate a minimum of 30% of its resources to related activities. The Fund also integrates a gender-sensitive approach throughout all phases of the UNJP, from formulation to implementation and evaluation.

## **2. Operating Environment and Results of the Fund in 2024**

### **2.1 Overview of Country Context in 2024**

Malawi's development context has been particularly difficult in the face of significant and enduring socio-economic challenges. Climate-induced phenomena, such as the El Niño weather phenomenon affecting the 2023/24 agricultural season and the lingering effects of Tropical Cyclone Freddy in 2023, coupled with the impacts of geopolitical conflicts and fluctuating commodity prices, remain major challenges. These challenges, set against a backdrop of pre-existing structural issues including macro-economic imbalances, weak private investment, unsustainable debt levels (estimated at 91.3 percent of the GDP)<sup>1</sup>, and governance deficits have significantly hindered development progress and achievement of the SDGs.

El Niño, the worst dry spell to hit the region in 100 years, caused a reduction in the production of various crops in Malawi, such as maize, which registered a decrease of 16 percent, from 3,509,837 metric tons in 2022/23 to 2,926,190 metric tons in the 2023/24 season (and a 14 percent decrease compared to the 5-year average) against a national requirement of 3.8 million metric tons with the deficit being 900,000 metric tons. Beyond the immediate impacts on the agriculture sector and food security, spillover impacts socio-economic resulted in reduced aggregate output, elevated inflationary pressures, employment contraction, worsening poverty levels and exacerbated social inequalities.

Malawi's economic recovery remained fragile due to the slow implementation of macroeconomic adjustment reforms and a series of recent shocks. Gross domestic product (GDP) was expected to have grown by only 1.8 percent in 2024, a downward revision from 2.0 percent growth. With the population growth rate at 2.6 percent, this marked the third straight year of declining GDP per capita. Malawi's growth also weakened due to the slow implementation of macro-economic reforms. Inflation moderated at the end of 2024, although it was elevated for much of the year, exceeding 30 percent, driven by rising food prices and sustained money supply growth. According to the World Bank, poverty based on the international poverty line of US\$2.15/day is to increase slightly to 72 percent in 2024 from 71.2 percent in 2023<sup>2</sup>.

### **2.2 The Fund's Joint Programmes in 2024**

The Fund has been instrumental in reinforcing the UN Reforms and advancing more and better joint programming to boost the quality of UN's support to the achievement of national development priorities.

The Malawi SDG Acceleration Fund has significantly enhanced impactful partnerships by fostering stronger collaboration between the government, the UN, development partners, and civil society to accelerate progress toward the Sustainable Development Goals (SDGs). By aligning donor contributions with national

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1 [World Bank Document](#) pp 31.

<sup>2</sup> <https://www.worldbank.org/en/country/malawi/publication/economic-monitor>

development priorities, the fund promotes coordinated investment across the six SDG transitions and critical sectors such as health, education, agriculture, and economic empowerment. It enables pooled financing and shared accountability mechanisms, ensuring resources are used efficiently and transparently. This approach has created a unified platform for stakeholders to co-design, implement, and monitor high-impact interventions, strengthening collective ownership and maximizing development outcomes across Malawi.. Seven contributing member States, namely [Belgium](#), [Canada](#), [Iceland](#), [Ireland](#), [Norway](#), [Romania](#), [United Kingdom](#), Delivering Results Together and Expanded DaO Funding Window made contributions to the Malawi SDG Acceleration Fund. The full list of UNJPs under the Fund can be accessed on the MPTFO partner's gateway.<sup>3</sup>

## 2.3 Key Results for 2024

This section of the report presents the actions, relevant outputs and outcomes of each programme implemented in 2024. It highlights key interventions and the changes achieved or expected from the initiatives. Aside from the coordination, the results of the MW SDG-AF programmes have contributed to the achievement of Malawi's key development priorities, including a dedicated outcome on gender equality and women's empowerment. Six (6) programmes were implemented under the MW SDG AF to ensure strengthened UN coherence, coordination and collaboration in Malawi. This section highlights key outcomes, and lessons of the six programs.

### 2.3.1 UN Joint Programme on Health Systems Strengthening for Equitable Health Outcomes (Umoyo Wathu)

Participating UN Agencies:	WHO, UNFPA, UNICEF	Geographic scope:	Rumphi, Mzimba, Ntchisi, Kasungu, Chikwawa, and Nsanje
Government Patners	Ministry of Health	Budget	US\$ 19,320,717
Other Partners:	Malawi Red Cross Society (MRCS), Kamuzu University of Health Sciences (KUHeS), Chancellor College, Christian Health Alliance of Malawi, Banja La Mtsogolo (BLM), Family Planning Association of Malawi (FPAM), Staff Development Institute (SDI), Clinton Health Access Initiative (CHAI), Parent and Child Health Initiative (PACHI)	SDG targets:	SDG 3: Good health and wellbeing SDG 5: Gender equality SDG 6: Clean water and sanitation
Duration	2020-2024		
Key areas of intervention			
Quality of Care	Integration	Resilience	Governance

The programme strengthened institutional capacities in evidence-based and risk-informed policy, planning, and monitoring, the programme supported the development, implementation and monitoring of evidence-based District Implementation Plans (DIPs) focusing on Sexual, Reproductive, Maternal, Neonatal, Child, and

<sup>3</sup><https://mptfportal.dev.undp.org/fund/mw200#:~:text=OverviewMalawi%20SDG%20Acceleration%20Fund&text=The%20Fund%20supports%20the%20coherent,in%20implementing%20sustainable%20solutions%2C%20together.>

Adolescent Health (SRMNCAH) ensuring a robust foundation for health service delivery in the six districts. The interventions have positively improved mortality rates in all the targeted facilities as illustrated in the **Table 1 below**.

**Table 1: Mortality rate**

Category	Baseline (Year)	Midline (Year)	Percentage Decrease
Infant Mortality	40 (2020)	20 (2024)	50%
Neo-natal Mortality	26 (2020)	19 (2024)	27%
Perinatal Mortality	35 (2016)	30 (2024)	14%
Maternal Mortality	347 (2017)	304 (2024)	12%

Source: MDHS and DHIS2

In partnership with the Ministry of Health, the programme established the Joint Annual Review (JAR) framework, which served as a critical mechanism for assessing health sector performance and setting priorities. The HSSP III Monitoring and Evaluation Framework (2024–2030) was also finalized, further strengthening transparency and accountability mechanisms.

### 2.3.1.1 Key Outcomes

#### (i) Strengthened capacity of Primary Health Care (PHC) facilities in target districts to provide quality health services

UNJP supported capacity-building training and mentorship across all 6 target districts, focusing on 60 priorities health facilities. Guided by the Malawi Quality Improvement model, the Maternal, Neonatal, and Child Health (MNCH) Quality Improvement (QI) mentorship program adopted a zonal and district-led, facility-phased approach tailored to the specific needs of each facility. The program engaged mentees from 59 facilities and supported 529 Quality Improvement Support Team (QIST) members in conducting QIST meetings and mentoring 564 healthcare workers in MNCH Quality of Care (QoC). To strengthen data and knowledge management at the district level, UNJP enhanced the capacity of districts in data validation, verification, and maternal-perinatal death surveillance and response. The collected data informed the development of facility-specific interventions and mentorship programs such as Basic Emergency Obstetric and Newborn Care (BEmONC) and Maternal Perinatal Death Surveillance and Response (MPDSR), aimed at improving healthcare service delivery.

To improve equitable access to quality, integrated, and gender-responsive health services, the programme enhanced service delivery and the quality of care, the program operationalized Quality Improvement Support Teams (QISTs) fostering institutional capacity and improving maternal, neonatal, and child health services. All 564 health workers received training in quality-of-care standards through mentorship programs, while district mentors were trained in addressing maternal and neonatal deaths via the Maternal Perinatal Death Surveillance and Response (MPDSR) initiative. Additionally, healthcare workforce development was strengthened through the enrollment of 526 healthcare workers in an online Continuous Professional Development (CPD) platform. At national level, UNJP-HS played a key role in the development of a national patient safety manual and the review of the 2017–2022 Quality Management Strategic Plan.

## **Non-Pneumatic Anti-Shock Garment (NASG) and mentorship saving mothers in Nsanje and Chikwawa**

Health workers in Nsanje and Chikwawa have greatly benefited from mentorship programs and guidance from DHO mentees that have enhanced their skills in managing complicated deliveries. The mentorships coupled with strengthened referral networks are saving lives of at-risk mothers in remote areas.

### **Lurwe Health Centre-Nsanje**

On September 15, 2024, Lurwe Health Centre—a Christian Health Association of Malawi (CHAM) facility located 40 km from Nsanje District Hospital—admitted a 40-year-old expectant mother presenting with hypertonic uterine contractions. After contractions ceased and no fetal heartbeat was detected, the patient entered shock, exhibiting critical vital signs: a body temperature of 35°C, blood pressure of 72/40 mmHg, and a pulse rate of 140 bpm. Guided remotely by a maternity nurse in-charge from Nsanje District Health Office (DHO), the Lurwe clinical team stabilized the patient while preparing her for emergency referral to Nsanje District Hospital.

The district mentor instructed the midwife to establish a second intravenous line and administer a Ringers Lactate bolus infusion. Suspecting hemorrhagic shock due to uterine rupture, the mentor further advised application of a Non-Pneumatic Anti-Shock Garment (NASG). As the midwife lacked prior experience with NASG, a video call was initiated, enabling real-time guidance from the mentor. The team successfully applied the device, stabilizing the patient for transfer. Leveraging Nsanje's well-maintained ambulance fleet and reliable fuel supply, the patient was promptly transported to the district hospital. The Lurwe team had pre-alerted the district emergency unit, ensuring the patient was taken directly to the operating theater within 10 minutes of arrival. A fresh stillbirth was delivered, and a lifesaving hysterectomy was performed alongside blood transfusion to address severe hemorrhage. Postoperatively, the patient recovered in the postnatal ward and was discharged four days later in stable condition.

### **Chithumba Health Centre- Chikwawa**

A 19-year-old primigravida (first-time pregnant woman) presented to Chithumba Health Center during the active phase of labor, reporting lower abdominal pain and backache. Initial assessments revealed stable vital signs, and she was monitored through labor progression. She delivered a live, full-term infant with a strong APGAR score of 8/9 (a rapid assessment of newborn health). Immediately postpartum, the patient experienced a generalized convulsion, with a subsequent blood pressure reading of 156/108 mmHg, prompting a diagnosis of eclampsia.

