GOPA
WORLDWIDE CONSULTANTS

Final Evaluation Report

External Evaluation of Mangochi Basic Services Programme Phase II, 2017-2023

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November 2023

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\ ABBREVIATIONS

ADC	Area Development Committee
AEC	Area Executive Committee
ATM	Global Fund
CAPI	Computer-Assisted Personal Interview
CDA	Community Development Assistants
CEMONC	Comprehensive Emergency Obstetric and New-born Care
CSO	Civil Society Organisation
DEC	District Executive Committee
DEO	District Education Office (Technical Unit)
DHO	District Health Office (Technical Unit)
DWO	District Waster Office (Technical Unit)
ECD	Early Childhood Development
EmONC	Emergency Obstetric and New-born Care
EQ	Evaluation Question
ERG	Evaluation Reference Group
EU	European Union
FGD	Focus Group Discussion
GCU	Government Contracts Unit
GIZ	*Deutsche Gesellschaft für Internationale Zusammenarbeit* (German Society for International Cooperation)
GoM	Government of Malawi
HIMS	Management and Health Information System
HSA	Health Surveillance Assistants
IE	International Expert
IPDC	Internal Procurement and Disposal Committee
KII	Key Informant Interviews
LAPA	Local Authorities Performance Assessment
LA-PBB	Local Authorities Program Based Budget
LNOB	Leave No One Behind
LPO	Local Purchase Order
MBSP II	Mangochi Basic Services Programme Phase II
MFA	Ministry of Foreign Affairs of Iceland
MGDS III	Malawi Growth and Development Strategy 2017-2022
MoLGRD	Ministry of Local Government and Rural Development
MSG	Mother Support Group

M&E	Monitoring and Evaluation
NE	National Expert
NGO	Non-governmental Organisation
ODF	Open Defecation Free
OECD-DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
PBA	Programme-based Approach
PMT	Programme Management Team
PPDA	Public Procurement and Disposal of Public Assets Authority
PSC	Partnership Steering Committee
PTA	Parent Teacher Association
SDG	Sustainable Development Goals
SMC	School Management Committee
TA	Traditional Authority
TOR	Terms of Reference
TVETA	Technical and Vocational Education and Training Authority
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USD	United States Dollar
VDC	Village Development Committee
VHC	Village Health Committee
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

\ EXECUTIVE SUMMARY

Subject Description

The evaluation analyses the Mangochi Basic Services Programme Phase II (MBSP II), covering the period from July 2017 to June 2023. The goal of the MBSP II is to improve livelihoods and socio-economic living conditions in rural communities in Mangochi District. The programme is financed by the Ministry for Foreign Affairs of Iceland in its bilateral development cooperation partner country of Malawi. Mangochi District Council is implementing the MBSP II at district level, managed via the modality of a programme-based approach (PBA).

Evaluation Objectives and Methodology

The overall objective is to provide an independent evaluation of the performance of the MBSP II. The main purposes of the evaluation are accountability and learning. Specifically, the main questions answered by the evaluation are as follows. To what extent have the MBSP II interventions met their stated development objectives? What are the primary successes and failures of the MBSP II and what lessons can be drawn?

At a strategic level, the core question to be addressed by the evaluation are: How suitable is the PBA at district level for stakeholders and donor partner? Does evidence suggest that the capacity of local systems and local service delivery has improved with the approach? Has the approach enhanced decentralization efforts in Malawi? To what extent does it offer lessons learned and best practices for donors and districts in Malawi?

The evaluation combines a desk review and an intensive field-mission visit (5th July to 19th July 2023) to meet partners, stakeholders and beneficiaries in Malawi (primarily in Mangochi District and then in Lilongwe). The field-mission enabled the evaluators to conduct detailed data-collection research, on-site visits and observational reviews. The evaluation corresponds to OECD-DAC evaluation standards and criteria of relevance, coherence, effectiveness, efficiency, sustainability and impact. The evaluation followed a mixed-methods approach to data collection and analysis, and used a variety of standard methodological approaches: documentation review, key informant interviews, focus group discussions, household questionnaire survey, and performance assessment using quantitative and qualitative data. The evaluation utilized the following performance rating system for the OECD-DAC criteria: (HS) Highly Satisfactory, (S) Satisfactory, (A) Adequate, (U) Unsatisfactory, and (HU) Highly Unsatisfactory.

Major findings and conclusions

The performance of the MBSP II is judged as satisfactory. It has produced real social benefits for the citizens of Mangochi District in terms of improved access to and the quality of basic service provision. Overall, the relevance, coherence, effectiveness and sustainability of the MBSP II is judged as satisfactory, and the efficiency and impact of the MBSP II is judged as adequate. The performance of the MBSP II in addressing the cross-cutting priorities for Iceland, of gender equality, human rights and environment is judged as satisfactory.

Relevance

The MBSP II was relevant when it was designed and remained so at the time of the evaluation. The MBSP II is closely aligned with national policies and strategies and the development context. This includes the Malawi Growth and Development Strategy 2017-2022 and the Malawi 2063 Vision - First 10-year Implementation Plan 2021-2030, as well as a range of national sectoral policies and strategies. It is fully aligned with the local policies and strategies of Mangochi District as defined in the District Development Plan 2017-2022. The programme specific and immediate objectives are closely aligned with the target groups' needs and priorities for the improved provision and use of basic services in maternal health and family

planning, primary education, water and sanitation, and community development, for men and women living in rural Mangochi District. The MBSP II is fully in line with Icelandic development cooperation policy aims. It is specifically linked to the developmental goal enhancing social infrastructure via basic services in order to improve living standards and increase opportunities. This programme is also fully consistent with Iceland's focus on utilizing local systems and development plans in country, through the modality of a PBA implemented at district level. The MBSP II is also consistent with the goals of the 2030 Agenda for Sustainable Development and with the guiding principle to "Leave no one behind", as Mangochi District is one of the less developed districts in Malawi. The quality of the programme design is satisfactory, although with some limitations. The quality of the risk assessment and mitigation planning, and of the deliberation on the cross-cutting priorities for Iceland is weak.

Coherence

The coherence of the MBSP II with other policies and interventions of the key programme stakeholders is highly satisfactory. It is fully coherent with the Government's National Decentralization Policy and efforts. The MBSP II programme finances are fully "on plan, on budget" and held on the MBSP account at the District Council. The District Council plans and implements its programmes, including MBSP II, and thereby considers issues of the coherence and potential synergies, as well as of potential overlap or duplication, across its portfolio of actions. There is a strong level of coherence and synergy between MBSP II and the other Icelandic supported development programmes in Mangochi District. Synergies are evident in regard to actions on strengthening community based health services, improving access to quality primary education, improving access to water facilities, women's empowerment and gender equality. The synergy between MBSP II and the GIZ's Energizing Development programme is strongly evident. Most notably in terms of the number of MBSP II health or primary school facilities that received support under Energizing Development to install solar power or cooking facilities. There is no evidence of overlap or duplication of development efforts between MBSP II and the programmes of other donors active in the District. But, there are limitations in regard to the promotion of potential synergy at local level. It is not evident that Mangochi District has made any substantial effort to promote potential synergies between the different donor programmes, or to share information and lessons learned under them.

Effectiveness

The effectiveness of the MBSP II in delivery and achievement of the intended results is satisfactory. But, there is a partially mixed record in terms of achievement in line with the intended targets. MBSP II is ongoing up to 2025, and the evaluator judges the prospects for further progress on the programme outcomes is good. Linked to the intended direct outcomes (specific objectives), it is evident that the MBSP II has contributed to positive progress and real social benefits. As compared to the baseline data, thirteen of the 14 outcome indicators show positive progress. But one indicator records negative progress. This is the percentage of women of reproductive age receiving family planning methods. For the thirteen outcome indicators showing positive progress, five are fully on-track to or have already achieved the declared 'end-of-programme' target. Two are positively on-track and record no major setbacks but are still well short of achieving the declared targets. Six were positively on-track but experienced setbacks, notably during 2020-2021, because of external challenges.

Overall, MBSP II has and is anticipated to achieve its specific objective of improving access to, and use of, quality maternal and health services for pregnant mothers and children under 5-years age. With the availability of maternal services at local health centres, more women are attending ANC in the first trimester. The proportion of deliveries attended by skilled health workers has increased. Nevertheless, some gaps and challenges were encountered in the course of the programme's implementation. The most significant challenges in terms of delivery are related to the programme focus area 1.1 health service infrastructure. MBSP II has achieved its specific objective of improving the quality of primary education services in its twelve target schools. The target schools now perform better than the District average on many indicators for educational results. However, the schools' enrolment rate has not yet fully recovered post COVID-19. MBSP II has achieved its specific objective to increase sustainable access to and use of improved safe

water sources, and its specific objective to increase access to improved sanitation facilities. But the programme has faced certain challenges to increase the take-up of improved sanitary facilities at household level. However, the MBSP II has not yet made substantial progress or reach in terms of its specific objective of improved access of women and young people to skills development interventions and economic opportunities in designated areas of the District. The key challenge to ensuring the effective delivery of the intended outputs and outcomes is that the procurement processes to support the business groups has been slow. MBSP II has largely achieved its specific objective to increase the capacity of the Mangochi District to carry-out its development plans in a proper and timely manner. The capacity of the District to implement the MBSP II has increased.

Efficiency

The MBSP II management arrangements are appropriate. But, the efficiency of programme planning, implementation, delivery and achievement of the intended results is only adequate. The COVID-19 pandemic caused challenges for implementation during 2020 and 2021. The District adapted the modalities for managing implementation and service delivery to respond to the contextual changes arising. But, the key efficiency constraint linked to implementation is the pace of public procurement. The time taken by District Offices to prepare procurement dossiers is a key factor determining the ultimate efficiency of procurement processes. The programme monitoring, oversight and steering functions have broadly been satisfactory. But, the focus is primarily on the outputs delivery to ensure these are in keeping with the programme document, rather than supporting steering towards the medium-term perspective linked to the achievement of the direct outcomes. Weaknesses remain in terms of the availability of up-to-date technical progress data as per the MBSP II results framework. There is an improvement in terms of the extent of gender-specified data provided on the MBSP II.

Sustainability

Overall, the prospect for sustainability of the results and benefits after the end of the programme is satisfactory. Nevertheless, challenges exist linked to the sanitation and the economic empowerment results, and potentially longer-term also for water. The technical capacity of the District institutions to continue operation and maintenance of the MBSP II systems and the interventions, to deliver the results and benefits, is assessed to be good. The District Council will primarily be responsible for financial sustainability linked to the basic services developed, most notably those under the Health and the Education components. Also, local community funds exist to support the operation and certain maintenance of individual MBSP II facilities, such as water points. However, it is not evident that substantive effort has yet been made by the District to formally plan for the sustainability of the programme results and benefits after the end of the programme. It is not evident that such considerations, beyond that of ensuring funds for the general maintenance and small-scale repairs of facilities, were foreseen as necessary to be undertaken within the context of the programme design.

Impact

The direct effects and prospects for the MBSP II contribution to improved socio-economic conditions and livelihoods within the District is most strongly evident related to the programme's contribution to improving access to quality maternal health care services provided at health care facilities, including in the improved maternity wings at selected health centres and hospitals, spread around the District. Nevertheless, the neonatal mortality rate (institutional) reported in the District has deteriorated since 2021. Post-COVID-19, this appears now to be impacted by rising costs for basic foods and the increased risks of malnourishment for pregnant women. The improved access to safe water supply sources within walking distance has positively resulted in the reduced prevalence of water-borne disease infections, such as diarrheal disease, in areas served with safe water supply, which is evident by the decreased mortality rate due to unsafe WASH services. But, without further effort by the District to sustain and scale-up the interventions, the overall prospects for longer-term impact of the programme is presently judged only to be adequate, not yet satisfactory. Overall, it is evident, based on feedback provided to the evaluator from

stakeholders' as well as statistical evidence linked to most of the performance indicators defined for the MBSP II that real social benefits have been delivered via the programme in terms of improved access to and the quality of basic services provided.

The evaluator assesses the effectiveness of the PBA at district level as a development approach as satisfactory. The PBA modality implemented at district level, as compared to alternative modalities, has strengthened local ownership, and local capacity to manage large budgets and local development efforts, while enabling local hands-on control of the programme direction and its implementation. The PBA modality and Iceland's multi-sectoral approach to its deployment has directly enhanced decentralization efforts in Malawi insofar as the MBSP II has delivered specific development results and effects in Mangochi District. The PBA has certainly contributed to strengthen the operational and technical capacity of the Mangochi District institutions.

Lessons learned

The evaluation presents 17 lessons learned of which five are presented here.

(1.) Regular District engagement with local community structures and stakeholder partners is essential to ensure the programme's relevance, effectiveness, efficiency and sustainability. Cooperation with local structures during the development, implementation and follow-up of the programme actions was generally very positive. However, it is evident that the frequency of engagement with stakeholders has, at times, been more challenging for the District and extension workers to undertake in reaching remoter areas of the District.

(2.) Successful achievement of the development effects is built on the programme's complementary mix of intervention types (e.g., infrastructure development, rehabilitation, equipment supplies and logistical support, capacity building of organizations, staffs and community groups, plus awareness-raising campaigns). This contributes to the relatively holistic approach and effectiveness in the delivery and take-up of the results.

(3.) While local community funds exist to cover certain maintenance and small-scale repairs linked to developed facilities, such as schools or water points, respondents to the household survey indicated that the transparency and accountability in terms of the operation of the funding mechanisms is limited.

(4.) While the DWDO and more recently the DEHO have sought to identify good or poor practice, to guide future scaling-up of similar interventions, it is not evident that other institutions have made any substantive effort in the area of knowledge management and learning.

(5.) There is a lack of substantive effort by the District to prepare for sustainability of the programme results and benefits, including the continued operation and maintenance of the developed infrastructure facilities.

Recommendations

The evaluation presents 17 recommendations, which are summarized below.

Recommendations to ensure successful completion of the MBSP II actions

(1.) The District Council (Secretariat and Offices), with the support of the Embassy of Iceland, should finalize the on-going infrastructure interventions and procurement processes to deliver the intended outputs.

(2.) The District Council (Secretariat and Offices) should ensure effective operationalization of the programme results and facilities that are delivered. Key issues to be addressed are: (1) the DHO should ensure operationalization of the village clinics, which are vital health services at community level, and (2) the DWDO and the DEHO need to work further on the mobilization of local private sector actors and the development of small-scale financing mechanisms to assist take-up and maintenance of WASH services and facilities.

(3.) The District Council (Secretariat and Offices) should ensure continuation of the provision of capacity building supports for local community structures and groups.

(4.) The District Council (Secretariat and Offices) should ensure that capacity building and training outputs are maintained by the District Offices in-house, in order to provide for the continued provision of in-service and refresher trainings for staffs, and also for the training of local community groups.

(5.) The District Council (Secretariat and Offices), with the support of the Embassy of Iceland, should undertake more substantive effort to learn lessons and identify good or poor practice linked to the planning, the implementation and the take-up (or not) of the intended programme results.

(6.) The District Council (Secretariat and Offices), with the support of the Embassy of Iceland, should prepare formal sustainability plans linked to the programmes results.

(7.) The District Council (Secretariat and Offices), with the support of the Embassy of Iceland, should explore the potential for greater engagement and collaboration with other development partners active in the MBSP II programme areas that can support the District going forward.

(8.) The District Council (Secretariat and Offices) should establish and make use of coordination platforms between the different sectors and district offices to enable synergies of joint coordination.

Recommendations linked to the operation of the PBA modality at district level

(9.) The Embassy of Iceland should continue to operate its PBA using pooled programme funds.

(10.) The Embassy of Iceland should consider the introduction of a results-based performance element within its approach to the PBA.

(11.) The Embassy of Iceland should ensure stricter reporting compliance by the supported Districts, both in terms of the timeliness and the accuracy of financial and technical reporting.

Recommendations for the potential future orientation of Icelandic support to Mangochi District

(12.) The Embassy of Iceland, in partnership with the District Council (Secretariat and Offices), should continue to focus on the existing five components, but in a potential MBSP Phase III there should be a greater focus on how the interventions can most efficiently and effectively be replicated and/or scaled-up within the District. This should be based on an appreciation as to which other potential development partners or local funding capacities (central government transfers or local revenue) exist to support the District over the period 2025-2030 to undertake the replication and/or scaling-up of measures.

(13.) In the Education sector specifically, it is recommended that there is a shift to testing how the proven interventions can best be replicated and/or scaled-up to support a wider group of primary schools.

(14.) The Embassy of Iceland, in partnership with the District Council (Secretariat and Offices), should consider what steps, including capacity building measures for the District Council, could be undertaken to strengthen the District's coordination of donor development actions in the District.

(15.) The District Council (Secretariat and Offices) should continue to explore additional avenues for fund generation. This is especially important for the maintenance and improved security of health infrastructure.

(16.) The District Council (Secretariat and Offices) should ensure that a cascading training system is established linked to public procurement and contracting processes, as well as continuous monitoring, evaluation and quality assurance and control of infrastructure construction sites of external contractors.

(17.) The Embassy of Iceland, in partnership with the District Council (Secretariat and Offices), should establish clear processes for the development of sustainability planning from the onset of similar programmes and activities. These should specify concrete measures that need to be undertaken during the lifetime of the programme for the long-term sustainability management of each sub-component.

1 INTRODUCTION

1.1 PURPOSE, SCOPE AND OBJECTIVES OF THE EXTERNAL EVALUATION

The overall objective of the assignment is to conduct an **external evaluation of the Mangochi Basic Services Programme Phase II (MBSP II)**. The programme is financed by the Ministry for Foreign Affairs of Iceland (MFA) in the context of its bilateral development cooperation policy in the partner country of Malawi. Mangochi District Council is implementing the MBSP II at district level. The programme is managed via the modality of a programme-based approach (PBA). **The programme implementation period under evaluation is from July 2017 up to July 2023**. In a summative nature, the evaluation presents analytical findings linked to the programme performance up to the end of Year 6 of implementation. It also presents, in a formative nature, the programme's prospects in regard to the extension of the programme period until 2025.

The **overall goal** of the MBSP II programme is "To facilitate the efforts of the Malawi government, and Mangochi District Council in particular, to improve livelihoods and socio-economic living conditions in rural communities in Mangochi District. This should result in a more resilient population in adversity and a more resourceful one for self-sufficiency." The **immediate objective** of the MBSP II programme is the "Improved provision and use of basic services in maternal health and family planning, primary education, water and sanitation, and community development, for men and women living in rural Mangochi District."

The **main purpose** of the evaluation is twofold.

1. To strengthen mutual accountability for development results (accountability), and
2. To provide lessons learned for future collaboration, planning and decision-making (learning).

At a strategic level, the **core question** to be addressed by the evaluation are: *How suitable is the PBA at district level for stakeholders and donor partner? Does evidence suggest that the capacity of local systems and local service delivery has improved with the approach? Has the approach enhanced decentralization efforts in Malawi? To what extent does it offer lessons learned and best practices for donors and districts in Malawi?*

Specifically, the **main questions** answered by the evaluation (notably with respect to the delivery of and achievement of the specific objectives or outcomes and the outputs of the MBSP II programme) are as follows.

1. To what extent have the MBSP II programme interventions met their stated development objectives?
2. What are the primary successes and failures of the MBSP II programme and what lessons can be drawn?

More concretely, the evaluation will assess the following **specific issues**.

1. The programme's approach and design, its scope and implementation status and the capacity of the stakeholders to achieve the expected programme outcomes.
2. The management and performance of the programme against the planned results (programme-level, and sector-specific progress and cumulative effects) and whether the programme's results are on track.
3. The programme implementation (including financing and procurement) modalities of the District Council, and whether its institutional and operational capacities to manage and deliver the programme have been established.
4. Beneficiaries' participation in the programme, and the institutional strengthening of stakeholders' capacities to engage in and take-up the programme's outputs, to promote replication and the sustainability of the results.

5. The programme coordination and partnership arrangements and the programme monitoring modality of the donor and the District, and whether these ensure for efficient and effective programme oversight and steering.
6. The linkage of the programme's results to the Local Authorities Performance Assessment (LAPA) results framework for the Mangochi District Council, and an assessment of the suitability of the programme indicators set.
7. How well the cross-cutting issues on human rights, gender equality and environmental sustainability have been integrated into the programme and addressed in its implementation and delivery of the results, as well as assessing the governance of the programme and partnership between the District Council and local communities.
8. The coherence and synergy between MBSP II and other programmes funded by Iceland or other donor partners with the aim of identifying ways to strengthen local governance and decentralization efforts and ways of creating more synergies and coherence between the development efforts in Mangochi.
9. Whether the programme's implementation strategy has been optimum and to identify areas for improvement and learning - in doing so, the evaluation shall include review of the PBA modality, the programme focus as well as the assumptions (problem identification and justification) made at the beginning of the development process.

Other issues that must be considered, but should not be limited to, include.

- Constraints, risk factors and possible gains for continued support.
- Implications of the COVID-19 pandemic on programmes, how interventions were adjusted to meet related challenges, and suggest appropriate alterations (if any) to future programme designs.
- Implications of rising inflation and increasing costs of material on MBSP II activities and implementation.

In order to address the core and main questions and specific issues above, the Terms of Reference (ToR) for this assignment establish a set of evaluation questions (EQs) that form the framework for the research and analysis undertaken and presented in this report - the EQs are detailed in the **Evaluation Matrix (Annex 1)**.

The Evaluation Report presents successively the following sections.

2. **Programme description** - goals, scope, organization, and background context of MBSP II programme.
3. **Evaluation findings** - relevance, coherence, effectiveness, efficiency, sustainability, impact and the cross-cutting issues of human rights, gender equality, environmental sustainability, and governance.
4. **Conclusions**.
5. **Lessons learned**.
6. **Recommendations**.

The Annexes cover the following areas.

Annexes 1 to 4 provide further detail on the analytical framework and the evaluation research process.
Annexes 5 to 8 provide background detail on Malawi's socio-economic and human development context.
Annexes 9 to 12 provide information on Mangochi District’s socio-economic development context.
Annexes 13 to 21 provide further detail on the MBSP II programme and on its assessed performance.

The evaluation presents **conclusions, lessons learnt and recommendations** that will benefit a broad range of stakeholders. Mangochi District Council and Secretariat and MBSP II Programme Management Team (PMT) will be able to use the findings and lessons learnt for strengthening programme management and implementation during the extension of the programme period up to 2025. The donor will benefit from learning how the programme has progressed and the identification of key issues outstanding for successful completion of the programme, as well as of potential issues or areas for future collaboration

and planning. The donor, Mangochi District Council and the Government of Malawi (GoM) will benefit from the identification of potential strengths and weaknesses in management of the PBA at district level and recommendations with reference to the successes and constraints in the management of collaboration with district authorities. This can contribute to the effective operation of a PBA at district level and its contribution towards decentralization efforts.

1.2 EVALUATION ORGANIZATION, APPROACH AND METHODS

The ToR for the assignment establishes the overall framework for the evaluation organization, its participatory approach, key phases, deliverables, and timeline. The evaluation has been undertaken in accordance with the specifications of the ToR, as well as in line with Iceland's evaluation policy 2019-2023, the OECD-DAC Quality Standards for Development Evaluations and the OECD-DAC criteria for evaluation (2019). The period for implementation and completion of the evaluation assignment is from April to October 2023. The evaluation team consists of four experienced evaluation experts (two International Consultants (including the Team Leader) and two National Consultants), supported by a Survey Team (one Statistician and seven Enumerators) to conduct the Household Surveys at community, village level in Mangochi District, and Backstopping support.[1]

The framework for conducting the evaluation is based on the six **OECD-DAC criteria for evaluation**.

Table 1: OECD-DAC evaluation criterion as applied for the evaluation of the MBSP II programme

RELEVANCE	Will assess to what extent the programme has been relevant and appropriate for the strategic and development contexts for Malawi (including Mangochi District), Iceland and the global Sustainable Development Goals (SDGs) policy framework.
COHERENCE	Will assess how well does the programme fit with other development efforts in Mangochi District and with other Icelandic funded projects, and to what extent duplications of efforts are avoided and synergies between MBSP II and other efforts are maximized.
EFFECTIVENESS	Will assess to what extent the programme achieved its objectives (outputs and outcomes).
EFFICIENCY	Will assess how efficiently the programme resources have been used, and to what extent the use of financial and human resources available has been efficient, for the donor and the implementing partner.
SUSTAINABILITY	Will explore to what extent are the benefits of the programme likely to continue and be maintained (at the community and district level) after donor funding for the programme has been withdrawn.
IMPACT	Will explore what are the long-term implications of the programme for stakeholders, beneficiaries and their environment, including effects (positive or negative, intended or not) on households and institutions.

The evaluation applied the following approaches and methods.

- **The evaluation presents evidence-based analysis** to support future decision-making, steering, and focus of MBSP II and operation of the PBA modality at district level going forward (learning), while also ensuring the independent analysis of the programme and its effects (accountability). The evaluation documents learning and positive examples, and highlights areas where the programme performed less effectively than anticipated and the rationale behind that. The conclusions and recommendations, appropriately tailored to specific actors, should be articulated clearly so that they can be used for future programming needs and generate lessons for the wider decentralization and development landscape.

[1] Besides being gender-balanced, the team combines different age groups and nationalities, as well as combines expertise linked to the five component sectors of the MBSP II programme (public health, basic education, safe water supply and sanitation, women and youth economic empowerment and district secretariats (local governance and decentralisation) and insights from other country development contexts and in-depth local insights and cultural sensitivity. The well-balanced team ensures solid Chichewa and English language skills on native-speaking levels.

- **The team recognizes the importance of a participatory and consultative process** in terms of its engagement with the diverse range of programme partners. This is essential to ensure that key partners review the evaluator's preliminary analysis and findings. This consultation helps to further develop the evaluator's understanding and analysis of the programme management, programme results, programme environment and the country and district context. It is also crucial in terms of feedback that partners provide linked to the evaluator's analysis and identification of lessons learnt, conclusions and recommendations. At the end of the field-mission, the evaluation team has conducted de-briefing reviews were held with Mangochi District and Icelandic partners.
- **The evaluation combines a desk review** (home-based research, analysis and reporting, including data-collection via 'remote' means) **and an intensive field-mission visit (5th July to 19th July 2023)** to meet partners and stakeholders in Malawi (primarily in Mangochi District and three days in Lilongwe). The field-mission enabled the evaluators to conduct detailed data-collection research, on-site visits and observational reviews.
- **The evaluation draws on a range of data sources** (e.g. MFA/ Embassy of Iceland, Mangochi District Council, project beneficiaries, stakeholder partners) and quantitative and qualitative data-collection methods, such as (1) documentation review, (2) consolidation of secondary data, (3) key informant interviews (KIIs), (4) household surveys, (5) focus group discussions (FGDs). The main evaluation tools utilized for the data-analysis include stakeholder analysis, results analysis, institutional analysis, beneficiary assessment, outcome mapping, statistical analysis, cost effectiveness and SWOT analysis.
- **The evaluation team has reviewed and analysed the following range of documents**, such as (1) available MBSP II programme documentation including the programme document, annual reports covering programme Year 1 to Year 6, Monitoring and Evaluation [Results] Framework, and external audits of the programme, (2) the Mangochi District Council documentation including the Socio-Economic Profile and District Development Plan 2017-2022, (3) the GoM documentation including Consolidated Local Authorities Program Based Budget reports related to Mangochi District, Malawi's national development strategy, and Voluntary National Review Reports for the SDGs, and (4) Publicly sourced documents from international, multilateral and bilateral development partners active in Malawi.
- **The team has directly consulted with the following range of partners** linked to the data-collection and on-site visits, including five GoM Line Ministries, five Development Partners, five Mangochi District Secretariat Departments, eight Mangochi District sectoral Offices (Directors, staffs, extension workers), members of three local government structures (e.g. Area or Village Development Committee), members of twelve local community level committees (e.g. Village Health Committee, Mother's Group, Water Point Committee), six health care facilities, six primary schools, five water supply facilities, two sanitation centres, two women's cooperatives, three youth cooperatives, and 383 household beneficiaries of local services. In total, 149 people (75 Female, 74 Male) were consulted via KIIs or FGDs, and 383 households via surveys.
- **The evaluator has utilized the following ranking-system for the rating of the assessed performance of the programme** (as further detailed in Annex 2) - (HS) Highly Satisfactory, (S) Satisfactory, (A) Adequate, (U) Unsatisfactory, and (HU) Highly Unsatisfactory.
- The **draft evaluation report** was submitted to the MFA/ Embassy of Iceland in Lilongwe on 15th September 2023, for its initial review and provision of feedback. The final draft evaluation report was submitted to the MFA/ Embassy on 2nd October, for a further round of feedback and comments (also by the District partners). All feedback received was reviewed by the evaluator and, as appropriate, suitably incorporated into the final evaluation report submitted to the MFA/ Embassy on 20th November 2023. An 'audit' report on the treatment of comments was submitted to MFA/ Embassy.
- **Presentation of the final evaluation report** and outcomes took place on 21st November 2023.

1.3 LIMITATIONS OF THE EVALUATION METHODOLOGY AND APPROACH

Key limitations linked to the evaluation methodology, the research and data analysis processes are as follows.

- The **reliability of MBSP II programme performance data**, notably linked to the annual delivery of outputs and progress on the outcome indicators identified in the **MBSP II results framework** is an issue. Data on the detailed MBSP II key programme performance indicators is not consistently provided in the annual progress reports linked to the whole MBSP II results framework. While the annual reports contain narrative text on actions and outputs that have been undertaken, these data do not always match with the data collated by the District and the Embassy of Iceland in the Year 5 results framework update. The evaluator also discovered errors in the data as it has been reported in relation to the Education component outcomes - the Year 5 results framework update contains data linked to the overall District not purely on those linked to the MBSP II supported primary schools. In relation to the Women Economic Empowerment indicators, it was observed that baseline and targets are missing, while achievements were reported and mixed up with the targets column. While it is positive to discover, and in this evaluation seek to rectify such misreporting, it merely confirms the potential that other datasets linked to the programme performance may not be trustworthy or fully accurate.
- The evaluator gave the District Secretariat and District Offices reporting formats for the provision of **data on the achieved delivery of the MBSP II performance indicators as of the end of Year 6**. These were received from the majority of the MBSP II supported District institutions, although from some only for output indicators, not also on outcomes. In addition, the evaluator has collected data on the results from the District institutions via the KIIs and/or FGDs held. The data presented in this evaluation as to the performance status of the MBSP II programme is judged by the evaluator as credible, but the evaluator recognizes that some statistical errors may exist linked to specific output numbers. The evaluator's understanding as to the end Year-6 status of all the performance indicators is provided in Annex 19.
- The availability of current **information on the District's progress linked to the results framework for its own District Development Plan** was also not obtained, although both the DHO and the DEO have been very cooperative to provide the evaluator with data that clear link to the MBSP.
- **MBSP II is a follow-up programme**, and it is evident that a number of the health facilities and all of the MBSP II primary schools were initially supported under MBSP Phase I. This is not the case in terms of the other programme components. MBSP II water and sanitation actions are in new localities compared to MBSP I or earlier Icelandic support. This evaluation is only concerned with facilities supported under MBSP II. For facilities supported under both MBSP I and II, the primary focus is on the performance of the MBSP II interventions but, as relevant, also how MBSP II interventions build upon the earlier support and the extent that the earlier supports and benefits have been suitably sustained.
- In some cases, **staff turnover** at the District Secretariat District Offices and Embassy of Iceland has limited the insights of some interviewees into the MBSP II. Interviewees were informed about the implementation period of interest and duration of the MBSP II, but there might be some **recall bias** due to the time passed. Triangulation of data sources was used to overcome these biases.

2 PROGRAMME DESCRIPTION AND BACKGROUND CONTEXT

2.1 OVERVIEW OF THE COUNTRY AND DISTRICT DEVELOPMENT CONTEXT

2.1.1 MALAWI COUNTRY DEVELOPMENT CONTEXT

The Republic of Malawi is a landlocked country in south-eastern Africa sharing common borders with Zambia, Tanzania, and Mozambique. Malawi is a relatively small-sized country. It has an estimated **population of 20.4 million people**, making it one of the most densely populated countries in Africa. In addition, given the high fertility rate, the population is estimated to reach 30 million people by 2030.[2] The main characteristic of the population is its young age structure, with 77% of the population under the age of 24, which has implications for socio-economic development in the country and adds to the challenge for the provision of basic public services. The majority of the population (80%) live in rural areas. With a GDP per capita of US$645 (**GNI per capita on a purchasing-parity basis of US$1700**)[3], Malawi is one of the poorest, least developed countries in the world. In 2021, Malawi ranks number 169 out of 191 on the **UNDP's Human Development Index** (HDI) and 142 of 170 on the **Gender Inequality Index**.[4] The economy is primarily based on the agriculture sector, representing 85% of employment and 90% of foreign exchange earnings. Small-scale, low productivity rain-fed subsistence farming largely dominates the agricultural activities, which limits the country's growth potential, and increases its susceptibility to weather shocks and to food insecurity. There is limited economic diversification, with the manufacturing sector contributing less than 10% to GDP.[5]

Development progress has been generally slow, with Malawi's real per capita GDP growing at an average of 1.5% per year between 2000 and 2019.[6] A series of **exogenous shocks** (such as COVID-19, cyclones, inflation and global food insecurity) and persistent macro-fiscal imbalances have significantly weakened Malawi's economy in recent years. Growth declined to 0.9% in 2022, from 2.8% in 2021, with lower agricultural output, erratic electricity supply, foreign exchange shortages affecting importation of raw materials and high global commodity prices. Economic growth is projected to increase in 2023 but remains subdued.[7] **Poverty levels in Malawi** (driven by low productivity in the agriculture sector, limited opportunities in non-farm activities, volatile economic growth, rapid population growth and adverse effects of climate change and environmental shocks) are generally above those of its neighbours on the basis of national poverty rates and significantly above averages for Sub-Saharan Africa in terms of the international definition of poverty.

[2] United Nations, Government of Malawi-UN Malawi (2018), *United Nations Development Assistance Framework 2019-2023*.
[3] World Bank, Indicators | Data (worldbank.org), data for year 2022, current US$ / current international $.
[4] UNDP (2022), *2021/2022 Human Development Report*.
[5] United Nations, Government of Malawi-UN Malawi (2018), *United Nations Development Assistance Framework 2019-2023*.
[6] European Union/ European Commission, *Multi-annual Indicative Programme (MIP) for Malawi 2021-2027*.
[7] World Bank, *Economic Overview* (Last Updated April 07, 2023), Malawi Overview: Development news, research, data | World Bank.

Table 2: Economic and developmental statistical data for Malawi and neighbouring countries

COUNTRY (REGION)	POPULATION (MILLION) (2022)	GNI PER CAPITA, PPP (CURRENT INT. $) (2022)	POVERTY, NATIONAL RATE (% POPULATION)	POVERTY, $2.15/ DAY (2017 PPP) (% POPULATION)	GINI INDEX	HUMAN DEVELOPMENT INDEX (2021)	GENDER INEQUALITY INDEX (2021)
Malawi	20.4	1700	50.7 (2019)	70.1 (2019)	38.5 (2019)	0.512 (169th)	0.554 (142nd)
Mozambique	33.0	1410	46.1 (2014)	64.6 (2014)	54.0 (2014)	0.446 (185th)	0.537 (136th)
Tanzania	65.5	3040	26.4 (2018)	44.9 (2018)	40.5 (2018)	0.549 (160th)	0.560 (146th)
Zambia	20.0	3680	54.4 (2015)	61.4 (2015)	57.1 (2015)	0.565 (154th)	0.540 (138th)
Zimbabwe	16.3	2460	38.3 (2019)	39.8 (2019)	50.3 (2019)	0.593 (146th)	0.532 (134th)
Uganda	47.2	2650	20.3 (2019)	42.2 (2019)	42.7 (2019)	0.525 (166th)	0.530 (131st)
Sierra Leone	8.6	1900	56.8 (2018)	26.1 (2018)	35.7 (2018)	0.477 (181st)	0.633 (162nd)
(Sub-Saharan Africa)	1,211.2	4292 (MW < average)	---	34.9 (2019) (MW > average)	---	0.547 (MW < average)	0.569 (MW < average)

Sources: World Bank (Indicators | Data (worldbank.org)), UNDP (2021/2022 Human Development Report)

The proportion of people in Malawi below the national poverty line has been stagnant for more than a decade - it declined to 50.7% in 2019 from 51.6% in 2016, as compared to 50.7% in 2010, although the proportion of the population that is ultra-poor has more notably declined from 24.5% in 2010 to 20.4% in 2019. Poverty is highest in the Rural South (57%) and Rural Centre (63%) compared to the Rural North (36%), the poverty rate in urban areas is 19% compared to 57% in rural areas.[8] Two in every three people (69%) in Malawi cannot meet their basic needs[9] and three in every five people (62%) experience issues of multi-dimensional poverty.[10]

Malnutrition remains a serious challenge in Malawi, with about 1.1 million stunted children and only 8% of children between 6-23 months meeting the minimum acceptable diet.[11] Up to 3.8 million people were projected to experience acute food insecurity between October 2022 and March 2023 due to climate-related shocks, economic decline and high food prices.[12] Food insecurity coupled with high vulnerability to even small fluctuations in weather patterns have led to cyclical humanitarian responses to meet food and nutrition needs.

Women in Malawi fare worse than men on most socio-economic indicators, including wage equality, political participation, exposure to violence, secondary and tertiary education enrolment, literacy and ownership of land and assets. Female-headed households are more likely to be poor and are disproportionately represented in the lowest quartile of income distribution. Women head about 30% of all households. 57% of female-headed households live in income poverty compared to 40% male-headed

[8] World Bank (2022), *Malawi Poverty Assessment*, poverty as measured on the basis of the national poverty rate (i.e. national poverty line).
[9] World Bank (2022), *Malawi Poverty Assessment*.
[10] Government of Malawi, UNDP and Oxford Poverty and Human Development Initiative (2021), *Malawi Multidimensional Poverty Index*.
[11] European Union/ European Commission, *Multi-annual Indicative Programme (MIP) for Malawi 2021-2027*.
[12] Government of Iceland, Ministry for Foreign Affairs (2023), *Iceland's Development Cooperation in Malawi - Country Strategy Paper 2023-2026*.

households. **Multi-dimensional child poverty** estimates show 63% of children are deprived in two or more domains. Furthermore, Malawi has one of the highest rates of child marriage in the world, with almost half of adolescent girls married before their eighteenth birthday. Challenging harmful norms and sexual health and reproductive rights is a difficult area to progress, as reflected in high adolescent birth rates. Granting women equal access to credit, training and means of production would result in estimated gross gains to GDP in the order of 1.85% of GDP.[13]

Malawi is party to most of the core international **Human Rights** Conventions, including the Convention on the Elimination of all forms of Discrimination against Women, the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities, and Covenant on Economic, Social and Cultural Rights. The most recent Universal Periodic Review (UPR) process regarding Malawi took place in 2020. It received 232 recommendations and it supported 192 recommendations at the adoption of its UPR outcome in 2021.[14]

Malawi has seen some positive changes regarding **public health** in the past decade. For example, the maternal mortality rate reduced (although it has stalled more recently, with 381 per 100,000 live births in 2020), the under-five mortality rate reduced, the incidence of malaria reduced, the prevalence of HIV/AIDS reduced, and the proportion of births attended by skilled health personnel increased.[15] Nevertheless, health indicators are generally poor compared to other countries in southern Africa.[16] In addition, the coverage of essential health services (universal health coverage, SDG 3.8.1) is estimated to reach less than half (46%) of the population.[17]

Access to **education** has improved in recent years, even allowing for the increasing population (children of school age), and efforts towards achieving gender parity in primary enrolment have been successful. However, the quality of education and the school environment remain unsatisfactory. School closures caused by the COVID-19 pandemic have resulted in lower attendance rates and a spike in child marriages.[18] Net enrolment in primary schools is at 90%, but repetition rates remain high, the dropout rate is still troubling, the retention or survival rate to 'standard 8' primary (41%) and the transition rate to secondary school (38%) remain low.[19]

According to estimates, 67% of households have access to **clean drinking water**, although with uneven distribution between urban and rural areas. 37% of households spend more than 30 minutes fetching water. Open defecation is reduced, which constitutes progress. However, it remains a concern as only 26% of the population have access to basic sanitation services or facilities.[20] Poor **sanitation and hygiene** are a major contributor to the burden of disease. As a consequence, Malawi has suffered from regular outbreaks of cholera, the most recent serious outbreak was in early-2023. 28% of the population uses basic hand-washing facilities, 46% uses limited hand-washing facility while 25% have no hand washing facility. 13% of the urban population have no hand washing, but the rural rate is more than double.[21]

The Government of Malawi (GoM) is committed to playing its role in achieving the ambition of the 2030 Agenda for Sustainable Development. In the second **Voluntary National Review (VNR) for SDGs** reporting the country has made significant progress on goals 2, 3, 4, 6, and 14 with moderate progress on goals 5, 7, 8, 9, 13, and 17. If the momentum is sustained, Malawi is likely to meet targets of these goals. However, there is little or no progress on goals 1, 10 and 15. Malawi will need to take well-focused and

[13] United Nations, Government of Malawi-UN Malawi (2018), *United Nations Development Assistance Framework 2019-2023*.
[14] UN Human Rights Council (2021), *UPR Malawi Outcome Summary Infographic*.
[15] Government of Malawi (2022), *Malawi Voluntary National Review Report for Sustainable Development Goals* (SDGs).
[16] Government of Iceland, Ministry for Foreign Affairs (2023), *Iceland's Development Cooperation in Malawi - Country Strategy Paper 2023-2026*.
[17] International Labour Organization (2021), *World Social Protection Report 2020-22*.
[18] Government of Iceland, Ministry for Foreign Affairs (2023), *Iceland's Development Cooperation in Malawi - Country Strategy Paper 2023-2026*.
[19] Government of Malawi (2022), *Malawi Voluntary National Review Report for Sustainable Development Goals* (SDGs).
[20] Government of Iceland, Ministry for Foreign Affairs (2023), *Iceland's Development Cooperation in Malawi - Country Strategy Paper 2023-2026*.
[21] Government of Malawi (2022), *Malawi Voluntary National Review Report for Sustainable Development Goals* (SDGs).

prioritised interventions to reignite progress in these goals. In goals 11, 12, and 16 there was no sufficient data to assess progress.[22] [23]

Malawi's current **national development vision** (Malawi 2063 Transforming our Nation) and medium-term strategy (Malawi 2063 First 10-year Implementation Plan 2021-2030) establish the goal to transform the country into a middle-income economy by 2030, as well as to meet its targets and make progress on the SDGs.

GoM adopted a decentralized form of government in the late 1990s through a **National Decentralization Policy**[24] and Local Government Act in 1998, after thirty years of its centralized form of government. Decentralization was envisioned as an effective tool for poverty reduction. It enhances the participation of the grassroots in decision-making, strengthens the integration of public administration at the district level, promotes accountability and good governance, and may mobilize the masses for socio-economic development. Based on the Local Government Act (2010 amendment), Malawi has 35 Local Government structures - four City Councils, 28 District Councils, two Municipal Councils, and one Town Council. Seven Local Government Councils are in the Northern Region of Malawi, eleven Councils in the Central Region, and 17 Councils in the Southern Region.

In terms of national institutions involved within the decentralization policy framework, the lead institutions on the side of the GoM are the Ministry of Local Government and Rural Development (MoLGRD) and the Ministry of Finance, Planning and Economic Development (MoFPED). MoLGRD is responsible for coordinating the decentralization process through which functions, functionaries, financial and other resources are transferred from central Government to the Local Councils. It also ensures that the system operates effectively by providing technical and policy guidance and support to the Councils. In this regard, MoLGRD facilitates the preparation of sector devolution plans at the centre in collaboration with various line Ministries and Departments with policy competence in devolved sectors. At the same time, it ensures that Councils come up with integration plans that show how the Councils will take on board the devolved functions. MoLGRD, via the National Local Government Finance Committee (NLGFC), also receives submissions from every Local Government authority regarding estimates of up-coming expenditures and requests for disbursements, as well as reports on the results achieved as declared by the Councils linked to the local authorities result framework. The MoFPED is responsible for the planning, management and control of the Government's national budget. The Public Procurement Act 2003 and its regulations regulate the framework for public procurement.

2.1.2 MANGOCHI DISTRICT DEVELOPMENT CONTEXT

Mangochi District is located in the Southern Region. In 2017 it had an estimated population of 1.1 million people (approximately 7% of Malawi's population), 51% female and 49% male. 94% of the population live in rural areas of the District. Approximately 58% of the population was under the age of 20 and 5% aged 60 or above. 37% of the population are thereby deemed to be of working-age.[25] Mangochi is one of the poorest districts in Malawi, ranked 27 out of the 28 District in terms of its HDI, with a value of 0.459.[26]

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[22] Government of Malawi (2022), *Malawi Voluntary National Review Report for Sustainable Development Goals* (SDGs).

[23] UN (2017), *Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development*. SDG 1 (No Poverty), SDG 2 (Zero Hunger), SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 6 (Clean Water and Sanitation), SDG 7 (Affordable and Clean Energy), SDG 8 (Decent Jobs and Economic Growth), SDG 9 (Industry, Innovation and Infrastructure), SDG 10 (Reduced Inequalities), SDG 11 (Sustainable Cities and Communities), SDG 12 (Responsible Consumption and Production), SDG 13 (Climate Action), SDG 14 (Life Below the Water), SDG 15 (Life on Land), SDG 16 (Peace, Justice and Strong Institutions), SDG 17 (Partnerships for the Goals).

[24] The National Decentralization Policy defines 17 functions of government (and different public services) assigned for decentralization, such as Education Services (Nursery and kindergarten, Primary schools, and Distance Education Centres), Medical and Health Services (Health centres, dispensaries, maternity clinics and health posts, Control of communicable diseases, Health education, and Environmental sanitation), Water Services (the provision and maintenance of water supplies) and Community Development (youth affairs, women in development).

[25] Mangochi District Council (2017), *Mangochi District Socio-Economic Profile*.

[26] UNDP (2021), *Malawi National Human Development Report*.

Table 3: Incidence and experience of poverty and unmet basic needs - Malawi and Mangochi District

INDICATOR	NATIONAL	MANGOCHI DISTRICT
World Bank (2022) Malawi Poverty Assessment (data valid 2019)		
Poverty rate (poor) at national poverty line	51%	64%
Poverty rate (ultra-poor) at national poverty line	20%	29%
Unmet Basic Needs (UBN) (moderate)	69%	76%
Unmet Basic Needs (UBN) (extreme)	6%	11%
UBN including children (7-12 years) not in school	3%	9%
UBN including no connection to water or sewerage	15%	12%
UBN including precarious dwelling	54%	64%
UBN including 3+ people per bedroom	9%	15%
UBN including 3+ members per employed member	22%	25%
UNDP (2021) Malawi Multidimensional Poverty Index (data valid 2017)		
Multi-dimensional poverty (MDP) incidence rate	62%	75%
MDP including deprived of electricity	61%	75%
MDP including deprived of asset ownership	57%	68%
MDP including deprived of job diversity	46%	66%
MDP including deprived of food security	45%	43%
MDP including deprived of housing	44%	60%
MDP including deprived of literacy and (years of) schooling	40%	61%
MDP including deprived of sanitation	35%	40%
MDP including deprived due to child labour	34%	32%
MDP including deprived of rubbish disposal	33%	46%
MDP including deprived of drinking water	28%	36%
MDP including deprived of nutrition	15%	21%
MDP including deprived due to (child) non-school attendance	14%	15%
MDP including deprived of employment (i.e. economically inactive)	6%	4%

The Local Government Act 1998 (as amended) established Mangochi District Council. Mangochi District has **13 Traditional Authorities** (TAs) which are comprised of four Senior TAs, six TAs and three Sub-TAs. These are the Senior TAs of Mponda, Chimwala, Nankumba and Jalasi, the TAs of Chowe, Mbwananyambi, Katuli, Makanjira, Namavi and Chilipa, and the Sub-TAs of Ntonda, Lulanga and Chiunda. The TAs provide the main link between the Local Government and the rural communities. The TAs and local communities are involved in development administration through the District Council, the Area Development Committees (ADCs) and the Village Development Committees (VDCs) spread over a network of 1,569 villages. Senior TA Jalasi has the highest numbers of villages in Mangochi District while Sub-TA Lulanga has the least number of villages in the District.

The Local Government Act stipulated the role of Local Councils for development. The District Council shall promote infrastructure and socio-economic development through the formulation and execution of **District Development Plans** (DDP). The communities shall be involved at all levels in planning and implementation. They are mobilized through the VDCs and ADCs. The planning process is supposed to start from the village-level through the VDC which is responsible for facilitating planning and development at the grassroots level. Then it goes to the ADC which in turn submits proposals from the VDCs to the District Council for inclusion. As with all Local Councils, Mangochi District's current DDP was prepared in 2017, and covers the period 2017-2022. Districts develop their DDPs based on the District's Socio-Economic Profile and submissions via the VDCs and ADCs. It defines key development issues that the Council seeks to address and development goals, including the programmes it will undertake at district level over the period and the indicative investment plan.

At **District Council** level, the **District Secretariat** leads the administrative structure. The District Commissioner (DC) serves as the head of the District Secretariat and Secretary to the Council. The DC is the Controlling Officer of the Council and is responsible for the day-to-day management of operations and

resources, as well as overall responsibility to coordinate the government activities in the District as stipulated in the Local Government Act. The DC reports to the MoLGRD. The District Secretariat discharges its functions through various Departments - the Directorate of Planning and Development, Department of Finance, Department of Public Works, Department of Procurement, Department of Monitoring and Evaluation, and Department of Administration and Human Resources. In addition to the District Secretariat a range of sectoral government services, called **District Offices** exist to oversee detailed management, implementation, operational delivery and monitoring of public services' provision at local level. In Mangochi District these include, the District Health Office, District Environmental Health Office, District Education Office, District Social Welfare Office, District Water Development Office, District Community Development Office, District Gender Office, and District Youth Office.

2.2 OVERVIEW OF ICELAND'S DEVELOPMENT COOPERATION POLICY

The **MFA of Iceland** finances the MBSP II programme in the context of Iceland's international development and bilateral development cooperation policy and strategy in the partner country of Malawi.[27]

The overall goal of **Iceland's international development cooperation policy** is "Reducing poverty and hunger and promoting improved livelihoods, underpinned by human rights, gender equality and sustainable development" (in line with SDGs 1 and 2). The policy outlines two main overall objectives to be achieved.

- **Developmental Goal A** enhancing social infrastructure and peace efforts, via enhanced basic services and strengthened institutions in order to improve living standards and increase opportunities for those who live in poverty and inequality (in line with SDGs 3, 4, 5, 6, 16).
- **Developmental Goal B** protection of the earth and sustainable use of natural resources, via increasing the resilience of societies and enhancing economic growth on the basis of equality and sustainable use of natural resources in addition to measures against climate change (in line with SDGs 7, 8, 13, 14, 15).

Human rights, gender equality, and environmental sustainability are defined as both specific and cross-cutting priorities. They guide all of Iceland's development cooperation, as they do in other international cooperation. In undertaking its development cooperation Iceland works together with many different partners for its development efforts and directs its support towards selected partner countries and regional programmes, multilateral organisations, and civil society organisations (CSOs) and projects under their auspices.

In 2021, Iceland's contributions to official development assistance (ODA) amounted to 71.9 million USD, or 0.28% of gross national income (GNI). Iceland aims to increase its contributions up to 0.35% of GNI in 2022/23.

Iceland is a long-standing bilateral development partner in Malawi, working in the country since 1989. The initial focus was on fisheries research and value creation in Lake Malawi in Mangochi District and later evolved into activities to support improved livelihoods, including health, primary education, adult literacy, and water and sanitation in nearby fishing and rural communities. The single largest activity, prior to MBSP, was the construction of the community hospital in Monkey Bay, handed over to the Malawian authorities in 2011.

Initially Iceland's investments were implemented via the modality of **Direct Project Support**, as well as smaller projects implemented by locally based CSOs. In 2009, Iceland and Mangochi District Council initiated a closer cooperation with the aim of providing more coordinated alignment to the district's

[27] Government of Iceland, Ministry for Foreign Affairs, *Iceland's policy for International Development Cooperation* (2019-2023), *Bilateral Development Cooperation Strategy* (2022) and *Country Strategy Paper for Malawi* (2012-2018 and 2023-2026).

development strategy. This reflected the gradual transition in international development cooperation policy towards greater utilization of national and local country systems.[28] This led to the District Council gradually assuming greater responsibility for the implementation of certain Icelandic-funded project components. In 2011, the Council overtook the running of adult literacy reading, construction of teachers' houses and a number of other activities in education. In the process of this change Iceland continued to provide technical assistance through the expertise of trained national personnel and external consultants. From 2012, the main cooperation modality for delivering Iceland's support in Mangochi District changed to a **Programme-Based Approach** (PBA), with approval of the MBSP (Phase I) Programme Document for the support of improving basic services (health, education, water and sanitation) in Mangochi. The District Council itself became the sole implementer of the MBSP programme in accordance with the tripartite Partnership Agreement on funding, management, implementation and monitoring signed between Iceland, the District Council and the MoLGRD. The focus on utilizing local systems, through the modality of a PBA at district level, is based on the understanding that it can enhance ownership, institutional capacity and sustainability of the bilateral investments.

Iceland's Country Strategy Paper for Malawi 2012-2018 defines the overall goal of its cooperation as "to support the GoM in its strive to reduce poverty and improve living standards of the population, as well as to support the authorities in attaining the Millennium Development Goals." To achieve this, the cooperation supports local social infrastructure development in public health, education and water and sanitation in Mangochi District. The District Council aligns and integrates the supported local social infrastructure into its implementation structure.

The **Country Strategy Paper for Malawi 2023-2026** defines the overall objective in its development partnership with Malawi as "to improve livelihoods and resilience of people living in rural areas." To achieve this, the cooperation supports (1) Decentralization efforts, (2) Improving access to quality, basic social services, (3) Driving progress towards gender equality, (4) Strengthening climate resilience and environmental protection. While Iceland will continue to support Mangochi District, the geographical focus of Iceland's and Malawi's development cooperation has been extended to Nkhotakota District (identified in collaboration with GoM).

In addition to its programmes, PBA at district level, Iceland works with UN Agencies and development partners based in Malawi to complement its interventions at district level and to respond to crisis at the national level.

Additionally, Mangochi District Council received specific support from Iceland, worth 125 million ISK (Icelandic Krona), to coordinate and activate plans in its response to the COVID-19 pandemic outbreak from 2020. This included strengthening the capacity of health care providers to carry out a vaccination campaign, undertaking surveillance and health care provision, and mobilizing communities to trigger collective behavioural change.

2.3 OVERVIEW OF THE MBSP PHASE II PROGRAMME

2.3.1 MBSP PHASE II - PROGRAMME DESCRIPTION, INTERVENTION STRATEGY AND APPROACH

The MFA of Iceland finances the MBSP II programme and Mangochi District Council/Secretariat implements the MBSP II programme through the modality of a PBA at the district level. The **programme budget** (investment by Iceland) is approximately USD 16.5 million. The **implementation period** commenced in July 2017 originally foreseen to run for a period of 4-years. In 2021, the partners agreed to an extension of the programme implementation period up to the end of March 2023 due to the significant disruptions caused by the COVID-19 pandemic in 2020. In 2023, the partners agreed to a further extension of the programme period until 2025 in order to finalize completion of key programme investments. The

[28] In line with the principles of the Paris Declaration on Aid Effectiveness (2005) and the Accra Accord (2008) on Effective Aid Delivery, as well with the 2030 Agenda for Sustainable Development (2015) and the SDGs, targets and indicators (2017).

MBSP II programme is the follow-up of the previous PBA programme of the same name (MBSP) that started in 2012 and ended in 2017.

While **MBSP II** ensures a continuation of the programme focus and support to **public health, basic education, water and sanitation services**, it also includes support in two new areas, namely **women and youth economic empowerment, and District Council/Secretariat capacity building**. Previously a separate programme document was prepared for each component (public health, basic education, water and sanitation). All activities under the MBSP II programme are incorporated into one programme document, in order to achieve better cohesion (internal programme synergy) in the planning and implementation of the MBSP II programme and delivery of the intended programme results at the local level by the District Council.

The **MBSP II programme's developmental objectives, immediate and specific programme outcomes** are summarized below.

Table 4: Overview of the MBSP II programme objectives

Development Objective (overall goal or vision)	To facilitate the efforts of the Government of Malawi, and Mangochi District Council in particular, to improve livelihoods and socio-economic living conditions in rural communities in Mangochi District. This should result in a more resilient population in adversity and a more resourceful one for self-sufficiency.
Immediate Objective (medium-term outcome)	Improved provision and use of basic services in maternal health and family planning, primary education, water and sanitation, and community development, for men and women living in rural Mangochi District.
Specific Objectives (direct outcomes)	1 Improved access to, and use of, quality maternal and health services. 2 Improved quality of primary education services in target schools. 3 Increased sustainable access to, and use of, improved safe water sources and sanitary facilities. 4 Improved access of women and young people to education and economic opportunities in designated areas of the district. 5 Increased capacity of Mangochi District Secretariat to implement the MBSP and carry out its development plans in a proper and timely manner.

The MBSP II programme document defines the key development issues and needs to be addressed, and the specific development results it seeks to deliver and achieve, as well as the key programme stakeholders and broad range of target groups, in terms of final beneficiaries and final-users of services, targeted by MBSP II.

With regard to the **programme budget**, approximately 35-36% is allocated to the public health component, 34-35% allocated to the basic education component, 20-21% allocated to the water and sanitation component, 4% to women and youth economic empowerment, and 5% to the District Secretariat component.

Linked to the specific objectives (one per programme component) MBSP II defines a series of **18 focus areas** to guide the programme's implementation. Programme **interventions per focus area** are defined (40+ intervention category areas). The MBSP II results framework defines a total of approximately 190 different key performance **output indicators** and targets are defined in the latest programme results framework. In addition to the output indicators, 14 key performance **outcome indicators**, and 5 **impact indicators** are defined.

The programme delivers a **mix of different interventions**, e.g. infrastructure development and rehabilitation, equipment supplies, logistical support, training and capacity building of staffs, service workers and community groups, awareness-raising campaigns, community engagement measures, research projects, temporary support to human resources, on-the-spot monitoring visits, supervisory oversight visits, and external audits.

2.3.2 MBSP PHASE II - MAIN STAKEHOLDERS AND TARGET GROUPS

The programme's **target groups** - who directly and indirectly benefit from the programme interventions and the improved basic services' provision developed in Mangochi District under MBSP II - are outlined below.

Table 5: Overview of the MBSP II programme target groups of direct and indirect beneficiaries or final-users

Health	District Health Office (DHO), District Environmental Health Office (DEHO), health care workers and staffs (in hospitals, health centres, health posts, village clinics), Village Health Committees, pregnant mothers and child, infant children, all communities (patients), Village Development Committees (VDCs), communities' leaders and chiefs. While the programme supports the construction of new health infrastructure facilities (for pregnant mothers and child) specifically in the Traditional Authority (TA) of Makanjira, the other programme component actions are undertaken across the whole district.
Education	District Education Office (DEO), District Social Welfare Office (DSWO), school teachers, managers and staffs, pre-school and primary school children, including special needs education and vulnerable children, School Management Committees, Mother's Groups, local communities and parents, VDCs, communities' leaders and chiefs. At community level the programme support targets 12 primary schools located in the TAs Chimwala, Chowe, Makanjira, Mponda, and Namavi.
Water and Sanitation and Hygiene (WASH)	District Water Development Office (DWDO), DEHO, water staffs (e.g. area mechanics), Water Point Committees, environmental health staffs (e.g. Health Surveillance Assistants), sanitation and hygiene community mobilization and awareness volunteers, vulnerable households, local communities (users of local services), VDCs, communities' leaders and chiefs. At community level the programme support linked to the sanitation actions are focused in the TAs Chilipa, Lulanga, Makanjira, and Mponda, and the water actions are primarily focused in the TAs Chilipa, Chimwala, Chowe, Makanjira, Mponda, and Namavi.
Women and Youth	District Gender Office (DGO), District Youth Office (DYO), women, youth, communities' leaders, chiefs. At community level the women economic empowerment support is piloted in TAs Lulanga, Makanjira and Namavi, and youth economic empowerment support in TAs Lulanga, Makanjira and Nankumba.
District Secretariat	Members and staffs of the Council/Secretariat, VDCs, Area Development Committees (ADCs), Area Executive Committees (AECs), all communities (users of public services).

There are **additional stakeholders** with an interest in the MBSP II programme. These include national line ministries with competence in relation to the MBSP II programme components, namely the MoLGRD, Ministry of Health, Ministry of Education, Science and Technology, Ministry of Gender, Children, Disability and Social Welfare, Ministry of Labour, Youth, Sports and Manpower Development, Ministry of Finance, Planning and Economic Development, Ministry of Public Works, and the Directorate of Procurement.

Additionally, there are many other development partners active in Mangochi District. These development partners operate in the broader context of the MBSP II sectors, as detailed in the Table below.

Table 6: Other significant Development Partners active in Mangochi District over the recent years

Health	UNFPA, UNICEF, Global Fund (ATM), USAID, World Vision, Red Cross, CAMFED, Save the Children
Nutrition	WFP, UNICEF, USAID, UKAID, World Vision, Mary's Meals, Red Cross, CAMFED, Save the Children
Education	UNICEF, CAMFED
WASH	UNICEF, Germany, African Development Bank, World Vision, Red Cross, Water Wells for Africa
Women	UN Women, UNFPA, USAID, UKAID
Youth	UNICEF, TEVETA

2.3.3 MBSP PHASE II - IMPLEMENTATION ARRANGEMENTS

The **tripartite partnership agreement** between the GoM (MoLGRD and Mangochi District Council) and Iceland (Embassy/ MFA) outlines the specific roles and responsibilities of the different parties to the MBSP II programme. These roles and responsibilities include programme management, monitoring, reporting and oversight procedures and processes.

The **Partnership Steering Committee** (PSC) provides oversight functions and serves as the highest decision-making body for the programme. The members of the PSC include the District Commissioner of Mangochi as Chairperson and the Head of Mission of the Embassy as Vice Chairperson. Other members include relevant district officials, such as heads of sectors and departments, and Embassy or MFA staff. If deemed necessary, representatives of relevant line ministries and government agencies are invited to meetings. The PSC convenes twice per year in order to review and discuss programme progress and challenges. Prior to the March meeting the District Council is required to submit a detailed work plan covering the next financial year of MBSP II implementation (based on the Malawian financial year commencing July 1st). Prior to the October meeting the District Council is required to submit a detailed annual MBSP II technical and financial progress report.

Mangochi District Council implements the programme activities and is responsible for transparent financial management, adherence to procurement rules and resource management, and ensuring that interventions are in line with the District's plans and strategies and implemented through its mechanisms. In each of the sectors supported, the District Council has a management coordination team. Technical units of the various District Offices are responsible for implementation at the community level, and reporting in collaboration with communities, the VDCs and ADCs. The GoM line ministries in the relevant sectors can provide guidance support to the District Council on various aspects of the programme (e.g. on national policies, standards and priorities, or via the monitoring and assessment of local service delivery performance). The District Council is obligated to submit quarterly progress reports, which requires reviewing the actual output of the MBSP II and providing explanations in case of deviations compared with the MBSP II annual activity work plan and expected outputs. The District Council is also required to produce monthly and quarterly financial reports.

The **Embassy of Iceland**, to the extent possible, supports the District Council with technical assistance and via regular engagement and consultations with the Council linked to its implementation of the programme. The Embassy must give its "no-objection" on tender documents and advertisements before a tender is advertised, on bid evaluation reports before contracts are awarded to bidders and on the contracts themselves. The Embassy also undertakes frequent (quarterly) supervisory field visits to Mangochi, in cooperation with the programme partners, to monitor activities. These are complementary to the field visits of the staff of the District Council. The Embassy/ MFA disburse funds for the next programme quarter after the submission of the quarterly financial and output-based technical progress reports.

As with all Local Councils, Mangochi District Council initiates an **annual audit** of its books of accounts. This is to conform to the Public Audit Act. It requires annual external audited reviews for all entities receiving and using public funds for the implementation of their activities. In the case of Mangochi District Council, auditors from either the National Audit Office or the private sector (appointed by the Auditor General) will perform the audit. This includes the MBSP account that programme funds from the Embassy go through.

3 EVALUATION FINDINGS

The evaluator has utilized the following ranking-system for rating the assessed performance of the programme (as further detailed in Annex 2) - (HS) Highly Satisfactory, (S) Satisfactory, (A) Adequate, (U) Unsatisfactory, and (HU) Highly Unsatisfactory.

The table below presents a summary overview of the evaluator's assessment of the programme's performance.

Table 7: Overview of the evaluator's assessment judgement on the performance of the MBSP II programme

Relevance	**Satisfactory**
Coherence	**Satisfactory**
Effectiveness	**Satisfactory**
Efficiency	**Adequate**
Sustainability	**Satisfactory**
Impact	**Adequate**
Cross-cutting issues	**Satisfactory**

3.1 PROGRAMME GOALS, STRATEGY AND APPROACH (RELEVANCE)

To what extent has the programme been relevant and the programme appropriate for the strategic and development contexts for Malawi, Iceland and the Global Goals (2030 Agenda for Sustainable Development)?

3.1.1 ALIGNMENT OF THE PROGRAMME WITH THE TARGET GROUPS' NEEDS AND PRIORITIES, LOCAL AND NATIONAL POLICIES AND STRATEGIES

Overall, the evaluator judges the alignment of the MBSP II programme with the target groups' needs and priorities, and with local and national policies and strategies as well as the development context as satisfactory.

The **immediate objective** (the intended **medium-term outcome**) **of the MBSP II programme** is the "Improved provision and use of basic services in maternal health and family planning, primary education, water and sanitation, and community development, for men and women living in rural Mangochi District." The final-users of the basic services, the final beneficiaries of the programme, are the citizens of Mangochi District.

The MBSP II intervention strategy focuses the programme support to Mangochi District in five sectors.

- **Public health** - improved access to, and use of, quality maternal and health services,
- **Basic education** - improved quality of primary education services in target schools,
- **Water and sanitation** - increased sustainable access to, and use of, improved safe water sources and sanitary facilities,
- **Women and youth economic empowerment** - improved access of women and young people to education and economic opportunities, and
- **Capacity building of the District Secretariat** - increased capacity of Mangochi District Secretariat to implement the MBSP and carry out its development plans in a proper and timely manner.

The first three programme components (health, education, water and sanitation) correspond to sectors of development cooperation that Iceland has supported in Mangochi District over the longer-term period, in response to local needs and priorities to improve the provision, the quality and use of basic services. Iceland's engagement in Mangochi District in the health and the education sectors was initiated more than two decades ago, and in the water and sanitation sector Iceland has now been engaged for more than fifteen years. The three sectors formed the basis for the MBSP Phase I programme implemented from 2012 to 2017. With regard to capacity building, MBSP Phase I addressed capacity building of the District Offices supported via the action - District Health Office (DHO), District Education Office (DEO), and District Water Development Office (DWDO) - and provided small-scale support (training, supplies, basic maintenance) to the District Secretariat.[29]

The MBSP II programme, as noted in the Programme Document, was planned in cooperation between the GoM (MoLGRD), Mangochi District Council and Iceland, as an extension based on the focus areas of the Phase I programme. In this respect the health, education, and water and sanitation components are the bedrock of the MBSP II programme, accounting for approximately 90% of the MBSP II programme budget. In addition, based on the request of the Malawian partners, it was agreed that MBSP II also provide specific support for women and youth economic empowerment and capacity building of the District Secretariat.

Alignment of the programme with the target groups' needs and priorities

Regarding the **Health component**, the MBSP II programme is a logical follow-on or extension from the prior actions that Iceland has supported in the District with the strong emphasis on investment to build and equip new or upgrade existing maternity wards and to develop hospital, health centre and health post infrastructure. This includes building new facilities and/or providing water, sanitation, waste disposal facilities or installing of power at existing facilities. The emphasis of the MBSP II programme is on the development of a major health infrastructure (upgrade of the existing health centre to provide emergency obstetric and new-born care) in Makanjira. It also emphasizes the further building of health post infrastructures in the least covered parts of the District, alongside actions to further operationalize existing maternity facilities. In addition, it provides capacity building actions and supplies to strengthen community based health services and the management of health care services. The upgrade of the Makanjira health centre for the provision of emergency obstetric and newborn care is significant in terms of its location in the north-east of Mangochi District. Therefore it will go a long way to addressing the provision of and access to such services on the eastern-side of Lake Malawi. The other health facilities in the District providing such emergency care are otherwise based in Mangochi town or in Monkey Bay. The programme's focus on **mother and child health care and wellbeing responds to local needs** in respect of the inferior level of access to quality health services in Mangochi District compared to the national level. This is reflected across a range of health and nutrition indicators. The maternal mortality ratio in Mangochi District in 2017 was 439 (per 100,000 live births) compared to 375 in Malawi. The infant mortality rate in Mangochi District in 2017 was 42 (per 1,000 live births) compared to 36 in Malawi. The under-five mortality rate in Mangochi District in 2017 was 64 (per 1,000 live births) compared to 51 in Malawi. The prevalence of stunting in children under-five in Mangochi District in 2017 was 45.4% compared to 39.3% in Malawi.[30]

Concerning the **Education component**, the MBSP II programme is an extension of MBSP Phase I in terms of its focus on the same twelve target primary schools, spread across four of Mangochi District's education zones, alongside further capacity building actions to strengthen the management of primary education services. Compared to Phase I, MBSP II provides a prioritization to focus on the earliest years (standards) of primary education (notably on the standards 1 and 2). It provides learners with basic reading, writing and numeracy skills, and puts an emphasis on special needs education, as well as on early childhood development (pre-primary education). The rationale is to ensure that young children are prepared to

[29] Including training of the District Council/Secretariat personnel and local community development committees such as Area Development Committees (ADCs) and Village Development Committees (VDCs).
[30] Mangochi District Council (2017), *Mangochi District Socio-Economic Profile*, and World Bank, Indicators | Data (worldbank.org) for national data.

engage in the early years of education and thereby decreasing the likelihood of dropping-out when educational demands increase in higher standards. The programme's **focus on standards 1 and 2 responds to local needs** in respect of the significant challenges the District faces in retaining children in schools, with the highest dropout occurring in standards 1, 2 and 3. The dropout rate is high across all TAs and it is slightly higher for girls than that of boys. There is a low level of completion of primary education in Mangochi District (just 16% in 2012), while the pass rate for the District for those learners that do sit the Primary School Leaving Certificate examination (PSLCE) is also low (65% in 2016).[31]

In relation to the **Water and Sanitation component**, the MBSP II programme is a logical follow-on extension from the prior actions that Iceland has supported in the District with the strong emphasis on investment to improve access to safe drinking water sources and to improve access to and use of sanitation facilities. Iceland had previously supported actions undertaken in TA Nankumba and then TA Chimwala. While the emphasis of the MBSP II programme is on improved water and/or sanitation facilities in TAs Makanjira, Mponda, and Namavi, Chilipa, Chowe, and Lulanga. The MBSP II also supports further capacity building actions and strengthens community based partners and local committees and the management and take-up of water and sanitation services. The programme's geographical focus is on less well served TAs and communities within the District. Therefore, the water and sanitation component of the MBSP II **responds to local needs in respect of improving access to safe drinking water and improving access to and use of safe sanitation**. Only 74% of households in the District had sustainable access to safe water (within 500 metres) in 2017, with TA Makanjira the lowest at 67%. In addition, not all villages have access to potable water because the water points in rural areas are often not equitably distributed. Concerning sanitation facilities, only 17% of households had access to improved facilities in 2017. The majority of households are using traditional pit latrines and a quarter have limited access to sanitation facilities at all.[32]

The rationale for inclusion of the **Economic Empowerment component** is to increase the income level of communities at local and household level through the promotion of sustainable and profitable economic activities. Women and girls tend to be disadvantaged in many spheres of life, including in regard to women's economic participation, income and empowerment. If economically engaged the majority of women are self-employed. Amongst formally employed persons (in different undertakings) in the District, women represent only 22%. Youth (persons from age ten to 35 years) represent approximately half of the District's population. The large number of youth offers a vast human resource potential for increasing the District's productive capacity, if the youth are properly nurtured, harnessed and empowered. Key challenges exist in terms of the low level of technical and vocational skills of many youth, as well as in the limited access of women and youth to business and management training and access to start-up support to enable them to start their business.[33] The pilot economic empowerment component of MBSP II **aims at addressing these challenges and needs of some women and youth in the more disadvantaged areas** in Mangochi District.

The rationale for inclusion of the **District capacity building component** is to improve governance capacity at community and District level, to manage and deliver on local and District development plans and actions. This is fully in line with the decentralization policy of the GoM, under which central government has transferred powers to the Local Government Councils in Malawi, so as to enable the Councils to more effectively plan and prioritize their local development activities and their delivery of public services to local communities.

Each of the MBSP II programme components responds to the needs and priorities of local communities and overall of Mangochi District, with the specific focus and results (outputs and outcomes) of the programme agreed in partnership between MFA/ Embassy of Iceland, Mangochi District Council and the MoLGRD (GoM). **The components are each logically consistent with the overall goal of the programme**, i.e. "To facilitate the efforts of the Malawi government, and Mangochi District Council in

[31] Mangochi District Council (2017), *Mangochi District Socio-Economic Profile*.
[32] Mangochi District Council (2017), *Mangochi District Socio-Economic Profile*.
[33] Mangochi District Council (2017), *Mangochi District Socio-Economic Profile*.

particular, to improve livelihoods and socio-economic living conditions in rural communities in Mangochi District. This should result in a more resilient population in adversity and a more resourceful one for self-sufficiency."

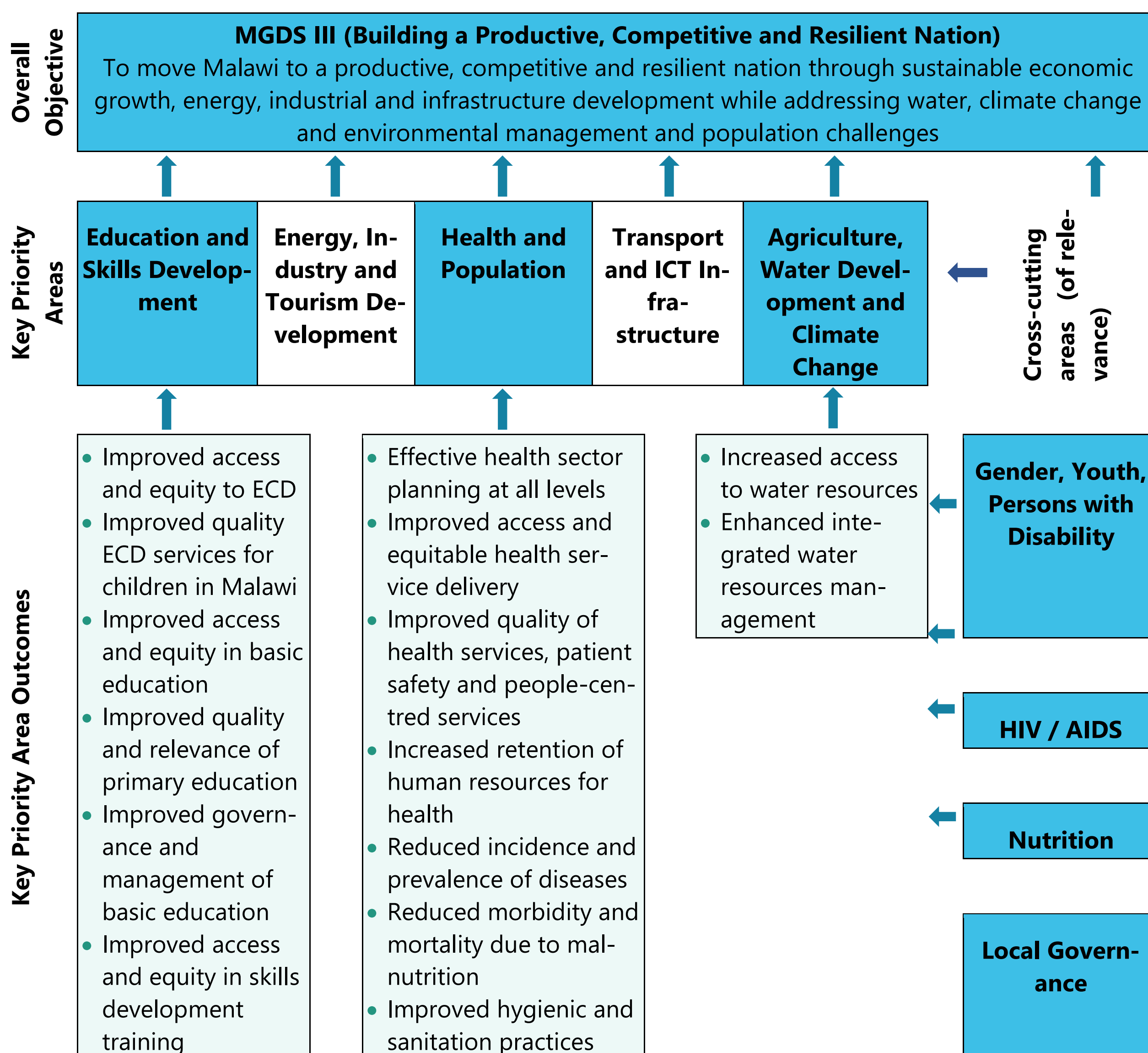
The **inclusion of the economic empowerment component is clear added value** because it adds a focus on improved economic living conditions to the programme.

Alignment of the programme with national policies and strategies

Regarding the MBSP II programme's linkage to national policies and strategies, **the programme is clearly and logically consistent with the goals of the GoM** as defined in 2017, at the time of programme preparation, in the "Malawi Growth and Development Strategy (MGDS III) 2017-2022" - as shown in Figure 1 below. The MBSP II programme continues to demonstrate its relevance also in terms of its consistency with and clear alignment with the goals and objectives of the GoM as defined in the "Malawi 2063 Vision - First 10-year Implementation Plan 2021-2030". The MBSP II programme aligns with three of the seven developmental Enablers identified in the 2021-2030 strategy – (I) Human Capital Development (including Health and Nutrition, Education and Skills Development, Water, Sanitation and Hygiene, Gender Equality, and Managing Population Growth), (II) Effective Governance Systems and Institutions, and (III) Enhanced Public Sector Performance.

In addition, **the programme aligns with a range of national sectoral policies and strategies** such as the Health Sector Strategic Plan, the Education Sector Implementation Plan, National Water Policy, National Sanitation Policy, National Gender Policy, National Youth Policy, as well as the National Decentralization Policy.

Figure 1: MBSP II programme alignment with the Malawi Growth and Development Strategy (MGDS III)



Alignment of the programme with local policies and strategies

The MBSP II programme, and Iceland's broader package of support undertaken within Mangochi District, is **aligned to Mangochi District Council's policies and strategies**. The MBSP II and broader support of Iceland is **fully consistent and aligned with the priorities defined in the Mangochi DDP 2017-2022**.[34] The DDP establishes the District's development goal as "To provide demand driven sustainable and quality services to all communities through efficient and effective grass root participation and utilization of local and external support in order to contribute to the socio-economic development of the district." The DDP sets-out a series of development constraints (issues to be addressed) by the District. It defines a series of development objectives for the District over the medium-term period. The DDP identifies the range of programmes the District plans to implement to respond to the constraints and to meet its objectives. A summary of the objectives that the MBSP II programme and Iceland's broader support in the District is aligned with is provided below.

[34] The MBSP programme provided support, Phase I and II, via the training of District Council/Secretariat staff, ADCs and VDCs on development needs assessment and planning, as well as in development of the *Mangochi District Socio-Economic Profile* and *Mangochi District Development Plan*.

Table 8: MBSP II programme alignment with the Mangochi District Development Plan (DDP) 2017-2022

SECTOR	MEDIUM-TERM DEVELOPMENT OBJECTIVES (SUMMARY SELECTION OF GOALS) FOR 2017-2022
Health and Nutrition	• To increase the proportion of births attended by skilled health personnel from 68% to 90% • To increase proportion births in health facilities attended by skilled health personnel from 60% to 80% • To reduce the maternal mortality ratio (per 100,000 live births) from 439 to 350 mothers • To increase the coverage of antenatal care during first trimester attendees from 12% to 30% • To reduce teenage pregnancies from 29% to 20% • To increase proportion of health facilities with minimum infrastructure requirements from 50% to 70% • To increase proportion of health facilities timely reporting complete data from 75% to 100% • To reduce the percentage of children <5 years of age who are stunted from 45.4% to 36.0% • To reduce the percentage of children <5 years of age who are underweight from 12.9% to 4.0%
Education and Skills	• To increase net enrolment from 86.7% to 97% • To reduce the learner classroom ratio from 160:1 to 120:1 • To reduce the learner textbook ratio from 3:1 to 1:1 • To reduce the learners' repetition rate from 26% to 20% • To increase the percentage of learners with disability having assistive devices from 10% to 80% • To increase the percentage of needy students on educational support from 20% to 60% • To increase the percentage of early child development (ECD)/CBCC centres with at least one trained care-giver from 10% to 50% • To increase the percentage of ECD/CBCC centres in permanent structures from 10% to 80% • To increase the percentage of children graduating from ECD/CBCC from 40% to 90%
Water and Sanitation	• To increase the proportion of households with sustainable access to safe water (within 500m radius) from 74% to 90% • To increase water coverage (the proportion of the population using safe water sources regardless of distance) from 90% to 97% • To increase the proportion of functional safe water points from 91% to 97% • To increase proportion of households with access to improved sanitation facilities from 10% to 30%
Women	• To increase the number of women's groups involved in economic activities from <100 to 1000 • To increase the level of awareness of communities on gender-based violence and of skills to combat such practices from 10% to 60% • To increase the percentage of male champions conducting awareness campaigns on gender-based violence from 5% to 95% • To increase percentage of stakeholders advocating for violence free communities from 20% to 40%
Youth	• To increase the percentage of young people earning income from formal technical and vocational skills from 5% to 70% • To increase the percentage of young people earning income from informal technical and vocational skills from 10% to 80% • To increase the percentage of young people accessing income from entrepreneurship and small-scale business start-up from 2% to 70% • To increase the percentage of young people in formal employment from 3% to 30%

During the field phase mission, the evaluators gathered entirely consistent feedback from all programme partners, stakeholders, and final-user beneficiaries about the relevance of the MBSP II programme. **All counterparts confirmed the continued high level of relevance of the goals, focus and approaches of the programme to the needs of local communities (and their organizations) and to the needs of Mangochi District** regarding the improvement of basic services and infrastructure to improve livelihoods and socio-economic living conditions of the people living in Mangochi District. The District Secretariat indicated that the new Mangochi DDP, to be approved later this year (2023), continues to focus on the improved access and quality of basic services.

3.1.2 RELEVANCE OF THE PROGRAMME IN THE CONTEXT OF THE NATIONAL AND INTERNATIONAL DEVELOPMENT COOPERATION POLICY FRAMEWORK

Overall, the evaluator judges the relevance of the MBSP II programme in the context of international development cooperation, the Icelandic cooperation and the Malawian development policy frameworks as satisfactory.

In the context of the **global policy framework and global goals for international development**, as defined in the **2030 Agenda for Sustainable Development**, MBSP II identifies the SDGs that it primarily seeks to contribute to. The most relevant SDGs for the MBSP II programme are defined as SDG 3 Good health and wellbeing, SDG 4 Quality education, SDG 5 Gender equality, SDG 6 Clean water and sanitation, and SDG 8 Decent work and economic growth.[35] More broadly, the programme also interconnects with SDG 2 Zero hunger and SDG 16 Strong institutions.[36] The programme is also consistent with the guiding principle of the 2030 Agenda to “Leave no one behind”, because Mangochi District is one of the less developed districts in Malawi.

The programme’s intended results are relevant and logically connected to contribute to progress on the SDGs, targets and indicators. Moreover, the GoM is committed to implement the SDGs in the Malawian context. The GoM has promoted the integration of the SDGs in its national development policy framework and sectoral policies. The GoM has also issued two Voluntary National Reviews on the SDGs. The GoM, more specifically MoLGRD, promotes that Local Government Councils integrate the SDGs into (the currently developed) next cycle of DDPs. To assist this, MBSP II identifies support to be provided linked to the formulation of Village Action Plans and Area Development Plans within Mangochi District.

The programme is also relevant to the GoM and Malawi in context of the **African Union’s 2063 Vision** linked to the aspirations for a prosperous Africa based on inclusive growth and sustainable development, whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children, and of good governance, democracy, respect for human rights, justice and the rule of law.

The MBSP II programme's developmental goal and immediate and specific programme outcomes are clearly and logically consistent with the goals of Iceland's development cooperation policy. The evaluator derives this conclusion from the Icelandic policy framework and goals for international development, as defined in the series of policy papers and strategies issued by the MFA of Iceland (see the summary in section 2.2 above). The MBSP II programme is specifically linked to Developmental Goal A (Enhancing social infrastructure… to improve living standards) of Iceland’s international development cooperation policy, and contributes to the policy’s overall goal to “promote improved livelihoods, underpinned by human rights, gender equality and sustainable development”. **The MBSP II programme is also fully consistent with Iceland's focus on utilizing local systems and development plans in**

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[35] SDG indicators specifically identified in the Programme Document are 3.1.1 (Maternal mortality), 3.2.2 (Neonatal mortality), 4.1.1 (Proficiency of children in reading and mathematics), 6.1.1 (Safe drinking water), and 6.2.1 (Safe sanitation services and hand-washing facilities). The Programme Document refers to SDGs 5 and 8 in the context of the Economic Empowerment component, but no SDG targets or indicators are identified. In addition to the targets identified in the Programme Document, the evaluator assesses MBSP II also contributes with regard to SDG targets 3.2 (New-born and child mortality), 4.2 (Early childhood development), 4.5 (Gender disparities in education), 5.3 (Child, early marriage), and 8.3 (Job creation).

[36] With regard to SDG target 2.2 (End all forms of malnutrition) addressed in the overall context of maternal and child health care, and regard to SDG targets 16.6 (Effective, accountable and transparent institutions) and 16.7 (Responsive, inclusive, participatory and representative decision-making).

country, through the modality of a PBA implemented at district level. The PBA provides a "single entry point" with the aim to simplify procedures, minimize organizational strain, enhance local ownership and capacity, and contribute to increased sustainability of programme activities. Iceland deploys the PBA modality at district level in its other bilateral partner countries. The MBSP is Iceland's single largest recent investment in Malawi and it is fully in line with Iceland's Country Strategy Paper.

Icelandic international development cooperation aims to address multiple cross-cutting priorities, namely human rights, gender equality, and environmental sustainability. The MBSP II Programme Document specifies the cross-cutting issues gender equality and environmental sustainability but does not specifically define human rights. The cross-cutting issues are addressed in the Programme Document in less than one-page, largely to confirm that the partners recognize how important the issues are for future inclusion. Nevertheless, the evaluator assesses that **the programme does satisfactorily address the priorities and strategic areas identified in respect to the cross-cutting issues most notably of gender equality and human rights**.

- **Gender Equality** - Better health outcomes for women and girls (including the promotion of sexual and reproductive health rights and the eradication of gender-based violence), increased access to and better quality in basic education (with a focus on the girl-child, including a focus on the synergies between water and sanitation that support education for girls), and Economic empowerment of women.
- **Human Rights** - Rights of the most marginalized and vulnerable (including people with disability), and Rights of the child (including the rights to education, nutrition, water and health services).
- **Environment** – Climate mitigation, adaptation and resilience measures (sustainable energy use, access to and use of water resources), Land and ecosystem restoration (support sustainable food production).

Iceland concentrates its bilateral cooperation efforts in low-income countries in Africa. In this respect **Malawi, one of the least developed low-income countries in Africa** (and in the world)[37], is highly relevant as a priority country for bilateral support. **The development needs, priorities and opportunities in the country fully correspond with the goals of Iceland's bilateral cooperation policy** in regard to reducing poverty and hunger and promoting general well-being, enhancing social infrastructure and access to basic services to improve living standards, supporting women's and youth economic empowerment, and promoting the blue economy and fisheries. Furthermore, Iceland is a long-standing bilateral development partner in Malawi, working in the country since 1989. Iceland has established long-term partnerships with Malawian counterparts to jointly strengthening basic service provision. Similar to the strong partnerships with Mangochi District authorities, Iceland has also long-term partnership with the GoM (MoLGRD).

Regarding the **national framework and operation of international development cooperation policy**, while net official development assistance (ODA) received by Malawi (as a percentage of GNI) has declined over the past decade - from 14.2% in 2012 to 9.4% in 2021 - the country remains a significant beneficiary.[38] The main bilateral development partners active in Malawi include the USA, Germany, UK, Norway, Japan, Ireland, the (Belgian) region of Flanders, as well as Iceland. In addition, many multilateral donors are active in Malawi as well, like the World Bank (International Development Association), all of the major UN-agencies, the European Union (EU), the African Development Bank and the IMF. The bilateral ODA provided by sector for Malawi has averaged 49% for Health and Population, 10% for Education, 9% Other Social Infrastructure, 12% Production, 4% Humanitarian Aid, and 16% Other in 2020-2021.[39]

[37] OECD-DAC, *DAC List of ODA Recipients*.
[38] World Bank, Indicators | Data (worldbank.org).
[39] OECD-DAC, Workbook: OECD DAC Aid at a glance by recipient (tableau.com).

Table 9: External aid receipts for Malawi, 2018-2021

MALAWI	2018	2019	2020	2021
Net ODA (USD million)	1,279.3	1,167.7	1,453.9	1,154.6
Net ODA/GNI (%)	13.4	10.8	12.1	9.3
Gross ODA (USD million)	1,349.6	1,215.1	1,522.3	1,204.6
Bilateral share (gross ODA) (%)	60.0	51.1	43.5	49.4
Total net receipts (USD million)	1,762.4	1,134.3	1,575.6	811.4

Source: OECD (Aid at a glance charts - OECD)

All of **the main development partners (including also Iceland) use the national development policy, strategic framework and vision of the GoM**, alongside specific **sectoral and district or local development plans and strategies**, to guide the formulation and targeting of their own individual strategic and programme interventions in Malawi, including also Iceland. The support of the Government of Iceland in Malawi (including via MBSP II) addresses the broad sector policy areas and goals which the GoM recognizes as relevant and advocates for. The cross-section of development partners pursue these sector policy areas and goals with their financial instruments, because these are considered as relevant and appropriate within the strategic and development contexts of Malawi. Many of the bilateral development partners refer to the **challenging operating context for development effectiveness in Malawi**. This is reflective of the complex, overlapping and intertwined nature of Malawi's development challenges. In addition, there are constraints for scaling-up of successful solutions due to the limited availability of GoM resourcing, alongside low levels of confidence of government fiduciary systems. Development partners may face the challenge that they are only able to spread their resources thinly. Historically, the modality of Direct Project Support constituted a significant proportion of the implemented bilateral development programmes. This means that donors predominantly retained the management functions (in particular financial management) and/or they worked via selected implementing partner(s). In this context, the role of districts and local communities in projects is primarily to guide and facilitate the receipt and uptake of project results, rather than to assume full leadership responsibility for the implementation and delivery of the projects. **In the past years bilateral cooperation partners have gradually shifted from a predominantly project approach to utilizing a programmatic approach, in particular for delivery of actions at district level**. Thus, they are making greater use of local or district development plans and local or district systems to implement actions. The modality and the focus on support at the district level - for most donors pursued in order to ensure aid effectiveness via concentration of their support - is entirely consistent with Malawi's decentralization policy. For donors active in more than one district, it allows for greater use of performance and results-based management systems, which are linked to Council's management capacity, and can inform future decision-making.

In addition to being an early adopter of the PBA modality implemented at district level, Iceland's multi-sectoral approach stands out amongst the bilateral development partners. The other bilateral development partners have followed a single sector approach in their programmes, which allows donors to support a number of different districts in pursuit of a specific sectoral or programmatic development outcome. In certain cases, donors have supported districts via a number of different single sector programmes and have recognized the potential this can create for achieving cross-sectoral synergies. A number of bilateral donor partners have indicated their intent to move towards a more integrated approach in their development cooperation, either via the geographical co-location of different programmes or via the better coordination of cross-sectoral programmes' design, collaborative annual work planning, and the use of overlapping indicators. All of the approaches to deploying a programmatic or PBA modality have merit, and are reflective of the specific focus and priorities of the individual donors. **Iceland's approach ensures support across a range of sectors that provide good opportunity for synergies to achieve development effects**. Thus, Iceland is able to follow the life-cycle approach from early child (and mother) health, nutrition and wellbeing, basic education, basic services for all citizens such as health, water, sanitation and hygiene, and access to improved economic opportunities and livelihoods, underpinned by gender equality and respect of human rights.

With a decade of experience in directing its investments via the modality of a PBA at district level (in Mangochi District), **Iceland has decided to scale up its development cooperation in Malawi by partnering also with Nkhotakota District** (in the Central Region) going forward from 2023. This followed a request by the GoM to the Icelandic authorities to expand its support and development approach to other districts in the country.

3.1.3 QUALITY OF THE PROGRAMME DESIGN

Overall, the evaluator judges the quality of the programme design as satisfactory, although with some limitations.

The **MBSP II Programme Document** (2017) details the programme intervention logic, the approach and the implementing strategy and focus, the key performance indicators and targets for implementation. It provides a narrative description of the problems to be addressed, defines the key stakeholders and target groups of beneficiaries and final-users, the programme risks and mitigation strategy. Furthermore, it highlights the cross-cutting issues for the orientation of the programme, and the programme implementation and management and oversight procedures.

The programme approach uses the **modality of a PBA** linked to support for a **locally owned programme** for development, in this case the Mangochi DDP, and **use of the partner country's own systems** to the fullest extent possible, in this case those of Mangochi District. Therefore, the external support of Iceland pursues full alignment (**"on plan, on budget"**) with locally identified priority issues and needs. It strengthens local ownership of the programme actions and results. The PBA clearly defines the implementation and management and oversight procedures, including the roles and responsibilities of all partners (Iceland, Mangochi District Council, and GoM line ministries), the frequency and timing of reporting, meetings and audits. **The modality of a PBA implemented at district level is entirely consistent with Malawi's decentralization policy**. It is also consistent with **Iceland's commitment to utilize national and local country systems**, which is in line with the "Paris Declaration on Aid Effectiveness" and the "2030 Agenda for Sustainable Development".

The programme does not seek to propose a theory of change or define it in narrative terms. This reflects that the MBSP II is based on the modality of a PBA linked to the local partner's own development plan (i.e. the Mangochi DDP) - in the specific sectoral areas agreed for support between the donor (after due diligence) and partner. The Mangochi DDP forms the principal basis for the programme intervention in terms of a theory of change. The Mangochi DDP defines key development issues that the District seeks to address and goals it wants to meet, including the programmes that it will undertake at district level over the period 2017-2022. However, **it is not evident that the DDP presents or defines a theory of change**.

Nevertheless, the **MBSP II programme intervention logic and implementing strategy is clearly define** specific inputs that lead to the activities' outputs, outcomes and finally to socio-economic development impact. The causal pathway of results **is credible to contribute to socio-economic development change and positive effect**. The internal coherence of the programme (between its interventions), in terms of the potential for realization of synergies between the different outputs, is strongly evident in respect of environmental health and hygiene issues via the link between Water-Sanitation and Health, Water-Sanitation and Education.

The programme delivers a suitable **mix of different interventions**, with a strong focus on physical infrastructure development or rehabilitation, equipment supplies and logistical support, alongside support for capacity building of organizations and the training of staffs, service workers and community groups, plus awareness-raising campaigns, community engagement measures, research, and temporary support to human resources.

The immediate objective (the intended medium-term outcome) of the programme is to be realized based on the successful delivery of **five specific objectives** or direct outcomes of the programme. There is one

specific objective per programme component. For each specific objective, the programme defines a series of **focus areas** that the programme support addresses (18 focus areas in total). For each focus area, specific, planned programme interventions exist. There are 40+ **intervention categories or areas of support** in total. For these intervention areas, the programme results framework defines a total of approximately 190 different performance **output indicators** and targets. In addition to the output indicators, results framework defines 14 **outcome indicators** and five **impact indicators** are defined. An overview of the MBSP II programme specific objectives, focus areas, intervention areas and the number of output indicators per area is provided below. The indicators are generally of a good quality ('SMART'). The partners established baseline data and targets for the outcome and impact indicators (initially lacking) during the initial implementation phase. Baseline data and targets for outputs and outcomes were lacking for the Economic Empowerment component to a significant extent and were defined for the youth economic empowerment component in Year 5 only. However, aside from indicators of achievement linked to pregnancy (e.g. antenatal care, maternal mortality) and economic empowerment the programme has a limited range of gender-based targets or baseline data. The indicators and targets could be more gender-targeted or gender-disaggregated.

There is a reasonably **good level of linkages of the programme output and outcome indicators to national data-sets** that the District Council is responsible to annually report on to the MoLGRD, such as in the context of the Local Authority Programme Based Budget performance report. This is separate to the Local Authorities Performance Assessment (LAPA), under which the MoLGRD assesses district councils' management processes and service delivery against a set of specified performance standards. These performance standards of the LAPA comprise for example finance and procurement management, human resource planning and development, governance, public works delivery, health services delivery, education services delivery.

