[Title]

Impact Evaluation of the National Plan of Action for Orphans and other Vulnerable Children (2005-2009/ 2010-2011)

Ministry of Gender, Children and Social Welfare

unicef

Acknowledgements

The Ministry of Gender, Children and Social Welfare Government of Malawi wishes to express its gratitude to the National Technical Working Group on Orphans and Vulnerable Children (OVC) and all the stakeholders that provided a considerable wealth of information and data. Their availability and their points of view contributed significantly to the scope and depth of this evaluation.

The Ministry is grateful to Dr Mary Shawa, the Principal Secretary and Hyacinth Kulemeka, Willard Manjolo and McKnight Kalanda, Directors at the Ministry of Gender, Children and Social Welfare, Harry Satumba, OVC coordinator and all other staff at the national and the district levels for having facilitated and supported the process of data collection and for having provided important feedback on the findings.

The evaluation of the NPA for OVC would not have materialised without the technical support from Maestral International and funding from USAID both of which were sourced by UNICEF. Valuable input provided by Susan Amoaten, Siân Long and Manolo Cabran from Maestral International, Asefa Dano, Jacqueline Kabambe and Mirriam Kaluwa from UNICEF, as well as Kate Vorley from USAID though the whole evaluation process is highly appreciated.

The Ministry of Gender, Children and Social Welfare would finally like to acknowledge the efforts and commitments of children, families and those working with them who have worked tirelessly to highlight and respond to the needs of Malawi's children.

CONTENTS

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CBCC	Community-Based Child Care Centre
CBO	Community-Based Organisation
CCPJA/B	Child Care, Protection and Justice Act / Bill
CCPW	Community Child Protection Worker
CHH	Child-Headed Household
CIDA	Canadian International Development Agency
CRS	Catholic Relief Service
CSO	Civil Society Organisation
DA	District Assembly
DACC	District AIDS Coordinating Committee
DFID	Department for International Development
DHS	(Malawi's) Demographic and Health Survey
DP	District Plan
DSW	Department of Social Welfare
DSWO	District Social Welfare Officer
DTWG	District Technical Working Group
EC	European Commission
ECD	Early Childhood Development
FBO	Faith-Based Organisation
GHH	Grandparent-Headed Household
HIV	Human Immunodeficiency Virus
IMF	International Monetary Fund
JICA	Japan International Cooperation Agency
MDG	Millennium Development Goals
MGDS II	Malawi Growth and Development Strategy II
MICS	Multiple Indicator Cluster Survey
MoEST	Ministry of Education, Science and Technology
MoGCSW	Ministry of Gender, Children and Social Welfare
MoLGRD	Ministry of Local Government and Rural Development
MoWCD	Ministry of Women and Child Development
MTR	Mid Term Review
WMS	Welfare Monitoring Survey
NAC	National AIDS Commission
NDP	(Malawi's) National Development Plan
NORAD	Norwegian Agency for Development Co-Operation
NOVOC	Network for Orphans and Vulnerable Children Organizations
NPA	National Plan of Action for Orphaned and Other Vulnerable Children

NRB	National Registration Bill
NSC	National Steering Committee
NSF	National Strategic Framework on HIV/AIDS
OECD	Organisation for Economic Co-operation and Development
OPM	Office of the Prime Minister
OVC	Orphaned and Vulnerable Children
PEPFAR	President's Emergency Plan For AIDS Relief
PMTCT	Prevention of Mother-To-Child Transmission
PRSP	Poverty Reduction Strategy and Programme
PSS	Psycho-Social Support
RAAAP	Rapid Assessment, Analysis and Action Plan
REPSSI	Regional Psycho-Social Support Initiative
SCTP	Social Cash Transfer Programme
TA	Traditional Authority
TASU	Technical and Advisory Support Unit
TEVETA	Technical Entrepreneurship and Vocational Education Training Authority
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund (formerly UN Fund for Population Activities)
UNICEF	United Nations Children's Fund (formerly, UN Children's Emergency Fund)
USAID	United States Agency for International Development
VSL	Village Savings and Loans
WATSAN	Water and Sanitation

Executive Summary

This report presents the findings of an impact evaluation of the National Plan of Action for Orphans and other Vulnerable Children (NPA) from 2005 to 2009 and its extension from 2010 to 2011. The overarching goal of the NPA for OVC is to build and strengthen the family, community and government capacities to scale-up responses for the survival, growth, protection and development of orphans and vulnerable children.[1]

The impact evaluation provides an opportunity to review the extent to which the NPA made a difference in the lives of Malawi's children. It also offers an opportunity to examine how a multi-sectoral, coordinated response to child vulnerability over an extended period of time is able to adapt to children's needs, respond to the changing context and to build on evidence of success.

The National Plan of Action for OVC was designed in 2004, at a time when the HIV epidemic interacted with long-standing food insecurity and infrastructure challenges with devastating consequences for children. Malawi was one of the first countries to develop a specific national plan. The plan was accompanied by a costed implementation plan, with a budget of $206,157,661. In 2009 a midterm review was conducted to enable the Government of Malawi to reflect on progress made in implementing the NPA for OVC, and identify areas of strength and neglected areas of implementation and coverage. In 2009 a two-year extension was planned to align the NPA with the National Development Plan, with the same objectives and coordination mechanisms, a revised OVC definition and new indicators and activities, with a costed implementation plan of $93,436,605.

In September 2012, Maestral International was appointed to conduct an impact evaluation of the Malawi NPA and NPA extension. Data was collected over a one month period in November to December 2012, comprising interviews and focus group discussions with stakeholders at national, district Traditional Authority and community level and a questionnaire from 14 out of 27 districts analysed. Data was analysed using a vulnerability framework developed at inception stage and using Organisation for Economic Co-operation and Development (OECD) evaluation criteria (relevance, effectiveness, efficiency, impact, sustainability), plus components of scalability, coherence and coordination. A two-day validation workshop with key national and district stakeholders was held and the final report reflects the discussions and recommendations generated at the validation workshop.

The evaluation asked four key questions:

1. Are OVC better able to access services and support in 2012 than they were in 2005?
2. Have services and support for OVC increased in quantity and quality since 2005?
3. Has the number of OVC reduced since 2005?
4. Has the definition of OVC adapted and changed since 2005, based on monitoring data and improved understanding of who are the most vulnerable?

The evaluation tools, as well as significant constraints, are described in the report and included in annexes. The executive summary outlines the key results and recommendations.

[1] Government of Malawi (2005) National Plan of Action for Orphans and other Vulnerable Children in Malawi, 2005-2009

Development and operationalisation of the OVC definition

The evaluation finds that the use of an OVC definition has been difficult to put into practise and possibly affected how children are identified and targeted. But the concept of orphanhood and, more importantly, vulnerability has had significant success in highlighting the challenges that children face. People now accept that there are many children who are less likely to be able to benefit from the services that are available and face different and particular risks that make them vulnerable. The NPA's emphasis on routine identification and data collection on a specific group of vulnerable children has improved knowledge about the scope and scale of childhood vulnerability at both a national and district level.

The context in which children are growing up has varied, with a growth in HIV treatment access and improvements in maternal and child health. However, the percentage of OVC compared to all children has not varied much over the past seven years.

Results for the six strategic objectives

1. *Strategic objective 1 – Enhance access to essential quality services*

Qualitative data collected shows that there has been improvement in children's access to services, especially education, between 2006 and 2012, with indications of improvements for OVC as well, specifically orphans. Education, social safety nets and psycho-social support are noted as strongest, with weaker progress in equitable access for OVC on health, nutrition, water & sanitation and birth registration.

2. *Strategic objective 2 - Strengthen family and community capacity to care for OVC*

There has been a significant shift in approach from providing one-off inputs to individually identified OVC towards strengthening families and communities through more sustainable approaches including building livelihoods security. The more nuanced identification of OVC at community level is also testament to improved ownership of initiatives demonstrating a shift in attitude from OVC not being recognised as a group (all children being assumed to be absorbed into traditional extended family structures) towards recognising a growth in vulnerability of some children, particularly child headed households.

3. *Strategic objective 3 – Improved policy and legislation, leadership, efficient coordination at all levels and equal and meaningful child participation for both boys and girls*

There has been mixed progress towards fulfilling this objective in that some components have been progressive and sustainable while others have never been implemented or drooped: at policy level, the National Registration Act and Child Care, Protection and Justice Act 2010 have the opportunity to significantly improve OVC to access their rights. This is significant progress. However, the translation of policy into implementation is less evident and both financial and technical support will be required to ensure that policies lead to regulations, mandates and resources for programmes to deliver. In terms of coordination, a detailed structure was put in place from community to national level but lack of resources, weak leadership – demonstrated by lack of oversight of implementation, especially with regards to development,

implementation and use of a strong monitoring system – and the weak M&E system hampered its operations, particularly after 2008. Child participation was not implemented in any systematic way at national, district or community levels.

4. *Strategic objective 4 – Strengthened technical, institutional and human resource capacity*

Between 2005 and 2008 there did appear to be a commitment to building the capacity of OVC service providers, particularly volunteer workers at community level and the MoGCSW at national level. As of 2010, the post of Community Child Protection Workers was mainstreamed into the MoGCSW budget demonstrating a strong commitment to OVC. The MoGCSW and mainly international NGOs implemented various capacity building initiatives at districts and community level. However, over the past two years, there appears to have been a lack of funding to continue to build capacity.

5. *Strategic objective 5 – Raised awareness at all levels through advocacy and social mobilisation*

Overall, there has been limited focus on intentional advocacy and social mobilisation. A possibly unintended but very important outcome has been the fact that the concept of child vulnerability is now widely considered an important factor when designing social policy. Civil society organisations are showing signs of moving from service provision to the role of advocacy, sensitisation and awareness-raising.

6. *Strategic objective 6 - Monitoring and assessment*

The weak implementation of monitoring resulted in a poor evidence base being available for planning, decision making, funding allocations and results for children. The M&E system was not adequately integrated with other sectors, where levers could have provided additional information on OVC. Both aspects of system monitoring and OVC monitoring were not fully functional, and data collection relied heavily on surveys and other studies.

Only 12% of the total budget was funded (although it has been hard to track funding due to overall weak monitoring and data collection). The huge gap between funding proposals and funds received, and the lack of coordinated funding plans are a significant challenge in achieving impact for children.

Analysis of the NPA for OVC response

1. *Relevance*

Relevance refers to whether the NPA for OVC was well suited to the policies and priorities of OVC and their families, implementing partners and donors. The NPA has remained relevant over time, adapting to emerging evidence on priorities for OVC such as social cash transfers and the importance of child protection. Unfortunately, weak implementation of the coordination mechanism resulted in the NPA not being able to reach its full potential of influencing all sectoral and overarching socio-economic policies into ones that contribute to the reduction of child vulnerability. At district and community level in particular, the service areas for OVC were seen as particularly relevant and important. The NPA would have benefited from a clearer vulnerability analysis which clarified how to identify those most vulnerable. More needs to be done to understand the drivers of gender inequity. Whilst younger children's needs seem met to a greater extent than in many countries, the needs of adolescents appear to have been a lower priority.

2. *Effectiveness*

Effectiveness refers to the extent to which implementing partners achieved the six strategic objectives of the NPA for OVC. Some individual components of the response were particularly effective, especially the focus on early childhood development. However, it is not possible to judge the effectiveness of the NPA for OVC in the absence of a functional M&E system. Stronger coordination would have significantly improved the effectiveness of the NPA and the possibility to prove with evidence the achievement of the objectives.

3. *Efficiency*

Efficiency refers to the efficient uses of resources to implement the NPA and its extension in relation to expected outcomes, including management and the decision-making process. Management of the NPA was significantly compromised by insufficient financial and human resources at MoGCSW as well as implementing partners. However, the methodology of strengthening community and family mechanisms appears to have been a highly efficient approach to reducing risks for children and supporting the vulnerable. The significant shortfall in funding inevitably affected the implementation of the NPA for OVC at all levels.

The methodology of delivering services to OVC was a critical element of implementing the NPA and has significant bearing on how efficiently the NPA guided scale up of services and support to OVC. The shift from individual to family and community strengthening would appear to have been both efficient and effective.

4. *Impact*

Impact refers to the changes expected as a result of the implementation of the NPA for OVC. After only seven years it is too early to say whether there has been a fundamental reduction in risks encountered by children leading to their vulnerability. However, there has been a significant change in the landscape for children in Malawi including OVC, a demonstrable drop in the number of orphans, an increased understanding of how to better reduce risks and vulnerabilities of children and an improved focus on ensuring equitable service delivery for all children. An indirect and positive impact of both OVC policy and NPA was that they raised the profile of children as a national social and development concern. Malawi's new Malawi Growth and Development Strategy II (2012-16) (MGDS II) explicitly include Child Development and Protection as a sub-theme under the broad theme of Social Development. The whole policy and legal framework was strengthened as a result of the implementation of the NPA.

5. *Sustainability*

There is unlikely to be widespread sustainability in terms of scale of service coverage specifically for OVC, given current reliance on external funding sources. Certain components, such as CBCCs and more generally the growth of family and community support, appear to have greater promise of sustainability. This is in large part because of the apparent continued social cohesion in Malawi, linked to sensitivity toward child vulnerability. The challenge will be to ensure that external support for locally-generated initiatives can be provided in a way that fosters their continuity and independence. The weaknesses in capacity building, across the board, and the failures of the monitoring and evaluation system raise concern about the extent of possible sustainability.

6. Scalability

A key strength of the NPA has been its strong focus on family and community-based programmes. Malawi's approach has not only been guided by, but (at times) guided the global response. The focus on CBCCs in particular has strengthened the community response. Centres have become hubs for multi-sectoral responses. Whilst more could be done with these centres as nodes of activity, notably improving linkages with HIV treatment, it is an excellent model. The Malawi NPA has placed a strong focus on ECD which is the most important entry-point for a sustainable, developmental approach to child vulnerability. The absence of robust data makes it hard to identify why these effective interventions mentioned above have managed to scale up and even harder to identify which components of programme design and intervention offer the best means to scale up interventions that will have the greatest impact in the most cost-effective way.

Conclusion and way forward

The National Plan of Action for Orphans and Vulnerable Children 2006-10/2011-12 placed children at centre stage. It is a tangible commitment to tackling childhood vulnerability from government, civil society and development partners. The NPA did achieve its overall goal to build and strengthen the family, community and government capacities to scale-up response for the survival, growth, protection and development of orphans and vulnerable children. Malawi has shown innovations that have then been taken to scale. Improvements were particularly noticeable in the early childhood development sector, overall improved family capacity to care for children due to inputs such as the social cash transfer and CBCCs, and increased education enrolment although with limited follow up. The next stage must be to harness this energy, which has largely been visible at TA and community level, and pay more attention to coordination, management and monitoring.

Outstanding weaknesses include: the fact that it is not possible to demonstrate 'impact' given the lack of data; the lack of child participation thus minimising the appropriateness and effectiveness of particular interventions or prioritisation of programmed activities; on-going tension between pre-defined 'OVC' and childhood vulnerability more broadly; a lack of focus on HIV as a key driver of childhood vulnerability; overlap and lack of clarity between child protection and OVC programming; and a possible risk of increased stigma faced by children due to labelling.

Recommendations

1. A new NPA for OVC is relevant. The new NPA needs to build on the lessons of the evaluation and have a stronger emphasis on how to build sustainable services for vulnerable children.
2. There must be stronger emphasis on organisational and institutional capacity, supporting CBOs and government.
3. Greater efforts need to be made to secure funding from the national budget. In particular, some activities could be mainstreamed into the budgets of line ministries such as education grants into the MoEST.
4. Malawi should develop a vulnerability framework that is able to clarify the risks faced by children and clarifies what these risks may result in and what coping mechanisms are needed to mitigate these risks and vulnerabilities. This framework needs to look at the fluidity of vulnerability by age and sex.

5. The focus on strengthening community and family systems should continue. A capacity analysis should be undertaken to better understand the capacity gaps within community based organisations that looks at both their technical and operational constraints. Special attention needs to be paid with regards their links with vulnerable children and their families so that CBOs are seen to be supporting the needs of the most vulnerable.

6. The structure developed to implement the NPA for OVC needs to continue, though needs strengthening at every level. Clear leadership needs to be established from the beginning with responsibility to ensure the NPA is fully put into action and clear accountability mechanisms from national to TA levels. A capacity analysis would help clarify the areas of weakness, and the national capacity building plan of the OPC can help in this regard.

1. INTRODUCTION

This report presents the findings of an impact evaluation of the National Plan of Action for Orphans and other Vulnerable Children (NPA) from 2005 to 2009 and its extension from 2010 to 2011. The NPA represents the overall framework for Malawi's response to address the impact of HIV and AIDS on children and their families, building on the National Policy for Orphans and Vulnerable Children (OVC), which was developed in 2003. At the close of 2012 we are living in a very different world to that of 2004 when the plan was first envisaged. Fast growing economies in Southern Africa, a global financial crisis, and an increase in access to life-saving HIV treatment and prevention have significantly changed the landscape. This impact evaluation provides an opportunity to review the extent to which the NPA made a difference in the lives of Malawi's children. It also offers an opportunity to examine how a multi-sectoral, coordinated response to child vulnerability over an extended period of time is able to adapt to children's needs, respond to the changing context and to build on evidence of success.

1.1. Context - Malawi's OVC responses, 2005 to 2012

In 2004, the HIV epidemic interacted with long-standing food insecurity and infrastructure challenges in Malawi to generate what was described as a 'major humanitarian crisis for children in Malawi'.[2] A Rapid Assessment, Analysis and Action Plan (RAAAP) was conducted in 2004 to determine the situation of orphans and other vulnerable children, identify gaps and formulate new strategies for mitigating the impact of HIV on affected and infected children and families. This analysis led to the National Plan of Action for Orphans and other Vulnerable Children (NPA) 2005-2009. Malawi was one of the first countries to develop a specific national plan.

A costed implementation plan accompanied the NPA, with 38 indicators across the six strategic objectives. The majority of the objectives focused on outputs (e.g. establishment of services or policies, for example) with a limited number focusing on outcome (e.g. equity of service access between vulnerable and other children). See ANNEX 2: NPAs Indicators for the full list of indicators. A funding plan was developed, with a budget of $206,157,661.

SUMMARY OF THE 2005-2009 NATIONAL PLAN OF ACTION

The overarching goal of the NPA for OVC is to build and strengthen the family, community and government capacities to scale-up responses for the survival, growth, protection and development of orphans and vulnerable children. The NPA has six strategic objectives:

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

The NPA was managed by a national OVC Technical and Advisory Support Unit within the Ministry of Gender, Children and Social Welfare (MoGCSW) whose role was to facilitate, coordinate, monitor and evaluate the implementation of the NPA, reporting to the Director of the Social Welfare Department (SWD). A multi-sectoral Technical Working Group (TWG) oversaw technical assistance and coordination of the Plan, meeting quarterly with specialist technical sub-committees. The overall accountability body was a National OVC Steering Committee, chaired by the Principal Secretary of the MoGCSW.

At district level, the District Social Welfare Office (DSWO) was to function as the focal point institution, working closely with the District OVC Committee of the District Assembly and the District AIDS Coordinating Committee (DACC).

[2] MoGCSW (2004). Orphans and Other Vulnerable Children: Rapid Assessment, Analysis and Action Planning, Malawi.

In 2009 a midterm review was conducted to enable the Government of Malawi to reflect on progress made in implementing the NPA for OVC, and identify areas of strength and neglected areas of implementation and coverage.

Key findings of the 2008 Mid Term Review

The MTR found that generally progress was being made across the NPA's six strategic areas. Successes included: increased access to social cash transfers for vulnerable households, and improved access to education. The MTR noted that the development of the M&E system had been slow to start making measurement of progress problematic. Furthermore, while progress had been made at central level to improve coordination, improvement was needed at district level. It highlighted challenges to the effective functioning of the overall coordination mechanisms due to significant resource constraints, and some challenge in operationalising the National Steering Committee and Technical Working Group, particularly with regards to capacity within the MoGCSW, and especially the DSW.

On funding the MTR found that resources released for the NPA for OVC are reconciled by NAC and UNICEF independently. There are no annual planning processes that integrate activities of all stakeholders, in line with the priority areas of the NPA. While there are resources for OVC, there is not a clear linkage between the NPA Budget, the Strategic Objectives and the financial support from donor inflows.

Source: Mid Term Review 2008

In 2009 a two-year extension was planned to align the NPA with Malawi's National Development Plan. The strategic objectives and coordination mechanisms remained the same, though the definition of OVC was broadened to include non-HIV specific vulnerable groups and new indicators and activities were added. A costed implementation plan was developed outlining an additional $93,436,605 in requirements.

The Malawi Demographic and Health Survey of 2010 shows that Malawi has continued to make progress to improve service access for all children, and that Malawi is on track to meet some of its MDG targets. However, OVC access to improved care and support from outside their households or community remains low: **only 17% of households caring for OVC receive external care and support**.[3] OVC responses are often small-scale and fragmented, of variable quality, and insufficiently embedded in national systems.

