

Malawi SDG Acceleration Fund Project Document

Implementing Organization(s) general information

Name of participant organization(s)	<i>United Nations Population Fund (UNFPA)</i>
Other implementing organization(s)	<i>Joint United Nations Programme on HIV/AIDS (UNAIDS) The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)</i>
Name of the legal representative of the organization(s)	<i>Won Young Hong (UNFPA) Nuha Ceesay (UNAIDS) Clara Anyangwe (UN Women)</i>
Name/Title/Organization of the person responsible of the project	<i>Won Young Hong Resident Representative UNFPA</i>
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PROJECT DOCUMENT

1. Project Name:

Joint action addressing gender-based violence, child marriage and teenage pregnancy in support of Malawi's COVID-19 response, including strategic gender mainstreaming and integration of HIV prevention and care and support services.

2. Overview

2.1 General Information

Implementing Organizations:
UNFPA, UNAIDS, UN Women

Government Counterparts:

Ministry of Gender, Ministry of Health, National AIDS Commission, Department of Disaster Management Affairs (DoDMA)

Project duration:

12 months

Starting date: 01/04/2021 Ending Date: 31/03/2022

Window of the Fund:

Humanitarian Window

Geographic Scope:

Interventions and in the following districts: Lilongwe, Nkhatabay, and Mulanje

Direct and indirect beneficiaries:

The project activities will encompass direct service provision to vulnerable women and girls as well as health infrastructure interventions and community outreach in one urban/semi-urban and two rural districts in the North, Central and Southern part of Malawi. As such, the project will directly benefit an overall population of 2,606,371 among which approximately 202,692¹ individuals are adolescent women and girls in these three districts. To disaggregate the data further, the project targets a total of approximately 1.64m individuals out of which approx. 214, 328 individuals are adolescent women and girls. Similarly, the project targets 284, 681 individuals in Nkhatabay and 684,107 individuals in Mulanje, out of which 40, 719 and 94, 839 are adolescent women and girls respectively.

2.2 Budget

Total Budget: US\$ 700,000

Name other Budget sources:

Matching funds: US\$ *Indicate if the Project counts with matching funds, either from the Government and/or from the implementing organization(s).*

While the current project is an independent project, the activities in the project will build on ongoing programmes amounting to US\$ 673,704. Interventions in Nkhatabay will be complemented by additional activities around supporting youth and mentorship amounting to US\$ 150, 841. Interventions in Nkhatabay safe spaces will also be complemented by the ongoing programming for Spotlight Initiative amounting to US\$ 276,704 (UNWomen & UNFPA).

¹ Malawi Census 2018 does not provide disaggregated data at the district level based on age group and sex. This the figure is an approximate estimation based on countrywide data.

UNFPA and UNAIDS are currently implementing the 2gether4SRHR programme in Mulanje and Nkathabay amounting to US\$ 45,000 per year for the UNAIDS component, and US\$ 52,000 for UNFPA. The programme will also build on existing UNAIDS capacity development initiatives on cervical cancer screening for women living with HIV. Furthermore, UNWomen interventions in Mulanje will be complemented by additional activities amounting to US\$ 100,000. These activities are designed through COVID-19 MPTF and HIV projects; focusing on gender, COVID-19, HIV and male engagement.

In Lilongwe, interventions will be complemented by UNWomen implemented COVID-19 MPTF and Standard bank funded projects focusing on gender and COVID-19 prevention and protection, as well as economic empowerment of women and youth through climate smart agriculture, resilient building for women and the youth respectively, approximately amounting to US\$ 200,000.

2.3 Executive summary

The restrictions in mobility and economic activity caused by the COVID-19 pandemic have turned back decades of advancement made in Malawi in the area of gender equality and the empowerment of women and girls. The project recognises gender equality as a cross-cutting determinant of health and wellbeing of adolescent women and girls, and identifies different but complementary pathways to provide adolescent women and girls the support needed within a relapsing landscape.

The project combines the comparative advantages of three UN agencies; UNFPA, UN Women & UNAIDS in their effort to include the most vulnerable and the most marginalised. The project aims to devise specific, targeted and consolidated interventions for the immediate provision of sexual and reproductive health services, prevention of and protection against gender-based violence. The project also provides basic and immediate social safety nets to PLWHIV, by developing a number of customised interventions to address the differential needs of young male and female sex workers as well as transgender people. Activities emphasizing support to marginalised individuals with HIV include specially designed safe spaces and support networks.

Designed to be implemented in the districts of Lilongwe (i.e. Urban, Semi-Urban and Rural communities), Nkhata-Bay (Rural) and Mulanje (Rural) the project takes an integrated approach in identifying and supporting beneficiaries in order to maximise impact and take advantage of the ongoing interventions, both in terms of societal shift and infrastructural support. Thus, the project takes a catalytic approach, formulating complementary results to investments through the UN Joint Programme 2gether4SRHR in NkhataBay and Mulanje funded by Sweden and implemented by UNFPA and UNAIDS, and the Spotlight Initiative implemented by UNFPA and UN Women in Mulanje. The project will be implemented in coordination with the central ministries, the District Health Offices (DHOs) and local Civil Society Organisations (CSOs).

2.4 Project General Objective

The fund will contribute to SDG Acceleration Fund Outcome 2, to advance gender equality and empowerment of women and girls through the provision of protection and prevention services in response to the systemic socio-political discrimination and violence during COVID-19. This project aims at a)

improving the health consequences of adolescent girls and women through provision of health services, and b) prevention of GBV, teenage pregnancies through broad scale SRHR, GBV information and services.

2.5 Names and signatures of participant organizations and counterparts

In case of approval, this document must be signed by the representatives of the recipient organizations, and by the incumbent national or district authorities. By signing this document, the parts assume full responsibility in the achievement of the results, the workplan and the budget established in this document.