Table 10: Overview of the MBSP II programme focus areas, outputs and the number of output indicators

SPECIFIC OBJECTIVE	FOCUS AREAS	INTERVENTION CATEGORY AREA	# OUTPUT INDICATORS
Improved access to, and use of, quality maternal and health services	Health Services Infrastructure	Makanjira health centre upgraded to Emergency obstetric and new-born care (EmONC) health centre	4
		Health posts buildings and staff houses constructed	4
		Community hospital, health centres and health posts Rehabilitated, equipped and furnished	7
	Community Based Health Services	Patient referral system strengthened	2
		Equipment provided and community health workers trained	8
	Management and Health Information System (HMIS)	Transport and communication systems strengthened	4
		HMIS capacity and operations strengthened	7
		District Health Office capacity operations strengthened	7
Improved quality of primary education services in target schools	Education infrastructure in 12 schools	New buildings for select groups within the 12 schools constructed	7
		12 schools rehabilitated, equipped and furnished	3
	Basic education services in 12 target schools	Capacity of teachers and school managers improved	7
		Teaching and learning materials provided	4
		Support to equity and retention of girls and vulnerable children provided	5
	School meal programme	WFP programme in target schools	1
	Management of 12 target schools	Community engagements conducted	1
		District Education Office capacity and operations strengthened	10
		ECD centres established	5

SPECIFIC OBJECTIVE	FOCUS AREAS	INTERVENTION CATEGORY AREA	# OUTPUT INDICATORS
	Early Childhood Development (ECD) services in 2 target schools	Community mobilisation and support	1
Increased sustainable access to, and use of, improved water sources and sanitary facilities	Access to improved safe water sources in 3 TAs	Functional safe water points	5
		Capacity of local community developed	5
	Management of water interventions	District Water Office capacity and operations strengthened	10
	Sanitation and Hygiene efforts in 3 TAs	Open Defecation Free verified communities campaign	7
		Sanitation facilities promoted	6
		Improved sanitation facilities	2
	Management of sanitation-hygiene interventions	District Environmental and Health Office capacity and operations strengthened	7
Improved access of women and young people to education and economic opportunities	Women Economic Empowerment	Situation and stakeholder analyses	1
		Support for women empowerment	5
	Management of gender programme	District Gender Office capacity strengthened	3
	Youth Economic Empowerment	Situation and stakeholder analyses	1
		Support to youth economic empowerment	11
	Management of youth programme	District Youth Office capacity building	3
Increased capacity of Mangochi District Secretariat to implement the MBSP and carry out its development plans in a proper and timely manner	District Council capacity building	Central administration and council building constructed	8
		Department of Public Works capacity strengthened	3
		Department of Finance capacity strengthened	3
		Procurement Department capacity strengthened	3
		M&E Department capacity strengthened	4
		Expanded revenue generation	2
		District Development Plan developed	5
	Management of MBSP II	Monitoring and implementation of MBSP (incl. audit)	7
		Evaluations done	1

The focus of the programme is determined both in financial terms and in geographical terms. The **budget allocation** for Health and for Education is approximately 35% each, with approximately 20% for Water and Sanitation. This correctly corresponds to needs and the basic services most critically still lacking in remote rural communities within Mangochi District and serves as the basis for the continuation of the original programme. The Economic Empowerment component received a budget of approximately 4%).

It is primarily planned as a "pilot project" for the testing of different operational modalities for the provision of supports to women and youth groups. With regard to the **geographical focus** of the programme, the focus of MBSP II Health, Water and Sanitation components have been on the less well served TAs and communities within Mangochi District. This is a logical extension of the geographical scope of the earlier Icelandic support. The Economic Empowerment pilot interventions focused on the most disadvantaged TAs as well. The **Education component has remained geographically focused on the twelve target schools supported under MBSP Phase I**. The logic for this focus on standards 1 and 2 of those target schools is detailed in the Programme Document (*see also section 3.1.1 above*). This **responds to local needs, because it addresses the highest dropout occurring in standards 1, 2 and 3 in Mangochi.** The District faces significant challenges to retain children in schools in standards 1, 2 and 3. However, there is a missed opportunity, because, the programme implementation strategy lacks any detail on how good practice and lessons learned arising from the twelve target schools are collected, consolidated and potentially shared with the GoM and other donors, for future scaling-up. There are in total 300+ primary schools in the District, which did not benefit from the MBSP I or MBSP II.

The **Programme Document identifies mostly very broad internal and external programme risks** and corresponding mitigation measures. These broad programme risks are, e.g., changes of the political situation, inadequate funding of recurrent costs and salaries, shortage of human resources or high turnover of staff, the rotation of staff, District procurement management, food security or lack of food and nutrition, irregular supply of drugs and materials, and construction time and delays. Furthermore, **the intervention logic framework does not name specific risks** for the link between activities, outputs and respective specific objectives (component outcomes), which may cause that the successful delivery of the programme fails.

The **cross-cutting priorities** for Icelandic development cooperation are addressed in less than one-page of the Programme Document. This section largely confirms that the **partners consider these cross-cutting issues important for future inclusion**. The evaluator assesses that the programme does satisfactorily address the priorities and strategic areas identified in respect to the issues (as outlined above). But, it is also evident that the quality of the programme design could be improved to pro-actively address and integrate the issues.

3.2 PROMOTION OF SYNERGIES BETWEEN MBSP II AND OTHER LOCAL DEVELOPMENT EFFORTS (COHERENCE)

How well does the programme fit with other development efforts and is duplication of efforts avoided and are synergies maximized?

3.2.1 COHERENCE OF MBSP II PROGRAMME WITH OTHER POLICIES AND INTERVENTIONS OF THE STAKEHOLDERS

Overall, the evaluator judges the coherence of the MBSP II programme with other policies and interventions of the key stakeholders (GoM, Mangochi District Council, and Iceland) as highly satisfactory.

The MBSP II programme is **fully consistent and coherent with the policies and the other interventions of the primary programme stakeholders** – GoM (MoLGRD), Mangochi District Council, the MFA/ Embassy of Iceland. With regard to the **GoM**, the programme is **fully coherent with the National Decentralization Policy**. This policy has transferred powers to the Local Government Councils in sectors

such as education services, medical and health services (including sanitation), water services, and community development.[40] The District Council (and not the central government authorities) guide and implement the programme.

The Mangochi DDP defines a summation of policies and programme interventions, which **Mangochi District Council** plans to pursue and implement at District level in the period 2017-2022. The MBSP II programme is **fully aligned, consistent and coherent with the goals and programmes of the DDP**. The MBSP II programme finances are fully "on plan, on budget" and held on the MBSP account at the District Council.[41] The Public Finance Management Act and the Public Procurement Act of the GoM govern the use and accounting of public funds. The key programmes of the District Council were reviewed by the evaluator per MBSP II programme component and these are fully coherent with MBSP II (see Table below). **The District Council plans and implements its programmes, including MBSP II, and thereby considers issues of the coherence and potential synergies, as well as of potential overlap or duplication, across its portfolio of actions**.

Table 11: MBSP II programme coherence with the programmes and policies of Mangochi District Council

SECTOR	MANGOCHI DISTRICT COUNCIL PROGRAMMES PLANNED IN THE DDP (SUMMARY) AND POLICIES
Health and Nutrition	• Promotion of community based maternal and neonatal care • Promotion of basic emergency obstetric care • Promotion of Family Planning • Infrastructure development • Promotion of improved data management • HIV Testing and Counselling • Behaviour change for optimal feeding • Micro-nutrients and deworming • Complementary and therapeutic feeding
Education and Skills	• Early Childhood Development (ECD) • Increasing Access to Education and Reduction of learner classroom ratio • Educational Support (for needy students) • Promotion of Inclusive Education (for people with disability) • Reduction of dropout and absenteeism (School Meals, Home Grown School Feeding programmes) • Promotion of girl child education • Mass Adult and Functional Literacy (MBSP II linkage also via women and youth empowerment)
Water and Sanitation	• Construction of new boreholes • Construction of protected shallow wells • Rehabilitation of old or defunct boreholes • Rehabilitation and expansion of gravity-fed water supply systems • Training of Water Point Committees (new and existing) in community-based management • Formation and training of Water Users Associations
Women and Girls	• Gender Strategic Plan 2022-2027 • Women Economic Empowerment Strategic Plan 2021-2025 • End Child Marriage • Combatting Gender Based Violence • Gender Mainstreaming
Youth	• Youth Strategic Plan 2022-2027 • Youth Economic Empowerment Strategy 2022-2027

[40] The National Decentralization Policy defines 17 functions of government (and different public services) assigned for decentralization, such as Education Services (Nursery and kindergarten, Primary schools, and Distance Education Centres), Medical and Health Services (Health centres, dispensaries, maternity clinics and health posts, Control of communicable diseases, Health education, and Environmental sanitation), Water Services (the provision and maintenance of water supplies) and Community Development (youth affairs, women in development).
[41] MBSP II programme funds are transferred by the Embassy, on the basis of appropriate documentation and justification, on a quarterly basis.

SECTOR	MANGOCHI DISTRICT COUNCIL PROGRAMMES PLANNED IN THE DDP (SUMMARY) AND POLICIES
District	• District Council Capacity Building on District Planning • Capacity Building for Decentralized Planning Structures

In addition to the MBSP II programme, the **MFA/ Embassy of Iceland has also supported other development efforts undertaken within Mangochi District**. These include specific support that Iceland provided to the District Council in its response to the COVID-19 pandemic. Iceland has also financially supported programmes that are implemented in the District by other development partners. Over the recent years, these include programmes implemented by the WFP, UNFPA, UN Women, and GIZ. **There is a strong level of coherence and synergy between MBSP II and the other Icelandic supported programmes**.

- **COVID-19 Support** - Iceland provided direct support to the District Council, which implemented specific COVID-19-related measures in Mangochi. This ensured that **the support was coherent and fully integrated within its wider programme of action and support to address the outbreak, surveillance and treatment of and recovery from the pandemic**. The COVID-19 support was in line with policy of the GoM, such as its National COVID-19 Preparedness and Response Plan. The Icelandic COVID-19 support was used to train 500 health care staff in COVID-19 surveillance, contact tracing and health care. In addition, 14,000 students and teachers in four primary schools received access to running water for the first time at their schools and in their homes (secured through two solar-powered water supply systems and piped water from a local water board). 633,000 people were mobilized in Community Led Action to trigger collective behaviour change on COVID-19 prevention. Approximately 6,200 people in rural areas were vaccinated over a three-day period in December 2021.
- **WFP** - WFP, with support also from Iceland, implements a Home-Grown School Feeding Programme in Mangochi District. This programme strengthens education and agricultural sector capacities as well as addresses some of the causes of chronic food insecurity. The programme for the period 2021-2024 covers 12,742 students in ten primary schools and 1,500 farmers in Mangochi District. It increases access to education for learners through diversified school meals while also enhancing nutrition knowledge and practices about the use of locally available food, promoting good sanitation and hygiene practices, and increasing incomes by connecting local smallholder farmers to school markets. A daily school meal provides a strong incentive to send children to school, and allows children to focus on their studies and helps increase school enrolment and attendance and decrease drop-out. Due to school closures during the COVID-19 pandemic, children and their families received monthly contributions to ensure that school children continued having regular nutritious meals. When schools reopened, the school meals started again and access to clean drinking water had improved to counter the spread of COVID-19.
- **UNFPA** - UNFPA and Iceland's partnership focuses on advancing adolescent girls and women's sexual and reproductive health and rights (SRHR) in Mangochi District. The cooperation aims at strengthening and integrating local services around family planning, obstetric fistula, and gender-based violence (GBV). They empower adolescent girls and women with knowledge and skills on SRHR and GBV to make informed decisions and exercise their rights. It further encourages communities and families to contribute to the fulfilment of adolescent girls and women's SRHR and access to services, including family-planning. In order to enhance service provision, capacity building training for the District including for health care workers in ten health centres was provided. The project is anchored around a human rights-based and gender-responsive approach where individuals and communities are informed and empowered and health service provision in their local setting is strengthened to deliver improved SRH services.
- **UN Women** - In 2021, Iceland supported UN Women with a specific COVID-19 Emergency Humanitarian response to prevent and respond to high cases of child marriage, teenage pregnancies and violence against women and girls during the pandemic period. UN Women and Iceland's partnership also focuses on promoting women's economic empowerment in Mangochi District.

- **GIZ** - Iceland's partnership with the GIZ-Energising Development programme (EnDev) focuses on providing access to clean sources of energy in Mangochi District, improving productive use of energy and increasing demand and use of improved cooking stoves and small-scale solar appliances for off grid households. Social institutions (like primary schools and health facilities) received solar energy. Iceland cooperated with and supported EnDev in Mangochi District to install solar energy at four health care facilities and at four primary schools that are supported under the MBSP II. The support was used to build five guardian cooking shelters (for use by the guardians of patients) at health care facilities that are supported under MBSP II. They also repaired the school kitchen at one primary school supported under MBSP II. In addition, Iceland and EnDev installed seven prototype fuel-efficient fish processing cooking stoves in fishing villages around Lake Malawi in Mangochi District. The Chitofu 3-in-1 is able to boil, fry and dry fish, while utilizing 80% less firewood. In addition, EnDev sold approximately 20,000 improved cooking stoves and 7,000 solar products to local consumers and households.

Synergies between the MBSP II and the other Icelandic funded projects in Mangochi District are evident in regard to actions on strengthening community based health services, improving access to quality primary education, improving access to water facilities, women's empowerment and gender equality.

Synergy between MBSP II and the GIZ-EnDev programme is strongly evident, most notably in terms of the number of MBSP II facilities that received support under EnDev to install solar power or cooking facilities. **The Icelandic cooperation with UNFPA and UN Women focused their actions on training and capacity building** ("soft skills") of district staffs working in community-based service facilities (e.g. health) and of local community groups (e.g. Village Committees) to support community mobilization and advocacy. Both agencies provide specialist knowledge transfer and training in their areas, covering topics with a certain cultural sensitivity in the local context. **Iceland and UNFPA made use of good synergies** between the Icelandic actions under MBSP II linked to the upgrade of health facility infrastructure and equipment and UNFPA's training and awareness raising and treatment of fistula. **There are also good synergies between Iceland's and WFP's actions.** WFP provides a range of capacity building, technical and financial supports under its Home-Grown School Meals (Feeding) Programme that constitutes a model for school feeding in Malawi, because participating schools source the food locally in partnership with local farmer organizations. Therefore, there are good synergy with the actions under MBSP II linked to promoting attendance at primary schools. The MBSP II tries to achieve this via investments in school infrastructure and supplies, capacity building and training to enhance education quality. The support of WFP ensures seasonal nutritious foods for the school children, which may promote attendance and learning outcomes in primary school.

Iceland has selected to finance these other programmes implemented by other development partners in Mangochi District. **The principal means via which the Embassy of Iceland considers issues of the coherence and potential synergies, as well as of potential overlap or duplication, of its contribution to other programmes and MBSP II activities is at the planning phase**. The partners review areas of potential synergies prior to the final design of the actions. The different development partners attest to a strong working relationship with the Embassy of Iceland/ MFA.

3.2.2 COHERENCE OF MBSP II PROGRAMME WITH OTHER DONOR PROGRAMMES

Overall, the evaluator judges the coherence of the MBSP II programme with other donor programmes as satisfactory, although with limitations in regard to the promotion of potential synergy at local level.

The **key development partners active in Mangochi District**, from the perspective of the District Secretariat, include **Iceland, UNICEF, WFP, UNFPA, GIZ and USAID**. The World Bank is also a partner for the District in the context of specific GoM-World Bank programmes. African Development Bank recently completed a water and sanitation infrastructure project in Mangochi District in 2022. The project focused on

water supply infrastructure development (gravity-fed water supply schemes), sanitation and hygiene, and capacity development.

Under the **GoM-World Bank programme Government to Enable Service Delivery (GESD)**[42], the award of **performance-based grants are disbursed to District Councils according to the Local Authority Performance Assessment (LAPA) results**. The LAPA is an annual assessment of District Councils' institutional performance conducted by the MoLGRD.[43] The results assess the delivery of services and the management of programmes. In addition, the **GoM-World Bank programme Investing in Early Years for Growth and Productivity in Malawi** supports improving the coverage and utilization of early childhood development (ECD) services in Mangochi District. This programme focuses on nutrition, stimulation and early learning from conception to 59 months. The programme's aims at short- and long-term changes in nutrition, early learning, and positive parenting behaviours and practices aimed at reducing stunting and improving cognitive ability among the children of Malawi. This GoM-World Bank programme targets the development and upgrade of 15 ECDs across Mangochi District, at least one ECD per each TA that should serve as 'model' ECDs. The programme provides a mix of capacity building efforts, operational costs for services, upgrading and equipping the model ECDs. **Mangochi District has ensured that there is no overlap or duplication of the GoM-World Bank efforts on ECD with that of the MBSP II programme.** The GoM-World Bank programme selected different ECDs than the two targeted for support under MBSP II.

The three UN-agencies, **UNICEF, WFP, UNFPA**, are presently undertaking a **UN Joint Programme on Girls Education**, funded by Norway. The programme is currently in its third phase (2021-2024) and the UN-agencies implement this programme in four targeted districts (Dedza, Mangochi, Salima and Kasungu) in Malawi. The goal of the programme is to address barriers for the access to quality education for girls and boys and to achieve inclusive and equitable access to education. This is to be achieved by actions addressing education, nutrition, safety, and integrated sexual and reproductive health concerns in a holistic manner. Additionally, they focus on other aspects such as life skills, gender equality and community engagement. Beyond the school, the programme also focuses on the out-of-school adolescent girls and boys and ensures that they are not left behind, through supporting alternative learning pathways and promoting access to essential services. The programme is reportedly implemented in 76 schools across the District. **Mangochi District has ensured that there is no overlap or duplication of this effort of UNICEF, WFP and UNFPA with that of MBSP II via the selection of different primary schools than the MBSP II supported schools**.

Individual UN-agencies are also engaged in Mangochi District. WFP is working on actions in the area of nutrition and food security. UNICEF in supporting actions on early childhood development (e.g. training of caregivers, child nutrition) and on WASH with a focus on primary schools. The UN-agencies are also frequent early-responders during cyclones and cholera outbreaks in Malawi. USAID has mainly worked on family planning issues, and good governance in Mangochi District (e.g. they took over the HMIS support from Iceland).

There is no evidence of overlap or duplication of development efforts between MBSP II and the programmes of other donors. The overall level of coherence of the goals of the different programmes is good. However, **it is not evident that Mangochi District has made any substantial effort to promote potential synergies between the different donor programmes**, or to share information and lessons learned under them. The primary goal for the District, it seems, is to avoid duplication and spread the support, by targeting different facilities, rather than to actively promote potential synergy across the portfolio of actions.

[42] GESD was launched in 2021 and foreseen to operate up to 2025, with the plan to progressively disburse US$ 70 million to all 28 District Councils through the cyclical award of performance based grants so as to supplement the District Development Fund (DDF).

[43] In the first year of operation of the LAPA assessment process (2018/19 fiscal year), Mangochi District was ranked 10th of the 28 District Councils for its performance. In the most recent LAPA assessment (2022), Mangochi District was ranked 6th of the 28 District Councils for its performance.

3.3 PROGRESS TOWARDS RESULTS (EFFECTIVENESS)

To what extent has the programme achieved its objectives?

3.3.1 EFFECTIVENESS OF MBSP II PROGRAMME IN REGARD TO THE DELIVERY AND THE ACHIEVEMENT OF RESULTS

Overall, the evaluator judges the effectiveness of the MBSP II programme concerning delivery and achievement of the intended results as satisfactory, though with a partially mixed record in terms of effective achievement, to date, in line with the intended targets.

Recognizing that the programme is on-going up to 2025, the evaluator judges that the prospects for the effective and successful delivery of the remaining programme outputs and delivery of further progress on the programme outcomes is good.

The evaluation of the programme is undertaken in summer 2023 and assesses the progress of results as of the end of June 2023. Implementation of the MBSP II programme is on-going and will conclude by early-2025. Further to an overview of effectiveness at overall programme level, this section provides specific analysis linked to the programme components. A more detailed assessment of the components is also provided in Annex 19.

Implementation of MBSP II programme commenced in the second-half of 2017, originally foreseen to run for a period of 4-years. In 2021, the partners agreed to extend the programme implementation period up to the end of March 2023, due to the significant disruptions caused by the COVID-19 pandemic in 2020. In 2023, the partners agreed a further extension of the programme period until 2025 to finalize completion of key programme investments. Other significant external challenges affecting the programme's implementation context include **higher inflation, the rising cost of raw materials and works, as well as environmental impacts and damage caused by cyclones, storms and floods, and a significant outbreak of cholera**.[44]

Despite the challenging context for programme implementation, notably during 2020 and 2021, **the programme has, overall, effectively delivered a range of different outputs that have contributed towards progress to achieve the intended direct outcomes of the MBSP II**. However, it is apparent that **while good progress has been achieved in the delivery of the programme outputs, performance across the programme has been mixed**. The Education and the Water components were largely delivered in terms of outputs already by the end of Year-4 of programme implementation, in line with the originally foreseen period of 4-years. New outputs were included for these components as part of the 2021 programme extension. The implementation of the Women and Youth Economic Empowerment components was initially slow, with the detailed group identification and needs assessment reports only completed in 2021 - in part delayed for undertaking the research due to the pandemic context. The 2021 programme extension provided additional time for the implementation of the remaining intended programme actions and delivery of the outputs under these components. With regard to the Public Health, the Sanitation and the District Council or Secretariat components, the implementation of these has notably been more challenging with regard to the full delivery of the intended outputs linked to the components. The performance of these components is notably mixed in terms of the delivery of outputs. Some outputs are completely implemented or substantially delivered, but other outputs are substantially delayed or under-performing in actual delivery.

The most significant challenges in terms of delivery are related to the programme focus areas 1.1 Health service infrastructure, 3.3 Sanitation and hygiene efforts in targeted TAs (significantly weaker than

[44] During 2022-23, Mangochi was hit by a fierce cholera outbreak with 8,500 cases and 124 deaths.

intended in regard to take-up of improved sanitation facilities), and 5.1 District Council/Secretariat capacity building.

As of mid-2023, the achievement for delivery of outputs per component was 85.7% compared to the targets.

Table 12: MBSP II programme delivery of the intended outputs by component areas (end Year 6, 2023)

MBSP II PROGRAMME OUTPUTS (OVERVIEW) MEAN ACHIEVEMENT - OUTPUTS DELIVERY ACROSS ALL OF THE OUTPUTS PER COMPONENT		% ACHIEVED
1	**Public Health**	**65.8%**
2	**Basic Education**	**109.1%**
	Early Childhood Development = 147.2%, Primary Education = 102.8%	
3	**Water and Sanitation**	**94.9%**
	Safe Water = 126.7%, Safe Sanitation = 72.4%	
4	**Economic Empowerment**	**83.6%**
	Women's Economic Empowerment = 87.5%, Youth Economic Empowerment = 81.3%	
5	**District Council/Secretariat**	**69.8%**
Overall achievement MBSP II - outputs delivery (mean) of all outputs		**85.7%**

Source: Data on outputs as reported by the District Offices

It is evident, based on stakeholders' (including final-users) feedback and statistical evidence linked to most of the key performance outcome indicators defined for the MBSP II programme that the programme has delivered real social benefits in terms of improved access to and the quality of basic services provided. The programme has successfully engaged with a diverse range of local communities across the District, via the Health and the District Council components, as well as successfully engaged with local communities in eight TAs targeted under the other programme components. TA Chilipa had access to the Sanitation and partially Water component: The TAs Chimwala and Chowe received activities of the Education and partially Water component. TA Lulanga received Sanitation, Women's Economic Empowerment, and Youth Economic Empowerment. TA Makanjira had access to all programme components. TA Mponda received Education, Water and Sanitation activities. TA Namavi had access to Education, Water and Women's Economic Empowerment components and TA Nankumba received Youth Economic Empowerment activities.

In total, the **MBSP II programme has supported the development of 50 Health Care facilities, two Early Childhood Development Centres, two Special Needs Education Centres, twelve Primary Schools, eight Piped Water Systems, 338 new Boreholes, 183 rehabilitated Boreholes, 176 Protected Shallow Wells, and four Sanitation Marketing Centres**. Under the Economic Empowerment component, **seven Youth Groups and six Women's Groups** were targeted. In addition to capacity building support for the District Council or Secretariat, **the programme has also supported eight District Offices**, namely the District Health Office (DHO), District Education Office (DEO), District Social Welfare Office (DSWO), District Water Development Office (DWDO), District Environmental Health Office (DEHO), District Gender Office (DGO), District Youth Office (DYO), and the District Community Development Office (DCDO). It is estimated that the **MBSP II programme has directly reached approximately 32,000 people** via the implementation of the programme's capacity building training. This includes approximately **1,500 District Secretariat or District Offices' staffs** (including extension workers, and staffs in the health care and education facilities supported), and **30,150 members of local community structures and groups** (VDCs, ADCs, local sectoral Committees linked to health, education, water, sanitation). Via the training actions, the programme has supported approximately 2,000 local community structures and groups. **Indirectly all citizens of the District have benefit of the health services and facilities** developed via MBSP (I+ II), and **54,772 households and 302,443 people are benefitting from the MBSP** (I+ II) **water infrastructure**. [Approximately 60% of the water infrastructure was developed under the

MBSP II.] Directly or indirectly, **all citizens of the District have benefit of the sensitization campaigns** of the District. **Approximately 30,000 pupils are enrolled in the MBSP II supported primary schools, or approximately 9% of all of the pupils enrolled in primary school in the District.**

With regard to the effectiveness of the programme to address the cross-cutting issues of gender equality, human rights, environmental sustainability, and also of good governance in the context of its implementation, delivery and achievement of the results, it is assessed **the programme has performed satisfactorily**. Further information in this regard is provided in section 3.7 of the Evaluation Findings.

With regard to the **effectiveness of the programme to achieve the intended direct outcomes** (specific objectives of the MBSP II programme), **it is evident that the programme has contributed to positive progress and real social benefits**. As compared to the baseline data from 2017, **thirteen of the 14 key performance outcome indicators show positive progress but one indicator records negative progress**. The results for the thirteen outcome indicators showing positive progress are as follows: Five indicators are fully on-track to or have already achieved the declared 'end-of-programme' target. Two indicators are positively on-track and record no major setbacks during the period 2017 to 2022/23, but are still well short of achieving the declared targets. Six were positively on-track but experienced setbacks, notably during 2020-2021, because of external challenges.

Table 13: MBSP II programme achievement of the intended programme direct outcomes/specific objectives

MBSP II PROGRAMME OUTCOME INDICATORS	BASELINE STATUS (2017)	LATEST STATUS (YEAR)	ASSESSED PROGRESS*
Proportion of pregnant women starting antenatal care in the first trimester	12%	23% (2023)	(1)
Proportion of deliveries attended by skilled health workers	60%	72% (2023)	(2) + (3)
Proportion of under 1 children fully immunised	75%	81% (2022)	(2) + (3)
Percentage of women of reproductive age (aged 15-49 years) receiving family planning methods	66%	59% (2023)	(4)
Proportion of quarterly HMIS information data delivered and verified in timely manner	75%	100% (2023)	(1)
Learner per classroom ratio in first 3 grades in target schools	179:1	114:1 (2022)	(2)
Learner promotion rate from std. 4 to std. 7 target schools	56.7% (55.6% M, 57.8 F)	62.3% (2022) (60.3% M, 64.3% F)	(2) + (3)
Dropout rate in std. 5 to 8 in target schools	7.5% (7% M, 8% F)	6.5% (2022) (6% M, 7% F)	(2) + (3)
Proportion of children in std. 1, 2 and 3 achieving at least a minimum proficiency level in reading and mathematics in target schools by sex	40% M, 49% F	56% M, 66% F (2022)	(1)
Proportion of households using improved water sources in targeted TAs (Makanjira, Namavi and Mponda)	87%	94% (2021)	(1)
Proportion of households with access to improved sanitation in targeted TAs	8%	15% (2022)	(2) +(3)
Proportion of ODF verified villages in targeted TAs	35%	89% (2022)	(2) + (3)
Average income per (supported) women-led business groups	*6,000,000 MWK (2022)*	*6,500,000 MWK (2023)*	
Average income per (supported) youth-led corporative	*2,500,000 MWK (2022)*	*5,000,000 MWK (2023)*	
Average income per (supported) youth-led skills enterprises	*250,000 MWK (2022)*	*250,000 MWK (2023)*	
Result based management of MBSP confirmed satisfactory by M&E system reports	0	60% achieved (Y1 to Y5)	(2)

MBSP II PROGRAMME OUTCOME INDICATORS	BASELINE STATUS (2017)	LATEST STATUS (YEAR)	ASSESSED PROGRESS*
Annual MBSP programme+ financial audits confirmed satisfactory	1	Achieved	(1)

(1) = fully on-track, (2) = positively on-track but short of the target, (3) set-backs occurred Y4 or Y5, (4) negative progress

Source: Data on outcomes as reported by the District Offices

In addition to the 14 key performance outcome indicators defined for the programme, the evaluators have also included in the table above three indicators for outcome linked to the Economic Empowerment component. These were included into the Results Framework in Year-5 of implementation, but were placed under outputs. Two of the three proposed outcome indicators show positive progress, but data was available for two-years only.

3.3.1.1 PUBLIC HEALTH SERVICES

Overall, MBSP II has and is anticipated to achieve its specific objective of improving access to, and use of, quality maternal and health services for pregnant mothers and children under 5-years age. Nevertheless, some gaps and challenges were encountered in the course of the programme's implementation.

A summary of the achievement for delivery of the intervention outputs per focus area is shown below.

Table 14: Public Health - delivery of intended outputs per MBSP II programme focus area (end Year 6, 2023)

MBSP II PROGRAMME PUBLIC HEALTH OUTPUTS (OVERVIEW) MEAN ACHIEVEMENT - DELIVERY OF OUTPUTS PER INTERVENTION CATEGORY AREA		% ACHIEVED
1.1	**Health service infrastructure and operations**	**36.5%**
1.1.1	Makanjira Emergency Obstetric and New-born Care (EmONC) health centre	**0%**
1.1.2	Health posts buildings and staff houses	**34.5%**
1.1.3	Rehabilitation, equipment and furnishing	**62.2%**
1.2	**Community based health services**	**85.7%**
1.2.1	Patient referral system strengthened	**50.0%**
1.2.2	Equipment and training of community health workers	**95.9%**
1.3	**Health Management Information Systems (HMIS)**	**78.7%**
1.3.1	Transport and communication systems	**38.3%**
1.3.2	HMIS capacity building and operations	**87.7%**
1.3.3	District Health Office capacity building and operations	**92.9%**

The following issues highlight the effectiveness of the Public Health component to ensure the delivery and the take-up of the intended outputs and the immediate results of the programme.

- **Health service infrastructure and operations** - The majority of the outputs are still to be realized, and are now to be addressed during the extension of the programme implementation period up to 2025.

  The delivery of the **upgrade of the Makanjira health centre to provide EmONC services** is significantly delayed. This is due to the scale of the action and complexity of the procurement. The construction of the EmONC (infrastructure) is expected to commence in the third quarter 2023. Afterwards, the health centre will be furnished prior to its opening for the provision of services in 2024. The upgrade will significantly boost access in north-eastern Mangochi for coverage of such health care services -currently patients have to be transported across the lake to Monkey Bay Community Hospital or to Mangochi District Hospital.

Linked to the **construction of additional health posts buildings, staff houses and vaccine storage cold-rooms**, the majority of the intended outputs are still to be realized. The DHO has most effectively progressed with regard to the construction of new health posts (eight of 15 achieved so far). These are hubs in rural areas for health care services, including child immunization, nutrition and monitoring growth, family planning services for adults, HIV testing and provision of ART services. Regarding these construction projects, the DHO faces challenges with the poor quality of newly constructed health facilities and infrastructure, because contractors frequently use inferior materials, if not properly supervised. This limits the effectiveness and sustainability and may lead to frequent maintenance needs of sometimes newly constructed health facilities (e.g. due to washbasins falling from the walls or crumbling flooring). The District could improve its limited (remote) monitoring and quality assurance capacities and measures in remote areas. In addition, some staff houses (six of 25) at health posts and even fewer UMOYO staff houses (six of 21) were constructed so far. When HSA cannot live in proximity to the health posts, the longer commuting distance and costs frequently cause irregular service delivery.

Linked to the **rehabilitation, equipping and furnishing of health facilities**, while reasonable progress has been achieved to deliver important infrastructure upgrades at health care facilities, key outputs are not yet realized. The programme has slightly overachieved its targets for the installation of power supply at health centres (16 of 15 achieved) and made good progress on the installation of safe water supply provision (20 of 29 achieved so far). According to the DHO, only few health facilities in Mangochi have access to grid power currently, but the project made progress in this regard. They confirmed that many health centres have access to water via pumps and/or tanks now. In the past, the installation of solar pumps at health facilities often led to theft. The DHO has learned that the involvement and sense of ownership of local communities is key to protecting infrastructure at the local level and ensuring the effective and continued operation (e.g., local communities started to pay a security guard). However, the MBSP II made slow progress concerning the construction of waste disposal incinerators (four of ten achieved so far) and made no progress on the construction of placenta pits in health centres (zero of five achieved).

- **Community based health services** - The vast majority of the individual outputs have been achieved fully in line with the intended target for achievement. This has included trainings for 270 Health Surveillance Assistants (HSAs) and 500 Village Health Committees (the target is 700), as well as the formation and functioning of 300 Safe Motherhood Committees and 60 Village Clinics. The Village Health Committees and Safe Motherhood Communities have a vital role to influence health service seeking behaviour of local community members (e.g., pregnant women seeking ANC or skilled birth attendance). Household survey respondents informed the evaluator of the limited functionality of most village clinics due to limited staff (HSAs) and inadequate management and availability of drug supplies at these village clinics (see also section 2.5.1). The programme has also ensured the supply of nutrition supplements for malnourished infants to all health centres, as well as rapid pregnancy test kits. Even though the District has procured many nutrition supplements, these sometimes reach the nutrition coordinator with short or expired expiration dates due to procurement delay. This can cause that some procured nutrition supplements cannot be used. Additionally, 540 bicycles and basic medical kits for HSAs, and five new ambulances were provided as well. The further training of VHCs and provision of bicycle patient transporters remain. Due to bad road conditions and large distances within Mangochi, the need for regular maintenance and fuel costs limits the effectiveness and sustainability of the supply of any means of transportation. Sustainability plans need to be in place to ensure that they contribute to an improved patient referral system in the short to long term (see section 3.5).
- **Health Management Information Systems** (HMIS) - The majority of outputs linked to DHO and HMIS capacity building operations have been delivered, but the outputs concerning the transport and communication systems have been achieved only partially.

  Linked to the **transport and communication systems**, the supply and use of one lorry for vaccine distribution is in place, but only two (out of 13) **motorcycles** have been delivered. An operational

car tracking system was not yet installed in any ambulances, but this may be of lower importance in only few ambulances are functional due to maintenance or fuel needs.

Linked to the HMIS, the **purchase of computer** sets for HMIS data management is fully achieved, as also the **training** of 180 Health Management Teams and coordinators. However, only 550 **Village Health Registers** were purchased and are now utilized (the target was for 1,500 to be utilized). The programme has very successfully supported the DHO HMIS team with the supervision of **data preparation clerks** (125% achieved), the number of **data quality assessments** carried out (124%), and the full **assurance of monthly data** collections for the HMIS reporting (100%).

The DHO indicated multiple **challenges** to ensure the effective delivery of the intended outputs. The principle cause for the slow progress is the procurement process, as well as the effects of the COVID-19 pandemic, for which the DHO was the lead institution in carrying out pandemic response measures. *[Analysis of the factors influencing achievement/ non-achievement of the results is provided in section 3.3.3.]*

Intended outputs or immediate results of the health component

The DHO has ensured a good level of **direct engagement with local community structures and partners** across the District. This helped to promote their direct participation in the programme actions and to facilitate the **operational take-up of the outputs and immediate results of the programme**. The local community structures also play a vital role in spreading relevant information within communities. The 300 formed and functioning Safe Motherhood Committees received training in antenatal development and care, danger signs of pregnancies (and neonatal) care and the role of SMCs. They play a key role to encourage pregnant mothers to attend antenatal care (ANC) as early as they notice the pregnancy, which therefore helps to reduce maternal and child mortality rates. The 500 Village Health Committees (VHCs) were trained in current health issues, responses and the availability of health services. The VHCs are key in promoting health, sanitation and hygiene in the communities. In addition, the VHCs played a crucial role during the COVID-19 pandemic and cholera outbreaks in terms of awareness creation and prevention measures. During the cholera outbreaks, the VHCs were in the forefront advising local communities on how to prepare Oral Rehydration Therapy as an immediate response.

The **HSAs have received training on community based maternal care**, including conducting home visits to pregnant women, which enhanced their skills and knowledge. They utilize these improved skills and knowledge to inform and support local health care facilities in the area, including village clinics, as to best practices in maternal and neonatal health. Their mobility and thereby capacity also to reach more remote villages in their area can in theory be much enhanced due to the provision of bicycles. However, there is a continuous need for maintenance of bicycles due to the bad road conditions. To keep any type of community based health service functional, health staff and community members need regular refresher trainings.

The MBSP II supported an impressive range of health care facilities. These health care facilities received **health services infrastructure (new buildings and upgrades), supplies (equipment, medical kit, furnishings) and maintenance** to ensure operational capacity and quality. To variable levels, the programme has supported the two major hospitals in the District (Monkey Bay Community Hospital and Mangochi District Hospital), 20 health centres, 22 health posts, six dispensaries, and 60 village clinics. There has been a very strong focus on improving the quality and capacity of key health facilities to provide maternal and child health services via support to thirteen maternity wings.

In addition to the specific Health component support under MBSP II, the **GIZ EnDev programme** (supported by Iceland) strengthened three health posts and one health centre. The EnDev Programme supplied solar power, and constructed five guardian cooking shelters at two hospitals and two health centres.

An outstanding achievement of the MBSP (I+II) was the construction and maintenance of the spacious and "state of the art" **maternity wing of Mangochi District Hospital** with several buildings and separate rooms for different maternal and child health services, which creates improved environments for the birth of up to 1000 babies per months. The upgrade of the **Makanjira health centre to provide EmONC**

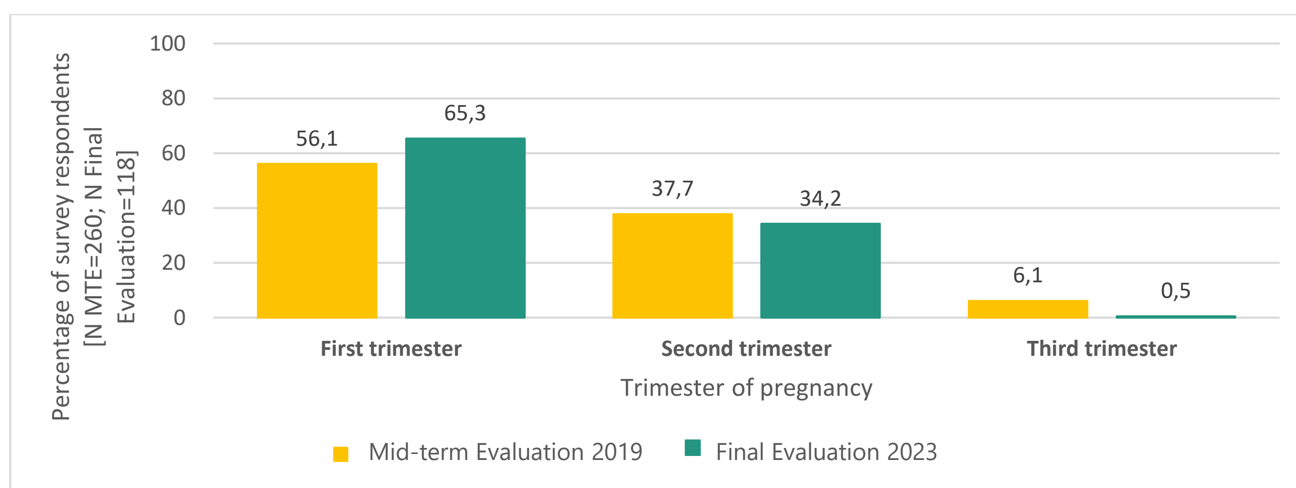
services will further improve access to services. Supported health centres are well equipped to provide ANC, family planning services, HIV counselling and testing, and the treatment of pregnant mothers. The facility infrastructure upgrades covered the supply of power, safe water, safe sanitation and waste disposal. Each of these **infrastructure upgrades are key achievements**, which enhanced the operational environment of the facilities, which benefited from the MBSP II. These infrastructure upgrades improved the working environment for the staffs, the experience of the patients and families, as well as enhanced infection prevention standards and practices.

A further **outstanding achievement** of the MBSP (I+II) programme is that **Mangochi District became the best district in terms of HMIS reporting in Malawi in 2019** and has managed to maintain this status since then. This is due to the MBSP and funding by the Government of Iceland. Before 2019, Mangochi was at the mid-level of the ranking only. Since then, other districts have visited and wanted to learn from the HMIS Office in Mangochi.

Intended outcomes of the health component

With the availability of maternal services at local health centres, more women are attending **ANC** in the first trimester. Nurses are able to screen women for complications and make referrals to Mangochi District Hospital for further attention, if necessary. Such actions prevent further complications and minimize maternal deaths. The proportion of pregnant **women starting ANC in first trimester has improved** from 12% in 2016/17 to 23% in 2022/23. Despite slow continuous progress, the programme target of 25% for 2022/2023 was almost but not fully achieved. According to HH survey participants, the share of women seeking ANC in the first trimester instead of in later trimesters of their pregnancy increased (from 56.1% to 65.3%) between 2019 and 2023 (*see figure 2*). Public Health Centres (73.7%), Health Posts (18.4%) and the Mangochi District Hospital (7%) are more frequently used for these ANC checks than private clinics (6.1%) in 2023. The use of health centres (+16.8%) and public health posts (+16.1%) increased, of the district hospital remained steady and the use of private clinics reduced drastically (-23.8%) between 2019 and 2023. Topic wise, more pregnant mothers received information about eating healthy diets, HIV testing, danger signs in pregnancies and growth monitoring of children under five in 2023 compared to 2019. However, the information about the child immunization, the use of mosquito nets, the intake of malaria drugs and the importance of family planning reduced according to survey respondents in 2023 compared to 2019.

Figure 2: MBSP II household survey responses for pregnant mother's start-up of antenatal care by trimester

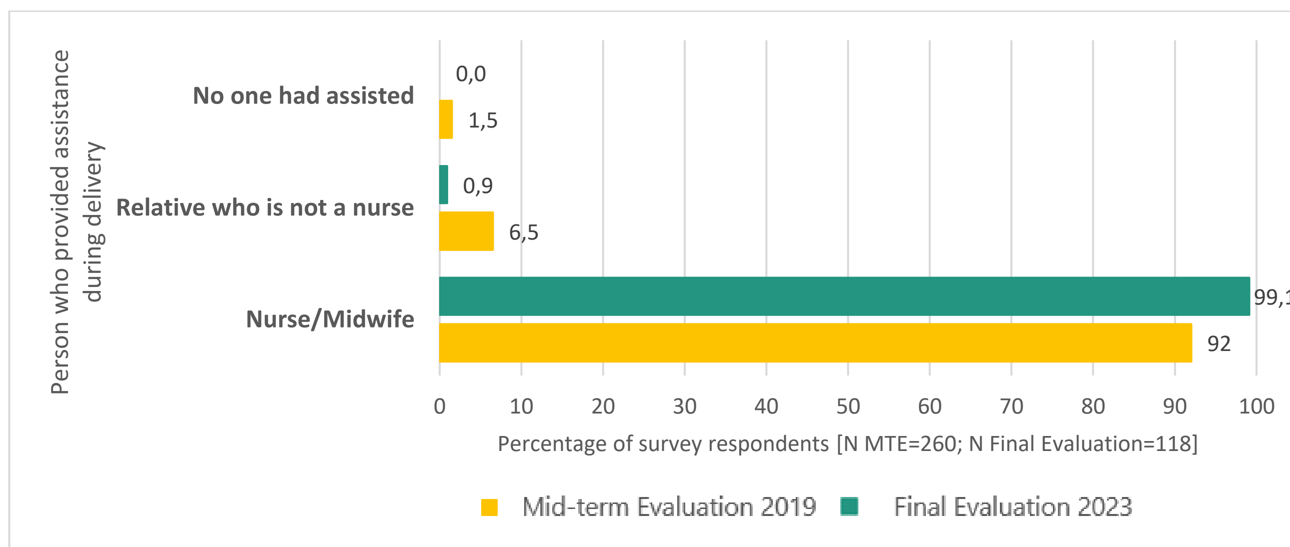


Data sources: Household surveys Mid-term Evaluation (MTE) 2020; household surveys Final Evaluation 2023

Regarding the proportion of **deliveries attended by skilled health workers**, this has increased from 60% in 2016/17 to 72% in 2022/23, even though there was a slight decrease in 2020/21 during COVID-19 pandemic, because health workers were perceived as a risk to getting infected. Despite progress, the

programme target of 82% in 2022/2023 was not achieved. The DHO considers this as problematic and rather stagnated. The construction of maternity wings has improved this situation in the past, but many parts of the District are not yet covered. It is expected that the upgrade of the Makanjira health centre will increase women's access to skilled birth attendance. In terms of support during delivery, 99.1% (2023) and 92% (2019) of the survey respondents indicated that a nurse or midwife supported them during delivery, which is the recommended practice. This is an improvement of 7.1% from midline to endline.

Figure 3: MBSP II household survey responses for assistance during delivery



Interestingly, 96.6% of respondents stated that they delivered their new-borns at a health facility in 2023, while this rate was only 89.1% in 2019. This is an improvement of 7.5% and meant that only 2.6% of deliveries took place on their way to a health facility and 0.8% of deliveries took place at home. However, more mothers reported complications during delivery (8.8% in 2019 compared to 22% in 2023) and there have been more referrals to Mangochi District hospital (13.1% in 2019 compared to 42.3% in 2023). *The evaluator remarks that it was not possible to collect mid-term or endline survey data in very remote TAs (like Makanjira), which would have most likely led to worse results.*

The proportion of **children under 1 year fully immunised progressively increased** from 75% in 2016/17 to 91% in 2020/21. This full vaccination rate of children under 1 year experienced a significant decline to 81% in 2021/22 (during COVID-19). A return to the previous and positive trend is expected for 2022/23. The HH Survey shows that a 100% immunization rate was achieved due to the roll out of immunization activities to health posts, which have become hubs for health services delivery.

The programme target of 95% was not achieved. The **proportion of women of reproductive age (15-49) receiving family planning has negatively performed and worsened** from 66% in 2016/17 to 59% in 2022/23. The target of 75% is substantially missed. This trend is most worrying.

Regarding the **percentage of quarterly HMIS data delivered and verified in a timely manner**, the programme target of 100% has been fully achieved since 2020/21.

3.3.1.2 BASIC EDUCATION SERVICES

MBSP II has achieved its specific objective of improving the quality of primary education services in the target schools. However, the schools' enrolment rate has not yet fully recovered post COVID-19.

A summary of the achievement for delivery of the intervention outputs per focus area is shown below.

Table 15: Basic Education - delivery of intended outputs per MBSP II programme focus area (end Year 6, 2023)

MBSP II PROGRAMME BASIC EDUCATION OUTPUTS (OVERVIEW) MEAN ACHIEVEMENT - DELIVERY OF OUTPUTS PER INTERVENTION CATEGORY AREA		% ACHIEVED
2.1	**Education infrastructure in 12 target schools**	**103.7%**
2.1.1	New buildings for select groups within the 12 target schools	**105.6%**
2.1.2	Rehabilitation, equipment and furnishing	**100.0%**
2.2	**Basic education services in 12 target schools**	**102.5%**
2.2.1	Capacity building of teachers and school managers	**100.0%**
2.2.2	Teaching and learning material	**100.0%**
2.2.3	Support to equity and retention of girls and vulnerable children	**108.5%**
2.4	**Management of 12 target schools**	**102.5%**
2.4.1	Community engagements	**100.0%**
2.4.2	District Education Office capacity building and operations	**102.8%**
2.5	**Early Childhood Development (ECD) services in 2 target schools**	**147.2%**
2.5.1	ECD centres	**140.0%**
2.5.2	Community mobilization and support	**183.3%**

The following issues highlight the effectiveness of the Basic Education component to ensure the delivery and the take-up of the intended outputs and the immediate results of the programme.

- **Education infrastructure in twelve target schools** - The vast majority of the individual outputs have been delivered fully in line with the intended target for achievement. This has included the construction of 36 new school blocks (two classrooms per block), twelve school administration blocks, two resource centres for children with special needs, 40 improved latrines, 22 sanitation facilities, and 40 teacher staff houses, plus the supply of 3,000 school desks, 200 sanitation units, and general schools' maintenance. School staff and students utilize the constructed and equipped facilities in the twelve primary schools.
- **Basic education services in twelve target schools** - The vast majority of the individual outputs have been delivered fully in line with the intended target for achievement. This has included trainings for school teachers (300 received pedagogical training, 72 in-service training on special needs education), school managers (144 received management training), 30 teacher's assistants, twelve School Management Committees and twelve Mother Groups (one per target school), and specialist training about gender equality in education (144 school managers, 300 teachers, and the SMCs). The programme also supported the supply and delivery of approximately 340,000 textbooks and 1.2 million notebooks for students, sports kits and special needs teaching aids and devices for the twelve schools, as well as the provision of teachers' guides for standards 1 to 8 (provided to 300 teachers). The twelve schools have carried out standardized tests every semester, as well as an annual school quiz competition across the twelve schools to promote the quality and targeting of ongoing education. To promote equity in access to education, MBSP II has supported vulnerable students (annual average of 92) via the provision of school bursary.
- **Management of twelve target schools** - All of the individual outputs have been delivered in line with the intended targets for achievement. This has included periodic meetings with local leaders and chiefs to secure their engagement in promoting child education and gender equality (girl-child education). It has also comprised training of 36 school managers on data management, as well as training of 25 Primary Education Advisers (PEAs) on monitoring and evaluating schools' and educational performance. This has also included the supply and delivery of basic IT equipment and support for the schools and the DEO, construction and operation of a Teacher Development Centre, professional training for three DEO staffs, and undertaking of two research projects.

- **ECD services in two target schools** - All of the individual outputs have been delivered fully in line with or markedly in excess of the intended target for achievement. Two model ECD Centres have been developed (linked to two of the programme's twelve primary schools). This comprised the construction of class blocks, child-friendly sanitation facilities, cooking shelters with energy saving stoves, plus the supply and delivery of play materials and furnishings, and of teacher and learning materials. In addition, twelve caregivers received training on the ECD syllabus and approaches, including how to help children in numeracy and literacy. 50 members of the ECD Management Committee and 24 DSWO extension officers oriented on ECD received such training as well. The DSWO has also very actively engaged with local community structures and communities via holding regular meetings and conducting local sensitization and mobilization campaigns (183% achieved).

The DEO indicates the principal **challenge** to ensuring the effective delivery of the intended results and outcomes are the effects of the COVID-19 pandemic on the education sector, and the need to address the partial loss of pupils experienced, by further improving the primary school enrolment rate to its pre-COVID levels. *[Analysis of the factors influencing achievement/non-achievement of the results is provided in section 3.3.3.]*

Intended outcomes of the education component

The intended **outcome** of the programme was to **improve access to quality primary education services in the twelve target schools**. The overall package of supports provided to the twelve target schools is fully coherent and has ensured for the **effective development of the school teaching and learning environment across a range of areas**: The MBSP II improved school infrastructure, including provided WASH facilities, basic school supplies and general maintenance. It delivered training for school staffs and teachers and local community committees and groups, and local sensitization campaigns on education. The programme also provides specific attention to ensure the rights of special needs children to education. The MBSP II provided special needs assistive devices at schools, special needs training for teachers, and the construction and equipping of two Resource Centres for special needs education. Equally, the overall package of supports provided to the two ECD centres is fully coherent for effective results.

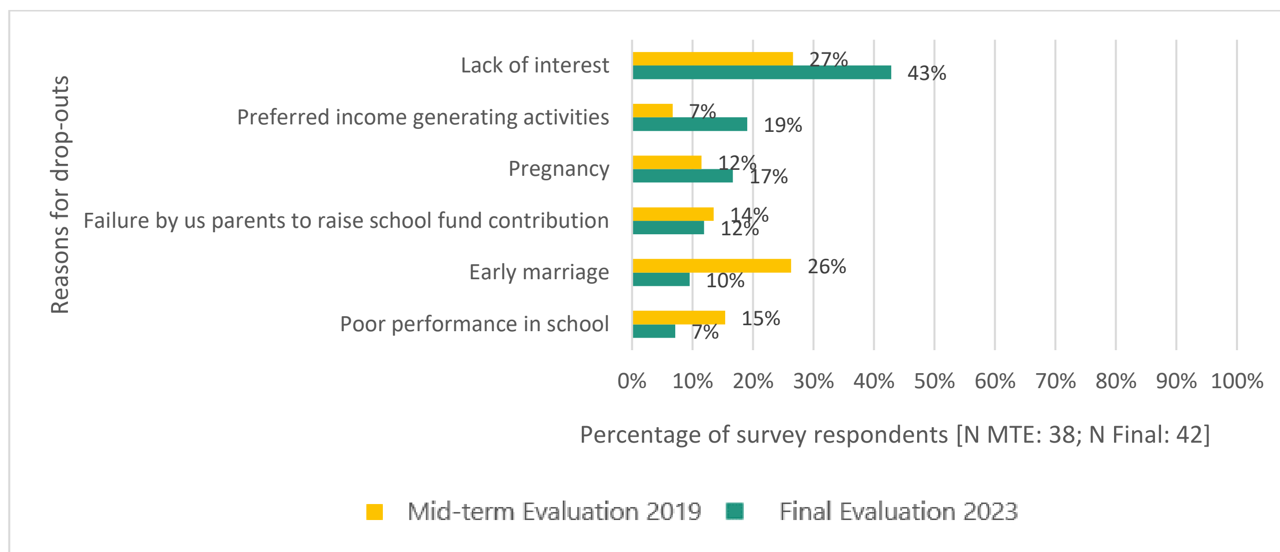
In addition to the specific Education component support under MBSP II, three of the primary schools were connected to a reticulated piped water supply under the **MBSP II Water component**. Five of the schools were supported via the **GIZ EnDev** programme (supported by Iceland), four via the installation of solar power supply at the schools and one via repairs to the school kitchen.

Concerning the **programme direct outcome, it is evident that the twelve target schools now perform better than the District average on many indicators for educational results**. The programme outcome indicators demonstrate that the **proportion of children in standards 1, 2 and 3 in the target schools achieving at least minimum proficiency level in reading and mathematics** has increased from 44.5% in 2017 (40% M, 49% F) to 61% in 2022 (56% M, 66% F). The District recorded a minimum proficiency rate for reading in standards 2 and 3 of 50.5% in 2022. The **school promotion rate from standards 4 to 7** in the twelve target schools has increased from 56.5% in 2017 (55.6% M, 57.8% F) to 62.3% in 2022 (60.3% M, 64.3% F). The **school dropout rate** has declined from 7.5% in 2017 (7% M, 8% F) to 6.5% in 2022 (6% M, 7% F). Both have recovered from the COVID-19 induced constraints in 2021. Additionally, the average **pupil-classroom ratio** in the twelve schools has positively declined from 179 pupils per classroom in 2017 to a number of 114 pupils in 2022.

A further success of the programme is in **raising the profile of special needs education and of ECD services**. The DEO and the DSWO regard the MBSP II facilities in these areas as highly relevant in public policy terms and also as local service delivery models, as both areas have until more recently been overlooked by partners.

The **household survey results** provide insights into the reasons for school dropouts. Households that reported school dropouts between 2017 and 2023 (30% of the 142 interviewed households) mentioned a lack of interest, a preference for income-generating activities and pregnancies as main reasons.

Figure 4: MBSP II household survey responses to reasons for school dropout

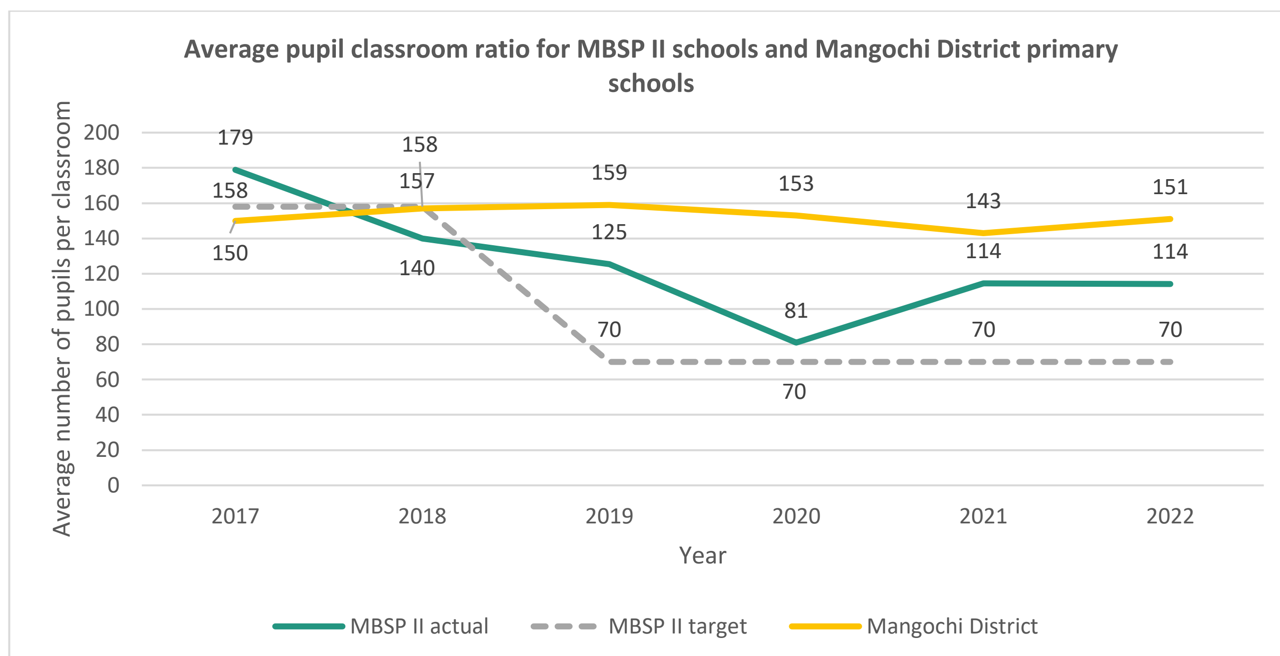


Data sources: Household surveys MTE 2020 and MBSP II final evaluation household surveys

Intended outputs or immediate results of the education component

The positive effects of the programme to improve the school teaching and learning environment and the quality of primary education services in the twelve target schools is evident across a range of educational statistics, as well as of the partial set-backs due to the pandemic.[45] The **enrolment rate** in the twelve target primary schools has increased from 26,322 learners (49.1% Male, 50.9% Female) in 2017 to 29,553 learners in 2022 (47.9% Male, 52.1% Female), but has not yet recovered from the effects of the pandemic when compared with an enrolment in 2020 of 31,584 learners. The average **pupil-teacher ratio** in the twelve schools has also positively declined from 102 pupils per teacher in 2017 to a number of 84.3 pupils per teacher in 2022.

Figure 5: MBSP II pupils per classroom ratio, MBSP II and Mangochi District primary schools

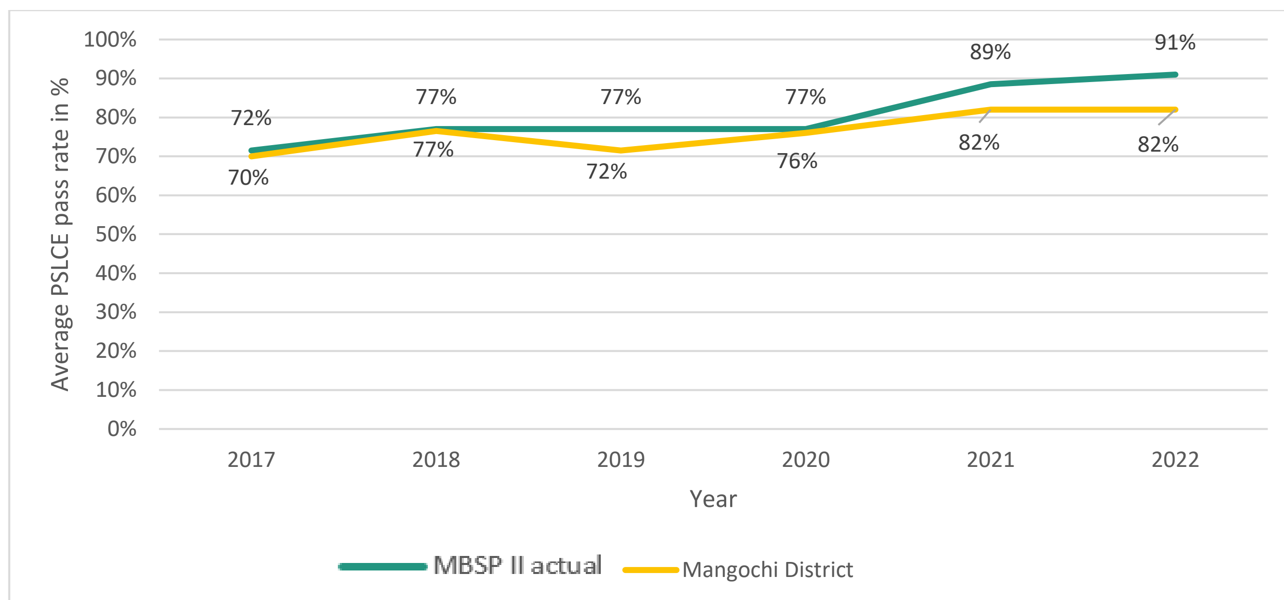


Data source: Mangochi District Education Office

[45] School data provided to the evaluators extracted from the DEMIS database.

The average **school repetition rate** has positively declined from 29.5% in 2017 (30% M, 29% F) to a rate of 27% (male and female) in 2022. The average **primary school leaving examination (PSLCE) pass rate** across the twelve schools has positively increased from a rate of 73.6% Boys and 69.4% Girls in 2017 to a rate of 95.9% Boys and 86.3% Girls in 2022.

Figure 6: MBSP II average Primary school leaving examination pass rate (PSLCE) for MBSP II and Mangochi District primary schools



Data source: Mangochi District Education Office

Data provided to the evaluators concerning the promotion rate and the PSLCE pass rate for four control schools located within the same four educational zones as the twelve MBSP II target schools confirms that the performance of the twelve target schools on promotion and PSLCE pass rate is above that of the control group. In addition, data provided shows that the **performance of the twelve target schools is now better than the District average for all of the statistics above, with one exception**: The **pupil-teacher ratio** in the twelve schools, 84.3 pupils per teacher in 2022 is still behind the District average of 73 pupils per teacher in 2022.

Beyond mere statistics, **feedback from stakeholders** (including the school team/ staffs, School Management Committees, Mother Groups, PEAs, the DEO and local communities) confirmed the **positive changes of the school teaching and learning environment and the improved quality of the primary education services**. The **MBSP II household survey responses** indicate that 85.2% of the respondents (parents or guardians) are satisfied with the distance to the nearest school, 96.5% are satisfied with the quality of the new buildings such as classroom blocks, toilets, and teachers' houses, 71% are satisfied with the availability of text books for standard 1 and 2 learners, 88% are satisfied with the availability of classroom blocks and desks, 90.8% are satisfied with the availability of toilets, 89.4% are satisfied with the availability of teaching staff, and 85.4% are satisfied with the attitude of the teachers towards the learners.

3.3.1.3 SAFE WATER AND SANITATION HYGIENE (WASH) SERVICES

MBSP II has achieved its specific objective to increase sustainable access to and use of improved safe water sources, and its specific objective to increase access to improved sanitation facilities but the programme has faced certain challenges to increase the take-up of improved sanitary facilities.

A summary of the achievement for delivery of the intervention outputs per focus area is shown below.

Table 16: WASH - delivery of intended outputs per MBSP II programme focus area (end Year 6, 2023)

MBSP II PROGRAMME SAFE WATER AND SANITATION OUTPUTS (OVERVIEW) MEAN ACHIEVEMENT - DELIVERY OF OUTPUTS PER INTERVENTION CATEGORY AREA		% ACHIEVED
3.1	**Access to improved safe water sources in targeted TAs**	**156.4%**
3.1.1	Functional safe water points	**108.2%**
3.1.2	Capacity of local community developed	**216.8%**
3.2	**Management of water interventions**	**100.0%**
3.2.1	District water office capacity and operations strengthened	**100.0%**
3.3	**Sanitation and hygiene efforts in targeted TAs**	**75.4%**
3.3.1	Open Defecation Free (ODF) verified communities campaign in targeted TAs	**79.2%**
3.3.2	Sanitation facilities promoted	**74.4%**
3.3.3	Improved sanitation facilities	**62.0%**
3.4	**Management of sanitation and hygiene interventions**	**64.1%**
3.4.1	District Environmental Office capacity building and operations	**64.1%**

The following issues highlight the effectiveness of the Water and Sanitation component to ensure the delivery and the take-up of the intended outputs and the immediate results of the programme.

- **Access to improved water sources in targeted TAs** - All of the individual outputs have been delivered, most slightly above the target for achievement. This has included 338 new boreholes drilled, 182 old boreholes rehabilitated, 176 new protected shallow wells constructed, and eight reticulated piped water systems developed as safe water sources for access and use by local communities. In addition, 696 Water Point Committees (WPCs) were trained or refreshed in Community Based Management (CBM). In total, over 6,100 people (42% Male, 58% Female) received training in CBM. 15 new and 96 existing Area Mechanics were trained in the maintenance of water supply systems, as well as eight retail shop owners were trained to mobilize them to stock spare parts for maintenance and repairs.
- **Management of water interventions** - All of the individual outputs have been delivered in line with the intended targets for achievement. This included providing training for the DWDO staff, such as a refresher course on CBM for 50 extension workers and training in water construction technology for 24 officers- It also included the supply of one car and five motorcycles and the provision of IT and logistical supports. Key programme outputs, to support DWDO decision-making, relate to the Infrastructure Sustainability Assessment Survey and the Beneficiary Impact Survey for the water component (MBSP I+II) conducted in Year 5 as well as the overall mapping of all MBSP I + II infrastructure interventions and developments.
- **Sanitation and hygiene efforts in targeted TAs** - While many of the outputs are delivered in line with the intended targets for achievement, seven of the 20 outputs are significantly below effective performance (all less than 50% achieved). The programme has delivered as anticipated the extent of engagement with local community leaders and local structures to promote Community-led Total Sanitation (CLTS) and Open Defecation Free (ODF) communities, ODF-verification and sustainability in the TAs and local communities. It has also fully achieved the provision of support to orient 5,000 local group volunteers to promote sanitation and hygiene efforts within local communities. The programme has also delivered very effective support to sensitize local communities on the use of the beach guarding and on-shore direct chlorine dosing approach to promote cholera prevention and control. The programme reached 25,000 community members and produced rapid results during the early-2023 cholera outbreak in terms of the significant drop in the cholera infection rate within days and its rapid elimination achieved in a short period of time (5-weeks). The programme has performed less successfully in the establishment of Sanitation Marketing Centres (four of ten were achieved). The MBSPII has also not achieved its targets to engage with local masons to train

Sanitation Marketing Centres on low cost latrine technology and SAN Plat casting and to mobilize them to work with the Marketing Centres to promote sanitation facilities in local communities (only 30 of 100 local masons trained). Thus, local communities and households take-up of improved sanitation facilities remains well below the target, which is a direct result of the programme.

- **Management of sanitation and hygiene interventions** - Most of the outputs stayed below the targets for achievement, although the bi-annual Sanitation and Hygiene Community Based Data Audit has mostly been successfully undertaken. In addition, one (out of two) research projects was completed.

While tropical storm damage and environmental climate change are **challenges** for the infrastructure, both the DWDO and DEHO identified their immediate challenge to ensuring the effective delivery of the intended outputs and outcomes is linked to the involvement of local private sector actors in the take-up of the actions. *[Analysis of the factors influencing achievement/non-achievement of the results is provided in section 3.3.3.]*

Intended outputs or immediate results of the WASH component

The **DWDO and the DEHO has each ensured a good level of direct engagement with local community structures and partners**, Water Point Committees (WPCs) and Village Development Committees (VDCs), to promote their direct participation in the programme actions and to facilitate their take-up of the results. The local community structures play a vital role in promoting relevant information and providing leadership within communities. As key partners linked to the supply of safe drinking water at local community level, 696 WPCs received training on CBM in the local community. WPC members received the training well, because of the practical demonstration of the operation and maintenance of water sources and water supply technology systems. The WPCs are responsible for the operation and functional maintenance, including hygiene, of the water sources. As key partners linked to the promotion of CLTS and ODF communities, 300 VDCs received training on the use of the village scorecard approach. The VDCs received the training well, because it helps villages to better understand the precise gaps that remain in terms of access to and the take-up of improved safe WASH, as well as to identify short-term goals to be addressed in response to the identified gaps in WASH facilities. In addition to the WPCs and VDCs, the 5,000 local group volunteers support the promotion of sanitation and hygiene efforts within local communities. These volunteers are oriented to encourage local take-up of the CLTS approach. Communities gained a better understanding of the risks if there are too few sanitation and washing facilities within the community, which helps promote take up of improved facilities (e.g. toilets or pit latrine covers).

The **DWDO and the DEHO attest to the importance of the provision of refresher training courses for staff**. Water Management Assistants (WMAs) need refresher training courses on CBM, engineers on water construction technology, Area Mechanics on the maintenance of water supply systems, and for Health Surveillance Assistants (HSAs) on CLTS. Therefore, the staff need refreshers to maintain operational skills and to update them on changes in WASH technological approaches.

Concerning the **construction and installation of WASH facilities' infrastructure**, the MBSP II programme has positively moved its focus to new TAs as targets of the support: principally in TAs Makanjira, Mponda and Namavi linked to water (partially also in Chilipa, Chimwala and Chowe), and TAs Chilipa, Lulanga, Makanjira and Mponda linked to sanitation. **The programme's geographical focus is on less well served TAs and communities within the District**. This responds to local needs to improve access to and use of safe drinking water sources as well as to improve access to and use of safe sanitation.

Intended immediate results or outcomes of the WASH component

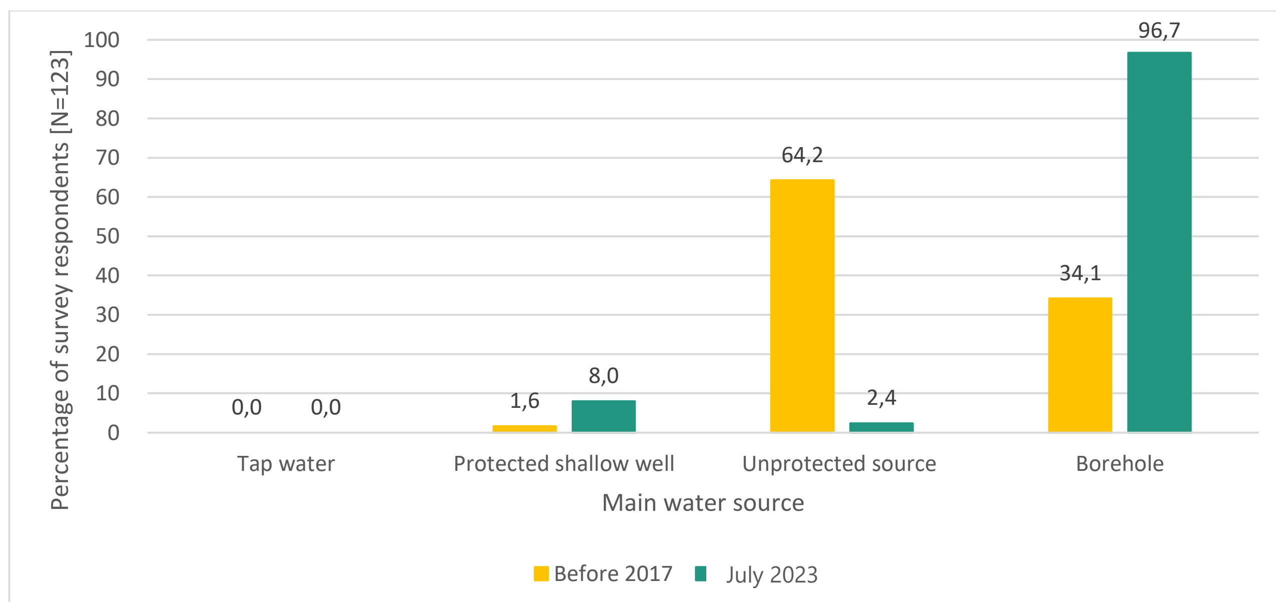
The MBSP II programme has constructed and installed or rehabilitated more than 700 safe water supply sources. This has contributed to the increase in the **proportion of households using improved water sources in MBSP II target areas of Makanjira, Mponda and Namavi** from 87% in 2017 to 93.7% in 2021. The Beneficiary Impact Survey for the water component (**MBSP I+II**), conducted in 2022, estimated

that there were **54,772 households and 302,443 people benefitting from the MBSP water infrastructure**. The Infrastructure Sustainability Assessment Survey found that overall functionality of the MBSP water infrastructure sources was at 97%, with WPC availability also 97%.

The MBSP II programme has positively progressed the construction and installation of improved sanitation facilities under the Education component and to a lesser extent under the Health component. Under the Sanitation component, itself **a key deliverable as a local solution has been the construction of fully operational public toilets at the beachside in TA Lulanga**. The local community manages these as fee-paying facilities for the beach-users in the context of promoting the ODF approach in TA Lulanga. As for the take-up of improved sanitation facilities at the community and household level, however, the performance of the programme to date has been relatively limited, notably in terms of the number of facilities installed (723 San Plats). While the **proportion of households with access to improved sanitation in the targeted TAs** has increased from 8% in 2017 to 15% in 2022, this is well short of the programme target of 30%. The **proportion of ODF verified villages in the targeted TAs** was positively on trend to reach the target of 100% (an achievement rate of 97% in 2021). However, the tropical cyclones Ana and then Gombe inflicted damages, which reduced the proportion of ODF verified villages in 2022. This is because the tropic cyclones significantly damaged a number of sanitary facilities (pit latrines and hand-washing facilities) at local community and household levels. The DEHO assesses that local communities and households had poorly constructed many of these local sanitation facilities, notably in terms of the inadequate or reduced use of cement to build the basic structures.

Feedback from stakeholders (including from the DWDO, DEHO, WMAs, HSAs, Water Point Committees and local communities) as to the positive results delivered in regard to improved access to water and sanitation facilities is also very evident. The **MBSP II household survey responses** indicate a number of positive effects. While 64% of the interviewed households used unprotected water sources before 2017, most of the households (97%) are now relying on boreholes. With the installation of boreholes, the average walking distance to access water has decreased from 40 to twelve minutes, which allows the households (mostly females who are responsible for water collection) to dedicate more time to other activities. Moreover, the incidence of water-borne diseases was higher before the installation of the boreholes (48%) compared to afterwards (6.5%), although this improvement is less pronounced for cholera and diarrhoea due to the cholera outbreak in 2022.

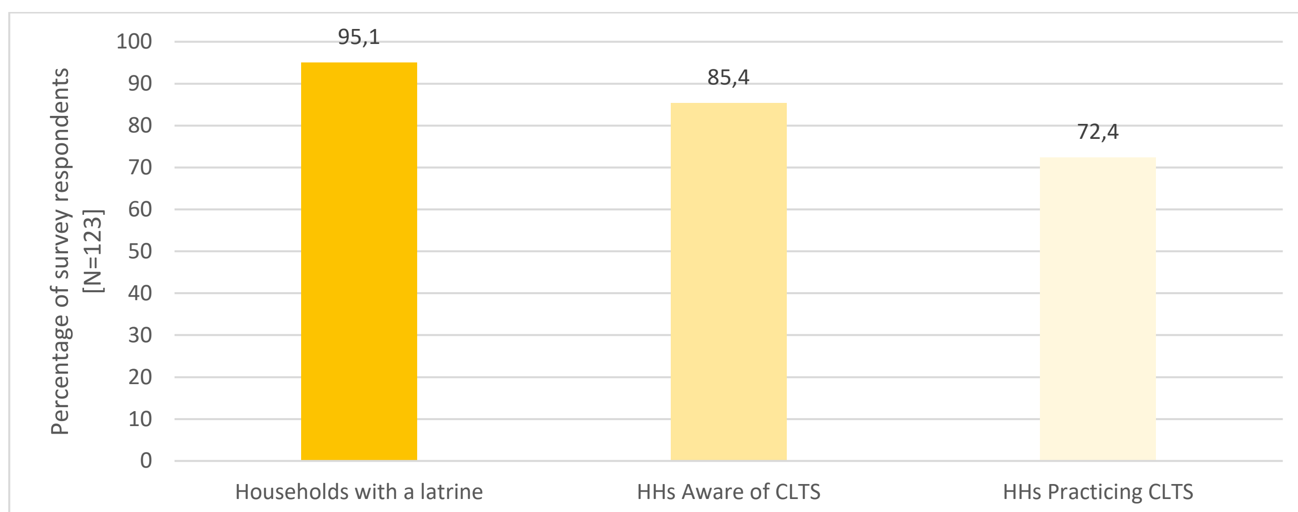
Figure 7: MBSP II household survey responses, main water source before 2017 and July 2023



Data source: MBSP II final evaluation household surveys

MBSP II is promoting the CLTS approach to eliminate open defecation. The survey results show that 72% of the interviewed households have participated in CLTS and that 95% of the households have a pit latrine.

Figure 8: MBSP II household survey responses, households aware of and practicing CLTS



Data source: MBSP II final evaluation household surveys

Linked to the challenges to building an **efficient and effective model for local community and household take-up of sustainable WASH facilities**, both the DWDO and the DEHO recognize that the effective level of mobilization of local private sector actors to support the take-up and operational maintenance of WASH infrastructure facilities is lower than intended. Both Offices utilized the programme to orient local private sector actors (for DWDO local retail shops, for DEHO local masons) as to the potential role the private sector might play in promoting take-up and operational maintenance and repair of WASH facilities, but did so independently of each other. Additionally, the cost for take-up of improved sanitation facilities at local community and household is still challenging for many communities and households to meet, even if formally partially subsidized. Feedback suggests that further effort is required to promote a more unified approach between the Offices in terms of building a comprehensive outline of a potential business model, also linking to the Sanitation Marketing Centres, so as to address WASH infrastructure and marketing in a fully holistic fashion.

3.3.1.4 WOMEN'S ECONOMIC EMPOWERMENT (WEE) AND YOUTH ECONOMIC EMPOWERMENT (YEE)

Overall there has been reasonable progress on the development of policy and the testing of pilot mechanisms for the provision of support to women's and youth groups. However, the MBSP II programme has not yet made substantial progress or reach in terms of achieving its specific objective of improved access of women and young people to skills development interventions and economic opportunities in designated areas of the District.

A summary of the achievement for delivery of the intervention outputs per focus area is shown below.

Table 17: WEE and YEE - delivery of intended outputs per MBSP II programme focus area (end Year 6, 2023)

MBSP II PROGRAMME WOMEN AND YOUTH ECONOMIC EMPOWERMENT OUTPUTS (OVERVIEW) MEAN ACHIEVEMENT - DELIVERY OF OUTPUTS PER INTERVENTION CATEGORY AREA		% ACHIEVED
4.1	**Women Economic Empowerment**	**80.0%**
4.1.1	Situation and stakeholder analysis	**100.0%**
4.1.2	Support for women empowerment	**75.0%**
4.2	**Management of gender programme**	**100.0%**
4.2.1	District Gender Office capacity strengthened	**100.0%**
4.3	**Youth Economic Empowerment**	**82.1%**

MBSP II PROGRAMME WOMEN AND YOUTH ECONOMIC EMPOWERMENT OUTPUTS (OVERVIEW) MEAN ACHIEVEMENT - DELIVERY OF OUTPUTS PER INTERVENTION CATEGORY AREA		% ACHIEVED
4.3.1	Situation and stakeholder analysis	**100.0%**
4.3.2	Support to youth economic empowerment	**79.5%**
4.4	**Management of youth programme**	**80.0%**
4.4.1	District Youth Office capacity building	**80.0%**

The following issues highlight the effectiveness of the Economic Empowerment component to ensure the delivery and take-up of the intended outputs and the immediate results of the programme.

- **Women Economic Empowerment** - Linked to the situation and stakeholder analysis, the programme has delivered four key strategic outputs: the Situation and Stakeholder Analysis on WEE in Mangochi of 2019, the Needs Assessment report for Gender of 2021, the WEE Strategic Plan (2021-2025) and the Gender Strategic Plan for Mangochi District (2022-2027). Linked to support for WEE, The DGO selected six viable and functional women's groups out of a total of eleven women's groups that attended interviews. The District Trade Office, the Agribusiness Team and the District Community Development Office trained the six groups (including in business management, value addition, and mentoring on an ad hoc but formal basis in the groups' respective communities. The six groups were linked to financial institutions and most opened bank accounts, created business financing plans and defined procurement needs to upscale their business activities and increase their incomes. Only four groups came up with realistic procurement plans, so that the District supported them.
- **Management of gender programme** - The DGO received support to strengthen its capacity, which included a new and furnished office and IT and logistical support. The Office has also benefited via the situation and stakeholder analysis as the basis for establishing the WEE and Gender Strategic Plans.
- **Youth Economic Empowerment** - Linked to the situation and stakeholder analysis, the programme has produced four key strategic outputs: the Group Identification and Needs Assessment Report for YEE of 2021, the YEE Strategy (2022-2027), the Youth Strategic Plan for Mangochi District (2022-2027), and the Guidelines for Administration of Youth Matching Grants under MBSP for YEE of 2022. Linked to support for YEE, the DYO selected seven youth groups for support. Five of the seven groups became registered business cooperatives as a result, received training, developed business financing plans and procurement needs. Four of these five groups are currently receiving support, as one group experienced 'internal disputes'. The other two of the seven supported youth groups are focused on skills development training for members of the networks (120 youth) seeking to form a business enterprise, with the training provided at a formal technical institution. These two youth groups did not receive support to become registered business cooperatives yet. Five youth business groups or enterprises have also accessed MBSP II support provided via the more recent Youth Matching Grants for YEE mechanism. Some of these belonged to the seven supported youth groups of the MBSP II, but additional youth business groups could qualify for this support as well.
- **Management of youth programme** - The DYO received support to strengthen its capacity, which included office furniture and IT and logistical support. This District Office has also benefited via the situation and stakeholder analysis and developing the YEE and Youth Strategic Plans. The analysis and documentation helped them to learn about the actual needs of youth in Mangochi, plan their activities and coordinate priorities with donor and local non-governmental organization (NGO) partners.

As to the key **challenge** to ensuring the effective delivery of the intended outputs and outcomes, both the DGO and the DYO recognize that the procurement processes to support the groups has been slow. *[Analysis of the factors influencing achievement/non-achievement of the results is provided in section 3.3.3.]*

Intended outputs of the WEE and YEE component

The MBSP II programme support significantly **boosted the capacity of the DGO and the DYO to manage and coordinate women/ gender and youth policy and specifically the issues of WEE and YEE**. The District has now established key priorities and objectives. It aims to address these key priorities and wants to achieve these objectives in the sectors over the medium-term. However, these strategic documents now need to be implemented (funded) in order to unfold their potential.

Four women and four youth business groups are currently foreseen to be assisted by the District, so as to upscale their business activities, via the procurement of equipment and supplies. Three of the originally supported business groups (two women's, one youth group) were dropped from this element of the pilot WEE and YEE projects. However, the procurement and successful delivery of the equipment and supplies to the groups is still an on-going process - **of the four supported women and youth business groups contacted by the evaluator, three are still awaiting full delivery of the intended support**. Two groups are still waiting for the irrigation equipment for the already constructed greenhouses and one group is waiting for the maize mill to be put in the already constructed maize mill shelter. Of the business groups supported under MBSP II that have applied also for financial grant via the GoM AGCOM programme, two of the youth groups have been successful in qualifying for the grant (97-114 million Malawi Kwacha each), while two women's groups were assessed but still await the result. Five youth business groups in the District have accessed support under the Youth Matching Grants. In addition, a local NGO took over the matching grant approach from the DYO.

Two youth groups or networks focused on assisting business enterprise formation via formal skills development training and the provision of business start-up tools and support. A total of 120 youths received TVET training in e.g., carpentry, tailoring, brick laying and electrical installations. These youth were trained in forming business enterprises at a formal technical institution outside their communities for 4-4.5 months. They have received start-up tools and support in registering their own enterprises, but this activity is not completed yet.

Intended outcomes of the WEE and YEE component

Whereas the MBSP II programme does not specifically identify key performance **outcome indicators**, the evaluator assess that **three of the indicators that were declared outputs are more appropriate as outcomes linked to Economic Empowerment**. These indicators each refer to the average income of the supported groups. **Two of the three proposed outcome indicators show positive progress**, but there are only data for two-years.

Recognizing that the WEE and YEE support is undertaken as a pilot project, from which lessons should thereby be learnt, it is assessed by the evaluator that the **overall approach to supporting business enterprises and groups is reasonable**. Notably, the programme has assisted the District to pilot different mechanisms and approaches as to how it selects and supports women's and youth groups: (1) The District testes a process to identify potential groups and their needs. (2) The pilot allowed testing different types of skills trainings within communities and outside of communities at official TVET institutes, and (3) the different groups need for support in the official business registration process. (4) The District had the chance to test a process of open call to business groups for Matching Grants, and (5) the provision of procured inputs and larger-scale grants to cooperatives, and smaller-scale grants for skills development.

3.3.1.5 DISTRICT COUNCIL/SECRETARIAT CAPACITY BUILDING

The capacity of the Mangochi District Secretariat has increased to implement the MBSP II programme. While key programme outputs are still to be delivered (most notably the construction of the Central Administration and Council Building), the evaluator assesses that the MBSP II has largely achieved its specific objective to increase the capacity of the Mangochi District Secretariat to carry-out its development plans in a proper and timely manner.

A summary of the achievement for delivery of the intervention outputs per focus area is shown below.

Table 18: District Council - delivery of intended outputs per MBSP II programme focus area (end Year 6, 2023)

MBSP II PROGRAMME DISTRICT COUNCIL/SECRETARIAT OUTPUTS (OVERVIEW) MEAN ACHIEVEMENT - DELIVERY OF OUTPUTS PER INTERVENTION CATEGORY AREA		% ACHIEVED
5.1	**District Council capacity building**	**66.9%**
5.1.1	Central Administration and Council Building	**62.5%**
5.1.2	Department of Public Works capacity strengthened	**100.0%**
5.1.3	Department of Finance capacity strengthened	**75.0%**
5.1.4	Procurement Department capacity strengthened	**100.0%**
5.1.5	Monitoring and Evaluation Department capacity strengthened	**37.5%**
5.1.6	Expanded Revenue Generation	**75.0%**
5.1.7	District Development Plan developed	**57.9%**
5.2	**Management of MBSP II programme**	**79.3%**
5.2.1	Monitoring and implementation of MBSP II (frequency of meetings reduced due COVID19)	**76.3%**
5.2.2	Evaluations done	**100.0%**

The following issues highlight the District Council component to ensure the delivery and the take-up of the intended outputs and the immediate results of the programme.

- **District Council capacity building** - Whereas the construction of the Central Administration and Council Building has been significantly delayed, the vast majority of the other intended outputs have already been delivered or are presently on-going with a clear perspective for their completion and final delivery.

  The principle failure in the delivery of the intended programme outputs relates to the construction of the **Central Administration and Council Chamber building**. Procurement and contracting linked to this large infrastructure construction has faced significant delays. As of mid-2023 the outcome of the procurement and contracting process was subject to final decision by the MoLGRD to confirm provision of its support to the District to cover the shortfall between the budget available under the MBSP II programme and the financial offer of the preferred bidder. Assuming the financing shortfall is covered, construction is expected to take 1-year to complete.

  Regarding the **programme support to the District Secretariat**, outputs linked to capacity building of the Department of Public Works and the Department of Procurement are fully delivered. The remaining output linked to support for the Department of Finance (furnishing of the Council finance data chamber) forms part of the above building construction. Support to the Monitoring and Evaluation Department is presently on-going, with outputs delivery to be completed in 2023.

  Linked to the support for **expanded revenue generation**, the programme has delivered a study on this to the District Council (Department of Finance). The District used this study to develop its Strategic Plan for Revenue Generation. The programme is also, currently, supporting the construction of facilities (fence, stalls, storeroom, water point, toilets) at one market area (Katuli), to be completed in 2023. However, the further development of Makawa market is not going to proceed, because it was not possible to agree on an appropriate site for the action with the local stakeholders. Additionally, at this later stage in programme implementation, the remaining programme funds have had to be prioritized by the District so as to deliver the two outstanding MBSP II large infrastructure builds.

  Linked to the **development of the new Mangochi DDP**, the programme has provided key supports to assist the District with its management of community planning and development in cooperation with the VDCs and ADCs. This included the formulation of 298 new 5-year Village Action Plans and

the District Socio-Economic Profile (2023). These have fed into the District's preparation of the new Mangochi DDP, which the Council expects to approve later this year (2023).

- **Management of the MBSP II programme** - Implementation monitoring, formal reporting and steering mechanisms have broadly been adhered to in line with expectations. Understandably, there was a reduction in the number of in-person monitoring and supervisory visits and review meetings in Years 4 and 5 of programme implementation due to the COVID-19 pandemic. The Council Secretariat and District Offices conducted monthly and quarterly technical monitoring visits to programme sites and activities. The programme management (including Iceland, and bi-annually also the MoLGRD) conducted joint quarterly supervision visits. Bi-annual meetings with ADCs and bi-annual tripartite programme meetings etc. took place as well. Additionally, the District provides monthly financial statements, quarterly financial and technical progress reports, and an annual financial and technical progress report to the Embassy of Iceland and to the MoLGRD. External audits of the programme are conducted annually. An external Mid-Term Review was completed in 2020.

Intended outputs of the District Secretariat Capacity Building component

The individual Departments within the District Secretariat have primarily assured and driven the achieved outputs. **Capacity building actions at the level of the individual Departments** have improved the working conditions and environment for the staffs. This included the furnishing of offices and the procurement and delivery of basic IT and office equipment (computers, printers, and photocopier). The MBSP II programme did successfully recruit three persons to join the **Department of Public Works** (one engineer and two supervisors). It has also lost three staff members who were transferred to work in other districts in Malawi.

It has also included useful **training** for the Secretariat, District Office Directors and **members of the District's Internal Procurement and Disposal Committee** (IPDC) to augment their understanding of procurement processes and regulation in accordance with the requirements of Malawian law **on public procurement**.

MBSP II is currently supporting the District to finalize the **development of the District's M&E systems**. The system will allow accredited users at the Secretariat and Offices to input their data into the MIS database against all District programmes (central government, Mangochi District, and donor programmes). It should ensure that the Council has a more coherent view of the intended goals as well as the status of all its programmes. Subsequent training for about 50 District Secretariat and District Offices staff on the MIS will be provided in late-2023.

The Department of Finance regards the development of the **Strategic Plan for Revenue Generation** as a key output of the MBSP II programme. It will assist the District, over the medium-term, to improve on its presently low level of local revenue generation. This is an area in which Mangochi scores poorly on the Local Authority Performance Assessment (LAPA) results framework assessment, which the MoLGRD has conducted to compare the districts of Malawi. A further significant achievement of the programme links to its support leading to formulation of the new DDP.

In terms of the District's **management of the MBSP II programme**, this has broadly been adhered to in line with expectations. Key stakeholder partners (Mangochi District Council and the Embassy of Iceland) judge that the programme management has somewhat improved over the years. The quality of the technical progress reporting has improved, although certain weaknesses remain in terms of up-to-date data compared to the Results Framework. The annual community satisfactory survey is the only intended programme output under this focus area that has not been delivered, because the District prefers to utilize a community scorecard process to assess services' relevance.

3.3.2 EFFECTIVENESS OF THE PROGRAMME BASED APPROACH AT DISTRICT LEVEL AS A DEVELOPMENT APPROACH

The evaluator assesses the effectiveness of the PBA at district level as a development approach as satisfactory.

As to the effectiveness of the modality of a **Programme Based Approach (PBA) at district level as a development approach**, it is clear that the **MBSP II programme has provided an integrated set of supports** to improve social infrastructures, community resilience and livelihoods. There has been a strong focus on gender equality, and on efforts **to ensure support reaches poor and vulnerable groups**, often in remoter areas. The programme is closely aligned with the Mangochi DDP and other sectoral operational strategies. **The District Council determines the priorities for the programme focus and actions and that the activities are "on plan and on budget"**.

As noted above, **the programme approach provides a coherent mix of different interventions**, with a strong focus on infrastructure development or rehabilitation, equipment supplies and logistical support, alongside support for capacity building of organizations and community groups, plus local community engagement measures. The **capacity building efforts have strengthened the District institutions and local community structures and groups**. This allows them to increase their effectiveness to plan, prioritize and undertake the implementation of local development activities, and to engage in local governance and delivery of basic services. To varying degrees, the District Offices are starting to internally embed the capacity building and training of in-house staff.

The PBA, with Mangochi District leading in the design and prioritization of actions and their implementation, has also promoted a strong level of local ownership of the programme. **Activities align with local strategies and respond to local needs and local demands**, which are represented to the District via the network of VDCs and ADCs across the District. **Strong local ownership of the programme goals and its intended results secured early in the process supports more effective delivery take-up of the results**.

The PBA implemented at district level also effectively contributes to the **national decentralization efforts of the GoM**. It envisions decentralization as a tool in poverty reduction. To achieve this, decentralization enhances participation of the grassroots in decision-making, integrates public administration at the district level, promotes accountability and good governance, and mobilizes the masses for socio-economic development.

As an **alternative to a PBA**, the other modality utilized by Iceland to deliver bilateral development cooperation actions has been **Direct Project Support** - as was the case for its support to Mangochi District prior to 2012. All partners recognize that the **PBA modality implemented at district level**, as compared to alternatives, has **strengthened local ownership, local capacity to manage large budgets and local development efforts, and local hands-on control of the programme direction and its implementation**.

The performance of Mangochi District - as measured by national comparative assessments of district councils - **has improved over the past years**. For example **Mangochi District has risen from 10th in 2019 to 6th in 2022 on the MoLGRD LAPA ranking**. **Mangochi District became the best district in terms of HMIS reporting in Malawi in 2019** and has managed to maintain this status since then, while the DHO was awarded with recognition as the best performing Health Office in Malawi in 2020.

3.3.3 FACTORS INFLUENCING THE ACHIEVEMENT OR NON-ACHIEVEMENT OF THE EXPECTED RESULTS

The evaluator highlights the following eight **key factors influencing the effectiveness of the programme** and the achievement or non-achievement of the expected programme results.

- The extent of **engagement achieved with local community structures and stakeholder partners**.
- The **capacity of the District institutions** (Secretariat and Offices) and staffs to fulfil their mandates.
- The programme's approach of promoting **a coherent mix of different interventions** (infrastructure build and upgrades, as well as capacity building of District institutions, local community structures and partners, and the provision of supplies and logistical supports).
- The programme's approach to supporting **a mix of different infrastructure interventions and facilities**.
- The efficiency of the processes linked to the undertaking of **public procurement and contracting**.
- The extent to which **learning and knowledge management** and the sharing of good practice is undertaken.
- The challenges that can exist in addressing societal and culturally **'sensitive' issues and norms**.
- **External challenges** to the programme environment, such as COVID-19, cyclones, cholera and inflation.

The evaluator describes the eight key factors influencing the effectiveness in more detail below.

Engagement with local community structures and stakeholder partners

The extent the District has achieved **engagement with local community structures and stakeholder partners during the development, implementation and follow-up of the programme actions has generally been good** (except for the WEE and YEE pilot projects, see below). This has typically involved the District's engagement with local communities linked to the identification of local needs and gaps in services provision (local development planning). It has typically also involved the District's close engagement during the implementation of specific development actions. This engagement during the implementation included support for the development of local capacities to monitor programme implementation and follow-up, as well as of local capacities to engage at the local level in the governance of local services. It has typically also comprised the District's engagement to promote local ownership and take-up of programme actions via periodic meetings with local leadership structures and the undertaking of awareness raising and sensitization campaigns.

Examples of **good practice in promoting community engagement and local empowerment** to support the achievement of the expected programme results include the following.

- **Health** - The Safe Motherhood Committees have played an important role in encouraging pregnant women to attend ANC as early as they notice the pregnancy and seeking professional birth attendance. The Village Health Committees (VHCs) have played an important role in encouraging health, sanitation and hygiene efforts in local communities. The VHCs raised awareness about different health and water-borne disease risks and corresponding prevention measures to reduce health-related risks. Strong community engagement and ownership of the programme results is also evident in terms of local communities finding local solutions. Local communities maintained and protected water or solar power supply at local health facilities to avoid the risk of theft or damage.
- **Education** - School committees, such as the School Management Committees, Mother's Groups, and Parents Teacher Associations, have played a vital role in promoting primary education at the local level and in promoting local engagement in the governance of service delivery. The School Management Committees and Mother's Groups also play an important role in connecting with local leaders and chiefs to promote their commitment and local advocacy to encourage gender equality, girl-child education, and to prevent early or forced early marriage, and to combat gender-based violence (GBV). The Mother's Groups also play an important role in reporting instances of early or forced marriage or GBV.
- **Water and Sanitation** - The WPCs have played an important role in ensuring CBM and operation, as well as basic maintenance and hygiene of the assorted safe water sources and technological systems that the programme has delivered. The WPCs also play an essential role in terms of the collection of user-fees to support maintenance and repair of the local water supply systems, as well as in raising the need for the support of Area Mechanics for the undertaking of more significant maintenance and repair issues. The VDCs have played an important role in encouraging safe water,

sanitation and hygiene (WASH) efforts in local communities. The VDCs have promoted Community-led Total Sanitation (CLTS) and Open Defecation Free (ODF) communities. VDCs have utilized the village scorecard approach to better understand local WASH and precise gaps in its effective roll-out and achievement of targets.

- **Promoting community engagement and local empowerment across all components:** The local communities, actors of local services and facilities, and the District Offices emphasized the need to ensure that **periodic but regular follow-up engagement with local structures and partners** is undertaken by the District Offices and extension workers. This helps them to ensure that local communities receive periodical refreshers of skills and updates of information or sensitization campaign messages.

Examples of **failed opportunities to make use of community engagement and local structures**, which hindered effective and efficient (timely) project implementation and achievement of outputs, include:

- **Water and Sanitation** - As an example of the failure to adequately engage with local leaders and partners at the early phase of an MBSP II programme action, the DEHO contrasted the difference between the promotion of CLTS and take-up of the Sanitation Marketing Centre in TA Chilipa with that in TA Lulanga. In the former, the DEHO recognizes that local awareness and mobilization efforts on CLTS were started too late and local leadership advocating for take-up of the sanitation services initially limited. In the latter, the DEHO ensured early local engagement, with the leader of the TA himself leading the local community mobilization and awareness raising efforts.
- **WEE and YEE** - The WEE and YEE pilots did not sufficiently make use of local structures and partners during the project planning, implementation and follow-up. Local authorities were only partially included. For example, there is evidence that local authorities (like the Group Village Headman and ADC) motivated and supported the efforts of the Chilare Fish Processing and Marketing youth co-operative in TA Nakumba. However, in the case of the Tiyanjane Maize Mill women's group in TA Namavi, local chiefs demotivated and hindered the efforts and local ownership of women's group. The local chief told these women that the DGO and programme should do everything for them and that they do not need to contribute anything, so that the women stopped building bricks as previously agreed with the DGO. The DGO and DYO did not link Community Development Assistants (CDA) and local extension workers to the pilot activities, e.g. to support the survival of newly procured goats. These missed opportunities hindered timely and successful project implementation and regular follow-ups.