On the other hand, there have also been tangible improvements in several significant areas: a huge growth in attention to child poverty, with a growing focus on social protection including child-sensitive social protection in the country; a growing focus on 'systems' for supporting children against poverty, abuse and other risks that render children vulnerable; and a growing global body of evidence (much of the evidence being generated or endorsed within Malawi) on what works to support vulnerable children.

[3] *Malawi Demographic and Health Survey 2010*. National Statistics Office 2011 Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro.

It is therefore timely to measure the impact not only against the NPA itself but to identify where and to what extent a coordinated, strategic focus on child vulnerability has facilitated this progress.

Overall, children in Malawi have increased access to services across the board and nationally there has been a huge growth in focus on child poverty.

So far, however, there is still inequity between all children and those who are orphaned or vulnerable.

In 2010, only 17% of OVC had access to improved care and support from outside their households or community.
Source: Demographic and Health Survey 2010

1.2. Scope of the review

In September 2012, Maestral International was appointed to conduct an impact evaluation of the Malawi NPA and NPA extension. The team comprised of three Maestral International consultants (Susan Amoaten, Manolo Cabran and Siân Long) and two consultants from Magomero College (Felix Kakowa and Juliet Kamanga). The review was conducted between October and December 2012. Section 2 outlines the methodology for the review.

Key findings are outlined in Section 3, and a critical analysis of the findings is explored in more detail in Section 4. The report ends with concluding observations and a number of draft recommendations, for consideration by the Technical Working Group for OVC.

We intend for this report to be forward-looking, so that we can learn from the intensive efforts of the past seven years to inform a nationally-owned response to Malawi's vulnerable children that is appropriate for today's world.

2. METHODOLOGY

The review was conducted in four stages:

i. ***Preparation***: The team developed a methodology for the impact evaluation, based on review of key documents. An inception report was presented to the National Technical Working Group on OVC for amendments and a final inception report endorsed.

ii. ***Data collection***: Data was collected over a one month period (7 November – 7 December 2012), comprising 25 interviews with national stakeholders, a focus group discussion (FGD) with members of the National Technical Working Group on OVC, nine district visits comprising a FGD with the District Technical Working Group on OVC and key informant interviews with district officials, and visits to two to three Traditional Authorities per district (the number varied according to the size of the district) where data was selected from Traditional Authorities (TA), community-based organisations (CBO), and Community Child Protection workers (CCPW). Simultaneously, a questionnaire was emailed to the District Social Welfare Officer (DSWO) in all 27 districts, of which 14 were returned (see ANNEX 3: Statistics Table

Key indicator	RAAAP	MICS	DHS	DHS	Extended NPA
	2004/5 baseline	2006	2004	2010	

% of households with OVC who receive free basic external support in caring for OVC	32.5%	18.5%	17.3%	
% of OVC receiving material support		8.8%	2.6%	
School attendance ratio of orphans as compared to non-orphans		0.98	0.96	
School attendance ratio of orphans as compared to non-orphans: a) primary	0.97			
School attendance ratio of orphans as compared to non-orphans: a) secondary	0.94			
School attendance ratio of orphans as compared to non-orphans: a) tertiary				
% of OVC receiving educational support		5.8%	7.6%	19395
No. of OVC attending vocational training				
% of OVC receiving medical support		5.5%	8.9%	
Ratio of orphans receiving health care as compared to non-orphans			1.1	
Malnutrition ratio of orphans as compared to non-orphans (0-4)	1.3			
Underweight		1.14		
Stunting		1.10		
Wasting		1.08		
No. of OVC accessing improved sanitation				
No. of OVC accessing safe drinking water				
% of children (0-17) whose births are registered				
No. of children with a birth certificate				
No. of OVC accessing formal foster care or adoption				
% households caring for OVC				
No. of children living on the streets	3000			
No. of children living in institutional				

care				
% of children that have three locally defined needs for personal care			52.6%	
No. of households housing OVC accessing IGAs				
% of OVC receiving appropriate PSS		4%	3.3%	
% of OVC receiving appropriate referrals in cases of abuse and exploitation				
% of widows and orphans that have experienced property dispossession			35.6%	
% of OVC experiencing stigma and discrimination because of their orphan status				
Ratio of OVC aged 15-17 who had sex before age of 15 compared to non-OVC		1.35		
No. of OVC on educational sponsorship (i.e secondary school fees bursary)				19395
No. of OVC trained in lifeskills				11032
No. of OVC benefitting from the cash transfer programme				
% of support groups with communal gardens				46%
Proportion of those starting ART who are children < 15				10%
No. of households with vulnerable people reached with impact mitigation interventions				
No. of CBOs supporting PLWHIV receiving financial support in the past 12 months				728
No. of orphans attending school		62405	89.3%	
% of children who are OVC	14%	18%	17%	12%
% of orphans registered		12.4%	12.6%	
% of OVC living with chronically ill guardians		5.3%	3.4%	7%
No. of community child protection workers				776

% of community child protection workers with bicycles			92%
No. of CBOs supporting OCV			3086
No. of Children's Corners established			1032
No. of registered children's homes/institutions caring for OVC			59
No. of CBCCs			5609
No. of children enrolled in CBCCs			336499
Total no. of care givers in CBCCs			45257
% of care givers in CBCCs who are trained			25%
No. of households with OVC provided with start up capital			10436
No. of persons trained in providing psychosocial care			2734
No. of foster parents trained in OVC care			1632
No. of laws amended and drafted			8
% of OVC provided with legal assistance			35%
No. of law enforcement officers trained on the use and interpretation of the key OVC policy, child protection policy and legal frameworks			1309
No. of courts with child friendly facilities			8
No. of technical and advisory support officers in place and working			7
No. of child protection workers recruited and trained in OVC, children's rights and child protection			866
No. of IEC materials printed and distributed			94000
No. of district databases operational			29
% of districts submitting quarterly reports on time			82%
% of children 0-17 who are	7.4%	17%	

considered vulnerable			
% of children 0-17 who are orphans		12.4%	12.6%
% of children 0-17 who are orphans (single)		9.5%	
% of children 0-17 who are orphans (double)	5.7%	2.8%	

iii. ANNEX 4: Questionnaire).

iv. ***Data analysis***: Data was analysed using a vulnerability framework developed at inception stage (see 2.1 below) and using Organisation for Economic Co-operation and Development (OECD) evaluation criteria (relevance, effectiveness, efficiency, impact, sustainability).[4] In addition, scalability, coherence and coordination were considered.

v. ***Report writing and dissemination***: A draft report with preliminary findings was submitted to the MoGCSW and the TWG. A validation workshop was held over two days in February 2013 where over 40 participants from government, CSOs, development partners and DSWOs from the nine selected districts. Preliminary findings were presented, analysed and discussed, in order to reach the highest level of consensus possible. The feedback and inputs have been included in this final report along with recommendations generated at the validation workshop.

2.1. Theoretical framework

The purpose of defining vulnerability is to allow policy makers and implementers to identify most at-risk children to either lessen children's vulnerability (prevent their exposure to risk) or to mitigate its impact. **Vulnerability is a fluid concept** which evolves over time, as evidence grows about who is and is not more vulnerable against a given risk. **Vulnerability is also a relative concept,** dependent on what is locally accepted as the norm for all children. This implies that a child may be more or less vulnerable at different points in time, depending on his or her capacities, skills and environment.

> Child vulnerability (to poverty, maltreatment, lack of access to basic services) depends on individual and social circumstances of the child. It varies according to the age, sex and other issues that affect the child and depends on the family and wider situation.
> Child vulnerability is relative, as it depends on what is considered 'normal' or the minimum acceptable for all children living in the same setting.
> A child may be more or less vulnerable at different points in time, depending on changes in his or her capacities, skills and environment.

In order to determine the *impact* of the NPA for OVC, the team developed a framework which would enable it to understand the *process* of reducing children's vulnerabilities to risks. It took as its base analysis found in the RAAAP and resultant NPA that:

- OVC are less able to access food, health, education and protection entitlements because of the discrimination and stigma they suffer in relation to other children;

- OVC are unable to achieve their full potential since the quality services and care they need for their sound growth and development are unavailable and/or insufficient for all children.

[4] www.oecd.org/dac/evaluationofdevelopmentprogrammes/daccriteriaforevaluatingdevelopmentassistance

International understanding of the concept of OVC has adapted significantly over the past seven years. This shift has moved from a narrow focus on primarily HIV-affected children to a more nuanced understanding of vulnerability, in which HIV-related issues are complemented by other dimensions including poverty, care giving environment and family education levels.

A successful NPA for OVC should create positive change at outcome levels: a safer environment for OVC through sustained improvement in scope and quality of services to children and their households; and at impact level: perceived improvement in quality of life by children, families, service providers and policy makers.

2.2. Applying the framework to the NPA

The vulnerability framework used four questions to measure whether the assumption about vulnerability at the start of the NPA helped improve services for specific groups of children, whether selection of those groups was appropriate, and whether the implementation of the NPA adapted to an evolving understanding of vulnerability:

1. **Are OVC better able to access services and support in 2012 than they were in 2005?**
2. **Have services and support for OVC increased in quantity and quality since 2005?**
3. **Has the number of OVC reduced since 2005?**
4. **Has the definition of OVC adapted and changed since 2005, based on monitoring data and improved understanding of who are the most vulnerable?**

The four guiding questions mentioned above are not to be linked to one or another specific strategic objective of the NPA. In the evaluation's vulnerability framework, the NPA was considered holistically, as an integrated planning document presenting expected changes for OVC. For this reason, the four guiding questions apply to the scope of the overall goal, which is expected to be the consequence of the joint implementation of the activities contained in the six strategic objectives.

The NPA will have had an impact if the evaluation can demonstrate that OVC are less discriminated against, and have equal access to quality, available and adequate in number services and care as other children. The evaluation will present the findings under the OECD evaluation criteria: relevance, effectiveness, efficiency, and sustainability also considering coordination and scalability.

2.3. Data collection tools

Tools were developed to measure quantitative change over time of services delivered, children reached and coverage both geographically and in terms of 'categories' of vulnerable children; and qualitative perceptions of impact over time.

Initially, the review team had intended to hold discussions with children and their care givers directly using the Most Significant Change methodology. However, the TWG for OVC believed this may create ethical problems and therefore agreed to remove this level of the evaluation.

Tool	Purpose and content	Recipients
Questionnaire	District survey to have quantitative data on services, coordination and resources	All DSWO
Focus Group Discussions	Ask opinions on services, challenges and lessons learnt	OVC technical working groups at national and district level, care givers[5] at TA level
Key Informant Interviews at national level	Interviews with key stakeholders on changes in service coverage and access with views on successes and weaknesses	Government Agencies, Development Partners, Civil Society Organisations
Key Informant Interview at district level	Interviews with stakeholders from key sectors on efforts deployed, and management with special focus on service provision, coordination, M&E	District sectoral offices, Civil Society Organisations
Literature review	Desk review of relevant documentation produced before and during the implementation of the NPA	N/A

2.4. District sampling

Nine districts were selected for detailed input into the impact evaluation including some that were included in the 2008 mid-term review,[6] in order to compare results. In addition, the following four criteria were used to select districts: district data on HIV[7] and orphanhood prevalence[8]; per capita district funding allocation for HIV from the health sector[9]; availability of plan of action and coordination bodies[10]; and urban and rural contexts. Higher HIV prevalence in the Southern Region led to a decision to include four districts in the southern region, three in the Central Region and two in the Northern Region.

Whilst every effort was taken to ensure a good cross-section of inputs from district level, as with all national evaluations, caution should be taken with making very specific generalisations.

[5] Primary data collection included views from care-givers at the TA and village levels.
[6] Districts included in the MTR were: (Northern Region) Mzimba, Nkhata-Bay; (Central Region) Mchinji, Ntchisi, Salima; (Southern Region) Zomba, Blantyre, Mulanje, Chikwawa.
[7] STI and HIV prevalence survey, MoH, 2010
[8] Population and Housing Census, GoM, 2008
[9] Health sector resources in Malawi: Key findings from resource mapping, CHAI, 2012
[10] Mapping and Assessment of Child Protection System, GOM, 2012

Region	District	HIV Prev.	Children orphan	Urban pop.	Rural pop.	Health OVC district funding	Child comm.	Action plan
Central	**Lilongwe**	14,20%	9,49%	35,40%	64,60%	$ 284.367,27	Present	Absent
Central	**Mchinji**	10,10%	9,44%	3,92%	96,08%	$ 79.270,19	Present	Absent
Central	**Ntcheu**	11,80%	14,61%	3,10%	96,90%	$ 252.207,05	Present	Present
Northern	**Karonga**	11,50%	13,43%	14,94%	85,06%	$ 103.270,19	Present	Absent
Northern	**Nkhata Bay**	11,20%	17,13%	5,22%	94,78%	$ 79.270,19	Present	Present
Southern	**Blantyre**	17,80%	14,77%	65,99%	34,01%	$ 294.070,19	Present	Present
Southern	**Chikwawa**	11,70%	12,14%	1,61%	98,39%	$ 294,401.21	NA	NA
Southern	**Mulanje**	19,50%	17,02%	2,78%	97,22%	$ 228.207,05	Present	Present
Southern	**Zomba**	15,51%	14,64%	13,22%	86,78%	$ 520.089,96	Present	Present

2.5. Limitations

The most significant limitation is the lack of robust statistical data available from the MoGCSW on the indicators within the NPA for OVC. Unfortunately data was not collected related to the indicators of either the 2005-2009 NPA nor the 2010-2011 NPA extension. This lack of data on the indicators of the NPA meant the consultants needed to consider other proxy sources to verify the qualitative information collected from key informant discussions. In order to overcome the lack of data, the consultants looked at data from a number of other (non-NPA) sources including DHS 2004 & 2010, Welfare Monitoring Survey (WMS) data and Education Management and Information (EMIS) data on OVC 2010. However, this posed a new set of challenges. For instance, where data is available, different sources report different figures that are often contradictory, making it challenging to distinguish which data are reliable and which are not. For example, DHS 2004 estimated the number of orphans to be 32,550, the HIS 2005 to be 27,495 and finally, MICS 2006 to be 71,414. Another example of this contradiction is: according to WMS 2011 (data from 2010), net enrolment rate for children in primary school is 86.3% (89.6% for orphans), whereas, according to EMIS 2010, NER in primary school is 100% (13% of which are single or double orphans). This poses the problem of which figure to use as the baseline for the NPA. It therefore follows that statements from qualitative data gathered from KII, questionnaires, FGDs are often made in this report without supporting figures.

Another challenge with the available data is that, in almost all cases, the only vulnerability criterion used for disaggregating results was orphanhood. Very few sources reported on numbers of child headed or elderly headed households, homeless children or other vulnerable groups. Data that are segregated by age group and sex often exists for orphans at district level, not at national level.

Further limitations relate to the concept of impact evaluations in general:

- The NPA for OVC has only been implemented for seven years, a short time within which to have significantly changed the environment for OVC in any tangible way. While it is possible to identify some trends and directions, it is not possible to demonstrate a sustainable and long-lasting difference.

- There is no strong baseline upon which to measure change. The RAAAP and NPA provided strong analysis of challenges but with limited data. There was no statistical baseline available in 2005 or now and therefore the impact evaluation has either relied on proxy indicators of services or perceptions of key stakeholders.

  The NPA for OVC was not considered in conjunction with the HIV Impact Mitigation Strategy. Where relevant, HIV-related vulnerabilities for children were considered, but given the existence of the OVC Policy (2003), the planning exercise for OVC was linked to this and not to the National AIDS Framework and its related HIV Impact Mitigation Strategy. The 2010-11 extension period would have been an opportunity to generate stronger linkages between the HIV impact mitigation and OVC strategies.

- It is problematic to attribute definitively positive or negative change to any one intervention as change is complex, usually affected by multiple factors simultaneously.

Lesson learned: Challenges in monitoring OVC NPAs through the OVC database

A key function of the NPA was to monitor numbers of OVC through establishing an OVC database. This was beset with challenges from the start which affected its value for monitoring purposes and constrained both the MTR and final impact evaluation. The M&E framework was not developed until 2007, two years after the start of the NPA, because of delayed recruitment of appropriately qualified staff. The M&E Officer then had to design a system from scratch with limited financial resources. To save costs, a free online database was used which has proven to be problematic in terms of data entry and data access. Data was collected from TA level using standardised forms on 36 indicators. The complexity of the forms, fact they were not translated into local languages and were disseminated without training limited their use, and made data 'cleaning' time consuming. The database was not up and running until 2008 leaving an enormous backlog. The system was overwhelmingly complex for the available expertise and capacities. The resultant backlog of data exists to this day. Much of the focus of data collection was on the profile of an OVC rather than changes in access to services. These challenges were raised with the SG and TWG by the M&E staff of the MoGCSW on a number of occasions, as reported by key informants working within the MoGCSW. They were also highlighted in the MTR. However, the challenges remain unresolved. As a result, few stakeholders in Malawi believe the information in the OVC database is sufficiently robust to use for planning purpose or analysis, given the under-reporting of data at every level. A stronger OVC database could have been useful to understand the changing nature of vulnerability and of course to better channel scare financial resources based on evidence of need.

- In terms of logistics, a significant constraint was the delay in initiation of the evaluation from the second quarter to final quarter of 2012, due to a shift in timing of contract award. This reduced the time available for field work and led to difficulties in accessing key stakeholders at a very busy time of year for policy makers and service providers.

3. KEY RESULTS OF THE NPA AND EXTENSION

3.1. Overall context in which the NPA is being implemented

Malawi is a Presidential Republic with a current population of around 16,323,000 (est. July 2012), of whom over half are children[11]. It is one of the most densely populated countries in the world (nearly 138 individuals per square kilometre), and a population growth rate of more than 2.7%.Life expectancy at birth is 53 years (52 for men and 54 for women). More than 15.3% of the population live in urban setting. Malawi is a low-income country, and poverty is widespread, per capita Gross National Income is 280.00US$ (760US$ at PPP); nearly 75% of people live with 1.25USD a day or less. Income distribution is unequal (Gini index is 39). Forty per cent of Malawi's population are categorised as poor and 15% as ultra-poor[12]. Malawi was ranked 89th out of 180 countries on Transparency International's 2009 Corruption Perceptions Index, representing a significant improvement compared to the 115th position in 2008. Similarly, the 2009 Mo Ibrahim Index of African Governance shows a somewhat improving score of 53 for Malawi (out of 100) compared to 51 in 2005.

Poverty is widespread in the country and affects seriously the capacities of Government to ensure basic services. Donor aid was generally above 40% of the government budget in the recent years. Budget support was suspended in 2003/04 and in 2011, with serious repercussions on the country's economy and on provision of services by the Government. The economic crisis that started in 2007 also led donor countries to reduce and prioritize their economic support to Malawi.

Malawi ranks 153 in the Human Development Index and around 85% of the population live in rural areas with a high dependency on agriculture. In the past, the economy has been dependent on substantial economic aid from development partners at 40% of government budget. Malawi is on track to achieve five Millennium Development Goals (poverty (1), child mortality (4), HIV, TB and malaria (6), environmental sustainability (7) global partnership for development (8). Universal primary education is "possible if changes are made" and gender equality and maternal health are off track.

[11] Malawi Population Data Sheet 2012, Population Reference Bureau

[12] Malawi MDG Report, 2009

3.2. Development and operationalisation of the OVC definition

At the heart of operationalising the NPA for OVC is the definition of an orphan and vulnerable child. The official definition has remained the same since 1992 when it was first included in OVC policy guidelines. However, whilst the definition has remained constant within the policies and strategies of the MoGCSW, and has had significant buy-in from the civil society sector, the concept has had more mixed buy-in from other government Ministries, and at community level.

The rationale for having a fixed OVC definition was to ensure effective targeting of vulnerable groups of children, in order to improve their access to key services and support. The NPA 2006-2010 adopted the existing definition outlined in the National Policy on Orphans and Vulnerable Children of 2003, thus maintaining an emphasis on HIV-specific vulnerabilities.

The operational challenges of applying the OVC definition have been many and varied:

- Lack of dissemination of the OVC definition at community level, leading to a tendency to focus on orphans only;
- An assumption by many stakeholders, particularly CBOs funded by the National AIDS Commission (NAC), that the definition focussed only on OVC in the context of HIV, i.e. children living in households headed by a chronically ill caregiver. This excluded children such as those of no fixed abode or living in child, youth or elderly-headed households;
- Vulnerability criteria that mix family status with lack of access, without clearly addressing either and without acknowledging the importance of the length, severity and duration of exposure to multiple risks;
- Different organisational definitions of OVC used by civil society organisations, usually to improve their targeting to the most vulnerable within their community; and
- A lack of coherence between the OVC definition and the vulnerability criteria used for health and nutrition assessment (Ministry of Health) and food security (Office of the Prime Minister (OPM) HIV & Nutrition Unit). UN agencies also used different targeting criteria, including the World Food Programme. Within both the health and nutrition sector, indicators of vulnerability relate to other factors such as age (for health) and food security within households (for nutrition).