Participating Organizations	Government Counterparts
UNFPA Won Young Hong Signature: _____ Date and stamp 13/04/2021	Ministry of Gender Roselyn Makumbula (PS) Signature: _____ Date and stamp 13/04/2021 P.O. BOX 30377, LILONGWE 3 2021-04-14 SECRETARY GENERAL
UNAIDS Nuha Ceesay Signature: _____ Date and stamp 16/04/2021	Ministry of Health Name of the rep. _____ Signature: _____ Date and stamp 16/04/2021 Dr. Q. Dobe P.O. BOX 30377, LILONGWE 3
UN Women Clara Anyangwe Signature: _____ Date and stamp 16/04/2021	National Aids Commission & DODMA Name of the representative _____ Signature: _____ Date and stamp 20 APR 2021 Chief Executive Officer National AIDS P.O. Box 30622 Lilongwe 3

3. Situation analysis

Globally COVID-19 is reversing decades of progress women have made in health, education and empowerment. Trends in Malawi since March 2020 show increasingly adverse results in the achievement of gender equality and economic empowerment of women and girls. The pandemic specifically presented differential challenges in the continuation of results achieved in health outcomes of adolescent girls and women. It resulted in closure of schools, which coupled with limited household resources, instigated adverse changes to the status quo. The pandemic period directly correlates to an 11% increase in teenage pregnancies from January to August 2020, compared to the same time last year, to the upward of 90% increase in a number of districts. Evidence from community victim support units, child protection committees and one stop centres indicate a reduction of outreach and awareness activities due to restricted movement and limited PPE. The economic challenges of COVID-19 also resulted in a rise of absentee fathers, and mothers needing to devote more time in economic activities, resulting in adolescent children being encouraged to marry to increase their parents' resource base. Therefore, Malawi risks losing the gains in reproductive health and not achieving SDG 3, especially SDG 3.1. The pandemic also causes disruptions of health service delivery system, mainly related to the availability of human resources. At the same time, available financial resources are supporting the COVID-19 response, which may lead to increased maternal mortality and morbidity, increased rates of peri-natal mortality, increased rates of

unwanted pregnancies, HIV and sexually transmitted diseases.² Access to health services have been disturbed, not only caused by health workers being sick or in quarantine, but also by relocation of health workers to COVID-19 treatment centres, the cessation of community based health services, and the fear of patients to visit health facilities.

Adolescent mothers aged 10–19 years face higher risks of eclampsia, puerperal endometriosis, obstructed labour and systemic infections than women aged 20–24 years. Adolescents aged 15 through 19 are twice as likely to die during pregnancy or child birth due their inability to cope with pregnancy induced complications like obstructed labour. Pregnancy increases the chances of severe complications and death from COVID-19, and may also cause other adverse outcomes, such as pre-term birth.³ The healthcare facilities' ability to provide a safe space for maternal care that encompasses labour, deliveries, post-natal care including management of women requiring caesarean section have come under critical pressure during COVID-19 pandemic.

Moreover, COVID-19 has exacerbated existing vulnerabilities and entrenched protracted and interlinked challenges in HIV, gender-based violence and gender equality. People living with HIV are facing increased vulnerability in accessing HIV treatment and viral load testing, in accessing psycho-social support through community groups, and in maintaining good nutrition and food security, which is crucial to the efficacy of HIV treatments. Women, young people, gay, lesbian and transgender people as well as sex workers are at significantly higher risk of GBV as the COVID-19 pandemic exacerbates harmful social norms, and this in turn leads to increased vulnerability to HIV infection or lapse in HIV prevention and treatment. The COVID-19 restrictions also resulted in limited access to prevention services since VMMC, PrEP, condom distribution had to be temporary scaled down or suspended.

The pandemic risks a reversal in the gender parity which Malawi had anticipated in recent years. As child marriage and teen pregnancies rise, girls will have an even harder time going back to school when it reopens, undoing years of gains in girls' education and school attendance. The pandemic also increases the risk of GBV and the cost of managing them. The prevalence of experiencing both physical abuse and controlling behaviour are significantly higher for those experiencing poverty and are married at a young age.

Thus, the pandemic adds severe burden to the SRHR services including provision of maternal and newborn and also child health services in Malawi, both because of additional healthcare demands due to the pandemic and the ensuing resource constraints as resources are diverted to manage the pandemic. Malawi has insufficient resources, both in terms of physical space as well as equipment and supplies, and human resources to handle the crisis caused by COVID-19.⁴ Similarly, targeted activities are required to bring vulnerable adolescent girls into the safety net of adequate SRH services during a time of scarcity of support.