While the District has, generally, ensured that the involvement of key local government political structures, like the **ADCs and VDCs**, in the development process has been good, the actual extent of **involvement of the local community through those committees does not seem adequate**. Interviewed households (responding to the MBSP II Household Surveys) frequently reported that the ADC or the VDC were involved in decision-making concerning local community projects, but that they, local citizens, have never been consulted on the identification or the prioritization of local development needs (approximately 70% of the households).

Capacity of the District institutions

Linked to the **capacity of the District institutions** (Secretariat and Offices, plus supported local health and education facilities) and staffs to fulfil their mandates, it is evident that **the programme has provided a strong focus to the training and partially also the mentoring of staffs**. This ensured that the skills and knowledge of the staff are in line with their needs to fulfil their professional duties effectively. This enabled them to update their skills and knowledge as appropriate. In addition, it helped them to be aware of the latest policy changes and priorities, operational and technological changes and solutions. The **enhancement of District institutions' staff skills and operational capacity is complemented by the programme's provision of supplies and equipment** (primarily at the local service facilities and to a lesser extent at the Secretariat and Offices) **as well as via the infrastructure development actions**. In addition to staffs training, the programme has also supported the Secretariat and Offices to **improve their operational processes**, most notably linked to the further strengthening of different **Management**

Information Systems (MIS) and operations, as well as in conducting important sectoral analysis to inform the development of Mangochi District policy and strategies.

It is evident that the **programme has effectively supported the capacity building and strengthening of the District institutions to operationally fulfil their mandates**, and to support the achievement of the expected programme results. However, feedback from the District Secretariat and Offices points to **common challenges** that may hamper the effectiveness of the District institutions and staffs to promote results delivery and local take-up.

- All of the **District Offices and many local service facilities** (health and education) **are understaffed** in comparison with the need and often in comparison with the official number of postings foreseen or approved. This places a burden on the institutions to fulfil all of their duties effectively and efficiently.
- **Insufficient sectoral extension workers** puts at risk their operational capacity to regularly engage across, monitor and supervise all of the facilities in their areas and also to ensure that close cooperation and engagement with local communities in promoting development is achieved.
- **Staff turnover** (including via transfer of staff) risks the loss of institutional and local knowledge. Therefore, there is a need to ensure periodic and common refresher training for staff.
- While the programme has supported the procurement and delivery of the means of transportation (cars, motorcycles, bicycles, ambulances) for certain District institutions, to support the travel of staffs around the District, the **District Offices still report transport limitations** (including fuel costs or limited maintenance of various means of transportation) **as a key challenge**.

Mix of different types of interventions and a mix of different infrastructure interventions and facilities

The programme ensures an effective approach to promoting development. It promotes a **coherent mix of different programme interventions**. It places a strong focus on physical infrastructure development and rehabilitation, equipment supplies and logistical support, alongside support for capacity building of organizations and the training of staffs, service or extension workers and community groups. Also, the programme contributes awareness-raising campaigns, local community engagement measures, research projects, and temporary support to human resources to create a comprehensive mix of interventions. **The programme effectively targets these interventions to support specific facilities and local communities**, which generates real social benefits in terms of improved access to and the quality of basic services provided at the local level. The coherence of the programme, in terms of the effective realization of synergies between the different outputs, is strongly evident in respect of the advancement of water and sanitation in the twelve primary schools.

Notably, under the Health and the Water components, the programme has supported a **mix of different infrastructure interventions and facilities**, e.g. hospitals, health centres and health posts, as well as boreholes, protected shallow wells and piped water systems. In terms of public health care provision, this approach improved access to the local, primary-care level, as well as higher tiers of health care provision - with a strong focus on maternal and child health services. In terms of water provision, the local availability of different safe water sources ensures that communities have options in times of scarcity.

Public procurement and contracting

The basis for the deployment of the programme funds, the implementation of actions, delivery and achievement of the intended results is determined by the efficiency of the processes linked to the undertaking of public procurement and contracting. After a slow start-up in Year 1 of implementation, MBSP II has **broadly performed well to ensure the efficient and effective delivery of the programme actions and outputs**.

The **Education and the Water components were noticeably more efficient and effective in the deployment of the programme funds to reach the intended beneficiaries and final-users** than under the other components. **Procurement processes of the Health, the WEE and YEE as well as the District Council components have been delayed**. However, the **procurements of two major infrastructure**

builds, are reportedly presently close to completion. The intended actions (upgrade of the Makanjira health centre to EmONC, construction of the Central Administration and Council Building) are expected to be implemented and the results, finally, to be achieved during the programme extension period. Indicatively both actions are to be finalized and the facilities operational during 2024.

But, due to the delayed procurement processes the programme budget is now facing significant challenges due to the **high rate of inflation and the increased costs** for many basic raw materials and supplies in the recent years. The **District had to prioritize the remaining available funds, and had to scale-back or entirely cancel certain intended programme outputs**. For example, the shifts of budgets to other sectors affected the completion of the WEE and YEE pilots negatively. There is neither a plan in place to finalize the WEE and YEE-related procurements, nor to transport and install already procured items to the communities.

Learning, knowledge management and the sharing of good practice

The programme has supported the Secretariat and Offices to further **strengthen their different MIS**, which assists the Offices to promote effective targeting of future programme interventions and operations. However, **the extent to which the District undertakes learning, knowledge management and the sharing of good practice is generally rather mixed**. This could increase the effective achievement of programme results. The DWDO is notably active in learning lessons as to good and poor practices experienced in the construction of water sources or supply systems. More recently the DEHO has also focussed on lessons learnt about the take-up of local community and household sanitation facilities. A number of smaller District Offices reported that their capacity to learn lessons in a systematic way, rather than on an ad hoc and on-the-job basis, is largely constrained by the lack of funding for this purpose.

The MBSP II programme has provided **support to the DHO, DEO and DEHO to undertake research projects** and ensure their dissemination, but they have only started to conduct such research in 2022 or 2023. While the District Offices have disseminated some research reports, including sent to line ministries, they were unable to highlight to the evaluator specific operational reforms that they have adopted as a result.

Societal and culturally ‘sensitive’ issues and norms

The programme has been effective in addressing **societal and culturally ‘sensitive’ issues and norms. For example,** it has addressed the issue of ensuring that basic and primary education for girls in the twelve target schools is now more widely accepted. The MBSP II has also effectively supported the promotion of ANC for pregnant women. It has promoted actions to prevent early or forced early marriage, teenage pregnancies and to combat GBV. However, the programme still faces challenges to ensure that the local and societal level actively promotes or conveys and takes-up these culturally and gender-sensitive issues and norms. The impact of the COVID-19 pandemic during 2020-2022 did not assist to address these issues.

External challenges

The key **external challenge** - that has affected the achievement or non-achievement of the programme results - was the onset of the **COVID-19 pandemic** and the necessary public health and societal response measures that this entailed during 2020 to 2022. This clearly had a negative effect on the delivery of the programme and the achievement of the intended results during this period, most notably linked to the Health, Education and Economic Empowerment components. Nevertheless, the components have since largely recovered trajectory and longer-term impact of the pandemic is no longer evident. However, the recovery of the enrolment rate in the twelve target primary schools to the pre-COVID level has been an exception and has not recovered yet. This is an issue across all primary schools in the District. It appears to be more a result of boys or males not being enrolled and not returning to school than it is for girls. Male youths, even of primary school age, were pushed to become engaged in income-generation activities, which became an attractive alternative to pursuing education, and have not since re-engaged in

formal schooling. More broadly, as noted above, the pandemic also negatively influenced the effectiveness of sensitization campaigns and messages to prevent early or forced early marriage, teenage pregnancies and to combat GBV.

However, **a positive result of the COVID-19 pandemic** is that the community has become more aware of the importance of access to good WASH facilities and practice, and that local leadership has become stronger in promoting the use of these WASH facilities and practices. The DWDO pushed to test the installation of reticulated piped water systems and Iceland has initially approved individual end-user tap access to ensure access to safe water supply in primary schools. As with COVID-19, the more recent **cholera** outbreak has also demonstrated the importance of safe WASH.

Other significant external challenges to the programme environment and its effectiveness include **cyclones and other environmental catastrophes**. Principally this relates to the damage inflicted by such events on physical infrastructures (including those supported under the MBSP II programme), even if these can be repaired. Most significantly, in 2022 tropical cyclones Ana and then Gombe significantly damaged a number of sanitary facilities (pit latrines and hand-washing facilities) at local community and household levels in the District. Furthermore, environmental catastrophes and damages to physical infrastructures (including roads and bridges), which significantly challenged the capacity of the District institutions to reach less accessible parts of Mangochi (like TA Makanjira or TA Namavi). Destructed roads and bridges create challenges for the finalization of programme outputs (e.g., the Makanjira Health Centre upgrade to EmONC or the provision of the maize mill to a women's cooperative), due to challenges to transport procurements already delivered to the District to hard-to-reach areas of Mangochi District.

3.4 PROGRAMME IMPLEMENTATION AND ADAPTIVE MANAGEMENT (EFFICIENCY)

How efficiently have resources been used? To what extent has the use of financial and human resources available to the programme between efficient, for donor and implementing partners?

3.4.1 PROGRAMME MANAGEMENT ARRANGEMENTS, PLANNING AND THE EFFICIENT AND EFFECTIVE DELIVERY OF RESULTS

Overall, the evaluator judges that programme management arrangements are appropriate. However, it is judged that the efficiency of the programme in its planning, implementation and efficient delivery and achievement of the intended results is only adequate, as reflected in the significantly extended timeframe necessary to complete programme implementation and the delivery of all key outputs. While the efficiency performance is overall rated as adequate, it is still assessed that all of the key outputs will be delivered before 2025. The construction of the Central Administration and Council Building Chamber dependents on securing funding from the MoLGRD.

As outlined in chapter 2.3.3., **Mangochi District Council implements the MBSP II programme activities** and is responsible for ensuring transparent financial management and adherence to public procurement rules and resource management. It is supported by a management and/or coordination team (e.g. District Health Management Team), as well as an overall MBSP II Programme Management Team (PMT). **Line ministries** in the relevant sectors can provide guidance to the District Council on various aspects of the programme. The **Embassy of Iceland**, to the extent possible, supports the District Council with technical assistance and via regular engagement and consultation linked to the Council's implementation of the programme.

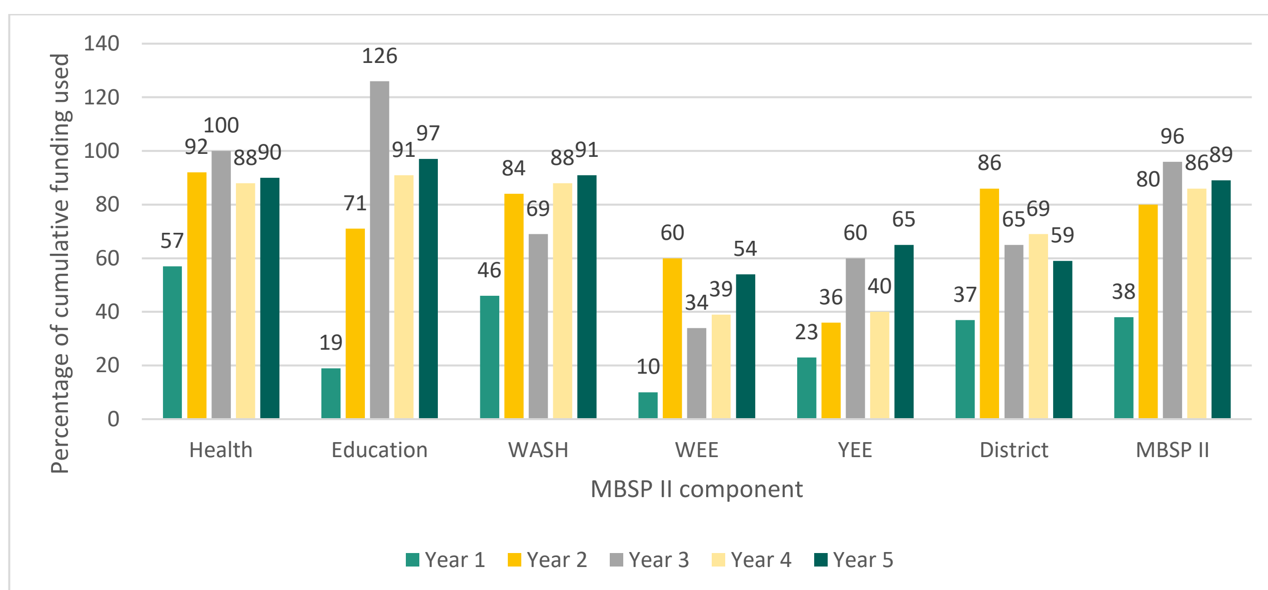
MBSP II programme rate of expenditure utilization

The rate of expenditure utilization for the programme overall and per component, compared to the available cumulative annual programme funding, is summarized below. It shows that **after a slow start in Year 1** of programme implementation, **the pace of deployment of programme funds has broadly**

performed well to ensure the efficient and effective delivery of the programme actions and outputs. Although the Economic Empowerment component has been less efficient and effective. The District Council component was challenged due to its largest deliverable being delayed.

At the end of Year 5 (2021/22), 97% of the Education component's cumulative funding was utilized, followed by 91% for Water and Sanitation, 90% for Health, 65% for YEE, 59% for the District, and 54% for WEE. Final, detailed and corroborated financial data for Year 6 (2022/23) was not available to the evaluator in mid-2023.

Figure 9: MBSP II utilization of the cumulative MBSP II funding per component (expenditure as a share of the available budget)



The **COVID-19 pandemic caused challenges for programme implementation during 2020 and 2021**, and significant socio-economic challenges for the population due to the restrictive, but necessary health and societal precautions put in place by the GoM to combat the spread of infection including the closure of schools.[46] Whereas the suite of COVID-19 response measures was progressively relaxed during 2020 and 2021, they were only fully lifted in 2022 after mass vaccination roll-out. Regardless of the necessary restrictions put in place, the implementation of public services was maintained. This included the District's implementation of the MBSP II programme as well as its implementation of Iceland's special support package for Mangochi in response to the pandemic. The **modalities for managing programme implementation and public service delivery were adapted** by the District to respond to the contextual changes arising, while still focused on the delivery of the intended results and objectives in the intent of the MBSP II programme framework.[47] **The COVID-19 pandemic context clearly caused efficiency constraints for implementation** of programme actions during Year 4, which resulted in the decision to extend the programme implementation period, initially up to 2023, later to 2025. Nevertheless, it is assessed that **the overall effectiveness of the programme in terms of the delivery of the intended outputs was not significantly negatively impacted as a result**, though some outputs are now scaled-back due to the need for the District to prioritize the remaining budget.

[46] Mangochi District Council received special support worth 125 million ISK from Iceland in order to coordinate and activate plans during the COVID-19 pandemic outbreak from 2020. The support and corresponding actions was implemented by the District Council over the period 2020 to 2022.
[47] The special COVID-19 pandemic support package provided to the District allowed the Council to address the specific issues and demands arising from the pandemic, in terms of a public policy response, without necessitating any significant alteration to the goals of the MBSP II programme itself.

MBSP II programme annual work plans and financial plans

The District Secretariat and District Offices assess that the programme annual work plans and financial plans are realistic and not overly ambitious, i.e. they assess that sufficient local capacity exists to prepare and implement the actions as planned. **However, the actual rate of programme expenditure utilization of funds indicates that the work and financial plans have often been too optimistic in terms of what can actually be delivered**. 38% of available funds, as set-out in the first annual financial plan, were utilized by the end of Year 1, rising to 80% for Year 2, 96% for Year 3, 86% for Year 4, and **89% utilization of cumulative funds at the end of Year 5**.

The District Secretariat notes that the main complexity for financial planning, including cash-flow estimation, links to works projects. There are fewer difficulties experienced for financial planning linked to services and supplies.

The only programme components that have achieved full deployment of available planned funding were **Health in Year 3** (100% of cumulative available funding) and **Education in Year 3** (126% of cumulative available funding). The fact that the Education component was able to utilize more than 100% of its cumulative available funding (due to the faster completion of delivery of outputs compared to the timeframe estimated in the annual plan), as per that estimated in the annual financial plans, is due to the pooled nature of the programme funds. Overall utilization of the cumulative available programme funding in Year 3 was still less than 100%. This demonstrates that **the pooled nature of the programme funds does bring benefits for overall programme management. It allows more efficient sectors to proceed if their pace of delivery of outputs is faster than initially foreseen**. However, it should also be noted that other components, such as Women Economic Empowerment, feel neglected and might remain with less resources than initially anticipated due to pooled funding. This limits their ability to realize planned outputs.

MBSP II programme public procurement, and the estimation of minimum procurement unit costs

The key efficiency constraint linked to the implementation of the programme in accordance with the annual work plans and financial plans arises connected to the achieved pace of public procurement and contracting.[48] This is the basis for the implementation of activities, delivery of outputs and thereby actual utilization of the funding. The District Offices are responsible for the preparation of procurement and contract dossiers, as well as for the subsequent supervision of contract implementation and delivery.

Procurement itself is undertaken by the specialist Department of Procurement in the District Secretariat. The Department of Public Works assists the District Offices with to their preparation of technical designs and supervision of public works infrastructure. **Linked to the undertaking of procurement and contracting, the programme supported capacity building of staffs via training** for the members of the District's Internal Procurement and Disposal Committee (IPDC), to augment their understanding of procurement processes and its regulation. However, **feedback from the District Secretariat/Offices points to a number of common issues affecting the efficient and timely process for undertaking of procurement and contracting**.

[48] There are two broad methods of procurement used in Malawi i.e., open tender (National Competitive Bidding), and Request-for-Quotations (RFQs). Open tenders take between five and eight months to complete: about 2 or 3 months for the Council and Embassy to develop and agree on bid documents, 1-month mandatory bidding period, another month or 2 for evaluation, Internal Procurement and Disposal Committee (IPDC) and Embassy approval processes, 3 months or more at the Public Procurement and Disposal of Public Assets Authority (PPDA), then 1 or 2 months at the Government Contracts Unit (GCU). RFQs can take one month to complete: 1 week to produce bid documents, 1 week mandatory bidding period, 1 week for evaluation, and 1 week for IPDC approval and Local Purchase Order (LPO) finalization.

- The District indicates that **procurements fully undertaken at District level are reportedly more efficient and more transparent** locally in terms of their announcement than are larger-scale procurements that are undertaken on behalf of the District at central level by the relevant line ministries. Procurement via the method of Request-for-Quotations is clearly more efficient to undertake, and is reportedly the main modality utilized by the District. The Health component has greater requirement than under other components to utilize the method of open tender (National Competitive Bidding).
- The **time taken in the process of preparation of procurement and contract dossiers by District Offices** (the user of the procured goods or services) is a key factor determining the ultimate efficiency of procurement processes. There can also be **challenges for the Department of Procurement to bring together the IPDC** (a quorum of seven people from the Secretariat/Offices) to meet and timely assess all evaluation reports prior to making final decisions on the subsequent award or contract process. The IPDC oversees all procurement and contracting undertaken by Mangochi District. The MBSP II is one of the programmes that the District implements, including its procurements.
- While the District Office directors are to ensure their relevant staff are informed about procurement processes and issues, it seems that **a cascading-training system has not been ensured**. The Department of Procurement, with limited staff, can assist Offices to understand specific issues or answer specific questions they may pose during their preparation of the public procurement tender or contracting dossiers. Although it does not have the capacity to provide formal trainings, it provides a 'checklist' on different procurement processes and requirements. **Regarding the IPDC training provided, participants did not receive training materials for reference at the end, only a certificate**.
- **The time taken for central government oversight of all procurement and contracting**. Sometimes a 'simple' process may take 1-month for a "no-objection" notification from the PPDA. For the recent procurement award decision on the Makanjira Health Centre upgrade to EmONC it took 3-months.
- Recognizing that MBSP II supports a sizeable number of **infrastructure builds and upgrades**, the process of preparation of technical designs (Architectural Designs and Bills of Quantities) by the District Offices for most public works actions is **supported by the standardized models and design specifications for construction needs issued by the line ministries**. This certainly assists in terms of the efficiency of the basic design. There is little room for any deviation. On the other hand, most of the public works under the Health component had to be either formulated from scratch or standardized technical designs at least revised, reflecting the specific needs and the size of each health care facility.
- In addition to the standardized models, **the line ministries specify the minimum estimated procurement unit costs for the materials necessary for the construction of the designs**. The technical design specifications and minimum unit cost estimates are all updated currently. Since the GoM decided in 2021 that all public works buildings should use cement blocks in their construction rather than baked/burnt-bricks, which has to be reflected in the unit cost estimates. **The purpose of the price-list for materials' unit costs is to establish an estimated minimum cost for the specific works to be undertaken and to announce these in the official public procurement process**. These simply guide the estimated minimum cost of a procurement. They do not set a specific benchmark as to actual costs.
- Notably, while the standardized models, design specifications and unit-cost estimates address the building above ground, **the principle issue as to the variability of each construction project is the terrain on which it is to be built**. Mangochi in many areas has sandy soil, which demands that deeper building foundations are needed for many public works in such terrain. This naturally **adds to the costs for public works projects in the District compared to the minimum cost estimates specified by the line ministries**. In addition, many raw materials necessary for infrastructure works are transported to the District over a long distance, which increases the transportation costs. Therefore, the bidder offer costs received during the procurement are always above the minimum set out.

Even **within Mangochi District, the cost for public works is variable dependent on the terrain and transportation costs**, for instance the cost of a staff house in the District varies from 26 to 35 million Kwacha.

- **The District is relatively well experienced with the planning, procurement and delivery of smaller-scale works and infrastructure projects now.** This comprises for example the construction of health posts, school blocks, boreholes etc., and works linked to infrastructure upgrades, such as the installation of water supply, electricity supply, sanitation and waste disposal facilities. **The District has less experience with the planning, procurement and delivery of significant large-scale works infrastructure projects**. This is one of the principal reasons for the delayed procurement processes linked to the two large-scale works projects of the MBSP II programme. These works projects include the Makanjira Health Centre upgrade to EmONC and the construction of the Central Administration and Council Building. It has taken the District some time, as well as encouragement from the Embassy of Iceland, to ensure that its internal capacities linked to the delivery of these infrastructure actions are suitably supported by external experts. These assist the District with the detailed design and procurement process preparation.

MBSP II programme contract and project supervision by the District institutions

The District Secretariat and Offices' **capacity for contract and project supervision, including an assessment of the quantity and quality of the outputs delivered under the contracts, this is generally effective** at the DHO, DEO, DWDO and DEHO, but weaker in regard the capacity of the DGO and DYO. The Department of Public Works supports Offices in their supervision and final acceptance of all public works and infrastructure projects, but its current staffing level limits their ability to fully supervise all stages of works beyond the minimum requirements that are established in the guidelines for public works. The DWDO highlighted that its contract management systems establish clear timelines and progress targets set for itself, for local communities (final beneficiaries and users) and for all contractors. This ensures a good level of supervision of contractor's delivery and of its quality, of local communities' inputs to support actions, and its own delivery of supervision of projects prior to transfer of the results to the local community. For the DGO and the DYO, their capacities to ensure full supervision of the women's and youth cooperatives that are supported under the MBSP II programme are primarily constrained due to limited funds for transport and their current staffing levels. In some areas, capacity of the DYO and of its coordination and communication systems is more developed than that of the DGO. To improve their capacity for contract and project supervision further, DHO staff highlighted the need for an improved contract and project supervision of construction sites of external contractors, because the quality differs. There are multiple reported cases where the quality of the provided infrastructure was poor, so that the sustainability of the infrastructure was constrained (e.g. washing basins falling of walls in newly opened health posts or flooring crumbles quickly in the maternity wing of the district hospital). There is a need to improve the monitoring and quality assurance system of construction projects in the health sector. This requires additional staff, transport funding and/or remote M&E mechanisms, because the infrastructure sites are distributed across large distances in Mangochi District.

MBSP II programme administrative and overhead costs

The **District Secretariat and District Offices are all under-staffed** in comparison with need and in many cases in comparison with the official number of postings foreseen. Therefore, the District's direct management of the MBSP II programme, including its financial management and accountability for the use of public funds, clearly places an additional burden on the District. Nevertheless, **the District Secretariat and District Offices all point to the positive benefits that they obtain due to taking on direct responsibility for management and implementation of the programme**. They receive support to further develop and strengthen institutional and operational processes and staff skills linked to undertaking programme technical and financial management, monitoring and reporting. This helps the District not only to management the MBSP II programme but also its wider portfolio of programmes. The direct management and implementation of the programme also generally ensures a better level of efficiency of

supervision of contractors and the resolution of any issues than programme management by central government or by a donor partner located in Lilongwe. Direct management also generally ensures a better level of efficiency in the building of local community ownership.

Relating to the **administrative and overhead costs linked to the programme, at District level** the costs are predominantly linked to staffing for management, plus transportation and logistical costs linked to programme implementation, technical and financial monitoring and supervision. Concerning staffing, the **MBSP II Programme Management Team** (PMT) consists on average of 20-25 people. The vast majority of these people also undertake other programmes and activities within the District institutions. The **MBSP Accounts Team** is the only unit fully dedicated to the MBSP programme. It was established in 2019 under the direction of the Department of Finance to ensure a consolidated financial reporting framework for the overall programme funds across sectors which is in line with the GoM Integrated Financial Management Information System. All partners agree that this has improved financial reporting. In addition to members of the PMT, staffs in the District Offices are also involved in programme implementation, within their wider job responsibility. Ultimately, the costs for the District's permanent staff are absorbed within its overall staffing framework. The **MBSP II programme has provided temporary support for human resources** within the Secretariat and the Offices, including for the recruitment of new staff. This funding support for staff took place in the context of the overall staffing framework and based on the understanding that the staff temporarily supported via MBSP will be fully absorbed within the District framework. In addition, MBSP II has supported the procurement of the means of transportation for the District Secretariat and Offices, which are also fully absorbed within the District framework in terms of costs. Due to funding constraints for maintenance and fuel, multiple MBSP II-funded modes of transportation, like motorcycles or ambulances, are no longer functional or in the case of many ambulances work the first one or two days a month only.

The programme budget specifically allocates funding to cover specific operational costs. **The operational funds cover the on-going technical and financial monitoring, supervision and formal reporting on the MBSP II programme**. This includes the holding of regular meetings by the District with different stakeholder partners, the conduct of annual external audits and the evaluation of the programme. The budget allocated to **operational costs represents approximately 0.49% of the total programme budget**.

As for other **administrative and overhead costs** linked to the programme, some are directly borne by the **GoM line ministries** that are involved in the monitoring and steering of programme implementation. The MBSP programme is merely one of many issues that fall within the framework of the line ministry staffs, so the costs associated specifically with MBSP are not significant, although will be more so specifically for the MoLGRD, which is party to the tripartite partnership agreement on the MBSP programme. The District Secretariat and Offices reported that they are suitably supported by the line ministries. They are receiving guidance on national policies, standards and priorities or feedback on the development of local strategies for example.

The **Government of Iceland's administrative and overhead costs linked to the programme** fall within the wider framework and work agenda of the MFA and Embassy of Iceland. Even though the MBSP programme has been the MFA/ Embassy's most significant single investment in Malawi over recent years, it is only one of its overseen programmes, projects or contributions. The Embassy staffing level is not substantial, but it ensures an efficient level of supervision, oversight, and dialogue with partners and stakeholders linked to the MBSP programme as well as its wider portfolio of actions in Malawi. The Embassy also ensures regular reporting on the country programme performance to the MFA (HQ).

Overall programme management arrangements and key outstanding programme issues

Overall, it is assessed by the evaluator that the programme management arrangements are appropriate and that **management has broadly been efficiently undertaken by all partners. Although there have been weaknesses at the District level in terms of the planning** and the efficient and effective delivery of results. Many of these stem from over-ambitious assumptions linked to the time necessary to ensure

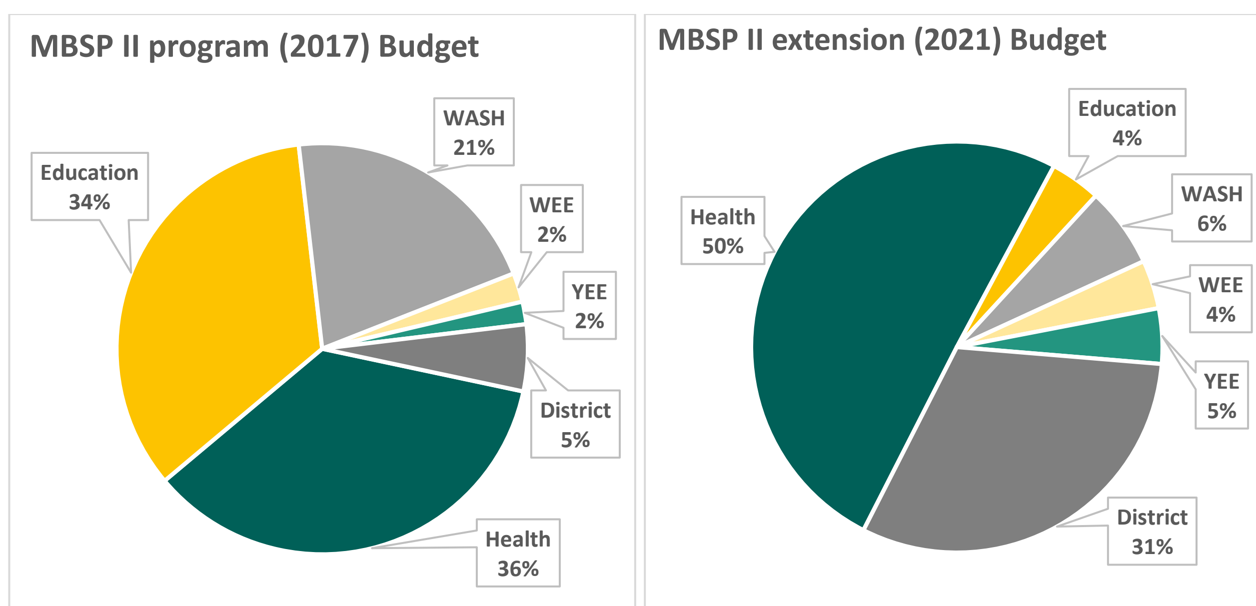
preparations for and the successful completion of public procurement and contracting, notably for large-scale infrastructure works. Additionally, these stem from the level of under-staffing experienced across all of the District institutions as well as transportation challenges to reach more remote communities, which is necessary to efficiently and effectively engage with local community structures and groups and to conduct sensitization campaigns in remoter areas. The COVID-19 pandemic contributed to the efficiency challenge, but it has not substantially affected the overall effectiveness of the programme. The pandemic mainly just delayed the achievement of certain outputs and the wider results.

As the MBSP II programme enters into its seventh year of implementation (2023/24) that now runs up to 2025, the **key outstanding issues that are still to be delivered by the programme relate to:**

(1) the completion of health service infrastructure under programme focus area 1.1 (notably linked to the Makanjira Health Centre upgrade to EmONC),
(2) the construction of the Central Administration and Council Building under focus area 5.1,
(3) to further improve take-up of the offer of improved sanitation facilities under focus area 3.3, as well as
(4) the provision of supports for completion of the women's and youth economic empowerment projects.

The Education and the Water components have efficiently implemented their actions. The share of the programme budget for these components, at the time of the extension of the programme in 2021, has significantly declined compared with the situation in 2017 when the programme was launched.

Figure 10: MBSP II programme budget per programme component (as a % of total programme budget)



3.4.2 PROGRAMME MONITORING AND EVALUATION, OVERSIGHT, STEERING, AND RISK MANAGEMENT SYSTEMS

Overall, the evaluator judges that the programme monitoring, oversight and steering functions have broadly been satisfactory. Although they have been primarily very much focused on the outputs delivery to ensure these are in keeping with the Programme Document, rather than supporting steering towards the medium-term perspective linked to the achievement of the direct outcomes.

The programme monitoring and evaluation, technical and financial reporting, risk management and technical and strategic oversight and steering systems and processes are defined in the MBSP II Programme Document, as well as the tripartite partnership agreement between the District Council, MoLGRD and the

MFA of Iceland. In addition, the District and the Embassy have agreed a set of MBSP II Financial and Operational Procedures.

MBSP II programme management, coordination, monitoring and supervision structures

The programme management structure consists of a **Partnership Steering Committee** (PSC) that provides oversight functions, including the strategic assessment of programme progress, risks and mitigating actions to overcome bottlenecks. In addition, the **MBSP II PMT** is established within the District Council comprises senior members of the Secretariat and District Offices. The PMT is supported by sectoral Management Teams to ensure a coordinated approach in the timely management, implementation and delivery of the programme.

In addition to the formal oversight of the programme undertaken bi-annually by the PSC, members of the PMT, the Embassy of Iceland and interested line ministry partners have undertaken formal quarterly supervision visits to visit programme activities on the ground. The meetings are reportedly reasonably well attended in terms of participants. The District also undertakes formal programme review meetings with local stakeholders in Mangochi, including with the District Executive Committee, ADCs and tripartite partners.

Implementation **monitoring, formal reporting and oversight steering mechanisms** have broadly been adhered to in line with expectations. Due to the COVID-19 pandemic, there was an obvious reduction in the number of in-person monitoring and supervisory visits and review meetings in Years 4 and 5 of implementation. A closer monitoring of implementation and infrastructure quality is currently not conducted. There are reported cases, that this reduced the sustainability, due to delayed detection of interior quality of infrastructure works or procurements of external contractors.

MBSP II programme technical and financial progress reporting

The key stakeholder partners (Mangochi District Council and the Embassy of Iceland) **judge that the formal progress reporting on the MBSP II programme has improved over the recent years**. The efficiency, timeliness and quality of the financial reporting enhanced. The technical progress reporting somewhat improved as well, **although certain weaknesses remain in terms of the availability of up-to-date technical progress data as compared to the MBSP II programme results framework**. It is also evident to the evaluator that the MBSP II annual progress reports at times provide inconsistent data on the reported results across the progress reports. **Detailed information is not consistently provided in the progress reports on the number of persons directly connected with** via the programme, such as persons trained or engaged with at local community level. However, **there has been an improvement in terms of the extent of gender-specified data provided in the MBSP II annual progress reports**. The MBSP II programme outcome indicator - **result based management of MBSP II confirmed satisfactory** in terms of the M&E system reports provided (quarterly and annual) - **was achieved at 60% in Years 1 to 5**.

The on-going support to finalize the **development of the District's M&E systems** and provide subsequent training for Secretariat and District Offices staffs on the MIS is anticipated to ensure greater efficiency in the technical progress reporting data-collection and collation processes. It also provides potential to ensure greater reliability of the data-set in terms of the final historic data for outputs and outcomes. In addition to supporting improved result based management and technical progress reporting of MBSP II, the development of the District's M&E systems will also serve to promote greater efficiency in data-collection and reporting by the District across its portfolio of programmes (national, district and donor programmes). The District currently has challenges to efficiently manage its reporting to each donors' very specific needs.

Risk management and mitigation

In terms of the programme **risk management assessment and mitigation planning** systems, while risks have usually been identified by the District in the context of the annual progress reports (in terms of key challenges to be overcome), the proposed mitigation measure solution is not always specified. These solutions can at times be somewhat banal, such as the timely implementation of activities or timely intervention. As noted in terms of programme relevance and the assessed quality of the Programme Document, the programme risks and the corresponding mitigation measures identified in the Programme Document are generally defined in broad terms (e.g. inadequate funding of recurrent costs and salaries, shortage of human resources or high turnover of staff, District procurement management). **It is not obvious that a substantial risk management assessment has been conducted, which is linked to the intended programme results and longer-term outcomes' sustainability.**

External audit reports

Concerning the District's **management of the programme funds**, in adherence to financial management and public procurement rules and standards for the management of public funds, external audit reports have been conducted annually. A common area of weakness relates to the issue of non-availability at the time of the audit of documentation linked to the procurement, contracting and financial payments processes. The District anticipates its documentation system will be improved within the context of the construction of the Central Administration and Council Building (including construction of the Finance Office and Data Chamber).

3.5 PROSPECTS FOR THE MAINTENANCE AND CONTINUATION OF THE PROGRAMME BENEFITS (SUSTAINABILITY)

To which extent are benefits of the programme likely to continue after donor funding has been withdrawn?

3.5.1 PROSPECTS FOR THE SUSTAINABILITY OF THE PROGRAMME RESULTS AND BENEFITS

Overall, the evaluator judges the prospects for sustainability of the results and benefits after the end of the programme as satisfactory. Although, there are some challenges linked to the sustainability of the Sanitation and the Economic Empowerment results, and potentially in the longer-term also for Water.

Overall, the **prospects for the sustainability and continuation of the delivery of the programme results and benefits after the end of the programme is generally assessed to be positive, although not entirely assured across all of the focus areas and interventions supported**. Prospects for the sustainability and the continuation of the results benefits of the Sanitation component and of the Economic Empowerment component is somewhat more variable and thereby more challenging to achieve. Also, with exception of the consideration of basic funding streams to support operational maintenance and repairs, it is not evident to the evaluator that any substantive planning has yet been undertaken - with exception of the Water component - to assess wider issues of the programme's sustainability, or to establish plans for it by the programme's end. *[The evaluator's assessment of steps the District might take to strengthen sustainability of the MBSP II results and benefits during the remaining programme implementation period is provided in section 3.5.3 below.]*

The **key determinants that influence the prospects for the sustainability and continuation** of the delivery of the programme results and benefits after the end of the MBSP II programme are the following.

- The extent of **local ownership of the results and benefits**.
- The extent that the **results and benefits are in line with local perceptions of needs and solutions**.
- The extent of **local capacity to continue operation and maintenance** of the systems and interventions, **including financial and technical capacity to ensure operational sustainability**.

Local ownership of the programme results and benefits

The **extent of local ownership** of the programme results and benefits **is assessed to be generally very strong both in terms of ownership at the District Council and its institutions and at the level of local communities, and the final beneficiaries** and users of the local basic public services that they seek to access. For the District, the results and benefits that are delivered are fully in line with the District's strategic and operational plans and programmes - the MBSP II programme and finances are fully "on plan, on budget". The District has directly managed and undertaken the prioritization and geographical location of the specific interventions supported under MNSP II to generate results and benefits. The **continued relevance of the programme results and benefits to the District** is affirmed in the context of the new DDP for Mangochi that reportedly provides a continued strategic focus on improving access to local basic services.

The District follows a standard decentralized model for engagement and consultation with local community structures and groups to **develop local community ownership** of the results and benefits. Initially, the District engages and consults with local communities (or at least their representatives) in local development planning to identify local needs and priorities, then in the planning of specific programme actions, its implementation and subsequent take-up and utilization of the results and benefits by local communities. The household survey findings show that there is a high level of involvement of ADCs and VDCs in prioritization and planning. For example, they have been are involved in selecting sites for new education facilities. When it comes to the individual level, the interviewed households do not feel adequately involved in identifying local development needs. Approximately 70% of the households report that they have never been consulted. The local community structures are supported to build capacity for the operation and maintenance of the direct results and benefits. The promotion of local community ownership and take-up of the results and benefits is also enabled via the interventions linked to awareness-raising and sensitization campaigns so as to inform local communities of the societal and individual benefits offered (such as the promotion of ANC services to pregnant women in the first trimester, or of girl-child education). Additionally, the Village Scorecard approach enables local ownership and take-up of the results and benefits.

Overall, the level of local community ownership of the results and benefits achieved by the programme is strong. However, there are challenges linked to the level of local ownership of the programme's direct results and their take-up. Under the Water and Sanitation component, the lower than anticipated level of interest of private sector actors (shop owners and local masons) to commit to engage in supporting local community take-up, operation or maintenance of WASH facilities across the life-cycle of the facilities. Under the Economic Empowerment component, the incomplete process of procurement by the District of goods and supplies for a minority of the WEE and YEE business groups has tested their longer-term expectations. The delays in procurement frustrated some members of women's cooperatives, causing them to leave the cooperatives.

Alignment of the programme results and benefits with local needs

The alignment of the results and benefits with local perceptions of needs and solutions is overwhelmingly demonstrated in the take-up of the basic services that have been developed. The results and benefits thereby flow to the local communities accessing the improved services, be it a health centre, health post, primary school, safe water supply, or a community-based safe sanitation facility. Overall, the MBSP II programme has supported the development of 50 Health Care facilities (incl. hospitals, health centres, health posts, and dispensaries), two Early Childhood Development Centres, two Special Needs

Education Centres, twelve Primary Schools, eight Piped Water Systems, 338 new Boreholes, 183 rehabilitated Boreholes, 176 Protected Shallow Wells, and four Sanitation Marketing Centres. The basic services provided do respond to local needs. Furthermore, the programme has successfully both improved access to and the quality of such services as well as the capacity of local actors to manage the services. The MBSP II **Beneficiary Household Survey results also demonstrate the overall positive response of local communities** to the improved basic services provided, in terms of local satisfaction with the services. For example, 71% of respondents are satisfied with the access to health services and 69% are satisfied with the quality of health post infrastructure. While 97% of respondents were satisfied with the quality of health education and antenatal care (both). Similarly, 96% of the interviewed households are satisfied with the quality of the new education facilities (incl. classroom blocks, toilets, teacher's houses) and 91% are satisfied with the availability of toilets at schools. Moreover, 93% of the interviewed households are satisfied with the distance to the water source.

The only area in which the programme appears to struggle to secure local community take-up of the results and benefits is connected with pace of take-up of improved sanitation facilities at local community and household level. Most of the interviewed households (85%) are aware of the CLTS approach and its importance. However, the programme has developed an approach presently offered for take-up of sanitation facilities, which is not aligned with local perceptions of a solution. This is **due to the costs that are incurred at household level** for the construction and installation of a safe and improved sanitation facility, built to the appropriate minimum quality standards (such as use of cement). The programme did trial a system of providing a minor subsidy to promote take-up, but this has now ceased. The DEHO is presently trialling an alternative model for the transfer of minor-scale supports to local masons to promote take-up at local and household level. It is too early to assess if this will boost take-up. It is evident from feedback provided to the evaluator that the costs associated with the construction of improved sanitation facilities is also greatly influenced by the terrain for the build or installation. In terrains with greater extent of sandy-soil, the construction needs (including use of cement) are more demanding and thus costly. If the take-up of improved sanitation remains low, there is a risk that the achievements linked to promoting take-up of the CLTS and ODF-free approaches may not be maintained in the longer-term, which may risk the sustainability of the programme.

Local technical capacity to continue operation and maintenance of the results and benefits

The capacity of the District Council and its institutions to sustainably continue operation and maintenance of the systems and the interventions to deliver the results and benefits is assessed to be good, notably in terms of its technical capacity and largely also so in terms of its financial capacity.

Related to their **technical capacity**, the **District Offices are**, to varying degree, **embedding the programme's results and benefits into their institutional systems and operations**. For example, this includes the range of different MIS developed and further operationalized (to support the monitoring of local services delivery, as well as feed into future decision-making), or the DEO or DWDO's strengthened capacity to provide in-service initial and refresher trainings for staffs in-house. It is also reflected in the adoption of key strategic documents to guide the implementation of gender and of youth policy for WEE and YEE actions by the DGO and the DYO.

The **technical capacity of District extension workers** has also been strengthened as a direct result of the programme in terms of training and skills development as well as, in part, also logistical supplies (e.g. bicycles). Equally, the **technical capacity of staffs** working in the local health facilities and the twelve target primary schools has also been improved as a direct result of the programme. These are sustainable results that continue to be utilized to provide wider benefit. The DEO reports a number of the target primary schools have taken it upon them the continued provision, in-house, of the trainings for local committees (e.g. Mother's Group). The MBSP II has also strengthened the **technical capacity of local community partners** to be involved in the operation and maintenance of the results and take-up of the benefits, for example that of Safe Motherhood Committees, Water Point Committees, School Management Committees, and Parents Teachers Associations.

MBSP II Household Survey respondents (90%) report improved performance of School Management Committees and Mother Support Groups, which have played an important role in school reintegration of girls that got pregnant. In addition, 86% of the interviewed household reported their satisfaction with the Water Point Committees. Village mechanics have been trained to maintain installed water facilities (mainly boreholes) and survey results show that these village mechanics were able to repair broken boreholes in most cases (60%). The satisfaction rates are even higher for the performance of local health staff, 93% are satisfied with the attitude of Health Surveillance Assistants and other health personnel and 92% with the performance of Health Surveillance Assistants.

The **principal risk in terms of the longer-term technical capacity of District institutions and staffs**, including extension workers, to sustainably operate and maintain the interventions **relates to its capacity to ensure periodic, but regular, engagement with local community structures and partners**, notably in the remoter areas of the District. This specifically relates to areas that are subject to seasonal inaccessibility issues. This is primarily an issue of the level of under-staffing that the institutions face, and of transportation costs. The DHO highlighted a continued need for training and refresher training to keep these local community structures, like Safe Motherhood Committees and Village Health Committees operational and the people motivated. The DHO cannot ensure this on their own, due to limited funds for transport to send their staff to remote communities. This constitutes a large risk for the continued operation and sustainability of local community structures for community mobilization or sensitization measures. A need for a sustainability strategy arises to ensure the continued operation of these vital local community structures.

Local financial capacity to continue operation and maintenance of the results and benefits

The **financial capacity of the District and local community partners** and final-users of the basic services to ensure sustainable operation and maintenance of the systems and the interventions to deliver the results and benefits after the end of the MBSP II programme **is assessed to be positive. It is expected to be mainly positive over the medium-term although in some areas potentially more challenging over the longer-term**. Financial sustainability linked to the basic services developed is primarily to be assured by the District Council, most notably those under the Health and the Education components, as well as via **local funds to support the operation and certain maintenance of the individual facilities**, e.g. local school fund or local WPC fund.

Regarding **local funds**, the School Maintenance Fund is reportedly generally adequate for small-scale repairs, and WPC funds (from user-charges) are also adequate in terms of necessary repairs over the medium-term. However, the DWDO did highlight the potential risk for longer-term sustainability of some WPC funds to cover necessary repairs that may occur when boreholes and water supply systems and pipes age with time. Boreholes have an estimated life-span of 20-25 years, their piping of 10-years, and key-parts of 5-10 years. In addition, the survey results show that 57% of the interviewed households perceive their water-facility maintenance fund insufficient to maintain the borehole. Unless user-charges are increased, some WPCs may struggle to cover longer-term repairs and replacement of parts. Some interviewed households reported a lack of transparency and accountability with regard to local fund management and use (**education and water**). For example, 25% of the households report that they are unsatisfied with the water maintenance fund management. Under the Sanitation component, a key deliverable as a local solution is the construction of public toilets at the beachside in TA Lulanga, which are fully operational and managed by the local community as fee-paying facilities for the beach-users in the context of promoting the ODF approach in TA Lulanga.

With regard to the **Health** component, there are instances by which local communities have felt the necessity to raise local funds to ensure greater security at facilities, e.g. to prevent damage or theft of boreholes or solar power parts. The DHO highlighted the challenge to identify sufficient funds to continuously maintain means of transportation, like ambulances, motorcycles or bicycles, which is frequently required due to poor road conditions. In addition, the continuous operation of the ambulances required more fuel than the District could fund, so that most of the functioning ambulances are only operation for 1-2 weeks a month. A need for sustainability plans for the continuous operation and maintenance of

means of transport arises from for any planning phase of future investments in any means of transportation. In addition, the household survey results show high dissatisfaction with the performance of village health clinics[49] where these exist (82% of respondents). In total, the MBSP II established 60 village clinics, but most of these are not functional (60% of those village clinics in survey areas). The village clinics would need additional qualified health personnel (like HSAs and backstopping support via medics) and an improved management and availability of drug supplies to become operational.

Under the **Economic Empowerment** component, the supported women's and youth business groups and individual youths receiving vocational skills development support to establish a business are responsible to ensure the immediate utilization and longer-term sustainability of any benefits that they may have obtained. It is apparent that foreseen programme supports to certain of the women's and youth business groups is not yet fully delivered, and that supports to individual youths to complete the process of business registration is still to be fully achieved. It is also apparent that two of the youth business groups have been successful in accessing additional funding for their business development via AGCOM - two women's groups await a response.

As for the **capacity of the District Council to provide financial sustainability** for the operation and maintenance of the results and benefits, primarily this **is determined by the annual provision of transfers from central government** to the District for Personal Emoluments, Other Recurrent Transactions (ORT) and under the General Resource Fund. In addition, there are transfers in line with the provisions linked to a range of individual sectoral funds, such as for the Education Sector, Health Sector, District Development, Gender, and Water, and transfers under the Constituency Development Fund (allocated to projects by elected District political leaders). In addition, the District also collects **locally generated revenues** (such as property rates, income from market establishments, fees and service charges), but these are only a small proportion of the District's total budget. Finally, the District is also a recipient of **development partner and donor support**, including via the GESD project.

In principle, the central government transfers to the District should ensure the financial sustainability of the operations and maintenance for the Health and the Education infrastructure developments, including staffing costs, while for Water the transfers support the installation of new supply and other substantive rehabilitation. For District institutions, staffing levels and salary payments are covered via transfer for Personal Emoluments. **Mangochi District institutions and local facilities are under-staffed and face difficulties to recruit adequately skilled staff**, despite having theoretical authorization for higher staffing levels. This is a long-term issue. While the central government undertakes transfers via a range of individual sectoral funds, feedback from the District indicated that the provisions linked to the funds are not standard in terms of the actual extent of fiscal decentralization that is offered. In some cases central government line ministries continue to control key aspects of local decision-making regarding the use of funds. However, **the line ministries have partially shifted over the most recent years to pilot models of greater fiscal decentralization and decision-making in selected districts. Notably this was piloted for public service infrastructure operational costs and maintenance**, for instance via the School Improvement Grants made available to individual public schools on the basis of a School Improvement Plan.

The MoLGRD has indicated a strong interest of the GoM to build on the lessons arising from the recent piloting of models for delivering greater, **fuller fiscal decentralization to the district councils**. This suggests that there is a good level of political will to move forward on the national decentralization agenda in year 2023/24, prior to the on-set of the next round of national elections in 2025. **Measures linked to the Public Sector Reform Programme are anticipated to be considered by Parliament in 2023**. This, if achieved, would significantly boost the capacity of the District to prioritize its available budget transfer from central government for the operation and maintenance as well as the further expansion of all key local basic services as it sees fit, in line with need. Equally, via the GoM-World Bank

[49] Despite the District having a good number of health care facilities, these do not cover most hard to reach areas within the District in terms of ease of access to health services. The DHO is trying to compensate the situation by the establishment of Village Clinics in such areas to offer integrated management of childhood illnesses.

GESD project the award of performance based grants are disbursed to district councils based on the Local Authority Performance Assessment (LAPA) results. This grant is available to districts to utilize in line with need to supplement the District Development Fund (DDF).

Sustainability prospects per MBSP II programme component

Feedback provided by District institutions as to the sustainability prospects highlighted the following issues.

- **Health** - Sustainability will mainly be assured by and is dependent on central government transfers for the operation and maintenance of public health care services, including the maintenance of equipment, buildings and vehicles, as well as the costs for health service human resources. The District is confident that sustainability of the MBSP II programme results and benefits will be assured at an institutional level by the DHO as well as at the operational level of the specifically supported health care facilities. This will cover the operation and general maintenance of the existing facilities, developed via the programme, but the further upgrade of health care facilities' physical infrastructure and equipment will be dependent on the Ministry of Health for the approval of funding and/or via the support of donor partners. From the perspective of the District, the greatest risk to sustainability of the results and benefits is the limited staffing level to ensure that health services are available to local communities. This is certainly more challenging to ensure in the remoter parts of the District, such as at village health clinics. A further significant risk to sustainability relates to the actual capacity of the DHO to ensure the maintenance, repair and full operation of its fleet of ambulances for the patient referral system, notably due to the limited budget for fuel and regular repairs. The DHO also faces challenges to revisit and offer refresher trainings to SMCs and VHCs to keep these motivated, updated and generally functional in their operations to inform communities about necessary health service seeking behaviour and sensitization campaigns.
- **Education** - Sustainability will mainly be assured by and is dependent on central government transfers for the operation and maintenance of public education services, including the maintenance of equipment and buildings, as well as the costs for education service human resources. The modality of schools defining a School Improvement Plan as the basis for subsequent allocation of School Improvement Grants is reported by the District to work well and can support issues of school maintenance and small-scale further upgrades to facilities to create an appropriate educational and learning environment. In addition, schools are also supported via the smaller-scale, locally raised School Maintenance Fund. At Chimbende Primary School, local funds were used to repair the cement pillars of a newly constructed school building with locally-procured and cheaper cement bricks. At the same school, the new glass windows of the classrooms for students with special needs were broken as well and not repaired locally yet, while all windows holes using metal-only were still functional. Only one of two classrooms for students with special needs was used, because of limited funds for a second special needs teacher (see Annex 21.2). This shows that local procurement of locally available, affordable and durable material is important to strengthen the sustainability of infrastructure sites. As for the sustainability of the ECD services, the DSWO is optimistic that the increased level of interest in this area from central government in the recent years will lead to increased funding provision to support the operation and maintenance of ECD services. But, prior to this, sustainability of the ECD services will mainly be ensured by the local communities raising sometimes very limited funds and via care-giver volunteers (see Annex 21.2). The physical infrastructure of the two ECD centres developed via the MBSP II programme are located so as to be linked to two of the supported target primary schools, thereby their sustainability is assured.
- **Water and Sanitation** - Sustainability of the water infrastructure is primarily a matter for the local WPCs. It was also assessed by the DWDO in the context of the MBSP Infrastructure Sustainability Assessment Survey. While the DWDO is confident that local funds are adequate over the medium-term to ensure operation and maintenance of the facilities, some WPCs may be challenged over the longer-time life-span of the water facility. The low level of interest of private sector actors (shop owners) to stock or have access to key-parts and larger-scale repair materials, as opposed to simply

stocking goods for small-scale repair, will also place challenges for the longer-term sustainable operation and maintenance of the facilities. Spare parts and materials not available locally will instead need to be transported into the District, which increases costs. Sustainability of the sanitation facilities infrastructure is primarily a matter for the local communities and households (the final-users of the facilities), which will cover costs for operation and maintenance. Additionally, sustainability of the results and benefits of the programme, and their further take-up at local level is supported by increased awareness of local communities of the need for access to safe WASH facilities and approaches, including the use of the CLTS and ODF-free approaches. The DEHO has recently conducted ODF-free community sustainability follow-up verifications targeting 400 villages in three TAs, to confirm that these maintain ODF-free practice. Nevertheless, take-up of improved sanitation facilities built to quality standards (rather than sub-optimal builds that many households with access to sanitation utilize) has been challenging for local communities and households due to the up-front costs they incur to build an improved sanitation facility. Further effort is required on the part of the DEHO to create a cost-model for the marketing and take-up of facilities.

- **Economic Empowerment** - Sustainability of the supports provided to women's and youth groups, including for the skills development of individual youths seeking to form a business enterprise, is determined on the individual groups and persons. As noted above, some of the business groups have also accessed additional financing to promote their group enterprise business plans. For sustainability of the results and benefits to be assured more widely, it is necessary that the DGO and the DYO complete the delivery of goods and/or supplies to all of the intended women's and youth groups. Additionally, the DYO should continue to support individual youths seeking to form a business enterprise, including in the registration process by filling and submitting required official documents. Furthermore, recognizing that the WEE and YEE actions are to pilot support delivery mechanisms and approaches, it will be essential for the DGO and DYO to exchange with each other and to learn the lessons of the pilots. This will be a basis for future scaling-up of support interventions for women and youth economic empowerment, as per their now adopted WEE and YEE strategies, that were developed as key results under MBSP II programme.
- **District Council** - Sustainability will mainly be assured by and is dependent on central government transfers for the operation and maintenance of the District Council/Secretariat services, including the maintenance of equipment and buildings, as well as the costs for the Secretariat human resources. Sustainability of the results and benefits of the programme is also assisted in terms of the efforts being made by the District to enhance its local revenue generation streams as a means to boost the total revenue and resources available for the District Council budget. The current efforts by the GoM to move ahead on the national decentralization agenda, including more significant fiscal decentralization, will also help the District to sustain the results and benefits in its implementation of its development plans.
- **Overall**, the **District institutions are confident they have the technical and (partially) financial capacities to ensure sustainable operation and maintenance** of the MBSP II results, but they are aware that it will be challenging to ensure this completely.

3.5.2 FACTORS SUPPORTING OR HINDERING THE SUSTAINABILITY OF THE RESULTS AND BENEFITS

The evaluator highlights the following **key factors supporting or hindering the sustainability of the programme results and benefits**.

- **Alignment of the MBSP II programme with national and local policy and strategic plans** - MBSP II is fully aligned with national and local policy and development plans, and is implemented by the District "on plan, on budget". This is a significant factor supporting the sustainability of the results and benefits. The District leads on the prioritization of interventions and the selection of specific locations. This ensures that local ownership of and commitment to the results and benefits is very strong. The results and benefits of the programme remain to be relevant to the District over the longer-term.

- **Alignment of the MBSP II programme with the needs and priorities of local communities and final-users** - The programme results and benefits are aligned with the priorities of local communities as to the need for improved access to basic public services, such as health care, basic education, safe water and sanitation, economic opportunities, and a responsive local government held accountable for the delivery of local basic services. This is a significant factor supporting sustainability of the results and benefits and their continued use.
- **The holistic approach of the MBSP II programme and overall coherent package of supports provided** - The programme has provided an effective package of interventions to assist take-up of results and benefits by local communities and households. This includes promoting the local development of basic services, targeting a range of specific service facilities for physical infrastructure works, equipment supplies, capacity building of District, local community structures and groups, and conducting sensitization campaigns. This has ensured that substantive progress has been achieved to improve basic service provision and to generate real socio-economic benefits for local communities in the target programme areas.
- **The level of engagement achieved by District institutions** - The engagement with local community structures and partners boosts local capacities and promotes development. Although a periodic level of engagement with local community structures and partners is evident, the efficiency and thereby in part also the effectiveness is somewhat challenged by the level of under-staffing across the District, notably for extension workers, as well as the constraints often experienced to reach remoter areas. Feedback from the District and from local communities provided to the evaluator affirmed the importance to ensure that the District is capable to provide regular refresher training courses for partners and local structures, as well as the need to ensure a greater frequency of sensitization campaigns. District offices highlighted funding constraints for conducting refresher training and local sensitization campaigns.
- **The extent to which the District institutions have sought to learn lessons and identify good practice** - Overall, with exception of the DWDO and more recently also the DEHO, it is not evident that the District has made any substantive effort to learn lessons and to share good practice linked to the implementation and take-up (or not) of the MBSP II programme results and benefits. This is a weakness insofar as it does not support knowledge learning to guide future scaling-up of similar interventions. The MBSP II programme has provided support to the DHO, DEO and DEHO to undertake research projects and ensure their dissemination. However, the District Offices were unable to highlight specific operational reforms that have been adopted as a result.
- **The extent to which District institutions have sought to plan for sustainability prior to the programme end** - With exception of the DWDO, it is not evident that the District has made any substantive effort yet to plan for the sustainability of the programme results and benefits. Overall the expectation of the District seems to be one that (i) central government transfers are provided and required to sustain the operation and maintenance of key public sector services, and (ii) that development partners may also be willing to support the District, in areas the partners' wish to support, to boost available funds. While these expectations may individually or even collectively prove to be right, there is no certainty and no specific evidence of planning. From the perspective of the development partner financing the MBSP II programme (Iceland), there is justifiable concern as to both the medium-term and longer-term sustainability of its investments in Mangochi District after the end of MBSP II programme.
- **Limited guarantee as to the annual stability of or the adequacy of the budget available to the District** - The key challenge or risk hindering the sustainability of the MBSP II programme results and benefits is the lack of a clear medium-term perspective for the annual budget of the District Council. This would ensure a reliable estimation of future revenues available to it for its enactment of local development measures and the provision of basic services delivery and improved access to and quality of the services. The line ministries consulted by the evaluator attested to the constraints that they experience also in undertaking medium-term budget planning. The annual budget available to them is based on the variables of the public finances of the GoM and its allocation as well

that of the decisions of development partners as to the priorities, programmes and potentially specific districts for support. After parliamentary adoption, the GoM and MoLGRD envisaged to enact steps to boost the pace of fiscal decentralization in Malawi. Even though this is very positive in terms of strengthening local decision-making on the allocation of funds, it will not necessarily provide a clear and reliable medium-term perspective for the budget of the District Council or for medium-term budget planning.

- **Natural, social and economic shocks** - While the COVID-19 pandemic certainly affected the efficiency of the programme, it is not evident that it has significantly affected the overall effectiveness of the programme. In a positive way the pandemic, as also the more recent outbreak of cholera has helped to reinforce local communities in their understanding of the importance of access to safe WASH options. Nevertheless, the efficiency constraints for programme implementation resulting from the pandemic did require an extension of the implementation period, which has now coincided with a period of increased global economic instability and for many countries, including Malawi, significant increases of the cost of basic goods and supplies. This has had implications for the programme in terms of the need for the District to prioritize the remaining MBSP II programme budget, and reduce certain outputs[50]. Other external shocks that have hindered the sustainability of the programme's benefits and results are cyclones, tropical storms and flooding. The District and/or local communities can generally repaired effects of such environmental shocks in terms of damaged public buildings such as health facilities and schools. It is evident that a significant number of local household sanitation facilities (pit latrines and hand-washing facilities) were damaged by tropical cyclones Ana and Gombe in 2022. [In many respects, these were not properly constructed and also not directly part of the MBSP activity.] Environmental shocks and climate change are also a risk for some water facilities, boreholes and protected shallow wells, due to potential damage to infrastructure and of increasing levels of water salinity.

3.5.3 STEPS TO STRENGTHEN THE SUSTAINABILITY OF THE PROGRAMME RESULTS AND BENEFITS

As indicated above, **it is not evident that the District has made substantive effort so far to formally plan for the sustainability of the programme results and benefits after the end of the programme**. It is not evident that such considerations, beyond that of ensuring funds for the general maintenance and small-scale repairs of facilities, were even specifically foreseen as necessary to be undertaken within the context of the programme design. Planning for the sustainability of the results prior to the programme's end is essential.

The **DWDO has positively conducted an essential Infrastructure Sustainability Assessment Survey and also a Beneficiary Impact Survey for the Water** component (MBSP I+II), which has and will further inform its targeting of follow-up interventions. The **DEHO** has conducted ODF-free community sustainability follow-up verifications targeting 400 villages in three TAs. While this confirms that ODF-free practice is maintained, it does not of itself address the issue of the sustainability of the programme results to promote the take-up of improved sanitation facilities by local communities. The programme interventions under the **Education component** are almost fully completed and achieved, and it is understood that sustainability of the twelve target primary schools supported via MBSP II is now primarily provided via the School Improvement Grants modality. Nevertheless, with exception of the DWDO, formal planning for and confirmation to the development partner of the existence of plans for the sustainability of the programme investments has not yet been evidenced. It would be strongly **advisable for the District to prepare sustainability plans** to provide greater clarity both for itself and for the development partner as to the steps that are in-place or will be taken to ensure sustainability. This should not be an onerous task but one conducted with maximum efficiency, to specify how the District assumes that each MBSP II supported basic service facility for **Health** and **Education** will be sustained operationally and for maintenance over the medium-term. This could take place, for example, via the provision of central government transfer under the Health Sector or Education Sector Funds, or via local funds and/or via other development

[50] the Makanjira Health Centre upgrade to EmONC and the construction of the District Council's Central Administration and Council Building.

partners. Equally, **each supported District Office** should specify how it has already or anticipates it may embed the **capacity building** results and benefits of the programme within the institution, such as embedding the training provision for staff in-house, the **local extension workers** and/or for **local community structures**. While other components include local stakeholder and structures already, the women and youth economic empowerment components could make further use of these structures and delegate tasks (to local extension workers) for improved effectiveness, efficiency and sustainability. In regards to the education and women economic empowerment component, it became evident that the District could try to increase its efforts to **procure locally** using affordable and durable materials or inputs (e.g. windows or even goats) for improved sustainability in the long-term. Each supported District Office should also specify how it intends to ensure continued engagement with local communities and sustained operation of the different sensitization campaigns that have been undertaken. In regards to the health component, DHO staff raised the idea of an **improved (remote) monitoring system** of infrastructure and procurements of local contractors was raised to ensure that the quality of newly build infrastructure and reduce immediate maintenance needs.

Linked to the **Water and Sanitation** component, as noted above, it is necessary for the DWDO and the DEHO to work further on the development of an **effective partnership with private sector** actors to promote WASH, and for the development of models to support local community and household take-up, operation and sustainable maintenance of safe and improved WASH facilities. Potentially it would be useful for a more unified approach in terms of building a comprehensive outline of a potential business model, also linking to the Sanitation Marketing Centres, to address WASH infrastructure and marketing in a fully holistic fashion.

Linked to the **Economic Empowerment** component, significant further steps are required of the DGO and the DYO to **complete the provision of programme supports** to the selected women's and youth groups. Beyond this, it is important that the Offices undertake an assessment of the **lessons learned** linked to the pilot actions and the alternative mechanisms that it has deployed to promote WEE and YEE. This is essential prior to their significant further scaling-up of such measures, whomsoever such measures may be financed by.

3.6 PROSPECTS FOR THE GENERATION OF LONGER-TERM DEVELOPMENT EFFECTS (IMPACT)

What are the long-term implications of the programme for stakeholders, beneficiaries and their environment?

3.6.1 THE DIRECT EFFECTS AND THE PROSPECTS FOR INTERMEDIATE IMPACT OF THE PROGRAMME

While the evaluator judges that the direct effects of the programme have been positive, and that the prospects for the generation of intermediate development effects are reasonably good, without further effort by the District to sustain and scale-up the interventions, the overall prospects for longer-term impact of the programme is presently judged only to be adequate, not yet satisfactory.

Overall, the **direct effects of the programme have been positive** in terms of improving access to quality basic service provision in the sectors and locations targeted, as well as positive effects achieved in the strengthening of District institutions and of local community capacities to be involved in the management and the delivery of local development planning and its implementation. The prospects for the programme's contribution to improving livelihoods and socio-economic conditions in rural communities in the District over the medium-term period are reasonably good, although **prospects for impact are currently partially mixed**.

Local capacity building

The continued relevance of and **positive direct effects achieved via the range of capacity building measures targeted at the District institutions and local community structures and groups will be an important element to ensure that the intermediate and longer-term prospects for impact of the programme are realized**. The District institutions are, to varying degree, embedding the benefits to avoid that operational capacity and knowledge is lost, and to ensure that capacity building efforts can be maintained. This can be achieved via the continued provision of in-service and refresher trainings for staffs and for local community groups, in-house within the District. **The continued provision of such capacity building actions is notably important at local community structures and groups level**, where the turnover of local group members needs to be considered in the context of groups' capacity to be an effective partner for the take-up and promotion of local development results and campaigns. Many of the District institutions have also been directly supported, and successfully achieved, an improved technical capacity and operation of their **different MIS to assist in the monitoring of local basic service facilities and of their reporting on operational performance, inputs, outputs and outcomes**. If the District institutions utilize information generated from the analysis of the MIS-data to inform future decision-making and orientation, linked to the targeting of on-going and future interventions at the local level, this will enhance the programme's impact.

MBSP II programme contribution to improved socio-economic conditions and livelihoods

Table 19: MBSP II programme achievement of the intended programme impact/overall objective

MBSP II PROGRAMME IMPACT INDICATORS	BASELINE STATUS (2017)	LATEST STATUS (YEAR)	TREND
Maternal mortality rate (per 100,000 women of childbearing age)	19/100000	13/100000 (2023)	Improvement
Neonatal mortality rate (institutional)	12/1000	19/1000 (2023)	Deterioration
Proportion of children in standard 2 and 3 achieving at least minimum proficiency level in reading by sex (Mangochi District)	37% M, 36% F	51% M, 50% F (2022)	Improvement
Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	14%	5% (2022)	Improvement
Proportion of population (Mangochi District) living below national poverty line *(2019 data: World Bank Malawi Poverty Assessment report, 2022)*	75%	64% (2019)	Improvement

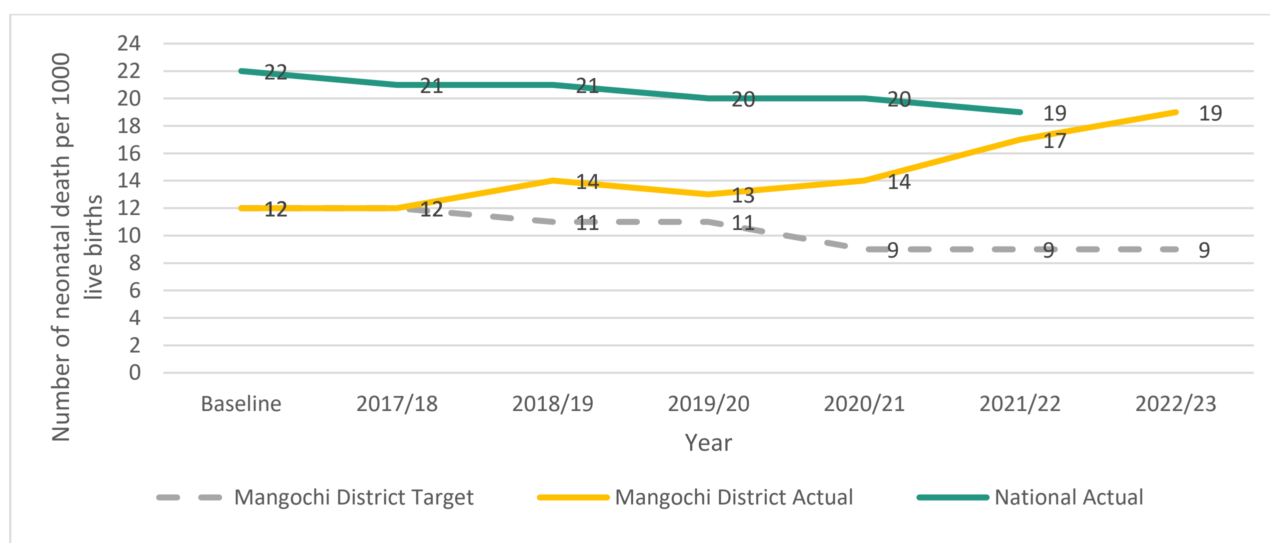
Source: Data on impacts as reported by the District Offices

Intermediate impact in the area of public health

The direct effects and **prospects for the programme's contribution** to improved socio-economic conditions and livelihoods within the District **is most strongly evident** in the programme's contribution to **improving access to quality maternal health care** services. These are provided at health care facilities, including in the improved maternity wings at selected health centres and hospitals, spread around Mangochi District. The development and opening of the Makanjira Health Centre upgrade to EmONC (if completed and then operational during 2024) will significantly boost the programme's contribution and longer-term prospects for ensuring the improved provision of and access to **maternal and child health care** services within and across the District.

With regard to the **neonatal mortality rate** (institutional), the situation in the District **has deteriorated** with the mortality rate **increasing from 12/1000 in 2017 to 19/1000 in 2023**.[51] The increase to 13 deaths per 1000 live births in 2019/20 was primarily caused by failure of the 2020 harvest and the resultant malnourishment of pregnant and expectant mothers. **Its increase since 2020/2021 was primarily driven, at least initially, due to the COVID-19 pandemic** and after effects. Some women did not access health services due to fear of the risk of infection by health workers. The percentage of deliveries conducted by skilled health personnel dropped to 65% in 2021 from 68% in 2020. It has now returned to an improved trend, reaching 72% in 2022/23. **The increased neonatal mortality rate**, which was 17 deaths per 1000 live births in 2021/22 and 19 deaths in 2022/23, **is also impacted by rising costs for basic foods and the increased risks of malnourishment for pregnant women**. The malnourishment and infections of pregnant women can lead to low birth weight (less than 2500g), which is one of the main causes for neonatal deaths in Mangochi District[52]. Furthermore, while the proportion of pregnant women starting ANC in the first trimester has increased from 12% in 2017 to 23% in 2023, there is still a significant proportion of pregnant women not attending ANC at that time. The proportion of pregnant women in the District completing at least four of eight ANC visits in 2021 was only 31%. In addition, with almost 30% of births not attended by skilled health personnel, there is a clear risk that any complications that may arise in childbirth result in mothers needing to be transferred to a local health centre for essential health service intervention to save the life of the mother and/or of the child. Overall, the proportion of women of reproductive age in the District receiving modern family planning methods was only 59% in 2022/23 - there are still societal challenges, especially for younger women to accessing family planning services. Most surprisingly, while the neonatal mortality has worsened in Mangochi district, the national average neonatal mortality rate has improved for Malawi between 2016 and 2021.

Figure 11: Neonatal mortality rates (per 1000 live births) in Mangochi



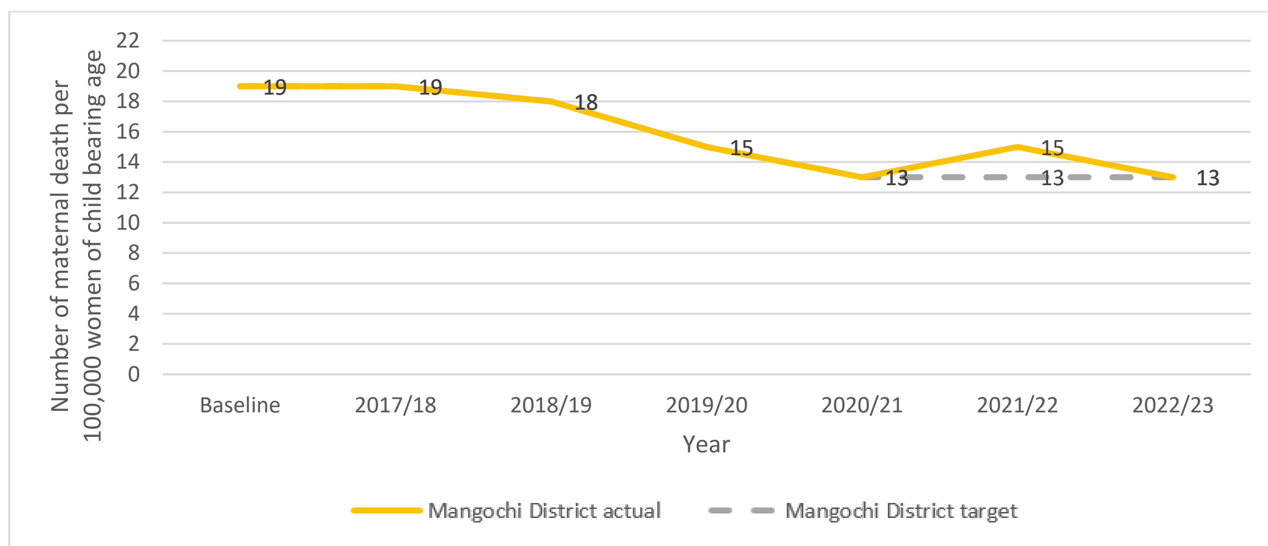
Data source: Mangochi District Health Office, MBSP II M&E Framework and World Bank

While it is evident that addressing the neonatal mortality rate is still a substantial development challenge and issue for the District, it is also evident that the **maternal mortality rate has positively decreased from 19/100000 in 2017 to 13/100000 in 2023**. The upgrade of the Makanjira Health Centre to EmONC will go a long way to improving the provision of such key health care services for mothers and children in north-eastern Mangochi District, saving the need to transport some mothers across the lake to access health services at the Monkey Bay Community Hospital. More broadly, it is also clear that **the direct effects of the programme are evident in terms of the overall improved levels of access achieved within the District to basic health care service provision at different levels** (village clinics, health

[51] According to the District's Outcome Harvest Report, the neonatal morality rate indicator was 36/1000 for the baseline in 2012 (for the MBSP I). Thus, while the rate has more recently deteriorated, from a slightly longer-term outlook it is still positive.
[52] Data source: Mangochi District Health Office 2023

posts, health centres, hospitals) that are **available to all people in the local communities** of the different developed health facilities. In this regard, **the prospects for the programme's contribution to improved social and health conditions and livelihoods is good**. Within this are included children under the age of five that benefit via the improved access of new and recent mothers to early-years child health monitoring checks and services, such as nutrition monitoring or vaccinations. The newly constructed and Iceland-funded under five paediatric ward at Mangochi District Hospital even treat any sick children up to the age of twelve years. In addition, there is improved access provided to patients with HIV seeking to access their ART treatment.

Figure 12: Maternal Mortality Rate (per 100,000 women of childbearing age) in Mangochi

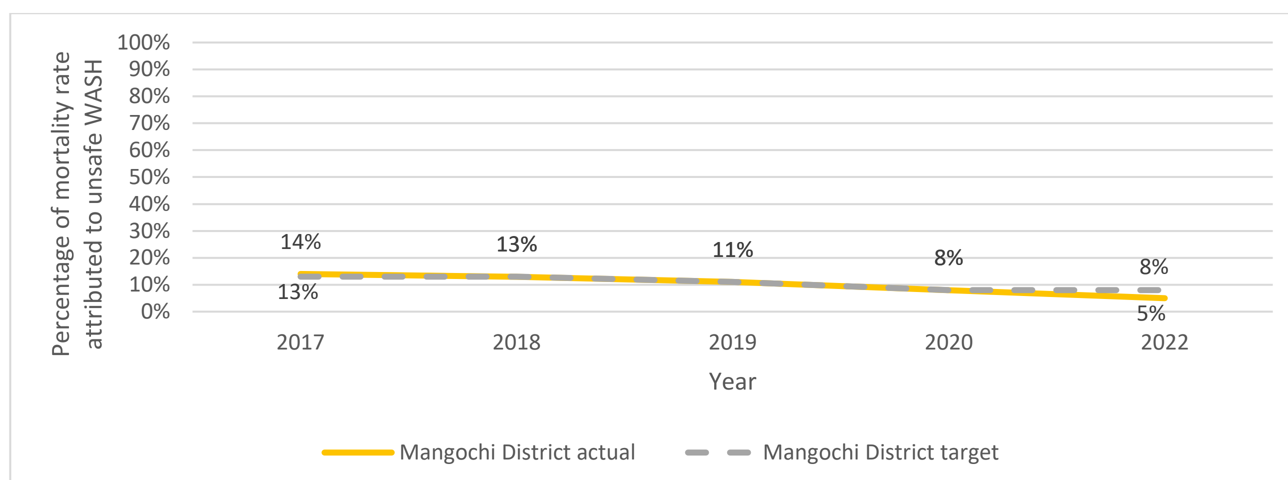


Data source: Mangochi District Health Office and MBSP II M&E Framework

Intermediate impact in the area of water and sanitation

The direct effects and **prospects for the contribution** to improved socio-economic conditions and livelihoods within the District **is strongly evident also in the contribution to improving access to safe water supply**. New TAs were targeted under MBSP II, as compared to those under MBSP I and prior Icelandic support for safe water supply. Over the past decades Icelandic support for safe water has been provided across seven of the District's TAs overall. The improved access to safe water supply sources within walking distance has positively resulted in the reduced prevalence of water-borne disease infections, such as diarrheal disease, in areas served with safe water supply. This is evident by the **decreased mortality rate due to unsafe WASH services, declining from 14% in 2017 to 5% in 2022**. In addition, the DWDO successfully piloted the development and **installation of reticulated piped water supply systems** as a suitable technical solution for the supply of and improved access to safe water in the District **has been a notable direct achievement**. The DWDO is keen to see further scaling-up and roll-out of piped water supply systems, and ensuring direct access is provided, as feasible, at household level, going forward within the context of the Mangochi District Strategic Plan for Water 2022-2027.

Figure 13: Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene in Mangochi District



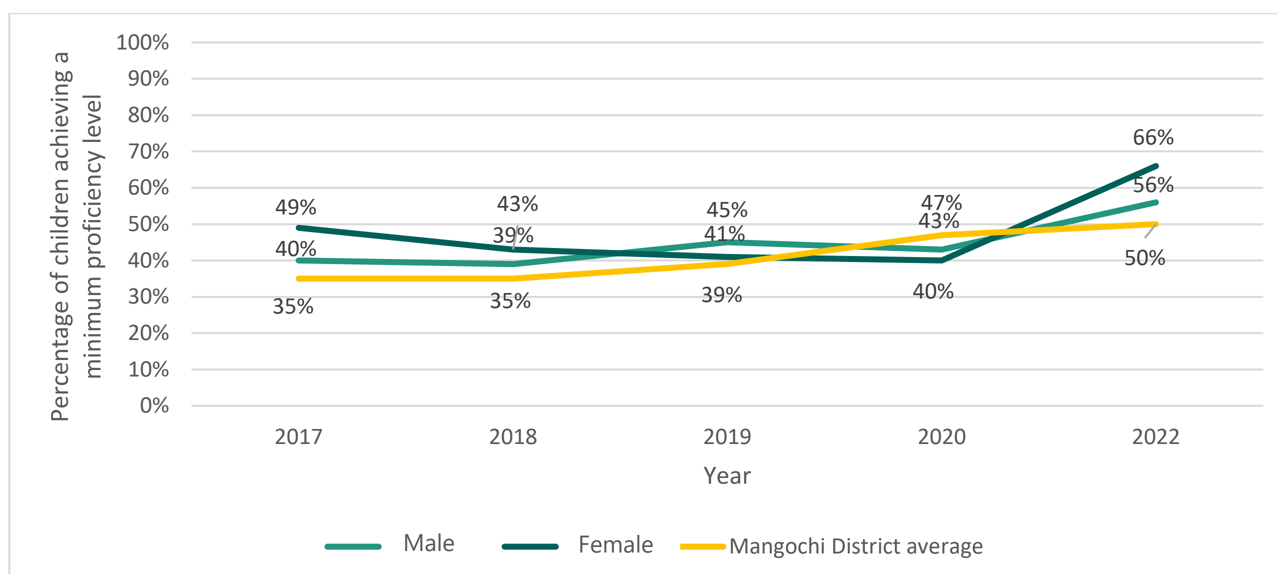
Data source: MBSP II M&E Framework

A direct effect of the programme is the increased access to safe water supply (reaching 94% in the TAs targeted by Iceland). The effect of **improved community awareness of the need for safe WASH services and personal approaches** is driven both by the programmes sensitization campaigns, CLTS and ODF-free approaches, as well as a result of the COVID-19 pandemic and also more recent cholera outbreaks. Cases of cholera were notably much lower in areas of the District with access to safe water supply as the basis for drinking water and for safe WASH personal approaches. Nevertheless, the take-up of improved sanitation facilities as a direct effect of the programme is still lagging. Many communities and households continue to utilize basic pit latrines for the purposes of sanitation, rather than improved facilities. Despite the challenge, **eight TAs in Mangochi District are now certified and verified as ODF-free communities**.

Intermediate impact in the area of basic education

The **proportion of children in Mangochi District in primary school standards 2 and 3 achieving at least minimum proficiency level in reading has very positively increased since 2017**. However, it is assessed that **this is only in part due as a direct contribution of MBSP II**, because the programme has primarily focused its support on twelve target primary schools out of the total now of 300+ primary schools in the District. The average performance level for these twelve target schools are better than the District average on many indicators for educational performance and results. However, on one measure, that of enrolment across the twelve target schools, at 29,553 learners in 2022 (52.1% Female), this has still not recovered to the pre-COVID-19 pandemic rate of enrolment rate of 31,584 learners in 2020. Where the MBSP II programme can demonstrate a partially direct contribution is its support to further develop the Education MIS. This has supported the DEO in its monitoring of all schools and in its future targeting, where feasible, of support measures and interventions to remedy falling standards or increased risks of absenteeism and dropout by learners. In addition, the programme has successfully skilled up all of the District's Primary Education Advisers (PEAs), whom undertake the detailed monitoring of and provision of supports to all primary schools in their zones.

Figure 14: Proportion of children in standard 1, 2 and 3 achieving at least a minimum proficiency level in reading and mathematics



Data sources: MBSP II M&E Framework

Intermediate impact in the area of poverty reduction and income generation

Linked to the other key impact performance indicators, while the **proportion of the population of Mangochi District living below the national poverty line** did reportedly decrease between 2017 and 2019 - the data sources for the information are not consistent, although both are credible sources. It is evident that the socio-economic impact of the COVID-19 pandemic and its after effects, as well as now economic and in particular food price challenges for local communities have negatively affected local incomes and economic wellbeing. In addition, **the direct effects of the programme in terms of boosting economic opportunities and economic empowerment of women and youth has been limited to date**. As such, the direct contribution of the MBSP II programme to reducing the rate of poverty in the District is **not evident**. Indirectly the programme has potentially aided local communities and households to direct more of their time to focus on income-generation activities because of the improved access to, and reduced time to access, safe water supplies. The upgrade of the market area facilities in Katuli will also indirectly assist to boost local income-generation.

Intermediate impact in relation to the programme's cross-cutting issues

Linked to the cross-cutting programme issues, the direct effects and prospects for impact are strongest in relation to the promotion of **gender equality** (women's health, girl-child education, efficient access to safe water supply) and of **human rights** (notably in raising the profile of children with special needs and the right to access an inclusive education and the right to health). **Governance of local development** has also been strengthened as a direct effect of the programme, via measures promoting periodic engagement between the District and local communities, as well as via empowering local governance structures and strengthening communities' capacities to be actively involved in and consulted on the management and the delivery of local basic services.

Further efforts need to be undertaken to scale-up the interventions and prospects for impact

The prospects for intermediate impact are currently partially mixed. However, **the direct effects achieved via the programme do provide a solid basis for potential scaling-up of the interventions and effects by the District** to support the promotion of a more widely achieved intermediate impact. Such an intermediate impact may be achieved within and beyond the current programme's life-span for implementation up to early-2025.

- In the **Health** sector, a key step would be to ensure that all of the MBSP II supported health care facilities are provided with electricity supply (solar power or ESCOM), safe water supply and suitable and sufficient environmental health, sanitation and hygiene facilities. In addition, the potential of such interventions could be maximized to connect any neighbouring basic public service facilities (including schools) and also the local communities via local electricity and safe water supply network systems. This improve the working environment for staffs, and the environment for patients and guardians, while also improving the application at health facilities of infection prevention standards and the enforcement of protocols. The District's rate of under-staffing in the health sector, the quality and quantity of the training of HSAs should be addressed, notably at facilities in remoter areas. This could increase the number, improve the quality of provided health services and extend the operational hours for access to many village clinics and health posts. Citizens most regularly need to engage with these first line basic primary health care services. The number of trained and formed VHC and SMC could increase much further to be able to influence the health service seeking behaviour of patients of local communities.
- In the **Education** sector, a key step would be to identify the lessons learned and good practices demonstrated within the context of the MBSP (I+II) interventions in the twelve target primary schools over the last decade. It is imperative to identify good practice as to how the different types of interventions provided have blended to promote educational and learning quality, to promote girl-education, and to reduce dropout rate. In addition, good practice could be studied as to how best to sequence the implementation and roll-out of different interventions with the aim to maximize the utilization and delivery of the intended results. It is evident that the twelve target primary schools now achieve, on average, better than the District average on many educational performance measures. Even though the pupil-teacher ratio is 84.3 pupils per teacher in the twelve schools in 2022, which is behind the District average of 73 pupils per teacher in 2022. Thus, it is evident that the MBSP interventions can deliver better educational outcomes for learners even if with fewer teachers per pupil. Lessons learned in this respect would assist the District with its promotion and targeting of interventions to improve educational access and quality more widely across all public sector primary schools. In addition, good practices demonstrated in terms of how the target schools undertook the promotion of local community engagement and the effective operation of Mother's Groups and School Management Committees for instance should also be learned. There is the potential that the PEAs support the scale-up of such good practices. Furthermore, the target primary schools should be encouraged to more actively share their wisdom and practical knowledge as to operational school management and educational delivery with neighbouring schools. A significant unintended impact of the programme, due to its focus on the same twelve target schools as MBSP I, was that other primary schools felt left behind and expressed their dissatisfaction to the District. It is important that useful MBSP programme lessons and good practice are shared to remedy this fault.
- In the **Water and Sanitation** sector, the key issue to resolve for both the DWDO and the DEHO, as the basis for the longer-term promotion of an intermediate impact, relates to how to ensure that the costs for take-up (notably for improved sanitation), operation and maintenance of safe WASH services are financially viable and suitable to the needs and expectations of local communities and households. Feedback also suggests that effort is required to promote a more unified approach in terms of building a comprehensive outline of a potential business and costs model, also linking to the Sanitation Marketing Centres, to address WASH infrastructure and its marketing in a fully holistic fashion. A further key step in follow-up that will promote longer-term impacts relates to the good potential for the installation of reticulated piped water supply systems in certain areas within the District. This is considered a suitable technical solution for the supply of and improved access to safe water, notably also at the household level. This also provides greater potential for offering the take-up of improved sanitation, along with that of water. It is evident that local community support to utilize and have access to improved safe WASH services or facilities does widely exist, if the right financial conditions and environment to support WASH take-up are put in place.

- In the **Economic Empowerment** sector, the key issue for the DGO and the DYO is to learn lessons, good and poor practices. It should be studied and documented how the pilot actions and the different mechanisms utilized to promote WEE and YEE have operated, and how these actions and their operations have potentially promoted the delivery (or not) of improved income-generation for the supported groups or individuals. It is recognized that the MBSP II programme interventions were pilot tests, it is essential that the lessons feed into options for scaling-up.

3.6.2 FACTORS SUPPORTING OR HINDERING PROGRESS IN THE ACHIEVEMENT OF IMPACT

The **key factors supporting or hindering progress in the achievement of impact**, include the following.

- **Local ownership** - There is a strong level of local ownership, at District and local communities' level, of the direct effects of the programme and to promoting their continued operation and maintenance. The direct effects, focus and types of interventions provided continue to be relevant to the needs and priorities of the District going forward, as evidenced in local and District strategies and in the new DDP.
- **Local technical capacity** - The direct effects of the programme include the strengthening of District and local communities' structures to provide an effective partnership arrangement for the planning and the implementation of local development actions between the District, the TAs and local communities. Other direct effects that greatly support progress in the achievement of impact include the building of technical capacities of local community stakeholders (e.g. Mother's Groups or VHCs) to be involved in the oversight or management of local services, and in empowering them to hold local services accountable.
- **Societal and cultural norms and expectations** – Positive societal expectations as to the need for adopting safe WASH approaches support achieving progress of impact. There are certain challenges to promoting wider take-up of improved, safe sanitation facilities. For many households it is reportedly still easier, from a financial perspective, to pay for the periodic repair of basic pit latrines that may be damaged due to environmental events (cyclones, storms or flooding) than it is to install an improved facility. Whereas societal expectations as to children attending primary school education as a norm, including education for girls, is now more broadly established via the District at local community level, there are still challenges to ensuring that this is actually achieved in terms of pupil enrolment, notably in remoter areas less well served by schools. Enrolment in primary schools was negatively impacted by the COVID-19 pandemic and after effects, and further effort is required by the District to promote attending primary school education as a norm and expectation. Whereas societal expectations relating to the importance of promoting good health of pregnant women is more broadly established at local community level, there are still challenges to ensuring that this is actually achieved in terms of pregnant women actually accessing available health care and nutrition services. More broadly, there are societal challenges for women, especially for younger and unmarried women, and youth to accessing family planning services. There seems to be a lack of awareness about the increasing neonatal mortality rates in Mangochi, because DHO and health staff reported contrary trend expectations. Awareness raising is necessary to be able to take measures to reverse the trend.
- **Financial capacity** - The most significant factor that will support or hinder progress in the achievement of impact relates to the financial capacity of the District Council. The District Council needs the financial capacity to continue the operation and maintenance of the direct effects and to ensure that these can be effectively and efficiently further scaled-up or rolled-out, as relevant, across the District. The key challenge or risk hindering the sustainability of the MBSP II programme results and benefits is the lack of a clear medium-term perspective for the annual budget of the District Council, which curtails its capacity for medium-term budget planning. This is a generic budgeting issue across the GoM, where the fiscal balance and fiscal space for the GoM to provide fiscal certainty to line ministries and thereby to Local Government Councils is constrained. After parliamentary adoption, the GoM and MoLGRD envisaged to enact steps to boost the pace of fiscal decentralization in Malawi. These are very positive in terms of strengthening local decision-making on the allocation

of public funds. However, it will not necessarily provide a clear and reliable medium-term perspective for the budget of the District Council or for medium-term budget planning. For that to happen it would be necessary that the fiscal decentralization process also resolves the issue of the transfer from central government to local government of the power to collect non-tax revenues linked to local industrial registration, motor vehicle and other established non-tax license fees. Additionally, the GoM would have to actually deliver on the National Decentralization Policy's promise that GoM will make available at least 5% of national revenues to be used for the development of districts. Nevertheless, in general the central government transfers to the District that are provided should ensure financial sustainability for continued operation and maintenance of the programme results and effects.

3.7 CROSS-CUTTING PRIORITIES AND ISSUES

How well have the cross-cutting issues on human rights, gender equality, environmental sustainability, and good governance been integrated into the programme and addressed in its implementation and delivery of the results? What are key achievements or constraints?

3.7.1 MBSP II - THE INTEGRATION OF AND PROGRAMME CONTRIBUTION TO GENDER EQUALITY

Overall, the evaluator judges that the issue of gender equality has been satisfactorily integrated into and also satisfactorily addressed by the programme.

Women and girls have been one of the key target groups of final beneficiaries and users of the MBSP II programme interventions and results. Their specific needs and priorities are integrated within the programme goals in terms of the improved access provided for women to maternal and child health care services, and in terms of the promotion of girl-child education, girls' inclusion as well as gender parity in education. While not specifically a target group connected to the water component's improved access to safe water supply, it is a societal reality that the collection of water is primarily regarded as a task undertaken by women and girls. Thereby, women and girls benefited from the MBSP II due to the reduced time taken to collect water within close distance to the household. Women have also constituted 58% of the 6,100+ people on local Water Point Committees trained on CBM. While not specifically a resounding success, the programme has supported women as a target group connected to the promotion of economic empowerment. The MBSP II has more successfully supported the DGO in the development of key situation analysis and subsequently of District strategic plans on gender and WEE.

Key achievements of the programme addressing the needs of women and girls relate to the reduced maternal mortality rate, the continued delivery of gender parity and improved retention of girls in primary education. **Key constraints** to gender equality, rights and empowerment include societal or cultural norms and expectations. This is most evident in terms of the challenges to promoting local take-up of modern family planning services, especially in terms of young or unmarried women or teenagers accessing such services. Another constraint refers to unpaid work of women in the ECD centres. After MBSP II funding for honoraria of the staff at the ECD stopped, the female employees continued working there full-time without receiving any payment. Further effort is needed to embed gender mainstreaming across the District and in its policy deliberations. Gender-specific needs could be considered throughout the whole programme and gender-mainstreaming could take place from the programme design phase onwards. Despite the WEE, gender has not been strategically incorporated into the other components of MBSPII. Additional programme indicators (specifically those related to water and sanitation) could be disaggregated by gender. The Mangochi District Gender Strategic Plan 2022-2027 provides a potential platform for further progress.

3.7.2 MBSP II - THE INTEGRATION OF AND PROGRAMME CONTRIBUTION TO HUMAN RIGHTS

While not specifically addressed in terms of the mainstreaming of a human rights based approach, overall the evaluator judges that the issue of human rights has been satisfactorily integrated into and also satisfactorily addressed by the programme.

Issues of the rights of the child have been integrated into the programme and **children are one of the key target groups of final beneficiaries and users** of the MBSP II interventions and results in terms of meeting their needs and rights to health and nutrition, education, and safe water supply services. The programme has effectively strengthened access to local health care and nutrition services at health posts and centres, while the District has also strengthened access via further expansion of the village health clinic network as a first place for the provision of basic services. Sensitization campaigns have been conducted to support the promotion of the health and nutrition of children under five years, including of vaccinations. In terms of education, the programme has effectively supported the testing of models for the provision of early childhood development and for the provision of inclusive education for children with special needs. While these interventions are limited in extent, two ECD and two special needs centres, the DSWO is confident that **the programme has raised the profile of both special needs education**, as a right and a key part to achieving inclusion, and that **ECD services** prepare young children with basic learning and social communication skills. Despite the positive aspects concerning children's rights to health and education, the MBSP II Household Survey results show that only 18% of the households are aware of the right of the child to protection from violence and abuse. It seems that this area has so far been neglected in the sensitization campaigns.

In addition, basic human rights concern, consistent with the guiding principle of the 2030 Agenda to "Leave no one behind", has also been integrated in the programme. **Many specific interventions** had a **geographical focus on remoter areas and those areas within the District less well served by existing basic services provision**. This is mainly evident in terms of the focus of the health and the water and sanitation interventions, including a strong focus provided to improving access to basic services in TAs Makanjira, Namavi and Mponda, as well as a mix of MBSP II interventions in TA Lulanga. Despite considerable efforts to leave no one behind, further progress is possible. In terms of the health component, this could mean for example addressing mental health, non-communicable diseases or male's health to the portfolio of supported health services, Currently, mentally disabled, elderly, youth, non-pregnancy-related female- or male-sensitive health topics are rather neglected in the MBSP II programme.

3.7.3 MBSP II - THE INTEGRATION OF AND PROGRAMME CONTRIBUTION TO ENVIRONMENTAL SUSTAINABILITY

While not addressed in terms of the mainstreaming of environmental sustainability, overall the evaluator judges that the issue of environmental sustainability has been satisfactorily integrated and addressed via the programme.

Environmental sustainability is directly and **most effectively addressed by the programme in terms of the Water and Sanitation components** via the focus on the development of sustainable, improved WASH facilities in local communities including their take-up at household level. The feasibility of all of the water interventions undertaken via the programme includes an assessment of the environmental suitability of potential locations for the installation of safe water supply systems, as well as the potential longer-term environmental or climate change sustainability risks. A borehole is designed to serve as a water source for a period of 20-25 years. Environmental sustainability has also been directly and effectively addressed via the provision of **support at selected health and education facilities for the installation of solar power electricity supply systems**. Iceland has funded and cooperated with the GIZ EnDev project, which has contributed constructed solar power on social institutions, energy-saving cooking stoves at health facilities for improved environmental sustainability. All public works have been subject to environmental impact assessment as per the requirements of Malawian law. Beneficiaries of health posts

proposed that they could raise additional funding to sustain these structured and to fund additional staff via local fruit tree planting projects or renting out the covered waiting areas of health posts as venue when it would be closed anyways.