OVC definition

In Malawi the National Policy on Orphans and Other Vulnerable Children defines an orphan as: *'A child who has lost one or both parents because of death and is under the age of 18 years.'*

A vulnerable child is defined as: *'a child who has no able parents or guardians, staying alone or with elderly grandparents or lives in a sibling headed household or has no fixed place of abode and lacks access to health care, material and psychological care, education and has no shelter.'*

Source: OVC Policy Guidelines, 1992, The National Policy on Orphans and Vulnerable Children, 2003.

Whilst these weaknesses have led to an inconsistent application of 'OVC' as a targeting criterion, with an over emphasis on orphanhood, it is evident that **the concept has had significant success at highlighting some of the specific challenges faced by this group of children.** There is wide scale acceptance that OVC are less likely to access mainstream services and support and may be susceptible to specific issues based on their vulnerability. CBOs and community groups used local definitions that both reflected local causes of vulnerability and also acknowledged the ability of children to be absorbed into existing community systems. This has led to a change in understanding at grassroots level, from a largely HIV-specific focus towards a poverty focus. As part of this shift, child-headed households in particular were seen as a priority for external support. For example, the SCTP's eligibility criteria of ultra-poor and labour-constrained households include children from child-headed households, regardless of the HIV status of family. At the national level, this shift in focus was reflected in the 2006-2010 MGDS, which includes households headed by orphaned children and children less than five years as most vulnerable.

> The use of an OVC definition has been difficult to put into practise and possibly affected how children are identified and targeted. But the concept of orphanhood and, more importantly, vulnerability has had significant success in highlighting the challenges that children face. People now accept that there are many children who are less likely to be able to benefit from the services that are available and face different and particular risks that make them vulnerable.

The extended NPA 2010-2011 maintained the existing OVC definition, broadening it to include children sexually or otherwise exploited and abused; children in conflict with the law; children living on/in the streets; and children with disabilities. This shift reflects international evidence, as well as national data showing that orphanhood alone does not inevitably make a child vulnerable. For example, the 2011 publication *Taking Evidence to Action*, which highlights the importance of: integrating responses into HIV-sensitive, rather than HIV-specific, with a more nuanced understanding of predictors of economic and social vulnerabilities;[13] delivering appropriate support equitably, fast-tracked to those most in need;[14] with increased focus on social protection that is child-sensitive and that addresses both poverty-related vulnerabilities but provides wrap-around protection and basic services;[15] and with family-centred approaches, working not just with individual children but the whole family and community.[16] The Malawi NPA has been ahead of the curve by acknowledging broader vulnerabilities. In the initial RAAAP and subsequent NPA, data on orphanhood was interrogated and the policy included other children, for example children in conflict

[13] Akwara, P., et al. (2010), Who is the vulnerable child? Using survey data to identify children at risk in the era of HIV and AIDS. *AIDS Care 22 (*9):1066-1085.

[14] UNICEF Malawi (2012), *Building an HIV-sensitive national child protection system.*

[15] DFID et al. (2009), Advancing Child Sensitive Social Protection

[16] International HIV/AIDS Alliance/ Save the Children (2012) *Family-centred HIV programming for children: good practice guide.* Brighton: International HIV/AIDS Alliance; Wakhweya A, Dirks R & Yeboah K (2008) *Children thrive in families: family centred models of care and support for orphans and other vulnerable children affected by HIV and AIDS*. Produced for JLICA Learning Group 1.

with the law. There remains some lack of clarity, for example the NPA extension states that *"the majority of the children, especially OVC, drop out and remain out of school*", not evidenced as to why 'OVC' are out of school, or whether it is the non-school-attendance that means that they are categorized as 'OVC'.

The NPA's emphasis on routine identification and data collection on a specific group of vulnerable children has improved knowledge about the scope and scale of childhood vulnerability at both a national and district level.

The table below shows a decrease in the overall number of orphans.

Indicator (%)	2005	2006	2007	2008	2009	2011
Proportion of orphans among children (20 years and below)	20	15	17	15	15	13
Proportion of households headed by female	25	23	28	25	25	24
Proportion of households headed by children under20	1	1	1	1	0	1
Proportion of households headed by person 65 and above	14	13	13	13	NA	NA

Source: Welfare Monitoring Surveys, various years

The decline in the number of orphans is also confirmed in UNICEF Stocktaking Reports:

	Single or double orphans from all causes	Single or double orphans due to AIDS			Maternal orphans all causes	Paternal orphans all causes	Double orphans all causes	Orphan school attendance ratio	% of children whose households received external support
		Estimate	Low estimate	High estimate					
2005	950,000	550,000			540,000	650,000	240,000	0,93	–
2007	1,100,000	550,000	470,000	640,000	540,000	740,000	230,000	0.97	19
2009	1,000,000	650,000	540,000	780,000	510,000	690,000	180,000	0.97	19

Source: UNICEF, HIV and AIDS Stocktaking Reports, various years

Whilst these figures are encouraging, showing overall improvements in life expectancy of adults through wider access to ART, and improvements in maternal and child health leading to a reduction in infant deaths, they are still high. The 2010 Demographic and Health Survey[17] shows that 17% of all children under 18 years old are OVC (12.6% orphans, 5.7% vulnerable); and 19% of orphans are not living with either biological parent. Key Informant Interviews suggest these figures could be even higher if a broader definition of vulnerability were applied and if data collection on vulnerability were strengthened with a rise in overall poverty and of family breakdowns as significant factors related to child vulnerability. **The percentage of OVC compared to all children has not varied much over the past seven years.** It was 18% in 2004, decreased to 17% in 2009 and rose back to 18% in with 24,824 households caring for OVC[18].

Despite the increase in the percentage of children nationally who are vulnerable, **only 17.6% of households are reported to be receiving free basic external support in caring for OVC in 2010.** This figure represents a decrease from baseline figure from 2004 which reports that 32.5% of households caring for OVC were receiving free basic external support. However, it is not

[17] National Statistical Office (NSO) and ICF Macro. 2011. *Malawi Demographic and Health Survey 2010*. Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro.
[18] DHS 2010

possible to draw conclusions on coverage or impact from these statistics. They could reflect the increase in the number of children that are classified as vulnerable and the consequent increase in the number of households caring for OVC, or a decline in access to external support or an inaccurate estimation of numbers of OVC receiving external support in 2004.

Qualitative data through interviews at every level (including NAC) highlighted **a significant drop in external funding which means fewer external resources are available for OVC**. In many respects, service provision in Malawi is still highly aid dependent. This implies that fewer resources are available for OVC households, hence the decline in the *percentage* of OVC households reached with free basic external support. CBOs referred to child-, youth- and elderly-headed households as being significantly increasing, but available data may suggest an over-representation of this phenomenon. A USAID report of 2010[19] reported *that 'in 2006, 85% of OVC households received no support services of any kind'*. This is in contrast to the MTR which reported: *'[The] number of households that received free basic external support to care for OVC rose from 13.63% (60,000) in 2004 to 32.5% (358, 094 households), to 53.3 % (585,945 households) in 2007. The Universal Access target for 2008 of 60% is likely to be met by end of December, 2008'*[20].

3.3. Evolution of good practice in programming for OVC

The first global guidance on programming for OVC was the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (UNICEF, et al, 2004). The framework lays out five key strategies:

a. Strengthening the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.

b. Mobilising and supporting community-based responses.

c. Ensuring access for orphans and vulnerable children to essential services, including education, health care and birth registration.

d. Ensuring that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities.

e. Raising awareness at all levels through advocacy and social mobilisation to create a supportive environment for children and families affected by HIV and AIDS.

This Framework was accompanied by a companion paper that drew attention to some of the components that people felt were lacking from the original framework:

[19] USAID (2010) Social Welfare Workforce Strengthening for OVC
[20] MTR 2008

- Social protection, specifically social cash transfer programmes linked to family support services.

- Legal protection and justice, notably tackling inheritance and improving civil registration systems, strengthening child protective services within the police, justice and social welfare systems. In addition, strengthened legislation and enforcement policies on child labour, trafficking, sexual abuse and exploitation.

- Alternative care, including supporting and monitoring informal family care arrangements and improving the formal care system.

- Addressing stigma related to HIV, abuse and exploitation.

- Strengthening the state's social welfare sector.

Lesson Learned: Extent to which Malawi's NPA has reflected global guidance on good practice for OVC

Malawi's NPA has reflected the shift from HIV-specific to HIV-sensitive responses. At times, Malawi has been a leader in this global policy shift, for example by providing evidence on the links between household poverty and orphan status. The global debate has been informed by ground breaking programmes such as Malawi's social cash transfer. Although the social cash transfer was broader than an NPA activity, it is clear that the focus on the need for social protection within the NPA and the linkage between the cash transfer and other OVC interventions is a sign of good practice.

In 2008, findings from the Joint Learning Initiative on Children affected by HIV and AIDS (JLICA)[21] were published. These identified lessons that are now considered to be good practice in caring for children. The findings were consolidated in 2011 to provide guidance for programming for vulnerable children, *Taking Evidence to Impact: Making a difference for vulnerable children living in a world with HIV and AIDS*.[22] The guidance focuses on the need for better context-specific vulnerability analysis to guide programming and targeting, the need to enable children and young people to participate more actively in planning and programming, the necessity of child- and HIV-sensitive social protection approaches to address household and community economic and social deprivation, and the need for increased investment in national and community social welfare and child protection systems to improve quality and coverage of support for vulnerable children and their families.

As described above, global good practice has been evolving rapidly in this area with a growing recognition that "*AIDS-related vulnerability does not always identify children most in need of external support, and other factors such as poverty and education levels in the family are equally important*" (Akwara et al, 2010). Despite the inclusion of non-HIV-exclusive criteria in Malawi's OVC definition, in

[21] A two-year global learning initiative that generated original evidence on key issues related to experiences of children affected by HIV and AIDS (CABA). www.jlica.com
[22] UNICEF, 2011. Taking Evidence to Impact: Making a difference for vulnerable children living in a world with HIV and AIDS

practice there has been a heavy emphasis on orphans and HIV. For example, the NPA extension states that *"the majority of the children, especially OVC, drop out and remain out of school"* but does not have the data disaggregated sufficiently by age, sex or other characteristics, that would make it possible to focus on improved school attendance and retention. That said, the plan has recognised some age- and gender-specific vulnerabilities – for example, the issue of girls' and boys' education access is disaggregated.

4. OVERALL RESULTS OF THE NPA AND NPA EXTENSION

This section reviews the six strategic objectives of the NPA and NPA extension. For each strategic objective, data are provided (where available) on the main outcomes over the seven years, followed by analysis on the extent to which the results have led to an overall improvement for all children *including* orphans and vulnerable children and, where it is possible to measure, the extent of reduction in inequality for orphaned and vulnerable children. Each section identifies the lessons learned about which interventions appear to have provided good results and what the challenges were. The implications of these findings are analysed in more detail in section 5.

4.1. Results for strategic objective 1 – Enhance access to essential quality services such as education, health, nutrition, water and sanitation and birth registration with increased support from social safety nets

Indicators from NPA

1. Integrated social safety net systems for OVC established
2. % of households with OVC who receive free basic external support in caring for OVC
3. School attendance ratio of orphans as compared to non-orphans a) Primary, b) Secondary, c) Tertiary
4. No. of OVC attending vocational training
5. Ratio of orphans accessing health care as compared to non-orphans
6. Malnutrition ratio of orphans as compared to non-orphans
7. No. of OVC accessing improved sanitation
8. No. of OVC accessing safe water
9. % of children whose birth are registered (0-17 years)
10.No of children with a birth certificate

Key findings

There has been improvement in all children's access to most services between 2006 and 2012, with indications of improvements for OVC, specifically orphans.

Education, social safety nets and psycho-social support (included in the extended NPA) have noted greater progress in equitable access for OVC than health, nutrition, water & sanitation and birth registration. In the cases of health and nutrition, this may be

because data does not disaggregate OVC from all children. In the case of birth registration, progress is limited because the programme started in 2011 and therefore cannot record results within the timeframe of this evaluation.[23]

There were no specific interventions for OVC in water and sanitation services, suggesting this has been a low priority for children's services in general though some CSOs did include this service integrated into work building CBCCs or improving school facilities.

4.1.1. Education

Access to education in Malawi has improved for all children since 2006. According to data from the 2010 Malawi DHS, 91% of all children attend primary school, compared to 82% in 2004 (DHS 2004) with slightly higher enrolment of males to females. Secondary school enrolment has also increased slightly from 11% of all 14-17 year olds in 2004 to 12% in 2010[24].

Orphans are not necessarily disadvantaged compared to other children. The WMS 2010 shows that non-orphans in primary schools are more likely to drop out but less likely to repeat class. These proportions are inverted at secondary schools. That is, orphans are more likely to drop out but less likely to repeat classes. This means that factors other than orphanhood have important impacts on children's access to education.

The NPA for OVC sought to achieve equal education access for OVC compared to all Malawian children. This resulted in a national scale up of education bursaries[25] for OVC to attend secondary schools, covering all school fees (but not including transport, uniforms or scholastic materials), and school lunches. There were also other successful initiatives such as teacher training on OVC issues and clubs for out-of-school youth to help them reintegrate into mainstream education which improved understanding of OVC related school challenges.

Education support is available in every district of Malawi. Bursaries are administered at community level, usually by CBOs who worked with Traditional Authorities to identify OVC for support. Funding for the bursaries was mainly provided through the NAC from the Global Fund Round 5 grant. CBOs and TAs alike maintain that bursaries have been a positive input for OVC as they enable them to go to secondary school and improve both completion rates and reduce the number of repeated years. The WMS 2011 shows that school attendance between non-orphans and orphans is the same for children aged 6-10 years (89% vs. 89.1%); nevertheless, school attendance for orphans decreases more significantly than for non-orphans, reaching

[23] Whilst the National Registration Act was passed in 2009, the National Registration Bureau only rolled out registers in all villages in the country in 2011. Since March 2012, over 5000 babies have been issued with birth reports, through hospital based registration but this is outside the timeframe of the NPA and NPA extension.
[24] DHS 2010
[25] Bursaries explored were those for OVC to enter secondary school.

32.2% vs. 28% for the 20-24 age group. The table below on drop-out and repetition, from the same source, shows different and contradictory trends:

	Primary school (6-13)						Secondary school (14-17)					
	Drop-out rates			Repetition rates			Drop-out rates			Repetition rates		
	M	F	**T**	M	F	**T**	M	F	**T**	M	F	**T**
Non-orphans	0,9	0,7	**0,8**	25	23,5	**24,2**	3,2	4,4	**3,8**	19,3	19,9	**19,6**
Orphans	0,6	0,6	**0,6**	25,1	27,9	**26,5**	4,9	8,2	**6,4**	18,1	17,2	**17,7**

Source: Welfare Monitoring Survey 2011, Primary and Secondary school drop-out and repetition rates (6-13) year olds by sex according to background characteristics

Non-orphans are more likely to drop school out at primary school but not at secondary school, while orphans are more likely to repeat classes at primary school that at secondary school. Unfortunately, no statistical data exists to cross data on those receiving the grants with the outcomes of receiving grants to verify the assumptions reported from CBOs and TAs.

The number of children provided with education support has increased from 450 pupils in 2003 to 19,395 in 2009. The ratio of orphan school attendance to non-orphan school attendance has fluctuated over the period of the NPA. Initially it increased marginally from 0.97 in 2004 to 0.98 in 2008 but then dropped to 0.96 in 2010.

Enrolment has not necessarily translated into attendance. DHS 2010 data on orphans enrolled at school show that, whilst orphans are only slightly less likely to enrol than non-orphans (91% compared to 93%), the percentage decreases to 89% when vulnerable children (those living with a sick relative) are included. Reasons for this are not known but suggest that possibly vulnerable children are more likely to have to leave school to care for their sick relative or to work, or that orphan-exclusive targeting has indeed increased enrolment of those targeted, suggesting that poor targeting of vulnerability as opposed to orphan-hood may have disadvantaged non-orphans. In addition, only 76% of OVC are actually attending school and that 68% of girls and 62% of boys either do not enrol in school or exit the education system before the age of twelve[26]. Reasons given through FGDs at district level for high dropout rates were: poor commitment by families to education; poor health of the child; and the need for child labour.

The increase in education support was largely due to the Global Fund grant administered through the NAC which enabled education bursaries to increase from 11% of all registered OVC in 2006 to 18% in 2010 (5,000 to 8,000).[27] The Global Fund grant ended in 2011 and does not appear to have been absorbed by the Government, however according to

[26] Government of Malawi 2010 Education Country Status Report

[27] MoEST statistics 2008 and 2010

NAC, education support has been absorbed into District Implementation Plans.[28] Every district visited stated there had been a drop in educational bursaries available since 2010, and a drop in the value of existing bursaries (due in the most part to inflation), which had a negative effect on OVC's ability to go to school.

Schools have been a good conduit for providing additional support to OVC. **36.3% of orphans benefited from school feeding in 2011 compared to 9% in 2005.**[29] The World Food Programme (WFP) was a significant contributor to school feeding covering 732,000 children in primary schools in 13 districts with 130,000 children receiving dry rations to take home. A significant number of key informants reported that improved school enrolment rates were due to school feeding programmes.

Vocational skills training were included in the NPA but most districts have not given this much attention. National level statistical data is unavailable, but in all districts included in the field visits, CBOs and FBOs were providing some training to out-of-school youth in a variety of services such as driving, tailoring, carpentry, electrics, hairdressing, mechanics, and tin smiting. TEVETA, a regulatory body of technical and vocational education, reported that to date 590 have been formally and 1082 have been informally trained (TEVETA 2011). Some schemes would apprentice OVC to a local artisan whilst others would provide start-up capital. **Given the high number of out of school youth[30] and high youth unemployment[31], it is important to assess the impact of current initiatives in order to most effectively scale up successful approaches.**

4.1.2. Health, including HIV treatment

There has been an improvement in health indicators for all children between the 2004 RAAAP and the DHS 2010, in terms of children's access to health services and family health-seeking behaviour. The DHS 2010 reveals data on the percentage of OVC receiving health care which increased from 5.5% in 2006 to 8.9% in 2010, though specific health services are not explained.

Qualitative data from field visits and district questionnaires affirmed that OVC access to district health care services was mostly 'moderately good' suggesting an improvement since the inception of the NPA. There has been an increase in the number of children receiving ART

[28] The consultants were unable to confirm this assertion.

[29] WFP key informant interview

[30] Only 25% of boys and 23% of girls are enrolled in secondary school.
ww.unicef.org/esaro/7310_Gender_and_education.html

[31] Malawi has high youth unemployment according to a range of national and global documents whicht acknowledge that whilst the official data is low (2.7% of youth aged 15-24 years), there is significant underemployment in the agricultural sector which employs up to 80% of the labour force and working poverty is high because of low wages (minimum daily wage is less than $1 a day). The African Development Bank notes poor labour force data, inconsistencies in definitions, the absence of an updated policy for youth, lack of coherent responsibilities among government agencies and weak institutional capacity for skills development as serious challenges. http://www.afdb.org/en/countries/southern-africa/malawi/malawi-economic-outlook/

from 5% in 2005/6, to 8% in the first quarter of 2008 and to 10% at the end of 2008, according to annual NAC reports. By the end of the first quarter in 2012, 33% of HIV+ 2 month old babies, 75% of 12 month old babies and 64% of 24 month infected children were receiving ART[32].

Adolescent access to sexual and reproductive health has significantly increased since 2005, with 969,530 young people accessed youth friendly services and a total of 599 service providers providing youth friendly services at 1,633 sites across the country.[33] PMTCT services are fully integrated into maternal and child health services and PMTCT services are currently available in 544 sites as at June 2011. Some 74% of children were retained alive on ART 12 months after ART initiation in the first quarter of 2010.[34] An estimated 27,706 children (<15 years) were alive on ART by the end of June 2011.[35] Whilst these statistics do not differentiate between OVC and other children, there is a strong correlation between being an HIV-positive child and vulnerability, and adolescent OVC girls are more likely to initiate sex before 15 years than non-OVC (13.7% to 11.4%).[36]

At the community level, one of the most often mentioned reasons for improvements in general healthcare for children was the **improved coverage of community health surveillance assistants,** who identify children and refer them to health centres or health posts for immunisation or treatment of most severe cases. Unfortunately, much of this happens informally and no data is captured on this system's efficiency or effectiveness. A large part of the work of CHSAs is encouraging mothers to bring children to health posts early to compensate for the behaviour of consulting traditional healers first.

Different districts have adopted a wide range of interventions to improve health seeking behaviour: Blantyre has introduced a medical scheme specifically for OVC. Mchinji has created linkages between TA level health committees, CBOs and OVC, thus improving access to healthcare. Many CBCCs act as a focal hub for health services, such as immunisation programmes. In Zomba, local CBOs trained community workers in public health issues such as hygiene and food safety. Unfortunately there is a lack of documented evidence on the outcomes of these various approaches, and this would warrant further research.