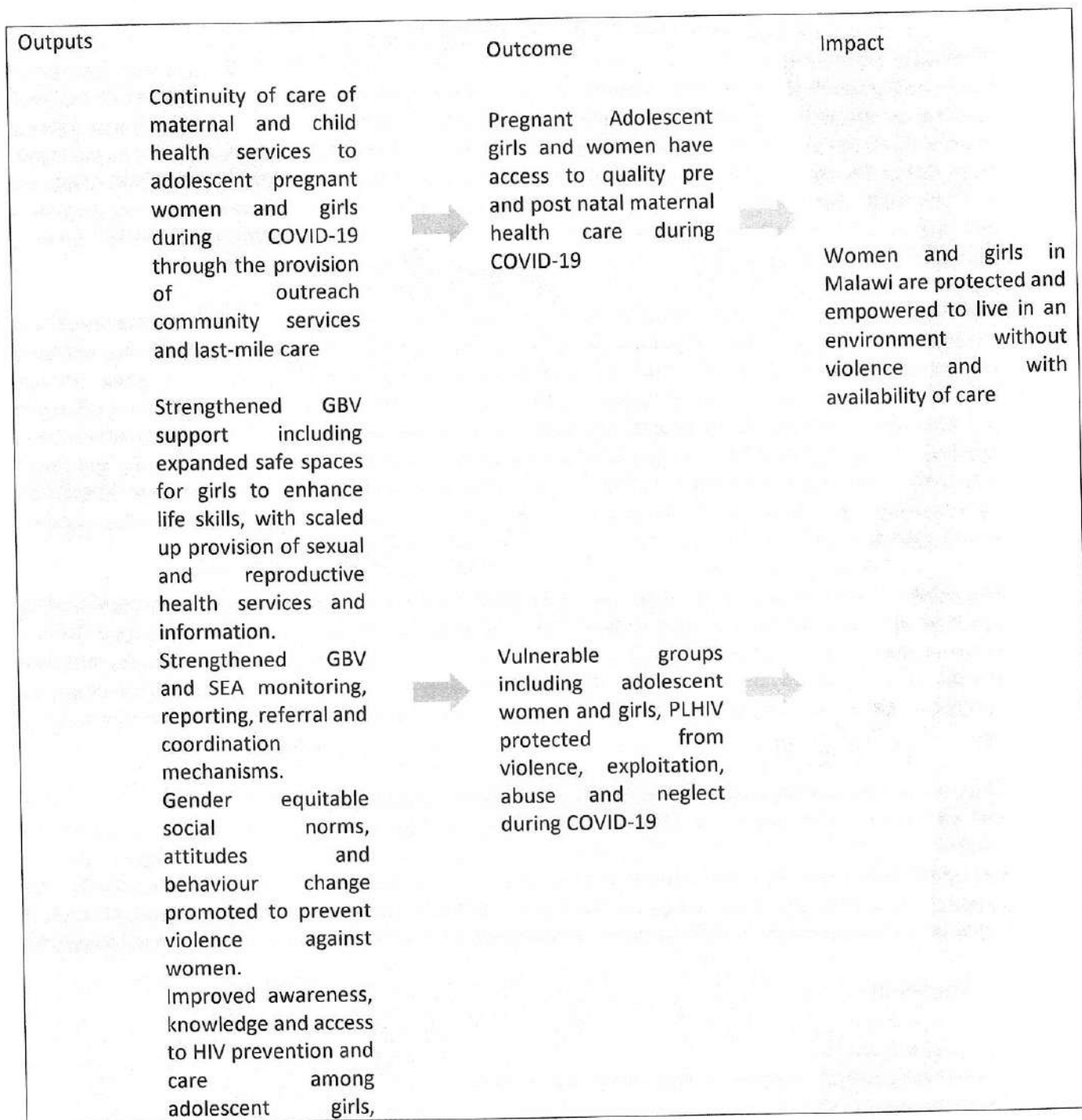
4. Theory of Change

² United Nations (2020). Policy Brief: The impact of COVID-19 on Women

³ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>

⁴ Ministry of Health. Launch of the National COVID-19 Preparedness and Response Plan. 9 April 2020. Lilongwe.

The proposal responds to the needs of adolescent girls and women and PLHIV in accessing SRHR and GBV protection and prevention services and the needs of pregnant women in continuing to access basic MNCH services during COVID-19.



women and PLHIV during COVID-19.

Social support interventions for PLHIV and sex workers through tailored services and safe spaces

COVID-19 is rapidly demolishing the hard-earned gains in women empowerment and gender equality, and it is manifested through increased teen pregnancy, school drop outs etc. The systemic disruption caused by COVID-19 also perpetuates vulnerability among discriminated population such as PLHIV. As such, IF rapid and immediate MNCH services can be provided to teen mothers and teen pregnant women, THEN it will improve the health outcome of adolescent women and girls, as well as their children, BECAUSE early treatment and support services are available and accessible. Considering the decline of outreach regarding SHRHR and the simultaneous increase in child marriage and teen pregnancies during the corresponding timeframe, IF continuity of SRHR information and services is maintained, THEN adolescent women and girls, as well as the greater community, are further aware of accessible support system leading to anticipated prevention of GBV BECAUSE of the presence of the support system and availability of information.

Moreover, due to the increased vulnerability of PLHIV due to the COVID-19 IF immediate information on COVID-19 prevention, as well as nutrition support are available THEN they are protected from infection BECAUSE of additional resources and achieve positive health outcome through adequate nutrition and tailored HIV prevention messages and training. Moreover, IF targeted and customised support to young sex workers through support groups and safe spaces are provided, THEN their educational and mental & physical health outcomes will improve BECAUSE they have access to social support network, adequate information and access to specific protection services.

5. Participating and implementing organizations

List the entities that will participate in the project and describe the role of each one (include parties to be subcontracted, involved government entities, etc.). If the project considers work with women victims of GBV, children and youth, ethnic population, LGBTI population, or other vulnerable population, it must specify the capacity(s) and experience of the organization(s) to work with these populations.

Organization	Role	Added Value	Capacities and experience
UNFPA	UNFPA is the overall coordinator and the lead on GBV and SRHR integrated service delivery	UNFPA leads the GBV Sub-cluster under the Protection cluster of the Malawi Humanitarian Country Team. UNFPA also facilitates	UNFPA has on-going GBV and SRHR programmes and established working relationships with the concerned Ministries as well as relevant