The clinical team initiated standardized eclampsia management: intravenous Magnesium Sulphate (to prevent further seizures), insertion of a urinary catheter (to monitor output), and continuous monitoring. While awaiting ambulance transfer to Chikwawa District Hospital, the patient developed profuse vaginal bleeding due to uterine atony (failure of the uterus to contract), leading to a diagnosis of postpartum hemorrhage (PPH). As her vital signs deteriorated, a Non-Pneumatic Anti-Shock Garment (NASG) was applied to stabilize her for transfer, alongside uterotonics to address the hemorrhage. The pre-alerted district hospital team received the patient promptly upon arrival, where advanced interventions for PPH and eclampsia were continued.

These cases highlight the effectiveness of mentorship, telemedicine, and efficient referral systems in managing obstetric emergencies within resource-constrained settings. The successful use of NASG via remote guidance underscores the value of continuous training and interdisciplinary collaboration in maternal healthcare.

Secondly, the program procured essential equipment and medical supplies specifically for Sexual and Reproductive Maternal, Neonatal, Child, and Adolescent Health (SRMNCAH) services and supported monthly integrated outreach clinics, with each district hosting four outreach clinics each month targeting unreached and underserved communities within the districts. At the national level the UNJP is providing support to the Ministry of Health (MoH) to develop a comprehensive health service integration strategy. This includes creating a manual and readiness assessment checklist to facilitate the integration of health services at both facility and community levels.

UNJP strengthened referral systems through family planning and under-five outreach clinics and mobile clinics during cyclone Freddy in Chikwawa and Nsanje. During the reporting period, improved ambulance fleet management facilitated 5,609 referrals. An emergency Airtel number for referrals was also piloted in Ntchisi, recording 715 referrals, this will be adopted in all UNJP districts. The UNJP has successfully renovated the theater at Nsanje District Hospital and has commenced renovations of the maternity, labor, and newborn units at Ntchisi District hospital, Mdinda and Mthondo Health Centers. Additionally, the installation of solar-powered water systems is underway in Ntchisi, a UNJP expected to benefit over 9,000 people while significantly enhancing infection prevention and control.

#### REFERRALS SAVING LIVES

On May 7, 2024, Romanz Jere, a woman in active labor, arrived at Katete Mission Hospital after enduring over eight hours of intensifying contractions at home. Despite her delayed presentation, the facility staff acted swiftly, recognizing the urgency of her deteriorating condition. Leveraging fuel-supported emergency transport systems, they coordinated with the district hospital 70 km away to dispatch an ambulance. Within an hour, Romanz was enroute, her journey shortened from a potential four-hour ordeal by public transport to a rapid, life-saving transfer.

Upon arrival at the district hospital, a pre-alerted multidisciplinary team immediately assessed her. Clinical findings revealed palpable fetal parts and profuse hemorrhage, confirming a ruptured uterus. She underwent emergency obstetric surgery (including uterine exploration and repair) in the main operating theater, followed by blood transfusion to address critical blood loss. Postoperatively, she was stabilized in the High Dependency Unit (HDU) and transferred to the postnatal ward the next day.

During a follow-up visit to her home in Ehehleni, Mzimba, Romanz reflected: “The nurses explained that I’d lost my baby and my womb due to the rupture, but without the ambulance’s speed, I wouldn’t be alive. Though my heart aches, I’m grateful my life was spared.”

The success of the fuel support initiative underscores the critical need for sustained support and strategic investment in maternal and newborn healthcare. Romanz’s journey stands as a testament to the program’s impact validating its efforts while urging stakeholders to redouble their commitment. Once clouded by fear and uncertainty, her maternal experience now radiates resilience and hope, illustrating how targeted interventions can transform lives. Her story reminds us that even seemingly modest resources like reliable fuel for emergency referrals paired with surgical team mentorship can become lifelines, tipping the balance between tragedy and survival.

To build on this progress, scaling the initiative is imperative. This includes expanding the fuel supply network, deploying ambulances to strategic locations, and equipping health facilities with essential maternity and surgical resources. Simultaneously, infrastructure upgrades from operating theaters to



referral systems must be prioritized to ensure no mother or child is left behind. Romanz's triumph is not an isolated victory but a clarion call: with coordinated action, such stories can become the norm.

## **(ii) Strengthen equitable access to and use of high-impact, quality, integrated PHC including SRMNCAH services**

In collaboration with partners, the UNJP provided technical support to finalize the **Direct Facility Financing** DFF Guidelines, a key framework empowering health facility with financial autonomy to address local needs. These guidelines align with the Health Sector Strategic Plan III to promote transparency, accountability, and compliance, ultimately enhancing the quality and responsiveness of healthcare services and advancing Malawi's universal health coverage goals. Following the guideline's approval, the UNJP provided technical support to develop a comprehensive DFF Training Manual. This manual is an essential resource for district trainers, mentors, and health facility staff, who will provide further training for Health Centre Management Committees (HCMCs). DFF was successfully rolled out in Rumphi, and Ntchisi districts with the orientation of District Executive Committee, training of trainer's meetings, reconstitution of Health Centre Management Committees (HCMCs), training of HCMCs. Disbursement of grants to the health facilities is currently ongoing.

To enhance data quality management and promote evidence-based actions, UNJP has supported capacity building for Health Management Information System (HMIS) Officers by providing training for 233 data and statistical clerks. The program reviewed quarterly results with district council and health facility leads to develop evidence-based risk informed annual workplans that will accelerate the achievement of targeted MNH goals. The UNJP also supported district human resource officers on the use of the Integrated Human Resources Information Systems (IHRIS). This initiative ensures that districts are actively updating human resource data for real-time access. Collaborative efforts with partners, such as the Centers for Disease Control and Prevention (CDC), have successfully made IHRIS operational in all districts across the country, including the six targeted districts under the UNJP. This advancement is crucial for enhancing data management and decision-making related to human resources in the health sector.

UNJP has engaged Luke International to design an equipment and inventory management system utilizing barcodes for all equipment in the six districts which is in line with MoH roadmap by utilizing barcodes for every asset within the district, digitize it and add it into DHIS2 platform. UNJP is actively engaging with the Ministry of Health (MoH) to advance the dialogue on operationalizing a comprehensive health service standard manual. This manual will outline the minimum health standards for each level of care, aligning with the Health Sector Strategic Plan III (HSSP III) integrated platforms of care.

The strengthened QI culture was further supported by the active engagement of 529 Quality Improvement Support Team (QIST) members. These teams conducted regular QI meetings in their respective facilities, focusing on addressing critical issues such as delays in care, stock management, and infection prevention. Additionally, a total of 564 healthcare workers in the six districts received mentorship in Maternal, Neonatal, and Child Health (MNCH) Quality of Care (QoC). This included 322 males and 242 females, focusing on various areas such as monitoring labour for nurses, data reporting and usage for data clerks, and newborn care for nursing staff. During the reporting period, a total of five QI UNJPs were completed, while 38 UNJPs are currently ongoing. During the reporting period, a total of 526 healthcare workers (359 males and 167 females) from all 29 districts in Malawi enrolled in courses on this platform. Enrolment data for selected districts, including Chikwawa, Nsanje, Kasungu, Ntchisi, Rumphi, and Mzimba).

**“Health centres in northern Malawi given a boost to improve sanitation and to prevent illnesses Fourteen health centres in Rumphi district benefit.”**

Not too long ago, women giving birth at Jalawe Health Centre in Rumphi district in Malawi’s northern region and other patients, faced the challenge of accessing good sanitation at the clinic. This impacted on delivery of quality healthcare to the patients as poor sanitation facilities at the health centre exposed them to the risk of contracting diarrhoeal diseases.

In April 2023, though, life changed significantly for women delivering at Jalawe and 14 other health centres across the district, thanks to the Health Centre Improvement Grant Project introduced by the Ministry of Health with support from the United Nations Joint Programme for Health Systems Strengthening (UNJP-HSS) coordinated by UNICEF, WHO and UNFPA.

Through this project, which incorporates a direct financing model, health centres are now able to procure critical equipment or services, which they struggled to obtain previously. Upon receipt of funds through this grant, management at Jalawe Health Centre immediately installed three toilets and two bathrooms across the health centre, including in their maternity ward. They were also able to carry out small renovations throughout the facility including repairing broken windows and doors. The local community also benefitted from this project as the health centre employed local labourers for the construction of the facilities.

Lloyd Harawa is chairperson of the Jalawe Health Centre Management Committee, and oversaw this project: “The builders, who are part of this community, charged us a token fee for their labour,” Harawa says. “As a community we are appreciative of this health centre, hence we make sure we take part in its development activities.”

Eleven of the 14 health centres received MWK 1 million (which is approximately US \$577) from the fund, while three facilities - Chitimba, Chisimuka and Mwazisi - were granted MWK2 million (or US \$ 1,154) each as they had previous experience in effective fund management.

With its additional boost of funds, the Chitimba health facility has been able to construct a cholera tent stand as a form of its preparedness should another cholera outbreak occur.

According to Chitimba Health Centre Management Committee Chairperson Henry Munthali, Chitimba, like many areas along the lake, is prone to cholera outbreaks, and the tent is just being prepared for any eventuality.

“We have implemented a number of activities such as building the cholera tent stand. The cholera tent was normally pitched on a bare ground and water running downhill would bring with it mud which would overwhelm the tent. We used to have frequent outbreaks of cholera, so it was difficult for health workers to attend to the patients in the tents,” Munthali. In addition to financial support, the management committees received training in how to run the committees and manage the grant.

Dr. Tapunda Phiri, Acting Director of Health and Social Services for Rumphi District Hospital, underscores how this grant complements the district's health service delivery system, enhancing operations and ultimately improving service delivery.

“With the grant, we have been able to sustain our health centres, improve their operations and, in so doing, also improve service delivery to the people in Rumphi,” she says.

### (iii) Strengthen health systems resilience to predict, prepare, respond to and mitigate impact of public health emergencies including climate related shocks.

Resilience and emergency preparedness were strengthened through the development of multisectoral public health emergency coordination structures, supported by risk-informed policies. The training has improved the district's capacity to prepare and respond to health emergencies with 72 hours. The Rapid Response Teams achieved a 100% investigation rate for health alerts within 72 hours. The programs facilitated a public health emergency response capacity building training for 90 (15 from each district) government department staff with diverse backgrounds in health, animal health, police, water supply, and disaster risk management.