Unfortunately, non-availability of drugs and treatment, long distances to health centres and the costs of transport all act as barriers to families accessing quality healthcare for OVC.

[32] Quarter HIV Programme Report Q1 2012
[33] DHS 2010
[34] Quarter HIV Programme Report Q1 2012
[35] DHS 2010
[36] DHS 2010

4.1.3. Nutrition

The nutritional status of all Malawian children has improved over the past 7 years, though chronic malnutrition has stagnated for over three decades.[37] The percentage of children who are stunted has decreased from 53% to 47%, wasting has decreased from 6% to 4%, and the percentage of children who are underweight has decreased from 17% to 13% in 2005/6 and 2010 respectively[38]. According to the DHS 2010 OVC are slightly more likely to suffer from being underweight compared to non-OVC (19.3% vs. 17.5%, ratio 1.10), however nutrition data are contradictory[39] reflecting weaknesses in M&E systems and therefore any statistics should be viewed with caution.

Whilst nutrition and food security have been a joint effort with government, CSOs, community groups and traditional authority as significant service providers, only 21.4% of the districts reported collecting monitoring data for this service and believed that **OVC access to nutrition and food security was poor**.[40] There are a number of different sources of external support to OVC at community level ranging from school canteens food, community-based child care centres and dry food rations to some households. CBOs in particular are clear this food distribution improves the nutrition of the individuals and families that receive it, and that it increases enrolment in primary schools and reduces dropout rates. Several OVC households have also benefitted from linkages to agricultural programs as well as support through mother care groups where nutrition is a key focus. WFP has been an important source of food aid over the period of the NPA for OVC, and provided food to 14,000 in four districts most affected by food insecurity targeting HIV affected households including OVC between 2008 and 2011.

Methodologically, there has been a shift between 2005 and 2010 in improving the nutrition status of children through food security efforts moving away from food aid towards building family livelihood capacity. This is in line with Malawi's commitment to building more sustainable approaches to meeting OVC service needs and it would be interesting to note the results of this approach on overall nutrition status of children.

4.1.4. Water and sanitation

It is estimated that 3 million women and 1.2 million children are directly affected by lack of access to quality water and sanitation in Malawi. Whilst there is acknowledgement that *"water and sanitation services can make a significant contribution as it reduces the burden on curative health services by reducing disease transmission (diarrheal disease, intestinal worm and respiratory infections) particularly in children less than 5 years of age*" (UN Report 2010), the evaluation team were unable to access data on improved sanitation or the availability of safe drinking water in the context of OVC. District 'OVC-service-access' ratings indicated that sanitation and access to safe drinking water were only

[37] UN Report 2010
[38] UN Report 2010
[39] For instance, while there are more underweight OVC than non-OVC, it is the opposite for children aged 3-4
[40] Data from self-administered district questionnaires. It should be noted that only 50% of districts returned questionnaires and therefore these figures may not reflect the full picture across the country.

'moderately good' bordering on 'insufficient'. The MTR observed that *"some CBCCs, primary schools and secondary schools have been supported with water points, such as boreholes and piped water and concludes that this has improved children's access to water and sanitation. Provision of water and sanitation in education (formal and informal) is a good entry point for measuring this indicator"* but unfortunately there is no data to validate this assumption. Key informants in the nine selected districts generally saw water and sanitation as the weakest area of OVC support. There was minimal development of toilets in OVC homes and limited water and sanitation improvement in schools or CBCCs. Informants noted that during the rainy season, OVC showed signs of suffering from unclean water.

The gap left in government service provision was taken up by some of the larger NGOs such as CRS, who developed a training programme that reached through to community workers at community level in development of pit latrines, safe garbage burial and the benefits of hand washing and other hygiene methods. **Access to safe drinking water remains a significant challenge.**

4.1.5. Birth registration

The National Registration Act was passed by Parliament in 2009 to "provide for the registration of persons and registration of births, marriages and deaths of persons and to provide for matters connected therewith and incidental thereto." Since the enactment of the new Act, the National Registration Bureau has made slow progress in rolling out national registration. Phase 1 of the process was completed in 2011 with village registers provided to all village headpersons in the country who are responsible for the registration of all births, deaths and marriages. Phase 2 started in 2012 by issuing birth and death reports in hospitals. It is not possible therefore to evaluate either the outcomes or impact of birth registration as it falls outside the timeframe of this evaluation.

4.1.6. Social safety nets

There has been a significant increase in ultra-poor, labour-constrained households' access to sustainable and predictable forms of cash support from the government's Social Cash Transfer Programme scheme. OVC are beneficiaries, by the inherent nature of the targeting of ultra-poor, labour-constrained households and nearly 60% of households included orphans in all the three rounds; 41.7% of households affected by HIV and AIDS in Mchinji districts were caring for orphans

Social Cash Transfers started as a pilot in 2006 in Mchinji District, funded by the Global Fund and UNICEF. The programme has since been extended to six other districts due to an OVC grant from the Global Fund Round 5, channelled through NAC. In 2011, a total of 27,925 households benefitted, of which 236 were child-headed and 17,381 female-headed. There were 102,787 individual beneficiaries, including 48,220 single and double orphans. An evaluation of the Malawi SCTP has generally found that underweight prevalence dropped, food security

improved and school enrolment and retention increased. The programme is having high impact in terms of ensuring that children remain in school and have access to food. [41]

In Zomba District, a school conditional cash transfer programme was piloted to improve girl enrolment. 1,225 girls aged 13-22 were given US$10/month: US$100 was transferred to these girls for the school year, and fees were paid for those in secondary school. The programme led to a large increase in enrolment among girls, reduced dropout rate by 35%, reduced marriage rate by 40%, and reduced self -reported sexual activity among programme beneficiaries after one year of implementation.

4.1.7. Shelter

This service was considered a priority within the NPA, but unfortunately no indicator was included to measure progress and it did not feature in discussions with key stakeholders at national level, nor with the MoGCSW. However, many CBOs at community level either built or repaired OVC houses usually with funds from external donors or from locally raised resources and through community workers . Child-headed households were the most targeted group of OVC for house repairs but the total number of houses built or repaired was very small. The NAC confirmed that shelter had been included as an activity for OVC within the Malawi HIV and AIDS National Action Framework under the Impact Mitigation objective. *Cross referencing evaluation of progress of the NAF, with that of the NPA for OVC, may be useful.*

4.1.8. Pycho-social support (PSS)

There has been a significant scale up of PSS across the country, leading to better access to emotional and social support for OVC. The two main conduits for providing PSS are through children's corners and mother's groups and is currently being expanded at community level through community workers who are being trained to provide family PSS following the national trend away from individual to family and household support. From a community perspective, improved access to PSS was one of the most mentioned improvements in the lives of OVC which they measured in terms of children's behaviour.

Children's corners have been established in schools and communities across the country providing psycho-social support and opportunities to play. The number of children's corners has fluctuated dropping from a high of 1,032 in 2008 to 891 at the end of 2010[42] supporting 110,659 children. *However these statistics should be read with some caution as the MoGCSW M&E system was strained by severe resource constraints and statistics cannot be considered robust.* Boys were marginally more likely to use these services (23% of boys and only 22% of girls) and orphans are more likely to attend children corners (25%) than non-orphans (22%)[43].

[41] Malawi AIDS Progress Report 2011
[42] MoGCSW 2008 & 2010
[43] 2011 Welfare Monitoring Survey

Training of community workers was mainly undertaken by CSOs with some such as Catholic Relief Services taking this idea further by introducing elements of life skills training into children's corners. Magomero College was tasked with providing a certified course in PSS based on the REPSSI tool, Journey of Life. However, the number of volunteers trained in psychosocial care remains low at 13% of the 11,798 community members and it is not clear of the type of training they have received or if it is based on a nationally agreed curriculum. INGOs argued that there is a need for stronger commitment to staff development and applying quality standards to training and mentoring.

4.2. Results for strategic objective 2 - Strengthen family and community capacity to care for OVC by providing support to improve their economic security, social and emotional well-being and protect them from abuse, exploitation, property dispossession, stigma and discrimination in respect of gender equality

Indicators from NPA:

1. No. of OVC accessing formal foster care or adoption
2. % of households caring for orphans
3. No. of children living in the streets
4. No. of children institutional care
5. % of children that have 3 locally defined needs for personal care
6. No. of households hosting OVC accessing IGAs
7. No. of OVC receiving appropriate psychosocial support
8. Increased awareness of children's rights and child protection among professionals and community members
9. % OVC receiving appropriate referrals in cases of abuse and exploitation
10. % of widows and orphans that have experienced property dispossession
11. % of OVC experiencing stigma and discrimination because of their orphan status

Key findings

Malawi has made impressive progress in implementing this objective. There has been a significant shift in approach from providing one-off inputs to individually identified OVC towards strengthening families and communities through more sustainable approaches including building livelihoods security. This objective fits together with strategic objective 1 regarding social safety nets, particularly the successful use of social cash transfers for OVC and their families. The more nuanced identification of OVC at community level is also testament to improved ownership of initiatives demonstrating a shift in attitude from OVC not being recognised as a group (all children being assumed to be absorbed into traditional extended family structures) towards recognising a growth in vulnerability of some children particularly CHH. Data gathered for this section is mainly from district visits and questionnaires.

4.2.1. Family strengthening initiatives

Over the seven years of the NPA for OVC, implementation has shifted away from targeting individual children towards a more community and family centred approach. Community system strengthening, including CBO capacity building, and family support appear to be a complementary and welcome methodology that are likely to improve positive outcomes for OVC.

Community-based child care centres (CBCC) (pre-schools for 3-6 year olds) are run by communities, providing day care and often a meal to all children. In 2006 there were reportedly 5,665 CBCCs with 410,000 children enrolled. According to UNICEF, this had increased to 771,000 children enrolled, of whom 21.9% were estimated to be orphans (single and double).[44] The TWG developed a **national CBCC caregiver training** programme to improve quality and consistency of service provision within the centres but it is not clear how many community workers have been trained or if this has had an effect on quality of service provision.

CBCCs have become important structures throughout the country and are increasingly used as a conduit for the delivery of other services, such as immunisation programmes and nutrition education, thus improving OVC access to multiple services. CBCCs have had positive outcomes according to families and national policy makers interviewed through this evaluation. They are seen to help prepare children for school, and improve their access to healthcare and some psycho-social support. The feeding programme has been seen as particularly important for improvement of children's nutrition status. However, many are reliant on support from local CBOs to provide food and the majority are staffed by community members who also have other priorities. This leads to inconsistent use of the centres and uneven staffing. It may be, although it cannot be proven, that one reason behind the success of the CBCCs is their attractiveness to all children, thus not only reducing stigmatisation, but also ensuring children who may not fit neatly into the current OVC definition are provided external support.

Community approaches included projects aimed at awareness raising such as the Lake Chilwa Child Protection Project which aimed to strengthen communities' knowledge of and response to child protection. Dialogues were held in communities to complement awareness campaigns. These were complemented by a radio show and a TV documentary. Whilst no evaluation has been undertaken yet to demonstrate the outcomes of such campaigns, they demonstrate a shift towards community strengthening approaches[45].

A number of approaches have been used throughout the country to strengthen families to better care for OVC. **Livelihoods support** in the form of farm subsidies and livestock pass-on schemes are widespread, and improve food security of the family as well as family cohesion

[44] 2012 Global AIDS Response Report: Malawi Country Report for 2010 & 2011

[45] Annual Report for Lake Chilwa Child Protection Programme, World Vision 2010

through reducing child labour and early marriage of girls. Income generation activities such as fish farming and maize mills diversify economic opportunities. OVC-specific IGAs such as sewing provide a skill base for adolescent OVC, particularly when linked with start-up capital. However, as with all such initiatives, they need to be based on business plans to ensure they are viable from a financial point of view and sustainable without external support. These initiatives would bear further scrutiny to see how they can be most effective at providing family and OVC support.

Village Savings and Loan schemes are evident across the country, and are increasing the availability of cash to participating families, thus reducing child labour. Most VSLs are run by CBOs which develop their own targeting criteria which includes families receiving educational bursaries for OVC (to improve self-reliance in the future), and female headed households. VSLs are seen as particularly successful at channelling support to OVC in a non-discriminatory manner, and are seen as able to empower families. Some CBOs did raise concerns that benefits of the VSL may not necessarily accrue to the OVC but rather to other members of the family and demand for such schemes currently outstrips supply.

Family tracing for street children has had some success through the Social Rehabilitation Centre in Lilongwe to reunite children with their families. However, programmes around family tracing are very few and there was no evidence that the response to street children was linked to programmes to prevent children leaving home.

CBOs across the country are using the **formation of clubs** as a successful method of strengthening families in specific areas particularly IGAs and public health (nutrition, hygiene) or psycho-social support. Mothers clubs, grandparent clubs and children's clubs are all seen as having a positive impact on family cohesion and improving parenting skills as well as improving livelihoods outcomes for participants.

4.2.2. Children outside of family care

Whilst children living in and on the street and children in conflict with the law were mentioned in the 2004 RAAAP study and they were identified as vulnerable groups in the NPA for OVC extension, no stakeholders interviewed during this evaluation appeared to target these groups, and neither group were included in monitoring indicators.

Fostering was frequently raised as a core activity of CBOs at TA level but details on how it was implemented were limited. Currently there are no national guidelines on fostering (though these are in the process of being developed) or system in place to follow up fostered children, although the new Child Care, Protection and Justice Act outlines a foster care and kinship care framework.

The Adoption of Children Act 2011 was updated to reflect a shift towards a more child centred focus. The new act has introduced provisions to ensure the protection of the child before adoption is finalised in the courts and also post-adoption follow up. The Act also clarified the

legal implications of a child being given up for adoption and the permanence of the arrangement as well as the expectations of potential guardians[46].

Despite a 2010 assessment of children in institutional care, there are no reported activities to prevent institutionalisation, nor was this an area mentioned by stakeholders during the field missions. However, SOS children's villages reported that initiatives such as social cash transfers reduced the number of children being brought to their centres.

4.3. Results for strategic objective 3 - To protect the most vulnerable children through improved policy and legislation, leadership, efficient coordination at all levels and by facilitating equal and meaningful child participation for both boys and girls

Indicators from NPA

1. Policy and strategy index reflecting the progress and quality of national policies and strategies for the support and care of OVC
2. Specific strategies designed to meet OVC goals developed
3. Policy/strategy linked to PRSP, MDGs and National Framework on HIV/AIDS (NAF)
4. Legislative Framework exists to ensure OVC's rights are respected, including protection, inheritance rights and protection from property grabbing
5. Functioning, effective body to coordinate policy development, implementation and monitoring exists
6. Decentralised coordinating structures exist and are functioning

Key findings

Malawi has made mixed progress towards fulfilling this objective.

Policy and legislation – two key documents (National Registration Act and Child Care, Protection and Justice Act 2011) have the opportunity to significantly improve OVC to access their rights but will need both financial and technical support to implement.

Coordination – A detailed structure was put in place from community to national level but lack of resources, weak leadership and a fragile M&E system hampered its operations, particularly after 2008. It is notable that the MTR findings do not appear to have been acted upon. Whilst there are some signs that coordination around the implementation of the NPA has been successful, particularly with regards to national scale up of some services to OVC, the capacity of the coordination structure to fully implement the plan was weak and recommendations from the MTR and other reviews do not appear to have been followed up.

Child participation – was not implemented in any systematic way at national, district or community levels.

[46] Report of the Law Commission on the Adoption of Children Act, Malawi Law Commission, Dec 2012

4.3.1. Policy and legislation

Malawi is party to almost all international and regional treaties and conventions on human rights and on child rights, including the global and African child rights declarations. Even prior to the NPA, Malawi was a leader in protection of vulnerable children, with Malawi's first OVC Policy Guidelines being drafted in 1992.

At the national level, **the NPA has been implemented through passing national legislation which commits children's rights, including OVC issues, into binding laws.** The Child Care, Protection and Justice Act (CCPJA) in November 2011, and the passing of the National Registration Act 2009 by the Parliament in 2010 fill a gap that was long perceived as a major area of weakness for OVC. Specifically, the two laws address child protection concerns. To ensure enforcement of the CCPJA, the MoGCSW developed a costed implementation plan in 2012, and is in the process of developing rules and regulations, guidelines and standards of quality, with a priority on foster care and institutional care. These achievements are the result of direct support to the Malawi Law Commission from UNICEF and NAC, whose funds were used in all stages of the process.

It is too early in the process to record results for OVC of these changes in legislation, but it is answering a family and community need as demonstrated in the DSH 2010 which found that out of 35.5% of widows who have been dispossessed of their properties, only 7.7% received legal support or assistance. It was not clear what resources will be available from national or other sources to disseminate and train government in these new laws nor in how they will be enforced at community level. It is worth noting the long timeframe that was needed to pass the two Bills, which was due to their low prioritisation in the Assembly agenda. Also Parliament's works were hindered by a prolonged time of low activity and the lack of a permanent home within which to conduct its duties.

4.3.2. Coordination

A detailed structure for coordinating the national response was put in place, evolving from that used to develop the OVC Policy in 2003:

- **The National OVC Steering Committee** chaired by the Principal Secretary in the MoGCSW galvanised financial and human resources support through a successful bid to the Global Fund Round 5 which focussed on strengthening the system to deliver services to OVC. This high level Committee was made up of key OVC stakeholders such as Government line ministries, UN, donors, international and local NGOs, CBOs and FBOs. Its role was: to ensure political commitment and harmonisation with other relevant policies and strategies; to monitor compliance; to formally report on implementation of the NPA; to report on use of financial resources. It was expected to meet quarterly, with annual reviews to monitor progress and plan the next year's priorities.

Whilst TORs for the OVC NSC were developed at the same time as the development of the NPA, it is unclear whether these were followed as no notes were available to demonstrate decision taken at meetings. However, key informant interviews suggested that the role of the Committee significantly reduced over time with limited engagement of Permanent Secretaries or senior representation from other sectors. This lack of leadership had a negative impact on coordination at all levels and the lack of documentation further weakens the leadership role of the OVC Steering Committee.

The OVC Steering Committee disbanded in 2010. It is unclear why, but one reason given was it had 'completed' its role of overseeing the development of national policies and guidelines to scale up the response for OVC. This preceded the disbanding of all TWGs in 2013 to form one National Child Protection TWG.

- **A Technical Working Group (TWG)** was established to provide technical guidance to the OVC NSC. Its role was primarily to provide technical support and guidance; disseminate guidelines; strengthen the capacity of OVC service providers and facilitate best practise exchange. The Director of Social Welfare was to act as its Chair. It was to report monthly to the OVC NSC.

  Funded through the Global Fund grant, it met regularly with good attendance from various sectors. It was managed by the OVC Unit within the MoGCSW and was an important forum for advocacy and information sharing between government and CSOs and in its early years successfully developed standards and guidelines such as those on institutional care. Through 2008, the TWG received support from UNICEF which helped bolster its functionality providing it additional authority, particularly in the development partner community. **However, over time, the authority and functionality of the TWG has significantly diminished,** resulting in organisations' giving less priority to the TWG than in the past**.** There was a general lack of clarity on its remit with regards to monitoring and planning and a lack of power to enforce national guidelines, particularly integrating its work with that of ministries other than the MoGCSW. The weaknesses of the OVC NSC particularly affected the OVC TWG, clouding its remit and therefore its functionality. In particular, lack of leadership and monitoring led to poor dissemination and follow-up by the OVC TWG and capacity strengthening.

  Since 2010, when the Global Fund grant ended, it has only met four times with poor attendance and unclear agendas. Some of its functions were adopted within other departments of the MoGCSW, provided with technical and financial support from varied sources. Social protection and child protection for instance were taken as stand-alone sectors, broader than OVC. **Unfortunately the opportunity to specifically view both social protection and child protection through the lens of OVC (as opposed to broader indicators such as all children) was missed** and it remains unclear exactly how

either the MoGCSW or the TWG sees the interrelationship between OVC, social protection and child protection.

- **An OVC Technical and Advisory Support Unit (TASU**) was established in the MoGCSW. The four person unit (OVC expert, M&E, Procurement, Accountant, and three accounts personnel[47]) worked alongside Ministry staff both facilitating the implementation of the NPA and building the MoGCSW's capacity. The TASU was tasked with Programme Management, NPA Implementation, Monitoring and Evaluation, and Finance and Administration. It reported to the Director of the Social Welfare Department. The four technical advisers were only recruited in 2007 due to significant funding delays and no capacity building plan was developed to ensure that skills were transferred into the MoGCSW. As a result, the advisers fell into the trap of implementers resulting in poor capacity building within the Ministry. However, as implementers, they worked closely with members of the OVC TWG and were responsible for progress in the development of national policies and guidelines as mentioned earlier. The TASU had no operational budget since funds were transferred directly to district level for implementation of activities. Whilst this had the benefit of devolving decision making responsibility to district level, it did make it difficult for the TASU to disseminate or monitor progress of the NPA.[48]

  Planning appears to have been a particularly weak activity of the TASU. The TORs of the TASU prioritises its role in planning, coordination, prioritisation, monitoring, guidance, channelling resources (technical and financial), and capacity building. The TASU reported to the Director of Social Welfare who reported directly to the N OVC SC. As already discussed, the N OVC SC did not fulfil its leadership role, nor provide any guidance on how the TASU, as the Secretariat of the N OVC SC, should prioritise its roles. As a result, there was a lack of direction within the TASU and openings for vertical collaboration with other departments in the MoGCSW such as gender and community development were missed. High turnover of Coordinators of the TASU, poor knowledge transfer, no budget to implement plans all exacerbated the challenges faced by the TASU and in retrospect, it is clear that the development of the Unit was not given sufficient priority for it to appropriately fulfil its role.