		the Reproductive Health network in the health cluster.	authorities at the districts targeted in this project. UNFPA has inhouse Gender and SRH experts who provide technical assurance in the programme delivery.
UNAIDS	UNAIDS is responsible of providing targeted support to PLHIV and implementation of an assessment plan on understanding internal linkages between GBV, SRHR and HIV.	Lessons from COVID-19 continues to explore and showcase the gaps in the health care system, particularly among the most vulnerable. UNAIDS ensures that the project is able to include marginalised groups such as PLHIV, commercial sex workers etc, into the purview of the programme intervention through targeted efforts.	UNAIDS has long standing interventions in supporting PLHIV, and designing and implementing support services and awareness building activities to prevent the spread of HIV. UNAIDS continues to advance the global agenda of achieving country set targets (95-95-95) for universal access to HIV prevention, treatment, care and support and to halt and reverse the spread of HIV, as well as to contribute to the achievement of the SDGs.
UN Women	UN Women will contribute to the delivery of SRHR services and fostering ongoing dialogue among the community to facilitate and promote sustainable gender equality	Gender inequality remains deeply entrenched in the Malawian society. Additionally, COVID-19 has gravely impacted the gains made in gender equality and women empowerment in Malawi. UN Women interventions in the project facilitates the creation of a conducive environment for implementation of gender equality programmes at a local and community level.	UN Women coordinates and promotes the works in advancing gender equality globally. UN Women has the knowledge, understanding and the mechanisms to reach the local level and encourage transformative changes for the promotion of women empowerment in the community.
Mulanje: Catholic Commission for Justice and Peace (CCJP) Malawi Interfaith Association (MIAA) GENET FPAM Pakachere Lilongwe: FPAM	The role of National NGOs is to implement the programme activities in the districts. The NGOs have experience in implementing development activities and will be able to draw from their existing training, human resources and community connections.	FPAM provides integrated comprehensive Sexual Reproductive Health and Rights (SRHR) services to young people aged 10-24, men, women and children and other high risk key populations such as People Living with HIV (PLHIV) and female sex workers in 16 of Karonga, Nkhatabay, Mzimba North, Kasungu, Salima, Dowa, Mchinji,	The national NGO have been partnering with UN agencies through a variety of initiatives and have developed the capacity, resources and connections in reaching the last mile in service delivery. The national NGOs are also able to implement the activities successfully in a localised context.

<p>Market Link and Support African Institute for Cooperate citizenship (IACC) Catholic Commission for Justice and Peace (CCJP) Pakachere</p> <p>Nkhatabay: Mzimba Community Radio Plan international Female Sex Workers Association CADECOM Pakachere</p>		<p>Lilongwe, Dedza, Balaka, Ntcheu, Neno, Machinga, Mangochi, Mulanje and Thyolo districts across all 3 regions of the country.</p> <p>GENET has been implementing key projects in Blantyre, Thyolo, Mulanje, Phalombe, Chikwawa, Mchinji, Machinga, Lilongwe, Dowa, Kasungu, Nkhatabay, Mzimba, Zomba, Mangochi, Kalonga.</p>	
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6. Coordination and Management

UNFPA, UN Women and UNAIDS will be delivering the results together. UNFPA is the lead and coordinating agency. While the funding will be channeled through individual agencies, UNFPA will submit consolidated programmatic and financial reports to the Fund. UNFPA will develop and management coordination plan and calendar to coordinate and harmonise all data collection and monitoring activities. The project will follow the joint monitoring framework utilised in the MPTF and conduct high level coordination. In continuation of the coordination process established through the Multi-Partner Trust Fund (MPTF) for COVID-19, the three UN agencies will participate in Heads of Agencies level quarterly meetings and conduct joint monitoring exercises.

The project will be implemented in close collaboration with the Ministry of Health and the Ministry of Gender, as well as selected Non-Governmental organizations (NGOs) implementing partners listed above. This will lead to the creation of specific linkages to current and ongoing activities of gender mainstreaming in COVID-19 response.

The activity workplan and the results framework will guide the monitoring and reporting activities of the project. The proposal is designed on the basis of evidence provided through the assessment of FP and MNCH service provision amidst the pandemic, as well as specific and targeted data collected through the assessment of teenage pregnancy and marriage during the pandemic. The baseline and target indicators are developed in response to the evidence collected throughout the pandemic time period.

Following on going assessment process, key monitoring activities will include monthly district implementation reports/update; online monthly progress review meetings; and quarterly progress reporting. Online monthly progress review meetings between the implementing agencies UNFPA, UN Women & UNAIDS and the government counterparts will mitigate and resolve challenges rising at the ground level.

7. Project logic of intervention

The programmatic areas of interventions have attempted to consolidate holistic support to the most vulnerable of the population. The activities in the project combined direct humanitarian support to survivors of GBV, HIV and teen pregnancy, while also engaging the community in broader dialogue and advocacy to facilitate sustainable transformation. In the area of SRHR and GBV, the project will build upon existing interventions, designs and structures. The project will be implemented through the national counterpart and their local offices in the targeted districts. National trainers and monitors will be supported to discourage school drop-outs due to marriage and/or pregnancy. The safe spaces will be linked to existing youth friendly services and clinicians and nurses will be supported to take family planning and SRHR education services to the safe spaces, including COVID-19 education.

The project will take a gender mainstreaming approach in promoting sustainable community changes through mapping of service providers, and facilitating linkages with frontline workers on prevention and protection of GBV during COVID-19. Additionally, the project will provide specific focus to include

community members, specifically men and boys, to create a sense of positive masculinity and an environment of acceptance. With a dedicated approach to support people with HIV/AIDS, the project will raise awareness among PLHIV and sex workers on COVID-19 prevention, ensure continuity of HIV/AIDS services including cervical screening among PLHIV, provide nutrition support to PLHIV in project locations, and will conduct advocacy exercises addressing social norms and behaviors perpetrating the spread of COVID-19 in the humanitarian context. In order to fully understand the linkages between increased vulnerability and gender inequality due to COVID-19, the project includes a component to collect baseline information to be utilised as primary source of evidence for sustainable programming interventions in humanitarian context.

Additionally, the project recognises the need for a differential approach to reach women versus men living with HIV/AIDS or women versus men sex workers. The project will work with local CSOs to implement advocacy and capacity building activities for young sex workers and transgender population to create demand for and access to COVID-19 related services and protection. CSOs will work directly with Network of People Living with HIV and will design and develop peer-led differential social support interventions including support groups and telephone contacts to cater to specific needs of different groups⁵. The support group will encompass culturally tailored HIV/AIDS risk reduction messages. The project will utilise the pre-existing capacities of the CSOs to provide customised safe spaces for female or male sex workers deemed to be vulnerable to violence or has experienced any form discrimination and stigma.