3.7.4 MBSP II - PROGRAMME GOVERNANCE, LOCAL COMMUNITY PARTNERSHIP, COMMUNICATION AND TRANSPARENCY

Overall, the evaluator judges that the issue of good governance has been satisfactorily integrated into and also satisfactorily addressed by the programme.

Mangochi District Council implements the MBSP II programme via the modality of a PBA at district level. One of the aims of the programme is to support the efforts of the GoM to promote its national decentralization policy agenda, and a specific objective being to increase the capacity of the District Council to carry out its development plans and its basic service delivery in a responsive manner.

In this context, **the programme has been developed and implemented in partnership between the District Council and institutions and the locally decentralized political and administrative governance structures** that exist at district level. Namely the TAs, ADCs, VDCs (political) and the DEC, AECs and sectoral Service Committees (administrative) are involved in the MBSP II. **At local community level, the programme has also been implemented in partnership with local structures** (such as Village Health Committees) **and stakeholder groups** (such as Mother's Groups or SMC). The District Community Development Office (DCDO) is a key interlocutor in promoting an effective partnership between the District Council and institutions and the decentralized structures and local communities. It also assists District Offices to reach local partners and to facilitate promotion of sensitization campaigns.

Overall, the feedback from the District and local community structures attest as to an effective partnership across the layers of governance to assist in the promotion of local development. Local communities attest as to the relevance of the local initiatives implemented in their areas to improve basic services provision. However, feedback also indicates **challenges in terms of the efficiency of the engagement that can be assured**, in terms of how periodic or frequently this is achieved so as to follow-up on local issues and on communication of key messages and campaigns. This is **especially more challenging for the District and extension workers in reaching remoter areas of the District**, and also those subject to seasonal or sudden inaccessibility constraints.

However, **while the involvement of local government structures like the ADCs and VDCs in the programme has been well managed, the involvement of the local community through those committees does not seem to operate as adequately**. Respondents to the MBSP II Household Surveys frequently (approximately 70% of the households) reported that the ADC or VDC had been involved in the District's decision-making concerning local community projects, but that they (the local community members) were not consulted on the identification and prioritization of local development needs. Local governance at community level and the inclusion of citizens in consultations and decision-making at the level of VDCs could become more participatory. In addition, concerning the local funds (e.g. local school development funds and the water facility maintenance funds) to support maintenance and small-scale repairs, surveyed households indicated that transparency and accountability in terms of the use of and operation of the funds is limited and should be increased.

The programme supports to strengthen local capacities at District and community levels. In addition, the **key achievement** of the programme - in terms of supporting future governance of development efforts in Mangochi - has been its support to facilitate the development of 298 Village Action Plans and the District Socio-Economic Profile as the basis for the District's preparation of its next DDP. The support to the District Secretariat's M&E Department to develop its MIS database is also **a key output** (to be completed later 2023). This will allow the District to more efficiently and effectively monitor and report on all District programmes (central government, Mangochi District, and donor programmes) and will enable that the Council has a more coherent view of the intended goals as well as the status of all programmes.

4 CONCLUSIONS

This chapter is structured by the evaluator to directly respond to the **core and main questions** posed in the ToR for the evaluation (*as outlined in section 1.1 of this report*). The chapter provides synthesis analysis and conclusions derived from the key evaluation findings (*section 3*) to address the strategic questions posed.

4.1 THE EXTENT THAT MBSP II PROGRAMME INTERVENTIONS MET THEIR STATED DEVELOPMENT OBJECTIVES

Overall, it is assessed that **the programme's results are on track**, all be it that progress has been slower than initially foreseen to deliver the planned results. Therefore the programme implementation period has needed to be extended. At the end of Year 6 of programme implementation, the mean achievement across the programme for **delivery of the outputs per component was 85.7% compared to target**. A summary of progress in outputs delivery per component is provided *in Table 12, in section 3.3.1*.

While the **COVID-19 pandemic** was the primary cause for the delayed progress of programme implementation during 2020 and 2021, it is assessed that **the overall effectiveness of the programme in terms of its delivery of the intended outputs was not significantly negatively impacted as a result**. Rather, the achievement of the intended effects was delayed because of the pandemic and the necessary health measures put in place in response, due to the constrained capacity of the District to undertake regular engagement and follow-up with local community structures and partners linked to programme implementation. A more significant and longer-lasting challenge for the programme's efficient and effective implementation has arisen due to the **delays experienced by the District in completing public procurement processes**. As a result of these delays, now combining with the higher rate of inflation and the increased costs for raw materials and supplies over the recent years, the remaining programme budget has thereby been constrained. The District has thereby needed to reduce, remove or stop the implementation of certain programme outputs.

As the MBSP II programme enters into its seventh year of implementation (2023/24) that now runs up to 2025, the **key outstanding issues that are still to be delivered by the programme relate to** (1) the completion of health service infrastructure under programme focus area 1.1 (notably linked to the Makanjira Health Centre upgrade to EmONC), (2) the construction of the Central Administration and Council Building under focus area 5.1, (3) further improve take-up of the offer of improved sanitation facilities under focus area 3.3, and (4) the provision of supports for completion of the women's and youth economic empowerment projects.

It is evident, based on feedback provided to the evaluator from stakeholders' (including final-users) as well as statistical evidence linked to most of the key performance indicators defined for the MBSP II programme that **real social benefits have been delivered via the programme in terms of improved access to and the quality of basic services provided**. The programme has successfully engaged with a diverse range of local communities across the District. In total, it is estimated that the **MBSP II programme has directly reached approximately 32,000 people** via the implementation of the programme's capacity building training actions. **Indirectly all citizens of Mangochi District have benefit of the health services and facilities** directly developed via the MBSP (I+ II) programme, and **54,772 households and 302,443 people benefitting from the MBSP** (I+ II) **water infrastructure**. [Approximately 60% of the water infrastructure was developed under the MBSP II.] Directly or indirectly, **all citizens of the District have benefit of the sensitization campaigns of the District**. **Approximately 30,000 pupils are enrolled in the MBSP II supported primary schools.**

The performance of the programme to deliver the intended direct and specific programme outcomes is positive. Of the **14 key performance outcome indicators defined for the programme, 13 show positive progress, while one records negative development** as compared to the 2017 baseline data. This

relates to the percentage of women of reproductive age receiving modern family planning methods, which has declined from 66% in 2017 to 59% in 2023. The trend is worrying and the intended outcome target of 75% is substantially missed. There are still certain societal challenges, especially for younger women to access suitable family planning services. Of the 13 showing positive progress, five are fully on-track to or have already achieved the declared 'end-of-programme' target and two are positively on-track and record no major set-backs but are still short of achieving the declared targets. The other six outcome indicators were positively on-track but experienced set-backs, notably during 2020-2021 as a result of external challenges. Positively, these are now moving forward again in terms of the development outcome achievement recorded. A summary of the outcome indicators and of their progress is provided *in Table 13, in section 3.3.1.*

Linked to the achievement of the intended programme impact, **four of the five key performance impact indicators show positive development**. The programme impact indicator that records negative development relates to the neonatal mortality rate, which has increased from 12 per 1000 births in 2017 to 19 per 1000 in 2023. Its increase since 2020/2021 was initially due to the COVID-19 pandemic and after effects, but since 2021/2022 is also impacted by rising costs for basic foods and the increased risks of malnourishment for pregnant women. With almost 30% of births not attended by skilled health personnel, there is a clear risk that any complications that may arise in child-birth result in mothers needing to be transferred to a local health centre for essential health service intervention to save the life of the mother and/or of the child. While four of the five impact indicators show positive development, the evaluator assesses that the MBSP II contribution is strongly evident in relation to two of these, namely the decreased maternal mortality rate and the decreased mortality rate due to unsafe WASH services or facilities. The programme's direct contribution in relation to promoting local income-generation and poverty reduction is not evident, and its direct contribution to the improved minimum proficiency level of primary school children (standards 2 and 3) in Mangochi District in reading is only partially demonstrated. The programme targets support to twelve primary schools, whereas the District level proficiency results reflect the achievement across all of the now 300+ public primary schools in the District. A summary of the impact indicators and of their progress is provided *in Table 19, in section 3.6.1.*

The District's future financial capacity is the most significant factor that will support or hinder the operation and maintenance of the infrastructure and provision of basic services for the population in Mangochi. It will also influence to which extent the (piloted) interventions can be effectively and efficiently scaled-up or rolled-out across the District. The key programme challenge and risk is the lack of a clear medium-term perspective for the annual budget of the District Council. This curtails its capacity for medium-term budget planning.

4.2 THE PRIMARY SUCCESSES OF THE MBSP II PROGRAMME

The primary successes of the MBSP II programme relate to its **contribution to improving access to quality maternal health care services, and the overall improved levels of access to basic health care service within the District at different levels** (village clinics, health posts, health centres, or hospitals). These services are **available to all people in the local communities** of Mangochi District at the different newly or further developed health facilities. The success achieved in the public health sector is demonstrated in terms of the **decreased maternal mortality rate from 19/100000 in 2017 to 13/100000 in 2023**. An outstanding achievement of the MBSP (I+II) was the construction and maintenance of the spacious maternity wing of Mangochi District Hospital with several buildings and separate rooms for different maternal and child health services, which creates improved environments for the birth of up to 32 babies per day. The upgrade of the Makanjira Health Centre to EmONC will go a long way to improve the provision of such key health care services for mothers and children in north-eastern Mangochi District, including ending the need to transport some mothers 100km distance to the District Hospital on very difficult and often inaccessible road or as widely done, across the lake to access services at the Monkey Bay Community Hospital or in Salima district. In addition, the **proportion of deliveries attended by skilled health workers has increased from 60% in 2017 to 72% in 2023**, although this is still below the intended 'end of programme' target of 82%. With the improved availability of maternal services at local

health centres, **more women that are pregnant are attending ANC in the first trimester. This percentage of ANC attendance in the first trimester has risen from 12% in 2017 to 23% in 2023**, which ensures that nurses are able to monitor the health of pregnant women for complications and make referrals for further attention if necessary. Such health screenings prevent further complications and minimize maternal deaths. Nevertheless, a significant proportion of pregnant women in the District are still not attending ANC. The proportion of pregnant women completing at least four of eight ANC visits in 2021 was 31%. A further significant achievement of the MBSP (I+II) is the clear improvement delivered in terms of the operation of the HMIS data-collection and reporting systems. Mangochi District became the best district in HMIS reporting in Malawi in 2019. It has managed to maintain this status since then. The **percentage of quarterly HMIS data delivered and verified in a timely manner** was achieved at 100% since 2020/21.

Successes achieved in the **water, sanitation and hygiene sector** are demonstrated in terms of the improved access to safe water supply in the TAs targeted by MBSP II. Thus, the **proportion of households using safe water supply facilities increasing from 87% in 2017 to 94% in 2021** (more recent data was not available to the evaluator). In addition, primary successes relate to the **improved community awareness of the need for safe WASH services and habits**, which is driven by the programme CLTS and ODF-free approaches and sensitization campaigns, as well as a result of the COVID-19 pandemic and more recent outbreaks of cholera. **Eight TAs in Mangochi District are now certified as ODF-free communities**, and the DEHO has completed follow-up ODF-verification in three TAs. The improved access to safe water supply sources within walking distance has positively resulted in the **reduced prevalence of water-borne disease infections** in areas with safe water supply. This is evident by the lower rate of cholera cases, during the recent outbreak in early-2023, in areas of the District with access to safe water supply as the basis for drinking water and for safe WASH approaches. It is also reflected in the **decreased mortality rate due to unsafe WASH services, which has declined from 14% in 2017 to 5% in 2022**. In addition, the successful piloting by the DWDO of the development and installation of reticulated piped water supply systems as a suitable technical solution has been a notable direct achievement. Equally, a key deliverable as a local solution has been the construction of public toilets at the beachside in TA Lulanga, which are operational and managed by the local community as fee-paying facilities for users. A further key success was the very effective sensitization of local communities on appropriate measures to promote cholera prevention and control during the early-2023 cholera outbreak, which saw rapid results in terms of the significant drop in the cholera infection rate within days and its rapid elimination achieved in a short period of time (5-weeks).

Other primary successes relate to the programme's **contribution to improving educational performance and attainment results in the twelve target schools** supported by MBSP II, which now perform better than the District average on many indicators for educational results. For instance, the **proportion of children in standards 1, 2 and 3 in the target schools achieving at least the minimum proficiency level in reading and mathematics** has increased from 44.5% in 2017 to 61% in 2022. The District recorded a minimum proficiency rate for reading in standards 2 and 3 of 50.5% in 2022. The school promotion rate from standards 4 to 7 in the twelve target schools has increased to 62.3% in 2022 (60.3% M, 64.3% F), and the school dropout rate has declined to 6.5% in 2022 (6% M, 7% F). Both have recovered from the COVID-19 induced constraints in 2021. A further success of the programme is in **raising the profile of special needs education and of ECD services**. The DEO and the DSWO regard the MBSP II facilities in these areas as highly relevant in public policy terms and as local service delivery models, as partners have overlooked both areas have until more recently.

Other key programme successes relate to the **contribution to building the capacity of District institutions and of local community structures and groups** to be actively engaged in the planning and the implementation of local development actions, and to be involved in the oversight and/or management of local basic public services and public goods. It is estimated that **the programme has directly trained approximately 1,500 District staffs, and 31,500 members of local community structures and groups** (e.g., VDCs, local committees linked to health, education, water and sanitation). It has reached approximately 2,000 local community structures and groups via the training. The District institutions are, to

varying degree, embedding the benefits to ensure that operational capacity and knowledge is not lost, and that capacity building efforts can be maintained via the continued provision of in-service and re-fresher trainings in-house within the District. Many of the District institutions have also been directly supported, and successfully achieved, an improved technical capacity and operation of the **different MIS. This assists the monitoring of local basic service facilities and of their reporting on operational performance, inputs, outputs and outcomes**.

A **key factor that strengthens the implementation, take-up, and longer-term sustainability of the programme results**, and their continued use by final beneficiaries and users, is **the strong extent to which the programme results and benefits are aligned with the priorities of local communities**. There is a clear need in Mangochi District for improved access to basic public services, such as health care, basic education, safe water and sanitation, economic opportunities, and a responsive local government and delivery of services. The direct effects and areas or types of interventions provided continue to be relevant to the needs and priorities of the District going forward, as evidenced in local and District strat-egies and in the new DDP.

A key lesson learned as to pre-conditions for the successful achievement of the development ef-fects is that regular District engagement with local community structures and stakeholder partners is essential to ensure the programme's relevance, effectiveness, efficiency and sustainability. Co-operation between the District and local community structures during the development, implementation and follow-up of the programme actions was generally very positive. However, it is evident that the fre-quency with which engagement with stakeholders at the local level is undertaken has, at times, been more challenging for the District and extension workers to undertake in reaching remoter areas of the District, and also those subject to seasonal or sudden inaccessibility constraints. The women and youth economic empowerment component constituted an exception in terms of its local engagement, as the District did not sufficiently work with local community structures and extension workers to implement these pilot projects. In cases where local leaders and partners were not adequately engaged, it has negatively af-fected programme acceptance, take-up, ownership and contributions at the local level. As a further example, there was a difference between the promotion of CLTS and the Sanitation Marketing Centre in TA Chilipa with that in TA Lulanga. In the former, the District's local mobilization efforts started too late, in the latter the TA himself was an early advocate for community mobilization and take-up.

In addition, **a key lesson learned is that the successful achievement of the development effects is built on the programme's complementary mix of different intervention types**, e.g., infrastructure development or rehabilitation, equipment supplies and logistical support, capacity building of organiza-tions, staffs and community groups, plus awareness-raising campaigns. This **contributes to the relatively holistic approach and effectiveness** in the delivery and take-up of the results and benefits. Furthermore, notably under the Health and the Water components, **the programme has supported a mix of different infrastructure facilities**, e.g., hospitals, health centres and health posts, as well as boreholes, protected shallow wells and piped water systems. In terms of health care provision this approach ensures that access has been improved from the local, primary-care level to higher tiers of health care provision, with a strong focus on maternal and child health services. In terms of water provision, the local availability of different safe water sources ensures that communities have options in times of scarcity. **Another key lesson learned is that Iceland's approach ensures support across a range of sectors that provide good opportunity for synergies to achieve development effects**. The areas supported follow the life-cycle approach from early child (and maternal) health, nutrition and wellbeing, basic education, other basic services for all citizens including water, sanitation and hygiene, public health as well as access to improved economic opportunities and livelihoods. In this regard, the programme's approach and design, its scope and implementation strategy has been optimum.

4.3 THE PRIMARY FAILURES OF THE MBSP II PROGRAMME

Primary failures of the programme stand for areas where it underperforms compared to the intent or ambition. These relate to the **limited take-up of modern family planning services and methods**, the **increased neonatal mortality rate**, the **limited take-up of improved sanitation facilities** at the community and household level, as well as the **limited progress achieved to date on women's and youth economic empowerment**.

The **take-up of modern family planning services and methods** (the baseline was 66% in 2017), has greatly varied over the lifetime of the programme, reaching a high of 68% of women of reproductive age in 2018, then a low of 50% in 2019. While it has since partially recovered, to reach 59% in 2023, it is not evident that the programme has successfully addressed certain societal challenges that still exist, especially for female teenagers and unmarried, younger women as well as people in remoter areas to accessing suitable family planning services. While the local community sensitization campaigns linked to modern family planning services and methods aimed at both women and men, including youth, no programme data is available to ascertain the extent to which the take-up of modern family planning services and methods by men of reproductive age has changed over the period.

The **increased neonatal mortality rate** is worrying. As noted above, its significant increase since 2020 was initially due to the COVID-19 pandemic and related after effects and the fear of some pregnant women to access health services due to concern of the risk of infection by health workers. Since 2022, it is also impacted by the rising costs for basic foods and the increased risks of malnourishment for pregnant women. As noted above, while progress has been achieved linked to the proportion of pregnant women accessing ANC services and the proportion of births attended by skilled health personnel, the former is still a minority. For the latter, skilled health personnel do not attend almost 30% of births, be it in a health facility or in the community provided by a midwife. Furthermore, the provision of access to information on sexual and reproductive health or family planning remain partially challenged by certain societal and cultural norms.

The **limited take-up of improved sanitation facilities**, built to quality standards (rather than sub-optimal builds that many households with access to sanitation utilize), is due to the up-front cost for take-up of improved sanitation facilities at local community and household level. Many households face challenges to afford this. While the proportion of households with access to improved sanitation in the targeted TAs has increased from 8% in 2017 to 15% in 2022, this is still well short of the programme target of 30%. Further effort is required at the DEHO to create an effective cost-model for marketing and take-up. It is evident that local community support to utilize and access improved safe WASH services or facilities does widely exist. However, the right financial conditions and environment to support WASH take-up need to be put in place.

The **limited progress achieved to date on women's and youth economic empowerment** is primarily caused by the slow and still incomplete process for the procurement and delivery to the majority of supported women's and youth groups. Many groups are still waiting for the intended goods and supplies to assist them in implementing their business development plans and goals. In addition, especially those individual youths from the two vocational training cohorts need support to set-up a business, including requesting official documents for registration. Recognizing that the WEE and YEE support is undertaken as a pilot project, from which lessons should be learnt as to the efficiency and effectiveness of the different mechanisms and approaches utilized to provide support, the slow pace of implementation of the projects is hindering any meaningful learning of lessons. Despite reasonable progress on the development of policy, the MBSP II programme has not yet made substantial progress or reach in terms of improved access of women or young people to economic opportunities.

The key factor of overall, general weakness in terms of the programme's efficient and effective implementation, and thus overall performance, relates to the **delays experienced by the District in completing public procurement processes**. These procurement delays caused major challenges for the completion of the programme, because the inflation rate has also been higher and costs for raw materials and supplies

have additionally increased over the recent years. Thus, the remaining programme budget has been constrained, and certain outputs were scaled back.

Additionally, another area of overall, general weakness in terms of the programme's performance relates to the **lack of substantive effort by the District to prepare for the sustainability of the programme results and benefits**, including the continued operation and maintenance of the developed infrastructure and facilities. The only exception in this respect is the DWDO. It is not evident that such sustainability considerations, beyond that of ensuring funds for the general maintenance and small-scale repairs of local facilities, were specifically foreseen as necessary to be undertaken within the context of the programme design. Overall, the expectation of the District seems to be that the central government provides transfers and that development partners may support the District in the future. While these expectations may prove to be right, from the perspective of the development partner financing the programme (Iceland) there is justifiable concern as to the medium-term and longer-term sustainability of its investments in Mangochi District after the end of the MBSP II programme. Planning for the sustainability of the results prior to the programme's end is essential.

Also, an area of overall, general weakness relates to **the limited extent that the District institutions have pro-actively sought to learn lessons and identify good practices linked to the implementation of and the take-up (or not) of the programme results**. The DWDO and more recently also the DEHO and DYO have sought to identify good or poor practice, to guide future scaling-up of similar interventions. However, it is not evident that the other District institutions have made any substantive effort in the area of knowledge management and learning. The MBSP II programme has provided support to the DHO, DEO and DEHO to undertake research projects and ensure their dissemination, but these were mainly only undertaken in 2022 or 2023. The Offices were unable to highlight specific operational reforms that have been adopted as a result.

4.4 THE SUITABILITY OF THE PBA AT DISTRICT LEVEL FOR STAKEHOLDERS

All **key programme stakeholders, i.e. the MoLGRD, Mangochi District Council, the MFA/ Embassy of Iceland**, **judge the modality of a PBA implemented at district level as fully suitable within the development context of Malawi**. It is also fully consistent with the principles for aid effectiveness, because the PBA utilizes the national and local country systems to guide the programming and implementation of development efforts.

Over the past years, **bilateral cooperation partners active in Malawi have gradually shifted toward utilizing a sectoral programmatic approach**, rather than a project approach, for the implementation of their support actions, in particular for the delivery of actions implemented at district level. **This allows donors active in more than one district to make greater use of performance and results-based management systems**, linked to Council's management capacity and results delivery, to inform future decision-making as to the potential targeting and allocation of future investments. Until very recently, Iceland has only applied the PBA modality at district level in one district in Malawi (i.e. Mangochi District)[53]. Iceland has also not found it necessary to make significant use of performance and results-based systems to assist it and the District Council in the financial steering of the programme. Nevertheless, recognizing that **Iceland's approach to a PBA is multi-sectoral, and the finances under MBSP II are pooled funds** held on the MBSP account of the District, the multi-sector PBA modality has provided some flexibility for the District to efficiently manage and allocate available funding based on the realized performance of the different components.

For **Iceland**, the modality of a PBA implemented at district level, linked to support a locally owned programme for development and use of the partner country's own systems to the fullest extent possible, ensures that Iceland's investment is "on plan, on budget" and fully aligned with locally identified priority

[53] As of 2023, in line with Iceland's Country Strategy Paper for Malawi 2023-2026, Iceland has also partnered with Nkhotakota District via a PBA.

issues and needs. It provides Iceland with a "single entry point" with the aim to simplify procedures, minimize organizational strain, enhance local ownership and capacity, as well as contributes to increased sustainability of the results.

For **Mangochi District Council**, the District institutions all point to the positive benefits that they obtain due to taking on direct responsibility for management and implementation of the programme. This includes the supports they receive to further develop and strengthen institutional and operational processes and staff skills linked to technical and financial management, monitoring and reporting. The PBA modality helps the District in its management of the MBSP II programme and more widely in its administration of its portfolio of programmes. The management by the District generally ensures a better level of efficiency and effectiveness in the building of local community partnerships, ownership and ultimate take-up of the results and benefits at local level. This becomes especially evident when compared to the alternative modalities for the provision of the support, such as direct administration of such a programme by central government authorities or by a development partner principally located in Lilongwe. The District is in the best position to ensure that the actions align with local strategies and respond to local needs and demands, as represented to it via the VDCs and ADCs across the District. It is also best placed to ensure that local engagement in and ownership of the intended development results is secured early in the process.

For the **MoLGRD (GoM)**, the modality of a PBA implemented at district level is entirely consistent with its key policy agenda to advance the effective implementation of Malawi's national decentralization policy. The GoM, led by MoLGRD is, currently seeking to advance its ambitious fiscal decentralization strategy, as part of the wider package of public sector reforms that the GoM seeks to advance through the Parliament in 2023/2024.

4.5 THE EXTENT THAT CAPACITY OF LOCAL SYSTEMS AND SERVICE DELIVERY HAS IMPROVED DUE TO THE APPROACH (PBA AT DISTRICT LEVEL)

It is evident that **the MBSP II programme and its PBA approach (implemented by the district at local level) has strengthened the capacity of the District, local community structures and partners to be involved in the planning, implementation, oversight and take-up of local development initiatives**.

The programme has directly supported the further **development of District institutions' institutional and operational processes and staff technical skills,** and the enhancement and operationalization of assorted **Management Information Systems** (MIS). These actions have capacitated the District institutions to lead on the management and the implementation of local development efforts. Improvements of the different MIS should greatly benefit the District. It can assist the District to better understand local gaps, needs and specific priorities for the provision of improved, quality basic services. The operationalization of the District's M&E MIS is anticipated to be achieved in the second-half of 2023. This should also greatly benefit the District to promote greater efficiency for its data-collection across its portfolio of programmes (national, district and donor programmes) and a more coherent overview of its full portfolio of programmes. It should, ideally, also ensure the accuracy and reliability of its District level data-sets. It is currently a challenge for the District currently to efficiently manage the specific reporting requirements of the different donors.

The programme has also **supported the District in relation to how it partners with and approaches capacity building development of, and thereby the empowerment of, local community structures.** This cooperation with local community structures helps to implement and deliver programme results, as well as in the monitoring of follow-up and take-up. The District institutions are, to varying degree, embedding the MBSP II programme results into their institutional systems to ensure that operational capacity and knowledge is not lost, and that capacity-building efforts are maintained. This requires the continued provision of in-service and refresher trainings for staff and local community groups. **The continued provision of such capacity building actions is notably important at local community structure and group level**. The turnover of such local group members needs to be considered in the context of groups' capacity to be an effective partner for the take-up and promotion of local development results and sensitization campaigns.

However, **while the involvement of local government structures like ADCs and VDCs in the programme has been well managed, the involvement of the local community through those committees does not seem to operate as adequately**. Respondents to the MBSP II Household Surveys frequently (approximately 70% of the households) reported that the ADC or VDC had been involved in the District's decision-making concerning local community projects but that they, local community members, were not consulted on the identification and prioritization of local development needs. Local governance and community inclusion in consultations and decision-making of the VDCs could be improved. In addition, concerning the local school development funds and water facility maintenance funds, surveyed households indicated that transparency and accountability in terms of the use of and operation of the funds is limited and should be increased.

The programme **has strengthened the capacity of the District to manage and implement local development programmes.** It has improved the **technical and financial management, monitoring, supervision and formal reporting** in accordance with the requirements for use and accounting of public funds. Key stakeholder partners (Mangochi District Council and the Embassy of Iceland) judge that the formal progress reporting on the MBSP II programme has improved over recent years. This means that the efficiency, timeliness and quality of the financial reporting enhanced. The technical progress reporting has somewhat improves as well, although certain weaknesses still remain in terms of the availability of up-to-date technical progress data as compared to the MBSP II programme results framework. The MBSP II programme outcome indicator (result-based management of MBSP II confirmed satisfactory in regard to the M&E system reports provided quarterly and annually) was achieved by the District at 60% in Years 1 to 5. As noted, operationalization of the District's M&E MIS is anticipated to further enhance operational and technical reporting.

The **main area in which the capacity of local systems remains partially weak is the preparations for and the undertaking of public procurement processes**. The time taken for the preparation of procurement and contract dossiers by District Offices (the user of the procured goods or services) is a key factor determining the ultimate efficiency of procurement processes. While the District Office directors are to ensure their relevant staff are informed about procurement processes and issues, it seems that a cascading-training system has not been ensured. The Department of Procurement, with limited staff, can assist Offices to understand specific issues or answer specific questions posed during their preparation of the public procurement tender or contracting dossiers, but it does not have the capacity to provide formal trainings. However, it does provide a 'checklist' on different procurement processes and requirements. Participants of the IPDC training did not receive training materials for reference at the end, but only a certificate. Furthermore, whereas the District is now relatively well experienced with the planning, procurement and delivery of smaller-scale works and infrastructure projects, it has until recently had less experience with the planning, procurement and delivery of significant large-scale works infrastructure projects. This is one of the principal reasons for the delayed processes for the procurements linked to the two large-scale works projects under the MBSP II programme (Makanjira Health Centre upgrade to EmONC, and construction of the Central Administration and Council Building). It has taken the District some time, as well as encouragement from the Embassy of Iceland, to ensure that its internal capacities linked to the delivery of these infrastructure actions is suitably supported by external experts to assist with detailed design and procurement process preparation.

Despite the strong evidence that the operational and technical capacity of the District institutions and systems to manage local development and local service delivery has improved due to the programme and its approach, it is also evident that the **District institutions are frequently over-stretched due to the extent of under-staffing that almost all of the institutions experience**. This hampers the capacity of the District institutions and local public service facilities to efficiently, and to some extent effectively fulfil their role. For instance, whereas a Primary Education Adviser (PEA) is indicatively supposed to oversee and support on average ten primary schools on an on-going basis, the reality is that each PEA has to oversee and support somewhere between 15 to 20 primary schools instead. Thus, while the technical skills and operational approaches of PEAs have clearly improved to undertake their function, the reality is that they remain burdened with an unrealistic expectation as to the number of schools they can effectively

support. The DHO reports that it is presently suffering significant under-staffing (at 45% compared to postings foreseen), especially at the level of local facilities. This affects the operational capacity and service hours at local facilities. Under-staffing also limits the District institutions' capacity to ensure regular engagement and follow-up with local community structures and partners, including for sensitization campaigns.

The levels of under-staffing also accounts, according to the feedback from certain District institutions, for the **relatively limited efforts of the District to pro-actively learn lessons and identify good or poor practice** linked to its implementation of and the take-up (or not) of the intended development results across its portfolio of programmes. Knowledge management and learning is seen as a luxury for under-staffed institutions. Furthermore, the limited efforts of the District to pro-actively learn lessons across its portfolio of actions hamper the ability to identify good models or approaches to support future replication and/or scaling-up within the District. In addition, it also **hampers the District's ability to ensure greater coordination and synergy across its portfolio of actions**. Furthermore, the coordination between the different District Offices across sectors was also rather limited, with most focused on their agenda only rather than on potential linkages to be created between sectors. More coordination and collaboration between the different District offices would foster a holistic approach and strengthen cross-sectoral coherence.

Despite these partial challenges, **the performance of the District** as measured by national comparative assessments of district councils **has improved over the past years**. For example **Mangochi District has risen from 10th in 2019 to 6th in 2022 on the MoLGRD LAPA ranking**. **Mangochi District became the best district in terms of HMIS reporting in Malawi in 2019** and has managed to maintain this status since then, while the **DHO was awarded with recognition as the best performing Health Office in Malawi in 2020**.

4.6 THE EXTENT THAT THE APPROACH HAS ENHANCED DECENTRALIZATION EFFORTS IN MALAWI

The PBA, with Mangochi District leading in the design and prioritization of actions and their implementation, has promoted a strong level of local ownership of the development efforts. The programme activities align with local strategies and respond to local needs and local demands, which the VDCs and ADCs collected across the District, consolidate and communicate to the District. Strong local ownership of the programme goals and its intended results secured early in the process supports more effective delivery and results take-up.

The programme is fully aligned with the efforts of the GoM to enhance the process and the operation of its decentralization of local development and of local public service delivery to the district level in Malawi. The GoM uses decentralization as a tool for poverty reduction. Therefore, decentralization should enhance participation of the grassroots in decision-making, integrate public administration at the district level, promote accountability and good governance, and mobilize the masses for socio-economic development. In keeping with its mandate under the Local Government Act (1998, amended in 2010), Mangochi District has implemented the programme in the spirit of the Act. Thus, it has ensured the mobilization of the VDCs and ADCs to manage the development planning and implementation from the village level upwards.

There is a reasonably **good level of linkages of the MBSP II programme output and outcome indicators to national data-sets**, which the District Council is responsible to report on annually to the MoLGRD. Such indicators include those provided in the context of the Local Authority Programme Based Budget performance report. While this does not, of itself, enhance decentralization efforts, it does at least ensure the District is not over-burdened with the collection of data for indicators that otherwise have no purpose for national reporting.

As outlined before, **the PBA modality implemented at district level**, as compared to alternative modalities, **has strengthened local ownership, and local capacity to manage large budgets and local**

development efforts, while enabling local hands-on control of the programme direction and its implementation.

The PBA modality and Iceland's approach to its deployment has directly enhanced decentralization efforts in Malawi insofar as the MBSP II has delivered specific development results and effects in Mangochi District in alignment with its DDP and local priorities. Also, the PBA has established and enhanced capacities at the level of the District Council/Secretariat and at the level of the District Offices. It was not the ambition of the programme to promote policy or procedural reform at central government level linked to enhancing decentralization efforts in Malawi. Nevertheless, the programme and the approach has certainly contributed to strengthen the operational and technical capacity of the Mangochi District institutions.

4.7 THE EXTENT THAT THE APPROACH OFFERS LESSONS LEARNED AND BEST PRACTICES FOR DONORS AND DISTRICTS IN MALAWI

The **lessons learned linked to the PBA modality and Iceland's approach** to its deployment are as follows.

- **Benefits of a multi-sectoral PBA**: Iceland's programmatic approach provides support to a series of interwoven sectors that together form the collection of key basic services that all citizens need for basic wellbeing, i.e. access to primary through to tertiary health services, access to education for children, access to safe water supply and access to safe sanitation services or facilities. This has ensured that the programme achieved substantive progress to improve basic services' provision and to generate real socio-economic benefits for local communities in the targeted areas. A single sector-focused programme could not achieved improved livelihoods to the same extent. Under the Health and the Water components, the programme has also supported **a mix of different infrastructure facilities**, e.g., hospitals, health centres and health posts as well as boreholes, protected shallow wells and piped water systems. This is positive in terms of access provided to a suite of facilities.
- The programme has also attempted to pilot measures to support income-generation and to **economically empower** key target groups at risk of economic exclusion, i.e. women and youth. Even though the pilot actions have not yet created any substantial results due to delays, the economic empowerment of local citizens and communities is a worthy addition to the portfolio of supported measures. However, it is necessary that the District learns lessons from these different pilot actions and approaches for the provision of support, not all of which is best practice, prior to moving ahead with scaling-up.
- **The pooled nature of the programme funds** has provided some element of flexibility for the District's financial management and prioritization of actions under the programme and across the components. However, Iceland's approach has not yet included a clear performance and results-based element within the overall structure of the programme budget. It has rather sought to provide a clear indication of the demarcation of the entire budget per component and focus areas. Whereas this provides a degree of certainty to individual sectors over the medium-term life span of the programme, it does also limit the opportunity to provide additional funding to those sectors, which are able to ensure the actual and efficient deployment of funds. However, this could create positive incentives to deliver real benefits in a timely manner at the local level.
- The programme and its approach creates **a strong level of local ownership**, at District and local community level, to promote the provision of basic services. This supports the creation of results, their take-up and longer-term sustainability for their continued operation and maintenance. The direct effects, focus and types of interventions provided continue to be relevant to the needs and priorities of the District going forward, as evidenced in local and District strategies and in the new DDP.

4.8 CONSTRAINTS, RISK FACTORS AND POSSIBLE GAINS FOR CONTINUED SUPPORT (BY ICELAND IN MANGOCHI DISTRICT)

This section of the conclusions presents an outline of the potential gains, constraints and risks the evaluator assesses exist linked to undertaking, or not, of continued support beyond the lifetime of the MBSP II. It is an appraisal of the pros and cons for the donor (Iceland) and the beneficiary (Mangochi District Council) partners.

The evaluator assesses the key risks and constraints, from the perspective of Iceland, to the continuation of its support in Mangochi District include the following: The principal risk is that Iceland becomes entrenched as the ever present donor and first port-of-call for support to assist the District in the main basic service sectors that Iceland promotes via its bilateral cooperation. Iceland risks to become bound by its 30-plus years of engagement with or in the District, uncertain how best to scale-back and/or eventually phase-out from the intensity of support it provides via the PBA modality implemented at District level. For the Embassy of Iceland, the main, potential constraint is its human resource capacity (staffing level). [Iceland recently entered into partnership with the district council of Nkhotakhota to launch a PBA in that district, too.] Currently, the Embassy is able to cope. The PBA implemented by Nkhotakhota district is still in its start-up phase, while the intensity of the workload for the Embassy in oversight of procurement processes under the MBSP II programme is gradually declining. Notably so with the anticipated conclusion of the two remaining significant MBSP II infrastructure procurements assumed to occur in the third quarter of 2023. The MFA and Embassy of Iceland will need to review the human resource capacity required should it decide to undertake two significant PBA interventions simultaneously in two districts in Malawi over the medium-term period, e.g., up to 2030.

The evaluator assesses the key risks and constraints, from the perspective of Mangochi District, include the following issues: The key risk is that the District assumes a continuation of support beyond MBSP II. This may relieve the District of the short-term need to undertake any serious technical and financial planning for the longer-term operation, maintenance and sustainability of the delivered MBSP programme results (including of the health or education infrastructure built or developed). A potential constraint for the District is that it is unable to identify suitable programme actions for a follow-up PBA that build on and take the programme forward. This is mainly an issue linked to the economic empowerment and the education components. For the former, it is not evident that the DGO or the DYO have succeeded yet in the development of WEE or YEE support mechanisms that can be scaled-up at pace. For the education sector, it is evident that a continuation of support targeted to the same twelve primary schools is no longer required. The schools' educational performance is now better than average across the District. For both components, the District will need to provide a clear statement of the objectives it seeks to pursue with Iceland beyond 2025, explain how these build on the results of the present programme, how they support the future scaling-up of the MBSP results, and how the intended results would be assured. There is also a potential risk that while the DHO may be able to justify additional local health care infrastructure in remoter parts of the District, due to the lower level of existing services, it is unable to ensure adequate staffing levels to support full service delivery at the health posts or village clinics.

The evaluator assesses the possible gains for the continuation of support, from the perspective of Iceland and of Mangochi District, to include the following: It would allow the partners to collaborate and prepare for the potential reduction of Icelandic support and actions over the medium-term. In addition, it would enable them to identify potential development partners the District could work with over the longer period to scale-up the MBSP interventions and results. Iceland is a relatively small donor and does not have the financial weight to fund large-scale roll-out of the demonstrated approaches and models widely. The District will need other local or external funding for this. A third phase PBA would allow both partners to focus on promoting the longer-term technical operation, maintenance and financial sustainability of the MBSP results at the end of MBSP II. This is of key importance relating to the current MBSP supported health care facilities. A follow-up phase PBA would allow partners to focus on further capacitating the facilities, notably the medical and technical skills of staff, and the adequacy of medical

equipment and supplies. In the health sector, it would also enable them to strengthen and update sensitization campaigns and local community involvement and to come up with a long-term perspective for these in regards to sustainability. It would allow for a renewed focus on ensuring that the facilities are provided with suitable water supply, sanitation facilities and electricity supply systems. In the water sector, it is clear that a minority of the TAs were not yet significantly supported via the MBSP, and that a geographical focus on the least well-served TAs would be a potential route to follow again. In the sanitation sector, significant further effort is needed to promote household take-up of improved sanitation facilities, as well as to maintain the CLTS and ODF-free approaches. As noted, the potential future direction of the economic empowerment and the education components will need to be well argued by the District. Potentially, it could focus on learning, knowledge management and exchanging insights with partners to come up with feasible pathways for scale-up in the medium- to long-term. The DEO would be wise to consider how it can best utilize the twelve MBSP primary schools to act as mentors for other primary schools in their educational zones going forward. In all sectors, it is vital that the District Offices are supported to further institutionalize and operationalize capacity building training offer in-house. A further phase, could also be used by Iceland to pilot the operation of a programme performance based reserve.

5 LESSONS LEARNED

Table 20: MBSP II programme – general programme-level lessons learned

CRITERION	GENERAL LESSONS LEARNED
Relevance, Effectiveness	The programme is fully aligned with the **efforts of the GoM to enhance the operation of its decentralization to the district level** of local development planning and implementation and of local public service delivery in Malawi. All partners judge the **modality of a PBA** implemented at district level as fully suitable within the development context of Malawi.
Relevance, Effectiveness	The **District's ownership** (due to the PBA approach), analysis and monitoring of **community needs** (needs assessment in the beginning of phase II and routine monitoring) and **Iceland's flexibility** were key success factors that contributed to the continuous relevance of the MBSP II.
Relevance, Effectiveness, Efficiency, Sustainability	A key factor that strengthens the implementation, take-up, and longer-term sustainability of the programme results, and their continued use by final beneficiaries and users, is the strong extent to which **the programme results and benefits are aligned with the priorities of local communities**. There is a clear need in Mangochi District for improved access to basic public services, such as health care, basic education, safe water and sanitation, economic opportunities, and a responsive local government and delivery of services. The direct effects and areas or types of interventions provided continue to be relevant to the needs and priorities of the District going forward, as evidenced in local and District strategies and in the new DDP.
Relevance, Effectiveness, Sustainability	A key lesson learned as to pre-conditions for the successful achievement of the development effects is that **regular District engagement with local community structures and stakeholder partners is essential** to ensure the programme's relevance, effectiveness, efficiency and sustainability. Cooperation between the District and local community structures during the development, implementation and follow-up of the programme actions was generally very positive. However, it is evident that the frequency with which engagement with stakeholders at the local level is undertaken has, at times, been more challenging for the District and extension workers to undertake in reaching remoter areas of the District. The performance of the DGO and the DYO to ensure regular and meaningful engagement with its local partners is not yet adequate. In cases were local leaders and partners were not adequately engaged, this has negatively affected programme acceptance, take-up, implementation and ownership at local level.
Relevance, Effectiveness, Sustainability	**The involvement of local government structures like the ADCs and VDCs in the programme has been well managed, but the involvement of the local community through those committees does not seem to operate adequately**. Respondents to the MBSP II Household Surveys frequently reported that they were not consulted on the identification and prioritization of local development needs. Local governance at community level and the inclusion of citizens in consultations and decision-making at the level of VDCs could be improved.
Coherence	The ability of the District to ensure **coordination and synergy** across its portfolio of actions, or the coordination between the different District Offices across sectors **was rather limited**. More coordination and collaboration between the different District offices would foster a holistic approach and strengthen cross-sectoral coherence (including making use of synergies to achieve positive results).
Effectiveness	The successful achievement of the development effects is built on the programme's **complementary mix of different intervention types** (e.g., infrastructure development or rehabilitation, equipment supplies and logistical support, capacity building of organizations, staffs and community groups, plus awareness-raising campaigns), which contributes to the relatively holistic approach and effectiveness in the delivery and take-up of the results and benefits. Under the Health and the Water components, the programme also supports a mix of different infrastructure facilities that enable greater local communities' access to suitable services.

CRITERION	GENERAL LESSONS LEARNED
Effectiveness	Iceland's approach ensures support across a range of **interwoven sectors of basic services** that collectively provide good opportunity for synergies to achieve development effects.
Effectiveness, Efficiency	While the **COVID-19 pandemic** was the primary cause for the delayed progress of programme implementation during 2020 and 2021, the overall effectiveness of the programme in terms of its delivery of the intended outputs was not significantly negatively impacted as a result. Rather, the achievement of the intended effects was delayed due to the pandemic and the necessary health measures put in place in response.
Effectiveness, Efficiency	A more significant and longer-lasting challenge for the programme's efficient and effective implementation has arisen due to the delays experienced by the District in terms of its completing **public procurement** processes. As a result of these delays, now combining with the **higher rate of inflation and the increased costs for raw materials and supplies** over the recent years, the remaining programme budget has thereby been constrained and a 100% completion rate of all outputs could not be achieved. The District has thereby needed to reprioritize, reduce, remove or stop the implementation of certain programme outputs. Some outputs were sacrificed to create funds to be used to supply newly constructed health facilities with medical equipment, furniture, water and power so as to make these new outputs fully operational.
Effectiveness, Efficiency	Iceland applies a **multi-sectoral PBA approach**, and the finances under MBSP II are **pooled funds** held on the MBSP account of the District. This has provided some flexibility for the District to efficiently manage and allocate available funding based on the realized performance of the different components. However, Iceland's approach has not yet included a clear **performance and results-based element** within the overall structure of the programme budget.
Effectiveness, Efficiency, Sustainability	The District institutions are frequently over-stretched due to the extent of **under-staffing** that almost all of the institutions experience. This hampers the capacity of the District institutions and local public service facilities to efficiently, and to some extent effectively fulfil their role.
Effectiveness, Sustainability	The **limited take-up of improved sanitation facilities**, built to quality standards, is due to the up-front cost for take-up at local community and household level. Further effort is required at the DEHO to create an effective cost-model for marketing and take-up. It is evident that local community support to utilize and have access to improved safe WASH services or facilities does widely exist, if the right financial conditions to support WASH take-up are put in place.
Effectiveness, Sustainability	While **local community funds** exist to support cover certain maintenance and small-scale repairs linked to developed facilities, such as schools or water points, respondents to the MBSP II Household Surveys indicated that the **transparency and accountability** in terms of the operation of the funding mechanisms and on the use of funds is limited and should be increased.
Effectiveness, Impact	While the DWDO and more recently the DEHO have sought to **identify good or poor practice**, to guide future scaling-up of similar interventions, it is not evident that other institutions have made any substantive effort in the area of knowledge management and learning.
Sustainability	There is a lack of substantive effort by the District to **prepare for the sustainability** of the programme results and benefits, including the **continued operation** (e.g. of means of transportation for the patient referral system) **and maintenance** of the developed infrastructure and facilities. It is not evident that such sustainability considerations, beyond that of ensuring funds for the general maintenance and small-scale repairs of local facilities, were even specifically foreseen as necessary to be undertaken within the context of the programme design.
Sustainability and Impact	The District's future **financial capacity is the most significant factor that will support or hinder** the **operation and the maintenance** of the infrastructure and the provision of basic services for the population in Mangochi. It will also influence to which **extent the interventions**, including pilot actions, can be effectively and efficiently **scaled-up or rolled-out** across the District. The key challenge and risk is the lack of a clear medium-term perspective for the annual budget of the District Council. This curtails its capacity for medium-term budget planning.

6 RECOMMENDATIONS

The evaluator provides the following key programme-level recommendations, based on the evaluation findings analysis, the conclusions and lessons learned outline in this report in section 3 to 5. More specific component-level recommendations are provided in the component Assessment Reports in Annex 19.

6.1 RECOMMENDATIONS TO ENSURE SUCCESSFUL COMPLETION OF ACTIONS

1. The **District Council** (Secretariat and Offices), with the support of the **Embassy of Iceland**, should **finalize the on-going infrastructure interventions and procurement processes** to deliver the intended outputs of the programme. The **key outstanding programme actions still to be delivered relate to**:

   (1) Under programme **focus area 1.1**, the completion of health service infrastructure including the Makanjira Health Centre upgrade to CEmONC, the construction of the remaining health posts and staff houses for HSAs, and the rehabilitation upgrade of health centres and health posts.

   (2) Under programme **focus area 5.1**, construction of the Central Administration and Council Building.

   (3) The provision of support for completion of the women's and youth **economic empowerment** projects, including the finalization and installation of procurements and business registrations.

2. The **District Council** (Secretariat and Offices) should **ensure effective operationalization of the key programme results and facilities that have been delivered**. The **key issues to be addressed are**:

   (1) Under the **Health component**, the DHO should ensure operationalization of the village clinics, which are vital health services at community level. There is a need for the (refresher) training of (additional) health personnel (HSAs, health workers) to backstop village clinics. In addition, further and existing Safe Motherhood Committees and Village Health Committees should receive training and refresher trainings to make or keep these operational, because they are important to influence mother and child health practices and norms in the communities (including skilled birth attendance, ANC attendance in the first trimester and family planning). There is a large need to improve access to family planning especially for youth, for which the UNFPA's evaluation findings could provide valuable insights. The DHO should also ensure the scaling-up of ANC services in health posts to increase ANC attendance in the first trimester. There is a need for additional infrastructure and staff to support services delivery. Additionally, the DHO needs to improve the planning and supply of drugs to village clinics.

   (2) Under the **Water and Sanitation component**, the DWDO and the DEHO need to work further on the mobilization of local private sector actors to support the take-up and operational maintenance of WASH infrastructure services and facilities. Notably, many communities and households cannot meet the cost for take-up of improved sanitation facilities at local community and household level. There needs to be a more unified approach to the development of a business model, linking local retail shops, masons, builders and repair mechanics to the Sanitation Marketing Centres and other suppliers of goods or spare parts, so as to address WASH infrastructure and marketing in a fully holistic fashion. There is also a need to further develop small-scale financing mechanisms to assist households overcome the present constraint they face in terms of the up-front costs for installation of improved sanitation facilities.

3. The **District Council** (Secretariat and Offices) should **ensure continuation of the provision of capacity building supports for local community structures and groups**. The turnover of local group members needs to be considered in the context of groups' capacity to be an effective partner for the take-up and promotion of local development results, and the **continuation of sensitization campaigns**.

4. The **District Council** (Secretariat and Offices) should **ensure that capacity building and training outputs are maintained by the District Offices in-house**, in order to provide for the continued provision of in-service and refresher trainings for staffs, and also for the training of local community groups.
5. The **District Council** (Secretariat and Offices), with the support of the **Embassy of Iceland**, should **undertake more substantive effort to learn lessons and identify good or poor practice** linked to the planning, the implementation and the take-up (or not) of the intended programme results. The purpose should be to identify the lessons (good or poor) in order to inform the future design and/or implementation of similar interventions, as well as to guide replication of and/or scaling-up of the measures. A possible approach could be to conduct annual sector reviews involving all relevant sector stakeholders, including beneficiary level consultations for greater feedback as to what works and what does not.
6. The **District Council** (Secretariat and Offices), with the support of the **Embassy of Iceland**, should **prepare formal sustainability plans linked to the programmes results**. This should, minimally, include:

   (1) For the MBSP II supported **Health** and **Education** service facilities, this should address the monitoring and quality assurance of contractors of construction works, the operation and the maintenance over the medium-term (e.g., via the provision of central government transfer under the Health Sector or Education Sector Funds, via local funds and/or other development partners).

   (2) **Each supported District Office** should specify how it has already or anticipates it may embed the capacity building results and benefits of the programme within the institution, such as incorporating in-house of training provision, or entrenching capacities for regular engagement with local communities and leaders to continue operation of the different sensitization campaigns that have been undertaken.
7. The **District Council** (Secretariat and Offices), with the support of the **Embassy of Iceland**, should **explore the potential for greater engagement and collaboration with other development partners** active in the MBSP II programme areas that can support the District going forward. For example, this could include ensuring further capacity building efforts for health facility staffs, or enabling further technical operationalization of District Offices' MIS and for the analysis of MIS data to inform evidence-based decision-making, or promoting family planning and youth-friendly health services or supporting the registration process and business models or value chains of women and youth cooperatives.
8. The **District Council** should establish and make use of **coordination platforms between the different sectors and district offices** to enable synergies of joint coordination, e.g., offering family planning for teenage schoolchildren or enabling trained youth to participate in infrastructure projects of the District.

6.2 RECOMMENDATIONS LINKED TO THE OPERATION OF THE PBA MODALITY AT DISTRICT LEVEL

1. The **Embassy of Iceland** should continue to operate its PBA using pooled programme funds. This implies that the budget is managed by the District and by Iceland within the framework of the original intent, and subsequent annual work and financial plans. But, with a clear understanding between partners of an acceptable level of flexibility that may be realized between specific budget lines in terms of how the District effectively delivers the intended outputs and outcomes per component, and overall at programme level. As necessary, the reallocation of overall funding allocation across the programme components could be considered, within agreed acceptable parameters, where this is justified and agreed between the partners.
2. The **Embassy of Iceland** should consider the introduction of a results-based performance element within its approach to the PBA. This would require that rather than pre-committing all of the planned programme budget to specific programme components, a proportion of funding is set aside to be allocated midway through the implementation of the PBA. This would allow those sectors that can efficiently and effectively mobilize and utilize the available funding to move ahead and further improve

the delivery of local basic services and technical capacities. While it will be for the MFA/ Embassy of Iceland to assess what proportion of funding is reasonable to set aside for this purpose, the evaluator suggests that an indicative 10% or so of programme funds be considered for such a performance reserve, to be released to sectors midway of the programme period.

3. The **Embassy of Iceland** should ensure stricter reporting compliance by the supported Districts, both in terms of the timeliness and the accuracy of financial and technical reporting. Financial reporting should at minimum be completed in compliance with the budget table for the programme. Technical reporting should at minimum be completed in compliance with the results framework for the programme.

6.3 RECOMMENDATIONS FOR THE POTENTIAL FUTURE ORIENTATION OF ICELANDIC SUPPORT TO MANGOCHI DISTRICT

1. The **Embassy of Iceland**, in partnership with the **District Council** (Secretariat and Offices), should continue to focus on the existing five components, but in a potential MBSP Phase III there should be a greater focus on how the interventions can most efficiently and effectively be replicated and/or scaled-up within the District. This should be based on an appreciation as to which other potential development partners or local funding capacities (central government transfers or local revenue) exist to support the District over the period 2025-2030 to undertake the replication and/or scaling-up of measures.
2. In the Education sector specifically, it is recommended that there is a shift to testing how the proven interventions can best be replicated and/or scaled-up to support a wider group of primary schools. [The District has identified an unintended impact of MBSP II is the negative reaction it has, at times, received from other schools as to their feeling excluded.] Ideally, the twelve existing target primary schools should be involved in this process to act as mentors for other local primary schools that could be targeted for the provision of programme support linked to developing educational teaching quality and approaches, as well as schools' engagement with local stakeholder groups (e.g. Mother's Groups).
3. The **Embassy of Iceland**, in partnership with the **District Council** (Secretariat and Offices), should consider what steps, including capacity building measures for the District Council, could be undertaken to strengthen the District's coordination of donor development actions in the District. This should include improved dialogue with key sectoral partners and also the exchange of information as to lessons learned.
4. The **District Council** (Secretariat and Offices) should continue to explore additional avenues for fund generation. This is especially important for the maintenance and improved security of local health infrastructure, as well as support to cover local means of transportation for needy or vulnerable health care users or patients. It is appropriate to identify innovative ideas that can generate funds. For instance, for the VHCs to embark on raising fruit and tree seedlings for sell to raise funds for maintenance and the hiring of a security guard, or to consider income generation at health posts level.
5. The **District Council** (Secretariat and Offices) should ensure that a cascading training system is established linked to public procurement and contracting processes, as well as continuous monitoring, evaluation and quality assurance and control of infrastructure construction sites of external contractors.
6. The **Embassy of Iceland**, in partnership with the **District Council** (Secretariat and Offices), should establish clear processes for the development of sustainability planning from the onset of similar programmes and activities. These should specify concrete measures that need to be undertaken during the lifetime of the programme for the long-term sustainability management of each sub-component.

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ANNEX 1 EVALUATION MATRIX

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
Relevance - To what extent has the programme been relevant? Is the programme appropriate for the strategic and development context for Malawi, Iceland and the Global Goals?					
1	Is the programme appropriate for the strategic and development contexts of the Global Goals? To what extent are programme components aligned with the United Nations Sustainable Development Goals (UN SDGs)?	• Alignment and consistency of program activities with SDGs	• 2030 Agenda for Sustainable Development (incl. United Nations Sustainable Development Goals)	• Desk review •	• Documentary analysis
2	Is the programme appropriate for the strategic and development contexts for Iceland? To what extent are the programmes relevant to Iceland's development policies, and in line with Iceland's national development vision and bilateral strategies?	• Alignment and consistency of MBSP with Iceland's development policy and vision	• Iceland's Policy for International Development Cooperation 2019-2023 • Iceland's Country Strategy Paper for Malawi • Bilateral Development Strategy of Iceland • MFA/ Embassy of Iceland	• Desk review • KIIs	• Documentary analysis • Stakeholder needs analysis
3.1	Is the programme appropriate for the strategic and development contexts for Malawi?	• Alignment and consistency with national and district level policies, strategies and programmes (in line with question 3.2, 3.3, 3.4)	• Malawi Growth and Development Strategies II-III • Malawi Vision 2063 • MoLGRD • Line ministries • Mangochi District Council Secretariat • Mangochi District Development Plan • Mangochi District Economic Profile • Mangochi District Council • PMT (for each sector) • ADCs/VDCs • Beneficiaries • (in line with question 3.2, 3.3, 3.4)	• Desk review • KIIs • FGDs • Household survey	• Documentary analysis • Stakeholder needs analysis • Beneficiary assessment • SWOT analysis

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
3.2	To what extent are programmes relevant to national policies in Malawi, and in line with national development vision and strategies?	• Alignment and consistency with national policies, strategies and programmes	• Malawi Growth and Development Strategies II-III • Malawi Vision 2063 • Public Procurement Act 2003 • MoLGRD and Line Ministries • Mangochi District Council Secretariat	• Desk review • KIIs • FGDs	• Documentary analysis • Stakeholder needs analysis • SWOT analysis
3.3	To what extent is the programme-based approach in line with Malawi's decentralization policies and plans?	• Alignment and consistency with national policies, strategies and programmes on decentralization	• OECD Programme-based approach at the district level • Malawi Growth and Development Strategies II-III • Malawi Vision 2063 • National Decentralization Policy, Plans and Review • MoLGRD and Line Ministries • Mangochi District Council Secretariat	• Desk review • KIIs • FGDs	• Documentary analysis • Stakeholder needs analysis • SWOT analysis
3.4	To what extent are programme components in line with Mangochi district plans and strategies?	• Alignment and consistency with Mangochi District Development Plan • Consistency of the programme components with community development needs or priorities • Responsiveness of the programme components objectives with the needs and priorities of the target groups	• Mangochi District Development Plan • Mangochi District Socio-Economic Profile • Mangochi District Council • PMT (for each sector) • ADCs/ VDCs • Beneficiaries	• Desk review • KIIs • FGDs • Household survey	• Documentary analysis • Stakeholder needs analysis • Beneficiary assessment • SWOT analysis

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
Coherence - How well does the programme fit with other development efforts, is duplication of efforts avoided and synergies maximized?					
4	To what extent are there synergies between the MBSPII and other Icelandic funded projects in Mangochi?	• Alignment of MBSP II activities with other Icelandic projects in Mangochi • Type and quality of synergies sought and achieved • Potential for improvement	• MBSPII programme documents • Project/programme documents of other Icelandic projects • MFA/ Embassy of Iceland	• Desk review • KIIs	• Stakeholder analysis
5	To what extent are synergies from different development efforts in the respective sectors and in the district ensured?	• Alignment and coordination or partnership with the MBSP II activities with other development project in Mangochi (by each sectors) • Type and quality of synergies sought and achieved • Existing mechanisms and strategies of resource or expertise sharing (exchange formats) to maximize impact in the health/ education/ water and sanitation sector • Joint monitoring efforts • Good practices and lessons learnt concerning partner consultation (by each sectors) • Potential for improvement	• MBSP II programme documents and MBSP II programme extension • Annual progress reports • Project documents of other selected projects (by sector) • MFA/ Embassy of Iceland • District Secretariat/ PMT (for each sector) • Main donor organisations (focussing on the donor partner group on decentralization) • Main NGOs/ CSOs active in Mangochi district	• Desk review • KIIs	• Stakeholder analysis
6	To what extent do programme activities overlap, and other similar interventions duplicated or funded in the district by other donors?	• Type of overlap and duplication of MBSP II activities with other development project in Mangochi (by each sectors) • Potential for improvement (further alignment or synergies in the respective sector	• MBSP II programme documents and MBSP II programme extension • Annual progress reports • Project documents of other selected projects (by sector) • MFA/ Embassy of Iceland	• Desk review • KIIs	• Stakeholder analysis

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
			• District Secretariat/ PMT (for each sector) • Main donor organisations (focussing on the donor partner group on)decentralization)		
7	Is there sufficient and effective consultation among partners?	• Existence of sufficient coordination platforms, frequency of meetings and participation of relevant partners • Quality/effectiveness of coordination with various partners (e.g. donors and NGOs) to make best use of synergies and avoid overlap and duplications • Challenges or barriers that hinder effective collaboration / Potential for improvement • Good practices and lessons learnt concerning partner consultation	• MBSP II programme documents and MBSP II programme extension • Annual progress reports • Project documents of other selected projects (by sector) • MFA/ Embassy of Iceland • Main donor organisations (focussing on the donor partner group on decentralization) • Main NGOs/ CSOs active in Mangochi district	• Desk review • KIIs	• Stakeholder analysis • SWOT analysis

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
Effectiveness - To what extent has the programme achieved its objectives?					
8.1	*Overarching research question* To what extent have the MBSP II programme interventions met their stated development objectives?	• Application of the programme logic - Suitability of the programme logic to achieve the objectives at the time of evaluation and Type of changes necessary to reflect contextual changes • Progress of sector-specific output and outcome indicators (based on Logframe) • Planned versus actual status of achievement of outputs per sector • Planned versus actual status of achievement of outcomes per sector • Input per unit of selected outcome or sector-outcome per unit of input (cost-effectiveness)	• MBSP II programme documents and MBSP II programme extension • M&E Framework • Annual progress reports • District Council Secretariat • PMT • District Sector Offices/ Technical units • Embassy of Iceland • Beneficiaries • Community organisations	• Desk review • Secondary data collection (per sector) • KIIs • FGDs • Household survey	• Institutional assessment • Beneficiary assessment • Value-for-money analysis (cost-effectiveness analysis)
8.2	To what extent are the stated outputs and outcomes on track, or have been achieved (taking into account their implementation period, the management structure of the programme and external shocks, such as the COVID-19 pandemic and economic shocks)?	• Application of the programme logic - suitability of the programme logic to achieve the objectives at the time of evaluation, type of changes necessary to reflect contextual changes • Progress of sector-specific output and outcome indicators (based on Logframe)	• MBSP II programme documents and MBSP II programme extension • M&E Framework • Annual progress reports • District Council Secretariat • PMT • District Sector Offices/ Technical units • Embassy of Iceland • Beneficiaries • Community organisations	• Desk review • Secondary data collection (per sector) • KIIs • FGDs • Household survey	• Institutional assessment • Beneficiary assessment • Value-for-money analysis (cost-effectiveness analysis)

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
		• Planned versus actual status of achievement of outputs per sector • Planned versus actual status of achievement of outcomes per sector • Input per unit of selected outcome or sector-outcome per unit of input (cost-effectiveness)			
9.1	*Overarching research questions* What are the primary successes and failures of the MBSP II? What lessons can be drawn from the programme?	• Success stories • Stories of failure and lessons learnt • Unintended (positive and negative) effects	• MBSP II programme documents and MBSP II programme extension • M&E Framework • Annual progress reports • District Council Secretariat • PMT • District Sector Offices/ Technical units • Embassy of Iceland • Beneficiaries • Community organisations	• Desk review • Secondary data collection (per sector) • KIIs • FGDs • Household survey	• Institutional assessment • Beneficiary assessment • Value-for-money analysis (cost-effectiveness analysis) • SWOT analysis
9.2	What factors have contributed to achieving or hindering achievement of implementation, and were appropriate actions taken to adjust the programme design and actions?	• Expected and unexpected success factors • Expected and unexpected hindering factors • Mitigation measures	• MBSP II programme documents and MBSP II programme extension • M&E Framework • Annual progress reports • District Council Secretariat • PMT • District Sector Offices/ Technical Units • Embassy of Iceland • Beneficiaries • Community organisations	• Desk review • Secondary data collection (per sector) • KIIs • FGDs • Household survey	• Institutional assessment • Beneficiary assessment • SWOT analysis

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
10	Is the overall strengthening of the District Council's capacity to improve provision and use of basic services in Mangochi district effective as development approach?	• Contribution to national decentralization efforts • Effectiveness of the District Council's capacity building component to achieve outcomes • Effectiveness of the District Council to internally embed capacity building/ training skills • Capacity building of the District Council contributes to improved basic service provision in the long-term (sustainability of outcomes)	• M&E Framework • Annual progress reports • District Council Secretariat • PMT • District Sector Offices/ Technical Units • Embassy of Iceland • Beneficiaries • Community organisations	• Desk review • Secondary data collection (per sector) • KIIs • FGDs • Household survey	• Institutional assessment • Beneficiary assessment
Efficiency - How efficiently have resources been used? To what extent has the use of financial and human resources available to the programme between efficient, for donor and implementing partners?					
11	Have programme management and oversight procedures been effective?	• Compliance with the management/ coordination, oversight/ monitoring role and responsibilities according to agreed procedures by all parties	• Guidelines on management and oversight procedures • Tripartite cooperation agreement/ TOR/ Programme document	• Desk review • KIIs	• Documentary analysis • Institutional assessment • Follow-the-money analysis • SWOT analysis
12	Have financial plans been realistic, have they been adherent to and are any deviations from plans justified?	• Compliance with financial reporting • Compliance with financial plans (by component and by year) / actual vs. planned disbursement • Compliance with public sector finance management guidelines	• Finance management guidelines • Financial plans • Quarterly financial progress reports • Work Plans and Budgets • Financial monitoring/tracking procedures/mechanisms • Internal and external audit reports • District Council Secretariat	• Desk review • KIIs • Financial Reports	• Documentary analysis • Institutional assessment • Follow-the-money analysis

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
		• Mechanism/ system in place for tracking expenditure and sectoral progress • Capacity of District Finance Department to handle multiple budgets and allocation of costs	• District Sector Offices/ Technical Units • Finance/ audit staff • MoLGRD • Embassy of Iceland		
13	Have procurement processes been effective and transparent?	• Compliance with procurement and resource management guidelines • Timely and transparent procurements ensured / hindering factors (if any) • Independency and transparency in decision making by the Internal Procurement Committee • Effectiveness of internal audit in verifying procurement processes and costs • Mechanism in place for background checks of suppliers and contractors	• Procurement guidelines and regulations • Procurement audits • Annual progress reports • Procurement schedule and Work Plans • Secretariat • PMT • MoLGRD • Line ministries • Finance/ audit staff	• Desk review • KIIs	• Documentary analysis • Institutional assessment • Follow-the-money analysis
14	Are unit costs within acceptable levels in comparison with other development initiatives in Malawi?	• Comparison of costs and outputs (cost-output monitoring and prognosis) • Comparison with costs and outputs of other donors (in the donor partner group on decentralization) (cost-output monitoring and prognosis)	• Finance Management Guidelines • Financial plans • Quarterly financial progress reports • Work Plans and Budgets • Financial monitoring/tracking procedures/mechanisms • Internal and external audit reports • Embassy of Iceland	• Desk review • Secondary data collection • KIIs	• Documentary analysis • Stakeholder analysis • Follow-the-money analysis

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
		• Provide explanations for outliers and deviations from the planned budget	• Main donor organisations (focussing on the donor partner group on decentralization)		
15	Are administrative and overhead costs within acceptable levels?	• Comparison of administrative and overhead costs and outputs (cost-output monitoring and prognosis) • Comparison of administrative and overhead costs and outputs of other donors (in the donor partner group on decentralization) (cost-output monitoring and prognosis) • Provide explanations for outliers and deviations from the planned budget	• Finance Management Guidelines • Financial plans • Quarterly financial progress reports • Work Plans and Budgets • Financial monitoring/tracking procedures/mechanisms • Internal and external audit reports • Embassy of Iceland • Main donor organisations (focussing on the donor partner group on decentralization)	• Desk review • Secondary data collection • KIIs	• Documentary analysis • Institutional assessment • Follow-the-money analysis
16	Have different development partners within the MBSP II fulfilled their stated roles to ensure efficient use of resources, financial management, transparency, supervision, oversight, and reporting (incl. the embassy of Iceland in Lilongwe, District Council and its sector offices, Line Ministries that are part of MBSP Programme Steering Committee)?	• MoLGRD compliance with the oversight role and responsibilities as stipulated • Compliance with roles and responsibilities for the District Council • Compliance with donor funding obligations • Programme Management Team is participating in meetings • Partnership Steering Committee and District Executive Committee members participation in programme component meetings	• MBSP II programme documents • Tripartite cooperative agreement/ TOR • Meeting minutes • MoLGRD • Embassy of Iceland • District Council Secretariat • Technical progress reports • Quarterly financial progress reports and annual audit reports • TOR/ bid evaluation reports/ contracts • M&E reports	• Desk review • KIIs	• Stakeholder analysis • Institutional assessment • SWOT analysis

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
		• Annual technical progress reports submitted • Quarterly financial progress reports submitted (and audit requirements met) • Procurement process applied (TOR/ bid evaluation reports/ contracts approved) • M&E reporting requirements fulfilled			
Sustainability - To which extent are benefits of the programme likely to continue after donor funding has been withdrawn?					
17	To which extent are benefits of the programme likely to continue after donor funding has been withdrawn?	• Likelihood of continuation of activities after ending of donor funding by ICEIDA • Strategies to deal with end of donor funding	• MoLGRD and Line Ministries • District Council Secretariat	• Desk review • Secondary data collection • KIIs • FGDs	• Institutional assessment • Beneficiary assessment
18	Has the capacity of the District Council increased to ensure effective social services in the district?	• Capacity to maintain facilities • Retention of skilled District Council and frontline staff to continue delivery of services • Improved professional skills and knowledge enhancement in planning, implementation, programme monitoring, finance, and procurement • Operational capacity strengthening to support programme implementation • Financial and procurement management guidelines in place and successfully applied	• M&E framework • Annual technical progress reports • Quarterly financial progress reports and annual audit reports • TOR/ bid evaluation reports/ contracts • M&E reports • District Council Secretariat • MoLGRD and Line Ministries	• Desk review • Secondary data collection • KIIs • FGDs	• Institutional assessment • Beneficiary assessment • SWOT analysis

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
		• Programme monitoring and progress review processes in place and successfully applied			
19	Did the programme design, and alterations of its design throughout the project cycle sufficiently address sustainability?	• Alternation of programme design effected sustainability positively or negatively	• MBSP II programme documents and MBSP II programme extension • Annual progress reports • Embassy of Iceland • District Council Secretariat • MoLGRD and Line Ministries	• Desk review • Secondary data collection • KIIs • FGDs	• Institutional assessment • Beneficiary assessment
20	To what extent are the benefits of the programme likely to be sustained after their completion?	• Inclusion of the MBSP in the GoM investment plan/budget • GoM and Mangochi District Council's contribution to support services delivery • Retention of skilled District Council and frontline staff to continue delivery of services • Local community organisation's capacity to deliver services	• Programme financing contributions • District Council revenue generation and expenditure trends • District Council Secretariat • District Sector Offices/ Technical Units • MoLGRD • Embassy of Iceland • ADCs/VDCs • Local community organisations • Beneficiaries	• Desk review • Secondary data collection • KIIs • FGDs	• Institutional assessment • Beneficiary assessment • SWOT analysis
21	Is there a sense of ownership by different stakeholders, formal or informal?	• Having ownership and feeling responsible for the implementation (incl. funding, management, implementation and monitoring) of the MBSP II • Degree of formalization of ownership	• MoLGRD and Line Ministries • District Council Secretariat • District Sector Offices/ Technical Units • ADCs/VDCs • Local community organisations • Beneficiaries	• Desk review • Secondary data collection • KIIs • FGDs	• Institutional assessment • Beneficiary assessment

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
22	What is the likelihood that the systems and interventions continue to operate and be maintained without financial support from the programme?	• Gradual absorption of MBSP activities into sector programmes at district level including budgets • Capacity of District Council	• MoLGRD • District Council Secretariat • Technical units	• Desk review • Secondary data collection • KIIs • FGDs	• Institutional assessment • Beneficiary assessment • SWOT analysis
23	Did the project have positive or negative, planned or unplanned environmental or social effects?	• Positive planned or unplanned environmental effects • Negative planned or unplanned environmental effects • Positive planned or unplanned social effects • Negative planned or unplanned social effects • Mitigation measures	• MoLGRD • District Council Secretariat • District Sector Offices/ Technical Units • MFA/ Embassy of Iceland	• Desk review • Secondary data collection • KIIs • FGDs	• Institutional assessment • Beneficiary assessment
24	What are the key factors that will require attention in order to improve prospects of sustainability of outcomes?	• Main limitations for sustainability • Mitigation measures	• MoLGRD • District Council Secretariat • District Sector Offices/ Technical Units • MFA/ Embassy of Iceland	• Desk review • Secondary data collection • KIIs • FGDs	• Institutional assessment • Beneficiary assessment
25.1	How have natural, social and economic shocks (e.g. COVID-19 pandemic, cyclones, cholera outbreaks, economic crisis) affected the sustainability of the programme?	• Number and intensity of shocks, that affected programme implementation • Effects on sustainability of the programme	• Annual progress reports • District Council Secretariat • PMT • District Sector Offices/ Technical Units • Embassy of Iceland • Beneficiaries • Community organisations	• Desk review • Secondary data collection • KIIs • FGDs	• Institutional assessment • Beneficiary assessment
25.2	What measures, if any, can be taken to counter the risks (mentioned above)?	• Establishment of response mechanisms to shocks (to ensure the programme sustainability)	• Annual progress reports • District Council Secretariat • PMT • Technical units	• Desk review • Secondary data collection • KIIs	• Institutional assessment • Beneficiary assessment

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
		• Coping mechanisms employed to contain shocks at household level in the immediate and short-term. • Medium to long-term resilience interventions accessed from government and non-governmental actors.	• Embassy of Iceland • Beneficiaries • Community organisations	• FGDs	
Impact - What are the long-term implications of the programme for stakeholders, beneficiaries and their environment?					
26	What are the long-term implications of the programme for stakeholders, beneficiaries and their environment (if there is any evidence which suggests that impact has or is likely to have been generated by the development interventions)?	• Most significant change for the stakeholders, beneficiaries and their environment caused by development interventions in the long-term	• M&E Framework/ Annual progress reports • National/ district-level statistics per sector • Embassy of Iceland • MoLGRD and Line Ministries • District Council Secretariat/ PMT/ District Sector Offices/ Technical Units • ADCs/ VDCs • Beneficiaries • Community organisations	• Desk review • Secondary data collection • KIIs • FGDs • Household survey	• Beneficiary assessment • Most significant change
27.1	Have capacities been strengthened at the individual and organisational level?	• Most significant change of capacities due to MBSP II • Improved capacity at individual level • Improved capacity at organisational level • Number of conducted capacity improving measures	• M&E Framework/ Annual progress reports • Capacity building/training reports • Programme staff that participated in capacity building interventions • Embassy of Iceland • MoLGRD and Line Ministries • District Council Secretariat/ PMT/ Technical units • ADCs/ VDCs • Beneficiaries • Community organisations	• Desk review • KIIs • FGDs • Household survey	• Beneficiary assessment • Most significant change

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
27.2	Is there evidence that capabilities will remain and be relevant for the long-term?	• Evidence for sustainability of improved capacity at individual level • Evidence for sustainability of improved capacity at organisational level • Good practices / lessons learned / ideas for improvement	• Annual progress reports • Capacity building/training reports • Programme staff that participated in capacity building interventions • Embassy of Iceland • MoLGRD and Line Ministries • District Council Secretariat/ PMT/ District Sector Offices/ Technical Units • ADCs/ VDCs	• Desk review • KIIs • FGDs • Household survey	• Beneficiary assessment
28	What are the positive and negative changes in the livelihoods and living conditions, including for education, health, access to water, and are there any trends that can be identifies for the longer-term?	• Most significant changes in the livelihoods and living conditions in the long-term (per sector) • Planned versus actual achievement of outcomes per sector in the longer-term • Planned versus actual achievement of impacts per sector in the longer-term • Overall development trends per sector	• M&E Framework/ Annual progress reports • National/ district-level statistics per sector • Annual progress reports • Embassy of Iceland • District Council Secretariat/ PMT/ Technical units • ADCs/ VDCs • Beneficiaries • Community organisations	• Desk review • Secondary data collection • KIIs • FGDs • Household survey	• Beneficiary assessment • Most significant change
Cross-cutting issues - How well have the cross-cutting issues on human rights/ gender equality/ environmental sustainability/ governance been integrated into the programme and addressed in its implementation and delivery of the results?					
29	Human rights	• Alignment of MBSP II programme activities, outputs and outcomes with human rights • MBSP II measures to address vulnerable groups (in line with the LNOB principle)	• District Sector Offices/ Technical Units • Embassy of Iceland • Beneficiaries • Community organisations	• Secondary data collection • KIIs • FGDs • Household Survey	• Beneficiary assessment • Institutional assessment

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
		• Working conditions of staff working in programme activities • Unconditional access to public goods • Reported child abuse cases in target communities and mechanisms in place for documenting and reporting cases • Reported gender-based violence cases and mechanisms in place for documenting and reporting such cases			
30	Gender equality	• Gender- and age-sensitive programme design, implementation and monitoring • Female participation in economic empowerment activities • Women in key positions at the district level and in local community organisations • Women in decisions making positions at TA, ADC and VDC level • Extent of joint household decision-making process with regard to use of household income, access to productive assets such as land, and family planning and antenatal start-up trimester, etc.	• Annual progress reports • Local community organisations • District Secretariat • Embassy of Iceland • Beneficiaries	• Desk review • Secondary data collection • KIIs • FGDs • Household survey	• Beneficiary assessment • Institutional assessment

No.	EVALUATION QUESTION	INDICATORS	DATA SOURCES/ MAIN SOURCE OF INFORMATION	DATA COLLECTION METHOD	DATA ANALYTICAL TOOL
31	Environmental sustainability	• Use of environmental friendly building materials • Green initiatives (tree planting, tree regeneration, etc.) • Use of renewable energy • Use of energy saving stoves • Environmental/climate change education in schools and communities.	• District Secretariat • Local community organisations • Beneficiaries	• Desk review • Secondary data collection • KIIs • FGDs • Household Survey	• Beneficiary assessment • Institutional assessment
32	Governance	• Clarity of roles and responsibilities within the MBSP II • Communication between committees • Transparency of technical and financial programme management • M&E capacity of the district • Risk mitigation mechanisms (e.g. in terms of corruption) • Beneficiary inclusion in MBSP II programme implementation/ Participatory decision making processes • Transferability of the approach to other districts • Strength and limitations of the programme-based approach / Alternative approaches used	• Embassy of Iceland • District Secretariat • Local community organisations • Beneficiaries	• Desk review • Secondary data collection • KIIs • FGDs • Household survey	• Stakeholder analysis • Beneficiary assessment • Institutional assessment

ANNEX 2 EVALUATION PERFORMANCE RATING SYSTEM

In terms of the definition of the 'rating criteria' used in assigning 'performance ratings' the following notes of explanation are provided linked to the ranking system used to define programme performance.

HS	The programmes/projects are expected to fully achieve and in part exceed all of the intended objectives *(it has succeeded beyond the original scope of expectation)*
S	The programmes/projects are expected to mostly achieve all of the intended objectives *(it has largely succeeded in line with the original scope of expectation)*
A	The programmes/projects are expected to achieve a good part of the intended objectives but performance has faced some constraints to deliver all of the intended objectives *(it cannot yet be considered as a failure, but it has not succeeded in line with the original scope of expectation)*
U	The programmes/projects are not expected to achieve a large part of the intended objectives (it has to a significant degree failed to deliver the expected achievements as per the original scope)
HU	The programmes/projects are not expected to achieve any significant progress linked to the vast majority of the intended objectives *(it has failed totally to meet the original scope of expectation)*

(HS) Highly Satisfactory, (S) Satisfactory, (A) Adequate, (U) Unsatisfactory, (HU) Highly Unsatisfactory.

ANNEX 3 LIST OF INDIVIDUALS OR GROUPS INTERVIEWED

Icelandic partners

DATE	NAME	GENDER	ORGANIZATION	POSITION
13/06/2023	Kristjana Sigurbjörnsdóttir	F	Embassy of Iceland (in Lilongwe, Malawi)	Counsellor, Programme Director
19/06/2023	Erla Hlín Hjálmarsdóttir	F	Ministry for Foreign Affairs (MFA) Iceland	Director of Internal Affairs
26/06/2023	Inga Dóra Pétursdóttir Davið Bjarnason	F M	Embassy of Iceland MFA Iceland	Head of Mission Director of Bilateral Cooperation
27/06/2023	Ragnheiður Matthíasdóttir	F	MFA Iceland	Development Officer, Bilateral Cooperation
27/06/2023	Chance Simwaka	M	Embassy of Iceland	Financial Manager
17/07/2023	George Mhango	M	Embassy of Iceland	Senior Programme Officer
19/07/2023	Initial Debriefing Review		MFA and Embassy of Iceland	

Government of Malawi (line Ministry) partners

DATE	NAME	GENDER	ORGANIZATION	POSITION
18/07/2023	Beston Chisamile Mr. Mbewa Aubrey Banda Grace Kussein	M M M F	Ministry of Health Ministry of Education Ministry of Youth Ministry of Gender, Children, Disability and Social Welfare	
18/07/2023	Walsungu Kyira	M	Ministry of Local Government	Director of Policy and Planning

Mangochi District - Mangochi District Secretariat partners

DATE	NAME	GENDER	ORGANIZATION	POSITION
10/07/2023	Amos Lisimba	M	Public Works Department	Chief Public Works Officer
11/07/2023	Judith Maseya	F	Procurement Department	District Procurement Officer
11/07/2023	Newton Munthali	M	Planning and Development Department	Director of Planning and Development
11/07/2023	Elian Makwinja	F	Monitoring and Evaluation Department	District Monitoring and Evaluation Officer
11/07/2023	Ahmed Sadi	M	Finance Department	Director of Finance
13/07/2023	Initial Debriefing Review		District Secretariat and District Offices	

Mangochi District - Health sector partners

DATE	NAME	GENDER	ORGANIZATION	POSITION
07/07/2023	Mercy Masimbo	F	Kukalanga Health Centre	Health Surveillance Assistant
	Kondwani Kapakasa	M		Health Surveillance Assistant
	Timvenji Malle	M		Health Surveillance Assistant
09/07/2023	Adamson Arnold	M	Jalasi Health Centre	Senior Nurse/Midwife
	Kanoki Mbewe	M		Chairperson – Health Advisory Committee
	Mai Bakali	F		Vice Secretary – Health Advisory Committee
	Mr Mkwambasi	M		Member – Health Advisory Committee
09/07/2023	Limani Joni	M	Luchichi Health Post (Chiwinda Village Health Committee)	Vice Chairperson
	Saidi Peter	M		Secretary
	Marium Kachele	F		Member
	Punato Powder	F		Member
	Mai Tambala	F		Member
10/07/2023	Dr. Henry Chibowa	M	District Health Office	Director of Health and Social-Welfare Services
10/07/2023	Dr. Victor Kumfunda	M	District Health Office	District Medical Officer
10/07/2023	Patricia Kapena	F	District Health Office	District Nursing Officer
10/07/2023	Anthony Mwamphachi	M	District Health Office	Principal Health Services Administrator
10/07/2023	Maggie Phiri	F	MH-DC Nutrition Coordinators / District Hospital	Nutrition Coordinator
	Chifundo Katundu	M		Nutrition Vice Coordinator
10/07/2023	Honey Bushiri	F	Nkali Health Post (Nkali Village Health Committee)	Vice Chairperson
	Eunice Moyo	F		Treasurer
	Cecilia Foster	F		Member
	Fatima Malola	F		Member
10/07/2023	John Alifandika	M	Nkali Health Post	Health Surveillance Assistant
11/07/2023	Clophat Baleti	M	Clinical Department	Staff Clinical Department
	Lamusi Abdoul	M	Clinical Department	Staff Clinical Department
	Enoch Chiphwanya	M	Administration Department	Maintenance supervisor/ technician
	Euvencio Munthali	M	Nursing Department	Nurse (Community Nursing Section)
	Olive Munthali	F	Nursing Department	Nurse (Midwifery Section)
	Mercy Paundi	F	Nursing Department	Matron Maternity Wing District Hospital
11/07/2023	Mercy Paundi	F	Nursing Department	Matron Maternity Wing District Hospital
12/07/2023	Kondwani Chilopa	M	District HMIS Office	HMIS Officer
	James Njinga	M	District HMIS Office	Statistical Clerk

DATE	NAME	GENDER	ORGANIZATION	POSITION
12/07/2023	Lea Briton	F	Nursing Department	Matron Under Five Paediatric Wing District Hospital
14/07/2023	Mrs Botomani Mrs Saidi	F F	Ndooka Health Post (Village Health Committee)	Vice Chairperson Member

Mangochi District - Education sector partners

DATE	NAME	GENDER	ORGANIZATION	POSITION
07/07/2023	Alice Haswell Mervis Sande Harrison Duwa	F F M	Changamire Primary School	Deputy Head Teacher Junior Section Head Teacher
07/07/2023	Ester Chingoni Ernest Mangani Charles Makungwa	F M M	Changamire Primary School	Teacher Teacher Teacher
09/07/2023	Janet Chisunkhwe Shadreck Kamaliza Aida Likhumbize	F M F	Chimwala Primary School	Deputy Head Teacher Teacher Teacher
09/07/2023	Magret James Mauya Sumayili Layina Haji Emma Victor Fatuma Brown	F M F F F	Chimwala Primary School Parents Teacher Association (PTA), School Management Committee (SMC) and Mother Group	Chairlady - Mother group Chairperson - PTA Treasurer PTA Secretary - SMC Chairperson - SMC
10/07/2023	Rabson Kawalala George Masakasa	M M	District Education Office/ District Education Manager	Director DEM Education MIS Officer
11/07/2023	Richard Mpamanda Harrison Manuel	M M	Mtengeza Primary School	Deputy Head Teacher Teacher
11/07/2023	Danford Mchenga Sofia Sayidi Joyce Kalumba	M F F	Mtengeza Primary School PTA, SMC and Mother Group	Chairperson - PTA Chairlady - Mother group Chairperson - SMC
12/07/2023	James Banda Babra Mtepuka Nancy Ndazamo Bassanio Kalhere	M F F M	District Education Office/ Manager	Primary Education Adviser (Chimbende) Primary Education Adviser (Koche) Primary Education Adviser (Chimwala) Coordinating Primary Education Adviser
12/07/2023	Ireen Msangaambe Ellen Kapalamula	F F	Chimbende Special Needs School	Teacher Teacher

DATE	NAME	GENDER	ORGANIZATION	POSITION
13/07/2023	George Collins	M	District Education Office/ Manager	Education MIS Head Officer
	George Masakasa	M		Education MIS Officer
14/07/2023	Hendrix Kamthimba	M	Koche Model School	Deputy Head Teacher

Mangochi District - Social Welfare/ Early Childhood Development/ Disability/ special needs sector partners

DATE	NAME	GENDER	ORGANIZATION	POSITION
10/07/2023	Susan Chafuwa	F	District Social Welfare Office	Director of DSWO
11/07/2023	Issac Machinjiri	M	District Social Welfare Office	Senior Assistant Social Welfare Officer
	Andrew Katemba Macoha	M		Rehabilitation Officer
	Harvey Xnbwezo	M		Assistant Social Welfare Officer
13/07/2023	Gera Laisi	F	Chikomwe Early Child Development Centre	Caregiver
	Amini Imedi	F		Caregiver
	Ms Abraham	F		Caregiver

Mangochi District - Water sector partners

DATE	NAME	GENDER	ORGANIZATION	POSITION
09/07/2023	Aubrey Wester	M	Chimwala Water Point Committee	Water Point Committee Chairperson
	Violet Masa	F		Water Point Committee Member
	Fatuma Brown	F		Water Point Committee Member
	Joyce Kambalame	F		Water Point Committee Member- HSA
	Manesi Thomasi	F		Water Point Committee Member- HSA
	Violet Mkumbwe	F		Water Point Committee Member- HSA
11/07/2023	Harrison Manuel	M	Mtengeza Piped Water System	Piped Water Tank Manager
	Marium Sayidi	F		Piped Water Point Committee Member
	Richard Mpamanda	M		Piped Water Solar and Tank Manager
12/07/2023	Kondwani Andreah	M	District Water Development Office	Director of DWDO
12/07/2023	Geoffrey Perekamoyo	M	District Water Development Office	Senior Water Monitoring Assistant
	Dorin	F		Water Monitoring Assistant
	Hassan	M		Water Monitoring Assistant
	XXX	F		Water Monitoring Assistant
	Geoffrey	M		Water Monitoring Assistant
14/07/2023	Hendrix Kamthimba	M	Koche Model School Piped Water	Deputy Head Teacher
14/07/2023	Asiyatu Muhammadi	F	Makawa Community Piped Water	Community Piped Water Member

DATE	NAME	GENDER	ORGANIZATION	POSITION
14/07/2023	Ishmael Hassam	M	Makawa Community Protected Well	Community Protected Well Owner

Mangochi District - Sanitation sector partners

DATE	NAME	GENDER	ORGANIZATION	POSITION
10/07/2023	Edina Mbamba	F	Mponda Sanitation Centre	VDC Chairperson
10/07/2023	Adam Sadic Don Issa	M M	Mponda Sanitation Centre	Mason Mason
13/07/2023	Dr Kondwani Mamba	M	District Environmental Health Office	Director of DEHO
13/07/2023	Jeremiah Chausa Vincent Dumba Boyd Nuhonbera Ethel Stambuli Lonely Kazembe	M M M F F	District Environmental Health Office	Officers
14/07/2023	Mr. Banda	M	Makanjira Sanitation Centre	HSA

Mangochi District - Gender/ Women's Economic Empowerment sector partners

DATE	NAME	GENDER	ORGANIZATION	POSITION
12/07/2023	Hawa Mwandiwaza Hawa Mwambuku Fatima Aladi Alice Amini	F F F F	Tiyanjane Women's Group – WEE (Maize Mill)	Chairperson Vice Chairperson Vice Secretary Member
12/07/2023	Margaret Kamwendo Emma Kalua Tryness Kondowe Towela Singini	F F F F	Tithandizane Women's Group – WEE (Goats and Green House)	President Chairperson Vice Chairperson Secretary
14/07/2023	Pilirani Malonda Laston Clikopa	F M	District Gender Office	District Gender Development Officer District Desk Officer – WEE Gender

Mangochi District - Youth/ Youth Economic Empowerment sector partners

DATE	NAME	GENDER	ORGANIZATION	POSITION
13/07/2023	Kumbukani Manda	M	District Youth Office	District Youth Officer
15/07/2023	James Ganizani	M	Chilare Fish Processing & Marketing Coop	Secretary

DATE	NAME	GENDER	ORGANIZATION	POSITION
	Martha Nicholasi	F		Member
19/07/2023	Gift Ajimu	M	Monkey Bay YEE Cooperative	Chairperson
19/07/2023	Afili Afiki	M	Lulanga Vocational Skills	Chairperson

Mangochi District – Community Development sector partners

DATE	NAME	GENDER	ORGANIZATION	POSITION
09/07/2023	Tambula Pensulo	M	Majuni Area Development Committee	Chairperson
09/07/2023	Janet Athani Fatuma Maulana Brenda Mkuku Joyce Kambalame Fatuma Mkandawire	F F F F F	Chimwala ADC/ VDC	ADC Chairlady ADC Member ADC Member VDC Member VDC Member
10/07/2023	Beatrice Ndawala	F	District Community Development Office	

Development partners

DATE	NAME	GENDER	ORGANIZATION	POSITION
13/07/2023	Lovemore Ali Violet Nkhoma	M F	World Food Programme	WFP Mangochi District Field Officer WFP Mangochi District Field Officer
13/07/2023	Mathias Stumpf Tinashe Chidothe Chawezi Gondwe	M M M	GIZ Malawi – Energising Development (EnDEV)	Team Leader - GIZ EnDev Junior Energy Advisor - GIZ EnDev Program Coordinator GIZ EnDev
17/07/2023	Simon Denhere Mercy Potani Katherine McAleer	M F F	World Food Programme	Deputy Country Director Partnerships Officer
17/07/2023	Gerrit Maritz and colleagues	M	UNICEF	
18/07/2023	Alan Walsch Mathias Stumpf	M M	GIZ Malawi	Country Director Team Leader Energising Development
18/07/2023	Rose Grace	F F	UNFPA	

ANNEX 4 LIST OF DOCUMENTATION CONSULTED

Icelandic policy documentation (International Development Cooperation)

- Act on Iceland's International Development Cooperation (2008)
- Parliamentary Resolution on Iceland's policy for international development cooperation for 2019-2023
- Ministry for Foreign Affairs, International Development Cooperation - Evaluation Policy (2020), Bilateral Development Cooperation Strategy (2022), Multilateral Development Cooperation Strategy (2022), Civil Society Organization Cooperation Strategy (2022), Gender Equality Strategy (2022), Humanitarian Assistance Strategy (2022)
- Ministry for Foreign Affairs, International Development Cooperation - Country Strategy Paper for Malawi 2012-2016 (extended to 2018), Country Strategy Paper for Malawi 2023-2026

MBSP (Programme Document and programme evaluations)

- MBSP Phase II, 2017-2021 - Programme Document (2017)
- MBSP Phase II, 2017-2021 - Summary information on the extension of the programme (2021)
- MBSP Phase II, 2017-2021 - Mid-Term Evaluation (2020)
- MBSP Phase I, 2012-2016 - Programme Document, and Mangochi ICEIDA Partnership in Water and Sanitation, Partnership in Public Health, Partnership in Education (2012)
- MBSP Phase I, 2012-2016 - Final Evaluation (2018)

MBSP II (Programme management, implementation and external audit documentation)

- Annual Progress Reports (end of Year 1, Year 2, Year 3, Year 4, Year 5, and Year 6)
- Monitoring and Evaluation [Results] Framework (updated Year 5)
- Grant Thornton, External Procurement Audit of Iceland Funded "Mangochi Basic Services Programme (MBSP II) for the Financial Years 2017/18, 2018/19, 2019/20 and 2020/2021
- Baker Tilly, External Procurement Audit for Mangochi District Council for the period from 1 July 2022 to 31 March 2023

Mangochi District Council documentation

- Mangochi District Council, District Development Plan 2017-2022
- Mangochi District Council, District Socio-Economic Profile (2018)
- Mangochi District Council, A report on COVID-19 Activities implemented in Mangochi District with Financial Support from the Ministry of Foreign Affairs (Government of Iceland) (2022)
- Mangochi District Gender Office, Women Economic Empowerment - Identification and Needs Assessment Report for Gender (2021)
- Mangochi District Council, Women Economic Empowerment Strategic Plan 2021-2025
- Mangochi District Council, Gender Strategic Plan for Mangochi District 2022-2027
- Mangochi District Youth Office, Youth Economic Empowerment - Group Identification and Needs Assessment Report (no date)
- Mangochi District Council, Youth Economic Empowerment Strategy 2022-2027
- Mangochi District Council, Youth Strategic Plan for Mangochi District 2022-2027
- Mangochi District Council, Guidelines for administration of Youth matching grants under MBSP program Youth Economic Empowerment (2022)

Government of Malawi

- GoM, Malawi National Decentralisation Policy
- GoM, Malawi Growth and Development Strategy (MGDS III) 2017-2022
- GoM, Malawi Vision 2063 - Transforming Our Nation (2020)
- GoM, Malawi 2063 First 10-year Implementation Plan (MIP-1) 2021-2030
- GoM, National COVID-19 Preparedness and Response Plan (2020)

- GoM, Malawi Voluntary National Review (VNR) Report for SDGs (2020, 2022)
- Ministry of Local Government and Rural Development (National Local Government Finance Committee), Consolidated Local Authorities Program Based Budget report (Financial Years 2018-19, 2019-20, 2021-22, 2022-23)
- Ministry of Local Government and Rural Development (National Local Government Finance Committee), Local Authorities Performance Assessment (LAPA) report and/or rankings (2019, and 2022)

Donor Partners

- GoM-UN Malawi, United Nations Development Assistance Framework 2019-2023
- World Food Programme, Malawi Country Strategic Plan 2019-2023
- GoM-UNDP, Malawi National Human Development Report (2021)
- GoM-OPHI-UNDP, Malawi Multidimensional Poverty Index (2021)
- GoM-ODI-UNICEF, Fiscal Decentralisation in Malawi Situational Analysis (2022)
- UNICEF Malawi, Social Protection Budget Brief (2020, 2022)
- World Bank Group, Country Partnership Framework for Malawi for FY21–25
- World Bank Group, Malawi Gender Assessment (2022)
- World Bank Group, Malawi Poverty Assessment (2022)
- World Bank Group, Malawi Statistical Update (October 2022)
- African Development Bank, Malawi Country Strategy Paper 2018-2022
- African Development Bank, Project Completion Report (2022), Sustainable Rural Water and Sanitation Infrastructure for Improved Health and Livelihoods (Malawi)
- GoM-EU/EC, Republic of Malawi-EU National Indicative Programme 2014-2020, Republic of Malawi-EU Multi-Annual Indicative Programme 2021-2027
- Embassy of Ireland, Malawi Country Strategy Paper 2016-2020
- USAID, Malawi Country Development Cooperation Strategy 2020-2025
- German Society for International Cooperation (2019), GIZ in Malawi (Country Brochure)

ANNEX 5 MALAWI – BASIC SOCIO-ECONOMIC DATA

(World Bank Group) Malawi Macro Economic, Social and Poverty outlook indicators

INDICATORS	2018	2019	2020	2021	2022E	2023F
Population (million)	18.1	18.6	19.1	19.6	20.2	---
Population growth (annual %)	2.7	2.7	2.7	2.7	2.7	---
GDP (current USD billion)	9.881	11.020	11.694	12.319	11.637	
GDP per capita (USD, nominal)	544.6	591.5	611.3	627.0	576.6	
GDP growth (annual %)	4.4	5.4	0.8	2.8	1.5	3.0
GDP p/c growth (annual %, real)	1.7	2.7	-1.8	0.0	-1.2	
International poverty rate ($ 2.15 in 2017 PPP, % of population)	65.7 (2016)	70.1	70.7	70.7	71.2	71.1
Lower middle-income poverty rate ($ 3.65 in 2017 PPP)	87.3 (2016)	89.1	89.4	89.4	89.5	89.5
Upper middle-income poverty rate ($ 6.85 in 2017 PPP)	96.8 (2016)	97.3	97.4	97.4	97.4	97.4
Unemployment rate (%)	5.8	5.8	6.7	7.0	---	---
Inflation (CPI annual %, average)	9.2	9.4	8.6	9.3	22.5	20.5
Fiscal revenue (% of GDP)	14.6	14.7	14.6	14.1	14.2	---
Fiscal expenditure (% of GDP)	19.0	19.1	20.9	21.2	23.0	---
Fiscal balance (% of GDP)	-4.3	-4.4	-6.4	-7.1	-8.8	-10.0
General Debt (% of GDP)	43.9	45.3	52.8	53.5	58.6	61.9
External Public Debt (% of GDP)	25.0	27.8	31.7	28.4	28.6	---

(UNDP) Malawi National Human Development Report 2021

National, Regional and District Human Development Index for Malawi

RANK	AREA	LIFE EXPECTANCY	MEAN YEARS OF SCHOOLING	EXPECTED YEARS OF SCHOOLING	GNI PER CAPITA (2011 PPP $)	HUMAN DEVELOPMENT INDEX (HDI)
	National	65.15	4.62	11.21	1163.2	0.493
1	Northern Region	65.10	4.89	11.73	1077.9	0.496
2	Central Region	66.75	4.64	10.93	1151.1	0.495
3	Southern Region	63.90	4.51	11.25	1200.6	0.490
27th of 28	Mangochi District	64.4	3.48	10.27	1038.8	0.459

ANNEX 6 MALAWI – PROGRESS ON IMPLEMENTING THE SUSTAINABLE DEVELOPMENT GOALS (SDGS)

Source: Malawi 2022 Voluntary National Review (VNR) report for Sustainable Development Goals

Conclusion

Malawi has implemented the SDGs since 2016 after ratification by all UN member states. When the benchmarking process took place in 2016, Malawi started to put in place mechanisms to increase awareness among stakeholders and the general public but also to improve institutional capacity for effective and coordinated implementation and monitoring. The implementation of SDGs has been multi-stakeholder and participatory ensuring involvement all stakeholders including marginalized people. Principle of leaving-no-one behind has infused in the Malawi 2063, and well captured in the inclusive wealth creation and self-reliance.