- **District Social Welfare Officers took prime responsibility for implementing the NPA for OVC at district level. The MoGCSW was one of the first government ministries to devolve its functions to district level in 2006-2007.** TWGs were established in each district made up of a broad range of stakeholders working with a similar remit to that at central level. Unfortunately no job descriptions or TORs for the roles at district or community level were developed. The TWG was expected to meet monthly and coordinate its work with the District Assembly to ensure OVC were properly included in District Plans.

[47] An additional three people supported this unit in an administrative capacity.
[48] Funding went directly from the NAC (as Secretariat of the GF grant) to district level, leaving the TASU without a budget.

Through 2008, there were few signs that this level of coordination was functional, partially because of the slow disbursement of funds to establish offices. However, **since 2008 substantial progress has been made and there would appear to be OVC committees operating in each District,** with OVC integrated to a greater or lesser degree in district development plans. **There remains some way to go until these OVC committees, coordinated by the DSWO, can be said to be fully functional.** In particular, there is a lack of clarity on their roles and responsibilities and so many meet on a need's basis rather than with a more formal timetable. Funding to support these committees is extremely limited and the workload of the DSWO is heavy leading to a low priority being placed on the TWGs. This, coupled with limited understanding of how best to coordinate and how to use networking, monitoring and planning to improve scale up of support to OVC, means most TWGs only meet to allocate education bursaries and feed into the district development plans and they have no authority over budgets or how to monitor the inclusion of OVC into other sectorial district activities[49].

- **Community Level coordination was established through Community Child Protection Workers (CCPW) in each Traditional Authority.** The role of a child protection worker is to facilitate child protection interventions, linking OVC activities at community level with district officials and handling community level child protection and referral issues. **This is a significant sign of progress towards decentralising care and support to community level.** At the end of 2009, 730 actively involved CCPW were working at community level, two thirds of whom were male. About 300 are on the MoGCSW payroll, the rest received a stipend from the Global Fund grant which has now come to an end. Most stakeholders see the introduction of CPWs as a positive move, increasing the visible commitment of government to OVC and improving coordination at TA level between local leaders and CBOs. However, there does seem to be some confusion as to their role and particularly how the roles of child protection and implementation of the OVC NPA converge (discussed further in Section 5). In 2010, the Ministry introduced the Case Management approach to improve OVC access to multiple services. **CPWs were trained in case management and there is a general sense at district level this has improved OVC access to multiple services through better referrals.**

The coordination structure has been established, for the most part, across the country and is now a visible and familiar part of the architecture of support for OVC. At different times within the seven year cycle different elements of coordination have been able to successfully scale up services and provide a degree of cohesion. However, lack of leadership from the N OVC SC in particular, and weak planning and monitoring from the TASU has undermined successes made. These weaknesses have led to missed opportunities for sharing experiences, enforcing guidelines and improving consistent support to OVC.

[49] Key informant interviews and FGDs with TWG at district level

4.3.3. Child participation

There is clear and well documented evidence of examples of child participation at national, district and community levels. The Lake Chilwa Child Protection Project has been important in advocating and implementing child participation in three districts. Sixteen community child parliaments were created at Zomba and Machinga so children could be involved in debating issues pertaining to child protection. The parliaments constituted a varied selection to include children with disabilities, 'albinos', those affected by HIV/AIDS and others that would otherwise have some stigma associated with them[50].

Each district child parliament had panel discussions between children, leaders, and government sector heads between June and August 2010. They were involved in debates ranging from the budget to policy implementation for the protection of children. Children forums were held at the celebration of the Day of African Child on 13th to 16th June 2010[51].

Also, there have been other meetings between the National Child Parliament and with the MoH to give ownership to children in December 2010. On the DAC there were also 4,000 children present who participated in open forums and panel discussions. Perhaps a greater example of child participation is the big Children's Conference that was part of the Child Labour Conference in September 2012. Forty children from at least 11 districts were present with very many other stakeholders including NGOs, CSOs and others to discuss child labour in agriculture. Children expressed their views at length with regard to links between culture, illiteracy, poverty, gender and HIV.

These events provide children with the opportunity to express their views and concerns, to learn in more depth about key issues of relevance to children of all ages and to feel empowered and involved with child protection processes at a senior level. When well done, they inspire confidence and a feeling of importance. For example, they provide children with the opportunity to speak together to question adult-led issues, for example, some harmful cultural practices, that put their well-being in jeopardy.

[50] Annual Report for Lake Chilwa Child Protection Project 2010 World Vision
[51] Report on the Day of the African Child 2010

4.4. Results for strategic objective 4 – To strengthen and build the technical, institutional and human resource capacity of key OVC service providers.

Indicators from NPA

1. Social Welfare and Protection Officers further trained and deployed
2. District level Protection Officers further trained and deployed
3. Magomero's Training College curriculum upgraded

Key findings

Between 2005-2008 there did appear to be a commitment to building the capacity of OVC service providers, particularly volunteer workers at community level and the MoGCSW at national level. As of 2010, the post of Community Child Protection Workers was mainstreamed into the MoGCSW budget demonstrating a strong commitment to OVC. The MoGCSW and mainly international NGOs implemented various capacity building initiatives at districts and community level. However, over the past two years, there appears to have been a lack of funding to continue to build capacity.

Most capacity building initiatives focused on training OVC services providers, according to the district questionnaires most training was in technical issues such as child protection or PSS. **By 2008, each of the 28 districts had trained trainers in OVC responses and psychosocial support** (MTR 2008). This impact evaluation sought responses on capacity building from key informants and district questionnaires but the district trainers were not mentioned in any response. Another district level intervention was the inclusion of dedicated OVC staff within the District Social Welfare Office, specifically responsible for OVC related issues including OVC data collection and entry. A total of 150 SWO's have been recruited to date.

Capacity at national level remains a serious and significant challenge to effective NPA implementation, as well as a challenge more broadly to the social welfare and child welfare response in Malawi. The MoGCSW has not managed to resolve a fundamental problem of its status within the Malawian civil service. A structure was developed comprising, in hierarchical order, a District Social Welfare Officer, an Assistant Social Welfare Officer, a Social Welfare Assistant, and a Community Child Protection Worker, but it is not fully implemented. Its staff is paid less than many other ministries because there of different grading: in other ministries the entry level is higher than in the MoGCSW. Also, many posts are allocated according to years of service rather than professional qualifications for the post, creating problems of motivation and capacity gaps. Meetings with key informants, including members of the MoGCSW said that many staff have accessed further training and qualifications within the Ministry and then move to brighter opportunities elsewhere.

Magomero Community Development College, based in Chiradzulu and run by the MoGCSW is responsible for implementing a certificate course in community development and social welfare. Magomero started the training courses in the 1960s but the last funded Social Welfare Assistants

course was conducted in 2006 (only 50 people were trained) and the last funded Community Development certificate course was conducted in 2009. Those trained are recruited by the Ministry to work as extension workers in its departments. Magomero has recently managed to upgrade its course from a certificate to a diploma, which will hopefully provide a medium-term solution to some of the most serious staffing shortages. CCPW are currently receiving training through a REPSSI/UNICEF certificate course accredited by the University of Kwa-Zulu Natal University Supported Open Distance Learning programme for child and youth community workers. Similar considerations are valid for DSWO, where the last recruitment of social welfare workers in the MoGCSW after Magomero Training happened in 2006. Finally, the TASU were not integrated in the MoGCSW staffing[52], leaving the OVC coordinator alone in managing the whole NPA. The Catholic University has introduced a degree programme in social work, which has created an opportunity for linkages with the MoGCSW and other OVC stakeholders in the area of capacity building; no clear indication was collected on who benefitted from this new degree programme, and how this was translated into new and improved capacity for service provision.

4.5. Results for strategic objective 5 – To raise awareness at all levels (Community, District, National) through advocacy and social mobilisation initiatives to create a supportive environment for children and families affected by poverty and HIV/AIDS

Indicators from NPA

1. Increased community, donor and political engagement in care, protection and support if OVC

Key findings

Overall, there has been limited focus on supporting interventions that have a clear aim of advocating for improved OVC policy or practice and similarly limited focus on supporting social mobilisation activities to promote a supportive environment for orphans and vulnerable children.

A possibly unintended but very important outcome has been the fact that the concept of child vulnerability is now widely considered an important factor when designing social policy.

Civil society organisations are showing signs of moving from service provision to the role of advocacy, sensitisation and awareness raising.

Malawi has undertaken a number of national campaigns and public awareness raising programmes around issues specifically within the NPA. However, apart from the mass communication campaign "Stop child abuse" held to sensitize people in combating violence and abuse against children in 2008-2009, the NPA evaluation found limited evidence of the existence of intentional awareness raising, advocacy or social mobilisation programmes in improving the

[52] The offer to include them in the MoGCCD was done, but the outcome of the contract negotiation was not positive.

supportive environment of children per se, though the lack of indicators here to use to measure progress suggest this objective was not fully fleshed out.

It is clear that there has been substantial community sensitisation and mobilisation around the concept of childhood vulnerability and, in particular, the need for early childhood development (through CBCCs) and psychosocial support. Initiatives such as the Journey of Life, providing awareness-raising on the challenges faced by OVC and how to enhance resilience have undoubtedly improved the family and community-focused response that is such a notable feature of Malawi's social development landscape.

Although it is not possible to state that this improved awareness of the concept of OVC was exclusively due to the existence of the NPA, it is clear that having the NPA, requiring identification and consideration of children who were vulnerable and a sense of needing to demonstrate change has had a positive impact. Although not possible in this impact evaluation because of the lack of available data, a deeper analysis of the impact of social mobilisation around childhood vulnerability might offer useful lessons about *which* social mobilisation tools appear to have had the most positive results.

Finally, a shift has been noted for Civil Society towards advocacy, sensitisation and awareness-raising, instead of service provision. For example, through its advocacy interventions, NOVOC reports that it was able to increase the number of OVC covered by the NPA. NOVOC also partnered with MoGCSW and other donors to expand the coverage of Social Cash Transfer for vulnerable children.

4.6. <u>Results for strategic objective 6</u> - To continuously monitor and assess the situation of OVC and measure the gaps between what is being done and what must still be done to adequately fulfil the rights and needs of OVC

This cross-cutting strategic objective has been already analysed and discussed in the previous sections. M&E staff were hired at national level and people trained at district level; tools were developed but not translated and data collection ended up being a challenge.

The weak implementation of monitoring resulted in a poor evidence base being available for planning, decision making, funding allocations and results for children. The M&E system was not adequately integrated with other sectors, where levers could have provided additional information on OVC. Both aspects of system monitoring and OVC monitoring were not fully functional, and data collection relied heavily on surveys and other studies.

5. FUNDING OF THE NPA FOR OVC AND EXTENDED NPA 2005-2012

Key findings

The budget of NPAs was very ambitious. This, together with no formal commitment from donors and lack of a unique disbursement arrangement and tracking, led to insufficient budget allocation (est. 20%). Therefore, no cost benefit analysis, or efficacy measurements are possible.

The two plans of action had a total estimated budget of $299,594,266 USD (NPA - $206,157,661; NPA extension $93,436,605). The lack of monitoring and tracking systems makes it impossible to know the total amount spent on the NPA, out of all the OVC-related activities implemented since 2005. **Out of the total budget of very nearly $300,000,000, data available from NAC and UNICEF shows that only 12% was funded. A third donor, USAID, provided considerable funds through the PEPFAR programme, but was unable to present disaggregated information on what activities were funded. Since such a few percentage of resource were mobilised, it is very likely that most activities were unfunded or received low levels of support from other donors.** What follows is a snapshot developed from two different sources[53] NAC and UNICEF.

5.1. National AIDS Commission

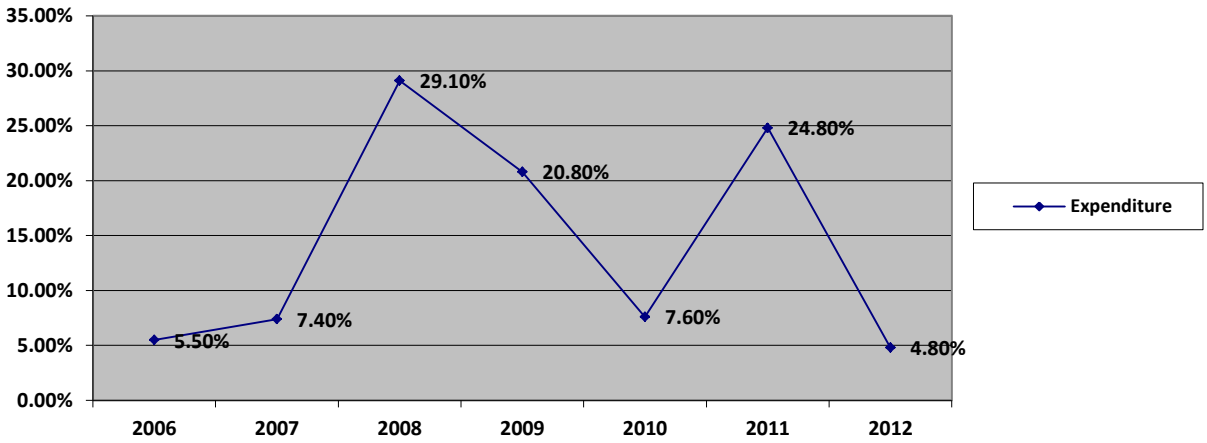
Since 2006, NAC disbursed $19,198,125 OVC-related activities. The Global Fund provided 71.56% of the total expenditure, with the remainder coming from a Joint Funding Mechanism from different donors. Funded activities included: OVC education support, social cash transfers, capacity strengthening, vocational skills trainings, and law reviews.

Implementing partner	Utilisation	Amount in USD	Percentage
MoLGRD	OVC educational support	5,459,375	28.4%
MoGCCD	Capacity strengthening	4,706,250	24.5%
Local Councils	Social cash transfers	6,398,750	33.3%
Tevet	Vocational training	2,189,375	11.4%
Law Commission	Law reform	444,375	2.3%

Source: NAC reporting

[53] Awaiting data from USAID to complete this analysis (29 December 2013)

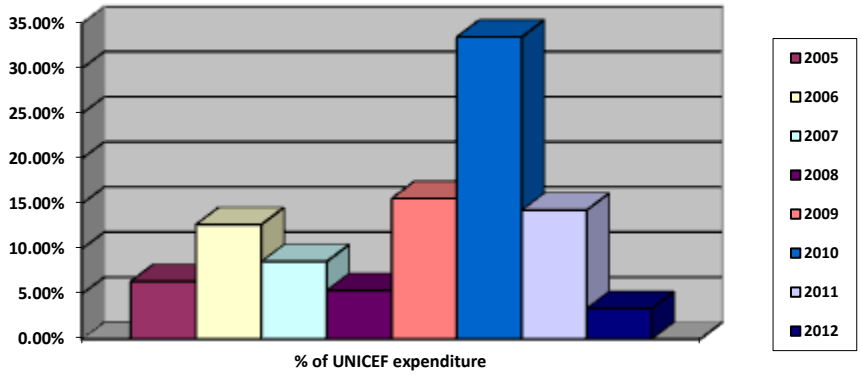
Budget expenditure varies widely over the seven years:



Source: NAC reporting

5.2. UNICEF

UNICEF has contributed $16,483,135 to implement the NPA for OVC and its extension since 2005. Funds were disbursed to 85 different implementing partners, the biggest recipient being district assemblies (collectively) with $3,292,191 and smallest being Namitambo AIDS Support Organisation for $153 – highlighting the complexity of tracking funding. The MGCCD received $2,136,108 (13% of total budget). There is no visible trend over time in level of expenditure:[54]



UNICEF data gives an insight into district level funding. Between 2005 and 2007, UNICEF disbursed $3,604,075 to district level activities whilst after the year 2007, UNICEF disbursals at district level were only for child protection programmes. The three major district recipients were

[54] Data on transfers for 2012 stop at August 30th.

Blantyre (18.4%), Lilongwe (9.6%), and Mzimba (7.6%). The least funded were Machinga (0.4%), Dowa and Nkhotakota (0.2% each).

Substantial donor pledges to Malawi's National HIV/AIDS programme, including OVC, were largely expended before the start of the NPA, for example Global Fund ($198 million 2002-2007), World Bank MAP funds for OVC ($35 million 2003-2007) and other bilateral sources of which there was some OVC benefit but ended in 2007 at the latest.

6. ANALYSIS OF THE NPA FOR OVC RESPONSE

This section analyses the results of the previous section to seek some answers about *impact*- whether the NPA and extension made a meaningful and sustainable change in the lives of Malawi's most vulnerable children. The criteria used are the internationally-accepted criteria from OECD that countries have endorsed through processes such as the 2005 Paris Declaration on Aid Effectiveness,[55] to which Malawi is a signatory.

Impact indicators from NPA

1. Effective OVC data collection mechanisms functioning
2. National OVC Situation Analysis undertaken
3. Effective monitoring work plan and structures in place and operational
4. Enhanced evaluation mechanisms in place and operational

6.1. Relevance

Key findings

The NPA and its extension were highly relevant but fell short of being fully implemented, and would have benefited from a stronger analysis of vulnerability.

Relevance refers to whether the NPA for OVC was well suited to the policies and priorities of OVC and their families, implementing partners and donors.

The NPA was in line with the 2003 National Policy for OVC and constituted the natural evolution of the RAAAP that took place in 2004. The plan responded to specific needs that were identified during the elaboration of the policy and RAAAP. The NPA was developed and led by the Government of Malawi, with implementing partners investing significantly into HIV and OVC programmes in particular such as the Global Fund, the World Bank, DFID, USAID (PEPFAR), EC, UNICEF, UNFPA, CIDA, and NORAD. The NPA was developed in a

[55] http://www.oecd.org/development/aideffectiveness/34428351.pdf

collaborative fashion by a multi-stakeholder teams with members of government, civil society and development partners.

The **NPA has remained relevant over time**, adapting to emerging evidence on priorities for OVC such as social cash transfers and the importance of child protection. Unfortunately, weak implementation of the coordination mechanism resulted in the NPA not being able to reach its full potential of influencing all sectorial and overarching socio-economic policies into ones that contribute to the reduction of child vulnerability.

At district and community level in particular, the service areas for OVC were seen as particularly relevant and important. **PSS is perceived as major area of achievement by most of stakeholders in enabling children and families to develop resilience to the shocks that they face – a highly relevant outcome.** Major efforts have been made to train caregivers and standardise PSS. Education support through the bursary scheme is widely acknowledged as a success in increasing overall access and reducing OVC inequity in a core basic service essential for long-term development. Data collection showed that at least three different schemes were in place: one funded by MoEST with government budget, one funded by NAC and several funded by NGOs though private donors.

The concept of focussing on OVC in the context of HIV impact mitigation was relevant in 2005 but over time it is clear that a **broader definition, that is less HIV-specific, is necessary to identify risks faced by or encountered by children making them vulnerable to not fulfilling their potential.** The extended NPA acknowledged this, adapting to new global evidence and created an opportunity for communities to define vulnerability according to their own criteria. However, funding mainly targeted orphans, limiting the flexibility built into the NPA to be properly put into practise. The national TWG for OVC missed an important opportunity to influence the broadening of interventions to vulnerable children to ensure the OVC definition remained relevant.

The NPA would have benefited from a clearer vulnerability analysis which clarified how to identify those most vulnerable. The concept did not take into sufficient consideration the different degrees of vulnerability that might be present even within the same household. This lack of clarity was not addressed by implementing guidelines or by directives from the head ministries.

Gender and age needed a greater focus - more needs to be done to understand the drivers of gender inequity and identify what really is the cause of 'more girls dropping out of school than boys' (as the NPA mentions) and what the drivers and impacts of this are (see Section X). In terms of reaching children of all ages, although younger children's needs seem met to a greater extent than in many countries, the needs of adolescents appear to have been a lower priority particularly with regards vocational training and life skills/psycho-social support.