The education component of the project will be implemented in close communication with UNICEF and UNESCO. The project will focus on developing and advocacy roadmap for the First Lady's Office to increase retention and school completion and will develop message in harmonisation with radio programming designed through the UNESCO/UNICEF SGD-AF. The project also provides complementary support to the beneficiaries of the aforementioned programme through the allocation of nutritional support, which school aged girls have been deprived of because of pandemic induced school closure.

With the aim of providing a complete understanding of multiple facets regarding the project, the project activities are described below:

Activities	Implementing body
Procurement of protective wear and infection prevention materials for the provision of MNH care.	UNFPA & MoH
Refurbishment of selected health facilities for provision of quality Basic and Comprehensive Emergency Obstetric Care services.	UNFPA & MoH
Engage appropriate Civil Society Organisations to provide referral services and ensure continuity of care in the area of SRHR.	UNFPA & CSOs
Conduct a mapping of the support required by girls that have been withdrawn from Child marriages and provide them with dignity start up kits and other necessities.	UNFPA, Ministry of Gender

⁵ Simoni, J. M., Pantalone, D. W., Plummer, M. D., & Huang, B. (2007). A randomized controlled trial of a peer support intervention targeting antiretroviral medication adherence and depressive symptomatology in HIV-positive men and women. *Health Psychology, 26*(4), 488–495. <https://doi.org/10.1037/0278-6133.26.4.488>

Set up Safe Space mentorship spaces for adolescent girls including those withdrawn from Child marriages in the targeted communities and identify mentors.	UNFPA, Ministry of Gender
Train mentors and other community structures on mentorship activities , comprehensive sexuality Education, self esteem and GBV prevention and response.	UNFPA, Ministry of Gender
Procure motorcycles for community health workers and mentors to promote dialogue with young people on SRHR issues. Procure bicycles for mentors, role models and community structures to follow up on child marriage cases.	UNFPA
Rehabilitate and refurbish Community Victim Support Units to be strong referral mechanisms and Safe Spaces for GBV survivors.	UNFPA, Ministry of Gender
Support organization of SRHR and GBV awareness sessions by ensuring gender responsive/transformational, rights-based approach are used and men, women, boys, girls, people with disabilities are targeted.	UN Women
Support the development of disability friendly IEC materials on COVID-19 and existing referral pathways; Reprint and disseminate available GBV IEC messages to the communities.	UN Women UNFPA
Map available referral pathways in the targeted communities, print and disseminate them to the adolescent girls, young women and all community structures.	UNFPA, Ministry of Gender
Provide tailored training and support using GBV case management to service providers (health, Police, Gender, Social welfare) on management of people affected by COVID-19, GBV survivors and other vulnerable groups.	UNFPA, Ministry of Gender
Support remote GBV case management as well as mobile service provision to the communities.	UNFPA, Ministry of Gender
Monitoring and provision of technical support including orientation of MOG officers on the humanitarian activities in the three districts.	UNFPA, Ministry of Gender
Conduct Training of Trainers of cluster leads and co leads on mainstreaming gender, GBV prevention and PSEA in responding to COVID-19.	UN Women, Ministry of Gender DoDMA
Train District Civil Protection communities on gender mainstreaming, GBV prevention and PSEA in COVID-19 preparedness, response and recovery.	UN Women, UNFPA, Ministry of Gender and DoDMA
Strengthening gender sensitive mental health and psycho-social support MHPSS in the COVID-19 context. This includes Mapping of MHPSS service providers, training them on gender mainstreaming and facilitate deployment/linkage with frontline workers on protection and GBV prevention in response to COVID-19.	UN Women, UNFPA Ministry of Gender
Promote positive masculinities for male engagement on EAWG and SRHR, including through implementation of the male engagement operational guide.	Ministry of Gender; Health; UN WOMEN

Engage civil society organizations (including community-led and community-based) and other bodies, including chiefs and religious leaders, providing civic education to engage communities in a gender- and child-sensitive approach on their legal rights and responsibilities.	UN Women, civil society organizations
Conduct a qualitative study to identify knowledge and practices promoting negative impact in the intersection of GBV, HIV prevention, HIV care, education retention and COVID 19 prevention among adolescent girls and young women, young sex workers and PLHIV.	UNAIDS/NAC/DHA
Hold advocacy meetings with stakeholders (government officials, traditional leaders, community members, AGYW, YSW) to adopt recommendations of the study and implement recommendations.	UNAIDS/NAC/IOM
Convene a learning meeting between districts to identify successes and learnings in the implementation of the recommendations.	UNAIDS/IOM/Pakachere
Hold meeting to identify data gaps and indicators for effective monitoring of the implementation of GBV and HIV service provision in COVID 19 and humanitarian context.	UNAIDS/ MOH-CMED
Develop and pretest tools to capture data gaps and indicators for effective monitoring of the implementation of GBV and HIV service provision in COVID 19 and humanitarian context.	UNAIDS MOH-CMED
Print the tools and train data collectors on the use of the new tools.	UNAIDS/MOH-CMED
Support procurement of IT tools, real-time data capturing on selected SRHR indicators including mentoring and monitoring of facility data entry clerks.	MoH, UNFPA.
Carry out supportive supervision and integrate data and indicators into Health Situation room.	UNAIDS/MOH-CMED
Raise awareness through SMS and other digital platforms on prevention and management measures of COVID-19 among PLHIV and young sex workers.	UNAIDS/PAKACHERE/IOM
Engage civil society organizations and community leaders (chiefs, religious leaders, PLHIV networks) to advocate continuity and increased uptake of HIV services and cervical cancer screening in the context of COVID - 19.	UNAIDS/PAKACHERE
Train sex workers and PLHIV on COVID-19 prevention and vaccine acceptance.	UNAIDS /IOM/PAKACHERE
Design and implement customised safe space activities for female or male sex workers	UNAIDS /PAKACHERE
Develop and launch advocacy roadmap for office of the First Lady to champion Education Plus to increase retention and completion of secondary education by vulnerable adolescent girls and young women in the context of COVID-19.	UNAIDS/NAC/ MOH-DHA
Provide financial aid to the vulnerable adolescent girls and young women in the affected location through payment of school fees and other education related costs.	UNAIDS, NAC, Ministry of Education. IOM, MoH-DHA