To enhance the capacity of Integrated Disease Surveillance and Response (IDSR) focal points at health facilities and in communities, series of IDSR-Early Warning and Surveillance data management review workshops for 555 district staff were held at the district level. 206 people were specifically mentored focusing on improving their skills and knowledge regarding IDSR reporting, ensuring that health facilities are equipped to effectively manage and respond to health threats within their communities. As of September 2024, the targeted districts had registered improved in IDSR weekly reports to 96.2% on completeness, 80.8% on timeliness and 80% target on target. Additionally, district teams were trained in supply chain management and forecasting improved last-mile commodity delivery, and essential medicines for emergency preparedness were secured for Nsanje and Chikwawa.

Lastly, in 2024 UNJP supported monthly integrated outreach clinics brought essential services to over 64,541 clients from underserved communities in all six districts. The outreach clinics greatly improved access maternal for women and children in remote areas. For instance, 25.95% of clients accessed maternal health services and 59.84% accessed child health services as illustrated in **Table 2 below**.

**Table 2: Number of clients supported through project Outreach clinics in 2024.**

Indicator	2024
Number of clients accessed family planning methods	12,348
Number of clients attended ante Natal care	4,403
Number of clients done HIV testing and counselling	9,167
Number of the under-fives accessed vaccinations.	15,466
Number of clients done growth monitoring	16,563
Number of children 6-59 months received vitamin A supplementation	5,778
Number of children dewormed.	816
<b>TOTAL</b>	<b>64,541</b>

Source: Programmatic Data

#### 2.3.1.2 Challenges, Lessons and Best Practices

1. Facilities with DIP plans- UNJP HSS supported districts (Chikwawa, Nsanje, Rumphi, Mzimba South, and Kasungu are doing well in developing District Implementation plans, except Ntchisi and additional efforts are being put in place to support the district, accordingly, including stakeholder engagements.
2. For the M&E framework to effectively measure HSSP III, the Ministry must mobilize additional resources to ensure that data for each indicator is available. While routine data, such as that from DHIS2, can be easily compiled, indicators requiring surveys such as client or patient satisfaction and other highly

qualitative measures will necessitate resources for conducting annual surveys. This may involve forming partnerships with development agencies, government investment, and exploring alternative funding mechanisms for specialized surveys.

3. The Health Facility Plan (FP) could not be effectively used as a tool for UNJP selection due to misalignment between most UNJPs in the FPs and the DFF allowable expenditure criteria. To address this challenge, we adopted a hybrid approach to include UNJPs in FPs and HCMCs priorities.
4. The DFF training materials are very comprehensive and should largely be retained in their current form. However, there is an opportunity to reduce the number of forms by retaining only those that are essential for compliance. Trainers should receive guidance on which group exercises are most relevant for HCMC training. The current HCMC DFF Assessment Methodology may not be suitable for HCMC members, a more interactive flexible assessment approach is preferable. Discussion with MoH underway on how to tweak the assessments of participants.
5. Donor contribution was reduced from USD 38,906,914.70 (GBP 29,024,558.37) to USD 19,320,717 (GBP 14,764,558.37) in 2024 prompting to JP to reduce implementation period from an initial end date of 2028 to 2025 and reducing the scope of intervention to align with the reduced funding and early closure.
6. Despite reduced funding, the UN Joint Programme on Health Systems Strengthening successfully re-aligned its interventions by focusing on high-impact, high-yield activities that closely matched national health priorities and SGD commitments. This adaptive and integrated approach enabled sustained delivery of quality services across the six targeted districts, with resources concentrated on strengthening governance and accountability at district level, enhanced programme and performance monitoring and supervision including facility-level mentorship, and quality & integrated SRMNCAH services to maximize efficiency.
7. Funding was further optimized through digital platforms supporting workforce development, HR data, and equipment tracking. Strategic investments in district and community systems such as data quality, emergency preparedness, referral networks, and Direct Facility Financing boosted facility autonomy and responsiveness. Outreach to underserved areas was expanded to reach the most vulnerable people. Strong coordination with government and partners ensured overall programme ownership and resource optimization amidst the constrained funding environment.

### 2.3.2 UN Joint Programme on Girls' Education III: Learning for All in Malawi

Participating UN Agencies:	UNFPA, UNICEF, WFP	Geographic scope:	Dedza, Kasungu, Mangochi, Salima
<b>Government Partners:</b>	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 and Communication; Malawi Police Services; District councils	<b>Budget</b>	US \$ 37,414,905
<b>Other Partners:</b>	Malawi Girl Guides Association (MAGGA); Family Planning Association of Malawi (FPAM); Ujamaa – Pamodzi.	<b>SDGs targets:</b>	SDG4 - Quality Education

			SDG3 - Good Health and Well-being SDG5- Gender Equality SDG2 Zero Hunger SDG17 Partnerships
Duration	March 2021 – March 2025		
Key areas of intervention			
Education results	Equity and Inclusiveness	Community Involvement	Sustainability

The third phase started in 2021 and will conclude in 2025. The JPGE III “Learning for All in Malawi – Ensuring the realization of girls’ and boys’ rights to quality, inclusive and equitable education, and life skills” was included under the umbrella of the Malawi SDGs Acceleration Fund, acknowledging girls’ education as one of the most important SDGs accelerators for the country. The programme was designed to address systemic barriers hindering girls' access to and completion of quality education, in alignment with Malawi’s national development priorities and global commitments, including the Sustainable Development Goals (SDG 4 – Quality Education).

JPGE III, consolidated gains of Phase I and Phase II by strengthening the synergies among program components, re-enforcing sustainability and intensifying learning for quality outcome. JPGE III has made significant progress in enhancing access to quality, inclusive, and equitable education for children, particularly girls and the most vulnerable. Implemented in partnership with the Government of Malawi, the programme adopted a multi-sectoral approach integrating education, health, nutrition, and child protection to address barriers that hinder school enrollment, retention, and learning outcomes. By fostering a gender-responsive learning environment, strengthening teacher capacity, and mobilizing community support, JPGE has contributed to the improvement of education and well-being in 199 schools in Dedza, Kasungu, Mangochi, and Salima districts.

### 2.3.2.1 Key Outcomes

- 1. 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.**

JPGE supported continuous professional development (CPD) for 3,110 teachers (1652 male and 1458) in all 199 schools at school and zone level. CPDs improved delivery of remedial classes, gender responsive pedagogies, inclusive teaching and learning. Subsequently, transition rate from primary to lower secondary schools has increased from 45.4% in 2023 to 49.7% in 2024.

Home-Grown School Feeding Programme provided one hot meal to the learners through the school term to meet immediate food needs of the school going children from standard 1- 8 reaching a total of 269,907 learners (140,829 girls and 129,078 boys). Each child received a diversified nutritionally optimised hot meal everyday school day prepared from a combination of cereals, legumes, vegetables, tubers and fruits depending on local availability, tastes, preferences and seasonal calendar. The meals were designed to meet minimum nutritional requirements for a half day school representing more than 30% of the children’s total energy and micronutrients requirements.

JPGE III achieved an outstanding milestone, with 99.8% of girls and boys in target areas successfully completing the life skills programme, surpassing the target of 90% by 2024. All 199 JPGE schools provided a comprehensive minimum package of integrated Sexual and Reproductive Health and Rights (SRHR) information. 3,480 learners (comprising 1,828 girls and 1,652 boys) were reached with critical SRHR information through CSE Digital application. Among the 4,777 in-school adolescents who participated in SRHR activities, 63% exhibited positive behaviors and attitudes toward SRHR. Additionally, JPGE successfully sustained a steady adolescent pregnancy rate of just 1% among girls in targeted schools, demonstrating the effectiveness of interventions focused on reproductive health education. JPGE III also piloted and scaled up the safe space model in the target districts. 10,769 Adolescents and Youth (10,088 in school and 685 out of school) graduated from Safe Space mentorship session. This achievement reflects the programme's success in delivering appropriate accessible and relevant information through schools.

### **“Digitalizing Comprehensive Sexuality Education”**

At a rural school in Mangochi, students are discovering a new way to learn with a digital app that makes accessing age-appropriate comprehensive sexuality education (CSE) both fun and engaging. This innovative approach not only enhances understanding but also transforms life skills education into an interactive and enjoyable experience.

In the past, students could only access information on life skills through formal class lessons. However, some topics were difficult to address, particularly in the local language, which made it challenging for students to fully grasp the material.

“In English, it’s easier, but in the local language, you have to be descriptive for students to understand. This meant using words that weren’t permissible in our culture as they depicted nudity,” explains Mr. Evans Kandaya, Deputy Learning Centre Coordinator at Nakhumba Primary School.

Now, with the digital app, students are guided through each module with the support of visuals and engaging videos. The CSE module contains 14 chapters, each requiring a pass mark above 50 percent.

Under the UN joint programmes on girls' education, UNFPA is implementing comprehensive sexuality education through a digital app in 10 schools in Mangochi. The initiative is aimed at empowering young people with critical knowledge about their sexual and reproductive health and to address challenges faced by many adolescents in accessing accurate and age-appropriate sexual education.



“I struggled with my life skills class, but since joining the CSE classes, I can now understand almost all the topics,” she says. “Last term, I didn’t do well, but this time I’m confident I’ll score higher grades because the CSE sessions have helped me a lot.”

Besides improving her knowledge, Shanil says the sessions have boosted her self-confidence. “I wasn’t good at public speaking,” she recalls. “But after learning about assertiveness, I’ve grown in confidence and even joined the debate club at school.”

## **2. Enhanced access to alternative learning and integrated services for out-of-school adolescents.**

JPGE III supported the Ministry of Youth and Sports and Ministry of Education to enhance stakeholder capacity, expand alternative learning opportunities reaching 11,799 out-of-school learners and at-risk adolescents from 178 learning centers, and built their skills in foundational literacy and numeracy with integrated mental health programmes. Out of these, 1,893 enrolled back into formal schooling and 6,927 enrolled in Complementary Basic Education (CBE) programme. Furthermore, 33,248 out-of-school girls were enrolled in community based foundational literacy programmes and 7,782 were helped to return to formal school. Overall, at least 9,675 out of school youth enrolled into formal school after successfully completing alternative learning.

JPGE III achieved remarkable success in fostering positive behaviors and attitudes among adolescents and young people aged 10-24 toward SRHR. An annual assessment of this age group shows that 88% of girls and 80% of boys demonstrated positive behaviors, resulting in an overall average of 84% for both genders, surpassing the UNJP’s target of 80% for each gender. Additionally, 29,759 clients were reached with a range of critical health services, including Family Planning, Post Abortion Care (PAC), HIV Testing Services (HTS), Sexually Transmitted Infections (STIs) services, Cervical Cancer Screening and Inspection (VIA), Pregnancy Testing (PGT), and General Medical Consultations.