The integration of the SDGs into the national and sectoral policies has not only helped to enhance implementation of the SDGs related interventions but also the streamline of monitoring, evaluation and reporting at all levels using national structures. Development partners and non-government organizations including the private sector have been party to the implementation of SDGs.

As this VNR has revealed, implementation progress on SDGs is mixed. The country has made significant progress on goals 2, 3, 4, 6, and 14 with moderate progress on goals 5, 7, 8, 9, 13, and 17. If the momentum is sustained, Malawi is likely to meet targets of these goals. However, there is little or no progress on goals 1, 10 and 15. Malawi will need to take well focused and prioritised interventions to reignite progress in these goals. In goals 11, 12, and 16 there was no sufficient data to assess progress.

Successes so far registered have been dwarfed and affected by the various calamities especially climate induced disasters and the COVID-19 pandemic. While the impact of the SDGs is being recognized at national and sub-national levels, the feeling at community level especially among the vulnerable groups is that the progress is too low to impactful uplift their plight. This therefore require strong will to embrace paradigm shift towards wealth creation drive as most sustainable and efficacious approach for poverty reduction.

General Challenges

Although Malawi has made some progress in the implementation of SDGs, there are challenges that the government and stakeholders must address to accelerated achievement of SDGs. Some of the key challenges include the following.

- The recurring impacts of climate change which include the flash floods, heat waves and erratic rainfall. These retard or reverse strides that are already made in the national development.
- Low industrialization rate which affects the pace at which SDGs 1, 8 and 9 are progress is worrisome.
- COVID-19 has not only devastated health sector but also social cohesion and economic development. The slowing down of economic activities and loss of jobs in key sectors especially tourism and manufacturing has negatively affected progress on achievement of SDGs.
- Limited fiscal space which has resulted in government thinly spreading resources across numerous interventions. This has resulted in development financing heavily relying on development partners. The impact of spreading resources across several interventions has been delayed completion of projects and prioritization of small projects with very little impact on development space.
- Corruption and economic crimes negatively affect delivery of development programmes and social services.
- The glaring gaps in the M&E and data systems continue to bring challenges on assessing national performance including the SDG implementation progress.

Malawi 2022 Voluntary National Review report for SDGs (selected information extracts)

SDG	INDICATORS
Goal 1 **End poverty in all its forms everywhere**	**Indicator 1.1.1 Proportion of population below the international poverty line $1.90 per day** The share of Malawians living below the international poverty line of $1.90 per day has increased from 71.4 percent in 2015 to 73.5 percent in 2019.
	Indicator 1.1.2 Proportion of the population living below the national poverty line The proportion of people below national poverty line has marginally declined to 50.7 percent in 2021 from 51.5 percent in 2016. This improvement is attributed to the strengthening of the implementation of various social protection programmes. For the country to halve the poverty levels by 2030, there is need to intensify poverty reduction programmes. The levels of poverty are higher among the rural residents and is estimated at 56.6 percent, while the estimate for urban residents the estimate is at 19.2 percent. Poverty among the urban residents increased from 17.7 percent in 2016 to 19.2 percent in 2021. *Proportion of the population that is Ultra-poor* - 20.5 percent of the population are currently classified as ultra-poor an improvement from 24.5 percent in 2016.
	Indicator 1.3.1 Proportion of population covered by social protection floors or systems Malawi has intensified its social protection programmes, currently covering 293,522 household beneficiaries with 1,284,633 individuals (about 7 percent of the country's population) from 290,036 households in 2020 across all 28 districts. In addition to the regular Social Cash Transfer Programme (SCTP), Government reached out to 144,104 in the cities with the COVID-19 Urban Cash Intervention.
	Source: International Labour Office (ILO) - World Social Protection Report 2020–22 Indicator 3.8.1 Coverage of essential health services (UHC) = 46.0% Indicator 1.3.1 Population covered by at least one social protection benefit (excluding health) = 21.3% *Proportion of people protected by social protection systems or floors* Children = 9.8% Mothers with newborns = ----- Persons with severe disabilities = ----- Unemployed = 0% Older persons = 2.3% Workers in case of work injury = 6.9% Vulnerable persons covered by social assistance = 19.6% Labour force covered by pension scheme (active contributors) = 3.3%
Goal 2 **End hunger, achieve food security and improved nutrition**	**Indicator 2.1.1 Prevalence of undernourishment** Between 2000 and 2019 Malawi reduced prevalence of undernourishment by 19.8 percent to 17.3 percent. Significantly, the number of people vulnerable to perennial hunger has declined. As of the 2021/22 farming seasons 1,496,396 people (8 percent of the population) required food assistance, a 43 percent decrease from the preceding year.
	Indicator 2.2.1 Prevalence of stunting among all children under 5 years of age Stunting has reduced from 55 percent in 2000 to 37.0 percent in 2016 then to 35.5 percent in 2019. However, the prevalence is still higher than the regional prevalence of 32.4 percent.
	Indicator 2.2.2 Prevalence of malnutrition among children under 5 years of age, by type (underweight, wasting and overweight) The prevalence of overweight, and wasting have been declining while underweight have worsened from between 2016 and 2019. Despite marginal increase in the prevalence of underweight, the long run trend has been declining since 2000 (20 percent) to 2019 (12.8 percent). The prevalence took a dip from 11.7 percent recorded in 2016.

SDG	INDICATORS
Goal 3 **Ensure healthy lives and promote well-being for all at all ages**	**Indicator 3.1.1 Proportion of births attended to by skilled health personnel (%)** The attendance of a skilled and competent health worker at every birth is a critical intervention in reducing the risks of morbidity and mortality to the mother and baby. There has been an increase in the proportion of birth attended by skilled health personnel, from 90 percent in 2016 to 96.8 percent in 2021. The increase indicates that the SDG target of 100 percent is likely to be achieved by 2030.
	Indicator 3.2.1 Under-five mortality rate Malawi has achieved a significant reduction in under-five mortality and remains on course to achieve the SDG target of 25 deaths per 1000 live births by 2030. The under-five mortality rate has declined from 63/1000 live births in 2016 to 56/1000 live births in 2021 representing a 11.1 percent decline over a period of 5 years.
	Indicator 3.2.2 Neonatal mortality rate Neonatal deaths contribute 30 percent of under-five deaths and remains one of the main direct causes of high infant and child death in Malawi. Neonatal mortality marginally declined from 27 deaths per 1000 live births in 2016 to 26 per 1000 in 2019, representing 3.7 percent drop.
	Indicator 3.3.1 Number of new HIV infections per 1,000 uninfected population Incident rates for all age groups has decreased from 1.58 in 2028 to 1.13 in 2021, whilst the incident rates for those between 15-49 has also decreased from 0.28 in 2018 to 0.19 in 2021. Currently, about 5 percent of the country are living with HIV, 95 percent of HIV positive know their status, 92 percent of those who know their HIV positive status are on treatment, 87 percent of those on treatment have the HIV virus suppressed. This is against the UNAIDS global target of 95%, 95%, 95% respectively by 2025. AIDS related deaths have also decreases from 72 000 per year in 2006 to 11,000 in 2021.
	Indicator 3.3.3 Malaria Incidence Malaria is a leading cause of morbidity and mortality in children under five years and pregnant women. As of 31 December 2021, malaria incidence stood at 361 cases per 1,000 population while death is at 13 per 100,000 population. The malaria incidence has consistently decreased in recent years. Records show incidence decreased from as high as 386 malaria cases per 1,000 population in 2015 to 361 cases per 1,000 in 2021. On the other hand, Malaria death rate reduced by 43 percent from 23 per 100,000 in 2015 to 13 per 100,000 in 2021.
	Indicator 3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods There has been gradual progress in mCPR in Malawi. However, the unmet need for family planning for unmarried women is remain high at 44.8 percent (compared to 15.4 percent among married). The problem is more pronounced for teenagers where unmet need for family planning for unmarried aged 15-19 is significantly high (71.5 percent). This has huge bearing on teen pregnancies and population growth in Malawi.
Goal 4 **Ensure inclusive and equitable quality education and promote lifelong learning**	**Indicator 4.1.1 Proportion of children at the end of primary achieving a minimum proficiency level in reading, Mathematics, and organized learning** The proportion of children achieving at least a minimum proficiency level in reading has improved from 66.4 percent in 2016 to 74.3 percent in 2021. As for mathematics for lower primary school, the proficiency has improved by 3.4 percent to 44.5 percent in 2021 as compared to levels in 2016.
	Indicator 4.1.2 Completion rate (primary, lower secondary, upper secondary) Although there has been a significant improvement in the primary education completion rate, standing at 56 percent in 2020, there is still a long way to achieve 100 percent completion rate. For secondary education, the completion rate has remained fairly constant. However, the year-to-year analysis shows a slight improvement from 19 percent to 22.1

SDG	INDICATORS
opportunities for all	percent in 2020. A gender analysis shows more males completed secondary education relative to their female counterparts. There is need for more effort if the target is to be achieved by the year 2030.
	Indicator 4.5.1 Gender Parity Index (GPI) There was equality between the enrolment of boys and girls in primary school in 2015 and 2016, and a marginal bias in enrolment of girls over boys from 2017 to 2020. The Malawi Gender Parity Index (GPI) for secondary education shows that there has been a marginal improvement between 2017 (0.90) and 2020 (0.97). 2021 results indicate that the GPI stood at 0.94, hence a drop from the previous year due to COVID-19 pandemic. The country is likely to achieve the target of 1 at the current trend and if efforts to improve the same will be scaled up. Despite high parity in enrolment, there are huge disparities in the transition rates to secondary and tertiary with more boys advancing than girls.
Goal 5 **Achieve gender equality and empower all women and girls**	**Indicator 5.1.1 Existence of Legal Frameworks in place to promote, enforce and monitor equality and non-discrimination based on sex** Malawi continues to conduct legislative reforms and enact various gender-related laws to enhance the empowerment of women, gender equality, and violence prevention, mitigation, and response (e.g. Gender Equality Act, Prevention of Domestic Violence Act, Marriage, Divorce and Family Relations Act, and the Chiefs Act which strengthen the legal framework governing the role of chiefs in eliminating violence against women and girls). Further, Malawi has initiated a process that systematically identifies key legal provisions which directly or indirectly contribute to gender inequalities. Furthermore, Government facilitated the review of the National Plan of Action on Women Economic Empowerment, and developed the National Male Engagement Strategy to promote a gender transformative approach that ensures that males take a leading role in the elimination of violence against women.
	Indicator 5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 The proportion of women aged 20-24 years who were married by age 15 has declined to 7.6 percent in 2021 from 12.5 percent in 2016 representing a 14.6 percent drop. Similarly, the proportion of women aged 20-24 years who were married by age 18 has declined from 46.3 percent in 2016 to 37.7 percent in 2021 representing a drop of 18.6 percent. This is a promising trend in as far as this indicator is concerned. Results further indicate that one in five (21 percent) young women aged 15-19 years are currently married, young women in rural areas (23 percent) are more likely to be currently married than their urban counterparts (10 percent).
Goal 6 **Ensure availability and sustainable management of water and sanitation for all**	**Indicator 6.1.1 Proportion of population using improved water services** 87.9 percent of population (97.9% urban areas and 86.1 percent rural areas) have access to improved sources of drinking water. Although this is a slight increase from 87 percent achievement in 2016, the long run trend suggests Malawi is likely to meet the target. Urban and rural households rely on different sources of drinking water. The main sources of drinking water for urban households are piped water in their dwelling or yard (41 percent) and public tap or standpipe (33 percent). Whereas for rural areas 55 percent rely on boreholes, 35 percent piped water and 10 percent protected wells. Despite strides in improving availability of safe water, some sections in Malawi walk for long distances to access water. Overall, about 27% of the population walk for over an hour to access safe water.
	Indicator 6.2.1 Proportion of population using improved sanitation services 80 percent of the population in Malawi uses improved sanitation facilities. The use of improved sanitation facilities is more in the urban setting at 92 percent while in the rural areas the rate is at 78 percent. *Proportion of population with a hand washing facility* - at national level, 28 percent of the population uses basic hand-washing facilities, 46 percent

SDG	INDICATORS
	uses limited facility while 25 percent have no hand washing facility. The rural-urban dichotomy still exists with only 13 percent of the urban population do not have a hand washing while for rural it is as twice.
Goal 8 **Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all**	**Indicator 8.1.1 Annual growth rate of real GDP per capita** Real per capita GDP growth rate estimate for 2020 dropped to 0.8 percent from 5.4 percent in 2019, the drop being attributed to COVID-19 effects. In 2021, the economy rebounded and grew by 3.9 percent. This uptick followed the relaxation of the COVID-19 preventive measures. Consequently, the resumption of economic activities boosted growth in most economic activities, including mining and quarrying, accommodation and food services, transportation, wholesale and retail, health, agriculture, electricity, water and gas and manufacturing. In 2022 growth is anticipated go upward reaching 4.1 percent, which is still lower than the SDG target of 7 percent. However, for Malawi to achieve the middle-income status by 2030, it is supposed to register a 6 percent growth annually.
	Indicator 8.5.2 Unemployment rate, by sex, age, and persons with disabilities The population census revealed that the unemployment rate is currently at 18.5 percent, a drop from 21 percent in 2014. Unemployment is higher among females than males, at 20.3 percent and 16.6 percent respectively.
	Indicator 8.6.1 Proportion of youth (aged 15-24 years) not in education, employment, or training The percentage of youth who are idle is still high, with about 29.6 percent neither in school nor employment. Nevertheless, this is an improvement from the 31.6 percent recorded in 2017.
Goal 10 **Reduce inequality within and among countries**	**Indicator 10.1.1 Growth rate of household per capita expenditure** There has been an overall increase in the household per capita expenditure since 2013, with the latest data in 2019 indicating a per capita expenditure of $514. GNO per capita has also steadily increased since the last VNR to $603 in 2020. The per capita expenditure and income conceal different experiences within the population. Using the Gini Coefficient to capture the intensity of the inequality shows that inequality has declined between 2016 and 2020. The Gini Coefficient has declined to 0.379 in 2020 from 0.423 in 2017. Inequality is higher in urban areas at 0.390 compared to 0.332 in rural areas. Though there has been significant progress in curbing inequality, the state of the inequality is still a cause for concern.
Goal 16 **Promote peaceful and inclusive societies, provide access to justice for all and build effective, accountable and inclusive institutions at all levels**	**Indicator 16.10.2 Public access to information and protect fundamental freedom** Malawi has enacted appropriate legislation and developed the necessary regulations and guidelines to guarantee access to information. The Access to Information Act, which was fully operationalised in January 2021, provides step by step procedures that are to be followed by information holders as well as information users in the exercise and fulfilment of the right to accesses to information. The Human Rights Commission has since carried out a number of awareness raising and capacity building initiatives to ensure popularisation and smooth operation. In addition, over 5000 copies of the Act, which includes the Regulations, have been distributed. The Act has also been translated into one vernacular (Chichewa) language to facilitate inclusive awareness. Despite the efforts being made, it is worth noting that most people are still not fully aware of what is required for one to request for, and access information.
	Indicator 16.a.1 Existence of independent national human rights institutions in compliance with the Paris Principles In compliance with the Paris 21 Principles, Malawi established an independent national human rights institution, the Human Rights Commission, under the Human Rights Commission Act, with the broad mandate to promote and protect human rights, including the investigation of human rights violations. Recently, the Human Rights Commission received

SDG	INDICATORS
	additional mandates to oversee the implementation of the Gender Equality Act and Access to Information Act. Currently, slightly over 60 percent of Malawians are aware of one or more human rights and the correlative duties of the State, and their corresponding responsibilities.
Goal 17 **Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development**	**Indicator 17.1.1 Total Government Revenue as a proportion of GDP** There has been a decline in total Government revenue as a percentage of the national GDP, mainly due to the economic slowdown as a result of COVID-19 pandemic. This has seen the percentage of revenue to GDP decline to 16.5 percent in 2020/21 from an average of 19.9 percent of GDP in 2019/2020. Malawi is, therefore, unlikely to meet the target of 50 percent by 2030. As a way of improving the situation, Government has developed the Domestic Revenue Mobilisation Strategy (2021-2026). The objective of the Strategy is to ensure stability and transparency in the revenue policy-making process and reduce dependence on external and domestic loans while implementing increased fiscal discipline and control.
	Indicator 17.1.2 The Proportion of Domestic Budget funded by domestic taxes The proportion of the domestic budget funded by domestic taxes has declined to 48 percent in 2020/2021 from 51 percent in 2019/2020 due to the economic slowdown in industrial and commercial activities occasioned by the COVID-19 pandemic.
	Indicator 17.18.3 Availability of a National Statistical Plan that is fully funded and under implementation Malawi has made great strides in ensuring that the National Statistical Office implements the National Statistics Act. However, data availability, especially administrative, is a key challenge. The number of development indicators without updated data, therefore, remains high.

ANNEX 7 MALAWI – NATIONAL DEVELOPMENT PLAN FRAMEWORK AND MBSP II ALIGNMENT

MGDS III (Building a Productive, Competitive and Resilient Nation), 2017-2022

Goal/Vision - to improve productivity, turn the country into a competitive nation and develop resilience to shocks and hazards.

Overall Objective - to move Malawi to a productive, competitive and resilient nation through sustainable economic growth, energy, industrial and infrastructure development while addressing water, climate change and environmental management and population challenges.

Key Priority Areas - (1) Agriculture, Water Development and Climate Change Management, (2) Education and Skills Development, (3) Energy, Industry and Tourism Development, (4) Transport and ICT Infrastructure, and (5) Health and Population.

Cross-cutting areas - (1) Financial Services, (2) Disaster Risk Management and Social Support, (3) Gender, Youth Development, Persons with Disability and Social Welfare, (4) Human Settlement and Physical Planning, (5) Environmental Sustainability, (6) HIV and AIDS Management, (7) Nutrition, (8) Peace and Security, (9) Local Governance, Rural Development and Decentralization.

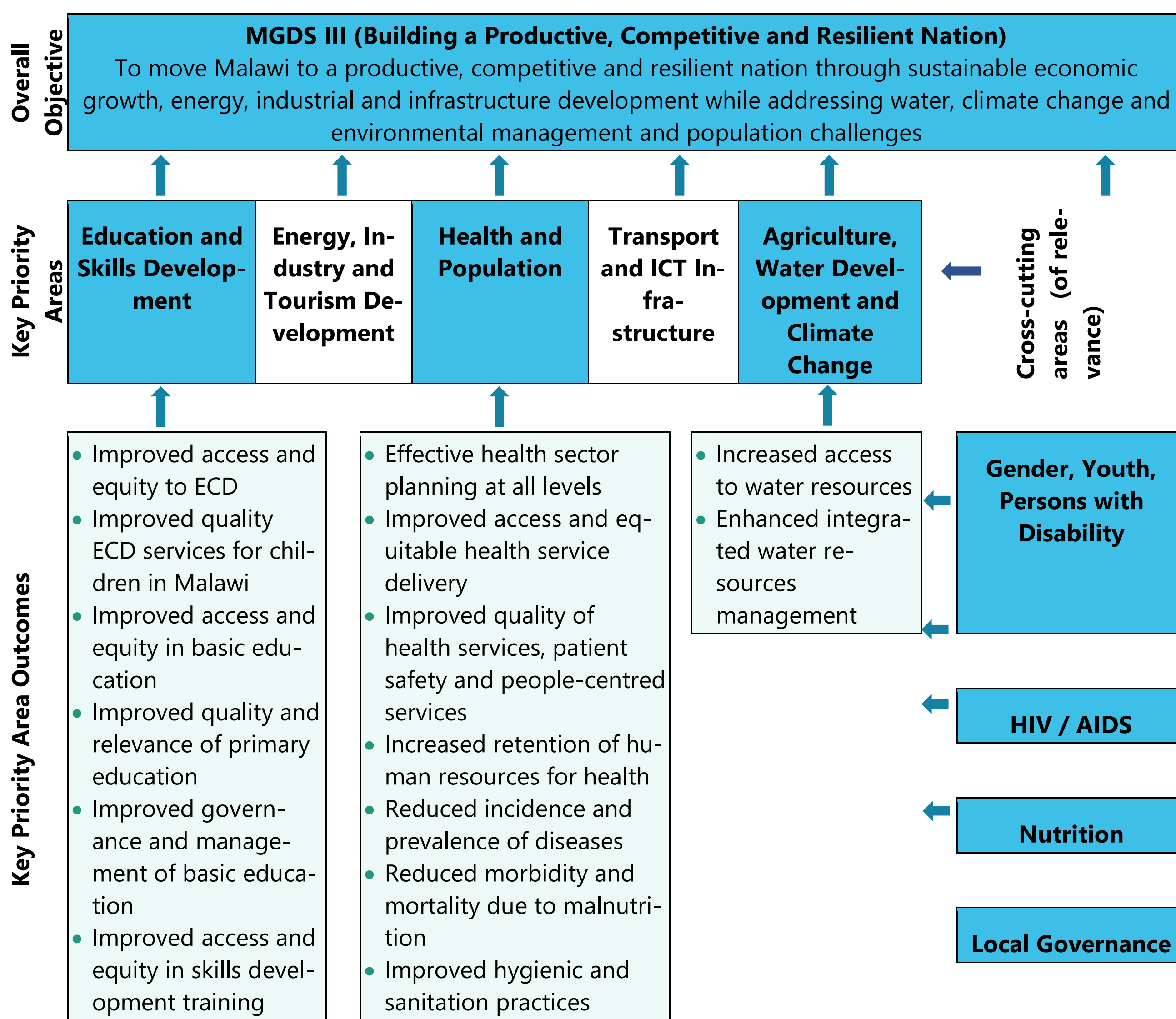


Figure 15: MBSP II alignment with the Malawi Growth and Development Strategy (MGDS III)

Malawi 2063 – First 10-year Implementation Plan (MIP-I), 2021-2030

Goal/Vision - to transform Malawi into a middle-income economy by 2030.

Overall Objective - (1) To raise the country's income status to lower-middle level by 2030 where per capita income will reach at least US$1,000, and (2) To meet most of the Sustainable Development Goals (SDGs) whose end-line target is 2030.

Malawi 2063 developmental Pillars - (1) Agricultural Productivity and Commercialization, (2) Industrialization, and (3) Urbanization.

Malawi 2063 developmental Enablers - (1) Mind-set Change, (2) Effective Governance Systems and Institutions, (3) Enhanced Public Sector Performance, (4) Private Sector Dynamism, (5) Human Capital Development, (6) Economic Infrastructure, and (7) Environmental Sustainability.

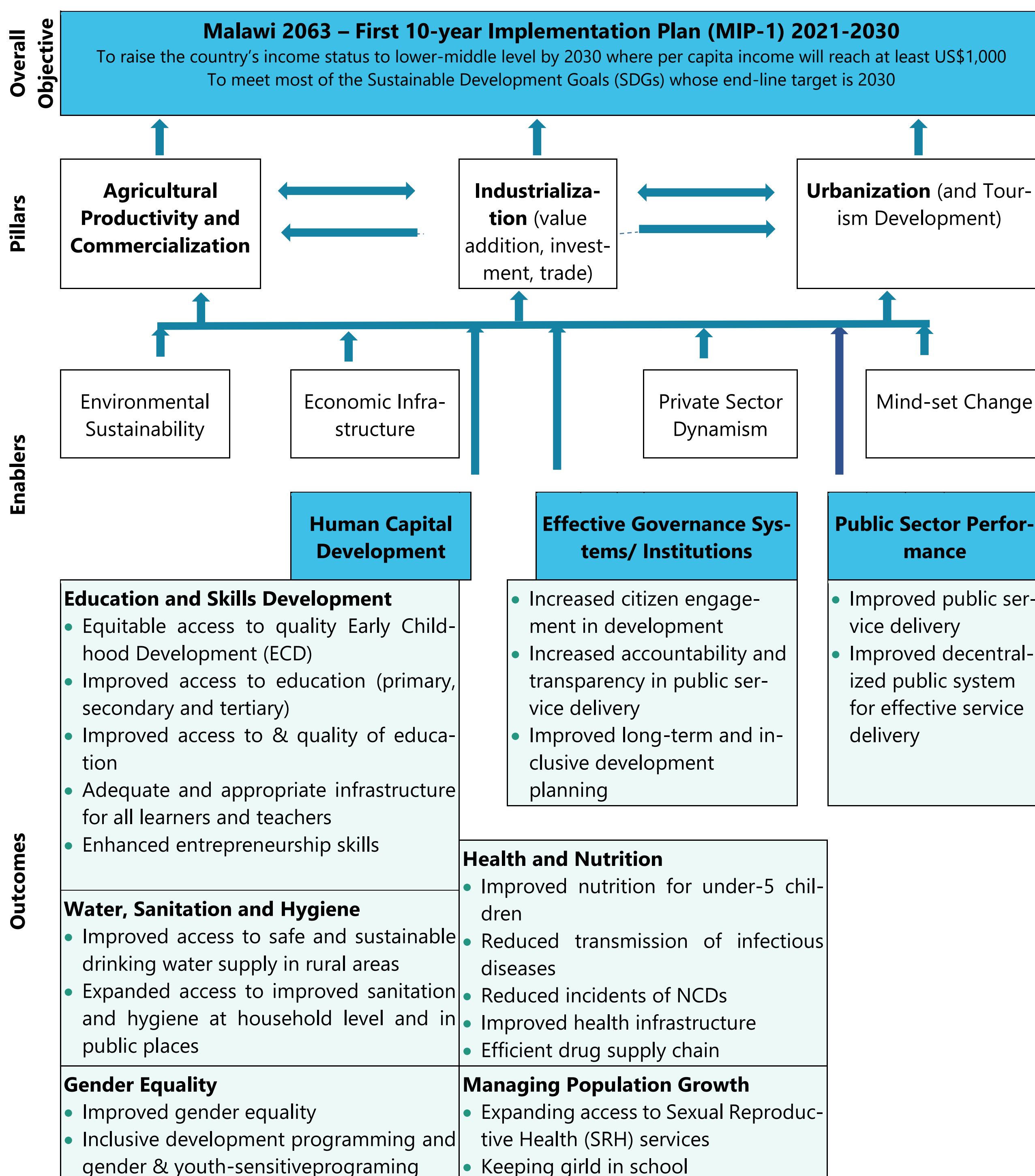
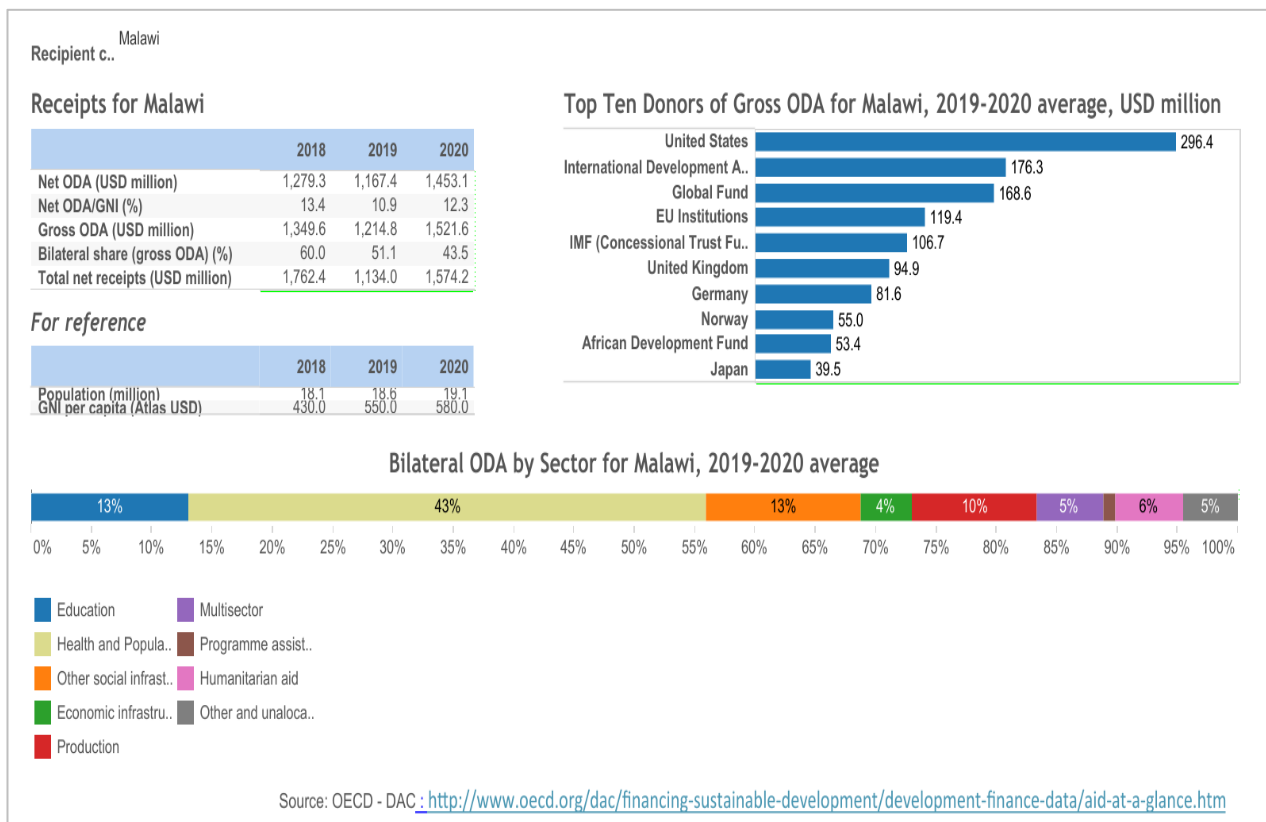


Figure 16: MBSP II alignment with the Malawi 2063 First 10-year Implementation Plan (MIP)

ANNEX 8 MALAWI – KEY DONOR PARTNERS ACTIVE IN-COUNTRY



Recipient c.. Malawi

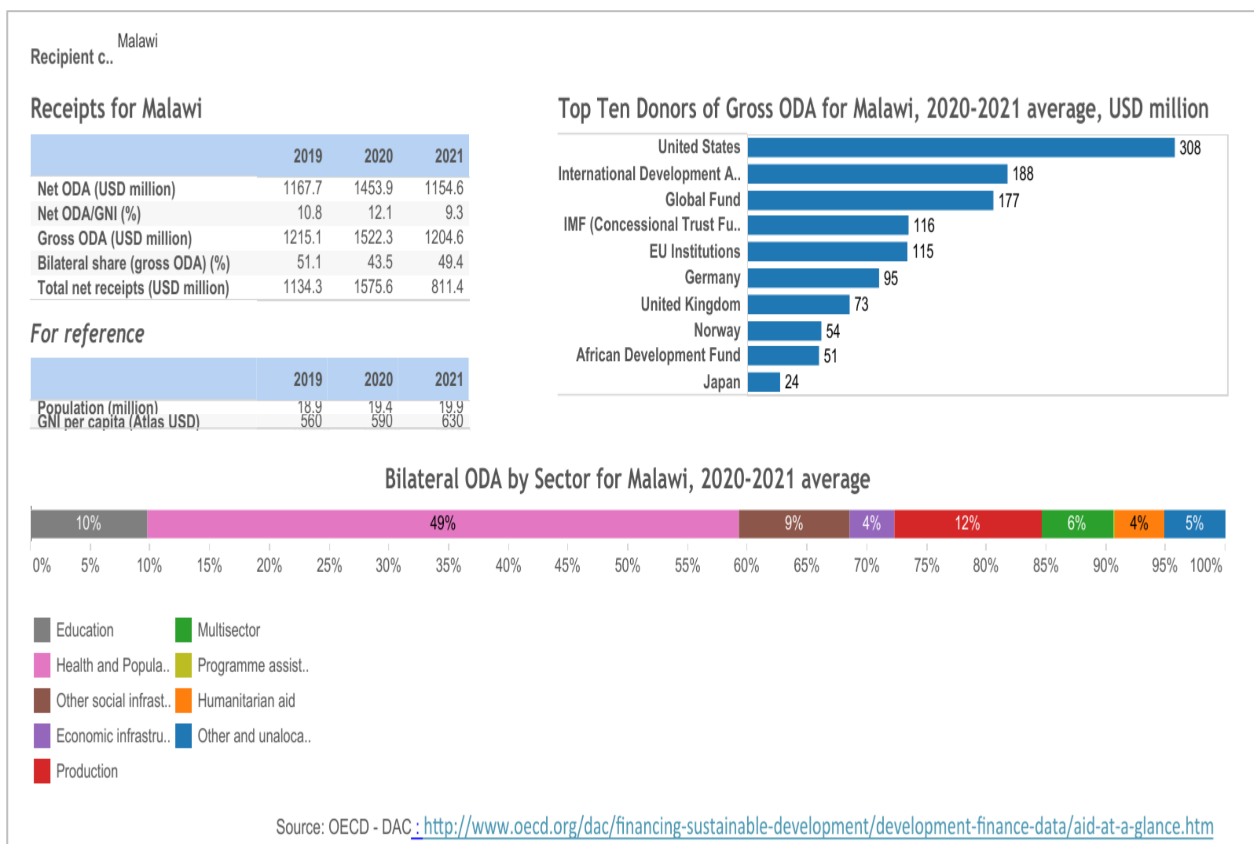
Receipts for Malawi

	2018	2019	2020
Net ODA (USD million)	1,279.3	1,167.4	1,453.1
Net ODA/GNI (%)	13.4	10.9	12.3
Gross ODA (USD million)	1,349.6	1,214.8	1,521.6
Bilateral share (gross ODA) (%)	60.0	51.1	43.5
Total net receipts (USD million)	1,762.4	1,134.0	1,574.2

For reference

	2018	2019	2020
Population (million)	18.1	18.6	19.1
GNI per capita (Atlas USD)	430.0	550.0	580.0

Figure 17: Key development partners active in Malawi (2019-2020)



Recipient c.. Malawi

Receipts for Malawi

	2019	2020	2021
Net ODA (USD million)	1167.7	1453.9	1154.6
Net ODA/GNI (%)	10.8	12.1	9.3
Gross ODA (USD million)	1215.1	1522.3	1204.6
Bilateral share (gross ODA) (%)	51.1	43.5	49.4
Total net receipts (USD million)	1134.3	1575.6	811.4

For reference

	2019	2020	2021
Population (million)	18.9	19.4	19.9
GNI per capita (Atlas USD)	560	590	630

Figure 18: Key development partners active in Malawi (2020-2021)

Malawi - Key Donor Partners active (in areas linked to or addressed by the MBSP)

A. International, Supranational and Multilateral Organizations and Partners

United Nations (UN)

UN Development Assistance Framework (UNDAF) 2019-2023

The UN and the Government of Malawi identified three pillars by for cooperation.

1. **Peace, Inclusion and Effective Institutions** *(SDGs 1, 5, 10, 16, 17)*, including
   - Decentralisation and local governance *(UNDAF Outcome 1)* primarily implemented through UNDP, UNICEF, UNFPA
   - Gender equality and the empowerment of women and girls *(UNDAF Outcome 2)* primarily implemented through UNFPA and UN Women
2. **Population Management and Inclusive Human Development** *(SDGs 3, 4, 5, 10)*, including
   - Access to comprehensive quality Early Childhood Development services for children 0-5 years *(UNDAF Outcome 4)* primarily implemented through UNICEF, UNFPA, (WFP, WHO, UNHCR)
   - Education, health, nutrition, HIV/AIDS and protection services for girls and boys 6-17 years *(UNDAF Outcome 5)* primarily implemented through WFP, UNICEF, UNFPA, WHO, (UNHCR)
   - Sexual and reproductive and HIV/AIDS health rights *(UNDAF Outcome 6)* primarily implemented through UNFPA, WFP, UN Women, WHO, (UNHCR, UNAIDS)
3. **Inclusive and Resilient Growth** *(SDGs 1-10, 13, 15-17)*, including
   - Household food and nutrition security, equitable access to WASH and healthy ecosystems and resilient livelihoods *(UNDAF Outcome 7)* primarily implemented through WFP, UNICEF, UNDP

World Bank Group/ International Development Assistance (WBG/ IDA)

Country Programme (CAS FY2013-17 extended to cover FY2018-20, and CPF FY2021-25)

Under the Malawi CAS FY13-17, Theme 2 (**Enhancing Human Capital and Reducing Vulnerabilities**), notably Outcome 2.1 (Improved access to quality education, reliable nutrition, HIV/AIDS services and sustainable water supply and sanitation services).

Under the Malawi CPF FY21-25, Focus Area 3 (**Strengthening Human Capital Development**), notably Objective 3.1 (Accelerating the demographic dividend through targeted health systems strengthening), Objective 3.2 (Improving learning outcomes and skills).

IDA programmes such as Strengthening Safety Nets Systems (2014-2021), Malawi Education Sector Improvement Project (2017-2021), Investing in Early Years for Growth and Productivity in Malawi (2019-2024), Social Support for Resilient Livelihoods Project (2020-2024), COVID-19 Emergency Response and Health Systems Preparedness Project (2020-2022), Government to Enable Service Delivery (GESD) (2021-2025), Malawi Education Reform Project (2021-), Skills for a Vibrant Economy (2021-), and Human Capital Development and Women's Empowerment (2022-).

African Development Bank (AfDB)

AfDB has recently completed the project *Sustainable Rural Water and Sanitation Infrastructure for Improved Health and Livelihoods*, which was focused on five districts in Malawi - Rumphi (northern region), Nkhotakota and Ntcheu (central region), **Mangochi** and Phalombe (southern region).

The project comprised of three components.

- **Water Supply Infrastructure Development** - This focused on the rehabilitation for expansion of twelve gravity fed water supply schemes (GFS) in the five districts. The project will also support the construction of approximately 400 new boreholes in areas not covered by GFS.
- **Sanitation and Hygiene** - This supported the promotion of open defecation-free (ODF) communities and improved household sanitation through sanitation marketing, improved hygiene practices. It also

entailed the construction of institutional sanitation facilities in public schools, markets and health centres.

- **Capacity Development** - Capacity building support of the District Coordination Team (DCTs), local communities (Community Based Management including the establishment of Water Users Associations) and staff in the Ministry of Water Development and Irrigation to effectively manage the project and development of the water and sanitation sector in the districts.

European Union and European Commission (EU and EC), and European Investment Bank (EIB)

EU-Malawi strategy 2021-2027, Priority Area 3 (**Human Development and Social Inclusion**) specific priority 3.1 focuses on secondary education and VET, and specific priority 3.2 focuses on strengthening social protection systems notably with a focus on girls and women empowerment.

EIB provides support to upgrade the **drinking water network**, e.g. a loan agreement signed with the Southern Region Water Board in 2021 (to support actions in the districts of Balaka and Liwonde).

B. Bilateral Development Partners

Germany (BMZ, GIZ and KfW)

The priority areas for German-Malawian cooperation are **Primary Education**, **Health** (including social protection and SRH), and Private sector development in rural areas.

GIZ programmes/projects in Malawi include actions such as Nutrition and Access to Primary Education (2016-2021), Basic Education Programme (2018-2021), Food and Nutrition Security Programme (2015-2022) (undertaken in the districts of Dedza and Salima), Malawi German Health Programme (2017-2020), Social Protection for People in Extreme Poverty (2018-2021), Energising Development (2012-2019), as well as actions promoting income and employment, agricultural, fisheries and food sector value chains.

Norway (MFA/ Embassy)

The priority areas of cooperation are **Education** (including primary), **Health**, Agriculture and Food Security, and Democratic Governance, Gender Equality, Human Rights.

In the interest of aid efficiency Norway primarily channels its financial support in Malawi through financing mechanisms commonly agreed in collaboration with other bilateral partners, e.g. the Education Services Joint Funds or the Health Services Joint Funds, or via funding contributions to programmes of the UN-agencies or via global initiatives such as GAVI and the Global Fund (ATM).

United Kingdom (FCDO)

UK major spending programmes planned 2018/19 were **Health** Sector Support Programme, Family Planning Programme, and **Learning and Education** Transitions (ECD and primary).

Ireland (MFA/ Embassy)

The priority areas of cooperation (intermediate outcomes foreseen) are (1) Increased Capacity of Households to Adapt to the Adverse Effects of Climate Change and Socio-economic Stress, (2) Improved Households Food and Nutrition Security, and (3) Citizens are Empowered to Demand, and Systems are Strengthened to Deliver, Improved Public Services. Key outputs include those such as Output 7 (Improved Social Support for Poor and Vulnerable Households), Output 8 (Improved Nutrition Practices by Households in Targeted Districts), and Output 9 (Increased Capacity of Districts to Coordinate, Formulate, and Implement Nutrition Programmes).

Ireland’s programme appears to be focused, at District-level, in Balaka, Dezda, and Nkhata Bay.

Japan (JICA)

JICA has been engaged in Malawi in the areas of Agriculture, DRR, Education (only partially addressing primary education), Energy, Environment, Transport, and Water.

The "Maps of JICA Major Projects" in Malawi (valid May 2022) indicates one action in **Mangochi** District - Project for Establishment of a Sustainable Community Development Model based on Integrated Natural Resource Management Systems in Lake Malawi National Park (2021-26).

United States of America (USAID)

The priority areas of cooperation (development objectives) are (1) Public Sector is more accountable and effective at national and decentralized levels, (2) **Youth lead healthy, informed and productive lives**, and (3) Private Sector increases inclusive and sustainable wealth generation. Actions linked to Youth are foreseen to address Education (incl. primary), Health and HIV.

ANNEX 9 MANGOCHI DISTRICT – BASIC MAP

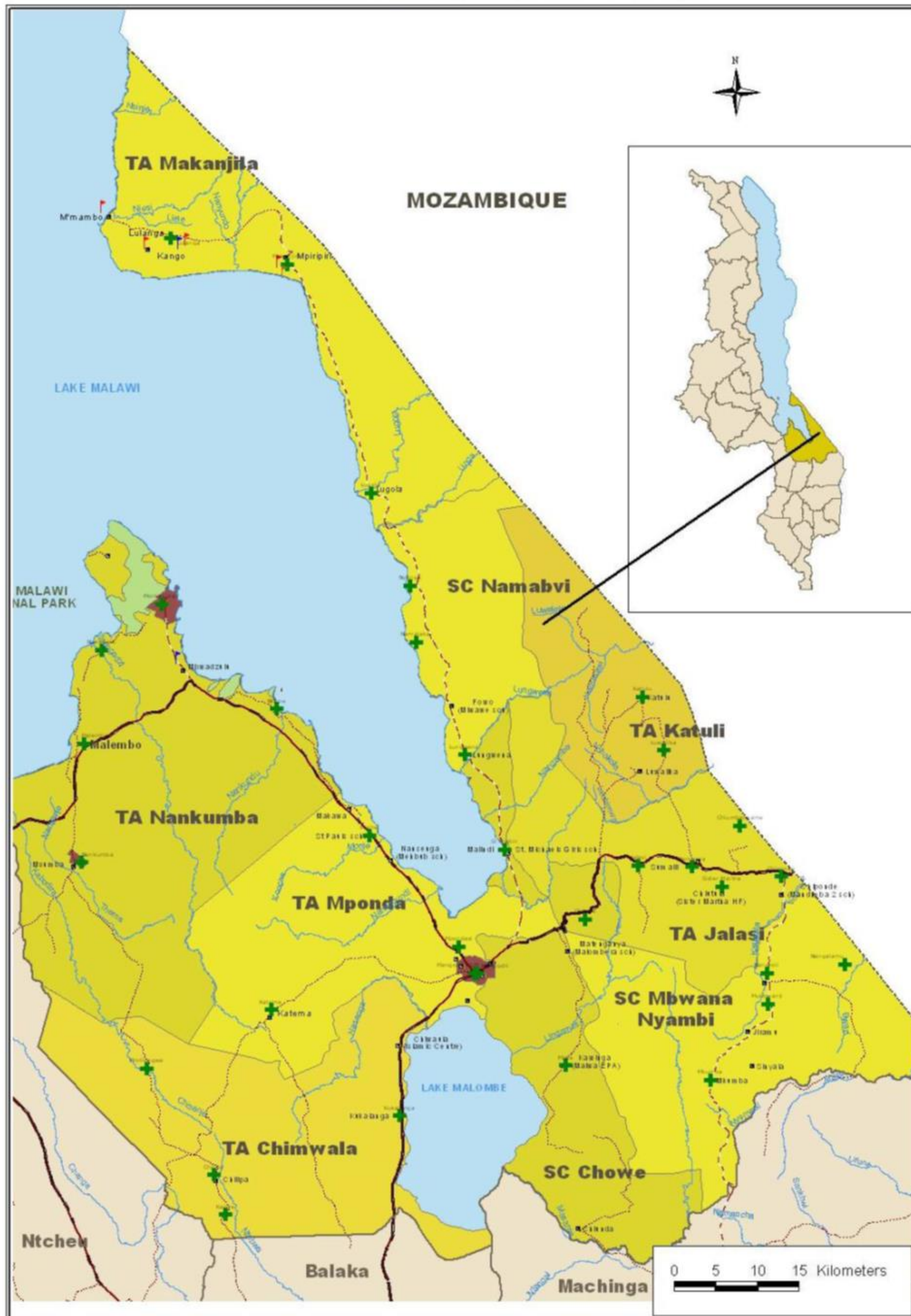


Figure 19: Map of Mangochi District, Malawi

ANNEX 10 MANGOCHI DISTRICT – LOCAL GOVERNMENT COUNCIL ORGANIZATION SYSTEM

In this annex we present information linked to Malawi's decentralization policy framework, the institutions and structures involved within the framework of the decentralization policy (at the national, district and community-levels), the decentralized development policy, planning, budgeting and financing framework in Malawi, as well as of the decentralization and development M&E system, monitoring responsibilities and reporting procedures.

Information in this annex draws on the following documents as key information sources - Malawi's Decentralization Policy and Local Government Act (1998, amended 2010), Mangochi District Socio-Economic Profile, UNDP's Malawi National Human Development Report (2021), and the MBSP 2012-2016 Programme Document.

Malawi's Decentralization Policy Framework

The Government of Malawi adopted a decentralized form of government in the late 1990s through a National Decentralization Policy[54] and Local Government Act in 1998, after thirty years of its centralized form of government. Decentralization was envisioned as an effective tool in poverty reduction through enhanced participation of the grassroots in decision making, the integration of public administration at the district-level, the promotion of accountability and good governance, and via mobilization of the masses for socio-economic development.

Based on the Local Government Act 2010 amendment, Malawi has 35 local government structures - four City Councils, 28 District Councils, two Municipal Councils, and one Town Council. Seven of the local government Councils are in the Northern Region of Malawi, eleven Councils in the Central Region, and 17 Councils in the Southern Region.

With regard to fiscal decentralization, the Decentralization Policy defined two main revenue sources available to the Councils, (1) locally generated revenues and (2) central government transfers. In years 2016/17 and 2017/18, central government transfers represented approximately 70% of Councils' budget. In addition, other sources of revenue that may be available to support Councils' implementation of policies and local development priorities include assistance of non-government organizations and/or Development Partners intended for development.

With regard to locally generated revenues, the key sources are (1) property rates, (2) ground rents, (3) fees and licenses, (4) commercial undertakings, (5) service charges. With regard to central government transfers, the transfers from national to local government are provided via four main funding mechanism transfers, (1) the General Resource Fund (an unconditional grant, based on the constitutional provision that 5% of national net revenue (NNR) should be transferred to local authorities), (2) Sector Funds (covering a range of specific sectors, of which the Education Fund and the Health Fund are by far the most significant in terms of funding allocation, followed by Roads and Infrastructure), (3) the District Development Fund, and (4) the Constituency Development Fund.

In terms of national-level institutions involved within the decentralization policy framework, the lead institutions on the side of the Government are the Ministry of Local Government and Rural Development (MoLGRD) and the Ministry of Finance, Planning and Economic Development (MoFPED). MoLGRD is responsible for coordinating the decentralization process through which functions, functionaries, financial and other resources are supposed to be transferred from central Government to the local councils. It also

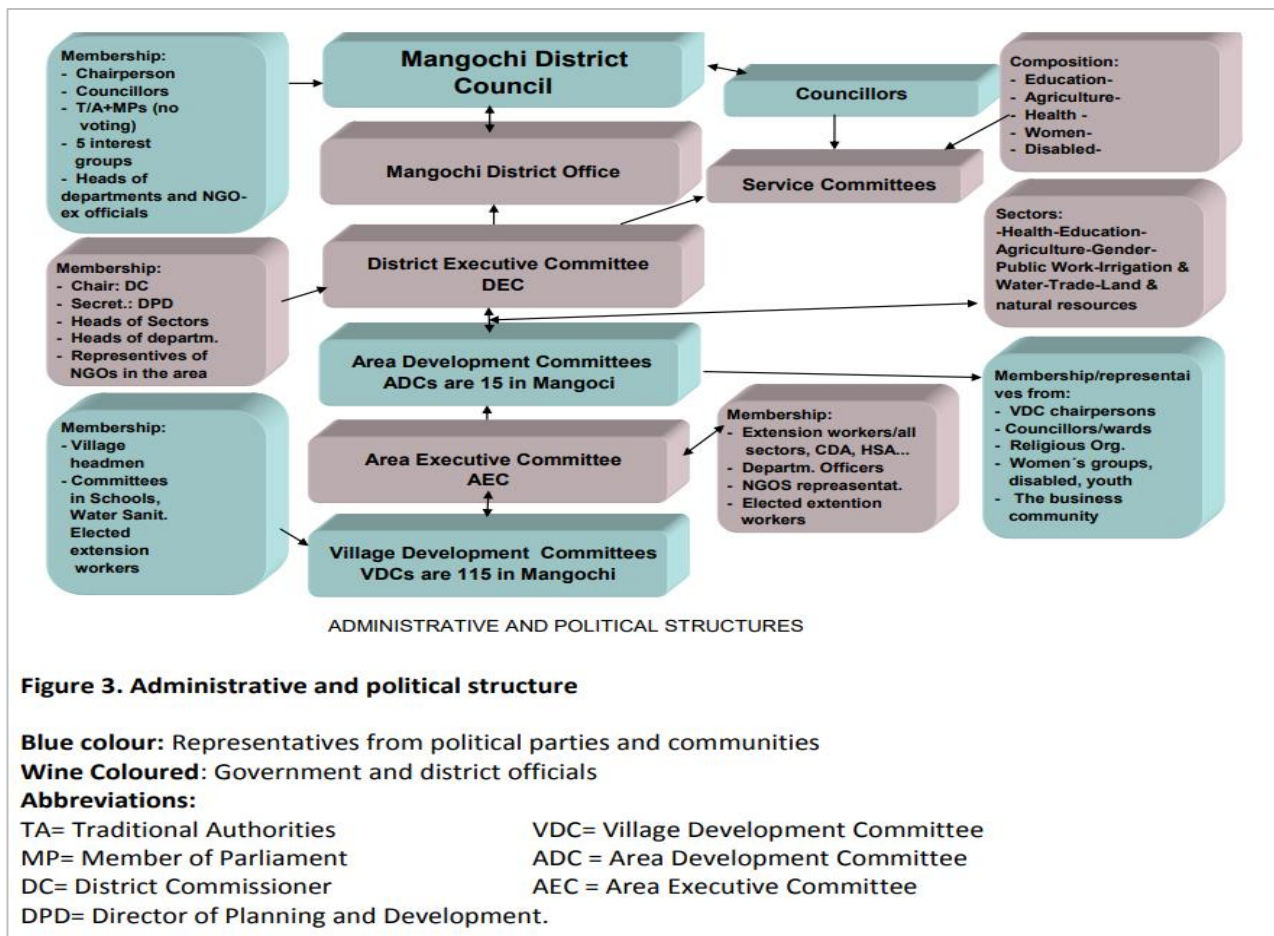
[54] The National Decentralization Policy defines 17 functions of government (and different public services) assigned for decentralization, such as Education Services (Nursery and kindergarten, Primary schools, and Distance Education Centres), Medical and Health Services (Health centres, dispensaries, maternity clinics and health posts, Control of communicable diseases, Health education, and Environmental sanitation), Water Services (the provision and maintenance of water supplies) and Community Development (youth affairs, women in development).

ensures that the Local Government System operates effectively by providing technical and policy guidance and support to the local councils. In this regard, MoLGRD facilitates the preparation of sector devolution plans at the centre in collaboration with various line Ministries and Departments with policy competence in devolved sectors. At the same time, it ensures that the Councils come up with integration plans that show how the Councils will take on board the devolved functions. MoLGRD, via the National Local Government Finance Committee (NLGFC), also receives submissions from every local government authority regarding estimates of up-coming expenditures and requests for disbursements, as well as reports on the results achieved as declared by the Councils linked to the local authorities result framework. NLGFC from the MoLGRD revises the annual budget submission from the Councils and approves them. The MoFPED is responsible for the planning, management and control of the Government's national budget. Public procurement is regulated by the Public Procurement Act 2003 and its corresponding regulations. The Office of the Director for Public Procurement is responsible for the regulation and monitoring of public procurement.

Mangochi District Council

Mangochi District Council was established under the Local Government Act No. 42 of 1998 (as amended 2010). The District has 13 **Traditional Authorities** (TAs) areas which are comprised of four Senior Traditional Authorities, six Traditional Authorities and three Sub-Traditional Authorities. These are Senior TAs Mponda, Chimwala, Nankumba and Jalasi, TAs Mbwananyambi, Chowe, Katuli, Makanjira, Namavi and Chilipa, and Sub-TAs Ntonda, Lulanga and Chiunda. The TAs provide the main link between the Local Government and the rural communities. They are involved in development administration through the District Council, **Area Development Committees (ADCs)** and **Village Development Committees (VDCs)** spread over a network of 1,569 villages. Senior TA Jalasi has the highest numbers of Villages in Mangochi while Sub-TA Lulanga has the least number of villages in Mangochi.

The role of local government in development is stipulated in the Local Government Act of 1998. The District Council shall promote infrastructure and socio-economic development through the formulation and execution of District Development Plans (DDP). The communities shall be involved at all levels in planning and implementation. They are mobilized through the VDCs and ADCs. The planning process is supposed to start from the village-level through the VDC which is responsible for facilitating planning and development at the grassroots level. Then it goes to the ADC which submits VDCs' proposals to the District Council for approval.



There are now 25 ADCs and approximately 300 VDCs in Mangochi

Figure 20: Administrative and political structure

Like other local government Councils, Mangochi District Council consists of two arms - namely political and administrative structures. At District Council level the political structure is the **Full Council** comprising of Ward Councillors (Mangochi District Council has 24 Wards - the District Council chairperson is elected from among these elected members), Members of Parliament (Mangochi District has twelve parliamentary constituencies), Traditional Authorities' Leaders and Chiefs (ten leaders serve on the Council, as non-voting members), and stakeholder groups (sive representatives of special interest groups, non-voting members)[55]. In the performance of their functions, the District Councils have been mandated to form technical **Service Committees**, which serve to facilitate the conduct of Council business in regard to the sector(s) covered by each committee. The Service Committees' membership comprise both elected members of the District Council and co-opted members, as well as technical experts and specialists of the administrative structures or other stakeholders invited to take part in policy deliberations (as non-voting members). Mangochi District Council has established seven Service Committees - Finance Committee, Development Committee, Works Committee, Education Committee, Health and Environment Committee, Agriculture and Natural Resources Committee, and Human Resource Committee.

At District Council level the administrative structure is led by the **District Secretariat** headed by the District Commissioner (DC), whom also serves as Secretary to the Council. The District Secretariat is responsible for implementing decisions taken by the Council. The DC is the Controlling Officer of the District Council and is responsible for the day-to-day management of operations and resources of the Council, as well as overall responsibility to coordinate the government activities in the District as stipulated

[55] Mangochi District Council has appointed representatives from the following groups: people with disabilities, women, youth, Muslims and Christians.

in the Local Government Act. The DC reports to the MoLGRD. The District Secretariat discharges its functions through various Departments - the Directorate of Planning and Development, Department of Finance, Department of Public Works, Department of Procurement, Department of Monitoring and Evaluation, and Department of Administration and Human Resources.

In addition to the District Secretariat a range of sectoral government services, **District Offices**, exist to oversee the detailed management, implementation, operational delivery and monitoring of public services' provision at the local-level. In Mangochi District these include, with relevance to MBSP II programme, the District Health Office, the District Education Office, the District Water Development Office, the District Community Development Office, the District Gender Office, the District Youth Office, and the District Environmental Health Office.

In addition to the District Secretariat the administrative structure at the district-level includes the **District Executive Committee** (DEC). This is a technical body - led by the DC as Chairperson, Director of Planning and Development as Secretary, Heads of Council Directorates and devolved sectors, representatives of other government institutions, representatives of CSO networks, NGOs, and of the private sector - that provides advice to the Council and its Service Committees. Thus, it seeks to take care of all technical and professional issues to enable the council run smoothly. It has the overall responsibility for coordinating the development and implementation of the District Development Plan (DDP). The DEC functions include assisting in setting priorities, identifying, and assessing community needs, and developing project proposals, and giving special support to the formulation of local development plans, giving advice on project implementation and training all community-level development committees (VDCs, AECs and ADCs) in leadership and management skills. Furthermore, the DEC takes a leading role in facilitating and coordinating district-level policies and activities with national-level policies and goals, and in advising the District Council and Secretariat on sectoral policies and programmes. The Mangochi District Socio-Economic Profile indicates that its DEC has 89 members (75 male, 14 female).

In terms of community-level structures, below the Council-level structures, that are involved in the development planning and implementation process these are, from the grassroots-level upward, the VDCs and ADCs in terms of the political community structure and the **Area Executive Committees (AECs)** as the administrative structure. In Mangochi District there are 208 VDCs and 25 ADCs spread across the 13 TAs in the district.[56]

The **VDC** is a representative body and the lowest level development structure. Membership is drawn from the village or villages making up the VDC. It is responsible for identifying needs and facilitating planning and development in local communities. It is at this level that the communities raise their needs and demand projects such as boreholes or taps. The VDC comprises of one elected member from each village covered by the VDC,the Councillor of the Ward in which the VDC is located, four women representatives nominated by people within the VDC, extension workers, nominated by the AEC, and Group Village Headman as Advisor and not Chairperson. Village Action Plans and development needs and projects are compiled at the VDC level and submitted to the ADC.

The **ADC** is a representative body of all the VDCs under their jurisdiction within their respective TA. The membership includes chairpersons and vice chairpersons of the VDCs, Ward Councillors, representatives of the religious groups, representatives of women and youth groups, representative of the business community, and chairperson of the AEC. Public service extension workers in the area are ex-officio members. The ADCs facilitate planning and development at the area and/or the TA level. Their mandate is to take charge of all development issues and to mobilize and lobby for resources. Specifically, they set priorities, identify, and prepare project proposals addressing community needs, which cover more than one VDC. They also organize monthly meetings with VDCs from their area, supervise, monitor, and evaluate the implementation of projects at the TA level, bring together community members and resources for self-

[56] Mangochi District Socio-Economic Profile indicates there are four ADCs in TA Nankumba, three ADCs in TA Chimwala and in TA Mponda, one or two per other TAs.

help projects, improve on and prioritize project proposals for VDCs for submission to District Council. ADC is the only committee that directly links both with the community members and government departments hence it is one of the most important committees.

The **AECs** are technical advisory bodies. Their primary responsibility is to advise VDCs and ADCs in their area on all aspects of development. Specifically, their role is to train VDC and ADC members and prepare operational guidelines for them. AECs also assist and advise the VDCs and ADCs to identify and prepare project proposals, review and appraise project proposals before submission for funding, and assist VDCs and ADCs in preparing project implementation plans. Membership of the AECs is made up of extension workers from the government and the Non-Governmental Organizations in the area. These members include Health Surveillance Assistants (Health), Primary Education Advisors (Education), Community Development Assistants (Community Development), Forestry Assistants (Forestry), Agriculture Extension Development Coordinators (Agriculture), Water Monitoring Assistants (Water), Child Protection Workers (Social welfare) and NGOs represented by team leaders . They elect a chairperson among themselves and the elected chairperson of the AEC is the Secretary to the ADC.

Mangochi District’s monitoring responsibilities and reporting procedures

The District Development Plan Monitoring and Evaluation System Master Plan is the main framework for monitoring and evaluation in Mangochi District. The Master Plan stipulates the data and information that shall be collected and the institutional framework for executing it. The main objectives of the monitoring system are (1) to assess if the planned activities are being achieved, or not, and to recommend corrective action if required, and (2) to accumulate information that may be used during an outcome or impact evaluation.

The monitoring shall take place on three levels - area (community), district and national level.

A monitoring and evaluation (M&E) officer is employed at the District Secretariat to receive the data for the databank, oversee and supervise the system and to give feedback and guidance. The officer is a member of the DEC and attends the monthly meetings and analyses the reports. The M&E officer also delivers information and progress reports to relevant Development Partners.

At the village and area levels the VDCs and ADCs are responsible for monitoring development projects and programmes implemented in their villages or areas. Extension workers from relevant sector are always members (ex-officio) in the committees. These extension workers, employed by the GoM, are responsible for the link between the community and the sectors and the District Office. They are members of the AECs that are in direct communication with the ADCs and VDCs and supervise and oversee activities.

The monitoring responsibilities and reporting flow from the community-level to the national-level are as following.

Area and Community level

1. The Project Implementation Committee (PIC) is responsible for monitoring at daily basis based on the activity plan.
2. PIC submits a monthly a progress report to the respective Village Development Committee (VDC).
3. The VDC compiles the projects progress reports into one and submits these to the Area Development Committee (ADC) on a monthly or quarterly basis and a copy shall be delivered to the District Secretariat Director of Planning and Development (DPD) and the Monitoring & Evaluation officer (M&E).
4. The ADC with assistance from the Area Executive Committee (AEC) compiles all the reports into one with information of monthly physical and financial progress. Financial information is provided by the Office of the Director of Finance (DoF). The physical and financial progress report and work plan is forwarded to the DPD on monthly basis.

District level

1. The DPD with the assistance of the District Advisory Team (DAT) consolidates and analyses the reports and work plans which are then submitted to District Executive Committee (DEC) on a monthly or quarterly basis.
2. The Account Office shall prepare the project's monthly (quarterly) financial reports. The reports shall be forwarded to the DPD, the DAT and the ADCs for integration into the projects progress reports.
3. The DEC discusses the reports and work plan in its monthly meetings and gives recommendations and guidance.
4. Reports are submitted to the District Council which reacts to the recommendations and forwards the reports and work plans to the Ministry of Local Government and Rural Development (MoLGRD).
5. The District Council informs the DEC of feedback from national level on the reports submitted.
6. The DAT and the DPDs Office shall conduct regular field visits (at least monthly). Regular community meetings shall also be held in order to disseminate information on the monthly reports and to give feedback on projects and advice on how to solve implementation problems.

National level

1. Representatives from the Ministry of Local Government and Rural Development (MoLGRD) and relevant planning bodies should make regular visits to the district to assess the progress of planned activities. Copies of field visits reports shall be sent to respective interested parties.
2. The MoLGRD and other concerned national bodies provide feedback to the District Council through MoLGRD on the monitoring reports received.
3. At the central level the MoLGRD in conjunction with the Ministry of Finance, Planning and Economic Development (MoFPED) convene at quarterly and annual review meetings to consider progress and provide continual feedback.

ANNEX 11 MANGOCHI DISTRICT – DISTRICT DEVELOPMENT PLAN 2017-2022 (SUMMARY)

Mangochi District Development Plan (DDP) 2017-2022 – Summary overview

District Vision and Mission of the District Council	To be a safe haven where sustainability and quality socio-economic services are easily accessed by all communities.
District Mission Statement	To provide demand driven sustainable and quality services to all communities through efficient and effective grass root participation and utilization of local and/or external support in order to contribute to the socio-economic development of the district.
District Medium-Term Development Objectives	1 To reduce population growth rate from 3.5% to 2.5% by 2022 2 To reduce maternal deaths from 43% to 20% by 2022 3 To reduce the incidence of communicable diseases from 25% to 15% by June 2022 4 To reduce the incidence of non-communicable diseases by half by June 2022 5 To reduce food insecurity from 30% to 15% by 2022 6 To reduce loss of biodiversity and environmental degradation 7 To prevent and control various forms of nutrition disorders 8 To reduce HIV prevalence from 10.1% to 7% by 2022 9 To increase net enrolment [children enrolled in education] from 86.7% to 97% by 2022 10 To reduce illiteracy levels from 43% to 35% by 2022 11 To reduce crime rate in the district by 5% annually 12 To reduce incidences of violence, abuse, exploitation and neglect of children and women 13 To increase access to social and economic amenities through improved transport and telecommunication system 14 To increase the proportion of households with sustainable access to safe water (within 500m radius) from 74% to 90% by 2022 15 To increase the proportion of households with access to improved sanitation facilities from 10% to 30% by 2022
District Specific Development Constraints, Issues and Priorities *(Problem Analysis, development constraints and issues - in order of medium-term priorities)*	1 High population growth 2 High illiteracy levels 3 Food and nutrition insecurity at household level 4 High maternal deaths, child morbidity and mortality 5 Loss of biodiversity and environmental degradation 6 Low access to safe water and sanitation 7 Poor road and communication network 8 High HIV prevalence 9 High crime rate 10 High incidences of violence abuse, exploitation and neglect of children and women 11 Low household incomes 12 Weak revenue base for the Council 13 Weak institutional capacity for the effective decentralized services

Medium-Term Development Strategy – Summary overview (of key sectors and development issues)

Issue - High population growth

Causes

- Low contraceptive utilization

Development Objectives and Targets (2022)

- To reduce population growth rate from 3.5% to 2.5%
- To increase contraceptive utilization rate from 70% to 80%

Programmes (Population growth)

PROGRAMME	LOCATION	TARGET (NUMBER)	PRIMARY BENEFICIARIES	LEAD INSTITUTION	FUNDING (INDICATIVE)
Promotion of Family Planning	All TAs	13 TAs (capacity building, community mobilization, mentor-ship or supervision)	Communities	District Health Office	GoM, UNFPA, USAID

Issue - High illiteracy levels (Education and Skills)

Causes

- Inadequate school infrastructure
- Poor access to schools
- High teacher pupil ratio
- Inadequate number of trained care-givers (re. early child development)
- Inadequate teaching and learning resources including human resource
- Curriculum does not address self-reliance after school
- High dropout rates
- Early marriages
- Child labour, neglect and abuse
- Youth migration
- High adult illiteracy levels

Development Objectives and Targets (2022)

- To increase net enrolment [children enrolled in education] from 86.7% to 97%
- To reduce the learner class-room ratio from 160:1 to 120:1
- To reduce the learner textbook ratio from 3:1 to 1:1
- To reduce the learners' repetition rate from 26% to 20%
- To increase the percentage of children (under 6-years) enrolled in early child development (ECD) centres from 5% to 35%
- To increase the percentage of ECD/CBCC centres with at least one trained care-giver from 10% to 50%
- To increase the percentage of ECD/CBCC centres operating in permanent structures from 10% to 80%
- To increase the percentage of children graduating from ECD/CBCC from 40% to 90%
- To increase the proportion of ECD accessing nutritious porridge from 10% to 80%
- To increase the percentage of learners with disability having assistive devices from 10% to 80%
- To increase the percentage of needy students on educational support from 20% to 60%
- To increase the percentage of adult literacy learners who successfully complete course from 60% to 73%

Programmes (Education and Skills)

PROGRAMME	LOCATION	TARGET (NUMBER)	PRIMARY BENEFICIARIES	LEAD INSTITUTION	FUNDING (INDICATIVE)
Early Childhood Development (ECD)	All TAs	1000 care-givers trained, 14 ECD resource centres & 60 CBCC centres constructed, provision 500 ECD kits, 60 awareness campaigns	Communities, Under 6-years children	District Social Welfare Office	GoM, ICEIDA, UNICEF, CSOs
Increasing Access to Education and Reduction of learner classroom ratio	All educational zones	New schools (9 classroom blocks and 22 staff houses per zone) Existing schools (22 blocks and 22 staff houses per zone)	Learners, Teachers	District Education Office	GoM, ICEIDA, UNICEF
Reduction of teacher learner ratio	All educational zones	6 (additional trained) teachers per zone	Learners, Teachers	District Education Office	GoM, Development Partners
Educational Support	All TAs	2500 learners	Needy students (e.g. via the provision of school fees)	District Social Welfare Office	GoM, ICEIDA, UNICEF, CSOs
Promotion of Inclusive Education	300 schools	600 structures (e.g. construction of resource centres and toilets in schools, provision of wheelchairs)	Special needs learners	District Education Office	GoM, ICEIDA, UNICEF
Reduction of dropout and absenteeism	All educational zones	77046 learners (School Meals)	Learners	District Education Office	GoM, ICEIDA, UNICEF
Promotion of girl child education	All educational zones	200 additional change-rooms and toilets constructed per zone	Girl children learners	District Education Office	GoM, ICEIDA, UNICEF
Elimination of child labour	District, TA, GVH levels	258 CCLCs, 12 ACLC, 1 DCLCC	Communities	District Labour Office	GoM, ICEIDA, UNICEF
Promotion of Skills Development and of Science and Technology	All TAs	60 structures (new science labs and libraries in CDSS, and new CDSS) constructed 13 (TAs) vocational centres constructed	Learners, Teachers	District Education Office	GoM, ICEIDA, UNICEF
Mass Adult and Functional Literacy	All TAs	6000 youth and adults	Youth and Adult learners	Community Development	GoM, ICEIDA, UNICEF

Issue - Food and nutrition insecurity at household level (Nutrition-Health and wellbeing nexus)

Causes

- Undernutrition or malnutrition notably in regard to pregnant women, young infants or children, PLHIV and other vulnerable groups
- Inadequate knowledge and skills on nutrition

Development Objectives and Targets (2022)

- To reduce the prevalence of all forms of malnutrition
  - The percentage of children <5 years of age who are stunted to decrease from 45.4% to 36.0%
  - The percentage of children <5 years of age who are underweight to decrease from 12.9% to 4.0%
  - The percentage of children <5 years of age who are malnourishes (wasting) to decrease from 1.7% to 1.0%
  - The percentage of women (15-49 years) who are overweight to decrease from 11.2% to 4.0%
  - The percentage of women (15-49 years) who are obese to decrease from 4.6% to 2.0%
  - The percentage among women (15-49 years) with a child in the past 5-years who took iron tablets >90 days plus during pregnancy at last birth to increase from 11.6% to 25.0%

Programmes (Nutrition)

PROGRAMME	LOCATION	TARGET (NUMBER)	PRIMARY BENEFICIARIES	LEAD INSTITUTION	FUNDING (INDICATIVE)
Behaviour change for optimal feeding	All health centres and all TAs	10000	Health Centres, health workers, pregnant and lactating women, under-five years children, adolescent girls, ANCCs, VNCCs, ACLANs, CLANs, NGOs, CBOs, FBOs, CHAM	District Health Office	GoM, USAID, UKAID, WFP, UNICEF, Red Cross, Feed the Children, Feed the Future, Mary's Meals, World Vision
Micro-nutrients and deworming	All health centres and all TAs	350000	Health Centres, health workers, lactating women, under-five years children, adolescents, ANCCs, VNCCs, ACLANs, CLANs, NGOs, CBOs, FBOs, CHAM	District Health Office	GoM, USAID, UKAID, WFP, UNICEF, Red Cross, Feed the Children, Feed the Future, Mary's Meals, World Vision
Complementary and therapeutic feeding	All health centres and all TAs	35000	Health Centres, health workers, pregnant women, under-five years children, adolescents, PLHIV, ANCCs, VNCCs, ACLANs, CLANs, NGOs, CBOs, FBOs, CHAM	District Health Office	GoM, USAID, UKAID, WFP, UNICEF, Red Cross, Feed the Children, Mary's Meals, World Vision
Mass screening	All health centres, all TAs, all TB clinics, ANCs, NRUs, etc.	60	Health Centres, health workers, under-five years children, PLHIV, ANCCs, NGOs, CBOs, FBOs, CHAM	District Health Office	GoM, USAID, WFP, UNICEF, Red Cross, Feed the Future, Mary's Meals, World Vision

Issue - High maternal deaths, child morbidity and mortality (Health)

Causes

- Low levels of birth deliveries attended by skilled personnel professionals due to limited infrastructure and/or limited access
- Low coverage of antenatal care during first trimester
- Increased teenage pregnancies
- High incidence of communicable diseases
- Poor and inadequate health infrastructure and medical equipment
- Inadequate health sector human resources

- Poor data management for decision-making, poor data quality, weak monitoring and evaluation systems, low capacity to conduct research

Development Objectives and Targets (2022)

- To increase the proportion of births in health facilities attended by skilled health personnel from 60% to 80%
- To increase the proportion of births attended by skilled health personnel from 68% to 90%
- To reduce the maternal mortality ratio (per 100,000 live births) from 574 to 350 mothers
- To increase the coverage of antenatal care during first trimester attendees from 12% to 30%
- To reduce teenage pregnancies from 29% to 20%
- To reduce the incidence of communicable diseases from 25/100 to 15/100
- To increase the proportion of women of reproductive age (15-49 years) accessing VIA services from 5% to 22%
- To increase the proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods from 82% to 95%
- To increase proportion of youths accessing Youth Friendly Health services from 12% to 28%
- To increase the proportion of health facilities with minimum infrastructure requirements from 50% to 70%
- To increase the proportion of health facilities timely reporting complete data from 75% to 100%
- To reduce the vacancy rate [in the health sector and facilities in the District] from 67% to 33%
- To reduce the incidence rate of non-communicable diseases from 12% to 5%

Programmes (Health)

PROGRAMME	LOCATION	TARGET (NUMBER)	PRIMARY BENEFICIARIES	LEAD INSTITUTION	FUNDING (INDICATIVE)
Promotion of community based maternal and neo-natal care	All TAs	13 TAs (capacity building, supervision, monitoring, equipment procurement)	Communities	District Health Office	GoM, ICEIDA, UNICEF, World Vision
Promotion of basic emergency obstetric care	Health Centres	30 (capacity building, monitoring, equipment procurement)	Communities	District Health Office	GoM, ICEIDA, UNICEF
Promotion of VIA services	All hospitals	4 (capacity building)	Communities	District Health Office	GoM, ICEIDA, UNICEF
Infrastructure development	All TAs	13 TAs (construction of maternity wards, staff houses and health posts)	Communities	District Health Office	GoM, ICEIDA
Human Resource Management	All TAs	42 XXX	Health workers (staff recruitment and training)	District Health Office	GoM, ICEIDA, Development Partners
Promotion of improved data management	All TAs	42 XXX (review meetings, capacity building and research)	Communities	District Health Office	GoM, ICEIDA, Development Partners
Prevention of non-communicable diseases	All TAs	42 XXX (capacity building, behavioural change communication, logistical supply)	Communities	District Health Office	GoM, ICEIDA, Development Partners

Issue - Low access to safe water and sanitation

Causes

- Inadequate number of functional water points compared to the population to be served
- Inadequate distribution of water points
- Inadequate knowledge on sanitation and hygiene practices
- Low knowledge on different latrine options by the community

Development Objectives and Targets (2022)

- To increase the proportion of households with sustainable access to safe water *(within 500m radius)* from 74% to 90%
- To increase water coverage *(the proportion of the population using safe water sources regardless of distance)* from 90% to 97%
- To increase the proportion of functional safe water points from 91% to 97%
- To increase the proportion of households with access to improved sanitation facilities from 10% to 30%

Programmes (Water and Sanitation)

PROGRAMME	LOCATION	TARGET (NUMBER)	PRIMARY BENEFICIARIES	LEAD INSTITUTION	FUNDING (INDICATIVE)
Construction of new boreholes	All TAs	1500	Communities, schools, health centres and posts, CBCCs, market centres, and public institutions	District Water Development Office	GoM, Development Partners
Construction of protected shallow wells	TAs Mponda, Makanjira, Namavi, Chimwala, Chowe	400	Communities, schools, health centres and posts, CBCCs, market centres, and other public institutions	District Water Development Office	GoM, Development Partners
Construction of solar powered groundwater sourced water supply systems	TA Katuli	1	Market centre and surrounding communities	District Water Development Office	GoM, Development Partners
Protection of springs for provision of safe water	TA Mponda, TA Namavi	1	Communities	District Water Development Office	GoM, Development Partners
Rehabilitation of old or defunct boreholes	All TAs	600	Communities and public institutions	District Water Development Office	GoM, Development Partners
Rehabilitation and expansion gravity-fed water supply system	TA Chowe, TA Mponda, TA Chilipa	1	Communities, schools, health centres	District Water Development Office	GoM, Development Partners
Training of Water Point Committees (new and existing) in community-based management	All TAs	2000	Communities	District Water Development Office	GoM, Development Partners

PROGRAMME	LOCATION	TARGET (NUMBER)	PRIMARY BENEFICIARIES	LEAD INSTITUTION	FUNDING (INDICATIVE)
Formation and training of Water Users Associations	TA Katuli, TA Chowe	2	Communities	District Water Development Office	GoM, Development Partners
Formation of catchment management plans	TA Chowe	2	Catchment management committees and entire community	District Water Development Office	GoM, Development Partners
Carrying out feasibility assessments for possible construction of gravity-fed piped water supply schemes	TAs Bwananymbi, Nankumba, and STA Mtonda	3	Communities	District Water Development Office	GoM, Development Partners

Issue - High HIV prevalence

Causes

- Increased new HIV cases
- Inadequate ART adherence
- Inadequate care and support for PLHIV
- Lack of adequate socio-economic and psycho-social support for the infected and affected
- Stigma and discrimination
- Weak health systems, weak coordination structures and information management systems

Development Objectives and Targets (2022)

- To increase the percentage of men and women (15-49 years) with comprehensive HIV prevention methods from 56.5% to 72%
- To reduce the percentage of HIV positive adults (15-49 years) prevalence rate from 10.1% to 7.0%
- To increase the percentage of infants born to HIV positive women who are alive at 12-months and HIV negative from 60.1% to 85%
- To increase the percentage of men (15-49 years) circumcised by a health worker professionals from 12% to 25%
- To increase the percentage of adult ART patients retained on treatment at 12 months after initiation of ART from 80% to 90%
- To increase the percentage of patients alive on ART treatment at 12-months after initiation of ART from 70.5% to 85%
- To reduce the percentage of ART patients that defaulted treatment from 19% to 5%
- To reduce the percentage of women and men with discriminatory attitudes towards PLHIV from 25.5% to 10%
- To increase the percentage of PLHIV and other vulnerable populations or households that receive social cash transfers from 6.8% to 10%

Programmes (HIV/AIDS)

PROGRAMME	LOCATION	TARGET (NUMBER)	PRIMARY BENEFICIARIES	LEAD INSTITUTION	FUNDING (INDICATIVE)
HIV Testing and Counselling	All Health Centres, bicycle taxi operator bays, beaches, markets, police, prison etc.	250,000	Health Centres, health workers, transactional sex workers, uniformed personnel, teachers, bicycle taxi operators, fishermen, vendors, boys, adolescent girls, men and women, youth clubs, NGOs, CBOs, FBOs	District Health Office	GoM, ICEIDA, USAID, Global Fund, SIMAVI, JTF, Baylor
Voluntary Medical Male Circumcision	All Health Centres and all TAs	75,000	Health Centres, health workers, boys and men, NGOs, CBOs, CHAM	District Health Office	GoM, USAID, WB
STI Prevention and Management	All Health Centres and all TAs	5,000,000 (male condoms), 1,100,000 (female condoms)	Health workers, sexually active population, local leaders, NGOs, CBOs, youth clubs, PLHIV groups	District Health Office	GoM, ICEIDA, USAID, Global Fund, SIMAVI, JTF
Treatment, Care and Support (PLHIV)	All Health Centres and all TAs, Communities	58,000 (cumulative)	Health Centres, health workers, PLHIV, PLHIV support groups, youth clubs NGOs, CBOs, FBOs, CHAM	District Health Office (DHO)	GoM, ICEIDA, USAID, Global Fund, Baylor
Impact Mitigation (HIV and AIDS)	All TAs	200,000 (cumulative)	Vulnerable children, PLHIV, judicial staff, women and girls, older persons, widows, persons with disability, local leaders, NGO, CBO, FBO	District Social Welfare Office (DSWO)	GoM, ICEIDA, Global Fund, UNICEF, WFP, Red Cross, CAMFED, NAC, Age Africa, KfW
Health Systems Strengthening (HIV and AIDS)	All Health Facilities, all TAs	-----	Health Centres, health workers, NGOs, CBOs, FBOs, CHAM, DACC, CACCs, VACCs, TWGs	DHO, DSWO	GoM, ICEIDA, Global Fund, WB, NAC

Issue - Violence abuse, exploitation and neglect of children and women (Gender Equality)

Causes

- Harmful social and cultural practices
- Low access to protection services by victimized women and children
- Gender inequalities among men and women, boys and girls in communities, workplaces and schools
- Low participation of women in economic activities and also in the political sphere
- Child marriages and teenage pregnancies

Development Objectives and Targets (2022)

- To increase the level of awareness of communities on gender-based violence and of skills to combat such practices from 10% to 60%
- To increase the percentage of male champions conducting awareness campaigns on gender-based violence from 5% to 95%

- To increase the percentage of stakeholders advocating for violence free communities from 20% to 40%
- To increase the percentage of gender-based violence survivors supported and rehabilitated from 10% to 95%
- To increase the number of shelters attending to survivors of gender-based violence from 0 to 4
- To increase the number of women's groups involved in economic activities from <100 to 1000

Programmes (Gender)

PROGRAMME	LOCATION	TARGET (NUMBER)	PRIMARY BENEFICIARIES	LEAD INSTITUTION	FUNDING (INDICATIVE)
Gender Based Violence	All TAs	5 shelters constructed, 5000 survivors rehabilitated, 200 male champions (all ADCs)	Women and girls	District Gender Office (DGO)	GoM, USAID, UKAID, CSOs
Protection service points for victimized women and girls	All TAs	-----	Women and children	DSWO, DGO	GoM, USAID, UKAID, EU, CSOs
Gender Mainstreaming	All TAs, public and private organizations	200 organizations	Communities, organizations	DGO	GoM, USAID, UKAID, EU, CSOs
Women Economic Empowerment	All TAs	500 women groups, 5000 women trained in business management	Women	DGO	GoM, USAID, UKAID, EU, CSOs
End Child Marriage	All TAs	220 campaigns, 210 committees, 5000 girls economically empowered, 5000 withdrawn from marriage	Communities, community leaders, girls guardians	District Social Welfare Office (DSWO)	GoM, Development Partners

Issue - Weak revenue base and Weak institutional capacity for the effective decentralized services (District Council and Secretariat)

Causes

- Inadequate market infrastructure and the rate of collection and enforcement of [locally generated] revenue sources
- Lack of diversification in terms of [locally generated] revenue sources
- Low and inadequate staffing levels in the District Council (due to deaths, resignations, non-filling of vacancies)
- Inadequate infrastructure and equipment for offices and inadequate staff interventions, training and capacity building
- Weak local development structures
- Inadequate community participation in development and governance
- Low financing [from national, central government] to devolved functions

Development Objectives and Targets (2022)

- To increase the percentage of locally generated revenue raised as a proportion of the target forecast from 80% to 100%
- To increase the percentage of locally generated revenue as a proportion of the total District Council budget from 5% to 20%

Programmes (District Council and Secretariat)

PROGRAMME	LOCATION	TARGET (NUMBER)	PRIMARY BENEFICIARIES	LEAD INSTITUTION	FUNDING (INDICATIVE)
District Council Capacity Building on District Planning	All TAs	100 staff trained on District Planning	District Council staff members	District Council, Planning and Development	GoM, ICEIDA, Development Partners
Capacity Building for Decentralized Planning Structures	All TAs	245 (training of ADCs, AECs, VDCs) 245 (civic education campaigns in ADCs, VDCs)	Communities, ADCs, AECs, VDCs	Community Development	GoM, ICEIDA, Development Partners

Issue - To build an equitable society where opportunities are not defined by sex OR age (including priorities linked to Youth monitoring and evaluation framework)

Development Objectives and Targets (2022)

- To increase the percentage of young people earning income from formal technical and vocational skills from 5% to 70%
- To increase the percentage of young people earning income from informal technical and vocational skills from 10% to 80%
- To increase the percentage of young people accessing income from entrepreneurship and small-scale business start-up from 2% to 70%
- To increase the percentage of young people in formal employment from 3% to 30%
- To increase the percentage of Local Development structures involving young people from 2% to 95%
- To increase the percentage of health facilities providing Youth Friendly Health services from 10% to 95%
- To increase the percentage of young people accessing Youth Friendly Sexual and Reproductive Health services from 20% to 95%

Specific programmes targeted toward youth are not listed in the DDP (chapter III Programmes or chapter IV Investment Plan), but chapter V (Results Framework) does address youth issues.

ANNEX 12 MANGOCHI DISTRICT – PROGRAMME BASED BUDGET (PBB) PERFORMANCE RESULTS

LA-PBB reports are prepared by the National Local Government Finance Committee (NLGFC), on the basis of standardised reporting formats and reporting undertaken by the districts, and issued by the Ministry of Local Government, Unity and Culture (MoLGUC). Data in this annex draws on the LA-PBB reports issued in financial-year (FY) 2018-19, FY 2019-20, FY 2021-22, FY 2022-23.

Mangochi District Council – Mission

To provide demand driven sustainable and quality services to all communities through efficient and effective grass root participation and utilization of local and/or external support in order to contribute to the socio-economic development of the council.

Mangochi District Council – Major Achievements

MAJOR ACHIEVEMENTS IN 2017/18 (NLGFC report FY 2018-19)

- 34,645 under 1 fully immunised
- 885,718 accessing Outpatient Department services and 42,858 accessing ART services
- 5,641 Adult literacy learners graduated
- 302 improved goat kholas constructed
- 10,031 ha under SWC
- 276 schools benefiting from the Primary School Improvement Program
- 39ha under Irrigation
- 230,000 reached with extension services
- 70,000ha under modern farming technologies
- 19,987 households benefitting from Social cash transfer scheme
- 1100 gender-based violence (GBV) cases reported and handled
- 166 labour complaints and industrial disputes settled
- 1,124,760 tree seedlings planted (80% survival rate)

MAJOR ACHIEVEMENTS IN 2018/19 (NLGFC report FY 2019-20)

- 114,000 crop and livestock farmers were reached with extension services
- 1250 hectares of communal land restored for conservation of biodiversity
- 145 and 34 boreholes were maintained and drilled respectively
- 13 bridges were rehabilitated
- Delivery by skilled personnel increased from 60% to 68%
- 1,902 needy secondary students have been supported with school fees

MAJOR ACHIEVEMENTS IN 2020/21 (NLGFC report FY 2021-22)

- School Improvements Grants disbursed to 244 schools so far
- Increase in deliveries by skilled personnel from 64% to 68% and under one immunisation from 85% to 91%
- Registered 28317 births in health facilities, 3301 deaths in the community and in health facilities, 8200 Malawians for National ID, 11 Non-Malawian citizens for foreigners National IDs
- 371 complaints cases got settled and 57 workers compensation cases were sent for finalisation
- Reached 320000 crop and livestock farmers with extensions services
- 16 days of activism under gender-based violence conducted
- Increased the number of beneficiaries participating in Community Savings and Investment, Adult Literacy (English and Vernacular classes), Microenterprises Management and Home Management activities

- Conducted 2 ordinary full council meetings

MAJOR ACHIEVEMENTS IN 2021/22 (NLGFC report FY 2022-23)

- Registered 27981 live births and 1938 deaths at community level and health facilities
- 27 children withdrawn from child labour and sent back to school
- Improved PSLCE pass rate from 76% to 82%
- Reached 302,000 crop and livestock farmers with extensions services
- Built capacity of 25 Village Civil Protection Committees in disaster risk management (DRM)
- 500 community members and opinion leaders sensitized on Gender Equality
- 108.7 ha have been regenerated in VNRMCs` Village Forest Areas
- 75% Percentage of council projects subjected to Environmental and Social Impact Assessment
- 30 sports masters were trained in coaching and umpiring

Mangochi District Council – Programme Issues

PROGRAMME ISSUES IN 2017/18 (NLGFC report FY 2018-19)

- High population growth
- High illiteracy levels
- Food and nutrition insecurity at household level
- High maternal deaths and child morbidity and mortality
- Loss of biodiversity and environmental degradation
- Low access to safe water and sanitation
- Poor road and communication network
- High HIV prevalence
- High crime rate
- High incidences of violence abuse, exploitation and neglect of children and women
- Low household incomes
- Weak revenue base for the Council
- Weak Institutional capacity for the effective decentralized services delivery

PROGRAMME ISSUES IN 2018/19 (NLGFC report FY 2019-20)

- Inadequate and late funding has crippled the implementation of activities, projects and programmes
- Low staffing levels at grass root level is affecting the efficient and effective implementation of activities, projects and programmes
- Migration of young energetic people to South Africa is impacting negatively on development activities
- Natural calamities (floods) have reduced economic gains made in most communities
- High cost of maintaining motor vehicles and motorcycles since most of them are old

PROGRAMME ISSUES IN 2020/21 (NLGFC report FY 2021-22)

- Introduction of revised and almost 100% higher locum rates for staff during the year affected implementation of other key result areas as re-allocations had to be made
- Inadequate funding hence other equally important activities are not included in the budget. This leads to Inadequate office equipment e.g. motor cycles for field workers (mobility challenges)
- Delayed funding leading to delayed implementation
- Understaffing of field workers comparing to the vastness of Mangochi district
- Long delay before the printing of National IDs at headquarters. This may lead to delay in ID collection as there are more than 10000 National IDs which have not yet been collected. In addition, there are more than 40000 records of birth whose certificates have not yet been printed because of lack of blank birth certificates
- Employers experienced economic difficulties due to corona virus pandemic as a result some workplaces got closed. This added to the already existing challenge of high rate of unemployment

- High illiteracy levels affecting the smooth uptake of DRM practices
- Poor road network affecting disaster response interventions during rainy season
- Low community participation in development projects at community level due to untrained community structures - there are many new and existing players in community development (such as ADCs, VDCs) whose capacity has not been built which leads to poor leadership in terms of steering and sustaining development initiatives
- Erratic and low supply of drugs and other medical products from the central medical stores affected service delivery

PROGRAMME ISSUES IN 2021/22 (NLGFC report FY 2022-23)

- Inadequate funding hence other equally important activities are not included in the budget
- Understaffing of field workers comparing to the vastness of Mangochi district
- Inadequate office equipment, motor vehicles for officers as well as motorcycles for field workers
- There are very few birth certificates being issued at health facilities in addition National IDs are taking a very long time to be printed
- High illiteracy levels affecting the smooth uptake of DRM practices in addition there is high poverty levels of families and households requiring direct support and public assistance
- Poor road network affecting disaster response interventions during rainy season
- Low community participation in development projects at community level due to untrained community structures - there are many new and existing players in community development (such as ADCs, VDCs) whose capacity has not been built which leads to poor leadership in terms of steering and sustaining development initiatives
- Some stakeholders do not follow some set out procedures when providing services to the communities Some players have a tendency of disregarding standards and procedures for short term gains which brings dependency and confusion within a community
- Handouts -Offering of handouts to communities as a way of buying support kills the self-help spirit
- Increased cases of street connected children and children in conflict with the law

Mangochi District Council – Programme Performance Information (summary)

(Data on 'actual' performance presented in the NLGFC reports is provided for the FY two-years prior, i.e. 2016/17 'actual' in the NLGFC report FY 2018-19, 2017/18 'actual' in the NLGFC report FY 2019-20, 2019/20 'actual' in the report FY 2021-22, and 2020/21 'actual' in the report FY 2022-23, and the 'targets' data for 2021/22 and 2022/23 presented in the NLGFC report FY 2022-23)

OUTPUT INDICATORS	2016/17 ACTUAL	2017/18 ACTUAL	2019/20 ACTUAL	2020/21 ACTUAL	2021/22 TARGET	2022/23 TARGET
Programme 04 - Water Resources Development, Management and Supply						
Number of boreholes maintained	183	230	156	156	175	160
Number of taps maintained	0	0	0	0	0	0
Number of stakeholders trained in water and sanitation hygiene	2180	1430	1,166	1,166	1,232	1,250
Programme 20 - Management and Administration Services						
Number of Council meetings conducted (Ordinary)	Indicator not listed	Indicator not listed	4	4	3	4
Percentage of funding allocated to budgeted activities	100	100	100	80	80	80

OUTPUT INDICATORS	2016/17 ACTUAL	2017/18 ACTUAL	2019/20 ACTUAL	2020/21 ACTUAL	2021/22 TARGET	2022/23 TARGET
Quarterly M&E reports produced	4	4	0	4	3	4
Number of asset registers	0	1	671	1	1	1
Percentage of procurement contracts managed	---	---	98	100	100	100
Number of Monthly financial reports submitted on time	12	12	12	8	12	12
Percentage of audits completed in the annual audit plan	100	100	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
Number of audit reports prepared	Indicator not listed	Indicator not listed	0	1	1	17
Percentage of personnel records up to-date	30	70	80	80	80	90
Percentage of staff appraised on their performance	0	50	0	0	0	50
Percentage of staff trained on job-related skills	5	30	60	60	60	80
Percentage of vacant posts for staff filled	5	20	100	100	100	100
Percentage of ICT infrastructure safeguarded against security risk	60	100	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
Percentage of ICT service requests resolved	70	100	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
Percentage of ICT infrastructure (computers) functional	Indicator not listed	Indicator not listed	75	100	100	100
Percentage of budgeted locally generated revenue collected	58	78	53	62	100	100
Programme 23 - Basic Education (primary education)						
Pupil-Textbook Ratio	---	3:1	Not listed	Not listed	Not listed	Not listed
Pupil-Qualified Teacher Ratio	---	84:1	73:1	73:1	70:1	68:1
Pupil-Specialist Teacher Ratio for special needs students	---	380:1	320:1	300:1	250:1	250:1
Number of schools benefiting from the Primary School Improvement Program	258	267	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
% of schools accessing School Improvement Grants (SIGs)	Indicator not listed	Indicator not listed	100	100	100	100
Pupil-Classroom ratio	---	104:1	153:1	143:1	142:1	140:1

OUTPUT INDICATORS	2016/17 ACTUAL	2017/18 ACTUAL	2019/20 ACTUAL	2020/21 ACTUAL	2021/22 TARGET	2022/23 TARGET
Number of schools fully involved in Nutrition & Sanitation Programs	84	120	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
% of schools providing daily school meals to learners	Indicator not listed	Indicator not listed	67	53	53	55
% of schools with at least one hand-washing facility	Indicator not listed	Indicator not listed	81	98	100	100
Percentage of schools with teachers trained in HIV and Sexual Education	Indicator not listed	Indicator not listed	0	48	52	55
PSLCE pass rate	Not listed	Not listed	76	82	84	85
% of primary schools inspected	Indicator not listed	Indicator not listed	3	21	30	32
Number of students benefiting from grants	---	309,028	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
Percentage of school-aged special needs population in primary school	---	4	4	4	4	4
% of schools with adequate permanent toilets according to enrolment	Indicator not listed	Indicator not listed	33	27	29	30
% of schools with CBE centres	Indicator not listed	Indicator not listed	3	5	5	5
Percentage of out-of-school youth in Complementary Basic Education (CBE)	---	2	---	0	0	0
Number of primary school teachers recruited and deployed	Indicator not listed	Indicator not listed	250	31	40	40
Gender quality index (girls-boys)	Indicator not listed	Indicator not listed	Girls 51%, Boys 49%	1.09:1	1:1	1:1
Number of school blocks maintained	Indicator not listed	Indicator not listed	2	4	10	10
Primary school dropout rate (%)	---	8	8	10	8	8
Repetition rate (%)	---	26	25	29	27	25
Primary completion rate (%)	---	21	18	17	20	22
Programme 60 - Local Development						
Number of staff houses constructed	3	0	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
Number of girls hostels constructed	0	1	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
Number of school blocks constructed	3	54	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed

OUTPUT INDICATORS	2016/17 ACTUAL	2017/18 ACTUAL	2019/20 ACTUAL	2020/21 ACTUAL	2021/22 TARGET	2022/23 TARGET
Number of health centres constructed	0	6	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
Number of boreholes drilled	---	0	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
Programme 65 - Primary Health Care						
Number of 1 year old children fully immunized	21,841	31,811	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
% of children fully immunised	Indicator not listed	Indicator not listed	90.5	72	90	92
% of children screened for malnutrition	Indicator not listed	Indicator not listed	65%	194,436	203,350	215,000
% of pregnant women received LLITN (Long Lasting Insecticide - Treated Nets)	Indicator not listed	Indicator not listed	90	96	100	100
Vitamin A supplementation coverage	Indicator not listed	Indicator not listed	100%	194,436 96.1%	203,350	215,000
% of infants with low birth weight	Indicator not listed	Indicator not listed	5.1	5.4	4.0	3.5
Number of pregnant mothers completing at least (4 of 8) antenatal care (ANC) visits	Indicator not listed	Indicator not listed	31%	31.2%	35%	40%
Number of pregnant women accessing Prevention of Mother to Child Transmission (PMTCT) services	3,434	3,505	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
Number of clients accessing family planning services	122,945	170,416	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
Number of people accessing Outpatient Department Services	912,381	913,081	790,868	707,555	830,411	871,931
Number of clients accessing HIV testing services	132,107	355,856	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
% of clients 15-49 years tested for HIV	Indicator not listed	Indicator not listed	39	31	50	55
Number of clients accessing Antiretroviral Therapy (ART) services	35,789	48,830	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
ART coverage	Not listed	Not listed	90%	90%	95%	97%
Number of deliveries attended by skilled health personnel	30,628	36,980	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
% of births conducted by skilled birth attendants	Indicator not listed	Indicator not listed	68	65	70	72
Institutional maternal mortality rate	Indicator not listed	Indicator not listed	0.09	0.09	0.08	0.08

OUTPUT INDICATORS	2016/17 ACTUAL	2017/18 ACTUAL	2019/20 ACTUAL	2020/21 ACTUAL	2021/22 TARGET	2022/23 TARGET
Institutional neonatal mortality rate	Indicator not listed	Indicator not listed	1.3%	1.2%	1.0%	1.1%
Pneumonia incidence rate of under 5	Indicator not listed	Indicator not listed	29%	29.1%	25%	20%
TB treatment success rate	Indicator not listed	Indicator not listed	79%	80.3%	85%	100%
Second line treatment coverage among multi-drug resistant (MDR) TB cases	Indicator not listed	Indicator not listed	100%	No patients registered	0	0
Programme 69 - Gender Equality and Women Empowerment						
Number of sectors main-streaming gender	5	30	30	17	17	17
Number of sectors trained on gender main-streaming	5	30	30	17	17	17
Programme 70 - Community Development						
Number of Adult Literacy Learners graduated	5,641	4,783	8,500	6,346	6,346	6,500
Percentage adult literacy learners graduated	Indicator not listed	Indicator not listed	77.4	80	80	80
Number of Adult Literacy instructors trained	120	140	439	439	439	439
Number of Adult Literacy committees trained	20	20	0	439	439	439
Number of Adult Literacy centres opened	322	382	400	439	439	439
Number of Community Development Assistants trained in good govern-ance and leadership skills	14	14	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
Number of ADCs and VDCs trained in in good governance and leader-ship skills	Indicator not listed	Indicator not listed	25 ADCs, 245 VDCs	321	321	321
Number of Project Man-agement Committees trained	40	30	92	100	50	70
% of households that have access to food	Indicator not listed	Indicator not listed	45	50	80	80
% of children accessing care and feeding prac-tices	Indicator not listed	Indicator not listed	36	30	40	40
% of community groups demonstrating knowledge in water sani-tation and hygiene	Indicator not listed	Indicator not listed	32	30	40	40

OUTPUT INDICATORS	2016/17 ACTUAL	2017/18 ACTUAL	2019/20 ACTUAL	2020/21 ACTUAL	2021/22 TARGET	2022/23 TARGET
Programme 83 - Youth Development						
Number of youth trained in business management and entrepreneurship skills	50	150	200	0	0	0
Number of youth equipped with leader-ship skills	100	300	400	400	500	1,000
Number of youth pro-grams included in development plans	---	5	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
Number of active Youth clubs, youth Networks, youth NGOs, Youth ac-tion committees	300	500	650	650	750	600
Number of Youth reached with Sexual Re-productive Health & HIV/AIDS information	---	500	Indicator not listed	Indicator not listed	Indicator not listed	Indicator not listed
Number of youth reached with compre-hensive sexuality educations	Indicator not listed	Indicator not listed	1,400	1,500	3,000	3,000
Number of youth access-ing Sexual Reproductive Health (SRH) services	Indicator not listed	Indicator not listed	1,000	0	0	0
Programme 99 - Child Development and Protection						
Number of Orphans and Vulnerable children pro-vided with bursary support	3,478	3,600	0	0	20	20
Number of children (0 to 8 years old) accessing Early Childhood Devel-opment (ECD) services	33,697	38,608	38,650	28,000	39,000	32,000
Number of ECD Centres established	20	45	35	16	75	50
Number of ECD Caregiv-ers trained	66	100	0	0	150	150

ANNEX 13 MANGOCHI DISTRICT – MAP OF ICELAND'S INFRASTRUCTURE INVESTMENTS

In this annex, we present maps of the basic services infrastructure facilities and actions supported by the Government of Iceland in partnership with the Mangochi District Council under MBSP I & II and other projects. More details are available on the interactive map of Iceland's infrastructure footprint since 2012.