8. Results Sustainability

8.1 Project entry strategy- N/A

9. 8.2 Project exit strategy-N/A

The project is designed to provide short-term responses with respect to humanitarian need arising from the COVID-19 pandemic. As such, the result achieved through this project are expected to be sustained through on-going programming on child protection and SRH services. Given such context, project entry and exit strategies will not align with traditional development assistance programmes, however, the project will provide complementary support and further propagate the expected impact of the implementation of the Government of Malawi's COVID-19 response plan developed by the humanitarian clusters.

10. Geographic Scope

The project will be implemented in Lilongwe, Nkhata-bay and Mulanje. A number of factors have been considered in selecting these locations based primarily on need and secondly on availability of infrastructure for support.

Lilongwe is in acute need of health services as the largest urban area. With high level of COVID-19 cases (7,354), it is crucial that additional support is put in place in order to uphold the current system available for MNCH and GBV services. Between March and July 2020, Lilongwe had the highest number of teenage pregnancies with 5,675 cases. Additionally, Lilongwe is supported by existing interventions such as the Spotlight Initiative, which provides assurance to the implementing agencies that the existing civil society organisations are able to absorb the added responsibilities, and have a logistical structure in place to provide appropriate support to the beneficiaries. **Mulanje**, with 600 COVID-19 cases has seen an increase of 83% in the rate of child marriage in 2020, compared to 2019. **Nkhatabay** has 641 COVID-19 cases and had 981 teen pregnancies in 2020. Interventions in Mulanje can be delivered through the existing channels created through the on-going Youth Support Programmes, which will also act as a catalyst to the actual adaptation of SRHR and GBV knowledge in the community. Similarly, the ground work created in Nkhatabay through the Spotlight Initiative, another UN Joint Programme focused on addressing gender based violence and child marriage, provides a suitable basis for quick and immediate delivery of support services, including application of existing tools and good practices (e.g. the safe space model).

11. Beneficiaries

Indicate the number of direct and indirect beneficiaries, disaggregated by sex and age range. Specify if the initiative will benefit vulnerable populations and to what extent.

General population and policy makers	Policy dissemination
Sex Workers	100

PLHIV (women, men, children)	30,000
Women aged 10-19 vulnerable to risk of child marriage, teenage pregnancy, school drop-outs and HIV.	202,692

12. Results Framework and Budget

Results Framework

Window XX: Proposal Outcome	Women and girls in Malawi are protected and empowered to live in an environment without violence and with availability of care	Baseline	Target	Means of verification	Responsible Org	Outcome Total Budget US\$
Outcome Indicator	Percentage of pregnant adolescent women and girls attending ANC in the target facilities that attend all their scheduled ANC visits during the COVID-19 period.		100	Ministry of Health	UNFPA & MoH	
	Number of community structures and service providers with GBV service provision capacity	0	1500	Ministry of Gender	Ministry of Gender/ UNFPA/UN Women	
	Number of functional Safe Space mentorship spaces for adolescent girls including those withdrawn from Child marriages	0	90	Ministry of Health	UNFPA & MoH	
	Number of men and boys engaged in dialogues on ending child marriages, negative masculinities using the male engagement strategy	0	1500	Ministry of Gender	Ministry of Gender/ UN Women	
	Proportion of PLHIV, young sex workers and transgender population aware of COVID 19 and practice COVID-19 prevention measures (Handwashing, Face masks, social distancing)	35% 0 0 0	95% 95% 95% 95%	Rapid assessment/ SPECTRUM and NAOMI Estimates	PAKACHERE/UNAIDS/IOM	
	Proportion of adolescent girls and Young women successfully completing 2021 academic year without interruption	TBD	Increase by 50 %	Ministry of Education attendance report	Ministry Education/UNAIDS/IOM	of

Proposal Outputs	Adoption and implementation of education plus initiative by government to address education challenges for HIV prevention among adolescent girls and young women	No	Yes	Project reports	Ministry of Education/ NAC/ UNAIDS
Proposal Outputs	<ol style="list-style-type: none"> Continuity of maternal and child health services during COVID-19 through the provision of outreach community services and last-mile care Expanded safe spaces for girls to strengthen life skills, with scaled up provision of sexual and reproductive health services and information. Strengthened GBV and SEA monitoring, reporting, referral and coordination mechanisms Gender equitable social norms, attitudes and behaviour change promoted to prevent violence against women and girls and harmful practices Improved awareness, knowledge and access to HIV prevention and care among adolescent girls, women and PLHIV during COVID-19. 				
Proposal Indicators	<ol style="list-style-type: none"> Continuity of maternal and child health services during COVID-19 through the provision of outreach community services and last-mile care 			Ministry of Health	UNFPA & MoH
	Number of COVID-19 treatment centers, hospitals and health centers that have COVID-19 safe antenatal and birth facilities.		100	Ministry of Health	UNFPA & MoH
	Percentage of safe births attended by skilled health personnel during COVID-19.		100	Ministry of Health	UNFPA & MoH
	Percentage of FP/MNH section with at least 1 Nurse Midwife Technician (NMT)		100	Ministry of Health	UNFPA & MoH
	Percentage of facilities with measures for COVID-19 adaptations		100	Ministry of Health	UNFPA & MoH
	Percentage of health workers with competencies for screening COVID-19 at the facilities		100	Ministry of Health	UNFPA & MoH
	<ol style="list-style-type: none"> Strengthened GBV support including expanded safe spaces for girls to enhance life skills, with scaled up provision of sexual and reproductive health services and information, and ensure that the school readmission policy is fully implemented. 				
	Number of mentors and other community structures who have demonstrated capacity and skills to conduct mentorship activities, comprehensive sexuality education, self esteem and GBV prevention and response.	0	180	Ministry of Health	UNFPA, UN Women & MoH