The JPGE III program significantly improved access to health services by reaching 48,186 clients through mobile clinics and community health workers. Mobile outreach clinics provided integrated care to 28,070 individuals, including 13,371 adolescents and youth aged 10–24 years, while community health workers delivered services to 20,116 clients, of whom 5,694 were aged 10–24 years. Cumulatively, 19,065 young people received integrated sexual and reproductive health and rights (SRHR) services through these initiatives. Additionally, 202,673 young people (131,517 male and 71,156 female) accessed youth-friendly health services (YFHS) across 59 health facilities targeted and supported by the JPGE III.

## **3. Strengthened community, institutional, and parental support for education, health, and nutrition.**

JPGE III empowered schools implementing the Homegrown school feeding (HGSF) model in the management of school feeding. HGSF constitutes a school feeding model that provides safe, diverse and nutritious food, sourced locally from smallholders to children in schools. 8,925 smallholder farmers (3,960M; 5,235F) supplied various food commodities including maize, sweet potatoes, cassava, beans, cowpeas, pigeon peas, groundnuts, and vegetables—through farmer organizations to schools participating in the HGSM initiative. This group represented 54% of all smallholder farmers engaged in the programme. In total, smallholder farmers supplied 5,780 metric tons (MT) of commodities to the school feeding programme, valued at MK 7,035,196,127 (USD 4,017,816). The initiative resulted in an average income of MK 492,624 (USD PPP-adjusted 1,261) per smallholder farmer, improving livelihoods and economic resilience. A study by Harvard University, established that WFP supported a value-for-money study, which demonstrated that every dollar invested in school feeding yields an eight-dollar return.

HGSF remains a key intervention for WFP and has continued it in other districts. This model has now been adopted by government and development partners like the EU. To further strengthen the national school



meals programme, WFP, in collaboration with the Centre of Excellence, supported the Government of Malawi in developing a roadmap for scaling up the HGSF. A multisectoral task force, comprising stakeholders from the Ministries of Agriculture, Education, Gender, and Health, alongside school meal partners, was established to oversee this expansion.

Moreover, JPGE III successfully reached 10,757 families through its integrated comprehensive parent-child communication programme, benefiting a total of 68,600 individuals. Among the parents, 7,890 were male and 10,757 were female, while the children reached included 19,216 boys and 25,700 girls. This achievement underscores the programme's effectiveness in fostering open communication between parents and children, promoting positive relationships, and enhancing knowledge on key issues such as sexual and reproductive health and rights (SRHR), gender equality, and life skills.

### 2.3.2.2 Challenges, Lessons and Best Practices

1. JPGE revealed that engaging boys and men more deliberately in gender equality efforts can help foster lasting social change and prevent backlash against interventions supporting girls' education.
2. The need for embedding JPGE interventions into national policies and securing domestic financing emerged as a critical consideration for future programming. Specifically, JPGE's nutrition and health interventions like the Home-Grown School Feeding Program and Safe Space Model were critical in advancing the goals of the National School Feeding Policy and the Girls' Education Strategy respectively. The use of standardized tools, guidelines, and policy reviews ensured consistency and alignment with national education and health strategies, further strengthening the impact of interventions.
3. The program effectively addressed barriers to girls' education, including parental attitudes, early pregnancies, Menstrual Health (MH), and cultural norms. For example, traditional leaders praised the program's culturally sensitive approach, which encouraged community acceptance, and community leadership in advocacy for education. The targeting of out-of-school adolescent girls and those with disabilities enhanced inclusivity of the programme. However, gaps persisted in addressing poverty, the most significant barrier to education as mentioned by adolescents and community members.
4. The UN agencies are already scaling up some of the interventions through alternative funding: UNFPA was scaling up the Safe Space model, PCC and Digital Sexuality Education (CSE) with other funding, while the HGSF remains a key intervention for WFP and has continued it in other districts. UNICEF will continue supporting the TWGs to maturity through other funding to entrench continuation of the multisectoral approach.
5. Peer support models were particularly effective in fostering inclusivity. Young people living with HIV (YPLHIV) and youth with disabilities (YWDs) were supported through targeted mentorship and safe spaces, enabling them to access education and health services without stigma.
5. Collaboration between UN agencies, government ministries, and local organizations facilitated cross-sectoral coordination, making service delivery more efficient and impactful. Coordinated, multi-sector efforts in transforming education and child well-being achieve greater impact in addressing factors negatively affecting girls' education.
6. Safe space model provided a scalable and community-driven approach to supporting out-of-school girls, combining literacy, vocational skills, and mentorship to empower adolescent girls and enable their return to formal education. Capacity building, mentorship, and supportive supervision improved service quality and access.
7. Integrated SRHR services provided comprehensive care, especially in remote areas, and were included in disaster response and school health programs.

### 2.3.3 Border Districts and Community-Based Conflict Prevention and Peace Building in Malawi II

Participating UN Agencies:	UNDP, UNFPA, UNODC, IOM, UN WOMEN	Geographic scope:	Nkhotakota
<b>Government Partners:</b>	Malawi Peace and Unity Commission, Ministry of Local Government, Unity and Culture, Ministry of Youth and Sports, Ministry of Gender, Community Development and Social Welfare, Ministry of Homeland Security	<b>Budget:</b>	US\$ 384,000.00 (JP Total Phase I and II – US\$ 1,204,755)
<b>Other Partners:</b>	Public Affairs Committee non-state actors, including civil society organizations	<b>SDGs targets:</b>	SDG 5 -Gender equality SDG 16 -Peace, justice & strong institutions
<b>Duration</b>	December 2023 to March 2025		

			Key areas of intervention		
Mitigation	Prevention	Strengthening Management	Border	Security	Community Involvement

The programme also seeks to improve border security and conflict management by equipping institutional and community actors to identify, mitigate, and respond to cross-border threats such as human trafficking and transnational crimes. Additionally, it aims to enhance community resilience by empowering local leaders, women, and youth with conflict resolution and early warning skills, while strengthening referral systems and safe spaces for survivors of gender-based violence. Border Districts and Community-Based Conflict prevention and Peace Building in Malawi II aims to strengthen national peace architecture and building the capacity of Malawi Peace and Unity Commission (MPUC) and District Peace and Unity Committees (DPUCs). Phase II builds on these successes, targeting Nkhotakota as the new district of intervention while continuing to support previously established District Peace and Unity Committees (DPUCs) in Mulanje and Mangochi. The UNJP aims to enhance institutional, professional, and community capacities for conflict prevention, fostering social cohesion and resilience at the border and national levels

Key MPUC policy documents such as the Strategic Plan, Communication Strategy, and Resource Mobilization Strategy were developed in 2024 to guide MPUC's direction for the next five years. At the sub national level, the focus of the investment was on expanding the DPUC structures through the establishment and strengthening coordination between MPUC and DPUC. Financial support for community peace initiatives and dispute resolution forums was also supported by the Investment to enable three DPUCs to apply skills learnt on mediation and conflict resolution to actual cases.

To strengthen institutional capacity to manage borders, the Investment focused on the development and completion of Population Mobility Mapping (PMM) and Participatory Mapping Exercises (PME). The results of these mapping exercises provide crucial insight into movement/mobility patterns/data and contribute to strengthening of the conflict prevention strategies developed and implemented across the border districts. These monthly flow monitoring dashboard reports have been established and routinely shared with partners to support informed decision-making. Additionally, relevant stakeholders at the council were trained in migration flow analysis, equipping them to monitor and address border-related human mobility issues with the potential to escalate into conflict.

The Investment has also contributed to the overall strengthening of grassroots peacebuilding and service delivery for gender-based violence (GBV) and sexual and reproductive health and rights (SRHR) in targeted communities. Secondary mapping of GBV and SRHR referral pathways at the district and TA levels was completed and validated with stakeholders, enhancing the support network for vulnerable groups. The Investment has fostered inter-sectoral collaboration among service providers, facilitating networking and coordinating responses to community needs. Actionable work plans to strengthen GBV, SRHR, and peacebuilding efforts in the four target TAs are being developed.

Overall, these efforts are contributing to the achievements of SDG target 16a by focusing on institutional capacity building (technical and coordination) of relevant national institutions like the MPUC, DPUC, Police, DC, GBV and SRHR service providers responsible for reducing and resolving violence, combat terrorism and crime. They also contribute to target 5.2 which focuses on eliminating all forms of violence against women and girls in public and private spheres. These efforts are increasing institutional capacity of target beneficiaries to respond adequately and in a timely manner to address root causes and drivers of conflict at the local level, that disproportionately impact women and girls, including domestic violence and conflict-driven gender inequalities.

### **2.3.3.1 Key Outcomes**

#### **1. The national peace architecture is strengthened**

Strengthened the operationalization and coordination role of Malawi Peace and Unity Commission (MPUC) to align with Peace and Unity Act of 2022. To operationalize the act the UNJP developed three key policy documents namely, the Strategic Plan, Communication Strategy, and Resource Mobilization Strategy were developed in 2024 to guide MPUC's direction in the next five years.

The UNJP facilitated the engagement of MPUC with DPUCs Kasungu, Salima, Karonga, Mulanje, Nkhata Bay benefiting 213 stakeholders. These engagements strengthen the coordination, reporting and information flow between national and district level peace-building interventions and improve the visibility of MPUC in line with Section 15(3) of the Peace and Unity Act.

In Nkhatakota district, these stakeholder meetings have led to the UNJP receiving the necessary buy in from relevant stakeholders for the establishment of the 10th district-level peace structure in Nkhatakota, a key UNJP output. The work to establish and operationalize the Nkhatakota DPUC continues in 2025. The UNJP mapped conflict triggers and dynamics to inform UNJP interventions. The UNJP was to undertake a baseline assessment in five borderland Traditional Authority (TA) of Nkhatakota to analyze socio-economic conditions, identify prevalent conflicts, and assess conflict triggers affecting social cohesion. The findings informed the design of UNJP interventions across the outputs.

The UNJP conducted conflict prevention and peacebuilding training at the district level and in the four TA locations for 226 people. The participants included religious leaders, women representatives, chiefs, youths, CSOs, security officials, community policing forums. government officials, people with disabilities, business personnel as well as political leaders.

The UNJP conducted capacity building training for 281 DPUC members in Salima and Nkhata Bay. The training aimed to strengthen participants' conflict intervention capacities, empower beneficiaries to take active leadership roles in peacebuilding and foster a network for dialogue and collaboration to promote

peaceful elections and community stability. Furthermore, in Nkhata Bay the UNJP supported DPUC to conduct peacebuilding awareness sessions in five constituencies, addressing electoral violence triggers like political differences, unemployment, land disputes, and chieftaincy wrangles. In Kasungu DPUC to undertake a second mediation session for an ongoing chieftaincy wrangle in TA M'nyanja.