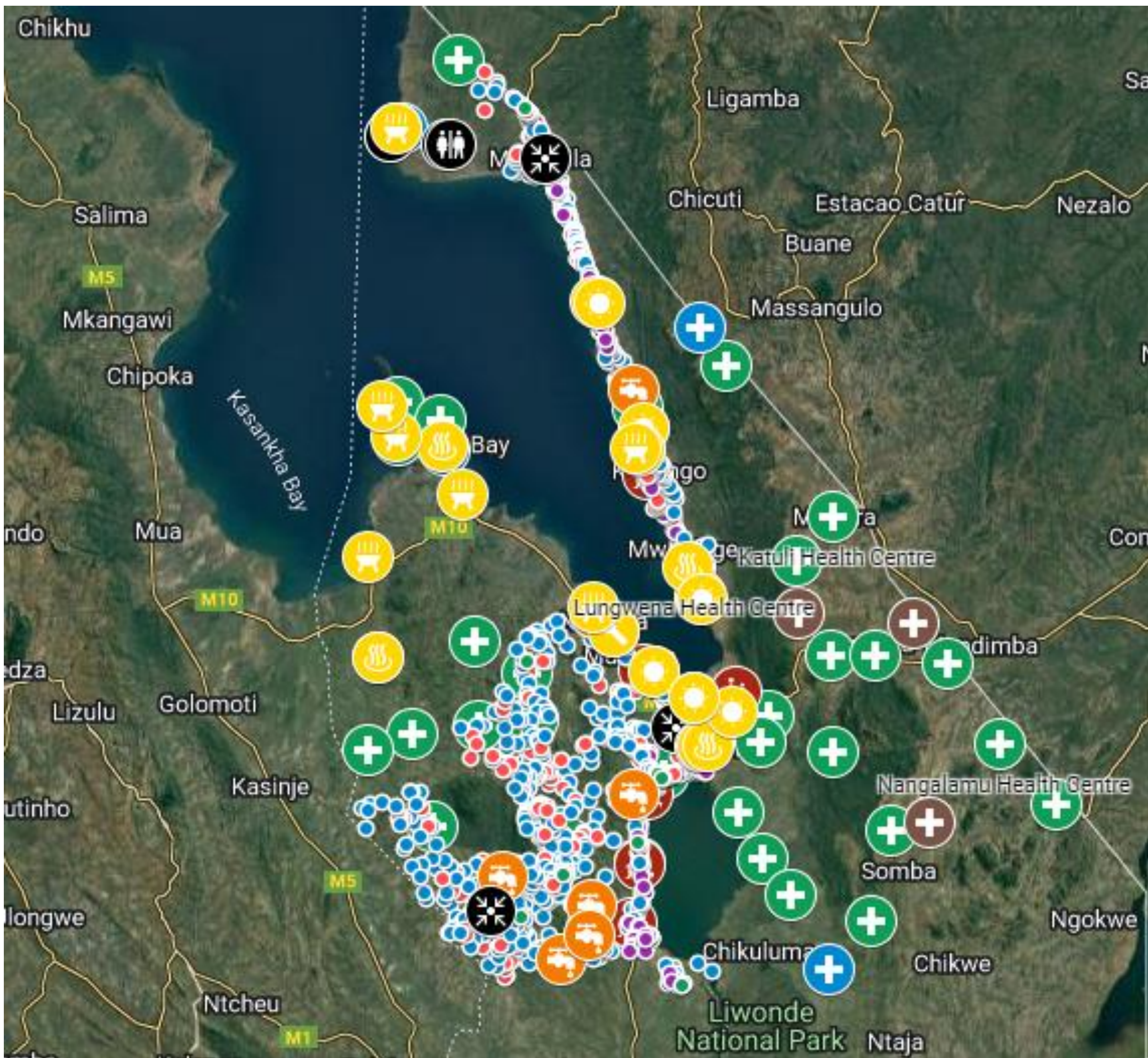


Figure 21: Map of all projects under MBSP I & II and other projects

Health Infrastructure

- New Health Infrastructure & Others
- Rehabilitation/ Maintenance Works
- New Support Infrastructure

Education Infrastructure

- All items

Water Infrastructure

- New Borehole
- Rehabilitated Borehole
- Protected Shallow Well
- New Borehole_Remedial works
- Piped Water System

Sanitation Infrastructure

- Public Toilet
- Sanitation Marketing Centre

Secretariat Infrastructure

- Finance files building

EnDev infrastructure

- Solar for Social Institutions
- Chitofu 3in1
- Guardian Cooking Shelter
- School kitchen repair

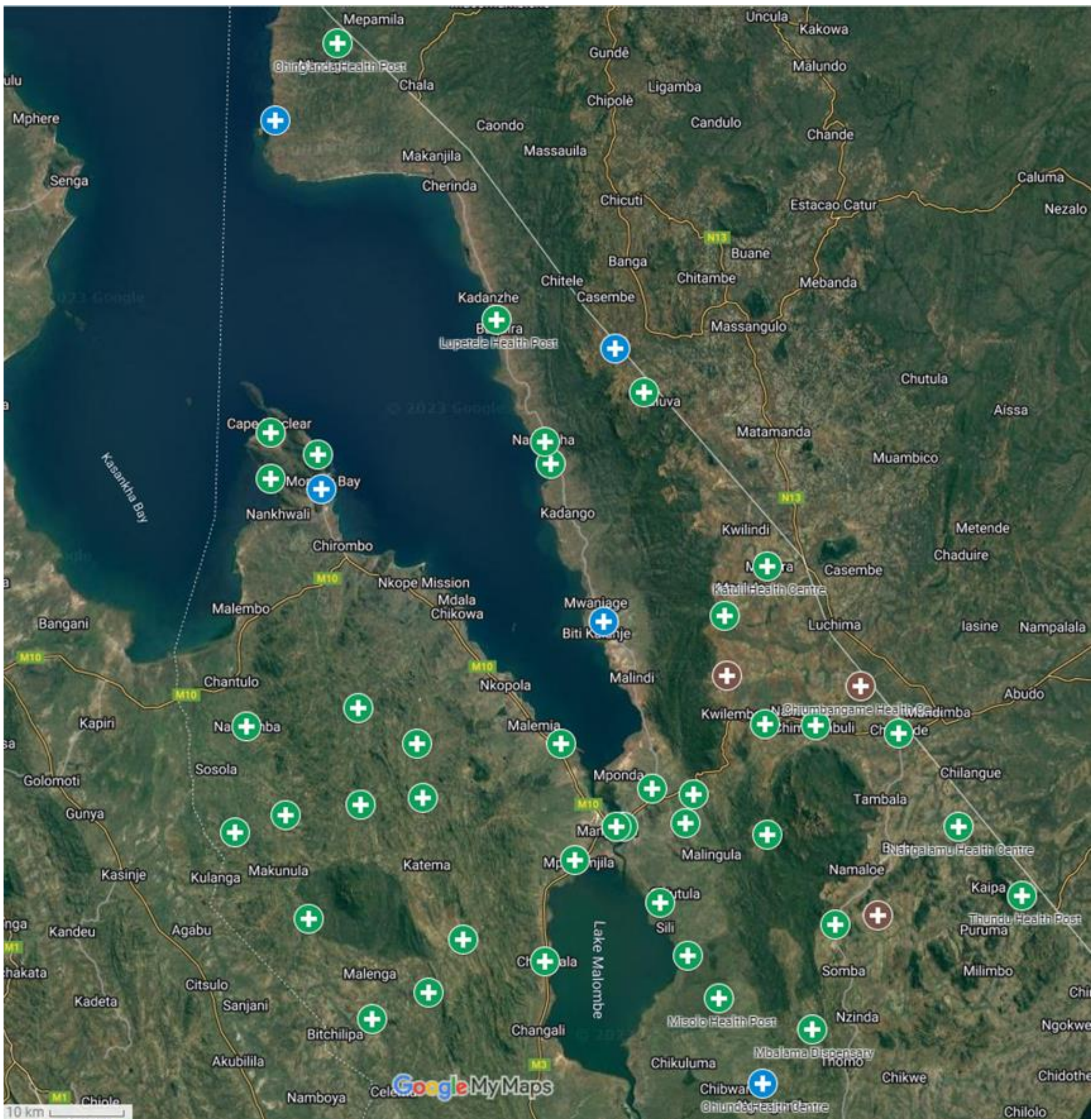


Figure 22: Map of health infrastructure projects under MBSP I & II and other projects

Health Infrastructure

- New Health Infrastructure & Others
- Rehabilitation/ Maintenance Works
- New Support Infrastructure

Figure 23: Map of education infrastructure projects under MBSP I & II and other projects

Education Infrastructure

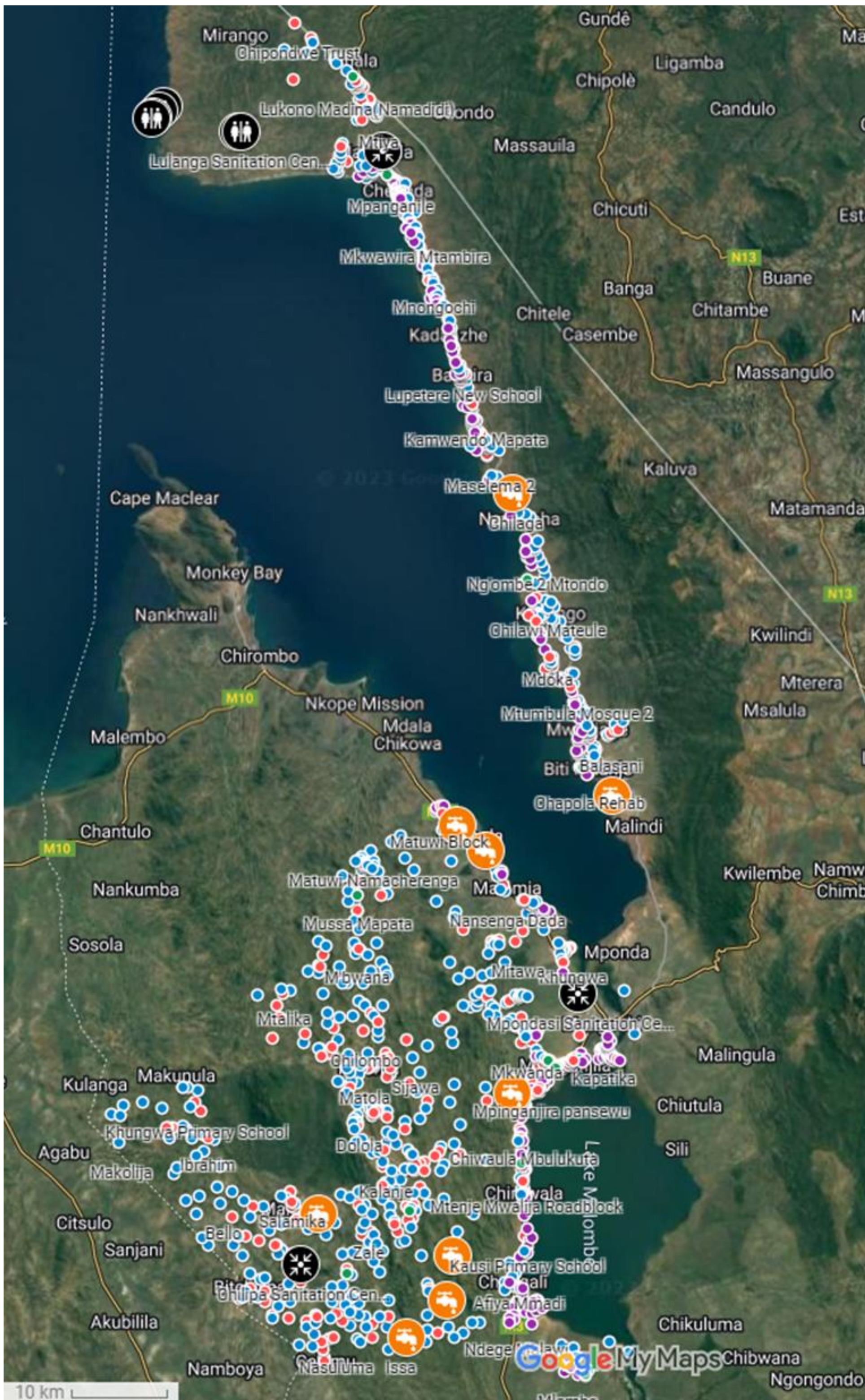


Figure 24: Map of water and sanitation infrastructure projects under MBSP I & II

Sanitation Infrastructure

- Public Toilet
- Sanitation Marketing Centre

Water Infrastructure

- New Borehole
- Rehabilitated Borehole
- Protected Shallow Well
- New Borehole_Remedial works
- Piped Water System

Figure 25: Map of Energizing Development projects

EnDev infrastructure

- Solar for Social Institutions
- Chitofu 3in1
- Guardian Cooking Shelter
- School kitchen repair

ANNEX 14 MBSP PHASE I (2012-2016) – OVERVIEW OF THE PROGRAMME GOALS AND RESULTS

In this annex we present a concise overview of the focus of the MBSP Phase I programme, implemented 2012-2017, as well as of the previous portfolio of Icelandic support provided to Malawi within Mangochi District.

Mangochi Basic Services Programme (MBSP) 2012-2016 (extended to 2017)

A large part of Iceland's bilateral cooperation programme of support in Malawi has been carried out in Mangochi District, initially with focus on the Monkey Bay area within Nankumba Traditional Authority (TA). In 2011, three Icelandic supported projects in Mangochi came to an end - Adult Literacy (ALP), Water and Sanitation (WATSAN), and the development of the Monkey Bay Community Hospital (MBCH) which was phased out in the beginning of 2012. The Mangochi Basic Services Programme (MBSP) is a logical continuum and an expansion of the previous direct project support provided by Iceland in the Monkey Bay area.

The **overall objective** of the MBSP is to assist the Malawian Government and the Mangochi District Council to improve living standards in the rural communities in Mangochi District. This will result in a more resilient population in adversity and a more resourceful one for self-sufficiency.

To achieve the desired outcomes the MBSP aims at obtaining immediate objectives and specific outputs.

The **immediate objective of the Water and Sanitation Programme** is increased and sustainable access to and use of improved safe water sources and improved sanitation practices in TA Chimwala.

Main outputs

1. At least 150 new boreholes constructed in target area
2. At least 100 protected shallow wells constructed in target area
3. At least 100 defunct boreholes rehabilitated in target area
4. At least 350 water point management committees trained in community based management (operations and maintenance, sanitation and organization) in target area
5. At least 80% of households construct and use improved pit latrines and hand wash facilities in target area
6. District system strengthened for WASH service delivery
7. Environmental aspects around water points and in relation to sanitation activities have been examined and addressed

The **immediate objective of the Public Health Programme** is increased availability, access and utilisation of high impact, quality maternal and child health services in Mangochi.

Main outputs

1. Improved health services infrastructure
   - 1.1 General infrastructure in the network of the Ministry of Health and public Health Centres is strengthened
   - 1.2 Improved infrastructure and equipment in maternal and child health services in Health Centres
2. Increased coverage of high impact, quality maternal and child health services
   - 2.1 Improved referral services
   - 2.2 Strengthened Community based health services
3. Improved capacity of the health system to deliver services
   - 3.1 Improved working conditions for public health support staff at the District Health Office (DHO)
   - 3.2 Institutional capacity strengthened at the DHO
   - 3.3 Improved health management information system

The **immediate objective of the Education Programme** is improved quality of education in target schools to reduce dropout and repetition and promote effective learning.

Main outputs

1. Infrastructure and capacity strengthening in target schools
2. Enhanced equity and improved retention of girls and other vulnerable children in target schools
3. Improved management of target schools

The **primary target group of the MBSP programme** is the population of Mangochi District with priority given to the poorest communities in rural areas. **Secondary beneficiaries** will be field workers, community development committees and various staff at the Mangochi District Council through participation in programme activities, training courses, etc. which is expected to increase their capacity to deliver services.

With regard to the **Water and Sanitation** sector, cooperation between the Icelandic and Malawian Governments started in target communities in TA Nankumba with the launch of the WATSAN project in 2007, implemented with the Mangochi District Water Office. During the project around 400 water points were constructed in the Nankumba area and training and education on sanitation provided. Water committees were established in all the villages that received water points. The communities supplied labour and some basic materials. The new water points consisted of drilled boreholes, shallow wells, and the rehabilitation of older dysfunctional water points. For improved sanitation around 14,000 pit latrines were built. At the end of the project, the Nankumba area was fully served and 20 thousand homes had received access to clean and potable water within a distance of 500 metres. Under the **MBSP** programme the geographical focus of Iceland's water and sanitation support was in target communities located in TA Chimwala.

The results performance of the MBSP programme, as reported in the 2018 evaluation, is summarized below.

- **Increased and sustainable access to and use of improved potable water sources** - 208 new boreholes drilled (100% achieved compared to the programme target), 124 protected shallow wells constructed (89%), and 145 defunct boreholes rehabilitated (112%), and local community's technical and management skills strengthened via training of 477 people (98% compared to target) linked to the formation or reactivation of Water Point Committees (WPCs), pre-construction and drilling methods, quality checks, controls and operations, and Village Level Operation and Maintenance (VLOM) of water points, and via the development of strategies (1 rather than 2) to facilitate the availability of spare parts to communities. But a gender analysis assessment linked to the WPCs was not conducted (0% achieved).
- **Access and use of sanitary facilities improved** - All extension workers (WMAs, HSAs, and CDAs) were trained in sanitation issues (100% achieved compared to the programme target), 283 sensitization meetings with community leaders on ODF were conducted (78% compared to target), the Community Led Total Sanitation (CLTS) approach was introduced in communities and mobilization of communities conducted and awareness raising on sanitation conducted in TA Chimwala, as well as Open Defecation Free (ODF) verifications conducted, with 48 villages confirmed and verified as ODF within TA Chimwala.
- **Increased capacity of the District Water Office (DWO)** - 16 additional Water Monitoring Assistants (WMAs) were employed at the DWO (115% achieved compared to the programme target), twelve motorcycles (133% compared to target) and two motor vehicles (100%) were procured and provided, one capacity building needs assessment workshop (100%) was conducted, and funding for operational use provided.

With regard to the **Public Health** sector, cooperation between the Icelandic and Malawian Governments started in 2000 with a focus on health infrastructure strengthening linked to the constructions at Monkey Bay Community Hospital (MBCH) and investments in communication with peripheral facilities in TA Nankumba, extended from 2004 to focus on the strengthening of services in MBCH, Nankumba Health Centre, outreach clinics and community based services, and from 2009 to 2011 further construction at MBCH and the outreach facilities in its catchment area, including upgrading of Chilonga dispensary to health centre level with a maternity ward, construction of a health post at Kanyenga and the construction of staff

houses. During the years Iceland has also funded training and scholarships for health personnel, and purchased bicycles, motorbikes and vehicles. Finally, small research projects have been funded (results not published). Under the **MBSP** programme the geographical focus of Iceland's public health support covers all five of the health zones within Mangochi District, i.e. Chilipa, Mangochi, Makanjira, Monkey Bay, and Namwera.

With regard to the improvement of health centres' infrastructure in the district, a detailed needs assessment was conducted, in 2011, of 25 Ministry of Health (MoH) owned and operated health centres in terms of the needs for the improvement of either the water supply, the sanitation facilities, the waste disposal system and/or the power supply system in the health centres, as well as in terms of needs for the construction or renovation of maternity wards. On the basis of this assessment the Icelandic authorities identified 24 MoH health facilities as potential implementation sites for Iceland's infrastructure improvement support.

In Chilipa health zone the facilities located at Chilipa (sanitation), Mtimabii (water, sanitation, waste, maternity), and potentially Phirilongw (water, sanitation, waste, power). In Mangochi health zone the facilities at Chiunda (water, sanitation, waste, power, maternity), Malombe (water, sanitation, waste, power, maternity), and Mangochi District hospital (maternity). In Makanjira health zone the facilities at Lungwena (water, sanitation, power, maternity), Kadango (water, sanitation, waste, power), and potentially Makinjira (power). In Monkey Bay health zone the facilities at Nankumba (sanitation, waste, maternity), Chilonga (maternity), and Monkey Bay (maternity). In the Namwera health zone the facilities at Chikole (waste), Iba (waste, power), Jalasi (water, sanitation), Namwera (waste), Chiumbang (water, waste), Katuli (water, waste, maternity), Maleta (waste), Chiponde (water, waste), Nancholi (waste, power), Nangalamu (water, waste, power, maternity), Sinyala (water, waste, power) and potentially also Nkumba (water, sanitation, waste, and power).

The results performance of the MBSP programme, as reported in the 2018 evaluation, is summarized below.

- **Improved health services infrastructure** - 13 safe water supply systems installed in health facilities (100% achieved compared to the programme target),17 sanitation facilities (pit latrines) constructed (65% compared to target), six placenta pits and 14 incinerators constructed (100%), electricity (solar) installed in eleven facilities (92%), electricity (ESCOM) installed in nine facilities (129%), the general maintenance needs of 13 centres assessed, planned and undertaken (100%), eight maternity wards constructed (100%), the main maternity ward at Mangochi District Hospital constructed (100%), beds and equipment for 19 maternity wards procured (100%), 15 waiting homes (94%) and ten staff houses (100%) and 20 Health Posts (100%) constructed, and eleven Vaccine Refrigerators procured (55% achieved compared to target).
- **Increased coverage of high impact, quality maternal and child health services** - Linked to improvement of the patient referral system, five motor vehicle ambulances and eight bicycle ambulances were procured (100% compared to target), and a wireless radio communication system installed and implemented in all five health zones (100%), the procurement of motorcycle ambulances was not possible as no supplier was found. Linked to the strengthening of community based health services, 35 Health Surveillance Assistants (HSAs) received initial training (100% compared to target) in primary health care (PHC), 555 bicycles for HSAs (101%) and equipment for 550 HSAs was procured (100%), 874 people on Village Health Committees (VHCs) were trained in the management of PHC (100%), and 30 Health Advisory Committees (HACs) were trained on their roles and responsibility (100% compared to target).
- **Improved capacity of the health system to deliver services** - Linked to improving working conditions for public health support staff at the District Health Office (DHO), the Public Health Office at DHO was renovated and equipped (100%), one vehicle (4x4) was handed over to the Public Health Office (100%) and eleven motorcycles procured (100%) to be used for supervision. Linked to strengthening institutional capacity at the DHO, 25 hospital staff (167% compared to target) were trained in various

courses, an education fund (for sponsoring training needs) and also funding for research was established, but a training needs assessment and development of a 4-year training plan, as well as development of a research strategy was not achieved. Linked to strengthening of the Health Management Information Systems (HMIS), computers and internet services were procured for the DHO and its offices in the other four health zones (100%) but were only installed at the DHO (20% achievement compared to target), Health programme Coordinators and Health Centre Management Teams were trained on the HMIS, 874 Village Health Register (VHR) notebooks were procured and users trained (100%), and 373 HSAs and Supervisors trained in VHR (100%), and regular quarterly review meetings on VHR were conducted (100%), but the development of a database for VHR data-collection and analysis was not undertaken (0% achieved).

With regard to the **Education** sector, cooperation between the Icelandic and Malawian Governments commenced in 1998 with construction of the Namazisi primary school in Chirombo village in TA Nankumba implemented with the Mangochi District Education Office (DEO). By 2009 twenty-three primary schools in the district had been constructed or rehabilitated and furnished with Iceland's support. In addition, Iceland has supported carrying out training for teachers, parents and Village Committees, as well as Adult Literacy. Iceland also supported the construction of teachers' houses at primary schools during 2006-2012. Support under the **MBSP** programme was primarily targeted on 12 primary schools in four education zones in the poorest parts of the district - in the education zone of Chimbende the primary schools located in Chikomwe, Chimbende and Mtengeza, in the education zone of Chimwala the primary schools located in Changali, Changamire and Chimwala, in the education zone of Koche the primary schools located in Koche, Lwanga and Makawa, and in the education zone of St. Joseph the primary schools located in Lupetere, Milimbo and St. Joseph. In school year 2012/13 a total of 19,916 students were enrolled at the 12 schools.[57]

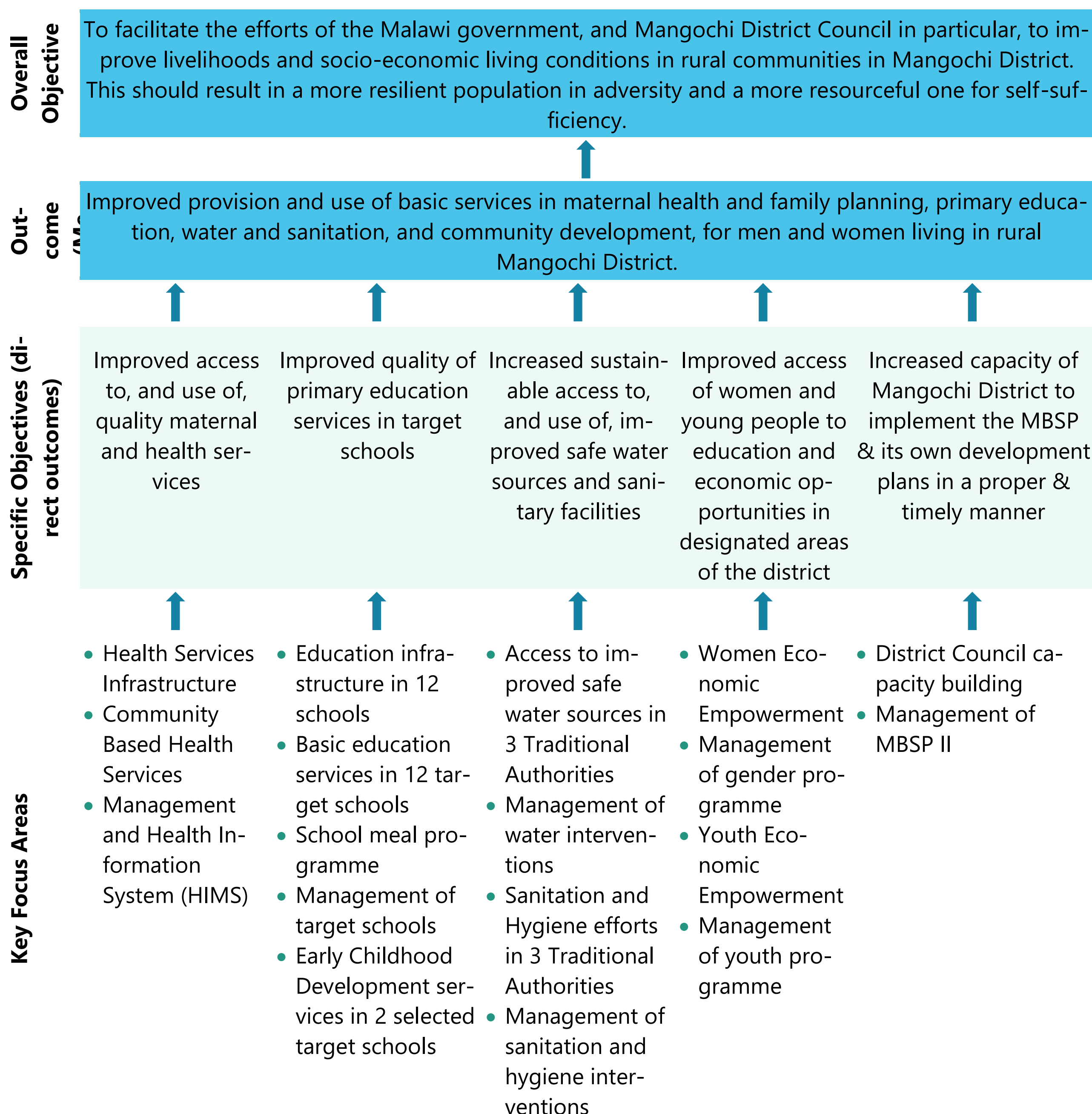
The results performance of the MBSP programme, as reported in the 2018 evaluation, is summarized below.

- **Improved capacity and support to learners in target schools** - 126 teachers were exposed to 5 training sessions (100% compared to the programme target) on what to teach and how to teach, 72 School Managers were exposed to 5 training sessions (100%) on school management, 60 teacher trainee candidates were identified from local areas and trained (100%), 18 trained teachers (90% compared to target) were hired to teach in the target schools, 219,060 school textbooks for three subjects (in standard 1-4 and in standard 5-8) were procured and distributed (86% compared to target) and 4,400 supplementary books procured and distributed to the schools (40% compared to target, due to cost under-estimate), 192 basic sports equipment were procured and distributed (100%), 326,100 exercise notebooks (100%) for learners procured and distributed, teacher's guides for all primary school subjects procured and distributed to all teachers in the target schools (100%), and three standardised tests (100%) acquired and administered in the target schools. But only one Teaching and Learning Using Locally Available Resources (TALULAR) centre was established in one of the four education zones (25% compared to target), and the community mobilization actions were also significantly under-achieved compared to target.
- **Improved teaching and learning environment in target schools** - 70 new classrooms (103% compared to target), 42 teacher's houses (100%) and 56 improved and secure latrines (117%) were constructed, and 288 water and sanitation facilities (75% compared to target) installed, 5,000 pieces of school furniture (83%) were procured and distributed in at least 200 classrooms, and 220 teacher's tables and chairs (100%) were procured and distributed in the target schools, and a general maintenance fund in the target schools was established and general maintenance of school infrastructure undertaken (100%).

[57] The twelve primary schools, in the four education zones are located in TA Mponda (Chimbende, Chikomwe, Koche, Makawa, Lwanga), TA Chowe (Mtengeza), TA Chimwala (Chimwala, Changali, Changamire), TA Namavi (St. Joseph, Milimbo) and TA Makanjira (Lupitere).

- **Enhanced equity and improved retention of girls and other vulnerable children (OVCs) in target schools** - Linked to strengthening the role of Mother Groups, three mother groups were trained (100%) and 24 pushbikes procured (100%), but financial support for the groups or organization of exchange visits between the mother groups was not realized (0% achieved). Linked to support for OVCs, 19 bursaries (101%) and 19 scholarships (101%) were provided for OVCs, as well as the provision of on-going psychosocial support to OVCs. Linked to the enrolment of special needs learners, 1 resource centre for children with special needs was established (100%) and three training sessions (100%) on how to use special needs teaching and learning materials provided, but management support for only eight children with special needs (40% compared to target) was provided. Linked to de-worming and bilharzia prevention, as a means to increase attendance and participation of learners, results were significantly under-achieved.
- **Improved management of target schools** - The operations of the District Education Manager (DEM) office was strengthened via the procurement of ICT equipment and training of its staff in the use of ICT, the rehabilitation of the DEM office, and procurement of one vehicle (100%) for use by the DEM office, four motorcycles (100%) were procured for the Teachers Development Centres (TDCs) in the target zones, and 18 Primary Education Advisors (100%) were trained in data management according to training by MIE.

ANNEX 15 MBSP PHASE II – PROGRAMME INTERVENTION LOGIC MODEL (SUMMARY)



Cross-cutting issues - Gender Equality, Environmental Sustainability, and Human Rights

ANNEX 16 MBSP PHASE II – PROGRAMME BUDGET

Table 21: MBSP II Programme Document (2017) - Programme budget

MANGOCHI BASIC SERVICES PROGRAMME 2017-2021	DRAFT Budget - Malawi Kwacha					
	2017/18	2018/19	2019/20	2020/21	*Total*	*USD*
1.1. Health Services Infrastructure						
1.1.1. Makanjira Health Center buildings	50.000.000	250.000.000	250.000.000	50.000.000	*600.000.000*	*833.333*
1.1.2 Health Posts buildings and Staff houses	200.000.000	200.000.000	300.000.000	300.000.000	*1.000.000.000*	*1.388.889*
1.1.2. Equipment and furnishing	200.000.000	150.000.000	150.000.000	200.000.000	*700.000.000*	*972.222*
1.2. Community Based Health Services						
1.2.1. Patient referral system	70.000.000	70.000.000	70.000.000	70.000.000	*280.000.000*	*388.889*
1.2.2. Equipment, and training of Community Health workers	200.000.000	200.000.000	200.000.000	200.000.000	*800.000.000*	*1.111.111*
1.3. Management and Health information system (HMIS)						
1.3.1. Transport and communication system	25.000.000	25.000.000	25.000.000	65.000.000	*140.000.000*	*194.444*
1.3.2. HMIS capacity building and operations	37.000.000	37.000.000	37.000.000	37.000.000	*148.000.000*	*205.556*
1.3.3. District Health Office capacity building and operations	55.000.000	55.000.000	55.000.000	55.000.000	*220.000.000*	*305.556*
1.3.4. Temporary support to Human Resources	72.000.000	72.000.000	72.000.000	72.000.000	*288.000.000*	*400.000*
Total:	909.000.000	1.059.000.000	1.159.000.000	1.049.000.000	*4.176.000.000*	*5.800.000*
2.1. Education infrastructure in 12 schools						
2.1.1 New buildings for selected groups	450.000.000	450.000.000	450.000.000	450.000.000	*1.800.000.000*	*2.500.000*
2.1.2 Equipment and furnishing	28.000.000	28.000.000	28.000.000	28.000.000	*112.000.000*	*155.556*
2.2. Basic education services in 12 target schools						
2.2.1. Capacity building of teachers and school managers	75.000.000	75.000.000	75.000.000	75.000.000	*300.000.000*	*416.667*
2.2.2. Teaching and learning material	170.000.000	170.000.000	170.000.000	180.000.000	*690.000.000*	*958.333*
2.2.3. Support to Equity and retention of girls and vulnerable ch	30.000.000	30.000.000	50.000.000	50.000.000	*160.000.000*	*222.222*
2.3. School meal programme						
2.3.1. WFP programme in selected schools	120.000.000	100.000.000	100.000.000	100.000.000	*420.000.000*	*583.333*
2.4. Management of 12 target schools						
2.4.1. Community sensitization	6.000.000	6.000.000	6.000.000	5.000.000	*23.000.000*	*31.944*
2.4.2. Temporary support to Human Resources	84.000.000	84.000.000	84.000.000	84.000.000	*336.000.000*	*466.667*
2.4.3. District Education Office capacity building and operations	25.000.000	25.000.000	25.000.000	25.000.000	*100.000.000*	*138.889*
2.5. ECD services in 2 selected target schools						
2.5.1. ECD centres	5.000.000	20.000.000	20.000.000	20.000.000	*65.000.000*	*90.278*
2.5.2. Community mobilization and support	5.000.000	5.000.000	5.000.000	5.000.000	*20.000.000*	*27.778*
Total:	998.000.000	993.000.000	1.013.000.000	1.022.000.000	4.026.000.000	*5.591.667*
3.1. Improved, safe water sources in 3 TA´s						
3.1.1. Functional safe water points	300.000.000	330.000.000	330.000.000	330.000.000	*1.290.000.000*	*1.791.667*
3.1.2. Capacity building of local community	10.000.000	10.000.000	10.000.000	10.000.000	*40.000.000*	*55.556*
3.2. Management of water interventions						
3.1.3. District Water Office capacity building and operations	100.000.000	100.000.000	100.000.000	100.000.000	*400.000.000*	*555.556*
3.3. Sanitation and Hygiene efforts in 3 TA´s						
3.3.1. ODF free communities campaign	100.000.000	100.000.000	100.000.000	100.000.000	*400.000.000*	*555.556*
3.3.2. Improved sanitation facilities promoted	40.000.000	40.000.000	40.000.000	80.000.000	*200.000.000*	*277.778*
3.4. Management of Sanitation and Hygiene interventions						
3.4.1. District Environmental Office capacity building and operat	30.000.000	30.000.000	30.000.000	30.000.000	*120.000.000*	*166.667*
Total:	580.000.000	610.000.000	610.000.000	650.000.000	*2.450.000.000*	*3.402.778*
4.1. Women empowerment						
4.1.1.Situation and stakeholder analyses	28.000.000				*28.000.000*	*38.889*
4.1.2. Support for women empowerment		60.000.000	60.000.000	80.000.000	*200.000.000*	*277.778*
4.2. Management of gender programme						
4.2.1. District Gender Office capacity building	10.000.000	10.000.000	10.000.000	10.000.000	*40.000.000*	*55.556*
4.3 Youth empowerment						
4.3.1. Situation and stakeholder analyses	28.000.000				*28.000.000*	*38.889*
4.3.2. Support to youth economic empowerment		40.000.000	40.000.000	60.000.000	*140.000.000*	*194.444*
4.4. Management of youth programme						
4.4.1. District Youth Office capacity building	10.000.000	10.000.000	10.000.000	10.000.000	*40.000.000*	*55.556*
Total:	76.000.000	120.000.000	120.000.000	160.000.000	*476.000.000*	*661.111*
5.1. District Council capacity building						
5.1.1. Expanded revenue base	10.000.000	28.000.000	10.000.000	10.000.000	*58.000.000*	*80.556*
5.1.2. Capacity development	5.000.000	5.000.000	5.000.000	5.000.000	*20.000.000*	*27.778*
5.1.3. District Development Plan	20.000.000	20.000.000	20.000.000	20.000.000	*80.000.000*	*111.111*
5.1.5. Central Administration and Council building	100.000.000	200.000.000	50.000.000	50.000.000	*400.000.000*	*555.556*
5.2. Management of MBSP programme						
5.2.1. Monitoring of Implemention of MBSP	4.000.000	4.000.000	4.000.000	4.000.000	*16.000.000*	*22.222*
5.2.1. 1. Monitoring by Ministry of Local Government	1.000.000	1.000.000	1.000.000	1.000.000	*4.000.000*	*5.556*
5.2.2. External Audits	2.000.000	2.000.000	2.000.000	2.000.000	*8.000.000*	*11.111*
5.2.3. Evaluations			30.000.000		*30.000.000*	*41.667*
Total:	142.000.000	260.000.000	122.000.000	92.000.000	616.000.000	*855.556*
Total of all	2.705.000.000	3.042.000.000	3.024.000.000	2.973.000.000	11.744.000.000	*16.311.111*
USD	3.756.944	4.225.000	4.200.000	4.129.167	*16.311.111*	

Table 22: MBSP II Programme Extension (2021) - Programme budget

1. Health	**Budget MWK**	**% of total**
Remaining outputs		
1.1 Health service infrastructure and operations		
Makanjira Emergency Obstetric and New-born care (EmONC) health centre	1.810.000.000	
Health posts building and staff houses (7)	199.000.000	
Rehabilitation and access to water and power in 25 HCs or HPs	309.000.000	
1.2 Community based health services	215.200.000	
1.3 Management and health information systems	59.750.000	
Total for remaining outputs / % of total for health	**2.592.950.000**	**93%**
New/ proposed outputs		
Salaries for Family Planning staff in 10 HCs under UNFPA project 2021-2023	84.000.000	
Additional Theatre at Boma Maternity Wing (finish MBSP I)	100.000.000	
Total for new proposed outputs / % of total for health	**184.000.000**	**7%**
Total for Health	**2,776.950.000**	**50%**
2. Education	**Budget MWK**	**% of total**
New/ proposed outputs		
2.1 Education infrastructure maintained (12 schools)	7.817.162	
2.2 Education services supported (teacher training, tests, note-books)	201.523.540	
2.4 Management of 12 target schools	10.555.800	
Total for new proposed outputs / % of grand total	**219.896.502**	**4%**
Total for Education	**219.896.502**	**4%**
3. Water	**Budget MWK**	**% of total**
New/ proposed outputs		
3.1 Improved, safe water sources - 5 reticulated water supply systems	16.297.937	
3.2 Assessments of water points and surveys to improve man-agement	236.055.000	
Total for new proposed outputs / % of grand total	**252.352.937**	**5%**
Total for Water	**252.352.937**	**5%**
4. Sanitation and Hygiene	**Budget MWK**	**% of total**
Remaining outputs		
4.1 ODF communities campaigns in TA Makanjira, Mponda, Lulanga	15.426.000	
4.2 Improved sanitation facilities promoted	50.038.000	
4.3 Management of sanitation and hygiene interventions	1,740.000	
Total for remaining outputs / % of total for sanitation	**67.204.000**	**70%**
New/ proposed outputs		
Conduct ODF sustainability follow ups targeting 400 villages	11.960.000	
Sanitation and Hygiene household based data audits	14.794.000	
Documentary on ODF and San Plat in TA Makanjira and Lulanga	2.334.550	
Total for new proposed outputs / % of total for sanitation	**29.088.550**	**30%**
Total for Sanitation	**96.292.550**	**2%**
5. Youth and Women Economic Empowerment	**Budget MWK**	**% of total**
Remaining outputs		
Pilot support to 7 youth-led business groups in 3 TAs	240.000.000	
Pilot support to 6 women-led business groups in 3 TAs	211.000.000	
Total for YEE/ WEE	**451.000.000**	**8%**

6. Secretariat	Budget MWK	% of total
Remaining outputs		
6.1 Finance and Council Building	**1.270.000.000**	
Monitoring and Evaluation System Supported	80.000.000	
Expanded revenue base (construction of 2 market areas)	308.000.000	
Community governance structures supported (VDCs and ADCs)	31.000.000	
6.2 Monitoring and implementation of MBSP	26.400.000	
Total for Secretariat	**1.720.494.000**	**31%**
Total for new proposed outputs %	**685.337.989**	**12%**
Total for remaining outputs %	**4.831.648.000**	**88%**

ANNEX 17 MBSP PHASE II – OVERVIEW OF PROGRAMME INTERVENTIONS BY LOCATION

Summary overview of MBSP II activities per Traditional Authority

TRADITIONAL AUTHORITY	HEALTH	EDUCATION	SANITATION	WATER	WOMEN EMPOWERMENT	YOUTH EMPOWERMENT	DISTRICT CAPACITY
Mponda	yes	yes	yes	yes			yes
Chimwala	yes	yes		yes			yes
Chowe	yes	yes		yes			yes
Nankumba	yes					yes	yes
Chilipa	yes		yes	yes			yes
Makanjira	yes	yes	yes	yes	yes	yes	yes
Namavi	yes	yes		yes	yes		yes
Lulanga	yes		yes		yes	yes	yes
Jalasi	yes						yes
Katuli	yes						yes
Mbwananyambi	yes						yes

MBSP II - List of infrastructure related interventions and WEE or YEE groups per Traditional Authority (and Group Village)

TA	Health	Education	Water	Sanitation	Women	Youth
Lulanga (Sub TA)	Maganga Dispensary Ching'anda Health Post (HP)			Lulanga sanitation marketing centre Lulanga beach paying toilets	Maka (GV Mambo) Tithandizane (GV???)	Fort Maguire youth group Lulanga youth network
Makanjira (TA)	Makanjira Health Centre (HC) Lupetele HP	Lupetele Primary School (GV Binali)	Protected Shallow Wells GV Bakili (Namalweso, Mnenje, Bakili) GV Binali (Binali) GV Kwilombe (Songo, Kwilombe) GV Likowa (Likowa) GV Lukoloma (Lukoloma) GV Makacha (Mdala) GV Makanjira (Makanjira, Ndete, Matindili, Kalinga) GV Malunga (Malunga) GV Mapata (Mapata) GV Mbulaje (Mbulaje) GV Mpangama (Mpangama) GV Mtiule (Mkwawira, Malufu, Mtiule) GV Mtwana (Chilinda, Manjawira, Selemani, Mtwana) GV Njelenje (Njelenje, Salimu) GV Saiti (Saiti, Lipongo) New Borehole Remedial GV Bwanasani (Lukono) GV Mtwana (Chilinda)	Makanjira sanitation marketing centre	Bunda (GV???) Mbenjere (GV???)	Lutufu youth corporative Makanjira youth network

TA	Health	Education	Water	Sanitation	Women	Youth
Namavi (TA)	Kadango HC Lungwena HC Chiponda HP	St. Joseph Primary School (GV Namalaka) Milimbo Primary School (incl. ECD centre) (GV Kadango)	Piped Water System GV Chiponda (Bulaimu) Protected Shallow Wells GV Chapola (Chapola, Mpundi, Saidi, Ng'ombe, Chilonga) GV Chiponda (Matipani) GV Fowo (Tumbwe, Dulu, Fowo) GV Kadango (Chilawi, Kwisimbagwe, Ng'ombe, Nyangu) GV Mdoka (Mwanjati) GV Kubuli (Liwiga) GV Namalaka (Namalaka) New Borehole Remedial GV Chapola (Mpundi) GV Kadango (Kadango		Tithandizane (GV Chapola) Tiyanjane (GV Chapola)	
Katuli (TA)	Katuli HC Iba Dispensary Maleta HC + Dispensary Kwitunji HP Nnani HP					
Jalasi (Senior TA)	Chiponde HC Jalasi HC Namwera HC Chiumbangame Dispensary Luchichi HP					
Chowe (TA)	Chiunda HC Malombe HC Malukula HC Makoli HP Misolo HP Nalikolo HP	Mtengeza Primary School (GV Moto)	Piped Water System GV Moto (Moto, Mtengeza)			

TA	Health	Education	Water	Sanitation	Women	Youth
Mbwanan-yambi (TA)	Mkumba HC Nangalamu HC Sinyala HC Mbalama Dispensary Thundu HP					
Mponda (Senior TA)	MDH Maternity Ward MDH Paediatric Ward Mayera HP Mpinganjira HP Mpumbe HP Mtalika HP Namiasi HP Thumu HP	Chimbende Primary School (incl. Special Needs Centre) Chikomwe Primary School (incl. ECD) Koche Primary School (incl. Special Needs) (GV Chipoka) Makawa Primary School (GV Makawa) Charles Lwanga Primary School (GV Malunga)	Piped Water System GV Chipoke (Koche Primary School) GV Makawa (Makawa Primary School) Protected Shallow Wells GV Chimatilo (Chimatilo) GV Chisambamnopa (Nsanyira) GV Kwitambo (Katambo, Kwitambo, Pongolani) GV Matewere (Malasa, Khungwa, Makunganya) GV Malunda (Malunda) GV Malunga (Malunga, Mkungumbe) GV Matuwi (Matuwi) GV Mchisa (Nsinjiri, Mchisa, Chisigere) GV Mpemba (Mpemba) GV Mpinganjira (Mpinganjira) GV Chipalamawamba (Chipalamawamba, Bwanali, Kapatika, Ndondo, Ngalamo) New Borehole Remedial GV Mpinganjira (Mchisa, Mpinganjira) GV Mapata (Mapata)	Mponda sanitation marketing centre		

TA	Health	Education	Water	Sanitation	Women	Youth
• Nankumba • (Senior TA)	• Monkey Bay Hospital • Chilonga HC • Nankumba HC • Cape Maclear Dispensary • Msaka HP • Binali HP • Dickson HP • Mvunguti HP	•	•	•	•	• Ayenko (Monkey Bay youth group) • Malembo youth organisation • Mvumba youth organisation
Chimwala (Senior TA)	Kukalanga HC Mtimabi HC Jekete HP	Changamire Primary School (GV Changamire) Chimwala Primary School (GV Ukalanga) Changali Primary School (GV Changali)	Piped Water System GV Changamire (Changamire) GV Issa (Makapa) GV Mkanda (Mkanda, Nampemba School) New Borehole Remedial GV Mtenje (Mtenje) GV Ngatala (Mitulo)			
Chilipa (TA)	Chilipa HC Phirilongwe HC		Piped Water System GV Choco (Makusanya) New Borehole Remedial GV Bamusi (Mose)	Chilipa sanitation marketing centre		

Water projects not listed include the overwhelming majority of the 330+ New Boreholes or of the 180+ Rehabilitated Boreholes or of the 170+ Protected Shallow Wells supported under MBSP II.

ANNEX 18 MBSP PHASE II – PROGRAMME RESULTS

Data presented in this annex is based on information provided by the District Offices to the evaluator in July 2023, or on information provided in the MBSP II annual reports where more recent data was not available.

MBSP II PROGRAMME IMPACT INDICATORS	BASELINE STATUS (2017)	LATEST STATUS (YEAR)
Maternal mortality rate (per 100,000 women of childbearing age)	19/100000	13/100000 (2023)
Neonatal mortality rate (institutional)	12/1000	19/1000 (2023)
Proportion of children in standard 2 and 3 achieving at least minimum proficiency level in reading by sex (Mangochi District)	37% M, 36% F	51% M, 50% F (2022)
Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	14%	5% (2022)
Proportion of population (Mangochi District) living below national poverty line *(2019 data: World Bank Malawi Poverty Assessment report, 2022)*	75%	64% (2019)

MBSP II PROGRAMME OUTCOME INDICATORS	BASELINE STATUS (2017)	LATEST STATUS (YEAR)	ASSESSED PROGRESS *
Proportion of pregnant women starting antenatal care in the first trimester	12%	23% (2023)	(1)
Proportion of deliveries attended by skilled health workers	60%	72% (2023)	(2) + (3)
Proportion of under 1 children fully immunised	75%	81% (2022)	(2) + (3)
Percentage of women of reproductive age (aged 15-49 years) receiving family planning methods	66%	59% (2023)	(4)
Proportion of quarterly HMIS information data delivered and verified in timely manner	75%	100% (2023)	(1)
Learner per classroom ratio in first 3 grades in target schools	179:1	114:1 (2022)	(2)
Learner promotion rate from std. 4 to std. 7 target schools	56.7% (55.6% M, 57.8 F)	62.3% (2022) (60.3% M, 64.3% F)	(2) + (3)
Dropout rate in std. 5 to 8 in target schools	7.5% (7% M, 8% F)	6.5% (2022) (6% M, 7% F)	(2) + (3)
Proportion of children in std. 1, 2 and 3 achieving at least a minimum proficiency level in reading and mathematics in target schools by sex	40% M, 49% F	56% M, 66% F (2022)	(1)
Proportion of households using improved water sources in targeted TAs (Makanjira, Namavi and Mponda)	87%	94% (2021)	(1)
Proportion of households with access to improved sanitation in targeted TAs	8%	15% (2022)	(2) +(3)
Proportion of ODF verified villages in targeted TAs	35%	89% (2022)	(2) + (3)

MBSP II PROGRAMME OUTCOME INDICATORS	BASELINE STATUS (2017)	LATEST STATUS (YEAR)	ASSESSED PROGRESS *
Average income per (supported) women-led business groups	*6,000,000 MWK (2022)*	*6,500,000 MWK (2023)*	
Average income per (supported) youth-led corporative	*2,500,000 MWK (2022)*	*5,000,000 MWK (2023)*	
Average income per (supported) youth-led skills enterprises	*250,000 MWK (2022)*	*250,000 MWK (2023)*	
Result based management of MBSP confirmed satisfactory by M&E system reports	0	60% achieved (Y1 to Y5)	(2)
Annual MBSP programme+ financial audits confirmed satisfactory	1	Achieved	(1)

** (1) = fully on-track, (2) = positively on-track but short of reaching the target, (3) set-backs occurred Y4 or Y5, (4) negative progress*

	MBSP II PROGRAMME PUBLIC HEALTH OUTPUTS	MBSP PHASE II STATUS END Y6 (2023)	% ACHIEVED
1.1	**Health service infrastructure and operations**		
1.1.1	**Makanjira Emergency Obstetric and New-born Care (EmONC) health centre**		
	a. EmONC buildings and related WASH and electricity in place	0	0
	b. Furnishings for health centre	0	0
	c. Fencing of health centre	0	0
	d. 10 UMOYO staff houses	0	0
	Mean achievement (Intervention category area 1.1.1)		**0%**
1.1.2	**Health posts buildings and staff houses**		
	a. 15 Health Posts	8	53
	b. 25 staff houses at health posts	14	56
	c. 21 UMOYO staff houses	6	29
	d. 3 vaccine storage cold rooms	0	0
	Mean achievement (Intervention category area 1.1.2)		**34.5%**
1.1.3	**Rehabilitation, equipment and furnishing**		
	a. Equipment for 5 waiting homes	0	0
	b. Water provision in 4 health centres and 25 health posts	20	69
	c. General maintenance in 10 health centres	7	70
	d. Maintenance of Monkey Bay Community Hospital	1	100
	e. Incinerators in 10 health centres and placenta pits in 5 health	4	27
	f. Power installed in 15 health centres	16	107
	Mean achievement (Intervention category area 1.1.3)		**62.2%**
1.2	**Community based health services**		
1.2.1	**Patient referral system strengthened**		
	a. 5 new ambulances in place and operational	5	100
	b. 10 bicycle patient transporters in place and operational	0	0
	Mean achievement (Intervention category area 1.2.1)		**50.0%**
1.2.2	**Equipment and training of community health workers**		
	a. 270 Health Surveillance Assistants (HSAs) trained in various subjects (70 new entries)	270	100
	b. 540 bicycles and basic kits provided to HSAs	540	100

	MBSP II PROGRAMME PUBLIC HEALTH OUTPUTS	MBSP PHASE II STATUS END Y6 (2023)	% ACHIEVED
	c. 300 Safe Motherhood Committees formed and functioning	300	100
	d. 700 Village Health Committees (VHCs) trained	500	71
	e. 60 village clinics established	60	100
	f. Family planning strengthened	*Iceland-UNFPA*	*100*
	g. Adequate number of rapid pregnancy test kits supplied to all health centres and health posts (exact number not available)	1	100
	h. Nutrition supplements (e.g. "Nutributter") available in all health centres and distributed to malnourished 6-18 month old infants	1	100
	Mean achievement (Intervention category area 1.2.2)		**95.9%**
1.3	**Health Management Information Systems (HMIS)**		
1.3.1	**Transport and communication systems**		
	a. 15 motor cycles in place and use	2	13
	b. 1 lorry for vaccine distribution in place and use	1	100
	c. Car tracking system in place in all ambulances	0	0
	d. 50 health personnel using motorcycles trained and equipped	20	40
	Mean achievement (Intervention category area 1.3.1)		**38.3%**
1.3.2	**HMIS capacity building and operations**		
	a. 20 computer sets for HMIS data management purchased	20	100
	b. 180 Health Management teams and coordinators trained	180	100
	c. 2000 village health registers purchased	550	28
	d. 1500 village health registers put to use	550	37
	e. 170 data quality assessments carried out	210	124
	f. 420 data preparation clerks supervised	525	125
	g. Monthly HMIS data collection	60	100
	Mean achievement (Intervention category area 1.3.2)		**87.7%**
1.3.3	**District Health Office capacity building and operations**		
	a. Quarterly HMIS data review meetings	16	100
	b. Bi-Annual District Implementation Plan (DIP) HMIS review meetings	8	100
	c. 40 staff members receive various training	40	100
	d. IT equipment updated	1	0
	e. Logistical support provided	16	100
	f. Temporary support to human resources (salary support to 40 professional staff)	60	150
	g. 4 research projects and dissemination of results	4	100
	Mean achievement (Intervention category area 1.3.3)		**92.9%**

	MBSP II PROGRAMME BASIC EDUCATION OUTPUTS	MBSP PHASE II STATUS END Y6 (2023)	% ACHIEVED
2.1	**Education infrastructure in 12 target schools**		
2.1.1	**New buildings for select groups within the 12 target schools**		
	a. 36 school blocks designated for the youngest pupils built	36	100
	b. 1 Administration block built for each school (i.e. 12 in total)	12	100
	c. 2 Resource centres built for children with special needs	2	100
	d. 40 teachers' houses built	40	100
	e. 30 improved latrines built (20 latrines and 10 changing rooms)	40	133
	f. 24 sanitation facilities built for children with special needs	24	100
	Mean achievement (Intervention category area 2.1.1)		**105.6%**
2.1.2	**Rehabilitation, equipment and furnishing**		
	a. 3000 school desks bought and distributed	3000	100
	b. 200 sanitation equipment units installed	200	100
	c. General maintenance of classrooms, teachers' houses, latrines	Undertaken	100
	Mean achievement (Intervention category area 2.1.2)		**100.0%**
2.2	**Basic education services in 12 target schools**		
2.2.1	**Capacity building of teachers and school managers**		
	a. 300 teachers receive pedagogical training	300	100
	b. 300 trainers and 144 school managers receive specialist training about gender equality in schools	300 teachers and 144 school managers	100
	c. 144 managers receive management training	144	100
	d. 12 School Management Committees (SMCs) trained in various subjects (e.g. gender equality in schools, M&E, ECD)	12	100
	e. 30 teacher´s assistants trained	30	100
	f. Standardized tests carried out once per semester	Undertaken	100
	g. Double shifting introduced in first 2 grades	Undertaken	100
	h. Yearly quiz competition in all target schools	Undertaken	100
	Mean achievement (Intervention category area 2.2.1)		**100.0%**
2.2.2	**Teaching and learning material**		
	a. 340.000 textbooks procured and distributed to the students	340,000	100
	b. 1.2 million notebooks bought and distributed to the students	1.2 million	100
	c. 300 teachers receive teacher´s guide	300	100
	d. 4 "sports kits" bought and distributed to each school every year	4	100
	Mean achievement (Intervention category area 2.2.2)		**100.0%**

	MBSP II PROGRAMME BASIC EDUCATION OUTPUTS	MBSP PHASE II STATUS END Y6 (2023)	% ACHIEVED
2.2.3	**Support to equity and retention of girls and vulnerable children**		
	a. 100 children' supported within "Back to School" project	369 children in Y1 to Y4 received school fee bursary, average of 92.25 per year	92
	b. 12 Mother Groups receive appropriate training – including adult literacy	12	100
	c. 12 bicycles for mother groups in place and use	12	100
	d. 12 special needs teaching aids and devices in place and installed	12	100
	e. 48 teachers receive in-service training in special needs	72	150
	Mean achievement (Intervention category area 2.2.3)		**108.5%**
2.3	***School meals***		
2.3.1	***World Food Programme (WFP) in target schools***		
	a. a. 6 target schools *participate in Home Grown Meals Programme*	*Iceland-WFP*	*100*
	Mean achievement (Intervention category area 2.3.1)		***100.0%***
2.4	**Management of 12 target schools**		
2.4.1	**Community engagements**		
	a. 16 meetings with chiefs on importance of child education and gender equality	16	100
	Mean achievement (Intervention category area 2.4.1)		**100.0%**
2.4.2	**District Education Office capacity building and operations**		
	a. 24 staff members have improved work stations	24	100
	b. 3 staff members attended professional training courses	3	100
	c. 20 Primary Education Advisors (PEA) trained in M&E	25	125
	d. IT support provided	Undertaken	100
	e. Logistical support provided	Undertaken	100
	f. 36 managers trained in data management	36	100
	g. 1 Teacher Development Centre (TDC) constructed	1	100
	h. Temporary support to human resources (salary support for teachers + honoraria for teacher´s assistants	20 teachers, 30 assistants	100
	i. 2 Research projects and dissemination of results	2	100
	Mean achievement (Intervention category area 2.4.2)		**102.8%**
2.5	**ECD services in 2 target schools**		
2.5.1	**ECD centres**		
	a. 2 model ECD centre class blocks constructed	2	100
	b. 2 child-friendly sanitation facilities	4	200
	c. 2 cooking shelters with energy saving stoves	2	100
	d. 8 care givers trained	12	150
	e. 8 care givers receive honoraria	12	150

	MBSP II PROGRAMME BASIC EDUCATION OUTPUTS	MBSP PHASE II STATUS END Y6 (2023)	% ACHIEVED
	Mean achievement (Intervention category area 2.5.1)		**140.0%**
2.5.2	**Community mobilization and support**		
	a. 12 community sensitization and mobilization meetings	22	183
	Mean achievement (Intervention category area 2.5.2)		**183.3%**

	MBSP II PROGRAMME SAFE WATER OUTPUTS	MBSP PHASE II STATUS END Y6 (2023)	% ACHIEVED
3.1	**Access to improved safe water sources in targeted TAs**		
3.1.1	**Functional safe water points**		
	a. 330 New boreholes drilled	338	102
	b. 170 Protected shallow wells constructed	176	104
	c. 180 Old boreholes rehabilitated	183	102
	d. 6 Reticulated piped water systems constructed and installed	8	133
	e. 12 Boreholes drilled (remedial works)	12	100
	Mean achievement (Intervention category area 3.1.1)		**108.2%**
3.1.2	**Capacity of local community developed**		
	a. 500 New Water Point Committees trained in Community Based Management (CBM)	696 WPCs c. 6,100 people trained, 58% F, 42% M (no data from Y1 on trainee no.)	102
	b. 180 Water Point Committees refreshed in CBM		
	c. 15 New Area Mechanics trained	15	100
	d. 17 Existing Area Mechanics trained	96	565
	e. 8 Retail shop owners oriented and mobilized to stock spare parts	8	100
	Mean achievement (Intervention category area 3.1.2)		**216.8%**
3.2	**Management of water interventions**		
3.2.1	**District water office capacity and operations strengthened**		
	a. 50 Extension workers trained (refreshed) as CBM trainers	50	100
	b. 24 Officers trained (refreshed) in water construction technology	24	100
	c. 5 New motorcycles procured	5	100
	d. 1 (4 x 4) vehicle procured	1	100
	e. IT support provided	Undertaken	100
	f. Logistical support provided	Undertaken	100
	g. 17 Staff supported with temporary salary support	17	100
	h. 1 Sustainability Assessment Survey conducted	1	100
	i. 1 Impact Survey for the water component conducted	1	100
	j. 1 Survey Mapping MBSP I and II infrastructure conducted	1	100
	Mean achievement (Intervention category area 3.2.1)		**100%**

	MBSP II PROGRAMME SAFE SANITATION OUTPUTS	MBSP PHASE II STATUS END Y6 (2023)	% ACHIEVED
3.3	**Sanitation and hygiene efforts in targeted TAs**		
3.3.1	**Open Defecation Free verified communities campaign in TA Makanjira, TA Mponda and TA Namavi (and TA Lulanga)**		
	a. 96 community leaders' meetings	96	100
	b. 4 community mobilizations meetings conducted	4	100
	c. 5000 care group volunteers oriented in Community	5000	100
	d. 500 quarterly meetings with care group volunteers	232	46
	e. 5000 golf t-shirts for volunteers procured and delivered	1050	21
	f. 200 CLST– ODF verification in villages carried out	232	116
	g. 10 ODF celebrations at TA level	3	30
	h. 7 ODF sustainability follow up sessions in TAs Makanjira, Lulanga and Mponda targeting 400 villages conducted	7	100
	i. 20 community leaders meetings on ODF sustainability in TAs Makanjira, Lulanga and Mponda targeting 400 villages	20	100
	Mean achievement (Intervention category area 3.3.1)		**79.2%**
3.3.2	**Sanitation facilities promoted**		
	a. 10 sanitation and marketing centres (SAN centres) established	4	40
	b. 100 local masons trained for San centres (low cost latrine technology, san plat casting)	30	30
	c. 100 VDCs mobilized for Sanitation	100	100
	d. 300 VDCs trained in hygiene promotion and progress scoring (village score cards)	300	100
	e. CLTS refresher training for HSAs and other District Extension Workers	1	100
	f. Procure materials for 3 SAN marketing centres (TAs Makanjira, Lulanga, Mponda)	3	100
	g. 20 mobilization meetings of SAN marketing centres at VDC level conducted	20	100
	h. Conduct 7 quarterly monitoring review meetings of SAN marketing centres (TAs Chilipa, Makanjira, Lulanga, Mponda)	7	100
	i. 200 low-cost latrines constructed for vulnerable households	0	0
	Mean achievement (Intervention category area 3.3.2)		**74.4%**
3.3.3	**Improved sanitation facilities**		
	a. 3000 SAN Plats installed in communities	723	24
	b. 5 Paying pit latrines & urinals on public beaches (TA Lulanga)	5	100
	Mean achievement (Intervention category area 3.3.3)		**62.0%**

MBSP II PROGRAMME SAFE SANITATION OUTPUTS		MBSP PHASE II STATUS END Y6 (2023)	% ACHIEVED
3.4	**Management of sanitation and hygiene interventions**		
3.4.1	**District Environmental Office capacity building and operations**		
	a. Biannual Sanitation and Hygiene Community Based Data Audit	9	90
	b. 160 monitoring meetings for SAN Mat	30	19
	c. 7 motor cycles in place and use	5	71
	d. 1 (4x4) vehicle in place and use	1	100
	e. IT support provided	Partial	50
	f. Logistical support provided	Partial	69
	g. 2 Research projects and dissemination of results	1	50
	Mean achievement (Intervention category area 3.4.1)		**64.1%**

MBSP II PROGRAMME WOMEN ECONOMIC EMPOWERMENT OUTPUTS		MBSP PHASE II STATUS END Y6 (2023)	% ACHIEVED
4.1	**Women Economic Empowerment**		
4.1.1	**Situation and stakeholder analysis**		
	a. Situation and stakeholder analysis conducted	Completed	100
	Mean achievement (Intervention category area 4.1.1)		**100%**
4.1.2	**Support for women empowerment**		
	a. Total number of women-led groups, total number of women participants, average group size	6 groups, 164 women	100
	b. Number of functional women-led cooperatives	6 groups, 4 supported with (planned) procurements	100
	c. Number of women, individuals, groups trained in BMT	6 groups, 164 women	100
	d. Number of groups supported (AGCOM)	2 applied, 0 awarded	0
	Mean achievement (Intervention category area 4.1.2)		**75.0%**
4.2	**Management of gender programme**		
4.2.1	**District Gender Office capacity strengthened**		
	a. 2 offices furnished	2	100
	b. IT support	Completed	100
	c. Logistical support	Completed	100
	Mean achievement (Intervention category area 4.2.1)		**100%**

MBSP II PROGRAMME YOUTH ECONOMIC EMPOWERMENT OUTPUTS		MBSP PHASE II STATUS END Y6 (2023)	% ACHIEVED
4.3	**Youth Economic Empowerment**		
4.3.1	**Situation and stakeholder analysis**		
	a. Situation and stakeholder analysis conducted	Completed	100
	Mean achievement (Intervention category area 4.3.1)		**100%**
4.3.2	**Support to youth economic empowerment**		
	a. Number of functional youth-led cooperatives, Number per group and Sex	4 (1 of the 5 initial cooperatives supported is not now functional)	80
	b. Number of youth trained in vocational skills training, Number per group and sex	60	100
	c. Number of youth-led skills enterprises	30	100
	d. Number of Youth corporatives that applied for AGCOM grant	4	80
	e. Number of Youth corporatives accessing AGCOM grant	2	50
	f. Number of youth-led business enterprises accessing District Matching grant, Number per group and Sex	5	62.5
	g. Number of youth business enterprises accessing markets (Skills and Corporatives)	54	84
	Mean achievement (Intervention category area 4.3.2)		**79.5%**
4.4	**Management of youth programme**		
4.4.1	**District Youth Office capacity building**		
	a. 2 offices furnished	2	100
	b. IT support	Undertaken	100
	c. Logistical support	Undertaken	100
	d. 2 functional YEE coordination structures (YTWG, DYNW)	0	0
	e. 3 YEE District documents produced	3	100
	Mean achievement (Intervention category area 4.4.1)		**80%**

MBSP II PROGRAMME DISTRICT COUNCIL/SECRETARIAT OUTPUTS		MBSP PHASE II STATUS END Y6 (2023)	% ACHIEVED
5.1	**District Council capacity building**		
5.1.1	**Central Administration and Council Building constructed**		
	a. District Finance Office constructed	To be completed	0
	b. Council chamber constructed, based on needs assessment	To be completed	0
	c. Furnishing of Council Chamber	To be completed	0
	d. Furnishing of offices, based on needs assessment	Completed	100
	e. 1 4x4 Vehicle procured	1	100
	f. 1 motorcycle procured	1	100
	g. Logistical support	Undertaken	100
	h. Education Fund established	Established	100
5.1.2	**Department of Public Works capacity strengthened**		

MBSP II PROGRAMME DISTRICT COUNCIL/SECRETARIAT OUTPUTS		MBSP PHASE II STATUS END Y6 (2023)	% ACHIEVED
	a. 1 4x4 Vehicle procured	1	100
	b. 3 staff recruited	3	100
	c. 1 Office furnished	1	100
5.1.3	**Department of Finance capacity strengthened**		
	a. Finance offices furnished and data chamber furnished	Offices furnished	50
	b. Procurement of 9 computers, 3 printers, and photocopier	Completed	100
5.1.4	**Procurement Department capacity strengthened**		
	a. 2 weeks training of IPC provided by ODPP	Completed	100
	b. Procurement of computer and printer	Completed	100
5.1.5	**Monitoring and Evaluation Department capacity strengthened**		
	a. Salary support for M&E Officer	Undertaken	100
	b. 1 Results based management training conducted	0	0
	c. M&E systems in place and operational	In progress	50
	d. 50 people trained in the operations of the M&E System	To be completed	0
5.1.6	**Expanded Revenue Generation**		
	a. Construction of facilities at 2 market areas (Makawa, Katuli)	1 in progress	50
	b. 1 Expanded Revenue Generation Study conducted	1	100
5.1.7	**District Development Plan developed**		
	a. 270 VDCs trained in community development and planning	30	11
	b. 24 ADCs trained in planning	15	62.5
	c. 135 AECs trained in community development and planning	120	89
	d. Formulation of 242 Village Action Plans focusing on SGDs	298	123
	e. Formulation of 26 Area Development Plans focus on SDGs	1	4
	Mean achievement (all outputs per focus area 5.1)		**66.9%**
5.2	**Management of MBSP II programme**		
5.2.1	**Monitoring and implementation of MBSP II** ***(the frequency of some of the visits or meetings was reduced during COVID-19)***		
	a. Regular (monthly) technical monitoring visits to programme activities	On-going	78
	b. Joint Quarterly Supervision visits by programme management (bi-annually with Ministry)	On-going	81
	c. Annual community satisfactory survey on the Programme	Not undertaken	0
	d. Hold bi-annual ADC meetings in 3 TAs	On-going	100
	e. Hold bi-annual District Executive Committee progress meeting	On-going	75
	f. Hold bi-annual tripartite programme meetings	On-going	100
	g. External audits conducted (annually)	On-going	100
5.2.2	**Evaluations done**		
	a. Mid-Term Evaluation conducted	1	100
	Mean achievement (all outputs per focus area 5.2)		**79.3%**

ANNEX 19 MBSP PHASE II – COMPONENT SECTOR ASSESSMENT REPORTS

Annex 19.1	MBSP PHASE II – PUBLIC HEALTH COMPONENT ASSESSMENT REPORT
Annex 19.2	MBSP PHASE II – BASIC EDUCATION COMPONENT ASSESSMENT REPORT
Annex 19.3	MBSP PHASE II – WATER AND SANITATION COMPONENT ASSESSMENT REPORT
Annex 19.4	MBSP PHASE II – ECONOMIC EMPOWERMENT COMPONENT ASSESSMENT REPORT
Annex 19.5	MBSP PHASE II – DISTRICT SECRETARIAT COMPONENT ASSESSMENT REPORT

19.1 MBSP II - Public Health component Assessment Report

Relevance

Key findings and/ conclusions

All interview partners considered the health component of the MBSPII as highly relevant in the past, presence and future. The health interventions are aligned with national and district health strategies as well as community needs.

The MBSPII health activities are in line with the District Development Plan. The health interventions are aligned with the health indicators in the DDP, e.g. the MBSPII addressed initially under-performing health indicators like maternal and neonatal death rates. The MBSPII health interventions are also aligned to the Health Sector Strategic Plans (HSSP) since these are based on the strategic areas in the HSSP. While the MBSP was ongoing, a new HSSP added a new component on "Leadership and Governance". The MBSPII took up this strategic addition in a flexible manner by adding mentorship activities to the existing health interventions. The MBSP's health component will continue to be relevant, because the strategic areas of the HSSP follow recommendations of the WHO and will remain similar in the future.

The MBSPII health component is very relevant and addressed communities' need fully, because the activities were designed based on a community needs and situational analysis, which was conducted in collaboration between the District Council and the Government of Iceland. There is an overwhelming consensus that the construction of maternity wings at rural health centres and of health posts in hard to reach areas (such as Luchichi) has shortened the distance to the nearest health facilities and brought the services closer to the communities. Prior to the construction of maternity wings in Health Centres, pregnant mothers faced challenges in accessing antenatal care clinics due to long distances and high travel costs to Mangochi District Hospital, which was the main government facility that provided maternal services in the past. Similarly, there were challenges in the delivery of services of under-five clinics in remote areas due to a lack of appropriate health facilities in the past. The MBSPII has improved access to services for children under-five with the construction of HPs. Hence, the MBSP is perceived as relevant, because it has remarkably improved access to maternal and under-five health services in rural areas. The MBSP is also relevant on the basis of addressing community rights to health services.

Furthermore, the MBSPII was adjusted during the COVID-19 pandemic to remain relevant to the changing community' needs and local context. The Government of Iceland, Mangochi District, the Line Ministry and local communities were jointly involved in the programming from the beginning of the MBSP Phase II. Another Needs Assessment was initiated recently for the next phase (from 2025 onwards) and should be concluded soon. The data quality of HMIS improved and was recognized as an important management tool for the District Health Management Team to steer the MBSP II according to community needs. The PBA makes the MBSPII more relevant, because the district feels ownership and has the freedom to use the budget according to their priorities.

Coherence

Key findings/ conclusions

Internal coherence - The MBSPII is (at least partially) aligned with the wider policy framework of the District's institutions (DDP and HSSP). In regard to the alignment with other interventions implemented by the Mangochi district, there is potential to improve the coordination between various sectors and district offices in Mangochi. For example, the law currently forbids that family planning activities take place in schools, even though it would be easiest to reach youth there. Family planning activities in schools could avoid teenage pregnancies and reduce school drop out of female students. Some district offices (like DYO and DGO) feel neglected and wish more coordination and involvement in other sectors activities. There are multiple potential links between the different sectors and district offices. Some health topics are linked to multiple sectors, like nutrition-sensitive activities of youth and women's cooperatives, youth-friendly health services, maternal health services, family planning and countering GBV.

External coherence - The MBSP is aligned with external policy commitments, like the SDGs and with the Paris Declaration due to the PBA. In regard to the external coherence with interventions of other partners or donors, the MBSPII is unique in its nature and focus in Mangochi district. The Government of Iceland is the only donor who engages in large infrastructure projects in the health sector, while other donors and partners complement these with drugs and training, which ensures external coherence. We identified some synergies between the MBSPII activities in the health sector and those activities of other donors or local CSOs.

- Construction of HPs - The construction of HPs in rural and hard to reach areas has attracted other health services providers to utilize the facilities. For example, PSI and Banja La Mtsogolo, family planning services providers, utilize HPs to deliver family planning services. Before the HPs, they had no ideal places as a base for delivering the services.
- Guardian Cooking Shelter and 'Chitetezo Mbaula' stoves - GIZ EnDev provided these in MBSP-funded hospitals and health centres. It introduced energy-efficient cooking facilities for family members of patients in five MBSPII-funded health facilities, incl. at the Government of Iceland-funded maternity wing in the Mangochi District Hospital. The Government of Iceland served as an entry point and funding party for the GIZ EnDev activities in Mangochi.
- SRHR (incl. family planning, obstetric fistula and gender-based violence) - UNFPA and Iceland's partnership focuses on advancing adolescent girls and women's sexual and reproductive health and rights (SRHR) in Mangochi District. The cooperation aims at strengthening and integrating local services around family planning (incl. youth-friendly SRHR services), obstetric fistula, and gender-based violence (GBV). They empower adolescent girls and women with knowledge and skills on SRHR and GBV to make informed decisions and exercise their rights. It further encourages communities and families to contribute to the fulfilment of adolescent girls and women's SRHR and access to services, including family-planning. In order to enhance service provision, capacity building training for the District including for health care workers in ten health centres was provided. The project is anchored around a human rights-based and gender-responsive approach where individuals and communities are informed and empowered and health service provision in their local setting is strengthened to deliver improved SRH services. UNFPA is currently conducting an evaluation, which could have a potential for learning for the Government of Iceland as well.
- Maternity health services - USAID is also supporting Mangochi district with maternity health services.
- Food and Nutrition Security (FNS) for mother and child health - WFP is the most prominent donor supporting Mangochi district in the field of FNS. They focus on mothers and child FNS. Many other donors and local CSOs are working in this field.
- HMIS - Telecom Network Malawi (TNM) took over the funding for the MTN Internet of the HMIS office when Iceland stooped supporting them with good quality internet, but the quality of the internet got worse. USAID (Government2Governemnt, G2G) took over HMIS office support, when Iceland stopped supporting the HMIS office. The HMIS office expects that they will lack any donor support from October 2023 onwards.

There are no strong signs of overlaps or duplications, but there may be minor overlaps. Many donors fund nutrition activities in Mangochi, like WFP, USAID, UNICEF, the local CSO Titukulane, CARE Malawi, the USAID G2G project and the Government of Iceland. The MBSPII had only one nutrition output, which other donors could achieve more efficiently and effectively. There are some HIV program duplications in Mangochi, but the Government of Iceland is not involved in these.

The district works with many partners in the health sector, like bilateral and multilateral donors and international and Malawian CSOs. It is not clear to what extent the District Council coordinates different donors, so that the donor coordination capacity of the District council could improve. There is awareness at the District Council that they have the responsibility and they feel ownership to coordinate donor activities and that the coordination could improve. The District has a (complete) list of donor-funded activities in the DDP and District Implementation Plan, which are their main coordination measures. However, the district's donor coordination could further improve. They could initiate donor coordination meetings. These do not take place yet, because the district lacks capacities or initiative to improve donor coordination and building synergies and discuss/learn about evidence-based development support. A proper district aid coordination policy could contribute to this. Currently, the main challenges for the district are that each donor has their own agenda, while the district needs to have a say in their plan, and that each donor has different reporting requirements. It would be much easier and more efficient for the district to create one national plan, one budget and one operational and financial report only. This is a requirement by the new HSSP III of the MoH and used for top donors at the national level, but not yet actual at the district level. Currently, the district has to differentiate where the funds come from for each activity, which is very time and human resource intensive. In case the district wants to improve the efficiency, they have to coordinate the activities of different donors and partners more effectively.

Effectiveness

Largely, the MBSP made progress towards its objective of providing health facilities and delivering health services to pregnant mothers and children under the age of five. However, the average achievement rate for all outputs was 57.7% only (including the Makanjira EmONC). In case the Makanjira EmONC is excluded, the overall achievement rate is 66.0%, which is unsatisfactory for the end of the implementation phase of MBSPII. Despite progress, most targets of the MBSPII were not fully achieved (see details below). Multiple gaps and challenges were encountered in the course of programme implementation. It is very likely that the achieved outputs lead to improvements in the mentioned outcomes and impacts. The activities of the MBSPII are perceived as relevant and effective, but the DHO needs continued support. The actual figures for the outputs, outcomes and impacts in the MBSPII M&E framework and those provided and checked by the DHO during the evaluation[58] slightly differ. The reason for this remains unclear. The trends are generally similar, so that the differences could be typos. It seems both files were manually copied and were not automatically generated from HMIS data.

Findings linked to the output indicators

Status on Achievement rates of Public Health Outputs by Summarized Intervention Rates at the End of MBSP Phase II[59]

		% ACHIEVED
1.1	**Health service infrastructure and operations**	
1.1.1	Makanjira Emergency Obstetric and New-born Care (EmONC) health centre	0
1.1.2	Health posts buildings and staff houses	34.5%
1.1.3	Rehabilitation, equipment and furnishing	62.2%
1.2	**Community based health services**	
1.2.1	Patient referral system strengthened	50.0%

[58] The data provided by the DHO during the evaluation is used for the description of the effectiveness of the MBSPII in this annex to the evaluation report.
[59] These average achievement rates are based on the updated figures provided in the MBSPII M&E framework.

		% ACHIEVED
1.1	**Health service infrastructure and operations**	
1.2.2	Equipment and training of community health workers	95.9%
1.3	**Health Management Information Systems (HMIS)**	
1.3.1	Transport and communication systems	38.3%
1.3.2	HMIS capacity building and operations	87.7%
1.3.3	District Health Office capacity building and operations	92.9%

1.1 Health Service Infrastructure

The average achievement rate for health service infrastructure is 31.2%, which is inadequate progress at the end of MBSP Phase II. However, this rate is strongly distorted, because the Makanjira Emergency Obstetric and New-born Care (EmONC) health centre was not constructed yet. The indicator for the upgrade of the Makanjira EmONC health centre was not achieved yet (see explanations below) and therefore, one of three main output sub-categories was not achieved yet. Only 34.5% of the health posts buildings and staff houses were constructed. With an achievement rate of 62.1%, most progress was made in regards to the rehabilitation, equipment and furnishing of health service infrastructure and operations.

1.1.1. Upgrading the Makanjira Emergency Obstetric and New-born Care (EmONC) health centre

The Makanjira EmONC health centre upgrade was not achieved yet and is heavily delayed due to many reasons, like procurement issues, COVID-19, inflation, Cyclone Freddy etc. (see further explanations below). The contract with the contractor for the construction of the EmONC health centre was signed recently. There are new plans for the finalization during the extension phase of the MBSPII.

In the beginning of the MBSP II, the new Maternity Wing of the Mangochi District Hospital was furnished, the kitchen was finalised, the laundry and guardian shelter was build and equipped. Therefore, the initial budget of 1.1.1 was used to finish the Maternity Wing of the Mangochi District Hospital during the implementation period of MBSP Phase II. The finalisation of the Maternity Wing of the Mangochi District Hospital was planned but not fully finalised during MBSP Phase I. No budget was allocated to the finalisation of the Maternity Wing in the original MBSP II budget.

Despite non-achievement of the Makanjira EmONC health centre upgrade indicator, many related activities have taken place in the six years of MBSP II implementation. These activities include community sensitization meetings, identification of more land, compensation assessments, validation exercises, compensation payment for beneficiaries who vacate land, and implementing the tendering process (incl. writing TOR, site plans, working drawings, Bills of Quantities, Environmental and Social Management Plans, pre-bid meetings, evaluation of submitted bidding documents and a due diligence exercise). Moreover, it included identifying a contractor for the construction and successfully implementing a ceremony for the start of the construction of the upgrade of the Makanjira EmONC health centre with the President of Malawi (16th October 2023). The construction of the EmONC health centre upgrade was delayed and needed further financial recommitment from Iceland as the initial budget line was fully used by the Maternity Wing. Reasons for the delays include the national procurement processes (cancelation of an initial bidding process, redesigning and reducing the scope of Bills of Quantities and drawings etc.), the COVID-19 pandemic, the increased costs of constructions due to increased national standards for construction, increased costs for materials due to the inflation and increased market prices of imported goods as well as increased transportation costs due to destruction of roads and bridges due to cyclones.

Additionally, a needs assessment by the Council revealed that a surgical facility was needed at Makanjira, which would take it from an EmONC to a CEmONC facility. Initially the plan was to build a new rural maternity, like the one at Kadango, but with the distance, poor road network and high maternal and newborn mortality and morbidity burden. The Council proposed a CEmONC facility and the Government of Iceland therefore approved a comprehensive CEmONC during reprogramming.

1.1.2 Constructing health posts, staff houses at health posts, UNOYO staff houses and vaccine storage cold rooms

Constructing HPs and staff houses - Slightly over 50% of the targets for the construction of HPs and staff houses were achieved. According to interviewees, there are issues with the maintenance and quality of newly constructed health facilities. In some cases, ceilings and floors are broken or washing basins fall off the walls shortly after the contractor left. During the MBSPII, the construction of eight of 15 health posts, 14 of 25 HAS staff houses at health posts were completed so far. All constructions are behind schedule. The HPs are hubs for services delivery, including growth monitoring, child immunization, family planning services for adults (mainly attended by men and their female spouses), HIV testing and distribution of ARVs, nutritional education, and other health services. Nutritional education provided at health posts covers breast-feeding for new-borns for the first six months before feeding babies with other nutritious food from home-based recipes. The un-built HSAs houses at HPs (e.g. in Ndooka) are affecting services delivery negatively, as HSAs have to commute from far away to the HPs, which consequently causes irregular services delivery. However, some HSAs do not want to live in the communities, because community members perceive HSAs as "doctors". The HSAs are not trained as medics or paramedics but the communities pressure them to deliver health services (e.g. to cope with emergencies), which exceed their capabilities and skills.

Constructing Umoyo staff houses - Only six of the planned 21 UNOYO new staff houses were constructed. The achievement rate is therefore only 29% of the target for the MBSPII.

Vaccine cold rooms - The shared indicator sheets by the DHO suggest that no vaccine storage cold rooms were constructed as part of the MBSPII using funding of the Government of Iceland. The target was to construct three vaccine storage cold rooms during the MBSPII. According to interviewees, there are some vaccine cold rooms in the health centres. In addition, we saw refrigerators for vaccines and trucks for transporting and distributing vaccines, which were provided by other donors, like USAID. We even came across HPs (e.g. Nkali), which have access to cold storage facility powered by solar, which are used to store vaccines for child immunization there. We understand, that many donors supported similar efforts during the COVID-19 pandemic, while the funding of the Government of Iceland was used for other purposes to avoid duplications instead. The continued need for the planned three vaccine storage cold rooms should be reassessed. The Government of Iceland funded extensive COVID-19 activities implemented in Mangochi District during the pandemic. The main outputs were summarized in the final report as follows:

- 300 Health Surveillance Assistants (HSAs) were trained in Covid-19 Contact Tracing
- 200 Newly recruited staff were trained in Covid-19 surveillance and management
- 6,237 people vaccinated by Covid-19 Vaccine using a 'finish a vial strategy"
- 1,035 COVID-19 suspects were followed up and investigated across the District
- 789 COVID-19 cases were attached and closely monitored by HSAs through the 'Case/HSA attachment Strategy´
- Over 821 migrants were screened in the Districts borders with Mozambique and followed in their respective locations
- Supported 16 admitted COVID-19 cases in Isolation Wards. All 350 health workers managing these cases in the Isolation Wards were provided with Allowances, Accommodation and Food
- 633,237 people in 4 TAs mobilized in Community Led Action (CLA)
- 400 Vulnerable supplied with locally made face masks through local community groups after being triggered in the CLA approach
- 2,018 COVID-19 contacts followed up
- 248 teachers were trained in COVID-19 from 120 schools across Mangochi district

14,198 learners in 4 Primary schools provided with running water for hand washing to prevent contracting Covid-19 (see Mangochi District Council, A report on COVID-19 Activities implemented in Mangochi District with Financial Support from the Ministry of Foreign Affairs, Government of Iceland 2022 for further information). The COVID-19 activities and outputs were not included in the overall MBSP II results framework.

1.1.3 Rehabilitating, providing equipment and furniture for community hospitals, health centres and health posts

Furnishing waiting homes with equipment - Zero of the planned five waiting homes were furnished and equipped, so that this output target was not achieved yet. However, we were told that the Government of Iceland funds were used to construct the waiting area in front of the new under-five paediatric wing of the Mangochi District Hospital. The construction started during the MBSPI and became operational during the MBSP II.

Providing HCs and HPs with water - Most HCs/HPs have water access according to the indicator sheet and interviewees. In total, 20 of the targeted 29 facilities (69%) received access to water, so that considerable progress was made, but the target was not fully achieved. Interviewees confirm that many health centres have access to water via pumps and/or tanks. Community involvement and ownership has helped that water pumps are secure and do not get stolen anymore. Some communities are even employing security guards to protect the water pumps.

Maintaining HCs - The maintenance of HCs remains challenging due to lack of resources for maintenance and partially poor quality of newly provided infrastructure (as explained above). According to indicator sheet, seven of ten health centres have received maintenance, so that 70% of the target value was achieved. The technicians usually focus on the most urgent maintenance work only, e.g. concerning ceilings and water systems. The MBSP II assisted the district in maintaining facilities and procuring equipment, like beds, chairs and technical equipment for HC and for maternity wings and new dispensaries. The MBSP II has supported health facilities with equipment needed for functioning maternity wards. This enables maternity wards to deliver services more effectively and efficiently. The maintained HCs are well equipped to provide antenatal care, family planning, HIV counselling and testing, and treatment of pregnant mothers. The lack of a maternity wing at Jalasi Health Centre has raised a lot of controversy in the communities, because the MBSPII only provided a guardian shelter without a maternity wing. Even though, it was evident from the outset that the existing labour ward was inadequate to handle 140+ deliveries per month.

Maintaining Community Hospitals - This output was fully achieved, since the target was to maintain the Monkey Bay community hospitals, which has received maintenance during the MBSPII. In addition to this, an outstanding achievement of the MBSP I+II is the construction and continuous maintenance of the spacious maternity wing of the Mangochi district hospital with several buildings and separate rooms for different MCH care services. This creates an state of the art, improved environments for the birth of up to 1000 babies per months. This achievement is not mentioned in the indicator framework as it was a continuation of the MBSPI. We saw that the maternity wing is fully functional, except the theatre is currently upgraded from one small and very run-down operating room, to two new once. This will reduce the incidences of triage concerning surgeries of pregnant mothers once these rooms become operational, given that there is sufficient qualified staff for such surgeries.

Constructing incinerators in HCs and placenta pits - Some (four of ten) health centres received incinerators according to indicator sheet, while no (zero of five) placenta pits were provided so far. The achievement rate for the incinerators was 40% and for the placenta pits 0%, which creates a very low combined achievement rate of 27%. The indicator sheet provided by the DHO combines these two indicators. This indicator should be split in two separate indicators to avoid misunderstandings of total numbers.

Installing power in HCs - According to indicator sheet and interviewees, this indicator was overachieved by 107%. 16 HCs have received power access, while the aim was to install power in 15 health centres only. There have been issues of theft concerning solar pumps but they found a solution on community level to deal with it. In case communities feel ownership for the infrastructure and are involved in the construction process of infrastructure, they are more likely to be willing to pay for a security guard who avoids theft of solar pumps. Interviewees told us that most health facilities in Mangochi do not have grid power yet, even though the MBSPII led to progress in this regard in some remote health facilities. In some HPs such as Nkali, the facility has also been utilised for COVID-19 and treatment of cholera cases 24 hours a day. This was possible due to the availability of solar power installed at the facility by the MBSPII. Overall, there is

good coverage of child immunization as the vaccines are stored on the premises with a solar powered refrigerator (e.g. at Nkali HP).

Conclusions about health service infrastructure (incl. the construction of MCH-related infrastructure like maternity wings of hospitals, health posts, staff houses) - Currently, the biggest issue among those outputs is the Makanjira health centre, which has not been upgraded yet. All interviewees have confirmed that the upgrade would make a huge difference for the district. Currently patients have to be transported over the lake to Monkey Bay Community Hospital, which is very time consuming, costly and risky for pregnant women in labour. No progress was made in regards to providing vaccine storage cold rooms and placenta pits. Concerning other health service infrastructure, multiple outputs seem to be progressing, but are heavily delayed (incl. building HP buildings and staff houses, maintaining health centres and providing incinerators and access to water in health centres) at the time of the final evaluation. Reasons for these delays are slow procurement processes, e.g. we were told that national procurement processes are even slower and more expensive than district-level procurements. In 2022/2023, only one target was fully achieved, namely the maintenance of the Monkey Bay Community Hospital. Furthermore, one target was overachieved in 2022/2023, which concerns power installations in HCs. Multiple newly build health facilities face issues with poor infrastructure quality and funds for maintenance are scarce, so newly constructed infrastructure is likely to deteriorate over time.

The Embassy of Iceland could discuss with the DHO (incl. maintenance technicians) the most suitable ways for the **remote monitoring of health infrastructure construction sites**. The following aspects might be considered:

- **External construction supervision**: The Embassy of Iceland could determine to what extent the supervision of construction sites for health infrastructure may be improved to ensure a high quality of infrastructure. External supervisors might improve the supervision in cases where no external supervision is done.
- **Community-based supervision**: Community representatives can support the monitoring process. Some monitoring task may not require specialized technical knowhow, but rather the presence of local observers and users of the infrastructure in the proximity of the construction site, e.g. reporting wash-basins have fallen off the walls shortly after contractor left. Monitoring plans could be created, defining the use of standardized indicators (incl. baseline, milestones and endline values), monitoring responsibility, frequency of observations and timeframe at the onset of construction projects. At construction planning stage, the persons responsible for the monitoring should know the timetable and understand the plan for the construction. During the construction implementation stage, there should be defined intervals when the key person responsible for the monitoring fill out and hands-in standardized questionnaires reflecting the progress of the respective construction site. At project completion, the key person responsible for the monitoring (supports the responsible DHO staff) to check and approve the handover of the construction and check the maintenance status at regular intervals (e.g. on a bi/annual basis).
- **Reporting mechanism:** A reporting system at District level which allows communities to report irregularities and problems with the infrastructures could be considered. Possible solutions might be a telephone hotline, a paper-based or a WhatsApp-based solution. However, the DHO has to provide sufficient staff to follow-up the submission/collection of data, analyse the data, report and react to the remote monitoring data. The cost benefit-ration and sustainability of the introduction of a community-based monitoring solution should be considered before a new system is introduced.
- **Clarifications of roles and responsibilities**: When infrastructure like the health posts is handed over to the communities, there should ideally be a written document stating the role and responsibilities of the District and the community counterpart in terms of maintenance. Maintenance plans and manuals stating what has to be maintained, the frequency and the responsibility (community maintenance or District responsibility) could be useful tools to ensure that the infrastructure is being regularly maintained, which ultimately contributes to sustainability. The warranty periods of subcontractors should be enforced in case this is lacking.

1.2 Community-based Services

The average achievement rate for the patient referral system is 50% only. The average achievement rate for equipping and training the community health workers is 95.8%, which is very close to the target of 100%.

1.2.1 Patient referral system

Purchasing new ambulances - The target to purchase five new ambulances was fully achieved. The five ambulances have been purchased and are used in different health zones. However, they do not seem to be fully operational due to lack of maintenance and fuel. Interviewees told us that the resources only suffice to run vehicles for a few days or weeks a month.

Buying bicycle patient transporters - According to the indicator sheet, no bicycle patient transporters were purchased, even though the aim was to purchase ten of these. According to multiple interviewees, some bicycle patient transporters have been purchased, these were last seen three or four years ago, but these bicycle patient transporters were not seen by anyone anymore. We understood that these bicycle patient transporters were funded by the district using other funding sources. Due to the poor road conditions, repairs are needed on a regular basis. The lack of maintenance funds for any means of transport is a key issue, which limits the medium to long-term effectiveness and sustainability of any means of transportation for the patient referral system.

1.2.2 Providing equipment and training for community health workers

Training of Health Surveillance Assistants (HSAs) - 270 HSAs have been trained, so that the target was fully achieved. The training package on community-based maternal care included conducting home visits to pregnant women. As part of the MBSPII, a mentorship programme was established. Mentors or experts are experiences midwives and clinicians who are send to health facilities to update local health staff (like HSAs) about information on best practices in maternal and neonatal health. This additional activity is not reflected in the M&E framework of the MBSPII. However, we have learned from HSAs that this activity was largely overlooked in the MBSP Phase II. They are frontline cadres of the health delivery system at community level, hence they need updated skills and knowledge to be effective in services delivery. In addition, community midwife assistants would be needed in very rural areas in the future, because these are considered important to reduce maternal and child mortality rates in Mangochi district. Community midwife assistants are currently not supported with funds of the Government of Iceland.