The understanding of the concept of OVC, and the way it has been defined, shaped the way by which services were provided to beneficiaries. At a basic service delivery level, the

available data (described above) shows that there was a tendency to focus on those most easy to 'identify', especially orphans. This was reported by district Social Welfare Officers as a constraint to the OVC response, leaving out children who they would consider potentially more vulnerable, but harder to identify. Furthermore, the OVC concept did not synthesis with targeting criteria of all government Ministries, particularly health (who target children within age groups) or nutrition (which targets based on household assets). The N OVC SC could have been an opportunity to consider how better to integrate OVC into the work of other Ministries, but this does not appear to have been the case.

6.2. Effectiveness

Key findings

Some individual components of the response were particularly effective, especially the focus on early childhood development.

It is not possible to judge the effectiveness of the NPA for OVC in the absence of a functional M&E system. However, there are signs from proxy sources that most of the objectives of the NPA had been partially achieved, namely access to quality education, health and nutrition for children affected by HIV and AIDS, economic security for households caring for OVC, psycho-social support provision, legal protective framework. Stronger coordination would have significantly improved the effectiveness of the NPA and the possibility to prove with evidence the achievement of the objectives.

Effectiveness refers to the extent to which implementing partners achieved the six strategic objectives of the NPA for OVC

Malawi's NPA has had a strong focus on early childhood development and this is one area where the NPA has been outstanding, with a focus on reaching younger children across the board and providing both educational and social support through community-based child care centres. At global level, early childhood development is taking on increasing importance and prominence in overall social and economic development strategies – Malawi is ahead of the global curve in the scope and scale of this sector.

Outside the education sector, both NPA and NPA extension have recognised **the importance of psychosocial support** and have invested in practical ways to do this, through establishment of children's corners for example. IGAs are seen as particularly relevant particularly those which empower parents and to care for their children.

The Technical Working Group for OVC was tasked with ensuring technical aspects of the NPA were able to be operationalized. Up until 2008, it appeared they made progress in implementing their role thus ensuring the NPA for OVC was an effective guide to expansion of services and support for OVC. However, this decreased after 2008 as the agenda for MoGCSW

and some of its key partners shifted towards child protection, overshadowing OVC related issues. For example, an interview with UNICEF revealed that UNICEF funded MoGCSW more and more for child protection agenda than OVC agenda in the last three years and so negotiations for the costed implementation plan for the CCPJA excluded education and health activities for children who were not exposed to child protection risks. There has been an (undoubtedly valuable) increase in positive results for children experiencing abuse, neglect, exploitation and violence, but there was a missed opportunity to see how this strengthened the NPA for OVC. Instead, **there has been confusion between the expected outcomes of the NPA for OVC and the expected outcomes of child protection.**

The weaknesses of the TWG have been a handicap in implementation. Not all government ministries found OVC a useful targeting criterion, such as health and nutrition. Some civil society organisations also preferred their own definitions thus leading to a lack of conformity of who to target. Without a nationally owned commitment to target OVC with services etc., inevitably the NPA for OVC became less effective. Moreover, data collection was so problematic that the TASU report for 2010 acknowledged "A number of districts submitted reports with inconsistent data which shows that either the districts do not supervise data collection at community level or do not fully analyse the data for their use." **The TWG did not keep on top of monitoring in general** requiring the TASU to analyse trends in OVC services and support, and to follow the structure of the NPA to monitor progress in the six strategic objectives; similarly, they do not capture progress according to the 38 indicators of the NPA.

Experience from the HIV sector over the past few years has emphasised the importance of a strong central lead, with clearly delineated roles and responsibilities (UNICEF, 2011; Amoaten & Griffin, 2011). Although Malawi's NPA identified a lead ministry, modalities of coordination do not appear to have been fully spelled out. In particular, the complexities of delivering services through the decentralised District Assembly system appear to have not received the level of funding and capacity building necessary for their success. **In particular, global guidance shows the need to invest in a strong system, especially in coordination and monitoring.** This funding was not made available for the NPA and NPA extension. Although the NPA extension acknowledges coordination weaknesses and invests in capacity for coordination and planning, in reality there has not been clear support for delivering on results for children in a coordinated way. So, for example, although the education support analysis is broadly in line with good practice, in reality actions were left up to local actors with no back up of resources or mandate. Mechanisms for accountability and delivery on results are not clearly spelled out in the plans, and this absence leads to lack of clarity about actions.

6.3. Efficiency

Key findings

Management of the NPA was significantly compromised by insufficient financial and human

resources at MoGCSW as well as implementing partners. However, the methodology of strengthening community and family mechanisms appears to have been a highly efficient approach to reducing risks for children and supporting the vulnerable.

Efficiency – refers to the efficient uses of resources to implement the NPA and its extension in relation to expected outcomes, including management and the decision-making process.

Only 13% of the NPA and NPA extension budgets were actually funded. This shortfall in funding inevitably affected the implementation of the NPA for OVC at all levels. Without disaggregated data on services provided to individual OVC, it is not possible to make cost benefit judgements on the efficiency of implementation of the NPA. However, stronger monitoring would have been able to improve planning in such a resource constrained environment. D**istrict visits highlighted how little money actually reached beneficiaries.**

The MoGCSW struggled with aspects of managing the NPA not least because of significant staff shortages. For instance, there is only one staff member expected to oversee implementation of the plan across all 27 districts. However, greater efficiency in management could have been achieved through making administrative decisions more decisively and more quickly such as where within the Ministry the NPA would be placed, and how to ensure Ministry staff from community to national level would be held accountable for fulfilling their roles.

The methodology of delivering services to OVC was a critical element of implementing the NPA and has significant bearing on how efficiently the NPA guided scale up of services and support to OVC. The shift from individual to family and community strengthening would appear to have been both efficient and effective. Family strengthening through livelihoods, social cash transfers and savings and village loans schemes reduced risks faced by children thus preventing them becoming vulnerable. Community approaches such as the introduction of CCPWs and mothers/children's groups improved the visibility of vulnerability issues in a non-stigmatising way.

The current focus on case management approaches may be an opportunity to strengthen efficiency, particularly of referrals and linkages. In order to maximise benefits and avoid the pitfalls that the NPA fell into particularly on M&E capacity at local level – as well as the broader challenges in multi-sectorial referrals, it will be necessary to ensure that the case management approach has a clear set of parameters for identification of child risk and response and ensure that all key players in the information flow – especially community-level – can use the system so that data can be collected and *used* for programming and analysis on a regular basis.

Opportunities for linking OVC programming with HIV testing, treatment and PMTCT programmes appear to have not been seized, in documentation or in implementation. This is a huge and significant gap – keeping families alive is one of the most fundamental ways to keep

families together. The reach of initiatives such as CBCCs is greater than almost all other services and would provide a valuable two-way link between health and social welfare sectors.

6.4. Impact

Key findings

After only seven years it is too early to say whether there has been a fundamental reduction in risks encountered by children leading to their vulnerability. However, there has been a significant change in the landscape for children in Malawi including OVC, a demonstrable drop in the number of orphans, an increased understanding of how to better reduce risks and vulnerabilities of children and an improved focus on ensuring equitable service delivery for all children.

Impact refers to the changes expected as a result of the implementation of the NPA for OVC.

To demonstrate impact, this evaluation would need to be able to use quantitative and qualitative data to prove that fewer children are vulnerable to risks in 2012 than in 2005 and that this was related to the implementation of the NPA for OVC. The lack of baseline, unclear targeting, and uncoordinated and heterogeneous implementation of the NPA, make it **a challenge to define impact for OVC, whether positive or negative.** And in practice it is highly problematic to definitively relate change to implementation of one document as change relates to so many interrelated factors. However, there are some important improvements relating to OVC. **The number of orphans and the HIV prevalence has diminished at national level**. Of more concern is the DHS 2010 finding that **only 17% of OVC receive some form of external support**. However, there are strong signs of community action around OVC often financially supported through local contributions or gifts-in-kind.

Whilst it is hard to identify causal impact of the NPA for OVC in other policy areas, particularly health and nutrition where OVC is not a targeting criteria, **it is evident across government that there is better understanding of how best to identify vulnerability of children to different risks,** and the importance of using community approaches to target hard-to-reach groups. This is improving service provision for all children, including OVC in a way that not only does not discriminate or stigmatise these children, but also emphasises a more equitable approach which does not see OVC as a 'problem' to be solved, but of children whose rights must be met for them to become successful citizens.

In addition, an indirect and positive impact of both OVC policy and NPA was that **they raised the profile of children as a national social and development concern.** The OVC approach prepared the ground for an increased visibility of children's issues in the national development agenda. Malawi's new Malawi Growth and Development Strategy II (2012-16) (MDGS II) explicitly include Child Development and Protection as a sub-theme under the broad theme of Social Development. OVC are present under the aspects of HIV, education and nutrition. Government strategy is supported by the United Nations Development Assistance Framework

2012-16 (UNDAF), which reflects national government policy and thus includes reference to children.

Children's issues, and especially vulnerable children, have gained momentum in the last years. After the adoption of the Child Care, Protection and Justice Bill in 2010, a costed implementation plan was developed, which focuses on all children at primary, secondary and tertiary levels. The plan uses a multi-sectorial approach, with clear linkages between Education, Health and Social Protection.

The policy and legal framework demonstrates signs of strengthening around OVC as a result of the implementation of the NPA. Child protection is a new priority in the country development agenda. While it has already been acknowledged that Malawi was a front runner in including child protection concerns in the OVC NPA, it has to be said that this has also created an unexpected confusion. Child protection relates to a specific set of interventions, usually implemented by the Ministry responsible for children (in Malawi's case the MoGCSW). OVC programming, on the other hand, is a broader concept which is expected to be integrated across multi-disciplines including, but not limited to the MoGCSW. In other words, Child Protection is set of interventions as a component of the work of the MoGCSW whereas OVC programming is ensuring that a target group is appropriately included in the work of all service providers. In Malawi, the two became inextricably linked with the concept of OVC being rolled into Child Protection, leaving out the integration of OVC related issues into sectors outside the MoGCSW such as Education, Health, Livelihoods and Nutrition. For instance, the TWG for OVC and the TWG for Child Protection have now been merged, and consequently, developing a more nuanced understanding of OVC issues as they relate to health and nutrition no longer have a clear forum within which to be discussed.

6.5. Sustainability

Key findings

There is unlikely to be widespread sustainability in terms of scale of service coverage specifically for OVC, given current reliance on external funding sources.

Certain components, such as CBCCs and more generally the growth of family and community support, appear to have greater promise of sustainability. This is in large part because of the apparent continued social cohesion in Malawi, linked to sensitivity toward child vulnerability. The challenge will be to ensure that external support for locally-generated initiatives can be provided in a way that fosters their continuity and independence.

The weaknesses in capacity building, across the board, and the failures of the monitoring and evaluation system raise concern about the extent of possible sustainability.

It is unlikely that the benefits of the NPA will continue, where funding is withdrawn. Given the difficulties in matching budget to expenditure and then to impact, it is not possible to identify what funds would be needed to consolidate the most positive components of the NPA.

Sustainability requires financial sustainability for service coverage and human resources and, at the same time, requires capacity and skills. It also requires a sense of commitment and ownership by communities. This latter point appears to be available and it is clear that community initiatives, such as CBCCs, do continue even where funding is limited or withdrawn. It is not clear how much of the NPA budget leveraged access to existing basic services that are funded under other sectorial budgets such as health or education – that is, how much initiatives such as education bursaries just provided the additional support to enable vulnerable children to access services. But the indications are that much of the expenditure when on service provision, that cannot continue without external funding. The budget analysis in this report confirms findings from the MTR that the core government contribution to programme implementation is minimal. There is no evidence of exit strategies for donors to increase the financial ownership of the Government.

Implementation of the NPA was a joint activity of government and civil society with smaller CBOs and community workers (some of whom are on the government payroll) being at the frontline of service provision. The absence of a baseline and of monitoring targets makes it difficult to comment whether the strategic objectives were fulfilled, so analysis must rely on qualitative sources at national and district levels.

However, on a more positive note one of the most noticeable impacts of the NPA, and where Malawi has been one of the leaders, has been the **transformation from a primarily material 'minimum package of care' for OVC in 2005 to a focus not only on cash transfers but broader livelihoods-based social support** in the NPA extension. Despite challenges in scale up of the cash transfer scheme, this approach is in line with global evidence, especially as the social transfers start to take into account evidence about the importance of social exclusion and non-cash components of social protection.

6.6. Scalability

The seven years of NPA implementation has seen transition from a separate 'OVC' concept to a stronger focus on integration of children's policy issues into the larger development context. This is largely in response to the changing dynamics of the HIV response and increased understanding of the causes of vulnerability in children and what effective OVC responses are. A strong legislative framework and integration of OVC issues into sectorial policies and plans (e.g. the education sector) has improved scale up of services across the country. Malawi's move to introduce the Child Care, Protection and Justice Act in 2009 reflects this regional trend.

A key strength of the NPA has been its strong focus on family and community-based programmes. Malawi's approach has not only been guided by but, at times, guided the global response. The focus on CBCCs in particular has strengthened the community response. Centres

have become hubs for multi-sectorial responses. Whilst more could be done with these centres as nodes of activity, notably improving linkages with HIV treatment, it is an excellent model. The Malawi NPA has placed a strong focus on ECD which is the most important age group for a sustainable, developmental approach to child vulnerability.

The absence of robust data makes it hard to identify why these effective interventions mentioned above have managed to scale up and even harder to identify which components of programme design and intervention offer the best means to scale up interventions that will have the greatest impact in the most cost-effective way.

The impact evaluation has noted a potential future concern that 'OVC programming' which at its best is multi-sectorial and addresses a wide range of childhood risk, will translate into child protection programming, which the evaluation team understand as a comprehensive approach to the prevention and response of child abuse, violence, exploitation and neglect. This possible conflation was noted in discussions with both MoGCSW and UNICEF and could lead to reduced linkages between children in need of protection from maltreatment and other interventions that vulnerable children need, like education, health, and social protection.

7. CONCLUSION AND WAY FORWARD

This impact evaluation has provided an opportunity to review the extent to which the response made a difference in the lives of Malawi's children. It has also offered an opportunity to examine how a multi-sectorial, coordinated response to child vulnerability over an extended period of time is able to adapt over time to children's needs, respond to the changing context and to build on evidence of success.

Through the lenses of the four evaluation guiding questions, this section summarises the key findings already presented in previous sections and then attempts to translate these 'lessons learned' into constructive steps for a way forward.

7.1. Concluding comments

First, and possibly most importantly, the National Plan of Action for Orphans and Vulnerable Children 2006-10/2011-12 placed children at centre stage. It is a tangible commitment to tackling childhood vulnerability from government, civil society and development partners.

The National Plan of Action achieved in part its overall goal to build and strengthen the family, community and government capacities to scale-up response for the survival, growth, protection and development of orphans and vulnerable children. There were examples of increased coverage and improved outcomes for children who were targeted by and through the NPA. Malawi has shown innovations that have then been taken to scale. Improvements were particularly noticeable in the early childhood development sector, overall improved family

capacity to care for children due to inputs such as the social cash transfer and CBCCs, and increased education enrolment although with limited follow up. However, the variety of interventions were not clearly developed as part of a coordinated plan which left gaps in improved services and support for OVC and their families. **The next stage must be to harness this energy, which has largely been visible at TA and community level, and pay more attention to coordination, management and monitoring.** Without these elements, there is a considerable risk that activities will not be cost-efficient and that children who are especially excluded will remain excluded. Should a new NPA for OVC be developed, it would be important to more clearly link objectives to strategies with a funding plan that goes beyond budgets to tangible financial commitments.

Although there are many positive components, there remain a number of weaknesses. **The first weakness is, of course, the fact that it is not possible to demonstrate 'impact' given the lack of data.** This has been discussed at length – the most striking lesson learned is that if one wants to know what is happening to children, there has to be adequate investment *from the start* in ensuring monitoring and this monitoring *must be two-way* – data collected must be usable by those who are closest to children or families. If not, they will not be motivated to collect data and will not then use the data to fine-tune activities, scaling up good ones and altering or abandoning those interventions which are not having an impact. In addition, without a robust evidence base, 'OVC advocates' in government and civil society will not be able to argue for investment in priority interventions and will not know which interventions are most essential for girls and boys of different ages and developmental stages. If there had been a stronger M&E system results would have been clearer and the most effective responses identified to drive improvements quicker and more cost effectively.

A second weakness to the appropriateness and effectiveness of particular interventions or prioritisation of programmed activities relates to child participation. Child participation is central to successful engagement, because if children themselves are involved they bring in important perspectives on need, quality of intervention and impact. A regional review (Clacherty & Bray, 2010) provide some useful recommendations that could be taken on board in the next phase (cultivate an understanding of why children are participating, change the way children are 'seen', recognise cultural norms and practices, stop separating child, youth and adult activities and of course recognising that proper participation needs a budget).[56]

The third weakness is the on-going tension between pre-defined 'OVC' and childhood vulnerability more broadly. The fact that children are seen as worth investing in is a long-term and substantial benefit. The most important question for children's stakeholders is whether this happens best through means of a targeted OVC NPA or in other ways. The view of the evaluation team is that the challenges relating to definition, multi-sectorial buy-in and

[56] Clacherty G & Bray R. (2010) Child and youth participation in East and Southern Africa: Taking stock and moving forward.) Reflecting on child and youth participation: a publication for programmers and policy makers in East and Southern Africa

coordination strongly suggest that it would be more effective to have clear targets for children across all social and economic sectors that include indicators for universal access and indicators measuring reductions in inequity. One reason why this may not have yet happened is that OVC appears to be relegated to a sub-section of children and therefore may not be placed high up in national priorities. Children are dropping off development partners' agendas as a stand-alone 'group', there is a lack of child champions from donors and even in child-focused programmes such as UNICEF, key basic services such as health and nutrition are not aligned with OVC.

Fourthly, there is a lack of focus on one of the key drivers of childhood vulnerability – HIV. There is a growing recognition that HIV has a particular impact on children, especially in the area of stigma and discrimination, building on the JLICA findings. It is ironic that in fact the least available evidence from this programme is that of reduced HIV-specific vulnerability. There are no data available on reduced HIV infections in children (at birth or in adolescence) and the data on HIV treatment access from the health sector do not offer information on particular barriers that some children or households may face in accessing or adhering to treatment. Ironically, the NPA which was largely developed in order to mitigate HIV impact has largely forgotten the need for HIV prevention and treatment.

The new debate on child protection has currently overtaken the concept of OVC leading to areas of overlap and lack of clarity. The new focus on child protection was presented as being broader than the OVC approach, whereas the distinction was clearly stated in the NPA, where child protection was a component of the OVC response. Considering OVC to be included in child protection has led to missed opportunities on some important components of OVC, notably health, nutrition, and education, which conceptually do not fall under child protection but never the less have a clear and direct link with it. Confusion has emerged also between the concepts of OVC and CABA, requiring efforts in redefining the concept of vulnerable children.

Finally, some concerns were raised during the evaluation that defining OVC can also become a label, increasing stigma faced by children and not releasing their potential to contribute solving their own challenges. A systemic approach to vulnerable children should avoid any categorisation of vulnerable children, and encourage a thorough analysis of children's vulnerabilities, the risks they face as well as the resilience to such risks they have developed over time. Labelling has resulted in weakening children's self-esteem with a negative impact on their chances to become less vulnerable.

7.2. Recommendations for a way forward

The validation workshop provided an opportunity to explore the findings of this impact evaluation and look for lessons to improve services and support for orphans and other vulnerable children in Malawi.

- There was consensus from participants, led by feedback from the MoGCSW, that a new NPA for OVC would be relevant. The new NPA needs to build on the lessons of the evaluation, both positive and negative, and have a stronger emphasis on how to build sustainable services for vulnerable children.

- Capacity building needs to have a stronger emphasis on organisational and institutional capacity, supporting CBOs and government. Capacity building approaches need to go beyond simply human capacity to systems and structures which build institutional capacity. This will require a capacity analysis and subsequent implementation plan.

- Funding flows was a challenge for sustainability. Greater efforts need to be made to secure funding from the national budget. In particular, some activities could be mainstreamed into the budgets of line ministries such as education grants into the MoEST. Furthermore, efforts need to be made to identify a broader range of external donors to essential services such as improved coordination and strengthening linkages.

7.2.1. Vulnerability Framework

The consultants and validation workshop participants recommend Malawi develops a vulnerability framework that is able to clarify the risks faced by children (i.e. being HIV+, living without adult support, living in a poor household) and clarifies what these risks may result in (i.e. stigma, child labour) and what coping mechanisms are needed to mitigate these risks and vulnerabilities (i.e. education, vocational skills' training). This framework needs to look at the fluidity of vulnerability by age and sex – that different children are at risk at different stages of their life but also have access to different coping strategies.

This framework will help ensure the new NPA for OVC is both better able to identify and therefore reach the most vulnerable children whilst at the same time allow service providers at different levels the flexibility to identify those most in need. It will also go some way to ensure vulnerable children can be better identified within the activities of other key government ministries.

7.2.2. Programmatic recommendations

There are a number of successful initiatives which need to be continued such as ECD, SCTP and community case management approaches for integrated linkages, though attention should be paid as to whether these activities can better be mainstreamed into the work of other government ministries. There are also a number of promising practises identified which would bear fuller scrutiny to see if they can be scaled up to national level.