## **2. Institutional capacity to manage borders is improved**

To improve analytical capacities for flow monitoring and informal migration in Nkhotakota the UNJP also completed Population Mobility Mapping (PMM) and Participatory Mapping Exercise (PME). These mapping exercises identified key mobility accesses such as 5 travelers route corridors, 16 informal crossing points and 15 areas of the congregation across the Nkhotakota borderline stretch that are used by travelers to enter or exit Malawi. In the reporting period the UNJP produced the 4 monthly Flow Monitoring Dashboard Reports. These reports provide highlights of irregular migration that happens across the beaches in Nkhotakota and have different indicators that point out the role of migration (internal and external) to influence peace and unity to the community. The report's findings informed different initiatives that can mitigate or prevent irregular migration related conflicts or social cohesion disturbances. Specifically, community leaders are now aware of potential risks of conflict and social cohesion disturbances that they now work with the community and travelers to prevent any potential conflict.



*Participatory Mapping Exercise*



*Beach Village Committee Chair explaining how people migrate*

Additionally, the UNJP strengthened community capacities for gender responsive mediation, prevention and resolution are strengthened in key target districts. The UNJP facilitated the establishment of four (4) Women Movement groups to foster the inclusive participation of women, youth, and marginalized groups in peacebuilding efforts at the community level. A total of 125 women (including 42 young women, 6 women with disabilities, 3 women with albinism) were trained across the 4 targeted TAs. The training covered essential frameworks such as the Peace and Unity Act, the roles of MPUC and DPUCs, and key UN resolutions UNSCR 1325 and UNSCR 2250. Participants gained insight into the role of women in peacebuilding, addressing gender-specific needs, and collaborating with peace stakeholders. As a result, the trained women are actively participating in conflict prevention initiatives, engaging in peace structures, and promoting peace within their communities. They have since developed action plans and a district-level women's movement group is being established to enhance engagement with decision-makers.

## Supporting Women as Mediators in Mulanje

For women in Mulanje, the SDG-AF programme has been life-changing. Prior to the training, many women struggled to address community conflicts or support victims of gender-based violence (GBV). Now, with training in mediation and conflict prevention, they are actively involved in resolving disputes, from family disagreements to land conflicts. One woman shared how she mediated a conflict between two families over farmland, preventing what could have turned into a violent confrontation. She emphasized the importance of confidentiality and neutrality, key principles she learned during the training. However, the women noted logistical challenges, such as a lack of identification and long travel distances, which hinder their ability to reach more communities. Their commitment to peacebuilding despite these obstacles is a testament to the impact of empowering women to take leadership roles in their communities.



Women in Mulanje lacked the skills and confidence to address community conflicts or support victims of gender-based violence (GBV). Additionally, logistical challenges, such as travel distances and lack of identification, hindered their ability to reach communities and be recognized as mediators. Under the SDG-AF programme, women were trained in mediation and conflict prevention techniques. They learned principles such as confidentiality, neutrality, and active listening, enabling them to address various disputes, including family disagreements and land conflicts. Women became effective mediators in their communities, resolving conflicts such as farmland disputes that could have escalated to violence. They demonstrated enhanced confidence in addressing sensitive issues like GBV and promoting peaceful coexistence. Empowering women with mediation skills can significantly impact community stability. However, logistical barriers like transportation, identification, and long travel distances must be addressed to enhance their reach and effectiveness. Community buy-in is essential to overcome stereotypes and ensure women's contributions are valued.

### **From Where I Stand: “Women are no longer afraid to take up peacemaking roles”**

*Deborah Julio, 36, is the Chair of Women's Movement in Mangochi District, Malawi and Secretary of the District Peace and Unity Committee (DPUC). She is one of the women currently involved in peace and conflict mediation in the borderland communities between Malawi (Mangochi) and Mozambique from support from UN Women Malawi.*

Where I am from women are often not given a role in mediating or resolving conflicts. In my community, women are relegated to the role of spectator when it comes to promoting peace and unity. So, my selection as a member of the District Peace and Unity Committee (DPUC) and Women's Movement was met with skepticism by some male council members.

In the past, religious beliefs and a prevalent paternalistic culture hinders women from interceding on challenges and issues, to build peace or advocating for peace in home district of Mangochi which shares a boundary with Mozambique. The UN Women training on the conflict prevention and border security measures which I participated in August 2023 was a game changer in my life. I now have an understanding



of the principles of peace, as a mediator, I can identify challenges and opportunities other women mediators face in conflict prevention and border security in Mangochi which is close to the Mozambique border. Through this group of women, it is easy to share our own experiences and best practices in mediating conflicts with different communities. Through the training, women are no longer afraid to take up peacemaking roles. Women are meaningfully participating in mediation processes. Recently, our women's group resolved a religious conflict between fishermen which had started as a fishing territorial-related conflict. I was part of the team that mediated discussions on the issues, negotiated and facilitated dialogues between the two parties involved. Within a month the issue had been resolved and the fishermen now work in harmony.

A key thing that I have learnt is not to underestimate the power of gender-responsive mediation which is important in dealing with the different needs, interests and perspectives of women and men in conflict situations. A man in Katuli area in eastern Mangochi wanted to marry a second wife, but his first wife encouraged him to marry his biological daughter. The wife claimed that there was nothing wrong with marrying his own daughter, instead of marrying another woman. The wife's suggestion was against the constitution, which bans incest and protects the rights of the child. Our women's movement group learned about the case and intervened, especially looking at the needs of the girl child and prevented the child marriage. We sensitized the couple and surrounding communities on the legal and moral implications of incest and the consequences of child marriage. We were also able to report the case to relevant government who are monitoring the family to avoid potential threats to the girl.

Women movements now spearhead conflict prevention, peace building, reconciliation. Peace is a tool that is needed, and my dream is that the whole district is at peace”.

The UNJP supported MPUC to carry out sensitization campaign in five (5) pilot DPUCs in Kasungu, Salima, Karonga, Mulanje and Nkhata Bay. The commission met with 184 key stakeholders to sensitize them on the Peace and Unity Act's provisions and role of MPUC in promoting peace and unity in Malawi. The Commission also presented the need to reconstitute the membership of the five DPUCs to meet the new requirements of Malawi's Peace and Unity Act of 2022. In reaction, DPUC members noted that the body/entity was not able to fully discharge its mandate due to budgetary challenges. Stakeholders expressed reservations towards the requirement for members to have a minimum of Malawi School Certificate of Education as some community or traditional leaders may not qualify.

The UNJP conducted the secondary mapping of GBV and SRHR referral pathways at the district to enhance community access for sexual and reproductive health and rights services through strengthening of referral systems for survivors of SGBV. Orientation session for district stakeholders on referral pathways and mapped essential services was also conducted benefitting 40 stakeholders (11 females; 29 males). The referral pathways were validated by 144 people (67 females; 77males) from all 4 TA. In addition, 252 (124 females and 128 males) GBV service providers were trained on Standard Operating Procedures (SOP) for GBV interventions. Following the training, participants developed actionable work plans to strengthen GBV response and peacebuilding initiatives in their respective areas.

### Bridging Divides through Mediation in Mulanje

In Mulanje's TA Mabuka, a longstanding land dispute between a religious group and local community members threatened to escalate into violence. District Peace and Unity Committee (DPUC) members, trained in mediation techniques through the SDG-AF programme, stepped in to address the issue. They facilitated dialogue between the parties, creating a safe space for open communication. Through their efforts, the conflict was resolved peacefully, with both sides agreeing to mutual respect and coexistence. This intervention demonstrated DPUC's effectiveness in managing conflicts that previously seemed intractable. However, their work also highlighted a key challenge: resistance from some local leaders who felt the DPUC was overstepping its role. This experience underscores the importance of continuous sensitization and collaboration between peace committees and traditional leaders to ensure their shared goal of community stability.



#### 2.3.3.2 Challenges, Lessons and Best Practices

1. A longstanding land dispute between a religious group and local community members in TA Mabuka, Mulanje, threatened to escalate into violence. There was resistance from some traditional leaders, who felt the District Peace and Unity Committee (DPUC) was overstepping its role in conflict mediation. The DPUC, trained under the SDG-AF programme, facilitated dialogue between the conflicting parties. They created a neutral and safe space for open communication and applied their mediation techniques to foster understanding and respect between the parties. The intervention underscored the importance of building trust and collaboration between DPUCs and traditional leaders. Continuous sensitization of local leaders is crucial to reduce resistance and improve the effectiveness of peacebuilding efforts.
2. Empowering women with mediation skills can significantly impact community stability. However, logistical barriers like transportation, identification, and long travel distances must be addressed to enhance their reach and effectiveness. Community buy-in is essential to overcome stereotypes and ensure women's contributions are valued.

#### 2.3.4 Empowering Women and Youth in Agriculture in Malawi

<b>Participating Agencies:</b>	UNFAO, UNDP	<b>Geographic scope:</b>	Kasungu and Mzimba.
<b>Government Partners</b>	Ministry of Agriculture (MoA), Mzimba District Council, Kasungu District Council The Ministry of Trade and Industry's (MoTI) Ministry of Gender, Community Development and Social Welfare (MoGCDSW), Ministry of Youth and Sport	<b>Budget:</b>	US \$ 2,965,064
<b>Other Partners:</b>	Malawi Bureau of Standards (MBS)	<b>SDGs targets:</b>	SDG 1: No Poverty SDG 2: Zero hunger SDG 13: Climate action SDG 17: Partnerships
<b>Duration</b>	September 2022 to September 2025		



				Key areas of intervention	
Enhancing Agricultural Production and Productivity				Improved Access to Markets	Technical support

The ‘Empowering of Women and Youth in Agriculture in Malawi’ is a flagship Flanders funded UNJP implemented by FAO and UNDP aimed at increasing the proportion of women and youth contribution to the production and commercialization of important and promising value chains in line with the Malawi’s development agenda MW2063. The UNJP is working with 20 Farmer Organizations in Kasungu (Mkanakhoti and Kalulumuwa EPAs) Mzimba (Eswazini and Champhira EPAs) to increase agricultural productivity of selected key value chains. More specifically, this will be accomplished through the promotion of advanced technologies, increasing access to capital finance, and by providing high quality extension and advisory services in Kasungu and Mzimba districts.