	Percentage of girls that have been withdrawn from Child marriages and provided with dignity start up kits and other necessities		100	Ministry of Health	UNFPA, UN Women & MoH
	School Readmission policy implemented		Yes	Ministry of Health	UNFPA, UN Women & MoH, Ministry of Education
	3. Strengthened GBV and SEA monitoring, reporting, referral and coordination mechanisms				
	Number of awareness sessions on SRHR and GBV targeting men, women, boys, girls, people with disabilities and refugees	0	30	Ministry of Gender	UNFPA & UN Women
	Number of community structures and service providers with demonstrable knowledge and skills on GBV, SRHR, gender in COVID-19 response and recovery	0	90	Ministry of Gender	UNFPA
	4. Gender equitable social norms, attitudes and behaviour change promoted to prevent violence against women and girls and harmful practices				
	Number of networks of men and boys developed and/or strengthened to advocate against VAWG including SGBV/HP and stand for promoting gender equitable values and behaviours, including on women and girls' SRHR.	0	3000	Ministry of Gender	UN Women
	Number of CSO's networks with capacity on GBV in relation to social norms	0	30	Ministry of Gender	UN Women
	5. Improved awareness, knowledge and access to HIV prevention and care among adolescent girls, women and PLHIV during COVID-19.				
	An assessment undertaken to establish the links between gender-based violence, gender vulnerabilities and HIV in the context of COVID 19 and humanitarian context among adolescent girls and Young women and young sex workers;	No	Yes	NAC/MOH	UNAIDS, NAC
	Number of PLHIV and young sex workers provided COVID 19 prevention and control knowledge and PPEs (IPC – face masks, alcohol-based hand	0	20,000	NAC/MOH	UNAIDS

	sanitizers, hand washing soap, training and sensitization) in the humanitarian context					NAC/MOH	UNAIDS
	Number of PLHIV women that accessed cervical cancer screening services in the Project location					NAC.MOH-DHA	UNAIDS
	Number of vulnerable PLHIVs provided with nutritional support in the project locations			20,000		Ministry of Education attendance report	Ministry of Education/UNAIDS/IOM
	Number of vulnerable adolescent girls and Young women facilitated, empowered and motivated to attend full calendar academic year in 3 selected districts as part of HIV prevention contribution	0		1500		Health Room	Ministry of Health/ CMED/UNAIDS
	Number of Gender and GBV indicators incorporated in the national reporting system and Health situation room.	2		5			NAC/UNFPA/JN Women/ Ministry of Gender

SDG Targets and Indicators

Sustainable Development Goals (SDGs) [select max 3 goals]			
<input type="checkbox"/>	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input type="checkbox"/>	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
<input checked="" type="checkbox"/>	SDG 3 (Good health & well-being)	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
<input checked="" type="checkbox"/>	SDG 5 (Gender equality)	<input type="checkbox"/>	SDG 13 (Climate action)

<input type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input type="checkbox"/>	SDG 17 (Partnerships for the Goals)		
Relevant SDG Targets and Indicators [Depending on the selected SDG please indicate the relevant target and indicators.]			
Target	Indicator # and Description	Estimated % Budget allocated	
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel	50	
5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.	5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education 5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	50%	

OVERALL BUDGET

CATEGORIES	BUDGET SUMMARY			TOTAL
	UNFPA A	UN Women B	UNAIDS C	
1. Staff and other personnel	24,590	14,000	10,000	48,590
2. Supplies, commodities, materials	80,000	3,458	10,000	93,458
3. Equipment, vehicles and furniture, incl. depreciation	69,500			69,500
4. Contractual Services	145,200			145,200
5. Travel	20,000	4,000	3,458	27,458
6. Transfers and grants to counterparts	80,000	72,000	70,000	222,000
7. General operating costs and other direct costs	48,000			48,000
Sub-total Programme costs	467,290	93,458	93,458	654,206
8. Indirect Support costs *7%	32,710	6,542	6,542	45,794
TOTAL	500,000	100,000	100,000	700,000

15 Crosscutting approaches

The project encompasses a number of cross cutting issues. Notable impact is anticipated in the promotion of human rights and gender equality. The project interventions acknowledges and role of the duty bearers including the national implementing agencies and community leaders. It provisions for outreach components and has incorporated specific activities to provide community leaders and the national and local government with the information and tools. These tools are anticipated to support duty bearers in fulfilling their role in facilitating SRH information advancement as well as creating an environment to promote empowerment at the local level. There also a notable anticipated impact on the prevention of social norms around GBV, child marriage and teen pregnancies, through the meetings which will be convened to hold duty bearers accountable on issues emerging from mentorship sessions. In order to ensure that the rights holder can have access to the information and services they require, the project has provision of direct services in the MNH and SRHR, supporting the adolescent women and girls in preventing, promoting and supporting them against GBV.

The project activities are centered around support provision to the most vulnerable in the society including PLHIV. It aims to reduce the burden on healthcare system by providing early care to current and future generations, leaving no one behind. It upholds the tenet to provide protection from harm to current and future beneficiaries through antenatal and neonatal health services.

In the implementation of its activities, the project is mindful of environmental sustainability, both around activities planned and its monitoring efforts regarding these activities. The project provisions for bikes for outreach in local communities, and virtual training and virtual mentorships where applicable. Refurbishment of health care centres will include solar power and hand pumps, with anticipated large scale social benefit with minimised external environmental cost to society. Additionally, any disposal of biomedical waste and PPE will be made in accordance with existing UN guidelines and protocol. Training to local staff will be provided with regards to environmentally safe approach to such disposal.