The focus on strengthening community and family systems should continue as this has been found to help reduce vulnerability of children. A capacity analysis should be undertaken to

better understand the capacity gaps within community based organisations that looks at both their technical and operational constraints. Special attention needs to be paid with regards their links with vulnerable children and their families so that CBOs are seen to be supporting the needs of the most vulnerable.

7.2.3. Organisational recommendations

The structure developed to implement the NPA for OVC needs to continue, though needs strengthening at every level. Clear leadership needs to be established from the beginning with responsibility to ensure the NPA is fully put into action and clear accountability mechanisms from national to TA levels. A capacity analysis would help clarify the areas of weakness, and the national capacity building plan of the OPC can help in this regard.

Specific areas for improvement include:

- The OVC NSC needs to develop realistic and high level oversight with responsibility for monitoring progress of the NPA
- The TWG for OVC needs to put greater emphasis on using its outreach to districts to improve use of national standards and guidelines
- Clear Terms of Reference need developing for TWG for OVC at district level
- An M&E system needs building which is able to measure OVC access to services and ensure that there are no areas of overlap or excluded children.
- Stronger linkages need to be established between MoE, NAC and MoGCSW at district and national levels to improve coordination
- Improve children's involvement at every level and ensure that bodies such as the children's parliament are formally linked into national structures such as District Assemblies.

ANNEX 1: TORs for impact evaluation

1. BACKGROUND INFORMATION

HIV and AIDS continue to generate a major humanitarian crisis for children in Malawi. The National Statistical Office (2008) estimates 1.5 million to be orphaned and vulnerable through death of one or both parents mainly due to HIV and AIDS. In 2005 the Government of Malawi developed the National Plan of Action for Orphans and Vulnerable Children (NPA for OVC). The NPA for OVC follows a process to articulate articles 65, 66 and 67 of the UNGASS on HIV and AIDS as well as the Millennium Development Goals (MDGs). A Rapid Assessment, Analysis and Action Plan (RAAAP) was conducted in 2004 to determine the situation of the OVC, identify gaps and formulate new strategies for mitigating the impact of HIV/AIDS on affected and infected children and families. The RAAAP culminated in the development of NPA for OVC 2005-2009.

The NPA for OVC (2005-2009) and the National Policy on Orphans and Vulnerable Children (2003) provide the overall framework for the implementation of national response towards addressing the impact of HIV and AIDS on children and their families. The NPA was initially for five years from 2005 to 2009 but later extended by two years from 2010 to 2011.The NPA outlines six key strategic areas that have facilitated implementation of the programme.

These strategic areas are:

1. Enhancing access to essential services: welfare, education, health, nutrition, safe water and sanitation, registration, safety nets
2. Strengthening family and community capacity for care, support and protection: economic security, Psycho-Social Support, protection, food
3. Protecting most vulnerable children through improved policy and legislation, leadership, efficient coordination at all levels and by facilitating equal and meaningful child participation for both boys and girls.
4. Strengthening and building the technical institutional and human resource capacity of key orphans and vulnerable children service providers.
5. Raising awareness at all levels through advocacy and social mobilization initiatives to create a supportive environment for children and families affected by HIV and AIDS and poverty.
6. Continuous monitoring and assessment of the situation of orphans and vulnerable children and measure the gaps between what is being done and what must still be done to adequately fulfil the rights and needs of orphans and vulnerable children.

In 2009, the Ministry of Gender, Children and Community Development (MoGCCD) conducted a Mid -Term Review of the National Plan of Action (NPA) to enable the Government of Malawi reflect on the progress made in the implementation of the national response to OVC, identify areas of strength and neglected areas of implementation and coverage. The review generally reported progress being made on all the six strategic areas of the NPA for OVC, albeit some challenges and gaps that needed to be addressed. Informed by the Mid-Term results, an extended NPA was developed to primarily consolidate the gains made and scale up

interventions. The extended NPA attempted to address the gaps and also drew new strategies to guide future program implementation particularly on emerging issues.

As the mandated government agency for planning and programming for children in Malawi, the Ministry of Gender, Children and Community Development (MoGCCD) is to focal point of OVC in the country. UNICEF, in collaboration with MOGCCD), therefore commissioning an Impact Evaluation of the National Plan of Action for Orphans and Vulnerable Children to assess the extent to which the goals and objectives of the National Plan of Action have been achieved. The evaluation findings will inform the development of the next generation of National Plan of Action for children including those affected by HIV and AIDS.

2. . THE MAIN OBJECTIVE OF THE ASSIGNMENT:

The purpose of the Evaluation is to assess how the implementation of the National Plan of Action has led to positive outcomes for orphans and vulnerable children and the role of the National Plan of Action in coordinating and guiding Malawi's national response for orphans and vulnerable children. With reference to RAAAP as the baseline which led to the formulation of the NPA for OVC, the specific objectives of the study should be to:-

- Review achievements on the benchmarks and indicators set in the NPA
- Identify strengths, weaknesses, opportunities, and threats with the implementation arrangements of the NPA
- Measure impact on children against resources and interventions implemented by the programme.

Further, the evaluation seeks to answer the following questions under the major areas of an evaluation exercise which include relevance, effectiveness, efficiency (cost effectiveness), impact, sustainability, scalability/reliability, coherence and coordination:

1. Relevance

- ✓ Was the design of the NPA the most appropriate and relevant strategy for addressing the problem of Orphans and Vulnerable Children in accordance with the national development priorities and policies?
- ✓ How has the NPA adapted over time to reflect changes in Global, Regional and National OVC programming practices?
- ✓ How has the NPA created change in comprehensive OVC services during the period of their operation?
- ✓ How has the NPA addressed the problems experienced in programming of OVC interventions and strengthening of partnerships?
- ✓ How has the NPA supported evolution of an appropriate and effective mechanism for coordination of efforts and pooling of resources into response targeting OVC?

2. Effectiveness

- ✓ Have the NPA goals and purposes been achieved as originally envisaged and what gaps (if any) remain?

- ✓ How integrated was the NPA with other related national strategies such as national strategic plan for ECD, positive parenting strategies, national guidelines on psychosocial support and the HIV and AIDS response?
- ✓ How inclusive and gender responsive were the services and products of the NPA?
- ✓ Did the NPA address equity issues for children?
- ✓ How user friendly was the NPA and how effectively did it support programming of community development and OVC services at grassroots levels of the response?

3. Efficiency (cost effectiveness)

- ✓ What components in the NPA have been achieved or delivered with the best value for money and in what specific ways?
- ✓ What have been the direct/indirect costs per child beneficiary incurred through NPA funding?
- ✓ Could the same results be achieved at a lower cost or could more or better results be achieved with the same cost by using different instruments or approaches?

4. Impact

- ✓ What are the intended and unintended positive and negative outcomes of the NPA on OVC? What lead to the outcomes and why?
- ✓ How has NPA influenced or strengthened OVC programming in the country? Are there variations from one district to another?
- ✓ What (if any) are the unintended outcomes for OVC as a result of the operationalisation of NPA and their impact on OVC?
- ✓ What has been the impact of the NPA on community development approaches nationally?

In general, the final report should clearly document how the NPA has brought changes in the lives of beneficiaries (positive, negative, intended, unintended); how it has influenced community development; and the degree it has been successful in improving the lives of the OVC.

5. Sustainability

- ✓ Does the programme have the capacity to sustain its operations in terms of financial and programmatic implementation by the Government?
- ✓ How strong and sustainable are systems put in place through NPA to continue delivering quality of services to targeted communities?
- ✓ What lessons related to sustainability can we draw from the execution of NPA?
- ✓ Who are the critical partners that the Government needs, to ensure sustainability of service delivery to OVC outlined in the NPA?

6. Scalability/Reliability

- ✓ What components of the NPA show greater likelihood for scalability and why?

- ✓ How likely is the NPA or its components to be scaled or replicated by other agencies (nationally, regionally, globally) or by relevant ministries in government?

7. Coherence

- ✓ How has the NPA influenced coherence between policies and programs for OVC for key stakeholders? Is it complementary or contradictory and why?
- ✓ What is the effect of the NPA on establishing a coherent programme for OVC?

8. Coordination

- ✓ Have the partners actively involved in the NPA been able to successfully coordinate their activities?
- ✓ Have theses partners been able to successfully coordinate their activities with other related sectorial interventions?
- ✓ The degree of coordination between NPA and other sectorial approaches / strategic plans?

3. SCOPE OF WORK

This assignment is to evaluate the impact of the NPA. It should be based on benchmarks and indicators set in both the 2005-2009 NPA and the Extend NPA 2010-2011. The 2004 RAAAP should act as a baseline to inform the study, drawing lessons from the mid-term review of 2009. An appropriate sample size (to be agreed upon in consultation with the working group) would be required that: (1) provides statistically significant evidence on the impact of the NPA related activities and its programming approaches; (2) deliberately targets the areas of implementation of the NPA from its inception to date; (3) documents the roles of various implementers such as the government, civil society organisations, donor partners and communities. In all these, efforts should be made to highlight the factors that facilitated or hindered the effective implementation of the NPA.

Specifically, the consulting firm led by a team leader will undertake the following tasks:
1. Develop the work plan and an inception report indicating the research methodology; data collection tools; a matrix for the impact evaluation and on the timeline for deliverables outlined in this ToR. This task should be done in consultation with the Working Group as part of the process of endorsing the inception report and finalising the terms of reference.

2. Conduct a review of relevant literature related to OVC programme in Malawi, the Southern Africa region and a synthesis of global lessons learnt in delivering protection, care and support for orphans and vulnerable children.
a. Identify the key issues that prevent scale up and the success factors which could be promoted for scale up, with a view to ensure efficiency and effectiveness of the NPA.
b. Based on recent literature and current thinking in OVC programme and research findings suggest innovative approaches and strategies that could be promoted in the NPA and its activities.

NB: A basic preliminary literature review list will be provided to the consultancy firm. The documents will include mainly policies, strategies and programme interventions for OVC

3. Conduct an in-depth analysis of the NPA in terms of scope and coverage by evaluating a sample of districts. The sample size requirement is provided above. The sample of districts should include well-performing and under-performing districts. It should have regional representation and also cover rural, urban and peri-urban settings. The sample size, districts and areas of interventions will be agreed upon by the Working Group in consultation with the consultant.

4. Based on the impact evaluation findings, recommend specific interventions that will enable the scaling up of high impact programme interventions with an emphasis on girls and the most vulnerable

5. Conduct stakeholder consultations, focus group discussions and in-depth interviews with key stakeholders in OVC - NPA including government ministries and departments, District Councils, local and international NGOs, development partners, and coordinating and advocacy organizations.

6. Conduct interviews with children affected by HIV and AIDS (CABA), their carers and their communities to validate the impact of the OVC – NPA, and provide an opportunity to assess the extent to which the national plan of action's priority areas reflect the priorities of children affected by HIV and AIDS, their carers and their communities.

7. Conduct a two-day consultation workshop with national and district partners to present the draft evaluation report of the national plan of action and ensure the feedback of the participants is included in the final report.

4. METHODOLOGY

1. Formation of a Core Team under the Guidance of the TWG

Strategic guidance of the consultancy shall be provided by the OVC & Child Protection Technical Working Group (TWG). The TWG shall be ultimately responsible for coordinating the dissemination of the findings and recommendations of the evaluation and will provide the technical expertise required to assess the methodology, tools, and the draft and final reports. The TWG shall delegate a core team who include MoGCCD, CSO representative, National AIDS Commission, USAID and UNICEF who shall provide close supervision and guidance for the evaluation. The core team and the consulting firm will meet regularly during the course of the evaluation in order to (a) provide feedback on the methodology, framework and tools to be used; (b) identify and help provide primary and secondary information sources; (c) review draft report and make suggestions for improvement based on TWG inputs and (d) assist in facilitating the dissemination and discussion of the final report to stakeholders in a workshop.

2. Work Modalities

The team leader consultant needs to clearly define an appropriate sample size and specify what mechanisms will be adopted to avoid selection bias. The evaluation should meet the principles of

participation *involving both female and male* beneficiaries. A suggested work schedule for the implementation of the evaluation is presented below (Table 1):

Table 1: Management of work schedule

Percentage	Thematic Area
10%	Literature review of OVC programs and lessons learnt in delivering care, support and protection of OVC in Malawi, Southern Africa and globally Inception report detailing the preliminary literature review findings, the methodology and work plan for the review and approval by the TWG Availability of data collection tools
60%	NPA evaluation Undertake data gathering as outlined in the ToR, with specific reference to sampling size and criteria mentioned above Developing a draft report on the findings of the evaluation clearly indicating the following: □ Evaluation findings □ A matrix for the impact evaluation updated with available data and clearly indicating the missing data □ Completed impact indicator tables with baseline, midterm and final evaluation findings. □ Outlined stakeholder specific recommendations □ Clearly distinguished recommendations that are relevant for the next National Plan of Action for OVC (a.k.a NPA for Children Affected by AIDS) □ A proposed framework for the next National Plan of Action
25%	PowerPoint presentation on key findings and recommendations Facilitation of a national feedback workshop for stakeholders to get feedback on the findings of the evaluation and its recommendations Final evaluation report incorporating the inputs from the feedback workshop
5%	Drafting of a simple-language, child-friendly summary of the evaluation findings for dissemination to participating communities

5. EXPECTED DELIVERABLES

The following deliverables are expected:

1. Inception report, detailing how the study will be conducted, including the methodology, analytical framework, tools and timeline / work-plan for implementation of the evaluation and the preliminary literature review findings. The consulting firm shall present the inception report according to the outline, content and structure agreed with the Core Team. The inception report will also contain the basic structure of the evaluation report. Field work will only commence once this report has been reviewed and agreed with the Core Team.

2. The evaluation draft report will be developed based on the analysis of the data, the result of the study, and the content and structure agreed and presented in the inception report. The date of submission of this report will be indicated in the Timeline within the inception report. This draft should provide an objective assessment of achievements against the NPA objectives, and an independent opinion on any existing gaps. Feedback on the draft report will be sought by the Core Team from the TWG, compiled and presented to the lead consultant within 10 working days. The feedback is to be incorporated in the final report.

3. The final report of the study that incorporates comments from the Core Team and from the key stakeholders' workshop. The report will be complete, systematic, coherent, satisfactory, and no longer than 50 pages (excluding annexes) with clear, evidence-based recommendations for strengthening programming for OVC / CABA at all levels. The report will address the questions presented in this TOR, each objective and the whole scope of work. It shall include at a minimum an executive summary, presentation of the methodology, data presentation, an analysis of the data, recommendations and conclusion, and annexes (ToRs, list of interviewees, site visits, list of documents, details on methodology);

4. The final Impact evaluation report shall be bound and 3 CDs shall be produced with soft copies of the report clearly indicating the findings as follows:

a. Evaluation findings.

b. Completed impact indicator tables with baseline, midterm and final evaluation findings.

c. Proposed innovative approaches and strategies that could be promoted in OVC programming.

d. Recommended specific interventions that will enable the scaling up of high impact programme interventions with an emphasis on girls and the most vulnerable.

e. Outlined stakeholder specific recommendations.

f. Clearly distinguished recommendations that are relevant for the next national Plan of Action for OVC / CABA.

g. A proposed framework for the next National Plan of Action.

5. PowerPoint presentation highlighting findings and ways forward to be presented at the dissemination workshop.

6. A simple-language, child-friendly summary of the evaluation findings for dissemination to participating communities. Identify the key issues or success factors which could be promoted to scale to ensure efficiency and effectiveness of programmes.
Deliverables will determine the payment as per following terms:

- 1st payment (25%) upon approval of the inception report by Core Team
- 2nd payment (30%) upon acceptance of the complete draft report by the Core Team, and

- 3rd and final payment (45%) upon presentation to the OVC stakeholders of a PowerPoint Presentation of the final report, the submission of the approved final report of the evaluation and its simple-language child-friendly version.

Standard UNICEF procedures will apply for invoicing and all other operational, financial management requirements set out in the contract. Standard UNICEF penalty clauses will apply for late and poor quality deliverables. The Working Group will provide the consultancy firm with the criteria for the evaluation of the quality of each deliverable.

6. DESIRED BACKGROUND AND EXPERIENCE

The proposal should include consultants that have the following qualifications.

1. Post graduate degree in social sciences, research, evaluations or relevant areas.
2. Strong quantitative and qualitative research skills, including research expertise in health, social development child protection, poverty, and child participation
3. Demonstrated understanding of HIV and AIDS and its impact on children in southern Africa, and in Malawi
4. Strong analytical and conceptual skills
5. Demonstrated ability to meet deadlines
6. Excellent communication skills and fluency in English, written and verbal
7. Expertise in gender equality and human rights, including child rights, with a demonstrated understanding of the evaluation team's responsibilities in this regard

The team leader should have following additional qualifications:
1. Extensive experience in conducting impact evaluations, with experience in OVC, child protection and HIV and AIDS
2. At least 10 years of experience in the area of evaluation.
3. Prior experience as a team leader.

A gender balanced team will be highly regarded.
The consultant (s) are expected to provide and use their own computer (s) in preparing the draft and final reports, sharing electronic files as necessary in Word and Excel formats.

7. BIDDER'S RESPONSE

To establish your qualifications, please provide the following in your response:

7.1 Technical Proposal

The Technical Proposal should provide a brief outline of the bidders understanding of the terms of reference and the scope of work. It must also include a clear description of the qualifications of key personnel that will be involved in carrying out the assignment, the experience that the bidder and key personnel have in similar assignments within the Government or other development partners and the methodology and approach that will be employed in undertaking the assignment. Curriculum vitae (CV) of all members of the team involved in carrying out the assignment should be provided. The CVs should include details on tasks carried out by the

relevant staff, including on-going assignments indicating responsibilities assumed by them, and their qualifications and experience in undertaking similar assignments. The firm should disclose in writing that they do not have any relationship that may possibly compromise their independence. In addition the technical proposal should include a work plan for undertaking the assignment, clearly showing the estimated number of days, the key activities and milestones. Proof of experience needed that the consulting firms have carried out similar job for other national/international agencies.
For more details on the content of the technical proposal, please see clause 1.6.4 of the RFP document above.

7.2 Financial Proposal
Financial proposals shall be in **USD or Malawi Kwacha** and shall be for conducting the assignment. All Financials/rates quoted must be **exclusive of all taxes** as UNICEF is a tax-exempt organization. The proposals may be submitted in the format normally used by the bidder. However, each proposal must provide sufficient details to allow for cost comparison and evaluation. The proposal from the consultancy will include all costs including fees, DSAs for delivering, except the cost of dissemination meeting, which will be paid by UNICEF.

8. ADDITIONAL CONDITIONS FOR THE CONSULTANCY

- UNICEF will not provide work space, computer equipment nor software in support of the contact. The firm should provide own transport, computer, equipment and materials necessary for the performance of the expected deliverables outlined above.
- No contract may commence unless the contract is signed by both UNICEF and the Contractor.
- Payments will be made in lump sum, based on successful completion of tasks and deliverables on a schedule to be determined by UNICEF.
- Consultants will not have supervisory responsibilities nor authority on UNICEF budget and other resources.
- The institutional contractor must provide UNICEF with a Certificate of Incorporation/ documentation that this is a registered company or institution.