#### 2.3.4.1 Key Outcomes

##### 1. Government extension officers supported in delivering training for farmer organizations.

28 frontline personnel trained in the Smallholder Horticulture Empowerment and Promotion (SHEP) approach, business management, marketing, and value addition. This will improve their capacity to deliver quality advisory services to farmers. The personnel have so far trained and offer advisory services to 1,473 farmers, of whom 73% are women and youth. Specifically, 2,800 farmers were trained (1,600 women, 1,200 men) on CSA practices such as organic fertilizer application, crop diversification, and water management. In the reporting period, 1,950 (70%) farmers (1,170 women, 780 men) adopted at least three climate-smart agricultural (CSA) technologies. Additionally, 60% of direct beneficiaries have improved their livelihoods through diversified activities, including forest products, irrigation, livestock rearing, Village Savings and Loan (VSL) schemes, and small-scale businesses. 200 youth (80 females, 120 males) engaged in CSA demo plots, promoting innovation and knowledge-sharing within their communities.

##### 2. Farmer Organizations strengthened to engage in value chains.

The UNJP supports FO with Farm inputs worth \$9,000, including seeds, fertilizers, and pesticides, for two cropping cycles. 150 agripreneurs (95 women, 55 men) trained in value addition. The UNJP identified four high-potential value chains—tomatoes, common beans, poultry, and beekeeping and geo-profiled 20 Farmer Organizations (FOs) to support market-driven production. During the first cycle (winter cropping) the farmers produced 64 metric tonnes of tomatoes, generating MK25,600,000 (USD 14,620) and 4 metric tonnes of beans, earning MK12,375,000 (USD 7,067). To enhance production of high value crops the program is construction greenhouses (4 in Kasungu and 4 in Mzimba).

##### 3. Value chains under farmer field schools’ network and cooperation are competitive.

The FO utilized agricultural fairs as platforms to connect farmers with agro-dealers, financial institutions, and off-takers. The processing supported six women-led and youth agri-business groups with equipment enabling production of dried tomatoes, bean flour, poultry feed, packaged honey, tomato paste and herbal teas. 150 agripreneurs (95 women, 55 men) from the 6 groups were trained in food safety, packaging, and branding. The UNJP has successfully linked the FO to 16 buyers, 11 agro-dealers and 5 financial Institutions including the National Economic Empowerment Fund (NEEF). However, only 20% (4) of the 20 groups are

formally registered, which restricts their access to resources such as government support, grants, and training opportunities. The UNJP is supporting the FO to get formal registration. During the reporting period, 50% of the FO had opened bank accounts and 520 farmers (310 women, 210 men) had accessed financial services. Additionally, VSL groups mobilized USD 35,400 in savings, enhancing access to capital for small agribusiness investments. 30 youth entrepreneurs (18 females, 12 males) received start-up grants for agribusiness ventures in poultry, beekeeping, and agro processing.

**Table below 3: Result Framework**

General Indicator	Specific Indicator	Baseline (2023)	2024 target	Achievement (2024)
Outcome 1: Enhanced capacity and skills of farmers to deliver and benefit from improved agricultural production and productivity	Percent of beneficiary households (youth and women) using at least 3(Climate smart) technologies combinations	70%	75%	60%
	Proportion of direct beneficiaries (youth and women) having improved livelihoods options to cope with climate related hazards (Forest products, irrigation, Livestock rearing, VSL, small scale businesses)	65%	70%	50%
Outcome 2: Increased market access, value addition, trade and access to finance by women and youth	Aggregated volume of Tomato value chain traded	46.0	60	64 MT
	Aggregated volume of Beans value chain traded	7.2	10	4.12 MT
	Aggregated volume of Honey value chain traded	53.1	60	0 (Harvesting not started)
	Aggregated income realized from Tomato value chain	20.51	25	USD 14,620
	Aggregated income realized from Beans value chain	14.45	20	USD 7,067
	Aggregated income realized from Honey value Chain	2.40	5	0 (Harvesting not started)
Outcome 3: Farmers receive increased profits from value chains they are engaged in.	Yield of Beans per unit area in kg/ha	1000	1200	900
	Yield of Tomato per unit area in kg/ha	25,000	50,000	32,000
	Yield of Honey in tonnes per year	53.1	55.8	0 (Harvesting not started)

Source: Programmatic data

#### 2.3.4.2 Challenges, Lessons and Best Practices

1. Geo-profiling survey highlighting the geographical distribution of FO and Value Chain Needs assessment highlighted the needs of the FO informed UNJP interventions and areas of concentration.
2. Delay in receiving the funds and making them available to the districts and partners for implementation of project activities.
3. The recruitment of project staff has been successfully completed, and they are now stationed in the districts to support the implementation of activities as outlined in the work plan. Procurement processes under UNDP have been initiated and will proceed according to schedule. Meanwhile, FAO is utilizing Letters of Agreement (LoAs) as the primary mode of implementation, which requires budget approval before advancing further.
4. To ensure effective communication and collaboration, monthly meetings have been established, bringing together key stakeholders, including representatives from the Ministry of Agriculture, the Ministry of Gender, Community Services and Youth Development, and district representatives from Mzimba and Kasungu. These meetings are designed to provide updates, foster transparency, and maintain regular engagement between the FAO and UNDP implementation teams. However, achieving full alignment and transparency has posed challenges, emphasizing the critical need for clear communication to ensure the project's success. Additionally, reporting on the Letters of Agreement has been a challenge for the districts of Mzimba and Kasungu and such has hindered the timely implementation of project activities. A refresher training was initiated and should positively impact on the technical and financial reporting of the districts.

### 2.3.5 Support Towards Durable Solutions for People Displaced by Tropical Cyclone Freddy

Participating Agencies: UN IOM		Geographic scope: Nsanje and Chikwawa	
<b>Government Partners:</b>	Department of Disaster Management Affairs, the Ministry of Lands and Housing and five District Councils (Chiradzulu, Zomba, Nsanje, Chikwawa and Mulanje).	<b>Budget:</b>	USD 172,672.00
<b>Other Partners:</b>		<b>SDGs targets:</b>	SDG 5: Gender Equality; SDG 6: Clean Water and Sanitation; SDG 10: Reduced Inequalities; SDG 13: Climate Action; SDG 16: Peace, justice and strong institutions.
<b>Duration</b>	1 December 2023 to 31 May 2024		

The Sustainable Development Goals Accelerator Fund (SDF AF) humanitarian window funded UNJP “Support towards durable solutions for people displaced by tropical cyclone Freddy” had an overarching goal of addressing the urgent needs of internally displaced persons (IDPs) living in displacement camps and those that recently moved to relocation sites and for which primary needs were not addressed yet. The UNJP effectively addressed the critical needs of 12,351 displaced individuals while fostering sustainable solutions to end displacement and enhance resilience. This UNJP has laid successful groundwork that guarantees the long-term resilience and integration of IDPs in Malawi.

### 2.3.5.1 Key Outcomes

- 1. Internally Displaced Persons (IDPs) living in displacement sites, including most vulnerable IDPs, can meet their basic needs and enjoy dignified living conditions with reduced barriers to access to services.**

IOM improved the living conditions of 12,351 IDPs across five displacement and four relocation sites through targeted interventions informed by site safety audits monitoring and CCCM monitoring. IDPs were reached with protection and durable solutions to enable them to attain full recovery and long-term resilience to future disasters. IOM trained 14 local structures, including 64 members from Camp Management Committees (CMCs), Village Civil Protection Committees (VCPCs), and 20 NGO staff, in collaboration with the Department of Disaster Management Affairs (DoDMA), on international CCCM standards. In addition, displacement and relocation sites supported functional Community Feedback Mechanisms, during the UNJP period. This strengthened camp governance, improved coordination, and enabled inclusive decision-making, with a focus on accountability and protection for vulnerable groups.

IOM enhanced the capacity of local NGOs to independently implement CCCM activities, ensuring sustained support for displaced communities and improving disaster preparedness. Post-training feedback indicated that partners now feel more confident in managing community feedback, engaging with diverse groups, and sustaining CCCM activities even in future displacement scenarios, thus ensuring continuity of care and support for IDPs. IOM deployed suggestion boxes and established a Complaints and Feedback Mechanism (CFM), enabling IDPs to raise concerns. This ensured transparency, led to effective referrals to UN agencies and district councils, and mobilized local support, such as food provision in Chikwawa district.

- 2. Displaced households living in permanent and safe relocation sites are supported to rebuild, recover, and integrate into host communities.**

IOM supported the construction of 80 houses at Mpingasa and Chikuse Relocation Sites, providing dignified shelter for approximately 400 people, including 15 elderly-headed, 18 female-headed, and 6 households with persons with disabilities. Vulnerable families transitioned from unsafe shelters to durable homes designed to withstand natural hazards, enhancing stability and resilience. The houses were constructed by 20 local artisans trained in safe construction practices. This fostered skills in local artisans who will continue to construct more resilient houses beyond this UNJP timeline and strengthened community cohesion and provided a foundation for long-term stability in the relocation site and with host community. The UNJP also supported relocated households with comprehensive shelter kits, cash assistance of MWK 200,000 per household to empower them to have control of their recovery.

Joint technical expertise provided by district governance and IOM in coordination with the community ensured safe and smart settlement planning, demarking plots and roads rightfully according to community needs, environmental conditions and international standards. A participatory approach ensured vulnerable households were prioritized, with plans adapted to reflect community needs and perceptions

As a complementary activity to the shelter support, and considering that IDPs were relocated to new areas, IOM organized peaceful integration and conflict management training for 40 community leaders from host and relocated populations. The trained leaders organized community dialogue sessions reaching 2,862 community members (1,008 males and 1,862 females). Sessions addressed conflicts within the community and promoted peaceful co-existence, strengthening bonds and reducing tensions, with significant

improvements in solidarity and cooperation. These efforts built stronger relationships between IDPs and host communities, ensuring sustainable peace and collaboration in the face of ongoing natural hazards and displacement challenges. The program also developed a peaceful integration manual which was adopted by the government to guide future relocations.

### 3. Relocated IDPs have access to durable solutions via the sustainable provision of WASH services and peaceful integration with host communities.

IOM enhanced access to quality WASH for 7,695 people by rehabilitating three water points and drilling two boreholes with new water pumps in targeted areas. Repairs included overhauling water points, replacing parts, and improving drainage to ensure long-term functionality and safe drinking standards. Borehole rehabilitation and new installations reduced water collection distances from over 1 km to less than 500 meters in relocation sites. To enhance sustainability local members received training on water point operation and maintenance, ensuring sustainability. These efforts provided safe, sustainable water access, improving health, reducing burden, and aligning with Sphere Standards.