15.1 Gender Equality

Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous and sustainable world. Therefore, all projects supported by the Fund must include actions that favor the closing of gender gaps and inequalities. For this purpose, any project must meet a Gender Marker of 2a or 2b. Mark with an X if it meets the following premises:

- The situation analysis includes a differential approach, identifying the different ways in which the problem affects women and girls differentially.
- The theory of change includes and promotes gender equality.
- The logic of intervention addresses gender inequalities in its results and expected impact.
- The indicators measure the differential impact between women, men, girls and boys.
- The Budget includes specific provisions for gender equality activities (at least 30% of the budget).
- The strategic objective of the programme is to advance towards gender equality.

Autoevaluate the programme gender marker, as:

0

1

2a

2b

Indication:

- If you ticked between 0 and 1 to the previous premises, the gender marker will be 0: The gender dimension is insufficiently reflected in the project.
- If you ticked between 2 and 4 premises, the marker is 1: The Project contributes in a limited way to gender equality.
- If you ticked 5 premises the marker is 2a: The Project contributes significantly to gender equality.
- If you answered positively to all the premises and if the general strategic objective is to advance towards gender equality, the gender marker will be 2b.

The project must dedicate a total of 30% of its resources to activities that promote gender equality. Describe them below indicating specific amounts per activity:

Total US\$ \$ **N/A**

The project aims 100% of its resources to promote gender equality and rights, and empowerment of women and girls. While the project dedicates funds for community outreach on GBV protection and SRHR information dissemination that targets local leaders who are primarily male, the overall expected outcome of these activities is to create transformative bottom-up changes in society to protect health and wellbeing of adolescent women and girls.

Activity and its relation to the results framework (to which product/result it corresponds)	Effect in gender equality	Budget Line	Amount

16 Monitoring and Evaluation

16.2 Monitoring

The project aims to address immediate humanitarian needs arising due to the prevalence of gender-based violence, rapidly increasing rate of teenage pregnancy and child marriage and the resulting increase in the rate of school-drop outs. As such, the activities will be monitored based on the indicators provided in the results framework and will be measured against the target and baseline data. Monitoring activities will be

undertaken jointly and data collection system will be developed within the boundaries of COVID-19 restrictions, with primary coordination responsibilities remaining with UNFPA. UNFPA will develop a monitoring plans in consultation with UN Women and UNAIDS, and implement the plan through the District Health Units. Through their existing programmes, UNFPA may consider utilising monitoring tools such as the Gender Based Violence Management Information System (GBVMIS).

The agencies will also utilise the digital health information system and other online monitoring tools to track performance, trends and activities in the project locations. Specific monitoring exercises will include monthly monitoring and progress review meetings between the agencies and with the national implementing partner. Monthly district implementation reports will be prepared and shared with partners and stakeholders. The monthly progress review meetings will also address and resolve any challenges arising in the field. Results of the monitoring exercise will be presented through the quarterly progress report.

16.3 Evaluation

Prior to project development and finalisation, the agencies have coordinated with national counterparts to ensure that the scale, location, baseline and targets are measurable, accurate and relevant. Additionally, the agencies and the Ministry of Health will ensure that the work plan has quantifiable deliverables that will be tracked during monthly online progress review meetings. A team of M&E Officers from the 3 UN agencies, in collaboration with Ministry of Health, will develop progress reporting templates that will be used by all target districts to report progress. The District Health Offices will be responsible for preparation and submission of monthly reports/updates in line with the agreed reporting templates and they will also participate in monthly online progress review meetings.

An outcome-based evaluation process will be designed in order to examine the results chain and study the short-term impacts of the intervention. Additionally, the project will be audited through the rapid assessment exercises conducted by the national implementing partners to capture real time trends. Rapid assessments will be conducted by third parties as contracted by the national implementing partners to provide snapshots of project outcomes at the project locations.

The project will also provide implementation progress report to donors as required and specified in the donor agreements. The implementing agencies may also conduct an independent review of project results at a pre-determined interval. The project will also create an evaluation matrix based on any evaluation criteria as defined within the SDGs.

17 Risks Matrix

In this section use the contextual analysis carried out in the description of the problem to list the risks that, if materialized, will affect the implementation of the project.

Risk	Associated to the Result #	Classification			How will the risk be mitigated?
		Impact	Likelihood	Risk degree	

Mismanagement of financial resources	All	High	Low	Low Risk	Mitigated through strict adherence to procurement rule and regulations of financial transfer. UNFPA Malawi applies the Harmonized Approach to Cash Transfer (HACT) in working with the national implementing partners. Procurement for goods and services will sourced by be UNFPA. As part of HACT UNFPA has in place the implementing partner (IP) micro-assessment which provides an overall assessment of the Implementing Partner's programme, financial and operations management policies, procedures, systems and internal controls.
Delays in fund disbursement	All	High	High	High Risk	UNFPA procurement processes will coordinate and support the Ministry of Health and assist access supply chains via global purchasing network. Present scenario planning will be continuously updated.
Natural disaster	All	Low	High	Low Risk	Adjusted workplan to address the arising challenges. Following of OCHA protocol and targeted support to the identified beneficiaries
Unanticipated rise in COVID-19 among the population	All	Moderate	High	Moderate Risk	Continuous update of workplan and resource allocation based on arising conditions.
Misinformation among community members leading to pushback on programme activities	All	Moderate	Moderate	Moderate Risk	Continue to build relations at the central and local government levels through consultations. Ensure availability of information through localised and contextual campaigns and communication.
Pushback from local communities regarding women empowerment and SRHR due long standing social traditions	All	Moderate	Moderate	Moderate Risk	Coordinate with all levels of government on streamlining and continuing advocacy strategies. Take advantage of the success of ongoing mentorship programmes and facilitate the current members

					to be community catalyst and encourage sustainable changes.
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Risk analysis: please use the following traffic-light convention