Providing bicycles and basic kits to HSAs - 540 HSAs have been provided with bicycles and basic repair kits for these bicycles, so that the target was fully achieved. The community midwife groups at the HPs told us that they need more flexibility to travel to rural areas for community outreach activities.

Forming functioning safe motherhood committees (SMCs) - 300 SMCs have been formed and are functioning according to indicator sheet, so that the target was fully achieved. The communities received training in antenatal, danger signs of pregnancies and neonatal care and an introduction about SMCs. The SMCs contain men and women and are usually trained for three days. The initiative takes on board traditional leaders. In many cases, there are community byelaws in place that are enforced when a pregnant mother absconds on ANC in the first trimester. Pregnant women who violate the community byelaws are fined. The district nursing staff would like to continue their work with the SMCs, which means that they would like to improve supervision and return to the SMCs. These supervisory, follow-up visits are considered important to encourage pregnant mothers to attend ANC as early as they notice the pregnancy, which can reduce maternal and child mortality rates.

Training village health committees (VHC) - 500 of the target 700 VHCs (71%) have been trained according to interviewees. The training of VHCs has been largely overlooked in MBSP Phase II. These are frontline cadres of the health delivery system at community level, hence they need updated skills and knowledge to be effective in services delivery. There is a need to follow-up with the VHCs to keep them motivated and functioning as well as to conduct refresher trainings. There is a lack of resources to ensure adequate follow-up, because the training has to be refreshed and new information have to be transferred

at least twice a year. Based on the estimation of HSAs from different areas, 30-60% of the Village Health Committees (VHC) are active. Their main roles are to ensure that sanitation and hygiene prevail in the communities. The VHCs also act as a mouthpiece for the health centres in terms of services and information. Furthermore, the VHCs played a crucial during the COVID-19 pandemic and Cholera outbreak in terms of awareness creation and prevention measures. With regard to cholera, the VHCs were in the forefront advising the community on how to prepare Oral Rehydration Therapy (ORS), a sugar and a salt solution as an immediate response. None trained VHC members practice learning-by-doing, which is inadequate for delivering health services.

Establishing village clinics - 60 village clinics have been established according to in indicator sheet, so that the target was fully achieved. There are mixed results in the operationalization of village clinics with some functioning and others not. Based on FGDs/KIIs the main explanation for non-functionality is unavailability of trained health workers in village clinic as HSAs are not trained medics to support village clinics. The village clinics effectiveness is minimal if only few (20%) of HSAs are trained in village clinics. The HSAs need skills to perform as paramedics and access to drug supplies to operate the village clinics.

Training health workers in family planning - This activity was taken out of the MBSP II M&E Framework, since the Government of Iceland funded UNFPA's activities in two TAs for a period of three years from 2020 to 2023. UNFPA has trained health workers in family planning. It is most challenging to reach the youth since they shy away from accessing family planning services. They have introduced youth-friendly services and trained staff in this regard. UNFPA is currently conducting an evaluation, which may be of interest for the Government of Iceland.

Supplying rapid pregnancy test kits to HC and HO - According to the indicator sheet, the DHO has distributed all rapid pregnancy test kits. The actual accumulated number of rapid pregnancy test kits remains unknown and the figures in the MBSPII M&E Framework are inconsistent and questionable. Interviewees confirmed that some pregnancy test kits are available at various health facilities.

Providing malnourished infants with nutrition supplements in all health centres - According to the indicator sheet, the target of 5000 packages of nutrition supplements was procured and achieved. The nutrition coordinators confirmed that they provide many nutrition supplements to malnourished 6-18 month infants. Multiple donors provide these nutrition supplements. The district's slow procurement processes, frequently cause that some nutrition supplements are already expired or expire too quickly after these reach the nutrition coordinators. Expired nutrition supplements cannot be used. There is a need for more trainings, mentorship and more nutrition rehabilitation centres (NRU) to improve the food and nutrition security, but there is no need for further nutrition supplements currently.

Conclusion for Community-based Services - A large majority of the targets about community-based service outputs were achieved. Trainings for HSAs, health workers, SMCs and VHCs have been successfully conducted. More VHCs were supposed to be trained. In addition, there is the need for follow-ups and refresher trainings for HSAs, health workers, SMCs and VHCs to ensure that knowledge is up to date and to keep the motivation high. Resources for follow-up trainings are limited due to lack of funding for transportation, per diems, etc. There is a large need to improve access to family planning especially for youth, so that UNFPA's evaluation findings could provide valuable insights for this challenging and important topic. According to the M&E framework, bicycle patient transporters should have been provided, which did not happen. However, if these are provided, it is likely that the bicycle patient transporters will not stay operational for very long, if long-term maintenance is not ensured.

1.3 Management and Health Information System (HMIS)

The average achievement rate for HMIS-related outputs was 72.9%. Least progress was made in regards to the transport and communication systems with an achievement rate of 38.2%. With an achievement rate of 87.7%, more progress was made in regards to HMIS capacity building and operations. Most progress was made on the capacity building and operations of the DHO with an achievement rate of 92.8%.

1.3.1 Transport and communication systems strengthened

Purchasing motorcycles - Only very few, namely two of 15 motorcycles were purchased, so that only 13% of this output was achieved. The motorcycles were meant for health personnel to reach remote HPs in the district. The interviewed health personnel and technical staff has not seen these and they were not sure if these are still in use.

Purchasing lorries for vaccine distribution - One lorry has been purchased according to indicator sheet, so that the target was fully achieved. Interviewees confirm that a truck has been purchased to do cross-cutting vaccination campaigns across the district. The evaluation team has only seen a lorry for various community-based health services provided by USAID.

Installing ambulances with car tracking system - No ambulance car tracking systems were provided, so that the target of 20 car tracking systems for ambulances was not achieved. It is questionable if a car tracking system is very valuable, because the existing ambulances are not sufficiently maintained and functional as well as because there are currently inadequate funds for fuel, so that the remaining functioning ambulances only work for few days or weeks a months.

Training health personnel in using motorcycles and providing equipment - In total, 20 health staff members were trained, even though the MBSPII aimed at training 50 health staff members in using motorcycles and providing equipment. Only 40% of the target was achieved. Interviewees confirmed that some health personnel was trained but they are not sure if they have access to and use motorcycles. Due to cultural reasons, especially female staff would rather not use motorcycles on their own even after receiving such training.

1.3.2 HMIS capacity and operations strengthened

The HMIS office made continuous progress and has achieved or overachieved the targets for most outputs in a timely manner (accept those changed in the process of MBSPII implementation). The MBSP II funding stopped after the targets were achieved in 2022. USAID's G2G project took over the funding of many activities of the HMIS office, but their support is expected to phase out in October 2023. The HMIS office is worried that they will not be able to sustain their achievements.

Purchasing computer sets for HMIS data management - 20 computer sets or laptops for HMIS data management were purchased, so that this target was fully achieved. Other donor funds were used to fund laptops for further health staff.

Training health management teams and coordinators - 180 health management teams and coordinators were trained, so that this target was also fully achieved.

Purchasing village health registers - 550 village health registers were purchased, which is only 28% of the original target of 2000 village health registers. The output target was changed and other activities were prioritized due to insufficient funding.

Putting to use village health registers - The purchased 550 village health registers were also put in use, which is equivalent to 37% of the original target, before this output target was changed. Interviewees told us, that this output target was also changed and other activities were prioritized due to insufficient funding.

Carrying out data quality assessments - 210 of the 170 planned data quality assessments were carried out, so that this target was overachieved by 124%. These data quality assessments are still ongoing.

Supervising data preparation clerks - 525 of the planned 420 data preparation clerks were supervised, so that this target was overachieved by 125%. This supervision is still ongoing.

Collecting monthly HMIS data - 60 of 48 planned monthly HMIS data collections were carried out, so that this target was overachieved by 125%. This activity is still ongoing, without funding support by the MBSPII for monthly data collections.

1.3.3 District Health Office capacity and operations strengthened

The HMIS office made continuous progress and has achieved or overachieved the targets for the outputs in a timely manner, excl. the indicator “IT support provided”, which is not phrased very precisely and challenging to measure.

Conducting quarterly HMIS data review meetings - 16 of the planned 16 quarterly meetings were conducted, so that this target was fully achieved. These review meetings continue to take place. They do no longer have adequate funding to invite all data clerks from the facilities to these meetings, so that they are prioritizing the statistical clerks.

Conducting bi-annual District Implementation Plan (DIP)/HMIS review meetings - Eight of eight planned bi-annual DIP/MHIS review meetings were conducted, so that this target was fully achieved, but the funding for these was perceived inadequate to invite all people who should be involved.

Conducting various training for staff members - 40 of the planned 40 staff members received various short-term trainings. More capacity building is needed for M&E. HMIS staff would highly appreciate if there are more short-courses offered and if a few key staff members may attend long-term training (HMIS2 academy). In addition, staff at the DHO and District hospital have received scholarships to pursue further education in the field of (public) health, incl. Master’s degrees.

Providing IT support / Updating IT equipment - The IT support was provided between 2017 and 2021, but it stopped according to the M&E framework data. The indicator sheet states that the target was not achieved (0%). Interviewees told us that ICEIDA paid for internet subscription, which was highly appreciated because they used to have a very good internet connection. Even though they still have internet access, their connection is less stable now. The internet subscription helped the HMIS office to become the best district in HMIS reporting in Malawi. This achievement is attributed to ICEIDA support.

Providing logistical support - 16 times (quarterly) logistical support was provided, so that this target was fully achieved. The MBSP supported the infrastructure of the HMIS office, like stationary (paper, toner) used for photocopying reporting tools, which were lacking at district level before. These reporting tools are not even available at the national level, but are available at Mangochi district due to the ability to photocopy. The HMIS office is overcrowded, so that they need more office space.

Supporting professional staff with salary temporarily - Professional staff was temporarily provided with salaries in 60 of the planned 40 months. This target was overachieved by 150%.

Disseminating research projects - Four research projects and dissemination of results took place as planned. It remains unclear if four was the annual or total value for the MBSPII, because the M&E framework contains contradictory data in comparison to the indicator sheet provided by the DHO.

Conclusions about the HMIS (incl. transport and communication)

Issue of transportation - Generally, there seems to be an issue with the maintenance of all types of means of transportation for the patients and health personnel (e.g. bicycle patient transporters, motorcycles and ambulances). Ambulances are not fully operational, because these lack funds for fuel and funding for maintenance costs, which limits access to rather remote areas. For example, follow-up visits to the SMCs cannot take place, because they cannot be reached.

Main achievement of Government of Iceland support - Mangochi District became the best district in HMIS reporting in Malawi in 2019 and they managed to maintain this status since then, due to the MBSP and funding of the Government of Iceland. Before 2019, Mangochi was at the midfield of the ranking only. Many districts came to Mangochi and wanted to learn from the HMIS office.

Main challenge of Government of Iceland support - The HMIS office could not involve all people who should be involved in regular meetings (like quarterly HMIS data review meetings bi-annual District Implementation Plan/HMIS review meetings etc.) due to limited funding, even though they were able to conduct these meetings with the statistical clerks on a less frequent basis.

Findings linked to the outcome indicators

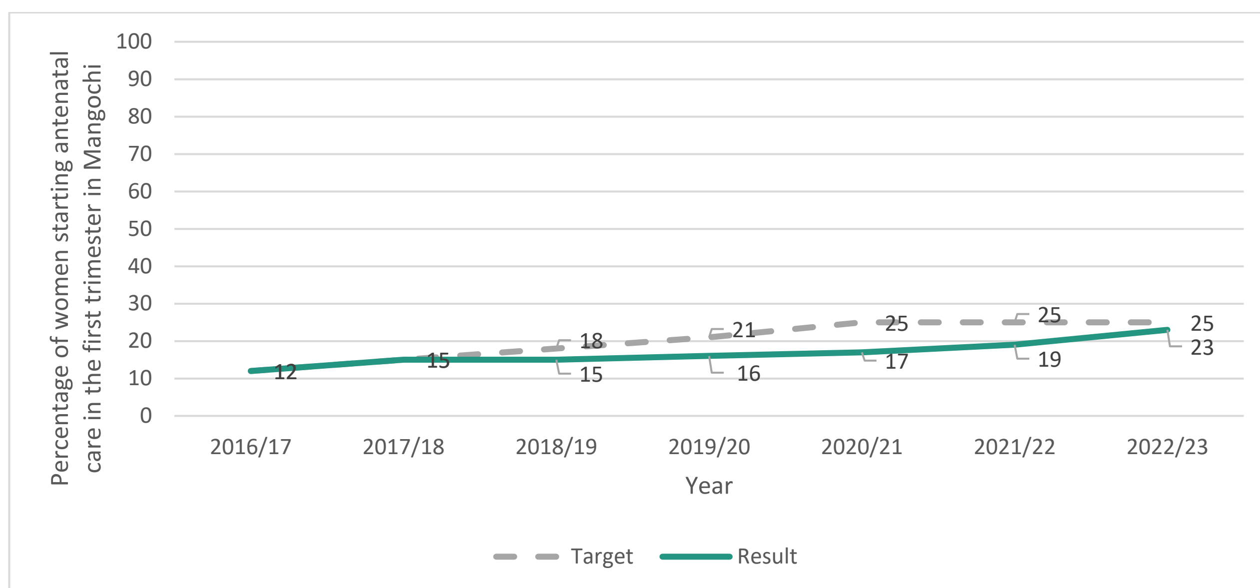


Figure 26: Percentage of women starting antenatal care in the first trimester in Mangochi[60]

The proportion of pregnant women starting **antenatal care (ANC)** in the first trimester improved from 12% in 2016/17 to 23% in 2022/23. Despite slow continuous progress, the target 25% of pregnant women was almost but not fully achieved in 2022/2023. With the availability of maternal services at health centres, more women are attending ANC in the first trimester. Nurses are able to screen women for complications and make referrals to Mangochi District Hospital for further attention if necessary. Such actions prevent further complications and minimize maternal deaths.

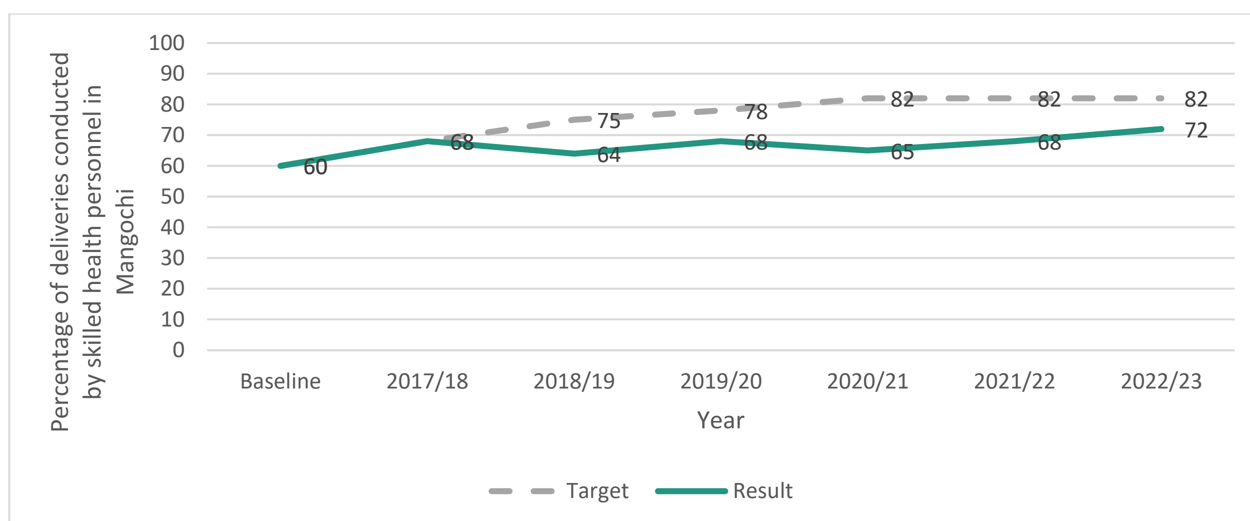


Figure 27: Percentage of deliveries conducted by skilled health personnel in Mangochi[61]

The proportion of **deliveries attended by skilled health workers** increased from 60% in 2016/17 to 72% in 2022/23. A slight decrease of skilled birth attendance was observed in 2020/21 during COVID-19 pandemic, because health workers were perceived as a risk to be infected with COVID-19. Despite progress, the target 82% in 2022/2023 was not achieved. The DHO considers this trend as problematic and rather stagnating, because the access to skilled birth attendance remains challenging due to the large distances within the district. In total, 13 maternity wings exist in Mangochi district. These have reduced the distance to health facilities for pregnant women, but many parts of the district are not yet covered. Only 50% of

[60] The target figures origin from the M&E framework of the MBSPII. The actual result figures come from the most recent indicator sheets provided by the DHO. These updated result figures differ slightly from the previous data provided in the M&E framework.
[61] The target figures origin from the M&E framework of the MBSPII. The actual result figures come from the most recent indicator sheets provided by the DHO. These updated result figures differ slightly from the previous data provided in the M&E framework.

the government entities have maternity wings and the numbers of patients per maternity wing are very large. There is usually just one HSA per health post, so that that they send midwifes or community workers to the HPs and under 5-paedriatic clinics to ensure minimum MCH services. Mangochi district does not have enough midwives to send to the HPs. The construction of maternity wings has improved this situation in the past. Thus, it is expected that the upgrade of the Makanjira health centre will increase women's access to midwives and skilled birth attendance in the future. Generally, a lot of potential for improvement remains in regards to skilled birth attendance.

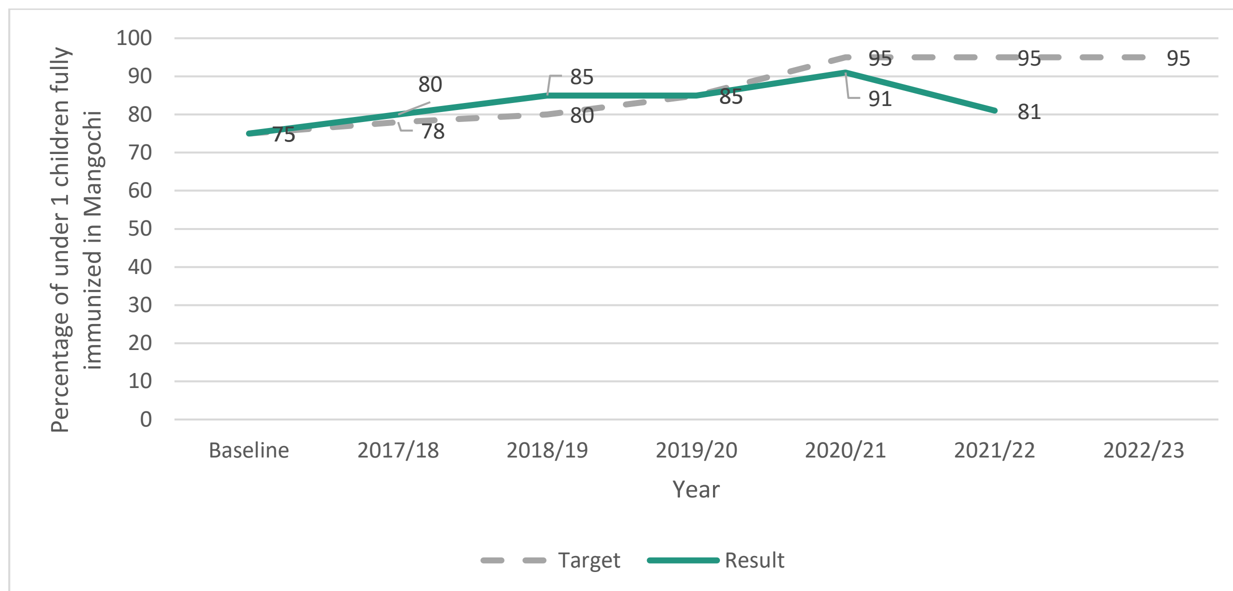


Figure 28: Proportion of under 1 children fully immunized in Mangochi[62]

The proportion of **children under one year fully immunised** improved. No updated data is available for 2022/23, because it was not included in the indicator sheet provided by the DHO. The M&E framework shows that the proportion of children under one year fully immunized continuous increased from 75% in 2016/2017 to 91% in 2020/2021, but the rate worsened to 81% in 2021/2022. This could potentially be explained by the COVID-19 pandemic and the fear of health workers during this time. Generally, progress was made, but there is no data that indicates that the target of 95% in 2022/2023 was achieved yet. There is potential for improvement in regards to the vaccination of children under one and the respective data availability.

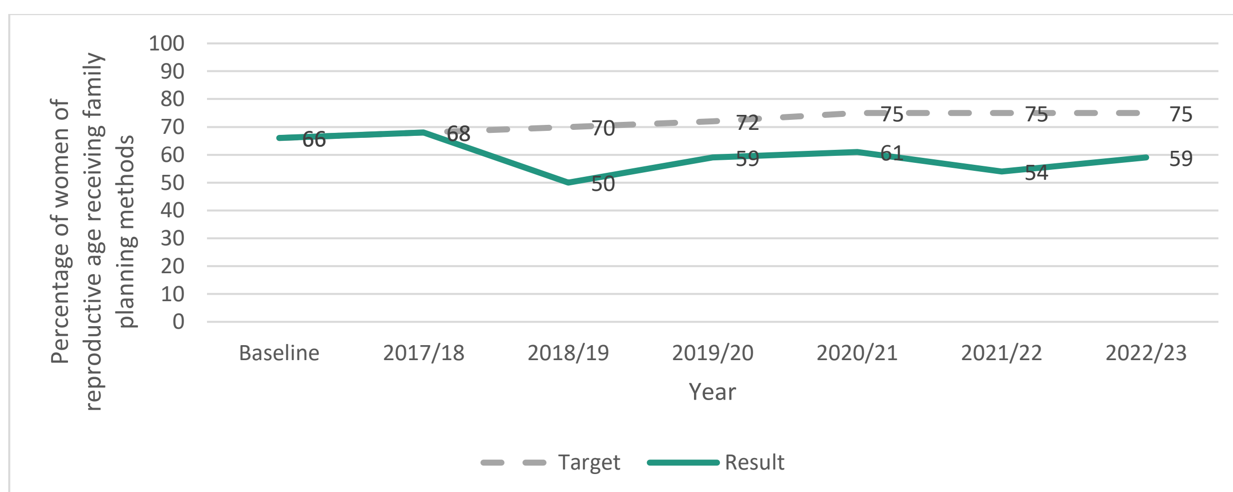


Figure 29: Percentage of women of reproductive age (aged 15-49 years) receiving family planning methods[63]

[62] The target figures origin from the M&E framework of the MBSPII. The actual result figures come from the most recent indicator sheets provided by the DHO. These updated result figures differ slightly from the previous data provided in the M&E framework.
[63] The target figures and result figures origin from the M&E framework of the MBSPII. Updated figures were not provided for this indicator.

The percentage of women at reproductive age (15-49) receiving **family planning** decreased from 66% in 2016/17 to 59% in 2022/23. Thus, this situation worsened and the target 75% in 2022/2023 was not achieved. The outcome indicator trend for family planning is the most worrying outcome. There are multiple reasons for challenges in family planning - people in the villages are not taking family planning seriously. Some progress was made in reaching out to adult men and women. Especially young women were not reached adequately, because most measures are targeting married women. In addition, the closure of schools due to COVID-19 caused that teenage pregnancies rose. There is a need for youth-friendly health services, because youth are usually afraid to access sexual and reproductive health services, like family planning. The accessibility of family planning for young people has to increase further. Potential ideas to achieve this are separate entrances or waiting rooms for youth in health facilities, training of health staff in an open attitude, non-disclosure of information and awareness raising about the sensitiveness of family planning. Another challenge was related to the transfer of family planning activities from MBSP II to UNPFA's responsibility. The delayed implementation of family planning activities by UNPFA led to an implementation gap of around one year, which might have affected the update negatively. In addition, it needs to be taken into account that the UNFPA project targeted three TAs within Mangochi only.

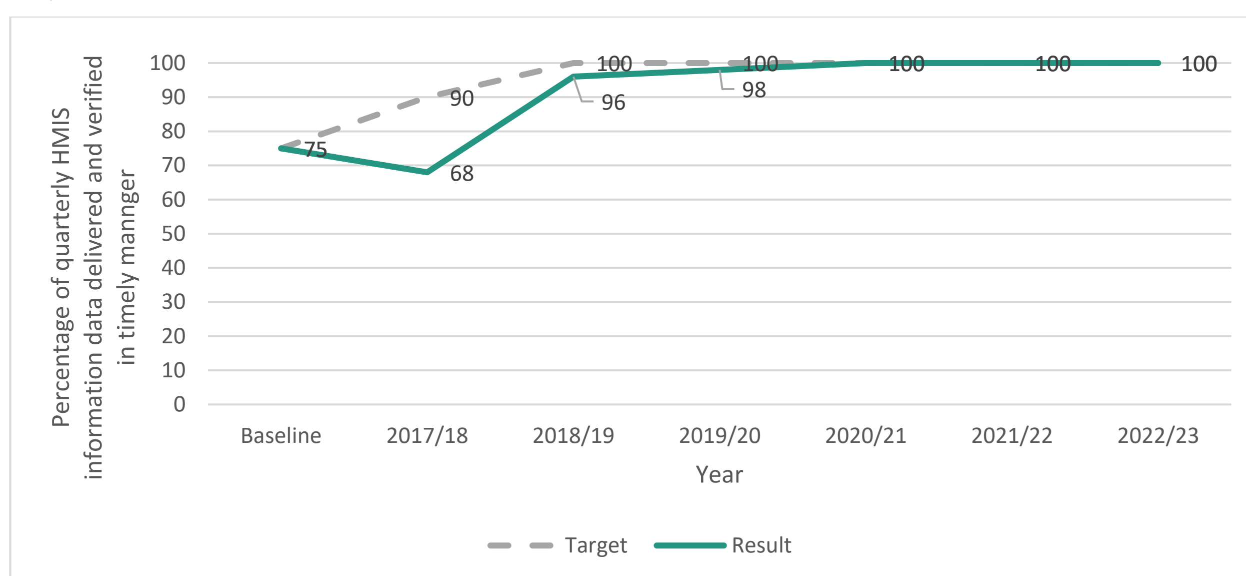


Figure 30: Proportion of quarterly HMIS information data delivered and verified in timely manner[64]

Percentage of quarterly **HMIS data** delivered and verified timely increased from 75% at the baseline in 2016/2017 to 100% in 2022/23, so that the target was fully achieved. The HMIS-related outcome is likely to contribute to improved data quality of the outcome and impact indicator data. This outcome is the largest success and it reflects the only outcome indicator target that was achieved.

Conclusions for the outcome indicators

Most outcomes have improved between 2016/2017 to 2022/23 and seem to move in the right direction, while only few targets were fully achieved. The only outcome that was fully achieved is the **HMIS reporting** indicator target of 100%. The HMIS reporting has moved from a medium performer in Malawi, to the best HMIS reporting district in Malawi from 2019 onwards. The **antenatal care** indicator improved a lot and almost achieved its target. There was some progress in regards to the **immunisation rate of children under one year**, but there is potential for further improvement, e.g. the SMCs can contribute to improving this indicator more. The **skilled birth attendance** has also improved, but it became stagnant about midway in regards to the target, so that there is a lot of potential for further improvement. We learned that the access to skilled birth attendance remains a major challenge, even though the distances to the next health facilities reduced, but these distances are still too far in remote parts of Mangochi. The DHO tried

[64] The target figures origin from the M&E framework of the MBSPII. The actual result figures come from the most recent indicator sheets provided by the DHO. These updated result figures differ from the previous data provided in the M&E framework.

to expand the access to skilled birth attendance by sending midwifes or community workers to HPs and U5-clinics to ensure at least minimum MCH services. The SMCs have to potential to contribute to improving this indicator further, but would need additional support.

Overall, the area of **family planning** seems to be the most challenging. This indicator has worsened drastically and needs further attention. Non-married women and youth face major challenges in accessing family planning methods due to cultural factors like stigmatisation, so that youth-friendly family planning is important. However, where PSI and Banjs La Mtsogolo delivered the services, the demand and uptake of family planning methods increased tremendously due to increased awareness campaigns according to HSAs and VHCs in HPs like Nkali, Ndooka, and Luchichi. There are many determinants of health outcomes and these are interlinked with other sectors, like education. There is a need for collaboration between the health and education sector, so that family planning may start in schools. Currently, family planning is not allowed in education, which is a missed opportunity.

Efficiency

Key findings / conclusions

Efficiency of service delivery for patients - The efficiency of the delivery of maternal services in health facilities improved for patients due to the provision of maternity equipment by the MBSP II. The HP provide an ideal environment for services delivery at a central point where mass treatment can be performed more efficiently. Thus, the delivery of emergency services improved, for example during the COVID-19 pandemic and cholera outbreak. In the absence of the HPs, the delivery of services would be more cumbersome. Before the construction of HPs, the health services were delivered either from borrowed premises or under a tree, where there were many disturbances due to noise or rainfall, which was inefficient and ineffective.

Efficiency of programme management

- **Procurement** has been a challenge and was (heavily) delayed. Small procurements usually take place at the district level and these are more efficient and transparent than large procurements, which take place at the central level. For example, the upgrade of the Makanjira health centre is a very slow/inefficient and complex process. Nevertheless, the procurement capacities of the district are improving continuously due to the PBA of the MBSP II. Procurements have been openly advertised and transparently evaluated. The construction costs for HPs are about 50% lower, if the District Council initiates the construction project instead of the central government (according to interviewees of the DHO).
- The DHO does not have access to concrete **unit costs** for the construction of health facilities/infrastructure, since the public works office is responsible for the cost calculations.
- One negative side effect of the **PBA** is that it creates a lot of work for the Council to manage the MBSP II while they are also managing many other donor programmes. At the same time, the PBA saves resources of the Embassy of Iceland. The DHO manages about seven big programmes and has a vacancy rate of 45%, which makes the programme management of the MBSPII more challenging (see also positive effects of the PBA, in regards to relevance and sustainability).
- **Reporting**, namely the quarterly reports, have improved. The format improved and the reports are submitted more efficiently now. Each sector has to prepare quarterly reports for Iceland and one district focal person consolidates the information to one report.

Sustainability

Key findings / conclusions

Generally, there is no plan in place in case Iceland stops funding activities. **Sustainability was not (systematically) considered yet**. The DHO staff hopes that Iceland continues their support or (in case this is not possible) that another donor steps in for Iceland.

The **Health Service Infrastructure** will remain in place but **maintenance** must be considered to ensure the sustainability. If maintenance is not adequately considered from the beginning, this may challenge

and reduce the sustainability of the infrastructure. There are no mechanisms in place to maintain the health facilities. As health centres are government institution, the maintenance of equipment and maternity wards naturally falls in the ambit of government, and in this case Mangochi District Council. However, experience has shown that government does not always have sufficient funds for maintenance. Hence other avenues for generating cash need to be explored by the District Council not only for maintenance, but also to support other activities such training of HSAs, VHCs, and field supervision of health interventions.

- **Small maintenance** may be carried out by the community (if properly involved), district (e.g. can continue providing electricity to health facilities and employing trained health staff, repairs depend on urgency assessment) or other donors.
- **Large and costly maintenance** (e.g. replacing batteries for solar power) faces financing challenges by the district. The district does not have a maintenance budget for these. The financial flows from the central government are too low.
- **Maintenance and security concerns at health facility level** – through observations and discussions with HSAs and VHCs, it was noted that there were no mechanism in place to generate funds for the maintenance of the facility and hiring of security guards. The lack of security is an issue, especially in instances where health facilities are located in isolated areas. One health facility (Ndooka) has been vandalized (all doors and windows are broken), while Nkali does not have secure locks albeit having a refrigerator and vaccines stored at the facility.

In regard to the sustainability of the **Community Based Health Services**, the gained **human capacities and skills** will remain (incl. in regard to leadership and governance or knowledge transfers/updates), but refresher trainings and mentorship are require. Fuel and to some extend daily allowances are needed to reach remote areas, which challenges the continuation of such activities and therefore the sustainability. The DHO expects that these costs cannot be covered by central government or district funds, so that they have to find another donor, who provides funding in case the Government of Iceland funding phases out of Mangochi.

- Responsible health staff needs to visits and train the **SMCs** and local communities at least twice per year to keep them motivated. Fuel and transport expenses are needed for these visits.
- **VHCs** have acquired knowledge and skills in the delivery of services through training, though this was done some three to four years ago. However, the knowledge, skills and experience gained will remain in the community and VHCs will continue services delivery beyond the MBSP II.
- **To ensure that vehicle ambulances** remain functional, these continuously need fuel and maintenance work. The central government's funding of the referral system is insufficient, so that the functioning ambulances are usually only working one to two weeks per months. The referral system remains heavily donor depended and will not be sustainable without external financial support. Due to the rather bad road conditions, any means of transport (like vehicles, lorries or bicycles) are very maintenance intensive, which generates continuous costs and reduces the sustainability.

In regard to the sustainability of **HMIS** outputs/outcomes, the HMIS office feels **ownership** for the indicator and operational data collection. They plan, budget and administrate their own activities, but the donor provides comments. The HMIS office expects that the data quality assessments will become less frequent, which will reduce the data quality from October 2023 onwards, when USAID funding phases out. The HMIS office highly depends on donor funding, as national funds are not sufficient to keep up high quality HMIS data.

Due to the **PBA**, the District Council feels ownership and fully for the outputs, outcomes and impacts of the MBSPII. The district is the implementer of the MBSPII. The PBA has the positive side effect that the district's capacity to manage funds, plan and manage large programmes improves every year (e.g. the planning ability, audit reports and procurement have improved). Therefore, other donors will benefit from the MBSPII activities even when the Government of Iceland leaves Mangochi district. According to the DHO, the capacities and skills in managing large funds will remain even after the support from Iceland has ended and they will be able to benefit from the lessons learned in the long-term. Other donors do

not provide resources for large infrastructure, so that they expect that such interventions will not continue after Iceland phases out its support. Other donors rather provide smaller funds for small-scale activities.

Impact

Key findings / conclusions about the impact indicators

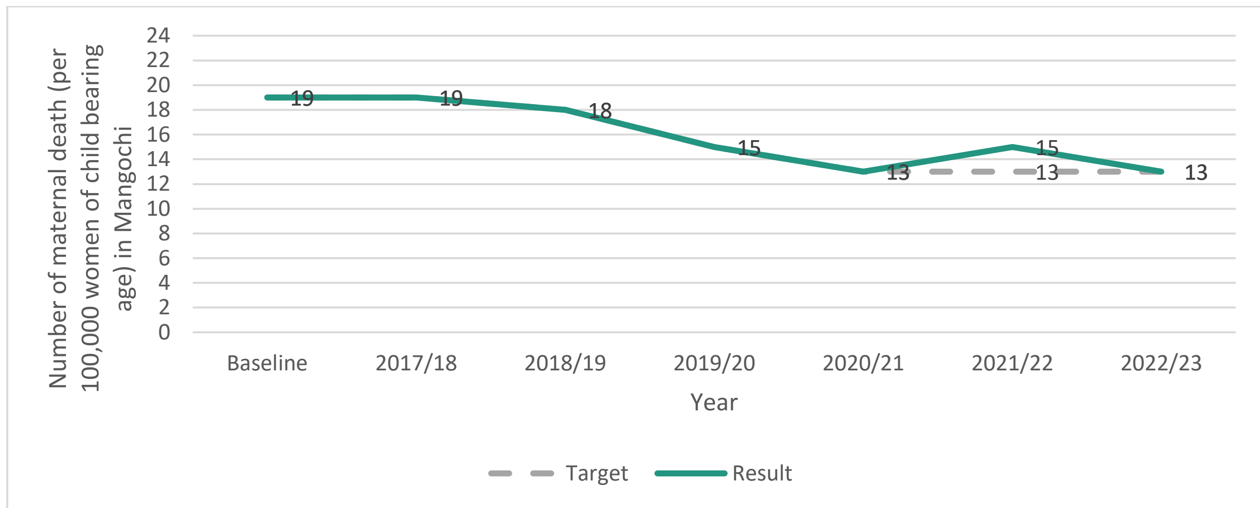


Figure 31: Maternal Mortality Rate (per 100,000 women of child bearing age) in Mangochi[65]

The **maternal mortality rate** (per 100,000 women of childbearing age) decreased from 19/100,000 in 2016/17 to 13/100,000 in 2022/23, after a slight increase to 15/100,000 in 2021/22. This is a positive trend and the target 13/100,000 was achieved in 2022/23. The total number of maternal deaths have reduced slightly by eight maternal death but the number of women of childbearing age has increased by 20%. The actual number of women of childbearing age increased by 48.565 women between 2016/17 and 2022/23. The DHO perceives the reduction of maternal mortality as a significant decrease. The construction of maternity units in remote areas contributed to this positive change, which saved many lives. In addition, the community empowerment with knowledge reduced the risk of pregnancies according to district staff.

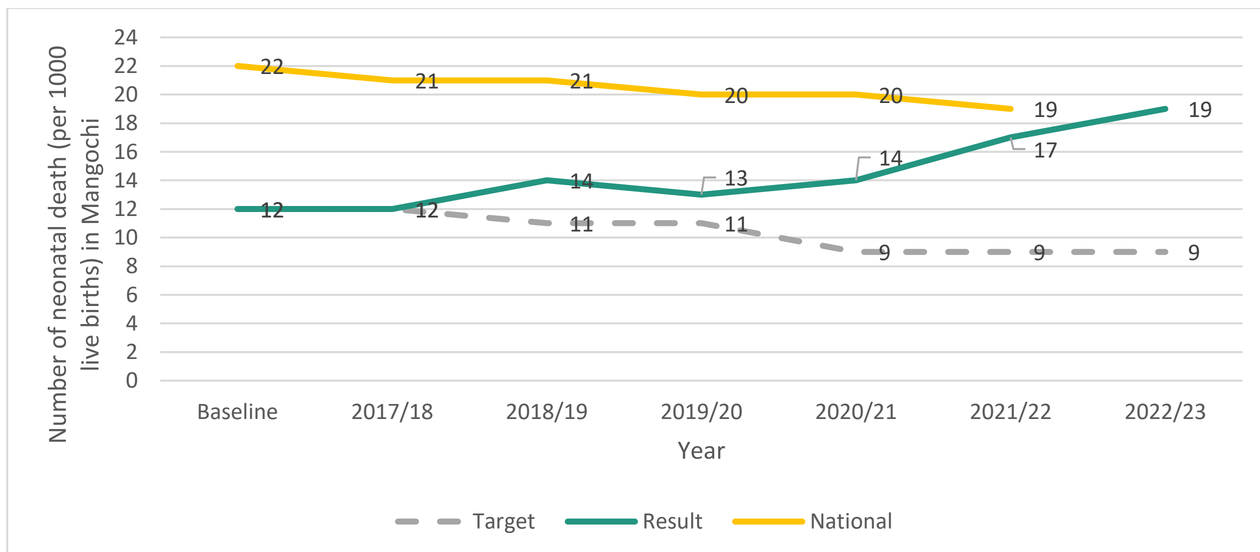


Figure 32: Neonatal mortality rates (per 1000 live births) in Mangochi[66]

[65] The target figures origin from the M&E framework of the MBSPII. The actual result figures come from the most recent indicator sheets provided by the DHO. These updated result figures differ slightly from the previous data provided in the M&E framework.
[66] The target figures origin from the M&E framework of the MBSPII. The actual result figures come from the most recent indicator sheets provided by the DHO. These updated result figures differ from the previous data provided in the M&E framework.

The (institutional) **neonatal mortality rate** increased from 12/1000 in 2016/17 to 19/1000 in 2022/23, so that the target 09/1000 was not achieved. Instead, the neonatal mortality has worsened almost continuously and quite drastically, especially in the last two years since 2021/2022 (since the COVID-19 pandemic).[67] The national neonatal mortality rate is gradually reducing and shows the opposite trend. However, the neonatal mortality rate in Mangochi remained slightly below the national average neonatal mortality rate in Malawi until 2021/2022.

Based on FGDs with the VHCs, there is a significant decline in maternal and new-born death due to improved ANC attendance in the first trimester, and improved access to maternal services in health centres. Child immunization has greatly improved with the construction of HPs in rural areas where vaccinations take place. The high immunization rates have resulted in the decline of the under 5-mortality rate.

There is strong consensus of district staff that the MBSPII is a (very) good project, which contributed to positive results. Interviewees are convinced that the health indicators would be worse without the support of the Government of Iceland, because the MBSPII focusses on infrastructure, capacity building, HR and equipment and therefore touched all components of the health sector. The DHO staff is fortunate and very thankful for the support of the Government of Iceland and they collectively wish for the continuation of the support of the Government of Iceland in the health sector in Mangochi district.

COVID-19 was an off-set and limited the impacts in the health sector. It affected every area of the health sector, because people were shying away from accessing health services. The COVID-19 pandemic had negative impacts on health indicators, like high number of maternal and child deaths. It was observed that women in labour did not consult health sector staff and people refused injections, incl. COVID-19 infections, out of fear of COVID-19. The health sector staff was at the forefront of the pandemic and therefore closer to the virus.

Some outputs were not achieved (and respective outcomes lowered) due to inflation of funds (e.g. the Makanjira health centre) and the macro-economic instability. Some funds were shifted to other areas and some contractors had to stop constructions due to high prices.

Health outcomes are not caused in isolation, these are strongly inter-related with other areas (e.g. education), so that it is difficult to achieve positive public health results, if indicators in other sectors do not improve. For example, family planning is not allowed in education by the Government of Malawi, which is a missed opportunity and shows a lack of synergies between sectors. Moreover, poor birth outcomes related to low birth weight and asphyxia have become more severe in Mangochi District in the last three years (2020-2022) which could explain the increasing neonatal mortality rate. Poor nutrition of mother, chronic infections and prolonged labour (as a result of delayed access to emergency care) contribute to these poor birth outcomes.

Generally, it is expected that positive impacts will become more visible once the Makanjira EmONC health centre upgrade is completed, because everyone is expecting huge positive impacts. The outstanding finalization of the health outputs will potentially translate into more visible impact. The rather low completion rate might have compromised impact in the area of health.

Cross-cutting issues

Human rights - Health is a fundamental human right, which is highlighted in many international human rights declarations ratified by Malawi. These include (but are not limited to) the following international treaties.

- **Universal Declaration of Human Rights, UDHR (1948), Article 25 (1)** "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services..."
- **International Covenant on Economic, Social and Cultural Rights, ICESCR (1966), Article 12** "(1) The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the

[67] According to the District's Outcome Harvest Report, the neonatal morality rate indicator was 36/1000 for the baseline of MBSP I in 2012. Thus, while the rate has more recently deteriorated, from a slightly longer-term outlook it is still positive.

highest attainable standard of physical and mental health, (2) The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child…"

- **Convention on the Elimination of All Forms of Discrimination against Women, CEDAW (1979), Article 12** "(1) States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning, (2) Notwithstanding the provisions of paragraph I of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation."

Convention on the Rights of the Child, CRC (1989), Article 24 "(1) States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services."

Gender equality and Leave No One Behind (LNOB) - Most activities, outputs, outcomes and impacts as well as the respective results indicators focus on pregnant women and mothers as well as new-born children in regards to childbirth/safe delivery. Children (under the age of five and in some cases up to 12 years old) in regards to U5-clinical treatment as well as married women in regards to family planning are also target groups of the MBSPII. Men are included in the SMCs to support the reduction of maternal and child death. However, the health component of the MBSPII covers the health of youth, elderly people, women outside the childbearing age, and men less frequently. Some interviewees told us that general patients (men, non-pregnant or non-married women, youth or disabled people) are currently rather overlooked by the MBSPII or that further efforts for these target groups would be possible. Communicable diseases and mental health are neglected at the moment. There is a need for youth-friendly health services and family planning should reach youth (not only married women). In a nutshell, additional efforts are possible in regards to LNOB.

Environmental sustainability - Iceland successfully cooperates with EnDev in regards to sustainable energy. EnDev aims at using environmentally friendly building materials, which can be procured and maintained locally and which are as durable as possible to ensure long-term effects. The District Council should ensure similar measures for environmentally friendly and sustainable infrastructure projects. In regard to the school component, we have seen old, non-broken window holes in Iceland-funded schools as well as broken glass windows in newly build and Iceland-funded schools (incl. the kindergarten and classrooms for students with learning difficulties and disabilities), which pose a health risk to children.

Good governance

- The PBA builds the district's capacities and it strengthens the district's ownership and therefore improves good governance in regards to social service provision in the long-term. The PBA strengthens the capacity of the district to work with other international donors.
- The district could improve the coordination between donors (see coherence).
- The districts reporting and M&E for donor activities could become easier and more efficient[68].
- The Government of Iceland and district should define the preconditions for releasing funding more clearly (e.g. clarity is needed in case performance-based payments are introduced to prevent frustration and blaming).
- Community involvement and ownership building is necessary, so that they contribute to the sustainability (e.g. ensuring maintenance work and providing security guards).

[68] The HMIS office did not provide updated data on the DDP and NLGFC PBB Report despite multiple personal follow-up visits during our evaluation mission in Mangochi and messages via WhatsApp afterwards, which hinders the evaluation team to provide more detailed recommendations.

- Due to the improved quality of HMIS data, HMIS is used as a programme management and reporting data source and tool. The commitment of the DHMT and motivation of HMIS staff matters for HMIS data quality improvements.

Lessons learned

Relevance

- The district's ownership (due to the PBA approach), analysis and monitoring of community needs (needs assessment in the beginning of phase II and routine monitoring via HMIS data) and Iceland's flexibility were key success factor that contributed to the continuous relevance of the MBSPII. The MBSPII was very responsive and was adjusted according to changing needs and priorities of the district or the local communities. Good examples were that new mentorship activities were added to the MBSPII when the new strategic component "Leadership and Governance" was added to the HSSP or specific COVID-19 related activities were added to the MBSPII during the COVID-19 pandemic.

Coherence

- The coordination between various sectors and district offices in Mangochi was rather limited. More coordination and collaboration between the different district offices could foster a more holistic approach and strengthening cross-sectoral determinants of outcomes and impacts (like underlying determinants of health). For example, it is forbidden by law that family planning activities take place in schools where the youth can be reached best.
- The District Council could enable and steer the exchange between donors more, for example to align reporting requirements to one national plan, one budget and one operational/financial report.

Effectiveness

- The construction of HPs is vital for improving community access to a range of health services in hard to rich areas, which are largely excluded from accessing health services available in urban and peri-urban areas. The construction of HSAs houses are necessary to enhance services delivery capacity in HPs. There is regular and effective services delivery in HPs where HSAs are resident than in HPs where HSAs have to commute to and from.
- Training and refresher trainings of HSAs, SMC and VHCs are no longer taking place and need further attention, because the frontline workers of the health delivery system at community level need updated skills and knowledge to be effective in services delivery.
- The HMIS office may share success factors and good practices. A collective effort and teamwork enabled the HMIS office in Mangochi to become the best in the country in HMIS reporting. These are the key success factors in more details.
    - Motivated and committed human resources (like statistical clerks) are key to improve HMIS data quality in each health facility. USAID and the Government of Iceland funded these in almost all health facility in Mangochi. They focussed on capacity building in the first year and on quality improvements in the following years. Teamwork of HMIS statistical clerks improved a lot. The Government of Iceland funded a one-time data analysis award of 40.000 Malawi Kwacha for the fasted health facility in entering HMIS data, which became a good practice since it increased the motivation and competences of the staff at health facility level in the short- and long-term.
    - The District Health Management Team (DHMT) was and is committed and supports the HMIS office to improve the quality and reliability of HMIS data as the main source for indicators. For example, the DHMT ensures internet supply and airtime, which is lacking in many other districts. The availability of internet and airtime fostered data collections and quality assurance (follow-ups).
    - The HMIS office received support from the national ministry. For example, the national ministry has supported some cluster review meetings. The national ministry has also initiated top-down HMIS system upgrades and they trained HMIS officers who pass the message to HMIS staff in the facilities. However, the district HMIS office does not received support to pass on the message to lower levels and there is no-bottom up complaint, feedback or Q&A mechanism in place, which would be beneficial to implement the national demands.

Efficiency

- The whole District Council (incl. the DHO) should know and be able to share the unit costs of health infrastructure to improve the transparency and cost efficiency of such infrastructure projects.
- The procurement processes should be improved, because these remain inefficient despite some improvements in the past.
- The districts reporting to the Government of Iceland and other donors could become more standardized. The District Council could align various donors and the district's reporting needs more.

Sustainability

- There is a need to improve the monitoring and quality assurance system from the infrastructure-planning phase to the implementation phase to the follow-up/maintenances phase to avoid that infrastructure is constructed in bad quality and requires maintenance very quickly.
- Maintenance funds are needed from diverse funding sources (community, district and central level as well as donors). Other avenues for cash generation by the district should be investigated, e.g. the district's construction of a market or – as proposed by VHCs – the rental of health facilities for other purposes or planting trees and fruits.
- There is a need to train staff in preventive maintenance and to establish risk mitigation plans, which are not in place yet.
- There is a need for more community-involvement and ownership building from the planning to the implementation to the follow-up/maintenance phase. The District Council plans the infrastructure sites of the MBSPII on their own without much involvement of local communities. The infrastructure is usually handed over to communities once the contractor is done with the construction site. Therefore, there is lower ownership and willingness to take care of maintenance at community level. Involving communities more from the beginning has the potential to increase local ownership and willingness to sustain the infrastructure. For example, the solar pump at a maternity wing of a health centre was stolen multiple times and the district kept replacing the pump, which was not sustainable. Once the local community was involved and gained ownership, they took care of the pump and started self-financing a guard for the pump, so that it was not stolen anymore. The District Council should involve the local communities more to receive their support in sustaining health infrastructure in the long-term.
- In addition, the continuation of community empowerment is also key to achieve positive health outcome and impacts. Continued training of HAS, SMCs and VHCs is key, without the continued knowledge transfers and support within the local communities, pregnant mothers will not seek skilled birth attendance.

Impact

- There should be awareness about worsened neonatal mortality rate and the reasons should be investigated (in case the reported figures hold true).
- The upgrade of the Makanjira health centre should be finalized to reduce the distance to such health facilities for pregnant women, which has a large potential to reduce maternal and neonatal mortality rates.
- Community-based health services should continue and be improved, like safe-motherhood Committees, training of HAS, youth-sensitive health services, because these have a large potential to improve the health outcomes and health-related impacts (further).
- The learnings of Mangochi district in regards to HMIS reporting could be shared with other districts to scale-up the success story.

Recommendations

Recommendations to ensure successful completion of actions

- The Government of Iceland and the District Council should focus on finalizing the activities of the MBSPII until the end of the extension phase, while the Government of Iceland should focus on what they can support best. The Government of Iceland could hand over certain subcomponents to other donors. For example USAID has more human resources and likes to work with local CSOs, which is not possible for the Government of Iceland due to limited staff resources. UNFPA has experience in family planning and youth-friendly health services. GIZ EnDev can continue to contribute to health infrastructure upgrades in Mangochi. WFP and many other donors work in the field of FNS in Mangochi. Therefore, the Government of Iceland should rather focus on finalizing (major) health infrastructure and could continue to support community-based services, where targets were not met yet and follow-up visits would be beneficial.
- The Government of Iceland and the DHO should continue with their plan to upgrade the Makanjira health centre to improve maternal and neonatal mortality rates (further). They may consider if the construction of the maternity wing at Jalasi health centre with over 140 deliveries per month would be feasible.
- The Government of Iceland and the DHO need to complete the construction of the remaining health posts and houses for the HSAs to enhance and consolidate services delivery in health posts. The next programming needs to incorporate expansion of services delivery in health posts such as antenatal care and medical services.
- The DHO should operationalize village clinics, which are perceived as vital health services at community level, hence the training of additional health personnel to backstop village clinics is crucial and the village clinics need drug supplies. The DHO should (i) train and deploy additional HSAs to oversee the functions of village clinics because as frontline staff they are in regular contact with the communities, and (ii) the District Council should reduce drug outages through better planning of stocks and management of stocks.
- There is need to upscale ANC in health posts to increase ANC attendance in the first trimester. For this to be attained, there is need for gradual strengthening of healthcare in health posts by providing additional infrastructure and staff to support services delivery.
- The DHO, the Government of Iceland and other donors should explore community-based health services and the potential of further support of SMCs and Community Midwife Assistance more.
- The Government of Iceland could continue to support UNFPA in youth-friendly sexual and reproductive health services (mainly family planning) and reach out to other donors to share UNFPA/Iceland experience with community-based health services and exchange good practices in regards to Safe-Motherhood Committees, training of HAS, youth-sensitive health services etc.
- The DHO (with guidance of the Government of Iceland) should create a sustainability plan for the continuous maintenance (and provision of fuel) for means of transport, ideally before these are procured to increase the sustainability.
- The DHO and Government of Iceland should consider community participation as key success factor. The district development planning process needs to be fully adhered to, and enforced to ensure that the communities prioritize their own development based on their own needs.
- The District Council should improve the community involvement and ownership, so that the infrastructure and maintenances is not just handed over to the communities after the constructions are completed. Therefore, ownership at community-level is rather low and willingness to take care of maintenance is low. Communities have to be heavily involved from the beginning for ownership building at the community-level (e.g. solar pump at health centre was stolen so communities had to take care of pump through self-finance guard). There should be clarity about shared responsibilities in regards to maintenance works.
- The Government of Iceland and the DHO or HMIS office could share the good practices and success factors of the HMIS reporting with other districts in Malawi. The Mangochi HMIS office can coach other districts and may share good practices, so that they make use of learnings and scale-up good practices,

e.g. ideas for motivation and commitment generation of staff at different levels, using awards for health facilities and emphasising the important and making use of HMIS data for the DHMT.
- Create awareness about worsened neonatal mortality rate (in case this is true) because many DHO staff told us it has improved. Investigate reasons for increased neonatal mortality (like increased teenage pregnancy rates) and if this is likely to change after the COVID-19 pandemic is over.

Recommendations for the potential future orientation of any support

- The Government of Iceland and the District Council should keep the district's ownership, community needs assessments and monitoring and at least some programme flexibility in future programmes.
- The District Council could improve the donor coordination in case this leads to joined interests. More donor coordination and transparency should not lead to reduced donor funding. Instead, it should aim at learning from each other, strengthening evidence-based decision making, streamlining activities, so that each donor focuses on their strength while avoiding duplications and inefficiencies and it should reduce the workload of the district in regards to monitoring and reporting (according to each donor's needs).
- The District Council should improve the continuous monitoring, evaluation and quality assurance and control of infrastructure construction sites of external contractors. In addition, there is a need for adequate maintenance funding as well as a more clarity concerning the maintenances responsibility.
- The District Council should use more synergies between different sectors. Different sectors activities should be planned together more effectively to ensure synergies between the different areas of MBSP II. Currently each sector has a budget ceiling and plans their activities quite independently. The District Council should coordinate more to use the inter-sectoral potential of the MBSPII, which may improve individual sector outcomes.
- The District Council (incl. the DHO) and Government of Iceland should gain a clear understanding of past and present unit costs to create more transparency of infrastructure costs.
- The District Council should consider measures to make procurement processes more efficient.
- The District Council (in collaboration with donors like the Government of Iceland) should continue to make reporting more standardized, aligned these to donor's needs and safe time for the district. The M&E framework could be further specified (e.g. explaining the meaning of IT equipment or logistical support or offices furnished and splitting combined indicators like the one on the number of incinerators and placenta pits in two separate indicators).
- The District Council should explore additional avenues for fund generation for the maintenance and improved security of health infrastructure (e.g. market construction or consider income generation at HP level. In light of maintenance and security concerns in HPs, it is appropriate to identify innovative ideas that can generate funds at HP level for maintenance and security. These may include hiring out the facilities for functions such as meetings, prayers, weddings, etc. Another activity would be for the VHCs to embark on raising fruit and tree seedlings and sell them to raise funds for maintenance and hiring of a security guard).
- The District Council (or rather DHO) and Government of Iceland should establish and ratify sustainability plans from the onset of similar programmes and activities. These should specify concrete measures for the long-term sustainability of each sub-component, e.g. the responsibilities for the maintenance of health infrastructure, the continuation of community-based services and continuous funding of the referral system. (Who is responsible to provide fuel and repair procured vehicles?) The potential of preventive maintenance and need for risk mitigation plans could be considered as well.
- To improve MBSP impact analysis, HMIS should collect and analyse comparable outcome and impact indicators for areas that are directly targeted by the program and slightly less or non-targeted areas. This will inform the DHO about how the interventions are impacting on targeted communities. This is important as currently HMIS is only consolidating district data (targeted plus non-targeted areas). It thus difficult to separate program effects from 'normal' district operations in non-MBSP targeted areas.

Proposed potential interventions for Phase III

- Additional staff houses (Kukalanga)
- Maternity wing (Jalasi, Luchichi, Ndooka) and staff houses for medical assistants and nurses in hard to reach areas
- Staff houses (Jalasi, Luchichi, Ndooka)
- Brick wall fencing around the Health Centre perimeter (Jalasi)
- Electricity to the HP (Luchichi, Ndooka for solar power)
- Borehole at the HP (Ndooka)
- Training/refresher-training for HSAs (all health facilities)
- Training/refresher training for the VHCs (all VHCs)
- Training/refresher training for the VHCs (all SMCs)
- Short- and long-term training courses for HMIS office staff (incl. DHIS2 academy)
- Larger office space for HMIS office

19.2 MBSP II - Basic Education component Assessment Report

Qualitative data was collected from six schools with different school characteristics. The table below summarizes the school characteristics. These were sampled from the twelve schools that MBSP II has supported in Mangochi.

Name of the Primary School	School Characteristics
Changamire Primary school	• Generic primary school
Chikomwe Primary School	• Generic primary school • School with Early Childhood Development Centre (ECD) • School has powerful solar system (GIZ-EnDev)
Chimbende Primary school	• Special Needs inclusive education primary school
Chimwala Primary School	• Generic primary school
Mtengeza Primary school	• Generic primary school • School with piped water supply system • School has powerful solar system (GIZ-EnDev)
Koche Model Primary School	• Model primary school • Special Needs inclusive education primary school • School with piped water supply system • School kitchen repair completed (GIZ-EnDev)

Relevance

The MBSP II programme is a continuation of MBSP Phase I in terms of its focus on the same twelve target primary schools, spread across four of Mangochi District’s education zones. Alongside support to the twelve schools, the programme continues to provide capacity building support actions to strengthen the management of primary education services by the District Education Office (DEO). The number of primary schools in the District has increased from 290 in total in 2017 to reach 341 in 2022. The vast majority are public primary schools. The enrolment rate in primary education has increased from 303,157 in 2017 to 314,194 in 2022. The enrolment rate, at District level and also in the twelve MBSP schools has not yet recovered from the COVID-19 induced decline. The twelve MBSP primary schools account, on average, for 9% of total pupil enrolment in primary school education in the District. The number of teachers in the MBSP primary schools is, on average, 8% of the District total number.

Indicator (data)	2017	2018	2019	2020	2021	2022
No. of primary schools (public)	267	276	289	299	300	303
No. of primary schools (private)	23	35	37	37	37	38
No. of education zones	19	19	22	22	22	23
No. of Teachers	3,547	4,076	4,731	4,654	4,504	4,453
No. of Class-rooms	1,891	2,072	2,115	2,210	2,297	2,280
No. of Desks	---	15,041	26,844	---	24,232	24,233
No. of Toilets	---	3,204	3,498	3,669	3,669	3,414
No. of primary school enrol-ment	303,157 (49% B, 51% G)	324,669 (49% B, 51% G)	336,809 (49% B, 51% G)	338,640 (49% B, 51% G)	329,373 (48% B, 52% G)	314,194 (48% B, 52% G)
MBSP, no. pri-mary school enrolment	*26,332 (49% B, 51% G)*	*26,892 (47.5% B, 52.5% G)*	*29,875 (49% B, 51% G)*	*31,584 (48.5% B, 51.5% G)*	*29,554 (48% B, 52% G)*	*29,553 (48% B, 52% G)*
MBSP, no. teach-ers	*c.260*	*c.310*	*c.430*	*c.430*	*c.375*	*c.350*

Compared to MBSP Phase I, the MBSP II provides a prioritization in the target schools to focus on the earliest years or standards of primary education, notably on standards 1 and 2. This is to provide early learners with basic reading, writing and numeracy skills. In addition, the MBSP II programme provides a specific emphasis on promoting special needs inclusive education, and on promoting early childhood development (pre-primary) services. The rationale is to ensure that young children are prepared to en-gage in the early years of education and thereby decreasing the likelihood of dropping-out when educational demands increase in the higher standards. The programme's focus on standards 1 and 2 responds to local needs in respect of the significant challenges the District faces in retaining children in schools, with the highest rate of dropout occurring in standards 1, 2 and 3.

The continued focus of MBSP II on the same twelve target primary schools was also justified by the part-ners, Iceland and Mangochi District, in 2017, on the grounds that development of what were then still newly established schools was not yet complete under MBSP I. It was judged that further development of the schools was needed so as to consolidate their establishment, to be achieved via further improving of teacher skills and of school operations, the further supply of desks, books, and a move to double shifting, etc. - it takes time to create change.

The overall package of supports provided via the programme to the twelve target schools is coherent as to create change. It combines infrastructure building (school and administration blocks, staff houses, la-trines, washing facilities), maintenance, supplies (desks, text and note books, sports kit, teacher's guides, etc.), plus training (school teachers, managers and staffs, teacher's assistants, School Management Com-mittees, Mother's Groups) and local sensitization campaigns. For special needs children (two of the schools), the package includes specific supplies and also training (Resource Centre for special needs, as-sistive devices, and special needs training for educators).

The District Social Welfare Office (DSWO) were highly grateful for the focus of Iceland's support under MBSP II to the inclusion of ECD services in the overall basic education package. It highlighted that ECD was, in 2017, a much overlooked sector in terms of the focus given to it by the GoM, donors and many in the community. This has greatly changed since 2017, with a stronger focus on ECD now provided both by the GoM and by donor partners. The DSWO, and the DEO, both stressed the importance of special needs education, as a basic right of equality.

Coherence

- Four of the twelve primary schools were supported with Solar for Social Institutions (GIZ-EnDev).
- One of the primary schools was supported with the repair of the school kitchen facility (GIZ-EnDev).
- Six of the twelve primary schools are supported via the Home Grown School Feeding Programme (WFP).
- World Bank is now involved in ECD in Mangochi (15 ECD centres in Mangochi District) as part of the GoM-World Bank Investing in Early Years programme (2019-2024) undertaken in 13 districts in Malawi. The DSWO indicates that there is no duplication or overlap with the two MBSP II supported ECD centres.
- The DSWO also indicates its potential for the learning and sharing of lessons or transfer of knowledge in the area of ECD (between MBSP and the World Bank) is constrained by the availability of resources. Money from the GoM for this is limited, and ECDs are essentially community-led, run by volunteers. The DSWO believes scaling up of lessons is easiest in terms of skills training for local partners and care-givers.
- UNICEF, UNFPA and WFP are undertaking a UN Joint Programme on Girls Education, funded by Norway. The programme is currently in its third phase (2021-2024). The UN-agencies implement the current programme targeted on four districts (Dedza, Mangochi, Salima and Kasungu) in Malawi. The goal of the programme is to address barriers for the access to quality education for girls and boys and to achieve inclusive and equitable access to education. This is to be achieved by actions addressing education, nutrition, safety, and integrated sexual and reproductive health concerns in a holistic manner. Beyond the school, there is a focus on the out-of-school adolescent girls and boys, to ensure they are not left behind, by supporting alternative learning pathways and promoting access to essential services. The programme is reportedly implemented in 76 schools across the District. The DEO has ensured that there is no overlap or duplication of this effort with that of MBSP II by the selection of different primary schools.

Effectiveness

The Education component actions were fully delivered in terms of the intended outputs by the end of Year-4 of programme implementation, in line with the originally foreseen programme period of 4-years. The programme has notably achieved in excess of its targets for the delivery of ECD services and local awareness-raising and sensitization campaigns on ECD. New outputs were included for the Education component as part of the 2021 programme extension, which have been implemented and the outputs delivered in programme Years 5 and 6.

The DEO affirms that MBSP II has improved the quality of primary education services in the twelve target schools. This is evident in relation to a range of indicators for educational inputs, outputs and outcomes. The twelve MBSP primary schools now perform positively compared to the overall average for the District on many such indicators. Stakeholders' feedback, collected via KII, FGD and on-site visits plus household survey confirm the positive results.

The DEO indicates the principal challenge to ensuring the effective delivery of the intended results and outcomes are the effects of the COVID-19 pandemic on the education sector. Schools were closed for 6-months during 2020, and then subsequently also partially closed during 2021. There is still a need for the DEO to address the loss of enrolled pupils experienced, by further improving the primary school enrolment rate to its pre-COVID levels. This applies to the twelve MBSP schools as well as District-wide. Stakeholders' feedback indicates that the loss of pupils has mainly been driven by the loss of boys/male students, pushed to be engaged in income-generation.

Findings about the delivery of the programme output indicators (Basic Education)

A summary of the mean achievement for delivery of the intervention outputs is shown below.

MBSP II PROGRAMME BASIC EDUCATION OUTPUTS (OVERVIEW) MEAN ACHIEVEMENT - DELIVERY OF OUTPUTS PER INTERVENTION CATEGORY AREA		% ACHIEVED
2.1	**Education infrastructure in 12 target schools**	**103.7%**
2.1.1	New buildings for select groups within the 12 target schools	**105.6%**
2.1.2	Rehabilitation, equipment and furnishing	**100.0%**
2.2	**Basic education services in 12 target schools**	**102.5%**
2.2.1	Capacity building of teachers and school managers	**100.0%**
2.2.2	Teaching and learning material	**100.0%**
2.2.3	Support to equity and retention of girls and vulnerable children	**108.5%**
2.4	**Management of 12 target schools**	**102.5%**
2.4.1	Community engagements	**100.0%**
2.4.2	District Education Office capacity building and operations	**102.8%**
2.5	**Early Childhood Development (ECD) services in 2 target schools**	**147.2%**
2.5.1	ECD centres	**140.0%**
2.5.2	Community mobilization and support	**183.3%**

Data sources: DEO, DEMIS data provided to the evaluator (July 2023), and MBSP II annual progress reports

The following issues highlight the effectiveness of the Basic Education component to ensure the delivery and the take-up of the intended outputs and the immediate results of the programme.

Education infrastructure in 12 target schools. The vast majority of the individual outputs have been delivered fully in line with the intended target for achievement. This has included the construction of 36 new school blocks (two classrooms per block), 12 school administration blocks, two resource centres for children with special needs, 40 improved latrines (compared to a target of 30), 24 sanitation facilities, and 40 teacher staff houses, plus the supply of 3,000 school desks, 200 sanitation units, and general schools' maintenance. School staff and students utilize the constructed and equipped facilities in the 12 primary schools.

Basic education services in 12 target schools. The vast majority of the individual outputs have been delivered fully in line with the intended target for achievement. This has included trainings for school teachers (300 received pedagogical training, 72 received in-service training on special needs education), school managers (144 received management training), 30 teacher's assistants, 12 School Management Committees and 12 Mother Groups (one per target school), and specialist training about gender equality in education (144 school managers, 300 teachers, and the SMCs). The programme also supported the supply and delivery of approximately 340,000 textbooks and 1.2 million notebooks for students, plus sports kits for the 12 schools, and special needs teaching aids and devices, as well as the provision of teachers' guides for standards 1 to 8 (provided to 300 teachers). The 12 schools have carried out standardized tests every semester, as well as an annual school quiz competition across the 12 schools to promote the quality and targeting of on-going education. To promote equity in access to education, MBSP II has supported vulnerable students (an annual average of 92 students) via the provision of school bursary.

Management of 12 target schools. All of the individual outputs have been delivered in line with the intended targets for achievement. This has included periodic meetings with local leaders and chiefs to secure their engagement in promoting child education and gender equality (girl-child education). It has also comprised training of 36 school managers on data management, as well as training of 25 Primary Education Advisers (PEAs) on monitoring and evaluating schools' and educational performance. This has also included the supply and delivery of basic IT equipment and support for the schools and the DEO,

construction and operation of a Teacher Development Centre, professional training for three DEO staffs, and undertaking of two research projects.

ECD services in two target schools. All of the individual outputs have been delivered fully in line with or markedly in excess of the intended target for achievement. Two model ECD Centres have been developed (linked to two of the programme's 12 primary schools). This comprised the construction of class blocks, child-friendly sanitation facilities, cooking shelters with energy saving stoves, plus the supply and delivery of play materials and furnishings, and of teacher and learning materials. In addition, 12 caregivers received training on the ECD syllabus and approaches, including how to help children in numeracy and literacy. 50 members of the ECD Management Committee and 24 DSWO extension officers oriented on ECD received training and the syllabus and approaches as well. The DSWO has also very actively engaged with local community structures and communities via the holding of regular meetings and conducting local sensitization and mobilization campaigns (183% achieved).

Feedback received from stakeholders concerning the programme effectiveness

Feedback from stakeholders (including the school team staffs, School Management Committees, Mother Groups, PEAs, the DEO and local communities) confirmed the positive changes of the school teaching and learning environment and the improved quality of the primary education services.

All the schools visited highlighted how MBSP II has helped to increase the number of school blocks, teacher staff room and teacher's houses, as well as teaching Resource Centres. Procurement and distribution of school desks and books in all the schools has led to an improved learning environment. The additional school blocks increased school enrolment and reduced absenteeism especially during the rainy season. The construction of toilets, girl's changing rooms and water supply systems also improved school hygiene especially for adolescent girls. The different capacity building trainings provided for PEAs, teachers, school staffs and community partner groups was considered by them as relevant to need. The DEO also highlighted that electricity supply to the schools is a vital component for success to improve the educational environment, and also capacity of the school ICT systems to function - for purposes of school management, as well as data-collection and reporting by schools to the DEO.

MBSP II has assisted to raise the profile of ECD and of special needs education. The environment in the special needs Resource Centres is welcoming, and accessible for disabled students, and positively received by teachers and children. Training of caregivers also included training on supporting children with disability as an equal citizen. Similarly training for primary school teachers and staff to ensure social inclusion. Gaps in terms of assistive devices and aids were partially addressed via MBSP, but needs still remain. The Centres support children daily at the school itself, but can also be accessed by teachers or potentially other children in the overall education catchment area.

School committees, such as the School Management Committees and Mother's Groups have played a vital role in promoting primary education at the local level and in promoting local engagement in the governance of service delivery. The School Management Committees and Mother's Groups also play an important role in connecting with local leaders and chiefs to promote their commitment and local advocacy to encourage gender equality, girl-child education, and to prevent early or forced early marriage, and to combat gender-based violence (GBV). The Mother's Groups also play an important role in reporting instances of early or forced marriage or GBV.

Management of the primary school system by the DEO has improved as a result of MBSP. Now it has a well-developed system for the management, supervision and oversight of education across all schools. PEAs ensure the regular monitoring of schools in their zone (monthly meetings during the school year), to meet with the head, staffs, and local community leaders and parent groups, and to provide technical support to the schools to overcome or respond to issues. PEAs are also a good means to share experiences between schools and learn lessons of good practice. Data from the PEAs at school level feeds into the DEO oversight of all schools, alongside the periodic reporting undertaken by each school against a series of predetermined statistics and school data.

Concerning the capacity building training provided via MBSP II for DEO and school staff, the DEO notes that while all the training has been well received (by the DEO and at school level) and was relevant to needs, often the extent of the training was rather condensed. The DEO noted the need for further pedagogical training for teachers. Also, MBSP II did not include the training of the school pedagogical leadership (section heads, and school leadership). While the provision of formal training for PEAs by MIE officials was very positively received (an overview of the role of PEAs and what PEAs and schools and teachers should do in terms of developing school standards, training and teaching, and training on IT and data collection and analysis to oversee the quality and quantity of teaching), the DEO notes the extent of focus of the MBSP II to provide periodic training available for PEAs was not enough.

Two research projects (one Y5, one Y6) have been undertaken. The first to investigate issues at the MBSP schools in regard to areas of lower than expected educational performance. The DEO noted that the research highlighted that gaps still exist in terms of the level of engagement achieved between the schools and local communities. The second research investigated potential procedures and processes to be put in place to address the issues. [Good for further improving the MBSP schools, but absolutely nothing in order to scale up good practice more widely….]

Educational statistical data comparing the MBSP primary schools with the overall data for Mangochi

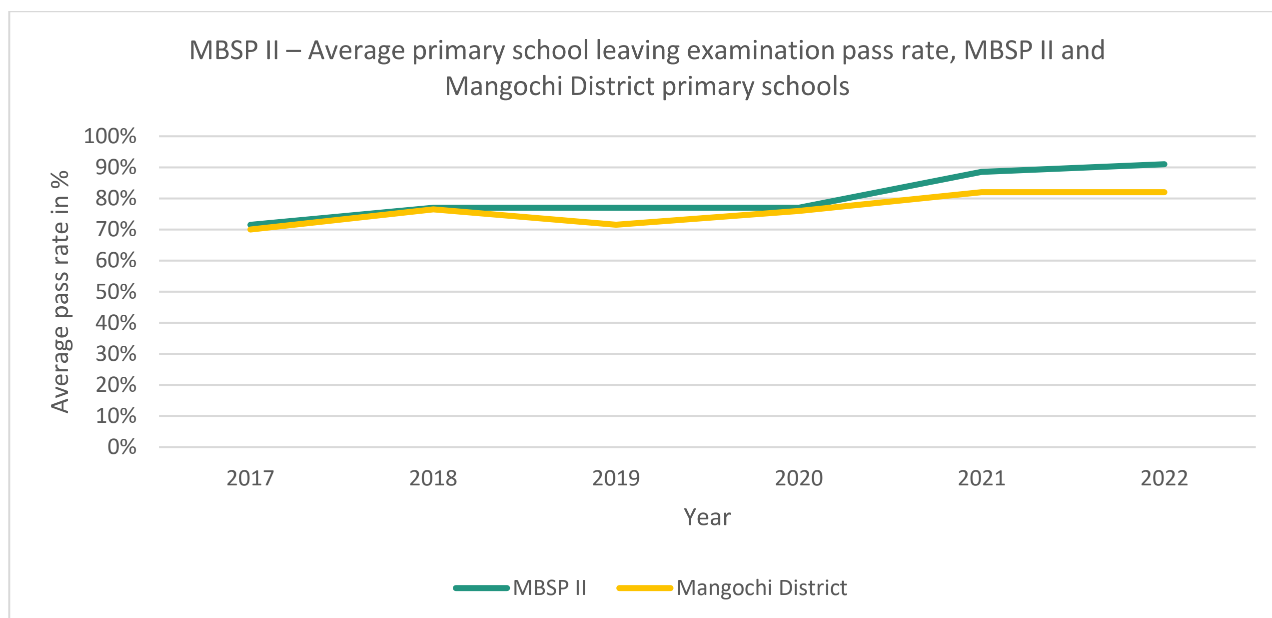
MBSP II has successfully improved the quality of primary education services in the twelve target primary schools. This is evident in relation to a range of indicators for educational inputs, outputs and outcomes. A comparison of educational statistics between the MBSP primary schools and those overall for the District is provided below.

Year	Pupils-Classroom		Pupils-Teacher		Dropout Rate		Repetition Rate		PLSCE Pass Rate	
	Mangochi	MBSP II	Mangochi	MBSP II	Mangochi	MBSP II	Mangochi	MBSP II	Mangochi	MBSP II
2017	---	179	87	102	9% Boys, 8% Girls	7% B, 8% G	31% B, 28% G	30% B, 29% G	77% B, 63% G	74% B, 69% G
2018	157	140	80	87	9% Boys, 9% Girls	7% B, 7% G	24% B, 25% G	31% B, 32% G	82% B, 71% G	82% B, 73% G
2019	159	125	71	69	8% Boys, 8% Girls	8% B, 8% G	29% B, 28% G	29% B, 27% G	77% B, 66% G	82% B, 73% G
2020	153	81	73	73	11% B, 10% G	6% B, 5% G	24% B, 25% G	27% B, 27% G	80% B, 72% G	77% B, 77% G
2021	143	114	73	79	12% B, 11% G	8% B, 8% G	28% B, 29% G	27% B, 27% G	87% B, 77% G	91% B, 86% G
2022	151	114	73	84	8% Boys, 8% Girls	6% B, 7% G	29% B, 29% G	---	89% B, 76% G	96% B, 86% G

Findings about the delivery of the programme outcome indicators (Basic Education)

The enrolment rate in the twelve target primary schools has increased from 26,322 learners (49.1% Male, 50.9% Female) in 2017 to 29,553 learners in 2022 (47.9% Male, 52.1% Female), but has not yet recovered from the effects of the pandemic when compared with an enrolment in 2020 of 31,584 learners. The average pupil-teacher ratio in the twelve schools has also positively declined from 102 pupils per teacher in 2017 to a number of 84.3 pupils per teacher in 2022. Additionally, the average pupil-classroom ratio in the twelve schools has positively declined from 179 pupils per classroom in 2017 to a number of 114 pupils in 2022. The average school repetition rate has positively declined from 29.5% in 2017 (30% M, 29% F) to a rate of 27% (male and female) in 2021. The average primary school leaving examination

(PSLCE) pass rate across the twelve schools has positively increased from a rate of 73.6% Boys and 69.4% Girls in 2017 to a rate of 95.9% Boys and 86.3% Girls in 2022.



The programme outcome indicators demonstrate that the proportion of children in standards 1, 2 and 3 in the target schools achieving at least minimum proficiency level in reading and mathematics has increased from 44.5% in 2017 (40% M, 49% F) to 61% in 2022 (56% M, 66% F). The District recorded a minimum proficiency rate for reading in standards 2 and 3 of 50.5% in 2022.

The school promotion rate from standards 4 to 7 in the twelve target schools has increased from 56.5% in 2017 (55.6% M, 57.8% F) to 62.3% in 2022 (60.3% M, 64.3% F). The school dropout rate has declined from 7.5% in 2017 (7% M, 8% F) to 6.5% in 2022 (6% M, 7% F). Both have recovered from the COVID-19 induced constraints in 2021.

Data provided to the evaluators by the DEO (from the DEMIS) concerning the promotion rate and the PSLCE pass rate for four control schools, located in the same four educational zones as the MBSP II target schools, confirms that the performance of the twelve target schools on promotion and PSLCE pass rate is above that of the control group. In addition, data provided shows that the performance of the twelve target schools is now better than the District average for all of the statistics above, with one exception: The pupil-teacher ratio in the MBSP schools, at 84.3 pupils per teacher in 2022, is still behind the District average of 73 pupils per teacher in 2022.

At District level, the dropout rate deteriorated in 2020 and 2021 due to COVID-19 school closures and disruption. The DEO accepts that it needs to enhance targeted community interventions and sensitization to address absenteeism and other social constraints to education (especially for girls), and to remind local communities and leaders of existing local educational by-laws (i.e. on school attendance). KII and FGD with Mother's Groups indicate that income-generating activities became an attractive alternative to pursuing education (potentially driven by the pandemic and inflation). Thus, it would be important to ensure that TAs and GVHs understand the long-term (economic) benefit of education and its value as a child right. To promote education for all it is important that the DEO and head teachers have a good rapport with local chiefs.

Efficiency

At the end of Year 5 (2021/22), 97% of the Education component's cumulative funding was utilized, compared to 89% for the overall MBSP II programme. Final, verified data for Year 6 (2022/23) was not available to the evaluator.

The DEO (DEMIS) monitoring and reporting system and its trained staff allows for efficient oversight and monitoring of primary schools. Data is provided from the schools: some monthly, some per semester, and

some annually. Data is available to the DEO at school level, per school zone, and at district level. The DEMIS also has a good coverage of historical data-sets. These demonstrate the twelve MBSP schools have improved over time. All DEMIS staff in the education zones and schools are also trained (short-term training) on operating the reporting system and basic data analysis. Head teachers at the MBSP target schools also got a PC and IT support to assist their timely reporting. The DEO indicates there is a good level of linkage from the DEMIS to the GoM reporting data systems and information needs that the District has to fulfil. Bosses in the DEO, and all of the DEMIS staff, understand the importance and the value of data as the basis for evidence and to inform future decision-making.

As with the DEO for primary schools, the DSWO ensures monitoring of ECDs/CBCCs via its staffs. But there are some challenges as the DSWO is not a major player in the donor context setting, and it lacks key equipment for the ease of communication with and the monitoring of CBCCs, as there are many CBCCs (435) across the District. Additionally, the CBCCs are community run, and the caregivers are volunteers, so there is an issue that they depart with time. New care-givers need then to be found and trained. Payment of honoraria did ensure most stay in post.

The PEAs also highlighted the challenges they can face due to responsibility to cover too many schools and too many teachers for them to effectively manage and support. PEAs play an important role in providing educational zonal leadership, but there is a lack of equality in terms of the number of primary schools each PEA zone covers. The average is 16 or 17 schools, for some 20. The theoretical benchmark is for ten primary schools per PEA.

Sustainability

Overall, the level of local community ownership of the results and benefits achieved by the programme is strong.

Sustainability will mainly be assured by and is dependent on central government transfers for the operation and maintenance of public education services, including the maintenance of equipment and buildings, as well as the costs for education service human resources. The DEO reports that the current modality of requiring schools to define a School Improvement Plan as the basis for subsequent allocation of central government School Improvement Grants works well, and that this can support issues of school maintenance and small-scale further upgrades to facilities going forward, to create an appropriate educational and learning environment.

The DEO reports that a number of the MBSP target primary schools have taken it upon them the continued provision, in-house, of trainings for local committee or group members, for example that of School Management Committees, and Parents Teachers Associations. The MBSP II has strengthened the technical capacity of local community partners to be involved in the operation and maintenance of the results and take-up of the benefits. The household survey respondents (90%) report improved performance of School Management Committees and Mother Support Groups, which have played an important role in school reintegration of girls that got pregnant.

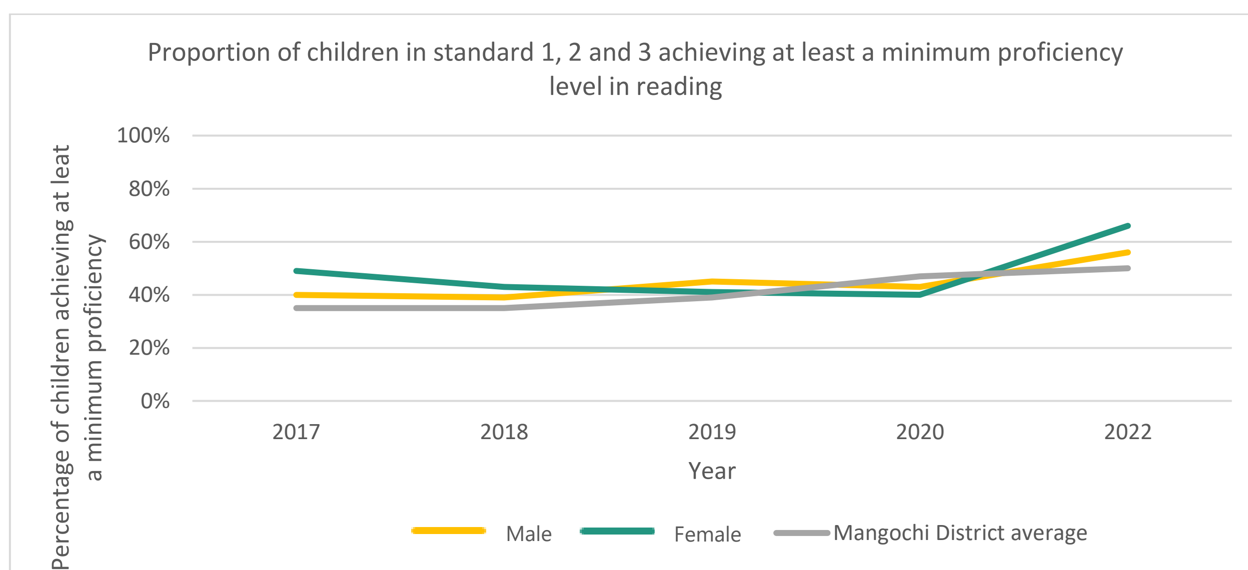
As for the sustainability of the ECD services, the DSWO is optimistic that the increased level of interest in this area from central government in the recent years will lead to increased funding provision to support the operation and maintenance of ECD services. But, prior to this, sustainability of the ECD services will mainly be ensured by the local communities raising sometimes very limited funds and via caregiver volunteers. The caregivers in EDCs were trained and paid by MBSP to provide full-time care to the children. However, local communities fail to collect funds to continue paying these caregivers after the MBSP funding ended. Due to their sense of responsibility, the caregivers now continue working in the EDCs without receiving payment. A FGD with them indicated that the community does not seem to value their work as high as those of teachers and therefore the community’s willingness to contribute financially is low. The physical infrastructure of the two ECD centres developed via the MBSP II programme are located so as to be linked to two of the supported target primary schools, thereby their sustainability as physical structures and operations is assured.

In addition, schools are also financially supported via the smaller-scale, locally raised School Maintenance Fund. This serves to promote local community engagement to maintain and operationalize local education services. At Chimbende Primary School local funds were used to repair the cement pillars of a newly constructed school building with locally-procured and cheaper cement bricks. At the same school, the new glass windows of the classrooms for students with special needs were broken as well and not repaired locally yet, while all windows holes using metal-only were still functional. Only one of two classrooms for students with special needs was used, because of limited funds for a second special needs teacher. This shows that local procurement of locally available, affordable and durable material is important to strengthen the sustainability of infrastructure sites.

Impact

The proportion of children in Mangochi District in primary school standards 2 and 3 achieving at least minimum proficiency level in reading has very positively increased since 2017 (from a rate of 36% to reach 50% in 2022). However, it is assessed (by the evaluator and by the District) that this is only in part due as a direct contribution of MBSP II. The programme has primarily focused its support on twelve target primary schools out of the total now of 300+ public primary schools in the District. On average, the twelve target primary schools account for 9% of all pupils enrolled in primary education in the District. The direct contribution, and real direct effects of the programme, linked to the average performance level for these twelve target schools is clearly demonstrated in that they are now better than the District average on many indicators for educational performance and results.

The program has contributed to reduction of the dropout rate among learners in the target schools, ensuring that a greater proportion of children have the potential to progress so as to complete a full eight years of education. However, the COVID-19 pandemic has resulted in a lost cohort of pupils that have not been re-enrolled in school. The DEO and school teachers highlighted that the construction of sanitation and changing rooms for girls had a positive impact on girls' school attendance, reducing absenteeism of girls, including during the menstrual period, since they feel protected as far as their hygiene and personal wellbeing is concerned. Girls feel safe at the schools.



MBSP II can also demonstrate partial contribution more widely, via its support to further develop the Education MIS. This has supported the DEO in its monitoring of all schools and in its future targeting, where feasible, of support measures and interventions to remedy falling standards or increased risks of absenteeism and dropout by learners. In addition, the programme has successfully skilled up all of the District's Primary Education Advisers (PEAs), whom undertake the detailed monitoring of and provision of supports to all primary schools in their zones.

The programme has also popularized at local community level the role of local school committees, such as School Management Committees, Mother's Groups and Parents Teacher Associations. More parents

take active role in these committees, which have been easy to replicate more widely beyond the immediate twelve target schools.

The introduction of standardized cluster tests or exams in the junior and senior sections at the MBSP schools has contributed to increased pass rates. Pupils are now used to writing such tests in conditions similar to those for the final school national examinations from Malawi National Examination Board (MANEB). This was possible since the MBPS II introduced the pupils to paper based exams, unlike in the past where the pupils used to write exams based on questions and/or responses presented on the blackboard.

Whereas societal expectations as to children attending primary school education as a norm, including education for girls, is now more broadly established via the District at local community level, there are still challenges to ensuring that this is actually achieved in terms of pupil enrolment, notably in remoter areas less well served by schools. Enrolment in primary schools was negatively impacted by the COVID-19 pandemic and after effects, and further effort is required by the District to promote attending primary school education as a norm and expectation. This is also true linked to the enrolment rate at the twelve MBSP schools, with the loss of boys/males most evident. Male youths, even of primary school age, were pushed to become engaged in income-generation activities.

To promote longer-term impact in the Education sector, a key step would be to identify the lessons learned and good practices demonstrated within the context of the MBSP (I+II) interventions in the target primary schools over the last decade. It is imperative to identify good practice as to how the different types of interventions provided have blended to promote educational and learning quality, to promote girl-education, and to reduce dropout rate. In addition, good practice could be studied as to how best to sequence the implementation and roll-out of different interventions with the aim to maximize the utilization and delivery of the intended results.

It is evident that the twelve target primary schools now achieve, on average, better than the District average on many educational performance measures. It is evident that the MBSP interventions can deliver better educational outcomes for learners. Lessons learned in this respect would assist the District with its promotion and targeting of interventions to improve educational access and quality more widely across all public sector primary schools.

In addition, good practices demonstrated in terms of how the target schools undertook the promotion of local community engagement and the effective operation of Mother's Groups and School Management Committees for instance should also be learned. There is the potential that the PEAs support the scale-up of such good practices. Furthermore, the target primary schools should be encouraged to more actively share their wisdom and practical knowledge as to operational school management and educational delivery with neighbouring schools.

A significant unintended impact of the programme, due to its focus on the same twelve target schools as MBSP I, was that other primary schools in the District felt left behind and expressed their dissatisfaction to the District. It is important that useful MBSP programme lessons and good practice are shared to remedy this fault.

Cross-cutting issues

Gender equality

- Mother's Groups play a key role in connecting with the Village Head and Group Village Head. They also play a vital role in reporting early or forced early marriage, GBV etc. There are now more girls at primary school in the twelve target schools than boys, which is a significant change in community attitudes.
- Construction of sanitation and changing rooms for girls had a positive impact on girls' school attendance.

Environmental sustainability

- All public works have been subject to environmental impact assessment as per the requirements of Malawian law. The provision of sustainable water supply sources at the schools, as well as of electricity supply, has greatly contributed to improving the overall educational, learning and teaching environment.

Human Rights

- MBSP II has assisted to raise the profile of ECD and of special needs education. The environment in the special needs Resource Centres is welcoming, and accessible for disabled students, and positively received by teachers and children. Training of caregivers also included training on supporting children with disability as an equal citizen. Similarly training for primary school teachers and staff to ensure social inclusion. Gaps in terms of assistive devices and aids were addressed via MBSP, but needs still remain.

Governance

- The programme has popularized at local community level the role of local school committees, such as School Management Committees, Mother's Groups and Parents Teacher Associations. These ensure that local stakeholders are actively engaged in overseeing local service delivery and in addressing challenges.

Lessons learned

Relevance, Impact

- While the youth and adult literacy rates in Mangochi District have improved over the past decade, the DSWO warns that significant gaps still remain. Also, it is evident, based on the impacts of the COVID-19 pandemic that a further cohort of youth has not yet re-engaged with their education. There is a need for the District to address this cohort's basic literacy and numeracy skills going forward, even if via out-of-school provision.

Effectiveness, Efficiency

- There is a lack of equality in terms of the number of primary schools that each PEA per education zone covers. With the number of primary schools now in excess of 300, it is strongly recommended that the District should increase the number of PEAs on its staff. The indicative District benchmark is ten schools per PEA. [Some cover up to twenty schools, which impacts on their efficiency and effectiveness to oversee schools.]

Effectiveness, Sustainability

- The schools visited indicated the need to have a fence so that there is increased security at the schools.
- All the teachers were pleading for the construction of more teacher houses, including electricity supply.
- While the DEO DEMIS is regarded, rightly, as a well-developed and valuable MIS system, Mangochi District DEO does not have a specific back-up of its systems. There is no main server at the DEO for data-storage.

Effectiveness, Impact

- There is need to have additional teachers to support different classes of the pupils with special needs.
- The awareness of ECD benefits among the communities is still limited. We were told that children, which went to EDCs, perform better in primary school.
- To ensure scaling-up of the results and lessons learned, from more than a decade of support to the twelve target schools, there is a need for greater sharing of good practice with other schools and teachers.
- There is the need to find a solution to pay the caregivers working at the ECDs either through local funding or through the District to ensure that the caregiver can contribute to their household's income. After MBSP funding for their positions ended, no solution has been found.

Recommendations

Recommendations to ensure successful completion of actions

- The DEO should ensure that all of the twelve schools do have plans for the continued provision of periodic training for local school committees and parent's groups. Members of these groups do change over time. As practical, the DEO should also consider how such training can be scaled-up beyond the twelve schools. This might be achieved via the development of standardized training provision in-house within the DEO to be delivered in cooperation with local schools or the promotion of training for partners, education zone wide.
- The DEO urgently needs to promote attending primary school education as a norm and societal expectation, backed-up by local by-laws. The enrolment level has still not fully recovered post-COVID. A cohort of youth is at risk of being left outside of the basic primary education learning system, let alone of reaching secondary.
- The DEO should identify the lessons learned and good practices demonstrated within the context of the MBSP (I+II) interventions in the twelve target primary schools over the last decade. How can these most efficiently and effectively be replicated or scaled-up across the District? What combination of measures can be replicated with greatest ease, or greater value-for-money, to deliver direct measurable results at scale? How can the twelve MBSP schools act as mentors for other primary schools in their educational zones?
- The DEO (with guidance of the Government of Iceland) should create sustainability plan for the continuous maintenance of the education facilities and provision of services.
- The DEO should ensure that local communities understand the value of the work (female) caregiver at EDCs provide and they should find a solution to continue paying their salaries without MBSP funding.

Recommendations for the potential future orientation of any support

- The provision of significant further support to the same twelve schools via MBSP is no longer necessary. The DEO should rather focus on learning, knowledge management and exchanging in-sights with partners to come up with feasible pathways to scale-up the education interventions over the medium- to long-term.
- There is scope for continuing and extending support provided for special needs education (only two of the twelve MBSP schools were targeted for the development of Resource Centres for children with special needs).
- There is scope for continuing and extending support provided for ECD (only two of the twelve MBSP schools were targeted for the development of model ECD Centres).
- Additional professional skills development and training for the DEO staff and specifically of the PEAs.
- There is potential scope to include support to address out-of-school youth literacy and numeracy skills.
- In regards to the school component, the Government of Iceland and District Council should reconsider if using glass windows in primary schools is sustainable as glass windows break quickly and may even pose a health risk to children. We have seen old, non-broken window holes in Iceland-funded schools as well as broken glass windows in newly build Iceland-funded schools (incl. the kindergarten and classroom for students with learning difficulties and disabilities).
- In the next programming, the District Council should consider environmental sustainability to mitigate the effects of climate change and these may include support to replenish forestry resources and cover in the district and increase community access to solar powered irrigation to improve FNS.

19.3 MBSP II - Water and Sanitation component Assessment Report

Relevance

All interview partners considered the water and sanitation component as highly relevant. Only 74% of households in the District had sustainable access to safe water (within 500 metres) in 2017, with TA Makanjira the lowest at 67%. In addition, not all villages have access to potable water because the water points in rural areas are often not equitably distributed. Only 17% of households had access to improved

sanitation facilities in 2017. The majority of households are using traditional pit latrines and a minority have limited access to sanitation facilities.[69]

The interventions and approaches supported under MBSP II have all been tried-tested-and-proven as relevant and effective to improve access to safe water and sanitation facilities and services at community level. This was demonstrated under the MBSP 2012-2016 programme and the previous WATSAN programme. Previous actions supported by Iceland were undertaken in TA Nankumba and then TA Chimwala. The emphasis of the MBSP II is on the TAs Makanjira, Mponda, and Namavi, Chilipa, Chowe, and Lulanga. The geographical focus is on less well served TAs and communities within the District, in terms of access to safe water and sanitation services, and it responds to local needs. In addition to the development and installation of safe water and/or sanitation facilities, the programme supports further capacity building actions targeting the DWDO and the DEHO, as well as significant actions undertaken at local level to strengthen community based committees and partners for the management and take-up of the water and sanitation facilities and services, and of safe WASH approaches.

The continued relevance of the programme component and the intended results was reinforced as a result of the COVID-19 pandemic, and also by the more recent cholera outbreak across Malawi and south-eastern Africa. Access to safe WASH services, notably access to safe water supply, is a key contributor to combatting disease.

Coherence

A range of different development partners have worked in the District over the years to support accessibility to the provision of safe water supply systems, sanitation and hygiene (WASH) approaches. Many partners have followed the approach of geographically focusing their support, e.g. Iceland's actions initially in TA Nankumba, then TA Chimwala, World Vision Malawi actions in TA Makanjira, Malawi Red Cross actions in TA Chowe, and the German Government funded Rural East Water Project completed earlier in TAs Jalasi, Katuli and Mbwananyambi. UNICEF and WFP have also undertaken specific actions for the provision of boreholes for water supply in schools.

In 2022, the African Development Bank completed a water and sanitation infrastructure project in Mangochi District, Sustainable Rural Water and Sanitation Infrastructure for Improved Health and Livelihoods. The project was focused on five districts in Malawi, namely Rumphi (northern region), Nkhotakota and Ntcheu (central region), Mangochi and Phalombe (southern region). The project comprised of three components: (1) Water Supply Infrastructure Development, focused on rehabilitation for expansion of gravity fed water supply schemes (GFS) in TAs Chilipa, Chowe and Mponda, and the construction of new boreholes in areas not covered by GFS; (2) Sanitation and Hygiene, focused on the promotion of open defecation-free (ODF) communities and improved household sanitation and hygiene practices; and (3) Capacity Development, focused on support of the District Coordination Team, local supported communities, and staff in the Ministry of Water Development and Irrigation.

Iceland is the main, long-standing development partner for the District linked to promoting access to safe water and sanitation facilities and services at community level, with a focus on rural and less well served communities. The DWDO and the DEHO ensure that there is no duplication or overlap between the MBSP II programme actions and those of the other development partners, most of which are strictly geographically demarcated.

There was a good level of synergy achieved between the African Development Bank project and MBSP II. The DWDO has successfully further adapted the GFS water supply concept to guide the piloting under MBSP II of the installation of reticulated water supply systems as an effective technological solution for parts of the District.