#### 3.2.5.2 Challenges, Lessons and Best Practices

1. Actively involving displaced people, host communities, and local authorities in decision-making processes fosters trust and social cohesion. This approach enhances the success of interventions, particularly in peaceful integration and site management.
2. Combining CCCM, shelter, WASH, and protection interventions ensures that immediate humanitarian needs are met while also building resilience. For example, improved access to water and sanitation reduces health risks, while adequate housing contributes to long-term stability.
3. Training community leaders and committees in CCCM equips them with the skills to manage displacement sites sustainably. This reduces dependency on external actors and empowers communities to take ownership of their living conditions. They can reduce the impact of disaster in a timely manner when needed.
4. Ensuring sustainable relocation and shelter solutions is vital to reducing displacement risks in future disasters. The UNJP has laid a strong foundation, but continued investment in durable solutions—such as land allocation and housing as well as return and local integration efforts—will be key to long-term recovery and resilience building.

#### 2.3.6 Malawi Partnership for Resilience (MP4R/PROSPER)

Duration 2019-2024			
<b>Participating UN Agencies:</b>	FAO, UNDP, UNICEF, WFP	<b>Geographic scope:</b>	Balaka, Chikwawa, Mangochi and Phalombe
<b>Government Partners:</b>	Ministries of Health, Agriculture, Gender and Social Welfare, Finance and Economic Planning, Local Governance, Natural Resources Management, and Department of Disasters Management Affairs	<b>Budget:</b>	USD \$ 53,548,121
<b>Other Partners:</b>	• Consortium: Concern Worldwide, United Purpose, GOAL Malawi, Kadale Consultants, CUMO Microfinance	<b>SDGs targets:</b>	SDG 1: No Poverty SDG 2: Zero Hunger SDG 13: Climate action SDG 17: Partnerships

<ul style="list-style-type: none"> <li>Cooperating: Find Your Feet, PLAN International, World Vision, CARE Malawi.</li> </ul>			
<b>Key areas of intervention</b>			
<b>Diversified agricultural production and nutrition</b>	<b>Access to productive resources</b>	<b>Reduce vulnerability and exposure of communities to risk</b>	<b>Increase resilience programming</b>

### 2.3.6.1 Malawi Partnership for Resilience (MP4R/PROSPER)

PROSPER was part of the Building Resilience for Adaptation to Climate Change (BRACC) programme. The UNJP was implemented by FAO, UNDP, UNICEF, WFP. The programme's goal was to reduce extreme poverty by building resilience to the recurrent cycle of crises and humanitarian assistance through strengthening the resilience of the targeted 1,159,938 people from 204,936 poor and vulnerable households to withstand current and future weather and climate-related shocks and stresses. PROSPER successfully enhanced the capacity of targeted households to withstand climate-related shocks and stresses. This is evidenced by 28.2 percent reduction in the percentage of people classified as being in crisis, Integrated Phase Classification Phase 3 (IPC 3) in targeted Traditional Authorities (TAs) compared to non-targeted TAs (Malawi Vulnerability Assessment Committee, 2023). Across the four districts, there was an 11 percent increase in people classified as being in IPC phase 3 in PROSPER TAs compared to 38.91 percent increase in non-PROSPER TAs. Overall, 81 percent of targeted households are resilient to shocks, exceeding the target by 46 percent (WFP 2024 Annual Outcome Report).

### 2.3.6.2 Outcomes

#### 1. Intensified and diversified agricultural production and improved nutrition for targeted vulnerable communities.

The program strengthened extension services, improved access to high-quality inputs and technologies. Specifically, the UNJP used Farmer Field Schools and Lead Farmers to improve public and community extension systems respectively. FAO trained 2,400 CBFs who are still supporting the provision of extension services under the supervision of the 60 Master Trainers (MTs). By March 2024, 71.7% farmers reported an improvement in the quality of extension services and 74.1% of the target are now practicing Climate Smart Agriculture (FAO Endline Survey). The program provided 24 solar-powered micro irrigation equipment to FFS groups that had access to 229 ha of land already established irrigation schemes in the four districts, as follows: Balaka (eight irrigation kits under TAs Kachenga, Makuta, Zalengera, Amin, Pyoli, Lemu, Nyang'wa and Mkweta), Chikwawa (four irrigation kits under TAs Chapananga, Makhwira and Ndakwera), Mangochi (six irrigation kits under TAs Nankumba, Mponda and Makanjira), and Phalombe (six irrigation kits under TAs Bwanaisa, Kaliati and Kadewere). The irrigation schemes are being managed by the FFS groups based on the capacity building initiatives provided under the FFS training curriculum and technical support from the district agriculture offices through the District Irrigation Officers (DIO) via the district extension structures. Secondly, Irrigation schemes in the first category were provided with proper irrigation structures which included a well with submersible pumps, storage tanks and channels/water hydrants for water distributions. These are located in Phalombe (Tikondane Irrigation Scheme in GVH Nyambaro, TA Nkhumba) and Balaka District (Kakhobwe Irrigation Scheme in GVH Dailesi, Thochi Irrigation Scheme in Kalembo). The irrigation schemes have Water Users Associations that are responsible for the management of the schemes.

Nutrition interventions were also integrated across other activities, including agricultural extension and watershed.

## **2. Enhanced and inclusive access to the productive resources necessary to develop increased, secure and predictable incomes.**

Under Output 2 the UNJP supported small scale commercial farmers to improve access to high quality and affordable agricultural inputs and new technologies. It also improved access to microfinance services, credit and contract farming. Specifically, the program increased access to credit through village savings and loans groups, micro-finance products and tailored agri-input, processing and non-farm business loans. A total of 30,135 accessed various financial services. During the first two years of the programme, the markets component generated strong results and deliverables in terms of adoption of new practices, improved results from those practices and improved incomes for target farmers (independent impact assessments). To complement the FSS the programme supported participating farmers with matching grants through a competitive process. In total the programme has provided MWK575,315,148.37 (Approx. US\$ **328,563.76**) to 57 Farmer Field Schools in Balaka, Chikwawa, Phalombe and Mangochi in 2024 as indicted in **Table 4** below:

**Table 4: Start Up grants for FSS in Balaka, Chikwawa, Phalombe and Mangochi.**

<b>Type of Business</b>	<b>No of ventures</b>	<b>Total Investment Cost (USD)</b>	<b>Total Grant (USD)</b>
Horticulture	5	42,803.01	29,962.11
Soya Flour Production	1	10,649.91	7,454.94
Cereal Production	3	17,506.54	12,254.58
Piggery	1	6,745.81	4,722.07
Poultry Production	26	207,859.84	145,492.68
Honey Production	3	31,204.28	21,842.38
Goat Production	9	85,611.08	59,712.45
Fish Production	2	10,274.78	7,192.35
Dairy Production	1	6,835.24	4,784.67
Legume Production	6	50,207.93	35,145.55
<b>TOTAL</b>	<b>57</b>	<b>469,698.43</b>	<b>328,563.76</b>

Source: Programmatic data

Through the Direct Beneficiary Grants (DBGs), FAO supported a range of business enterprises that were conceived by the FFS groups to realize their visions and aspirations in line with the FFS theory of change. As of December 2024, less than 6 months since the grants were dispersed 11 FSS in Phalombe who ventured into poultry farming and 1 FSS in soya flour production made \$8322 in profits. The grants will provide livestock and crop-based assets/enterprises that will ensure the farmers have predictable and secure income in the long run.

## **3. The capacity of vulnerable households and communities in targeted areas are enhanced to withstand shocks and hazards**

PROSPER supported poor households with severe good consumption gaps to enhance their capacity to withstand climate and weather shocks that may erode gains made through Output 1 and 2. Resilience and livelihood building efforts included watershed management, access to insurance products and access to climate information services and community-based risk mitigation measures. Through the FFS interventions, the programme implemented the following catchment conservation measures; constructed



366 check-dams to reclaim 5,103 meters of gullies; constructed swales and deep trenches to trap and harvest run-off water covering an area of 1397 hectares; constructed 511 meters of stone bunds to control stormy water; raised 68,560 trees seedlings and facilitated planting of these seedlings in the conserved catchment areas. The programme also built the capacity of the Village Natural Resources Management Committee (VNRMC) to develop by-laws and monitor the implementation of natural resources management activities in the targeted catchment areas. In total, 60 VNRMC were established that supported protection, safeguarding, and conservation of natural resources and forestry landscape restoration activities. The programme also implemented Flood Mitigation Measures including construction of 2 flood dikes along the problematic rivers bordering Nsanje and Chikwawa. The dykes were constructed along Milole River and Mankhwadzi designed to protect 382 households, 1,910 people and a primary school. The dykes played a crucial role in safeguarding communities—both people and infrastructure—during Tropical Storm Ana and Cyclone Gombe in 2022, as well as Tropical Cyclone Freddy in 2023. However, the strength/force of Tropical Cyclone Freddy was overwhelming, leading to the destruction of the dykes. This further highlights the essential role these dykes played in protecting the communities. In response, UNDP initiated the rehabilitation of 17 of the dykes using more disaster-resilient designs, specifically a hybrid system of steel and masonry. UNDP also supported construction of four green evacuation centres in Mangochi, Chikwawa, Phalombe and Balaka to provide safe haven during flooding events.

Given the recurring climate disasters and weather shocks the poorest households were provided with additional support through the lean season to meet their immediate food security needs. The programme assisted 1,065,685 people to cope with the effects of climate change. 12,337.6 hectares of degraded micro-catchments or watersheds were rehabilitated during the implementation of the programme. At least 4,424 internally displaced people were hosted in the evacuation centres during Tropical Storm Anna, Cyclone Gombe and Tropical Cyclone Freddy.

#### **4. Increased capacity of national, sub-national and non-state actors to plan, coordinate and monitor resilience programming, including on shock-responsive social protection.**

This outcome focused on improving the abilities of national, district and community institutions to plan, implement and oversee resilience programming. This includes developing more effective systems for targeting and monitoring resilience activities, for shock responsive social protection and for disaster risk management. During the course of the programme, the four districts have implemented a functional Disaster Reduction Management Information System (DRIMIS) through UNDP. These digitalized systems are designed to enhance data collection, analysis, and reporting processes, contributing to more effective programme management and decision-making in various sectors. The successful implementation led to the expansion to nine Councils with a functional DRIMIS. The system has been fully adopted by DODMA and the humanitarian partners, with plans to expand it to all 35 local authorities in Malawi by 2025. DODMA has secured funding from the World Bank to support this expansion. Additionally, the DRIMIS has hosted the dashboard for the 2023/2024 El Niño drought response appeal. Through the PROSPER Programme, UNICEF supported the functionality and implementation of the harmonized grievance and redress mechanism information system (GRM MIS). Currently, the Grievance and Redress Mechanism management information system has been linked to the call center for its operation. The Government call center has 10 operators and 3 supervisors that manage the toll-free line that allows beneficiaries from any social protection programme to lodge and monitor resolution of complaints. The toll-free line is covered by both Airtel and TNM using the number 351 using funding from the PROSPER. Through the programme the government has changed its focus from regular case management to a more harmonized grievance and redress mechanism (HGRM).