ANNEX 2: NPAs Indicators

Objective	Key indicator
1.1 ***Support OVC with social welfare assistance through Pillar III of the PRSP***	Integrated social safety net systems for OVC established % of households with OVC who receive free basic external support in caring for OVC
1.2 ***Enhance OVC's access to quality education***	School attendance ratio of orphans as compared to non-orphans: a) Primary, b) Secondary, c) Tertiary No. of OVC attending vocational training
1.3 ***Enhance OVC's access to essential health and nutrition services***	Ratio of orphans accessing health care as compared to non-orphans Malnutrition ratio of orphans as compared to non-orphans
1.4 ***Improve household food security and nutrition of orphan children and families affected by HIV/AIDS***	Malnutrition ratio of orphans as compared to non-orphans
1.5 ***Enhance OVC's access to and knowledge on safe water and sanitation***	No. of OVC accessing improved sanitation No. of OVC accessing safe drinking water
1.6 ***Increase registration of OVC and access to a birth certificate for all children***	% of children (0-17) whose births are registered No. of children with a birth certificate
2.1 ***Establish and strengthen community caring mechanisms for children without parental/guardian support***	No. of OVC accessing formal foster care or adoption % households caring for OVC No. of children living on the streets No. of children living in institutional care
2.2 ***Improve the economic security of households caring for OVC***	% of children that have three locally defined needs for personal care No. of households housing OVC accessing IGAs

2.3 ***Strengthen the capacity of communities, families and OVC to provide psychosocial support to OVC and their caregivers***	% of OVC receiving appropriate PSS
2.4 ***Protect OVC from abuse, exploitation and property dispossession***	Increased awareness of children's rights and child protection among professionals and community members % of OVC receiving appropriate referrals in cases of abuse and exploitation % of widows and orphans that have experienced property dispossession
2.5 ***Reduce stigma & discrimination of OVC***	% of OVC experiencing stigma and discrimination because of their orphan status
2.6 ***Provide emergency support to destitute families caring for OVC with direct assistance***	% of households with OVC who receive free basic external support in care of OVC
3.1 ***Enhance an enabling policy framework in which OVC are better protected and in which OVC interventions can be guided, scaled up, implemented, monitored and evaluated***	Policy and strategy index reflecting the progress and quality of national policies and strategies for the support, protection and care of OVC Specific strategies designed to meet OVC goals developed Policy/strategy linked to PRSP, MDGs, and National Action Framework on HIV/AIDS (NAF)
3.2 ***Strengthen the legal protective framework for OVC***	Legislative framework exists to ensure OVC's rights are respected, including protection, inheritance rights and protection from property grabbing
3.3 ***Strengthen the capacity of Government and civil society to provide leadership, guidance, supervision and coordination for OVC interventions***	Functioning, effective body to coordinate policy development, implementation and monitoring exists Decentralised coordinating structures exist and are functioning

4.1 ***Increase the knowledge of SWAs and Protection Officers on OVC and child protection issues***	Social Welfare and Protection Officers further trained and deployed
4.2 ***Upgrade the 50 existing SWAs to Technical Officers level and increase their OVC and child protection knowledge***	District level Protection and Social Welfare Officers further trained and deployed
4.3 ***Enhance the technical, financial and human resource capacity of Magomero Training College to train (para-) professionals to such an extent that they are able to manage the scope and dimensions of the orphan crisis professionally in the field***	Magomero's Training College curriculum upgraded
5.1 ***Enhance the awareness and understanding of the overall population on the scale and dimensions of the OVC crisis***	Increased community, donor and political engagement in care, protection and support of OVC
5.2 ***Mobilise inter-governmental, governmental and parliamentary bodies to ensure high level commitment to OVC issues***	Increased community, donor and political engagement in care, protection and support of OVC
6.1 ***Strengthen and further synchronise an OVC identification and registration system***	Effective OVC data collection mechanisms functioning
6.2 ***Conduct a National OVC Situation Analysis to enhance the understanding of scale and dimensions of the OVC crisis***	National OVC Situation Analysis undertaken
6.3 ***Improve monitoring of programme effectiveness on well-being of OVC***	Effective monitoring work plan and structures inplace and operational
6.4 ***Enhanced evaluation of OVC interventions***	Enhanced evaluation mechanisms in place and operational
Extended NPA Indicators	
1. ***To enhance access for OVC to essential quality services such as education, health, nutrition, water and sanitation and birth registration***	No. of OVC accessing bursaries School attendance ra on of orphans to non-orphans

	No. of OVC (15-17) accessing formal vocational training Ratio of OVC accessing health care as compared to non-orphans Malnutrition ratio of orphaned children compared to non- orphaned children % of orphans aged 0-12 months who are fully immunised % of HIV+ OVC receiving paediatric ARV No. of OVC a ending CBCCs No. of CBCCs with safe water sources No. of CBCCs with improved latrines No. of OVC registered % of children whose births are registered % of OVC whose births are registered % of households keeping orphans % of child headed households keeping orphans No. of caregivers trained No. of OVC receiving appropriate PSS No. of children enrolled in children's corners
2. *To strengthen family and community capacity to protect and care for OVC*	No. of districts implementing social cash transfer programmes. No. of households reached by social cash transfer programmes No. of households keeping OVC and older OVC accessing IGA support No. of children adopted within Malawi.

	No. of children adopted outside Malawi. No. of children in institutions. No. of households keeping OVC. % of child headed households No. of care givers and other professionals trained in OVC and ECD Ratio of food insecure households with OVC compared to households with non OVC No. Of households with OVC receiving farm inputs % of households with OVC assisted with food from external source % of support groups with communal gardens
3. *To ensure that improved OVC policy, legislation and leadership are put in place to facilitate equal and meaningful participation of both boys and girls*	The five child related legislation passed No. of law enforcers trained in new legislation and policies. No. of NSC meetings conducted No. of TWG meetings conducted
4. *To strengthen and build the technical, institutional and human resource capacity of key OVC service providers*	% of established positions filled No. of SWAs trained No. of CCPWs trained No. of graduates from Magomero Training College No. of SWAs upgraded to SWOs % of OVC and children affected by HIV/AIDS in the targeted district(s) with case plan % of OVC and children affected by HIV/AIDS whose case plan is realized

	No. of SWAs and CPWs trained in case management % of service providers with referral system to other service providers
5. ***To raise awareness of the plight of OVC at all levels (community, district, national) to create a supportive environment for children and families affected by poverty and HIV/AIDS***	% of the population who have heard about HIV and AIDS % of the population expressing accepting attitudes towards PLHIVs % of OVC and their households receiving support from their communities No. of dissemination meeting on policies and legislation conducted
6. ***To continuously monitor and assess the situation of OVC and measure the gaps between what is being done and what must still be done to adequately fulfil the rights and needs of OVC***	% of districts with a functional OVC database No. of people trained in data collection and utilisation at district level No. of OVC and related studies conducted. % of districts producing quarterly reports on time

ANNEX 3: Statistics Table

Key indicator	RAAAP	MICS	DHS	DHS	Extended NPA
	2004/5 baseline	2006	2004	2010	

% of households with OVC who receive free basic external support in caring for OVC	32.5%	18.5%	17.3%	
% of OVC receiving material support		8.8%	2.6%	
School attendance ratio of orphans as compared to non-orphans		0.98	0.96	
School attendance ratio of orphans as compared to non-orphans: a) primary	0.97			
School attendance ratio of orphans as compared to non-orphans: a) secondary	0.94			
School attendance ratio of orphans as compared to non-orphans: a) tertiary				
% of OVC receiving educational support		5.8%	7.6%	19395
No. of OVC attending vocational training				
% of OVC receiving medical support		5.5%	8.9%	
Ratio of orphans receiving health care as compared to non-orphans			1.1	
Malnutrition ratio of orphans as compared to non-orphans (0-4)	1.3			
Underweight		1.14		
Stunting		1.10		
Wasting		1.08		
No. of OVC accessing improved sanitation				
No. of OVC accessing safe drinking water				
% of children (0-17) whose births are registered				
No. of children with a birth certificate				
No. of OVC accessing formal foster care or adoption				
% households caring for OVC				
No. of children living on the streets	3000			
No. of children living in institutional				

care				
% of children that have three locally defined needs for personal care			52.6%	
No. of households housing OVC accessing IGAs				
% of OVC receiving appropriate PSS		4%	3.3%	
% of OVC receiving appropriate referrals in cases of abuse and exploitation				
% of widows and orphans that have experienced property dispossession			35.6%	
% of OVC experiencing stigma and discrimination because of their orphan status				
Ratio of OVC aged 15-17 who had sex before age of 15 compared to non-OVC		1.35		
No. of OVC on educational sponsorship (i.e secondary school fees bursary)				19395
No. of OVC trained in lifeskills				11032
No. of OVC benefitting from the cash transfer programme				
% of support groups with communal gardens				46%
Proportion of those starting ART who are children < 15				10%
No. of households with vulnerable people reached with impact mitigation interventions				
No. of CBOs supporting PLWHIV receiving financial support in the past 12 months				728
No. of orphans attending school		62405	89.3%	
% of children who are OVC	14%	18%	17%	12%
% of orphans registered		12.4%	12.6%	
% of OVC living with chronically ill guardians		5.3%	3.4%	7%
No. of community child protection workers				776

% of community child protection workers with bicycles			92%
No. of CBOs supporting OCV			3086
No. of Children's Corners established			1032
No. of registered children's homes/institutions caring for OVC			59
No. of CBCCs			5609
No. of children enrolled in CBCCs			336499
Total no. of care givers in CBCCs			45257
% of care givers in CBCCs who are trained			25%
No. of households with OVC provided with start up capital			10436
No. of persons trained in providing psychosocial care			2734
No. of foster parents trained in OVC care			1632
No. of laws amended and drafted			8
% of OVC provided with legal assistance			35%
No. of law enforcement officers trained on the use and interpretation of the key OVC policy, child protection policy and legal frameworks			1309
No. of courts with child friendly facilities			8
No. of technical and advisory support officers in place and working			7
No. of child protection workers recruited and trained in OVC, children's rights and child protection			866
No. of IEC materials printed and distributed			94000
No. of district databases operational			29
% of districts submitting quarterly reports on time			82%
% of children 0-17 who are	7.4%	17%	

considered vulnerable			
% of children 0-17 who are orphans		12.4%	12.6%
% of children 0-17 who are orphans (single)		9.5%	
% of children 0-17 who are orphans (double)	5.7%	2.8%	

ANNEX 4: Questionnaire

District Social Welfare Officer Questionnaire on OVC service coverage

Name and job title:

District:

Date completed:

1 OVC access to services

	Please rank how successfully OVC can access to the following services in this district	*Excellent*	*Moderately good*	*Insufficient*	*Poor*
A	Bursaries or fee waivers for school fees or school uniforms				
B	Community-based child care centres				
C	Healthcare:				
D	HIV prevention & treatment (e.g. in-school or out-of-school)				
E	Food security & nutrition (e.g. school feeding, food parcels, IGA activities)				
F	Water & sanitation (e.g. water pumps, school sanitation)				
G	Child protection (including responses to all forms of abuse)				
H	Social safety nets (e.g. cash transfers, family public works programmes)				

1.1 Have you received any guidelines to help supervise quality of OVC services?

	OVC services	*Yes*	*No*
A	education		
B	health		
C	food security		
D	water & sanitation		
E	child protection		
F	social safety nets		

1.2 Does the monitoring system enable data to be collected about

	OVC services	*Yes*	*No*
A	education		

B	health		
C	food security		
D	water & sanitation		
E	child protection		
F	social safety nets		

2 **Which are the key OVC service providers of the following services:**

	Services provided	*government*	*CSO*	*community group*	*traditional authority*
A	education				
B	health				
C	food security				
D	water & sanitation				
E	child protection				
F	social safety nets				

3 **Priority groups: Orphans and other vulnerable children**

	Which groups are seen as the highest priority for support?	*highest priority*	*middle priority*	*lowest priority*
A	Orphans			
B	Grandparent Headed Households			
C	Child Headed Households			

3.1 **Which age groups are receiving the greatest amount of support? Male Female**

	Age group	*most support*	*moderate support*	*least support*
A	0 to 4 years			
B	5 to 14 years			
C	15 to 18 years			

3.2 **Have you noticed a change in those who are most vulnerable in your district over the past five years?**

Yes [ ] *No* [ ]

3.3 In your opinion, which categories of vulnerable children are currently not receiving services?

---

4 Coordination

4.1 Is there an OVC coordination body at the district level? Yes/No

Yes [ ] *No* [ ]

4.2 What are its main tasks? Please tick appropriate box

monitoring activities	
sharing information	
improve collaboration	
networking	
help expand services throughout the district	

5 Capacity Building

5.1 Were there interventions to strengthen the capacity of families and communities in caring for OVC?

	Services provided	*government*	*CSO*	*community group*	*traditional authority*
A	education				
B	health				
C	food security				
D	water & sanitation				
E	child protection				
F	social safety nets				

5.2 What capacity support has been provided to CSOs? (Technical, organisational, financial)

technical	*organisational*	*financial*

5.3 **What capacity support has been provided to governments with regards OVC? (Technical, organisational, financial)**

technical	*organisational*	*financial*

6 **What do you think has been the greatest success in expanding support to OVC?**

---

7 **What do you think is the priority that still needs to be done?**

ANNEX 5: Key informant list

Organization	*Interviewee*	*Position*	*Date*
Baylor Clinic	Dr Kazembe	Executive Director	06 November 2012

Organization	*Interviewee*	*Position*	*Date*
Catholic Relief Service	Fidelis Chasukwa Mgowa	Senior Project Manager for ECD and CP	06 November 2012
Catholic Relief Service	Monica Chiwalo	Project Manager for Education	06 November, 2012
Every Child Malawi	Brussels Mughogho	Executive Director	09 November 2012
Malawi Girl Guides Association	Ruth Kawale Kamwendo	Executive Director	06 November 2012
Ministry of Eductaion, Science and Technology	Mrs Mussa	Director of Secondary Education	08 November 2012
Ministry of Gender Children and Social Welfare	Benjamin Kayala	M&E Coordinator	08 November 2012
Ministry of Gender Children and Social Welfare	Mr Moyo	M&E expert	15 November 2012
Ministry of Gender Children and Social Welfare	Harry Satumba	OVC Coordinator	06 November 2012
Ministry of Gender, Children and Social Welfare	Willard Manjolo	Director of Social Welfare Department	08 November 2012
Ministry of Health, HBC/Palliative care	Mrs Kambiya	Chief Nursing Officer	08 November 2012
Ministry of Health, HIV Unit	Dr Munthambala,	Deputy Director	08 November 2012
National AIDS Commission	Yohanne Kamgwire	Head Joint Funding Scheme	08 November 2012
Network of Organizations for Vulnerable and	Joshua Ainabyona	Programme Manager	15 November 2012

Organization	*Interviewee*	*Position*	*Date*
Orphan Children			
Office of the President Cabinet	Janet Guta	HIV & Nutrition Unit Director	08 November 2012
Plan Malawi	Thoko Lusinge	Health Programme Manager	09 November 2012
Save the Children Malawi	Peter Phiri	Project Manager Capacity Support ECD and PSS	06 November 2012
Save the Children Malawi	Dorothy Phiri	Sponsorship Manager	06 November 2012
SOS Children's Villages	Philip Tegha	National Family Strengthening Programme	07 November 2012
SOS Children's Villages	Annette Mkandawile	Gender Officer	07 November 2012
United Nations' Fund for Children Malawi	Jane Muita	Deputy Representative	16 November 2012
United Nations' Fund for Children Malawi	Asefa Dano	Child Protection Specialist	06 November 2012
United Nations' Fund for Children Malawi	Jacqueline Kabambe	OVC Specialist	06 November 2012
United Nations' Fund for Children Malawi	Thadeo Kuntembwe	M&E Officer	09 November 2012
United Nations' World Food Programme	Lusungu Chitete	Nutrition specialist	08 November 2012
United Nations' World Food Programme	Martin Mphamgwe	School feeding specialist	08 November 2012
United States Agency for International Development Malawi	Kate Vorley	OVC coordinator	15 November 2012

Organization	*Interviewee*	*Position*	*Date*
World Relief	Jane Lumanga	Health Programme Manager	07 November 2012
World Vision Malawi	Ethel Kapyepe	OVC Unit member	09 November 2012
YouthNet and Counselling	MacBain Mkandawire	Executive Director	14 November 2012

ANNEX 6: Bibliography

Malawi literature

CHAI (2012), *Health Sector Resources in Malawi: Key findings from resource mapping*

Demographic and Health Survey 2010

Government of Malawi (2005), *National Plan of Action for Orphans and other Vulnerable Children in Malawi, 2005-2009*

Government of Malawi (2008), Population and Housing Census 2008

Government of Malawi (2009), *Mid Term Review of the National Plan of Action (NPA) for Orphaned and Other Vulnerable Children*

Government of Malawi (2010), *Education Country Status Report*

Government of Malawi (2011), *Final report of 2010 Demographic and Health Survey*

Government of Malawi (2012), *2012 Global AIDS Response Progress Report: Malawi Country Progress Report for 2010 and 2011*

Government of Malawi (2012), *Mapping and Assessment of Child Protection System*

Jere, P. (2012), "For a parallel Children's Conference on child labour in agriculture held at Crossroads Hotel in Lilongwe city from 3rd to 6th September 2012"

Malamba, L. (2010), "Report on the Day of the African Child 2010", Lilongwe, Malawi.

Malawi Law Commission (2012), *Report of the Law Commission on the review of the Adoption of Children Act (Cap. 26:01 of the laws Of Malawi)*

Ministry of Education, Science and Technology - Malawi (2008), *Malawi Country Statistics 2008*

Ministry of Education, Science and Technology - Malawi (2010), *Malawi Country Statistics 2010*

Ministry of Gender, Children and Community Development - Malawi (2009), *An Extended National Plan of Action for Orphans and other Vulnerable Children in Malawi, 2010-2011*

Ministry of Gender, Children and Social Development – Malawi (2008 & 2010), *Statistics 2008 & 2010*

Ministry of Gender, Children and Social Welfare - Malawi (2004), *Orphans and Other Vulnerable Children: Rapid Assessment, Analysis and Action Planning, Malawi*

Ministry of Health – Malawi (2012), *Integrated HIV Program Report January – March 2012*

Malawi NAC Grants Management Unit (2011), *Monitoring visits report for Technical Entreprenuarial Vocational Education and Training Authority (TEVETA)*

National Statistics Office (2011), *Malawi Demographic and Health Survey 2010*, Zomba: NSO and Calverton: ICF Macro.

Population Reference Bureau (2012), *Malawi Population Data Sheet 2012*

TEVETA (2012), "TVST-OVAY Project Quarterly Progress Report for January to March 2012"

UNAIDS (2011), *Malawi AIDS Progress Report 2011*

UNICEF (2011), *Investing in Malawi's National Child Protection System to support national social protection goals: the business case,* Lilongwe, Malawi.

United Nations in Malawi (2010), *Malawi Country Assessment Report*, Lilongwe, Malawi.

Welfare Monitoring Survey 2011

World Vision (2010), "Annual Report for Lake Chilwa Child Protection Project", Machinga, Zomba & Phalombe Districts, Southern Region of Malawi.

Global literature

Amoaten, S. (2011), *Supporting aid effective responses to children affected by AIDS: Lessons learnt on channelling resources to Community Based Organisations.,* (IATT/RIATT).

Amoaten, S. & Griffin, S. (2012), *Synthesis report on new regional evidence of scaling up national responses to children affected by AIDS,* Boston: Bantwana Initiative.

Clacherty, G. & Bray, R. (2010), *Child and youth participation in East and Southern Africa: Taking stock and moving forward*, Johannesburg: RIATT.

Clacherty, G. & Bray, R. (2011), *Reflecting on child and youth participation: a publication for programmers and policy makers in East and Southern Africa,* Johannesburg: RIATT.

Engle, P. (2008), *National plans of action for orphans and vulnerable children in sub-Saharan Africa Where are the youngest children?,* The Hague: Bernard Van Leer Foundation.

Holmes, R. & Jones, N. (2010), *Social protection programming: the need for a gender lens*, (ODI Briefing paper 63), London: Overseas Development Institute.

International HIV/AIDS Alliance (2012), *Good practice guide: Family-centred HIV programming for children*, Brighton: International HIV/AIDS Alliance.

Joint Learning Initiative on Children and AIDS (JLICA) (2009), *Home Truths: Facing the Facts on Children, AIDS and Poverty,*

Jones, N. (2009), *Promoting synergies between child protection and social protection in West and Central Africa* (Produced by ODI for UNICEF WCARO),

Long, S. (2011), *Protecting Children Affected by HIV Against Abuse, Exploitation, Violence, and Neglect*, Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

Organisation for Economic Cooperation and Development (1991), *The DAC Principles for the Evaluation of Development Assistance*,

Regional Psychosocial Support Initiative (2008), *Psychosocial care and support mainstreaming guidelines,* Johannesburg: REPSSI.

Skovdal, M. & Daniel, M. (2012), *Resilience through participation and coping-enabling social environments: the case of HIV-affected children in sub-Saharan Africa* (African Journal of AIDS Research, 11:3, 153-164),

Southern African Development Community (2008), *Strategic Plan of Action for OVCY 2008-2015*, Gaborone: SADC.

Southern African Development Community (2009), *SADC OVCY Business Plan 2009-2015*, Gaborone: SADC.

Taylor, N. (2008), *Orphans and Vulnerable Children and National Development Instruments: Lessons Learnt for Successful Integration,* Nairobi: UNICEF, Social Policy and Social Protection Cluster.

UNICEF (2004), *Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS,* New York: UNICEF.

UNICEF (2007), *Enhanced protection for children affected by HIV: A companion paper to the Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS,* New York: UNICEF.

UNICEF (2009), *Guidance Document: Developing and Operationalizing a National Monitoring and Evaluation System for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, New York: UNICEF.

UNICEF (2011), *Taking Evidence to Impact: Making a difference for vulnerable children living in a world with HIV and AIDS*, New York: UNICEF.

UNICEF (2012), *State of the World's Children 2012*, New York: UNICEF.

UNICEF & DFID & Help Age International & Hope & Homes for Children, Institute of Development Studies, International Labour Organization, Overseas Development Institute, Save the Children UK, UNDP and the World Bank (2009), *Advancing child-sensitive social protection*, New York: UNICEF.

United Nations (2010), *Guidelines for the alternative care of children* (UN General Assembly, 64th session, Agenda item 64. A/RES/64/142),

USAID (2010), *Social Welfare Workforce Strengthening for OVC,* Washington DC: USAID.