### 2.3.6.3 Challenges, Lessons and Good Practices

1. The programme was not able to finish the activities within their timelines such that the Agencies requested for an extension from January 2024 to July 2024. This also allowed FAO to finalize the distribution of Direct Beneficiary Grants (DBGs) to farmer Field Schools (FFS). The DBGs were grants given to selected farmer Field Schools (FFS) who came up with viable business proposals.
2. **COVID-19 pandemic and Cyclone Freddy** - in response to the disaster, approximately \$1,293,045 was reallocated to support recovery efforts.
3. **Synergies with other existing programs created positive results at all levels.** Specifically, the positive effects of catchment conservation activities implemented by WFP through the Food for Asset (FFA) initiative benefitted the farming activities done by Farmer Field Schools implemented by FAO in terms of soil conservation and field protection.
4. **Multi-sectoral approach to dealing with poverty** - Collaboration among different stakeholders was vital for comprehensive and sustainable outcomes. Specifically, through PROSPER, farmers were able to participate in FFA activities allowing them to build assets and participate in VSLAs. The Programme built Evacuation centers to be used during disasters in communities where the farmers come from.

### 3. Recommendations

Priorities for the next year include:

- (i) **Development of a new Country Level pooled Fund:** Work will commence on the development of a successor SDG Acceleration Fund that will be aligned to the 2024-2028 UNSDCF. Building on the UN Malawi's 14 years' of experience in implementing country level pooled funds, the successor pooled fund to the Malawi SDG Acceleration Fund is expected to focus on key SDGs that are proven to accelerate progress in Malawi and unlock achievements in a wide range of sectors and will focus on un-earmarked funding and bringing in new partners (including the private sector) for development. The Fund will also be used as a focused instrument, supporting inter-agency or cross-cutting agency priorities including the transformative entry points or key transitions that can have catalytic and multiplier effects across the SDGs and an outsized determinant impact for achieving the Goals which include food systems, energy access and affordability, digital connectivity, education, jobs and social protection, climate change, biodiversity loss and pollution.
- (ii) **Improved Coordination amongst UN agencies:** Improve UN agencies coordination to enhance efficiency and timely delivery. This should include timely completion of activities and improved donor engagements.
- (iii) **Increase resource mobilization efforts:** Intensify the mobilization of resources locally and internationally to support Fund priorities. This should include the identification of different types of partnerships to be engaged through the Fund. This will also include exploring mechanisms to develop, collect and channel resources from innovative financing instruments.
- (iv) **Enhanced Cooperation and Partnerships:** UN agencies should proactively seek opportunities for collaboration with the private sector who also have vested interest in the achievement of SDGs. The UN should create an enabling environment for the private sector to contribute to SDGs by raising awareness on Agenda 2030 and SDGs.

#### 4. Conclusions

The Malawi SDG Acceleration Fund continues to play a pivotal role in advancing sustainable development in Malawi by pooling resources from various development partners to tackle the most pressing development, humanitarian and peace building challenges. The Fund supports the coherent mobilization, allocation, and disbursement of financing to under-funded and cross-sector areas, leveraging the United Nations' comparative advantage in implementing sustainable solutions. By focusing on critical areas such as sustainable growth, health, education, and gender equality, the Fund is key to accelerate progress towards achieving the Sustainable Development Goals (SDGs) in Malawi.

Moreover, the Fund fosters multi-stakeholder partnerships, bringing together the Government, UN and development partners to promote joint action and impactful interventions on the ground. This collaborative approach not only enhances the efficiency and effectiveness of development efforts but also ensures that resources are directed towards the most pressing needs. By addressing systemic issues and promoting inclusive growth, the Malawi SDG Acceleration Fund is instrumental in creating a more resilient and equitable future for all Malawians.

## Annex 1: Indicator Framework 2019 - 2023

Strategic Priority / Outcome / Output / Key Activity / Indicator	Baseline	2019 Target/Actual	2020 Target/Actual	2021 Target/Actual	2022 Target/Actual	2023 Target/Actual	Means of verification
<b>Strategic Priority 1 - Peace, Inclusion and Effective Institutions</b>							
<b>Outcome 1.2 - Gender equality and the empowerment of women and girls in Malawi is enhanced</b>							
Indicator 1.2-1 Proportion of countries with systems to track and make public allocations for gender equality and women's empowerment, Percent, Total	0.004	No Data/No Data	No Data/No Data	No Data/No Data	No Data/No Data	0.01/No Data	Government budget documents
Indicator 1.2-2 - Gender Development Index, Index, Gender Index	0.907	0/0.93	0/0.98	0/0.98	0.95/0.968	0.95/0.968	UN Women: HDR 2021-2022, Annual
Indicator 1.2-3 - Proportion of positions (by sex, age, and persons with disability) in public institutions (national and local legislatures, public service and judiciary) compared to national distributions., Percentage, Female	24% Public Service; 11% Local Government; 27% Judiciary, 16% Parliament	24% Public Service; 14% Local Government; 27% Judiciary, 22% Parliament	24% Public Service; 14% Local Government; 27% Judiciary, 22% Parliament	26% Public Service, 14% local Government; 20% Parliament, 27% Judiciary (50% for High Court Judges)	26% Public Service, 14% local Government; 21% Parliament, 27% Judiciary (50% for High Court Judges), 40% Cabinet	26% Public Service, 14% local Government; 21% Parliament, 27% Judiciary (50% for High Court Judges), 40% Cabinet	UN Women: VNR 2022 /DHRMD Annual Reports/ OPC Statements
<b>Outcome 1.3 - Malawi has strengthened institutional capacities for sustaining peace, inclusive societies and participatory democracy</b>							
Indicator 1.3-1 - Voter turnout rate disaggregated by sex, Percent, Female	70.34%	72%/72%	72%/65%	NA	N/A	N/A	MEC Gazetted Results
Indicator 1.3-2 - Proportion of seats held by women in national parliaments and local governments, Percent, Total	16.5% - Parliament; 11% -Local Government	21%/22.92% - Parliament; 14%/14% - Local Government	21%/22% - Parliament; 14%/14% - local government;	NA	N/A	N/A	MEC, Gazetted, Election Results, UN Women Updates
Indicator 1.3-3 - Prevalence of social unrest, Index, Total	0.509	0/80	50/No data	0.7/No data	0.7/No Data	No Data/No Data	UN Prevention Platform

Strategic Priority / Outcome / Output / Key Activity / Indicator	Baseline	2019 Target/Actual	2020 Target/Actual	2021 Target/Actual	2022 Target/Actual	2023 Target/Actual	Means of verification
<b>Strategic Priority 2 - Population Management and Inclusive Human Development</b>							
<b>Outcome 2.1 - Children 0-5 have Increased access to comprehensive quality ECD services meeting national standards</b>							
Indicator 2.1-1 - Percentage of children (disaggregated by sex) receiving early stimulation and responsive care from their parents or primary caregivers, Percent, Female	Girls 30% Boys 29%	50%/45%	55%/45%	60%/45%	48%/48%	60%/No Data	MICS
Indicator 2.1-2 - Percentage of children under five years of age (disaggregated by sex) who are stunted, Percent, Female	Girls 35% Boys 39%	37%/37%	37%/37%	37%/35%	34%/35%	31%/36%	DHS & MICS
Indicator 2.1-4 - Percentage of pregnant women receiving at least eight contacts with skilled personnel, Percent, Total	63%	71%/76%	73%/76%	75%/72%	80%/no data	90%/No data	MoH HIV database

Strategic Priority / Outcome / Output / Key Activity / Indicator	Baseline	2019 Target/Actual	2020 Target/Actual	2021 Target/Actual	2022 Target/Actual	2023 Target/Actual	Means of verification
<b>Strategic Priority 3 - Inclusive and Resilience Growth</b>							
<b>Outcome 3.1 - Households have increased food and nutrition security, equitable access to healthy ecosystems and WASH and resilient livelihoods</b>							
Indicator 3.1-1 - Percentage of food insecure households (disaggregated by women headed and child headed households), Percent, Total	No Data/No Data	No Data/No Data	No Data/No Data	No Data/No Data	No Data/No Data	31%/No Data	IPC chronic analysis
Indicator 3.1-2 - Percentage of children 6-23 months who received 4 or more food groups, Percent, Total	24%	No data	47%/No data	38%/No Data	No Data/No Data	50%/No data	Survey: 3-5 years (DHS & MICS)
Indicator 3.1-4 - 8.b.1 Total government spending in social protection and employment programmes as a proportion of the national budgets and GDP, Per GDP, Total	44%	No data	No data	No data	No data	51%/No data	Budget document
Indicator 3.1-5 - 11.b.1 Proportion of local governments that adopt and implement local disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030a, Percent, Total	9%	10%/10%	12%/14%	14%/14%	16%/16%	18%/16%	Annual Disaster Management Report

Indicator 3.1-6 - Percentage of people using basic drinking water services (disaggregated by location), Percent, Total	67%	70%/69%	71%/69%	73%/69%	75%/69%	77%/54%	WHO/ UNICEF- JMP
Indicator 3.1-7 - Percentage of people using basic sanitation services (disaggregated by location), Percent, Total	26%	0/26%	36%/26%	41%/26%	46%/2%	51%/3%	WHO/ UNICEF- JMP
<b>Outcome 3.2 - Malawi has more productive, sustainable and diversified agriculture, value chains and market access</b>							
Indicator 3.2-1 - Proportion of smallholder women and men farmers adopting climate smart technologies, Percent, Total	50	50%,40,000/82%, 38673	50%/40,000/75%, 3 0183	55%,45,000/81.34 %, 83401	60%,50,000/80.19 % 79012	62%/81.23%, 84320	Agricultural surveys/ APES,Reports
Indicator 3.2-2 - Annual growth in Agricultural GDP (MGDS III and NAIP), Percent, Total	4.8	5/4.9	6/3.4	3.6/3.2	6/3.2	6/2.9	Documents from the National Accounts

**\*Note: Indicator Framework for the 2024-2028 UN Sustainable Development Cooperation Framework for Malawi is still under development.**