In addition to the main development partners, the District is also targeted by smaller donor actors seeking to build boreholes or shallow wells at local village level. The DWDO indicated that not all of these actors

[69] Mangochi District Council (2017), *Mangochi District Socio-Economic Profile*.

go through the DWDO or other local District structures in their actions. In many cases the DWDO only learn of the actions later. Often these do not follow the norms and standards for physical location and construction, and become dilapidated soon. Such donors often do not undertake follow-up control, monitoring or repairs. In some cases boreholes are drilled but a Water Point Committee (WPC) is not set-up. The DWDO noted that such poor location and construction work has helped spread cholera. Furthermore, the DWDO does not appreciate the additional burden for it, having to handle local communities that assume it should step in to remedy any supply failures.

Southern Region Water Board (SRWB) is also servicing urban areas of Mangochi District with water supply via taps because it is mandated by law to provide water in populated areas where facilities like boreholes are not permitted.

Effectiveness

The Water component actions were fully delivered in terms of the intended outputs by the end of Year-4 of programme implementation, in line with the originally foreseen programme period of 4-years. The programme has delivered partially in excess of its targets for improved access to safe water sources in the three principal targeted TAs (Makanjira, Mponda, and Namavi), in terms of the number of functional safe water points installed and in the capacity building of local communities, i.e. WPCs in Community Based Management (CBM) of water facilities. New outputs were included for the Water component as part of the 2021 programme extension, which have all been implemented and the outputs delivered during Years 5 and 6 of programme implementation.

Implementation of the Sanitation component actions and delivery of the intended results has been more challenging, notably linked to the marketing of improved sanitation technological solutions and in the actual take-up achieved of improved sanitation facilities at community and household levels in the targeted TAs (Chilipa, Lulanga, Makanjira and Mponda). However, the programme has effectively delivered on raising local community awareness of the need to promote and practice good environmental health and sanitation approaches at individual, household and community levels. This has included promotion of the Community Led Total Sanitation (CLTS) and the Open Defecation Free (ODF) approaches, and the DEHO process for undertaking ODF verification monitoring controls. The DEHO also successfully reached local communities to raise awareness on measures that can be taken to prevent COVID-19 infection, and on measures to combat and prevent cholera infection or spread. Awareness-raising meetings linked to COVID-19 prevention reached about 60,000 people in three targeted TAs. Awareness-raising linked to cholera prevention and control reached about 25,000 people in three targeted TAs.

A positive result of the COVID-19 pandemic is that the community is more aware of the importance of access to safe WASH facilities and practice, and that local leadership is now stronger in promoting the use of these WASH facilities and practices. The more recent cholera outbreak has also demonstrated the importance of safe WASH.

External constraints impacting on access to safe water, sanitation and hygiene facilities and services relate to environmental catastrophes, such as cyclones or floods, which damage the existing, rudimentary sanitary facilities at local community and household levels, and damage of boreholes and protected shallow wells that may occur.

Overall, the evaluator judges that MBSP II has achieved its specific objective to increase sustainable access to and use of improved safe water sources in the targeted TAs, and also its specific objective to increase access to improved sanitation facilities in the targeted TAs, although the programme has and continues to face certain challenges to increase the actual take-up of improved sanitary facilities as a direct result of the programme.

Inclusion of water and sanitation in the context of the other MBSP II programme components
The DWDO and the DEHO indicated that the MBSP health centre facilities, overall should already have basic water supply and basic sanitation facilities installed, but some gaps remain in terms of adequacy. It is evident that the life-span of certain sanitation facilities is shorter than others (e.g. placenta pit latrines are usually full after 5-years and new pits are needed - or a longer-term plan for medical waste treatment and disposal). The District population growth-rate will pose increasing challenges as to the adequacy of WASH infrastructure. Local funding capacity to meet population growth and life-span issues linked to certain sanitation facilities is only partially covered via ORT.
MBSP education facilities (12 primary schools), overall have basic water and sanitation facilities, including an adequate number of corresponding sanitation facilities for boys and for girls. While positive, many other public primary schools lack basic WASH facilities and/or the number and ratio of sanitation facilities to students (female/male) is inadequate. The DEHO notes that while Iceland promotes community level sanitation, in so many ways public schools across the District are lacking in terms of even basic sanitation facilities, let alone an adequate number of appropriate facilities.

Findings about output indicators (Water, Sanitation and Hygiene)

A summary of the mean achievement for delivery of the intervention outputs is shown below.

MBSP II PROGRAMME SAFE WATER AND SANITATION OUTPUTS (OVERVIEW) MEAN ACHIEVEMENT - DELIVERY OF OUTPUTS PER INTERVENTION CATEGORY AREA		% ACHIEVED
3.1	**Access to improved safe water sources in targeted TAs**	**156.4%**
3.1.1	Functional safe water points	**108.2%**
3.1.2	Capacity of local community developed	**216.8%**
3.2	**Management of water interventions**	**100.0%**
3.2.1	District water office capacity and operations strengthened	**100.0%**
3.3	**Sanitation and hygiene efforts in targeted TAs**	**75.4%**
3.3.1	Open Defecation Free (ODF) verified communities campaign in targeted TAs	**79.2%**
3.3.2	Sanitation facilities promoted	**74.4%**
3.3.3	Improved sanitation facilities	**62.0%**
3.4	**Management of sanitation and hygiene interventions**	**64.1%**
3.4.1	District Environmental Office capacity building and operations	**64.1%**

Focus area 3.1, Access to improved water sources in the targeted TAs, is effectively delivered above the original scope of ambition. This has included 338 new boreholes drilled, 182 old boreholes rehabilitated, 176 new protected shallow wells constructed, and eight reticulated piped water systems developed as safe water sources for access and use by local communities. In addition, 696 WPCs were trained or re-freshed in CBM. In total, over 6,100 people (42% Male, 58% Female) received training in CBM; data on the number of people trained in Year 1 is not available. 15 new and 96 existing Area Mechanics were trained in the maintenance of water supply systems, as well as eight retail shop owners were trained to mobilize them to stock spare parts for maintenance and repairs.

Focus area 3.2, Management of water interventions, is effectively delivered in line with the intended results. This included training for the DWDO staff, such as a CBM refresher course for 50 extension workers and training for 24 officers in water construction technology. It also included the supply of one car and five motorcycles and the provision of IT and logistical supports. Key programme outputs delivered under the programme extension period, to provide the DWDO with evidence-based analysis to support its de-cision-making, relate to the Infrastructure Sustainability Assessment Survey and the Beneficiary Impact Survey for the water component (MBSP I+II) conducted in Year 5 as well as the overall mapping of all MBSP I + II infrastructure interventions and developments.

Focus area 3.3, Sanitation and hygiene efforts in the targeted TAs, is effectively delivered for the extent of engagement with local community leaders and local structures to promote CLTS and ODF communities, and for the undertaking of ODF follow-up verification and sustainability monitoring in the TAs and local communities. The DEHO has also effectively undertaken additional local awareness-raising and environmental health sensitization campaigns directly linked to preventative measures to reduce COVID-19, cholera and water-borne infections. The DEHO has also delivered training for 300 VDCs in the use of the village scorecard approach to help them assess progress and local challenges to achieving CLTS and ODF communities. The DEHO has also fully achieved the intended result for the provision of support to orient 5,000 local group volunteers to promote sanitation and hygiene efforts within local communities; but only 21% of the t-shirts for volunteers were delivered, and the number of quarterly meetings held with local group volunteers (at 46%) was challenging for the DEHO to achieve.

But, the programme has performed less successfully in the establishment of Sanitation Marketing Centres (only four of ten were achieved). The MBSPII has also not achieved its targets for engagement with local masons to train them on low-cost latrine technology and SAN Plat casting (only 30 of 100 local masons were trained). The goal is to mobilize the masons to work with the Sanitation Marketing Centres to promote the take-up of improved sanitation facilities in local communities. But, local communities and household take-up of improved sanitation facilities remains well below the target intended as a direct result of the programme. While the programme has effectively delivered a local model for the installation and operation of fee-paying, user-charge for the public toilet facilities developed on the beachside in TA Lulanga, only 723 SAN Plats (compared to the target of 3,000) have been installed, and reportedly zero low-cost latrines have been constructed for vulnerable households.

Focus area 3.4, Management of sanitation and hygiene interventions, is only partially effectively achieved. Logistical and IT support to the DEHO was not fully delivered as intended, only five (of seven) motorcycles were delivered. To date only one research project (on menstrual hygiene) has been undertaken. The DEHO accepts it was rather late in the MBSP cycle, and it only now forms a partial basis for its follow up with Health and Education. But, the bi-annual Sanitation and Hygiene Community Based Data Audit has mostly been successfully undertaken.

The quality of the capacity building training interventions provided

The DWDO and the DEHO attest to the importance of the provision of refresher training courses for staff and for local community structures and partner groups. Water Management Assistants (WMAs) and WPCs need refresher training courses on CBM, engineers on water supply construction technology, Area Mechanics on the maintenance of water supply systems, and for Health Surveillance Assistants (HSAs) and VDCs on CLTS approaches. The staff need refreshers to maintain operational skills and to update them on changes in WASH approaches and priorities.

The DWDO oversees all training actions provided and seeks feedback from partners on the training received. The DWDO indicated that the training on CBM and that for Area Mechanics is judged positively by DWDO and by the WMAs, WPCs and mechanics. However, it also noted that there are still some gaps in terms of the understanding of civil works, construction and water supply system technology amongst local users, some mechanics and WMAs. The training for WPCs on CBM was highlighted for its practical combination of training and assignment of various tasks on how to manage the water source, which contributes to ownership of the water supply source and facility. However, a challenge in terms of training WPCs is that the initial training takes 2-3 days and not all members can attend. The DEHO also confirmed the suitability of the training for staff and the positive feedback received from extension workers. They were trained how to communicate sanitation and hygiene messages and to explain CLTS approaches, and measures to prevent disease infection at the local level, so as to empower local communities.

Challenges to the effective delivery of the intended outcomes

Both Offices report a challenge to the effectiveness of the capacity building actions and overall operation of the institutions is staff turnover, notably of extension workers. While new staff can be trained, it takes time to build-up detailed familiarity with local issues and challenges, notably linked to the diversity of local water supply sources.

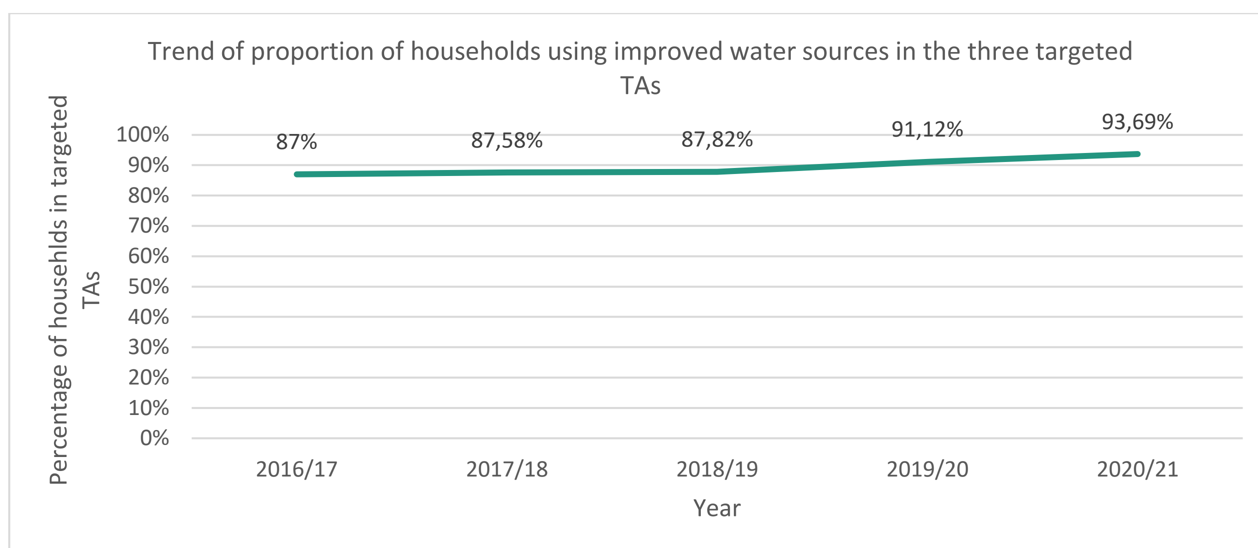
While tropical storm damage and environmental climate change are challenges for the local WASH infrastructure, both the DWDO and DEHO identified their immediate challenge to ensuring the effective delivery and longer-term sustainability of the intended programme outcomes links to the involvement of local private sector actors in the take-up of the programme actions and in the promotion of the intended results at local community level. The effective level of mobilization of private sector actors is lower than intended. Linked to retail shop owners stocking goods to support the operational repair and maintenance of water facilities, it has reportedly not been easy for them to see a viable, long-term business opportunity. Many only stock small-parts, commonly required for repairs. Stocks for larger or more significant parts, with an assumed longer life-span, are not usually stocked and need to be driven in to the District from elsewhere (increasing costs and potentially delays to complete repairs). While the limited number of local masons engaged by the programme to support build and install SAN Plats at local community and household level are reasonably well trained and can reportedly undertake most local household works, the number engaged is not sufficient to cover an entire TA. The marketing of improved sanitation solutions and opportunities at the local level has struggled to secure community take-up. The DEHO indicated there is an inadequate number of sanitation marketing people so as to cover an entire TA. The cost for improved sanitation facilities at the local level is also still challenging for many households to meet, even if the cost to buy SAN Plats was formally partially subsidized. The DEHO indicated the subsidy to cover the cost of the SAN Plat is now replaced by a bank transfer provided to local masons, via linkage to the SAN Centre, that undertake local installation. Strengthening the linkage of masons to the SAN Centre is to boost effectiveness and sustainability of both. The DEHO suggests masons should consider to work more collectively when it comes to buying cement and spare-parts. Further effort is required to promote an approach addressing WASH infrastructure, retail and marketing in a holistic fashion, building a comprehensive outline of a potential business model linking the different private sector actors to the Sanitation (WASH) Marketing Centres, and the mechanisms to promote household take-up.

Linked to the promotion of CLTS and the take-up of improved sanitation facilities at local community and household level, the DEHO indicated a reason for the better performance and take-up of the CLTS and ODF approaches and improved sanitation in TAs Makanjira and Lulanga compared to that in TA Chilipa. This was due to the lack of suitable engagement with local communities and chiefs at the earliest phase of the process in TA Chilipa, so as to mobilize local awareness and support for CLTS, ODF communities and the set-up of the Sanitation Marketing Centre. In Lulanga, the TA himself was directly engaged and personally led the community mobilization and awareness efforts. CLTS in Lulanga and operation of the public beach toilets managed by the local community (fee-paying for users) is positively supported by a local by-law to promote an ODF approach. The DEHO notes that challenges for take up of sanitation at local household level in TA Chilipa still exist, and take-up in TA Mponda is still a work in progress. [The SAN Marketing Centres in TA Makanjira and Lulanga were established three or so years ago, in TA Chilipa some four or so years, and in TA Mponda it has been operational for one year or so.]

Findings about outcome indicators

The programme has constructed and installed or rehabilitated more than 700 safe water supply sources. This has contributed to the increase in the proportion of households using improved water sources in MBSP II target areas of Makanjira, Mponda and Namavi from 87% in 2017 to 93.7% in 2021. The Beneficiary Impact Survey for the water component (MBSP I+II), conducted in 2022, estimated that there were 54,772 households and 302,443 people benefitting from the MBSP water infrastructure. Approximately 60% of the total MBSP water supply sources were developed or rehabilitated under MBSP II. The Infrastructure Sustainability Assessment Survey found that overall functionality of the MBSP water

infrastructure sources was at 97%, with availability of the WPC also 97%. The DWDO has utilized the evidence-base to inform follow-up actions to promote sustainability of the actions.



The change of focus to constructing reticulated piped water systems is regarded by the DWDO as a significant move, in terms of the households that may be reached and connected to safe tap water supply via the system (DWDO indicated an ideal system should reach 3-4,000 households), and for its closer alignment with the intent of SDG 6.1 to improve water services and end-user access to safe potable water. There is reportedly very positive feedback from the users. The development of piped water systems is also in line with the intent of Malawi 2063. The DWDO notes that while boreholes remain relevant, sometimes they do not always succeed over the longer-term (anticipated lifespan of 20-25 years). Also they are at risk of running dry with climate change impacts and of becoming saline. Shallow protected wells are still relevant, but also at potential risk due to rising water tables.

While the proportion of households with access to improved sanitation in the targeted TAs has increased from 8% in 2017 to 15% in 2022, this is well short of the programme target of 30%. The proportion of ODF verified villages in the targeted TAs was positively on trend to reach the target of 100% (an achievement rate of 97% in 2021). However, the tropical cyclones Ana and then Gombe inflicted damages, which reduced the proportion of ODF verified villages in 2022. This is because the tropic cyclones significantly damaged a number of sanitary facilities (basic pit latrines and hand-washing facilities) at local community and household levels. The DEHO assesses that local communities and households had poorly constructed many of these local sanitation facilities, notably in terms of the inadequate or reduced use of cement to build and fortify the basic structures.

Efficiency

At the end of Year 5 (2021/22), 91% of the Water and Sanitation component's cumulative funding was utilized, compared to 89% for the overall MBSP II programme. Final, verified data for Year 6 (2022/23) was not available.

Overall, the efficiency of the Water component in the implementation and delivery of the intended results has been very good. No substantive delays were experienced in translating programme funds into tangible benefits. The DWDO indicated that its systems for the management of its interventions and of contractors is well developed. It sets targets for the DWDO, for local WPCs and communities and clear, specific targets and timelines for contractors. This ensures the DWDO has a good level of supervision of contractors and tracking of output delivery. The WMAs ensure regular oversight of contractors in the implementation of works and the delivery of outputs, including gathering feedback from local WPCs that undertake steady oversight of local works and installation.

The different water sources such as boreholes, protected shallow wells and piped water system are located with minutes' walk for local communities to access. The availability of a suitable number of boreholes,

protected shallow wells and/or piped water ensure the community have access to different water sources. In times of water scarcity, the community have a source of clean water unlike in the past when there was only one source of water. Water management training for WPCs on CBM was done right at the venue where the boreholes or protected shallow wells are located. This provides an opportunity for practical demonstration hence enhanced learning.

Overall, the efficiency of the Sanitation component in the implementation and delivery of the intended results has been adequate. Management of the component actions linked to environmental health information provision and sensitization has been very suitably and very efficiently adapted so as to respond to emerging challenges and environmental health priorities, while ensuring a clear focus on the intent and goals of the MBSP II. This is strongly evident linked to the efficient provision of awareness-raising and sensitization campaigns connected to the COVID-19 pandemic and the more recent outbreak of cholera that affected south-eastern Africa and Malawi. The DEHO has also ensured efficient implementation of measures linked to ODF follow-up verifications at village level. However, the DEHO has faced challenges related to significant procurement delays for the provision of supplies.

Additionally, the efficiency of the sanitation marketing measures aimed at promoting community mobilization and encouraging local community and household take-up of improved sanitation facility solutions has been weaker. This is reportedly a result of too few people available at local community level to market the opportunities for improved sanitation facilities, including too few local masons actively engaged via or linked to a local Sanitation Marketing Centre. Only 20 mobilization meetings linked to the Marketing Centres were conducted at VDC level. In addition, while the installation of SAN Plats and the construction of covered latrine facilities is cost-effective at household level over the long run, due to reduced need for periodic rebuild or repair that users of basic pit latrines must endure (reportedly repairs for basic latrines are sometimes necessary on an annual basis, dependent on the weather conditions), the up-front costs for the improved facilities are still difficult for many households to meet.

Sustainability

Overall, the level of local community ownership of the results and benefits achieved by the programme is strong.

Sustainability of the water infrastructure is primarily a matter for the local WPCs, and of the sanitation facilities infrastructure is primarily a matter for the local communities and households (the final-users of the facilities). Sustainability of the MBSP (I+II) water infrastructure was assessed by the DWDO in 2022 via the MBSP Infrastructure Sustainability Assessment Survey. The DEHO recently conducted ODF-free community sustainability follow-up verifications targeting 400 villages in three TAs, to confirm that these maintain ODF-free practice.

The WPCs have played an important role in ensuring CBM and operation, as well as basic maintenance and hygiene of the assorted safe water sources and technological systems the programme has delivered. The WPCs play an essential role in terms of the collection of user-fees to support maintenance and repair of the local water supply systems, as well as in raising the need for the support of Area Mechanics for the undertaking of more significant maintenance and repair issues. The Infrastructure Sustainability Assessment Survey rated the ability of WPCs to raise funds for the continued operation and maintenance of the water supply systems was at 96%. The VDCs have played an important role in encouraging safe water, sanitation and hygiene (WASH) efforts in local communities. The VDCs have promoted CLTS and ODF communities, and have utilized the village scorecard approach to better understand local WASH, the gaps that remain at local village level and the short-term goals that need to be addressed in the near future. The CLTS approach, along with education on infection and disease transmission risks, has also established a stronger societal expectation for adherence to safe WASH approaches.

The DWDO systems to oversee safe water supply sources and WPCs is in place. In theory problems with systems and needs for repair should thereby be easily identified. The vast majority of financial costs for maintenance and repair are ultimately recovered by user-charges. But, DWDO notes that many WPCs do not yet raise sufficient funds (the lack of a longer-term planning framework or mind-set): most users are

charged 100-150 Kwacha per month. There are risks that the pool of local funding may not be sufficient for major repair-works over the medium-term. The current level of fees is more suited only for minor repairs and the replacement of small parts. Boreholes have an estimated life-span of 20-25 years, their piping of 10-years, and key-parts of 5-10 years. The household survey results show that 57% of the interviewed households perceive their water facility maintenance fund insufficient to maintain the borehole. The low level of interest of private sector actors (shop owners) to stock or have access to key-parts and larger-scale repair materials, as opposed to simply stocking goods for small-scale repair, will also place challenges for the longer-term sustainable operation and maintenance of the facilities. Spare parts and materials not available locally will instead need to be transported into the District, which increases costs.

The DWDO has institutionalized the capacity building training results of the programme in-house, relating to training for WMAs and Area Mechanics, and training for WPCs on CBM. The DWDO receives feedback from WPCs as to the overall quality of the work undertaken by Area Mechanics and the performance of WMAs. It also itself assesses the performance of extension workers in regard to the overall quality of the water systems they oversee. The key challenge for the DWDO to sustain its systems relates to travel (fuel) costs and logistical support costs.

The main area in which MBSP II appears to struggle to secure local community take-up of the results and benefits is connected with pace of take-up of improved sanitation facilities at local community and household level. A key deliverable as a local solution for community level sanitation facilities is the construction of public toilets at the beachside in TA Lulanga. These are operational and sustainably managed by the local community as fee-paying facilities for beach-users in the context of promoting the ODF approach in TA Lulanga. However, the programme has struggled to directly encourage or support the take-up of improved sanitation facilities at the household level. Most of the interviewed households (85%) are aware of the CLTS approach and its importance. Most of the interviewed households (95%) have a latrine, but the majority of these are basic pit latrines. Only 15% of households in the targeted TAs had access to improved sanitation facilities in 2022 (MBSP II outcome indicator).

The programme's approach for take-up of improved sanitation facilities at household level is not aligned with local perceptions as a viable solution. This is due to the up-front costs incurred at household level for the construction and installation of a safe and improved sanitation facility, built to the appropriate minimum quality standards (such as the adequate extent of and quality of the cement mix utilized for construction). It is also evident from stakeholder feedback provided to the evaluator that the costs associated with the construction of improved sanitation facilities is greatly influenced by the terrain for the build or installation. In terrains with greater extent of sandy-soil, the construction needs (including in the use of cement) are more demanding and thus costly. Along the lake area, rising water levels is also a key issue (flooding pits). It is essential to have more solid foundations (bricks and cement) and possibly also to raise the height of the latrines so as to reduce flooding risk due to the rising water table. In other areas, simply having a secure roof on the latrine helps to limit weather damage risks.

If the take-up of improved sanitation remains low, there is a risk that the achievements linked to promoting take-up of the CLTS and ODF-free approaches at community level may not be maintained over the longer-term. Further effort is required on the part of the DEHO to create a cost-model for the marketing and take-up of facilities. Regular campaigns are also necessary to remind communities of the hygienic importance of CLTS and ODF, as is a process of follow up verification. DEHO notes, though, that even this is still largely dependent on donor support. It also noted that not all TAs and local communities are equally well informed on CLTS and WASH/hygiene issues.

Feedback from stakeholders in TA Mponda, where the operation of the Sanitation Marketing Centre commenced during 2022, indicated that the masons in the Mponda area are uncertain how the promotion of SAN Plats will continue going forward. The community around Mponda area indicated that they have expectations that the cost of SAN Plats would continue being subsidized for the masons to continue making and installing the facilities. The community waits for another donor or scheme to continue subsidizing the SAN Plats and other construction costs.

Impact

The direct effects and prospects for the programme's contribution to improved socio-economic conditions and livelihoods within the District is strongly evident in the contribution to improving access to safe water supply in the District (reaching 94% in the TAs targeted by MBSP II). New TAs were targeted under MBSP II, as compared to those under MBSP I and prior Icelandic support for safe water supply. The direct effect of improved community awareness of the need for safe WASH services and personal approaches is driven both by the programmes sensitization campaigns, CLTS and ODF-free approaches, as well as a result of the COVID-19 pandemic and also the more recent outbreaks of cholera. Eight TAs in Mangochi District are now certified and verified as ODF-free communities. The improved access to safe water supply sources within walking distance has positively resulted in the reduced prevalence of water-borne disease infections, such as diarrheal disease or cholera, in the communities served with safe water supply and sanitation facilities as the basis for drinking water and for safe WASH personal approaches. The positive impact and direct effect of the programme is also strongly evident linked to cholera prevention and control during the recent, early-2023, serious cholera outbreak in Mangochi District. There was a significant drop in the cholera infection rate within days of the programme's sensitization of local communities on local prevention and control measures, and the provision of chlorine. The rapid elimination of cholera infection was achieved in a short period of time (5-weeks). The programme has contributed to the decreased mortality rate in Mangochi District due to unsafe WASH services. This has declined from 14% in 2017 to 5% in 2022.

The DWDO has successfully piloted the development and installation of reticulated piped water supply systems as a suitable technical solution for the supply of and improved access to safe water in the District. The DWDO is keen to see further scaling-up and roll-out of piped water supply systems, and ensuring direct access is provided, as feasible, at household level, going forward. Under the Mangochi District Strategic Plan for Water 2022-2027, approximately 200 are foreseen in the Investment Plan, including at schools, health facilities, and market centres.

Nevertheless, the take-up of improved sanitation facilities as a direct effect of the programme is still lagging. Many communities and households continue to utilize basic pit latrines for the purposes of sanitation, rather than improved facilities. For many households it is reportedly still easier, from a financial perspective, to pay for the periodic repair of basic pit latrines that may be damaged due to environmental events (cyclones, storms or flooding) than it is to install an improved facility. It is evident that local community support to utilize and have access to improved safe WASH services or facilities does widely exist, if the right financial conditions to support WASH take-up at local community and household level are put in place. Fee-paying local community facilities, such as the public toilets at the beachside in TA Lulanga, is considered by the DEHO as a very viable model going forward in major areas, business or commerce centres, backed up by local by-laws to promote the ODF approach.

A key issue to resolve for both the DWDO and the DEHO, as the basis for the longer-term promotion of an intermediate impact, relates to how to ensure the longer-term engagement of local private sector partners. Stakeholder feedback suggests that a more unified approach is required as to building a comprehensive outline of potential business and costs models to address WASH infrastructure and its marketing in a fully holistic fashion.

Cross-cutting issues

Gender equality

- The Water Point Committees have membership comprising both men and women. They both take different active roles in operating and maintaining the borehole to be functional. 58% of the 6,100-plus WPC members trained on CBM under the MBSP II programme were women.
- The MBSP II household survey responses indicate that with the installation of additional boreholes, protected shallow wells and piped water systems in the targeted TAs, the average walking distance for

households to access safe water supply has decreased from 40 to 12 minutes. This allows the households (mostly females who are responsible for water collection) to dedicate more time to other activities.
- DEHO undertook research on menstrual hygiene and its linkages to school attendance by female learners.

Environmental sustainability

- Environmental sustainability is directly and most effectively addressed via the programme's focus on the development of sustainable, improved WASH facilities in local communities including their take-up at household level. All public works have been subject to environmental impact assessment as per the requirements of Malawian law. The feasibility of all of the water interventions undertaken includes an assessment of the environmental suitability of potential locations for the installation of safe water supply systems, as well as the potential longer-term environmental or climate change risks to the sustainability of water sources. A borehole is designed to serve as a safe water source for a period of 20-25 years.

Human Rights

- Issues of the rights of the child have been integrated into the programme and children are one of the key target groups of final beneficiaries and users of the MBSP II interventions and results in terms of meeting their needs and rights to health and nutrition, education, and safe water supply services.
- In addition, basic human rights concern, consistent with the guiding principle of the 2030 Agenda to "Leave no one behind", has also been addressed due to the geographical focus of many interventions on remoter areas and communities within the District less well served by existing basic services provision. This is mainly evident in terms of the focus of the health and the water and sanitation interventions.

Governance

- The water and sanitation interventions have been implemented in close cooperation with local community stakeholders, local community governance structures and volunteer groups.
- Some interviewed households (25%) reported that they are unsatisfied with the local water maintenance fund management, indicating limited transparency or accountability as to the fund management and use.

Lessons learned

Relevance, Effectiveness, Sustainability, Impact

- Piped water systems is a significant technological step-up. It will be vital if the District is to meet the population challenge. It is not possible to have more boreholes spreading across the District. Piped water is also essential in terms of the need to further strengthen the take-up of safe sanitation at household level. Feasibility of installing piped water systems is more challenging in hilly terrains, and specific local WASH needs, technical assessment and careful planning is required. The future for boreholes is only for those areas where piped water systems is not practical from a technical and/or financial perspective.
- Involvement of the local community from the baseline and throughout implementation has contributed to ownership of the boreholes, shallow wells and piped water system. This is key for sustainability.

Effectiveness, Efficiency

- The DWDO suggests that each Water Area Mechanic should, ideally, be responsible for approximately 50 boreholes, and for future piped water systems, within their geographical area of responsibility.

Effectiveness, Sustainability

- Future training needs in the context of piped water systems. While the technology is basically the same, as in a tap and a pipe (so no new skill-set is required for that), training needs will emerge linked to

piped water systems technical sitting assessment and construction approaches. Ideally, as more water systems are also connected to solar power systems, possibly also training needs in this respect will arise, too. Area Mechanics and WPCs are mainly only trained in context of boreholes and protected shallow wells.

Effectiveness, Sustainability, Impact

- Concerning the sanitation at health facilities, the DEHO noted that local funding capacity to meet population growth and to address life-span issues linked to certain sanitation facilities (placenta pits) is only partially covered via ORT. The DEHO agrees there is an increased risk of infections due to limited sanitation facilities unless it finds a solution. The management of waste treatment and disposal has to be improved.
- The DEHO suggests that greater use of periodic reminder messages to all TAs and communities on CLTS and ODF approaches would be useful, with greater emphasis to pictorial rather than text messages only.

Recommendations

Recommendations to ensure successful completion of actions

- To promote the take-up of improved sanitation facilities at household level, there is a need for intervention support aimed at capacitating households financially so that they can cover the costs linked to the construction and installation of suitable improved sanitation facilities over the short- to medium-term. It would help to build such facilities, and overcome the need for users' frequent repairs or rebuild. Many households can cover unforeseen medium-term costs to repair, but not yet for full facility upgrade.
- It would make sense to have greater coordination and consolidation of actions under water and those under sanitation linked to engaging private sector partners. Shop owners should serve as multi-purpose water and sanitation (WASH) operators, linked to masons, builders or engineers, actively promoting their WASH-services locally. Or a few WASH supply centres per TA so as to supply smaller-scale local operators. The need going forward is to increase the number of local masons and other private sector actors, to promote the take up and the maintenance of improved WASH facilities and services at household level.

Recommendations for the potential future orientation of any support

- The District Council should consider adopting a by-law to prohibit (small-scale) donor interventions to construct local water or sanitation facilities unless such constructions are prior notified to and cleared by the DWDO or the DEHO. This is notably a challenge linked to small-scale actions certain donor actors undertake in the construction of boreholes for water supply. The DWDO indicates that these are not always correctly constructed or ideally located. In addition, it does not appreciate having to handle local communities that assume it should step in to make good on any unauthorized and defective installation.
- Fee-paying local community facilities, such as the public toilets in TA Lulanga, is considered by the DEHO as a very viable model going forward in major areas, business or commerce centres, backed up by local by-laws to promote the ODF approach. The DEHO HSAs suggested to focus such efforts on the lake area beaches and local communities, ensuring that fishermen are paying a contribution to sustain the latrines.
- Future orientation of support linked to water and sanitation should be geographically focused on the remaining TAs and the remoter areas of the District where current access to safe WASH is limited.

19.4 MBSP II - Economic Empowerment component Assessment Report

Relevance

Women's Economic Empowerment

The WEE interventions are relevant as they focus on poverty reduction and address women's needs to enhance their income earning capacity. Prior to MBSPII interventions, the women were self-organized into Village Savings and Lending (VSL) groups, which provided credit to finance micro-businesses. However, the accumulated savings from VSLs were insufficient to finance the small and medium scale businesses that they envisioned. Thus, the MBSPII support provided an opportunity to VSL groups to identify viable businesses that would increase their income and savings for investment in larger projects such as fishing equipment (large boat, engine, canoe and nets).

The WEE component of the MBSPII was also relevant for the governance of the DGO since the situation analysis, needs assessment and district strategy enables learning and provided strategic clarity.

Youth Economic Empowerment

The YEE interventions are also relevant as a strategy for YEE as most youth lack skills for jobs or self-employment as well as business support to upgrade from micro-businesses and venture into small or medium scale enterprises. Therefore, the MBSPII is relevant in providing the required support for YEE.

The YEE component of the MBSPII is also relevant for the governance of the DYO. It helped them to learn a lot about the challenges and needs of the youth in Mangochi during the needs assessment and they gained a sense of direction due to the development, consolidation and ratification of the YEE strategy.

Coherence

Women's Economic Empowerment

The Agriculture, Planning and Trade Offices were involved at district level during the planning stage. However, during implementation at community (group) level, the WEE activities were not (adequately) linked to local extension workers for technical support. This is a missed opportunity and reduced the effectiveness, efficiency and sustainability of the intervention. The DGO works with a few local NGOs, but the Government of Iceland is the only donor who support the district office. The GIZ EnDev project has built the Chitofu 3-in-1 in some fishing villages, but it was not linked to the women's cooperatives yet. This new technology was piloted and tested as a prototype and needs to be further developed before it is ready for scale up and for a cooperation with the women's cooperatives.

Youth Economic Empowerment

Mangochi is the only district in Malawi, which has a YEE strategy. The DYO is convinced that the YEE strategy improves their coordination with donors, e.g., it was shared with NGOs, like World Hunger, which are interested to work with the DYO.

The Government of Iceland is currently the only donor that supports YEE in Mangochi. The GIZ EnDev project has built the Chitofu 3-in-1 in some fishing villages (e.g. in Malembo), but it was not linked to the Chilare Fish Processing and Marketing Youth Cooperative yet. The youth know the new technology, but are not interested in it yet. The Chitofu 3-in-1 was piloted as a prototype and needs to be further developed before it is ready for scale up and for a cooperation with youth cooperatives.

Only one local NGO, called Titukulane, supports livelihood interventions for young people in Mangochi. This NGO has learnt and replicated the Matching grant model as a good practice of the MBSPII. They provide training to youth and the trained youth have to contribute 25% of the funds, before they get funds for start-up capital to kick-start their businesses. This practice avoids misuse of funds, which was previously an issue they had experienced.

For the implementation of the MBSPII, the DYO had collaborated with the Trade and Agribusiness Office (in regards to the Agcom grant) and the fisheries department at district level (e.g., to procure fishing boats, engines and nets). The YEE involved local leaders to some degree for them to motivate the youth in their economic activities. The YEE activities were not linked to local extension workers (e.g., the fisheries extension workers were informed but there was no collaboration with them to support the group formally), which is a missed opportunity and reduced the effectiveness, efficiency and sustainability of the intervention. The DYO feels comparably neglected by the district. The DYO recommends that the Public Works Department in Mangochi should utilize the TVET graduates with vocational skills in order for them to benefit from the CDF funding for school blocks and bridges in their communities.

Effectiveness

Women's Economic Empowerment

To some extent, the MBSP II has strengthened the steering, planning and governance capacities of the DGO through support to the Situation Analysis Study, Needs Assessment, a Gender Strategic Plan and a WEE Strategy. MBSP II also refurbished the DGO, provided furniture, and equipping (laptops, books). The WEE policies were commented on, consolidated and ratified by the Line Ministry and District Council, but these strategic documents need to be implemented to unfold their potential.

In three of twelve TAs in Mangochi district, six viable and functional women's groups were selected out of a total of eleven women's groups that attended the interviews. The six group received training (incl. business management, value addition, and mentoring) by the district trade office, agribusiness team and district community development office who organized ad hoc but formal training in their respective their communities. The women's groups were linked to financial institutions and most women's groups opened bank accounts. The selected six women's groups created business financing plans and defined procurement needs to upscale their business activities and increase their incomes. However, only four groups came up with realistic procurement plans and therefore were supported by the district. The other two groups had unrealistic and unstainable ideals, like building a warehouse without sufficient products or purchasing a trucks for transporting fish to the marked. Although the four selected women's group have made contributions to these procurement, most procured items have not been delivered yet, which has frustrated the women's groups. The women even fear that the WEE activities have wasted their income that they invested in scale-up business activities, but the District has not delivered what it has promised to them. For example, the women have constructed a maize mill building but they have not yet received the maize mill. Two women's groups were assessed for the Agcom grant, but they have not received results yet. The DGO has offered exchange visits to other women's groups, but these have not yet implement due to funding constraints.

The MBSPII WEE component has (to a larger extent) not achieved its objectives. The pilot activities focussing on women's groups were therefore not effective (yet). This is partly due to incompletion of the planned programme support to the women's groups. At least the two women groups that were contacted by the evaluation team were not satisfied with the programme implementation progress. From the FGDs with the two groups and the interview with the DGO, it is clear that the programme faced a number of challenges, which have constrained the achievement of its objectives, including the following.

a. **Programme design and linkages with relevant stakeholders** - The evaluation findings indicate that there was little integration and collaboration with key actors to support and mentor women groups. For example, agricultural field staff or extension workers and Community Development Assistants (CDAs) were largely excluded at the project design and implementation stages. They did not provide technical and business development services to the two groups, which resulted in the loss of animals (goats) and limited access to financial literacy. Local authority were also not sufficiently involved. They did not support the women's groups adequately and rather hindered WEE project implementation. They have partially demotivated women's groups to contribute own capital or labour (e.g., to build bricks or save money for procurements), which reduced women's ownership and initiative. The women's commitment and ownership is a precondition for the effectiveness, efficiency

and sustainability of WEE activities (e.g., district staff had to travel there multiple times to ask for local contributions, like making bricks).

b. **The training of women groups seems to have been done on ad hoc basis**, not comprehensive enough to enable the women address emerging challenges such as animal (goats) disease outbreaks. The interviewed women's group failed to prevent or manage the loss of animals in the absence of technical support from the agricultural field staff, who declined to provide support. The training in financial literacy mostly focussed on the cashbook, which did not fully prepare the women to operate and manage their group businesses.

c. **There was drudgery in the procurement processes at the District Council** that has resulted in programme implementation lapses to a point where the MBSPII has phased-out without the completion of planned and promised procurement activities. For example, the irrigation equipment for the greenhouses was not procured yet. The maize mill was procured but not transported and installed in the maize mill shelter yet. The quality of some of the procurements has been inadequate (e.g., very young goats transported over long distance from other districts).

The WEE component defined one potential outcome indicator, namely the "Average income per women-led groups", but it was named as an output indicate in the M&E framework of the MBSPII. Target indicators were named, but since the WEE activities were not finalized yet, the evaluation team has doubts that actual outcomes were achieved and can be measured yet. It could be further specified how outputs (like developed skills) convert into more economic activities and increased income (as outcomes), and therefore reduce poverty (as impacts). To achieve actual outcomes or impacts at the district level, there is a need for a large-scale scale-up of effective WEE activities.

Youth Economic Empowerment

During the original implementation period of the MBSPII between 2017 and 2021, the DYO conducted a Needs Assessment, developed a YEE Strategy, and a Youth Strategic Plan, which helped the DGO to learn about the needs of youth in Mangochi. It improved the governance and created a sense of direction for the DYO. These plans have yet to be put into practice.

During the last 1.5 years (2022-2023), the extension period of the MBSPII, the DYO started implementing YEE activities in three of twelve TAs in Mangochi district. They have selected seven youth groups, which were previously doing business in isolation and used to sell products in small quantities. The DYO wanted to improve market access for the youth, so that the youth groups were able to sell their products in larger quantities. Five of the seven youth groups became registered cooperatives (excl. those two focused on skills development) and four of these continue to receive procurement and other support of the DYO. One youth group was excluded due to internal disputes. Two of the registered business cooperatives have qualified for the Agcom grant (97-114 Million Malawi Kwacha each), so currently they are mobilizing savings as contributions towards accessing larger World Bank funds.

Two youth groups with a total of 120 youths received TVET training in e.g., carpentry, tailoring, brick laying and electrical installations. They were trained in forming business enterprises at a formal technical institution outside their communities for 4-4.5 month. They have received start-up tools and support in registering their own enterprises, but this activity is not completed yet. The DYO highlighted that it would need further funding (for fuel and transport expenses) for follow-up visits and that it cannot fund and sustain the support of the trained youth on their own. For example, the brick-laying students received a certificate from TVET, but they need additional certification for the registration as an official company in Malawi. These additional 2-3 certified papers will enable TVET graduates to take-up jobs and to participate in official bidding processes. This support is needed, because the youth from hard to reach areas with limited education (primary to secondary education) were selected for formal TVET education. The DYO aimed at selecting 50% female TVET participants. Despite considerable effort to motivate female youth, the DYO did not manage to reach this target, because only a few girls signed up for TVET education outside their communities. Some of those who signed up faced socio-cultural pressure to return to their communities early, e.g., the DYO received calls that their staff should "bring back the wife/girlfriend."

So far, five youth groups have benefited from the matching grant to boost businesses. Some MBSPII youth cooperatives and some other youth groups were selected, e.g., a non MBSPII poultry farming youth group in Mponda received a poultry incubator and the MBSPII youth cooperative in Lutufu received goats. The 120 TVET graduates did not have access to the matching grant.

Since the implementation of the pilots started 1.5 years ago, the DYO has made considerable progress in a short-time frame. However, the DYO stopped conducting follow-up and M&E visits due to limited funds.

In addition, the evaluation shows mixed results for the YEE programme based on the three groups that have been contacted by the evaluation team. The programme has done well in the facilitation of vocational training, and registration of youth groups into cooperatives, which has potentially placed them in a better position to access services from other institutions as registered entities. The bullets below show YEE progress.

- The two groups that are doing well are the Lulanga Vocational Skills and the Chilare Fish Processing and Marketing, while the Chilli Processing Cooperative is not performing well due to incompletion of the planned support.
- The MBSPII support to the Lulanga Vocational Skills has empowered the youth with skills for self-reliance. They are currently engaged in contracts such as construction works that generate income to support their livelihoods. However, the proportion of skilled youth to the overall youth population in the area remains small, which means that to achieve a wider impact and for the support to be replicated in other areas, the programme would require more funds, which is probably not feasible without donor financing.
- The Chilare Fish processing and Marketing Cooperative is also doing well in terms of its organization and business activities. With the MBSPII support, the cooperative has invested in a new boat, engine, and canoe that have significantly increased its capacity to catch more fish and earn additional income. The group is able to save money for the Agcom matching grant for investment in cage fishing, which will further expand the cooperative's income earning capacity.
- The Chilli processing Cooperative is not doing well, because the MBSPII's planned investment in the procurement of an irrigation system for chilli production has not been achieved. The cooperative had secure markets with off-takers, but it is gradually losing the markets due to unfulfilled supply contracts emanating from low production. The challenge hinges on the District Council procurement processes that have failed to procure and deliver the irrigation equipment as planned.

The M&E framework of the MBSPII names two outcomes for YEE, namely "Average income per youth-led corporative" and "Average income per youth-led skills enterprises" These were incorrectly called outputs. There could be further outcome indicators, which explain how outputs translate into economic activities and additional income (as outcomes) and reduced poverty (as impacts). To achieve actual outcomes or impacts at the district level, there is a need for a large-scale scale-up of YEE activities.

Efficiency

Women's Economic Empowerment

In terms of governance at the district level, there are improvements concerning adequate infrastructure for the operation of the DGO and strategic clarity. The strategic documents still need to be put in practice to create efficiency gains in the future.

In terms of timely services delivery, the programme has not done well as programme activities remain incomplete and partially created negative unintended effects by the time of the evaluation (e.g., the women's investment in the construction of a maize mill shelter is wasted if the maize mill is not installed there). There is uncertainty as to how the women groups will be assisted without future donor financing, especially since Iceland is the only donor supporting the DGO currently.

External factors that reduced the efficiency

- Cyclone Freddy destroyed roads and bridges, which made areas inaccessible
- Inflation led to increased costs and insufficient MBSPII funds for remaining procurements

Internal factors that reduced the efficiency (with potential for improvement)

- Inefficient procurement processes and limited local procurement
- Lack of integration of local authorities and extension workers in planning and development processes (e.g., caused high travel costs for district staff and reduced the number of visits to the women's groups)
- Lack of local ownership by local communities (incl. local authorities and women's cooperatives) caused additional visits to local communities to remind them that they have to contribute to project implementation (e.g., mould bricks for the maize mill shelter)
- Lack of human resources for the supervision of women's groups (e.g., via a responsible project manager from the DGO) and insufficient financial resources to finish promised procurements and installations of procured equipment. The DGO articulated their need for technical guidance in regards to the further development of women's cooperatives.
- Lack of a M&E system in place from the beginning (nonexistence of a comprehensive M&E framework, e.g., missing target values for outputs and outcome was named output and outcomes were not specified separately as a plausible link to achieve the planned impact)
- Lack of a clear vision for scale-up and for continuation after the pilot

Youth Economic Empowerment

In terms of timely services delivery and procurement in particular, there is an improvement in YEE compared to WEE. The YEE activities for youth groups were implemented in the past 1.5 years only, but considerable progress was made during this short-time span.

Out of the three interviewed youth groups, the MBSPII has managed to meet its obligations for two youth groups, but the obligations for the Chilli Processing youth group were not met yet, due to procurement delays (e.g., of the irrigation equipment). Some Vocational Skills graduates need additional support to compile a few official documents to register as a business.

The training of one young person at a TVET course has cost 280.000 Malawi Kwacha per person for 4-4.5 month of training (incl. tuition and logging costs, excl. start-up capital or tools). This could be good value for money, if the learnt skills lead to economic empowerment and generate addition income for many years. There is an immense demand for TVET skills for young people in Mangochi, so there is a large scale-up potential, which other stakeholders may be interested in.

External factors that reduced the efficiency

- Cyclone Freddy destroyed roads and bridges, which made areas inaccessible (e.g., youth cooperatives in Makanjira were visited twice only, whole others received more guidance by the DYO)
- Inflation led to increased costs and insufficient MBSPII funds for remaining procurements

Internal factors that reduced the efficiency (with potential for improvement)

- Inefficient procurement processes led to frustration and drop out of youth cooperatives (e.g., the Chilli processing Cooperative in TA Nakumba)
- Lack of integration of extension workers in planning and development processes
- Lack of funding of the DYO to conduct follow-up and M&E visits to the youth cooperative (e.g., transport costs for DYO staff)
- Lack of a M&E system in place from the beginning (nonexistence of a comprehensive M&E framework, e.g., missing target values for output, outcomes were named outputs and outcomes were not specified separately as a plausible link to achieve the planned impact)
- Lack of a clear vision for scale-up and for continuation after the pilot

Sustainability

Women's Economic Empowerment

As a pilot, the programme approach was probably appropriate, but as a long-term strategy for WEE, it needs adjustments in its design and implementation modalities (see COMSIP approach under recommendations below). The approach to support a small number of groups with a large investment portfolio will have minimal impact on a large-scale. Furthermore, the approach is unlikely to be sustainable in the long-term without donor financing as it is capital intensive. There are limited support programmes for WEE in the district.

Youth Economic Empowerment

The sustainability of the activities is constrained due to limited funds to conduct M&E visits and to finalize planned activities (like procurements or business registrations of TVET graduates). There is a lack of maintenance funds for procured equipment's or maintenance strategies for the YEE groups to take care of the procured goods. We noticed a signs ownership for at least one youth group that repaired a broken canoe on its own. The DYO feels ownership for supporting the youth group, but they currently lack funding for this, which makes their support unstainable. The distance and accessibility of some youth groups seems to be the main challenge for the continuation of support, because the DYO needs funding to travel to these areas or should start working with local structures to reduce transport costs in the long-term.

The programme approach to facilitate the formation and registration of cooperatives, and linking them to donor-funded projects (e.g., the World Bank funded Agcom grant) is a good idea for the sustainability. However, there is a limitation on the number of youth groups that can be supported without donor funding. The aim should be to support a large number of the youth in the district. Already with funding of the Government of Iceland phasing out, a number of activities have stalled especially procurement and delivery of equipment as well as monitoring and backstopping of the youth groups and cooperatives.

Therefore, the programme needs to adopt an approach that is manageable and cost-effective. The COMSIP approach (see recommendations below) is also applicable to YEE through formation of VSLs and transiting them to COMSIP, for the youth to purchase shares, and access credit for small and medium-scale enterprises. Successful enterprise can then form cooperatives and be linked to financial services providers and projects for grants to finance large-scale investments. This would have greater impact on YEE than supporting a handful of cooperatives.

For vocational training, this could be financed by the District Council targeting a specific number of female and male youth per year. In addition, the District Council could liaise with TEVETA to integrate the programme in its activities by negotiate for a quarter in its enrolment programme.

Impact

Women's Economic Empowerment

The programme has not generated any impact for the beneficiaries due to non-completion of the planned activities. For example, the irrigation equipment was not delivered for the greenhouse project for one women's group to produce tomato, and the maize mill was not delivered and installed to the other women's group (even though they have invested their savings to build a maize mill shelter). In essence, the programme has so far not succeeded in empowering the women groups. There are no signs that the activities led to economic impacts (increased incomes and reduction of monetary poverty) for the women's groups. In case of the maize mill group, the pilot had rather negative unintended effects, since the women wasted their limited savings (financial contributions) for the construction of a maize mill shelter, without having received a maize mill yet.

Youth Economic Empowerment

The programme activities are still work-in-progress as the ultimate goal of income enhancement for the youth is yet to be assessed. It is probably too early to make an assessment of the impact. Many outputs for the YEE component were effectively implemented, but some outputs need to be finalized (e.g., procurements, savings targets to access the Agcom grant, business registration of TVET graduates) to enable outcomes and impacts. Currently, the YEE activities have the potential to enable a sustainable and promotive path out of poverty at individual level. To be able to observe impacts on the district level, a large-scale scale-up of effective YEE activities is necessary.

Cross-cutting issues

Women's Economic Empowerment

Human rights - Effective WEE activities could provide a sustainable, promotive path out of poverty and could break the intergenerational vicious cycle of poverty.

Gender equality - The pilot focusses on the economic empowerment and financial inclusion of women and therefore aims at fostering gender equality.

Good governance - The main effect of the WEE pilot may have improved governance of the DGO due to better office environment (building and equipment), consolidated and ratified needs assessments and WEE strategies. However, the DGO has to successfully implement these strategic documents to achieve actual progress. The WEE pilot showed the potential for more linkages and involvement of the local level (communities, authorities, extension workers or the CDAs), so that these governance aspects could be further improved.

Youth Economic Empowerment

Human rights - Effective YEE activities promise a sustainable, promotive path out of poverty and could break the intergenerational vicious cycle of poverty.

Gender equality - The YEE component of the MBSPII aimed at training at least 50% female youth in TVET colleagues. Despite considerable efforts, this was not fully achieved due to socio-cultural challenges. We found that there are young women in managerial positions of youth group boards (like in the Chilare Fish Processing and Marketing Cooperative).

Environmental sustainability - Environmental sustainability could be considered in regards to the YEE business activities. The YEE could be trained in environmentally friendly fishing techniques and practices, as they are aware that some techniques (like shallow water fishing) are not environmentally friendly.

We learnt that the solar fish driers are not used and that the youth prefer to sell fresh fish or naturally dried fish due to higher local prices. The solar dried fish shrinks and sells worse on local markets, while it is a more hygienic production for sales on international markets. Currently, the youth groups do not use solar systems for drying fish. They rather use solar energy for other purposes, like making ice blocks and charging phones.

Good governance - The DYO profited a lot from the MBSPII. They learnt more about the challenges and needs of young people in Mangochi and have gained a sense of strategic direction and a tool for the coordination of donor funding. However, the strategies need to be put into practice and have to be implemented at larger scale.

Lessons learned (WEE and YEE)

Relevance

- Some sectors and district offices (like DYO, DGO) are rather overlooked by international donors. The district does not prioritize the economic empowerment of women and youth, even though this could be a sustainable path out of poverty. The district council's funds are not equally distributed between sectors and offices.

Coherence

- There is limited coordination between different sectors/offices at the district level, e.g., the public works department does not make use of the TVET graduates of the YEE intervention, so that the youth do not benefit from the CDF funding for school blocks and bridges in their communities yet.

Effectiveness

- The District Gender and Youth Offices approach is currently rather top-down and they are not making use of local structures (e.g., lack of linkages to local authorities, extension workers and CDAs) in the planning, development and implementation of WEE/YEE activities. This reduces the effectiveness, efficiency and limits local ownership and the sustainability of the WEE/YEE activities (e.g. sick goats were not treated adequately due to limited access to knowledge/guidance).

Efficiency

- The procurement processes are inefficient and drastically affect the effectiveness of the income-generating activities of women and youth groups. The DGO has promised procurement support to four women's groups, but only few items (like some goats) were delivered yet, so that the women's groups could not earn and increase their income (e.g. from goats). The goats were procured and transported from another district and were too young. Many of these goats did not survive very long. Some even complained that they wasted their funds, e.g., one women's group has built a maize mill shelter, but has not received the maize mill. The maize mill is stored in a storage building in Mangochi, but the DGO does not have funds to deliver and install it.
- There are limited financial and human resources at the DGO and therefore a lack of supervision of women's cooperatives via a responsible project manager from the DGO. The DGO articulated the need for technical guidance in regards to the further development of women's cooperatives.
- There was no M&E system in place from the beginning (nonexistence of a comprehensive M&E framework, e.g. missing target values for outputs, income-related outcomes were named outputs and these outcomes were not specified separately as a plausible link to achieve the planned impact).

Sustainability

- Long-term sustainability strategies for procured goods/items of the WEE/YEE intervention are not systematically in place yet (even though one youth groups showed ownership and the willingness to invest in repairs).

Impact

- There is no clear vision in place for the finalization of the pilot WEE/YEE activities. The funds were used and procurement processes stopped, e.g., the maize mill was procured and is stored in Mangochi, but was not delivered to the women's groups, greenhouse procurement processes are ongoing, the irrigation procurement processes have not started yet. There is no vision concerning the continuation of these pilot activities, incl. scale-up potential and sustainability.
- Actual outcomes and impacts of WEE cannot be observed yet, because outputs were not fully achieved and more time has to pass until these could be observed. Some outcomes but no impacts of the YEE were observed but not all outputs are fully achieved yet and more time has to pass until outcomes and impacts are observed for most or all of the youth cooperatives. There is a large potential to learn from these YEE and WEE pilots and for other donors and NGOs to engage in YEE/WEE in the future, as this could be a promotive and sustainable path out of poverty.

Recommendations (WEE and YEE)

Recommendations to ensure successful completion of actions

- The DGO/DYO with the support of the Government of Iceland should finalize the pilots, like promised procurements for women and youth groups, to avoid negative unintended effects, like wasting contributions and resources of women's groups. In addition the DGO should clearly and transparent communicate with the women's groups to manage their expectations adequately.

- The Government of Iceland and the District should develop a clear vision for the finalization and continuation of the WEE/YEE pilot projects. (How could these pilot projects be scaled-up? How could these pilots become sustainable?) Identify experienced donor or NGO partners who could provide technical guidance to the DGO (e.g., GIZ fish and other value chain projects).
- The DGO/DYO and the Government of Iceland should jointly search for other donors who could provide knowledge on effective and sustainable WEE/YEE activities.
- The DGO/DYO should develop, under the guidance of the Government of Iceland, sustainability strategies or plans for procured items or goods, as a precondition for the handover.
- The District Council should, in close coordination with the DGO/DYO, increase the efficiency of procurement processes and try to procure locally (e.g., goats).
- The DGO/DYO should involve local structures more (like extension workers, CDAs and local authorities) in economic empowerment activities to increase local ownership and motivate women or youth group members.
- Reassess and evaluate the impacts (income generation) of the YEE and WEE component when all planned YEE/WEE activities were fully implemented and finalized. Identify other donors who would be interested in scaling-up YEE/WEE activities in Mangochi. Systematically document successful YEE/WEE activities and learnings for future YEE/WEE programmes (incl. of other donors or NGOs) in Mangochi or Malawi. The DGO/DYO should receive funds to ensure the following.
  - Complete procurement processes of promised goods/items and to ensure the installation of procured goods/items (e.g., the maize mill that is stored in a storage room in Mangochi),
  - Support those youth who graduated from TVET colleagues to register companies,
  - Invest in exchange visits for good practices and lessons learnt from WEE and YEE pilot in Mangochi/Malawi, which can be used by the DGO and DYO for the coordination of future activities funded by diverse sources (the national government, district, donors and/or NGOs).

Recommendations for the potential future orientation of any support

- The District Secretariat and Government of Iceland should prioritize economic empowerment more to promote employment and business opportunities, which has the potential to ensure a sustainable path out of poverty. Economic empowerment can lead to employment or business opportunities, which increase income and can reduce monetary poverty. Due to increased income, the economically empowered (patients or customers) may be more likely to access, afford and pay for social services. The economically empowered can also pay taxes, so that the district can provide and maintain social services. Therefore, large-scale economic empowerment has the potential to make social service provision more sustainable.
- The District Secretariat should improve the coordination between different sectors and offices at the district, e.g., the public works department could check if and how they can make use of TVET graduates of the YEE intervention.
- The DYO and DGO should establish exchange formats between the two offices to learn from each other's experiences.
- The DYO/DGO with support of the Government of Iceland should develop a comprehensive M&E system (incl. target values for outputs, define income-related outcomes as outcomes etc.) for any future economic empowerment activities. Develop a theory of change, which describes how these activities and outputs lead to outcomes and these lead to the reduction of poverty as the impact. Ensure regular M&E visits to the women and youth groups to track progress and provide adequate technical guidance (e.g. could be done by local actors).
- Ideas for the further development of the WEE/YEE activities - It needs to be noted that it is difficult for government to directly implement enterprise/business interventions because of its mandate and drudgery in decision-making, procurement processes, and competency in the delivery of business development services. The ideal situation is for government to identify and collaborate with financial/business services providers to implement such interventions. The roles of the District Council and/or the DGO/DYO would be to mobilize funds for the programme, plan, and monitor progress while implementation should be done by services providers outside of the government system. For

example, a modest approach would be to align the programme to Community Savings and Investment Programme (COMSIP) whereby women's VSLs are trained in financial literacy and supported to transit to COMSIP to buy shares, access credit and invest in small and medium scale businesses backed by sound business plans. The approach is cost-effective as it can target several women's VSL groups with modest investment to provide financial literacy training, which the district council on its own can afford to finance. Successful COMSIP groups can then be linked to projects like Agcom (funded by the World Bank) and TRADE (funded by IFAD) for larger-scale projects. In other words, the process to attain and manage large-scale investments should be gradual rather than immediate, as women/youth need to understand and appreciate the concept of financial literacy prior to owning and managing large businesses.

Hence, in future similar programmes, the DGO/DYO should consider the following in order to up-scale the interventions.

1. At the design stage conduct a stakeholder analysis to identify and collaborate with relevant actors in enterprise/business development services, including financial services providers if appropriate to manage the business investment funds.
2. In collaboration with enterprise/business services providers, jointly develop an Action Plan on how to better deliver/implement business support services.
3. Implement the programme including capacity building interventions based on technical, business, and financial needs of the groups to optimize group performance.
4. DGO/DYO to identify potential women and youth groups and link them to services providers.
5. WEE/YEE groups that are successful can be organized into cooperatives and linked to Agcom or Trade for large scale funding.
6. DGO/DYO monitor progress.

This approach could eliminate all the drudgery and procurement hiccups, as these would be handled outside the government system.

19.5 MBSP II - District Secretariat component Assessment Report

Relevance

MBSP Phase I addressed capacity building of the District Offices directly supported via the programme, namely the District Health Office, District Education Office, and District Water Development Office. The programme only provided small-scale support (training, supplies, and basic maintenance) to the District Secretariat. This included training for local community development committees, such as Area Development Committees (ADCs) and Village Development Committees (VDCs), to support local development planning processes. This assisted the process of preparation of the Mangochi District Socio-Economic Profile in 2017.

MBSP II recognizes the important and specific role of the District Secretariat - the main administrative structure of the District Council - in the planning, the management and the coordination of local development efforts, and in promoting the integration of public administration at district level across its District Offices.

The District Secretariat is responsible for implementing decisions taken by the District Council. The District Commissioner, whom serves as secretary to the Council, is the Controlling Officer of the District Council. They are responsible for the day-to-day management of operations and resources of the Council, and responsibility to coordinate the overall government activities in the District as stipulated in the Local Government Act. The District Secretariat discharges its functions through various Departments, such as the Directorate of Planning and Development, Department of Finance, Department of Public Works, Department of Procurement, Department of Monitoring and Evaluation, and the Department of Administration and Human Resources.

The rationale for inclusion of the District Secretariat capacity building component is to improve governance capacity at community and district level, to manage and deliver on local development plans and actions and the DDP. This is fully in line with the decentralization policy of the GoM, under which central government has transferred powers to the Local Government Councils, so as to enable the Councils to more effectively plan and prioritize their local development activities and their delivery of public services to local communities.

The MBSP II programme was designed to provide specific support to address the capacity building priorities of the Directorate of Planning and Development, Department of Finance, Department of Public Works, Department of Procurement, and the Department of Monitoring and Evaluation. Each Department plays a key role in the management and administration of the Council's plans and programmes, including in their coordination, and in the provision of support to the District Offices in areas of the Departments' competence. For instance, the Department of Public Works linked to construction works undertaken by the District Offices. In addition to the Secretariat Departments, the programme provides support linked to local planning and development at ADC and VDC level, implemented via the District Community Development Office (DCDO).

MBSP II also includes specific support for the on-going technical and financial monitoring, supervision and formal reporting on the MBSP II programme. This includes the holding of regular meetings by the District with different stakeholder partners, the conduct of annual external audits and the evaluation of the programme. The budget allocated to operational costs represents approximately 0.49% of the total programme budget.

In addition to the above capacity building and programme management measures, funding is allocated (approximately 65% of the component's funding)[70] to support the construction of the District Secretariat Central Administration and Council Building. It is understood that this will improve the overall working environment and thereby potentially also the efficient and effective operation of the Council and Secretariat linked to its management of local development efforts and in its accountability for the use of public funds.

It is not possible for the evaluator to judge if the existing District Secretariat Central Administration building is itself substantially of a lower quality, and that this hinders work efficiency or effectiveness of the Secretariat, as compared to the quality of similar facilities and working environments in other districts. It is evident to the evaluator, from observation, that the District Secretariat Central Administration building is cramped and that the operational processes and filing systems are primarily oriented to physical paper products. It is also evident that the District Secretariat and District Offices are primarily not utilizing a common IT system and institutional supports, with the overwhelming majority of staff utilizing non-government e-mail services.

Coherence

The District Secretariat capacity building component is fully coherent with the decentralization policy of the GoM. This aims to empower local Councils to take greater control of and accountability for local development efforts and of local public service delivery at district level across a range of public policy sectors. One of the aims of the MBSP II programme is to support the efforts of the GoM to promote its national decentralization policy agenda, with the specific objective of this programme component being to increase the capacity of the District Council to carry out its development plans and its basic service delivery in a responsive manner.

Iceland is the only bilateral development partner specifically targeting capacity building support to the District Secretariat as an institution, in addition to the capacity building support that it directly provides to individual District Offices. This logically reflects the multi-sectoral nature of the MBSP II programme, which necessitates Iceland's partnership with Mangochi District Council working operationally across

[70] The component overall accounts for approximately 5% of the total programme funding.

eight District Offices. The majority of bilateral development partners in Malawi work at district level via sector or goal specific programmes, rather than via multi-sectoral development programmes such as the MBSP II. The focus on capacity building support to the District Secretariat, as an institution, is also consistent with Iceland's focus on utilizing local systems and development plans in country, through the modality of a PBA implemented at district level. The PBA provides a "single entry point" with the aim to simplify procedures, minimize organizational strain, enhance local ownership and capacity, and contribute to increased sustainability of programme activities. Iceland deploys the PBA modality at district level in its other bilateral partner countries.

While it does not specifically support capacity building of the District Secretariat as an institution, the most significant, on-going development partner action of potential support to the District Council is that provided via the GoM-World Bank programme Government to Enable Service Delivery (GESD)[71]. Under this, the award of performance-based grants are disbursed to District Councils according to the Local Authority Performance Assessment (LAPA) results. The LAPA is an annual assessment of District Councils' institutional performance conducted by the MoLGRD.[72] The results assess the delivery of services and the management of programmes by the Councils. This performance-based grant is provided to Councils to supplement finances that are allocated via central government transfers or raised by them via locally generated revenue. The GESD grants therefore provide greater opportunity to District Councils to manage and finance their own local development.

Effectiveness

A summary of the achievement for delivery of the intervention outputs per focus area is shown below.

MBSP II PROGRAMME DISTRICT COUNCIL/SECRETARIAT OUTPUTS (OVERVIEW) MEAN ACHIEVEMENT - DELIVERY OF OUTPUTS PER MBSP II INTERVENTION CATEGORY AREA (END YEAR 6, 2023)		% ACHIEVED
5.1	**District Council capacity building**	**66.9%**
5.1.1	Central Administration and Council Building	**62.5%**
5.1.2	Department of Public Works capacity strengthened	**100.0%**
5.1.3	Department of Finance capacity strengthened	**75.0%**
5.1.4	Procurement Department capacity strengthened	**100.0%**
5.1.5	Monitoring and Evaluation Department capacity strengthened	**37.5%**
5.1.6	Expanded Revenue Generation	**75.0%**
5.1.7	District Development Plan developed	**57.9%**
5.2	**Management of MBSP II programme**	**79.3%**
5.2.1	Monitoring and implementation of MBSP II (frequency of meetings reduced due COVID19)	**76.3%**
5.2.2	Evaluations done	**100.0%**

[71] GESD was launched in 2021 and foreseen to operate up to 2025, with the plan to progressively disburse US$ 70 million to all 28 District Councils through the cyclical award of performance based grants so as to supplement the District Development Fund (DDF).

[72] In the first year of operation of the LAPA assessment process (2018/19 fiscal year), Mangochi District was ranked 10th of the 28 District Councils for its performance. In the most recent LAPA assessment (2022), Mangochi District was ranked 6th of the 28 District Councils for its performance.

Delivery of the intended programme component outputs and immediate results

The following issues highlight the performance of the District Secretariat to ensure the effective delivery and take-up of the intended outputs and the immediate results of the programme component.

- **District Council capacity building** - While the construction of the Central Administration and Council Building has been significantly delayed, the vast majority of the other intended outputs have already been delivered or are presently on-going with a clear perspective for their completion and final delivery.

  The principle failure in the delivery of the intended programme outputs relates to the construction of the **Central Administration and Council Chamber building**. Procurement and contracting linked to this large infrastructure construction has faced significant delays. The complexity and scope of the public works and of the procurement process linked to the action were significantly greater for the Secretariat to design and manage, as compared to the majority of the regular infrastructure works and related procurements that the Council undertakes. As of mid-2023 the outcome of the procurement and contracting process was subject to final decision by the MoLGRD to confirm the provision of its support to the District to cover the shortfall between the budget available for this action available under the MBSP II programme and the financial offer of the preferred bidder. Assuming that the financing shortfall is covered by the MOLGRD, the actual construction is expected to take 1-year to complete.

  Linked to the **capacity building support targeted to Departments within the District Secretariat**, the individual Departments have primarily assured and driven the achieved outputs. The actions have improved the working conditions and environment for the staffs. This has included the furnishing of offices and the procurement of basic IT and office equipment (computers, printers, and photocopier).

  Outputs linked to capacity building of the Department of Public Works and of the Department of Procurement are fully delivered. The MBSP II programme did successfully recruit three persons to join the **Department of Public Works** (one engineer and two supervisors). But, it has also lost three staff members who were transferred to work in other districts in Malawi. The MoLGRD is aware of the staffing shortage, and has assisted the Department to advertise for engineers. The MBSP II programme has provided useful **training** for the Secretariat, District Office Directors and **members of the District's Internal Procurement and Disposal Committee** (IPDC), to augment their understanding **of procurement processes and regulation** in accordance with the requirements of Malawian law. Regarding the IPDC training provided, participants did not receive training materials for reference at the end, only a certificate. As such, a cascading-training system to ensure that relevant staff at District Office level are also suitably informed about procurement processes and issues has not been ensured.

  The only remaining output linked to support for the **Department of Finance** (the furnishing of the Council finance data chamber) forms part of the above Central Administration building works action. Linked to the support to assess **expanded local revenue generation options**, MBSP II has delivered a study on this to the District Council (Department of Finance). The District has used this study to develop its Strategic Plan for Revenue Generation. The Department of Finance regards the development of the **Strategic Plan for Revenue Generation** as a key output of the MBSP II programme. It will assist the District, over the medium-term, to improve on its presently low level of local revenue generation. This is an area in which Mangochi scores poorly on the LAPA results framework assessment, which the MoLGRD has conducted to compare the districts of Malawi. The programme is currently supporting the District via the construction of facilities (fence, stalls, storeroom, water point, toilets) at one market area (Katuli), to be completed in 2023. However, development of Makawa market is not going to proceed, because it was not possible to agree on an appropriate site for the action with the local stakeholders. Additionally, at this later stage in programme implementation, the remaining programme funds have had to be prioritized by the District so as to deliver the outstanding MBSP II large infrastructure builds.

Support to the **Monitoring and Evaluation Department** is presently on-going, with outputs delivery to be completed in 2023. In addition to salary support for the M&E Officer delivered via MBSP II, the programme is supporting the District finalize the **development of its M&E systems**. The system will allow accredited users at the Secretariat and Offices to input their data into the district level MIS database to report progress against all District implemented programmes (central government, Mangochi District, and donor programmes). It should, thereby, ensure that the Council has a more coherent view of the intended goals as well as status of all of its programmes. Subsequent training for about 50 District Secretariat and District Offices staff on the M&E MIS will be provided in late-2023.

Linked to the **Directorate of Planning and Development**, and the DCDO, the programme has provided key supports to assist the District with its management of community planning and development in cooperation with the VDCs and ADCs, including actions to support the **development of the new Mangochi DDP**. This included MBSP II support for the formulation of 298 new 5-year Village Action Plans and the District Socio-Economic Profile (2023). These have fed into the District's preparation of the new Mangochi DDP, which the Council expects to approve later this year (2023).

- **Management of the MBSP II programme** - Implementation monitoring, formal reporting and steering mechanisms have broadly been adhered to in line with expectations. Understandably, there was a reduction in the number of in-person monitoring and supervisory visits and review meetings in Years 4 and 5 of programme implementation due to the COVID-19 pandemic. The Council Secretariat and District Offices conducted monthly and quarterly technical monitoring visits to programme sites and activities. The programme management (including Iceland) have conducted joint quarterly supervision visits (and bi-annually also with the MoLGRD). Bi-annual meetings with ADCs and bi-annual tripartite programme meetings etc. took place as well. Additionally, the District provides monthly financial statements, quarterly financial and technical progress reports, and an annual financial and technical progress report to the Embassy of Iceland and to the MoLGRD. External audits of the programme are conducted annually. An external Mid-Term Review of MBSP II was completed in 2020.

Delivery of the intended programme component direct effects and outcomes

While key programme outputs are still to be delivered (most notably the construction of the Central Administration and Council Building), the evaluator assesses that the MBSP II has largely achieved its specific objective to increase the capacity of the District Secretariat to carry-out its development plans in a proper and timely manner. The programme has contributed to strengthening the technical capacity of the District Secretariat to manage and implement local development programmes. Mangochi District has improved its technical and financial management, monitoring, supervision and formal reporting systems in accordance with the requirements for use and accounting of public funds. The capacity building efforts have strengthened the District institutions and local community structures and groups. This allows them to increase their effectiveness to plan, prioritize and undertake the implementation and monitoring of local development activities, and to engage in local governance and delivery of basic services. The overall performance of the District, as measured by comparative national assessments of District Councils, has improved over the past years. For example Mangochi District has risen from 10th in 2019 to 6th in 2022 on the MoLGRD LAPA ranking.

Key stakeholder partners (Mangochi District Council and the Embassy of Iceland) judge that the formal process of progress reporting on the MBSP II programme has improved over recent years. Notably, the efficiency, timeliness and quality of MBSP II financial reporting is enhanced. The MBSP Accounts Team was established in 2019, under the direction of the Department of Finance, to ensure a consolidated financial reporting framework for the overall programme funds across sectors in line with the GoM Integrated Financial Management Information System. The technical progress reporting has somewhat improved as well, although certain weaknesses still remain in terms of the availability of up-to-date technical progress data as compared to the MBSP II programme results framework. The MBSP II programme outcome indicator (result-based management of MBSP II confirmed satisfactory in regard to the M&E

system reports provided quarterly and annually) was achieved by the District at 60% in Years 1 to 5. As noted, the District's M&E MIS is anticipated to further enhance the efficiency and effectiveness of the technical reporting systems, when it is operational.

The key constraint linked to overall effectiveness of the component to achieve its intended outcome, as assessed by the evaluator, is that the component was largely designed as a series of stand-alone actions, primarily supporting the immediate technical operations and needs of individual Secretariat Departments. It was not designed as a comprehensive package of supports to increase the capacity of the District Secretariat, across all of its operations. The programme budget allocation was certainly not so ambitious to seek this. The capacity of the District Secretariat Departments to fulfil their specific mandates has been increased. But, it is not clear that the wider policy coordination capacity of the District Secretariat has been significantly enhanced.

Efficiency

The efficiency with which the programme component actions have been realized, so as to transform the programme inputs and resources into outputs, as the basis for the realization of the intended outcomes, has at best been adequate. The delayed process for the construction of the Central Administration and Council Building has notably hung over the programme's entire implementation process. The increased costs that are now experienced, at the end of Year 6 of programme implementation, linked to undertaking of this specific action has necessitated the Secretariat to cancel certain component actions or to scale-back the extent of intended outputs. The delay has also now placed the MoLGRD in the position of needing to judge whether to proceed with the construction action, which it originally agreed to as a capacity building need of the Mangochi District Council at the design phase, via the MoLGRD provision of additional central government transfer.

Additionally, while the development of the District's M&E MIS will be a very valuable output, when finally completed in 2023, the process has not been timely so as to directly support the District's formation of a strong evidence-base, of statistical data or an analytical framework, to guide its development of the new DDP.

Furthermore, while the programme successfully supported the Department of Public Works to recruit three persons, it has also lost three staff members transferred to work in other districts in Malawi. This, again, places the MoLGRD in the position of needing to efficiently fulfil its commitment to achieve the programme scope. While the Department of Public Works supports District Offices in their supervision and final acceptance of all public works and infrastructure projects, its current staffing level limits their ability to fully supervise all stages of works beyond the minimum requirements that are established in the national guidelines for public works.

Sustainability

Sustainability will mainly be assured by and is dependent on central government transfers for the operation and maintenance of the District Council and its Secretariat services, including the maintenance of equipment and buildings, as well as the costs for the Secretariat human resources. Sustainability of the results and benefits of the programme is also assisted in terms of the efforts being made by the District to enhance its local revenue generation streams as a means to boost the total revenue and resources available for the District Council budget. The current efforts by the GoM to move ahead on the national decentralization agenda, including more significant progress anticipated to be delivered linked to fiscal decentralization, will also help the District to sustain the results and benefits in its implementation of its development plans and programmes.

Overall, the District Secretariat is confident it has the technical and also the financial capacities to ensure sustainable operation and maintenance of the MBSP II results, but it is aware that it will be challenging to ensure this effectively. Staff turnover and the extent of under-staffing will be challenging for sustainability. But, as the Secretariat is the main administrative structure of the District Council, sustainability of the

achieved results and capacity building efforts is secured, at local District level and via overall ownership of the MoLGRD.

Impact

The immediate impact of the programme component to strengthen the capacity of the District Secretariat to manage its development processes will largely become evident only in the context of the District's management and implementation of its new DDP. As a series of small-scale capacity building actions, the direct effects of the programme are evident, so far, primarily only at the level of the individual Departments.

The programme has positively supported the Secretariat, and the DCDO, to undertake planning of the new Mangochi DDP, conducted in partnership with established local government structures and partners. Whether it has also improved the capacity of the Secretariat to coordinate future development actions is to be seen.

The main area in which the capacity of the overall District systems remains partially weak is in the preparations for and the undertaking of public procurement processes. The time taken for the preparation of procurement and contract dossiers by District Offices (the user of the procured goods or services) is a key factor determining the ultimate efficiency of all procurement processes. While the District Office directors are to ensure their relevant staff are informed about procurement processes and issues, it seems that a cascading-training system has not been ensured. The Department of Procurement, with limited staff, can assist District Offices to understand specific issues or answer specific questions posed during their preparation of the public procurement tender or contracting dossiers, but it does not have the capacity to provide formal trainings.

Cross-cutting issues

Good governance

The MBSP II programme has been developed and implemented in partnership between the District Council and institutions and the locally decentralized political and administrative governance structures that exist at district level. Namely the TAs, ADCs, VDCs (political) and the DEC, AECs and sectoral Service Committees (administrative) are involved in the MBSP II. At local community level, the programme has also been implemented in partnership with local structures (such as Village Health Committees) and stakeholder groups (such as Mother's Groups). The DCDO is a key interlocutor in promoting an effective partnership between the District Council and its institutions and the decentralized structures and local communities. It also assists District Offices to reach local partners and to facilitate promotion of sensitization campaigns.

Overall, the feedback from the District and local community structures attest as to an effective partnership across the layers of governance to assist in the promotion of local development. Local communities attest as to the relevance of the local initiatives implemented in their areas to improve basic services provision. However, feedback also indicates challenges in terms of the efficiency of the engagement that can be assured, in terms of how periodic or frequently this is achieved so as to follow-up on local issues and on communication of key messages and campaigns. This is especially more challenging for the District and extension workers in reaching remoter areas of the District, and also those subject to seasonal or sudden inaccessibility constraints.

However, while the involvement of local government structures in the programme has been well managed, the involvement of the local community members through those committees does not seem to operate as adequately. Respondents to the MBSP II Household Surveys frequently (approximately 70% of the households) reported that the ADC or VDC had been involved in the District's decision-making concerning local community projects, but that they (local community members) were not consulted on the identification and prioritization of local development needs. Local governance at community level and the inclusion of citizens in consultations and decision-making at the level of VDCs could become more participatory. In addition, concerning the operation of local funds (e.g. local school development funds

and the water facility funds) to support maintenance and small-scale repairs, surveyed households indicated that transparency and accountability in terms of the use of and operation of the funds is limited and should be increased.

Lessons learned

Relevance

- The District Secretariat capacity building component was primarily designed as a series of stand-alone actions, supports responding to the immediate technical operations and needs of individual Secretariat Departments. It was not designed as a comprehensive package of supports to increase the capacity of the District Secretariat, across all of its operations, over the medium-term. It was designed prior to the deployment by the MoLGRD of its LAPA results framework to assess District Councils' performance.
- The component was also significantly skewed to promoting capacity building via construction of a new District Central Administration and Council Chamber building, rather than building operational capacity.

Sustainability

- While the MoLGRD has affirmed its commitment to the programme goals, including the programme support to strengthen Mangochi District Council and Secretariat capacity to manage its local development efforts, staffing level constraints at District Secretariat level are evident. This is notably apparent linked to the specific MBSP II programme result to boost the staffing capacity of the Department of Public Works.

Recommendations

Recommendations to ensure successful completion of actions

- The District Council, via the MoLGRD, needs to rectify the staffing level at the Department of Public Works.
- The Department of Monitoring and Evaluation should ensure full operationalization of the District's M&E MIS, including training for Secretariat and District Office staffs on its requirements and functions. The effectiveness of the MIS, to provide an evidence-base to support Council and Secretariat decision-making, to steer local development actions, will depend on the realized timeliness with which progress data is uploaded to the MIS by the District Offices, and the extent to which the data is utilized to generate analysis.
- Undertaking of the construction of the District Central Administration and Council Chamber building is now dependent on the MoLGRD to find a solution to resolve the financing gap estimated for completion.

Recommendations for the potential future orientation of any support

- It would be highly valuable to further strengthen procurement and contracting, and supervision capacity of the overall District institutions, via developing a coherent, local system of training and capacity building.
- It would also be valuable to strengthen the capacity of the Secretariat to lead on the coordination of development planning and management following a whole-of-government-approach, and via its greater emphasis on the learning of lessons across programmes, and sharing lessons with development partners.
- However, overall, any future potential support for capacity building of the District Secretariat should be targeted on the basis of addressing weaknesses identified by the MoLGRD based on the LAPA results.

ANNEX 20 MBSP PHASE II – HOUSEHOLD SURVEY RESPONSE ASSESSMENT REPORTS

Annex 20.1	HOUSEHOLD SURVEY RESPONSE - PUBLIC HEALTH ASSESSMENT REPORT
Annex 20.2	HOUSEHOLD SURVEY RESPONSE - BASIC EDUCATION ASSESSMENT REPORT
Annex 20.3	HOUSEHOLD SURVEY RESPONSE - WATER AND SANITATION ASSESSMENT REPORT

To support the evaluator’s assessment of the performance of the MBSP II programme, three sectoral household beneficiary surveys were developed by the team - linked to MBSP II components Health services, Education services, Water and Sanitation. [As the Economic Empowerment component is only at pilot testing phase, it was judged that a household survey in this area was not relevant so as to inform the assessment.]

Research linked to the household beneficiary surveys was conducted in the field, in July 2023, by the evaluator’s Survey Team (one Data Statistician and seven Enumerators), undertaken in local villages within the catchment area of supported MBSP II facilities. The villages in which beneficiary surveys were conducted were randomly selected from all those in the catchment area, as also were the individual households within the selected villages. In total, 385 local households with access to local basic services were contacted via the survey process.

Linked to each sectoral household beneficiary survey an assessment of the survey responses is provided. These are structured so as to present the following information.

- Introduction and key findings
- Household Survey findings
  - General information about sample households
  - Other characteristics of sample households
  - Functionality of the local basic public services
  - Take-up of the services by the local community and target groups
  - Satisfaction with the local basic public services
- Cross-cutting issues (gender equality, human rights, environmental sustainability, governance)
- Recommendations

20.1 Household Survey Response - Public Health Assessment Report

1.0 Introduction

The Household (HH) Survey for the Health sector was conducted in July 2023 in the catchment areas of three Health Centres namely Kukalanga, Koche, Lungwena, and Mangochi District Hospital. It also covered villages in the catchment areas of six health posts. The study employed a four-stage random sampling procedure as follows, (i) a listing and selection of health centres and/or health posts that were accessible following the destruction of the rural roads infrastructure by the cyclone Freddy, (ii) a listing of, and random selection of two villages in the catchment areas of the selected health centres and health posts, (iii) in the selected villages, a listing of mothers with children aged 1 to 2.5 years, and (iv) from the listing of mothers/guardians in each village, 21 were randomly selected and interviewed. The notion of targeting mothers with 1 – 2.5 year olds was premised on the assessment of child immunization. Other tools that were employed in the MBSP II final evaluation for the health sector included Key Informant Interviews (KIIs) with Health Centre staff, Focus Group Discussions (FGDs) with Health Surveillance Assistants (HSAs), and Village Health Committees (VHC).

1.1 Summary of key findings

Functionality of Health Posts - the HH Survey results show that only 57% of the mothers/caregivers that were interviewed reported that their health posts were functional, 71.5% indicated that the health posts were regularly delivering services on scheduled days while 28.5% revealed that the services were delivered intermittently depending on the availability of the HSA in the area. Health posts are mainly designed to deliver services for Under 5 children but with the exception of a few, other services such as antenatal care are also delivered under special arrangements. Lack of broad-based services delivery is mainly due to lack of staff, other facilities such as electricity and water, and staff houses on site.

Functionality of village clinics - The HH Survey results show that only 11.5% of the respondents reported as having a village clinic in their village, of which only 40% confirmed the functionality of the village clinics. FGDs with HSAs and village health committees had also revealed the existence of village clinics in some villages but acknowledged that the clinics were largely non-functional due to lack of qualified staff to backstop the clinics, and frequent drugs outages. HSAs, apart from those specifically trained to participate, are not assigned to and do not qualify to oversee village clinic operations based on the nature of their training and their jobs as frontline health staff, hence most village clinics remain dormant.

Pregnant mothers' starting antenatal care in the first trimester - Based on the HH Survey results, 65.3% start ANC in the first trimester, 34.2% in the second trimester, and 0.5% in the third trimester. The HH Survey result represent a higher achievement rate compared to the HMIS's reported rate of 19%. The wide variation could be attributed to data sources - the HH Survey focused on MBSP II target areas while the HMIS data is consolidated from the entire district datasets. Nonetheless, the HMIS/district result (19%) reveals that there is a long way to go towards achieving the desirable result. One factor that has contributed to a higher rate of antenatal visits in the first trimester in the targeted areas, based on the HH Survey data, is antenatal care being delivered in selected health posts which are conducted at least once a month. Conversely, the 'low' district level achievement rate could be due to continued centralization of ANC in health centres and Mangochi District Hospital because most health posts do not have the health staff and facilities to provide ANC. In addition, lack of cash, long distance, and travel time and cost to health centres or Mangochi District Council are some of the factors that constrain pregnant mothers from starting ANC in the first trimester.

Delivery and support to pregnant mothers at a health facility - With improved access to antenatal care, 96.6% of pregnant mothers had delivered at a health facility based on the HH Survey results. However, there were isolated cases of pregnant mothers who delivered at home (0.8%) and on the way to a health facility (2.6%). Through FGDs, the delivery at home or on the way to a health facility was due to long distance to a health centre, lack of money to pay for transport, and in other instances, pregnant

women's delays to move to the health centre early enough in line with the delivery due dates. HH Survey results also show that 99.1% of pregnant mothers were assisted by a nurse/midwife during delivery which is consistent with the government's objective of reducing maternal deaths.

Complications during delivery - 22% of pregnant mothers had experienced complications during delivery. However, these were managed through emergency obstetric care at the health facility and Mangochi District Hospital respectively. MBSP has supported the provision of equipment and accessories for maternal care including ambulances for referral cases, thus contributing to a reduction in maternal and new born deaths.

Health seeking behaviours - The HH survey had also investigated health seeking behaviours of mothers for children who suffered from Diarrhoea, Acute Respiratory Infection (ARI), and Malaria. The results show that the majority of mothers had followed health seeking protocols to access treatment in order to prevent neo-natal mortality. In all the episodes, over 75% of the mothers/caregivers reported having sought treatment from a health facility. Furthermore the HH Survey results show that over 90% of the mothers or caregivers that were interviewed had a mosquito net, and that that new born babies slept under mosquito nets every day. This resulted reflects mother's adoption of information and messages from antenatal and post-partum counselling.

Child (Under age 1) immunization - The HH Survey shows that a 100% immunization rate was achieved partly due to the rolling out of immunization campaigns in health posts which have become hubs for health services delivery.

Satisfaction with health services delivery - Overall, the HH Survey results indicate good satisfaction with the quality of health education and quality of antenatal care (96.6% of respondents for both), attitude of HSAs and other health personnel (93.2%), performance of HSAs (92.4%), access to services (71.2%), and quality of health post infrastructure (68.6%). However, the results also show high dissatisfaction with the performance of village health clinics (82.2% of respondents), and to some extent, distance to the health post (43.2%) and distance to the nearest health centre (34.7%).

Environmental issues - It is generally acknowledged that climate change and the cyclones have had adverse effects on the communities in Mangochi through disruption of livelihoods systems. The HH Survey shows that 93.8% of the respondents attributed household food and nutrition insecurity due to climate hazards including flooding from cyclone Freddy and increased frequency of drought in some years. Other adverse climate impacts include scarcity of safe water in the dry season (28.1% of respondents), and increased malaria infection (21.9%).

Health rights - The HH Survey results show that there is equal access to health services without discrimination or conditions attached and the community is aware of its basic rights to access health services.

Community participation - The HH Survey results indicate that community participation in the identification, prioritization, and decision-making with regard to local community-based development remains a challenge as only 30.5% of mothers/caregivers that were interviewed reported to have been consulted. The result is a clear manifestation that community participation is by-passed with decision-making largely done outside the community's sphere.

HOUSEHOLD SURVEY FINDINGS

2.0 General information about sample households

Table 1 presents general information about mothers and caregivers that were interviewed in the health sector Household Survey. Overall, 118 mothers and caregivers were interviewed, 46 (38.9%) Female Headed Households (FHHs) and 72 (61.1%) from Male Headed Households (MHHs). The minimum age among all the respondents was 18 years with a maximum age of 52 years for FHHs and 78 years for MHHs while the overall average age was 31 years. Age 78 years naturally represents a grandmother who is outside a child bearing age range but could be a caregiver looking after grandchildren.

TABLE 1: GENERAL INFORMATION ABOUT MOTHERS/CAREGIVERS INTERVIEWED			
	All HHs	FHHs	MHHs
Total number of Households interviewed	118	46	72
Minimum age	18	19	18
Maximum age	78	52	78
Average age	31	28	33
Average household size	4.9	4.5	4.1

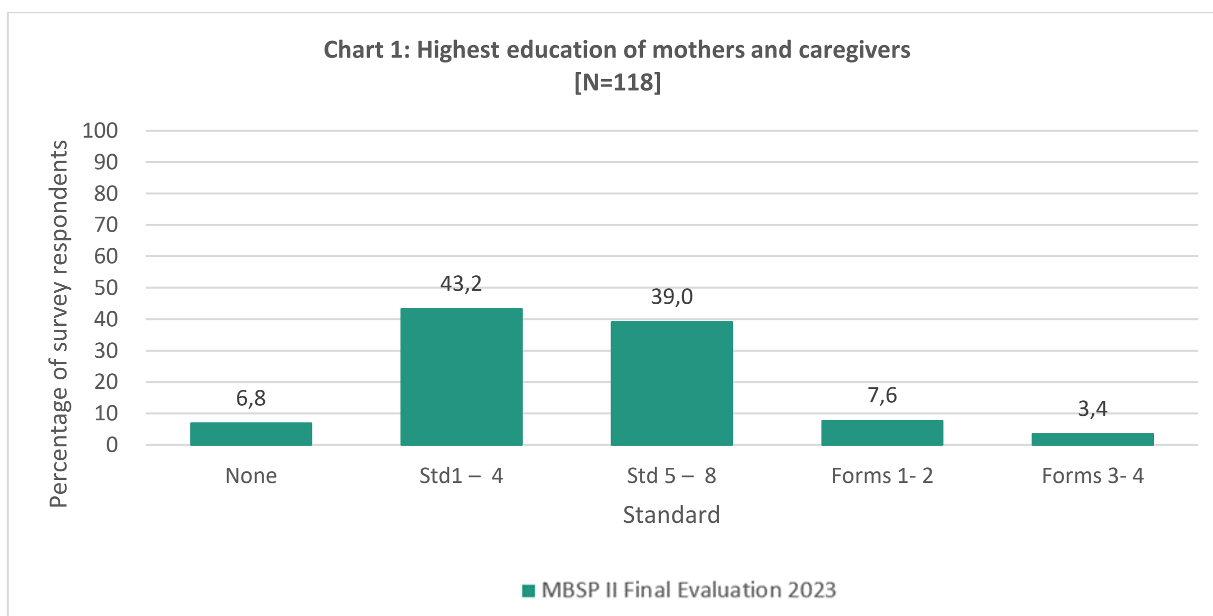
2.1 Other characteristics of sample households

2.1.1 Marital status of sample households

Analysis of the civil status of sample households indicated that (87.1%) was married, 11.0% divorced, and 7.6% separated, 2.5% had never married, and 1.7% widowed. Overall 12.9% of the mothers and caregivers interviewed were single mothers. Being a single mother can have implications on the support and care of the family especially among poor households where healthcare is managed singlehandedly.

2.1.2 Highest education

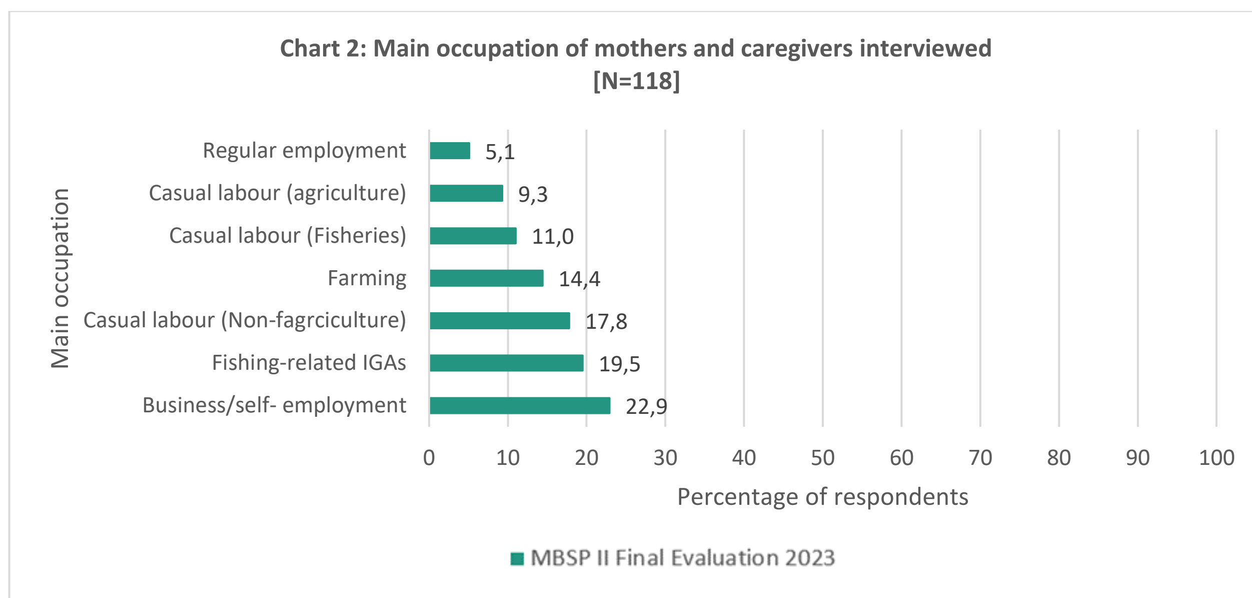
Further analysis of the household survey data shows that 6.8% of the respondents had never attended school at all, the majority (82.4%) had attended primary school, and 11.0% had secondary school education while none had tertiary education. In Chart 1 below, 50% of the respondents are either illiterate or have only attended junior primary education (Classes 1 – 4) where the reading proficiency is usually low. This may have implications on better understanding and application of health information/messages from healthcare providers. Hence, the selection of appropriate media for disseminating messages on maternal and new borne health care needs to be developed in line with prevailing literacy levels for effective utilization by pregnant mothers and other caregivers. To this effect, the MBSP education programme is better placed to improve literacy levels that can support functional literacy for future mothers.



2.1.3 Main occupation of mothers and caregivers interviewed

Chart 2 presents the main occupation of mothers and caregivers that were interviewed. Typical of rural poor households, 94.9% depend on informal sector activities for their livelihoods with 14.4% engaged in subsistence farming while 5.1% is employed in the formal sector possibly as labourers due to low literacy levels as discussed in the preceding section. Engagement in income earning opportunities is important

to expectant mothers for them to prepare well for the new born as well as pay for private healthcare services in places where the distance to the nearest government health facility remains a challenge.



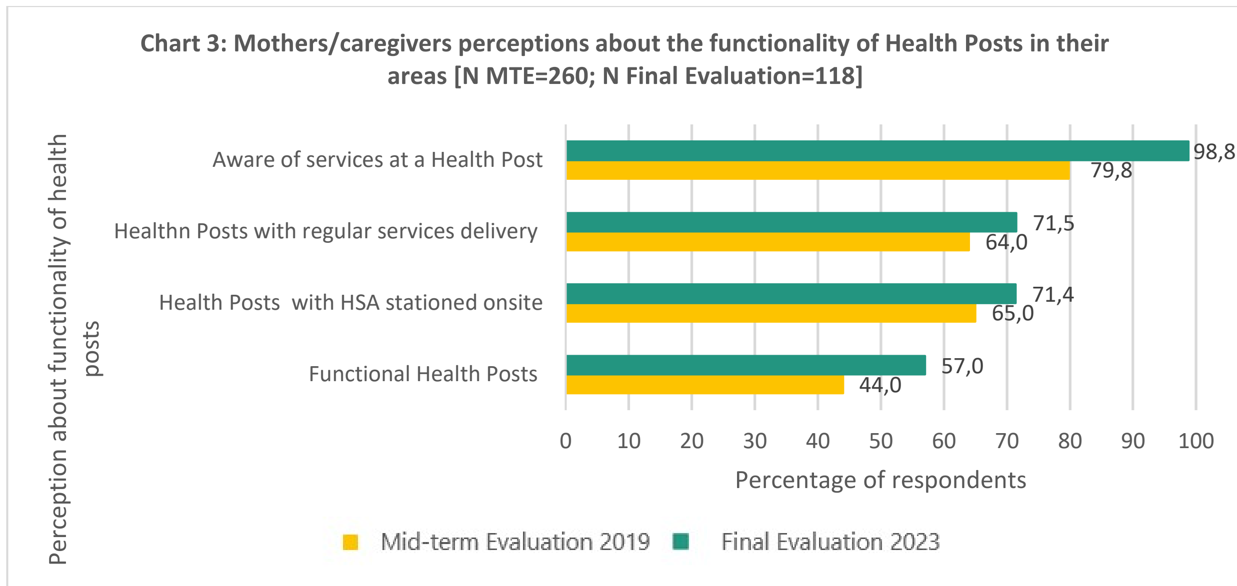
3.0 Functionality of Health Posts and Village Clinics

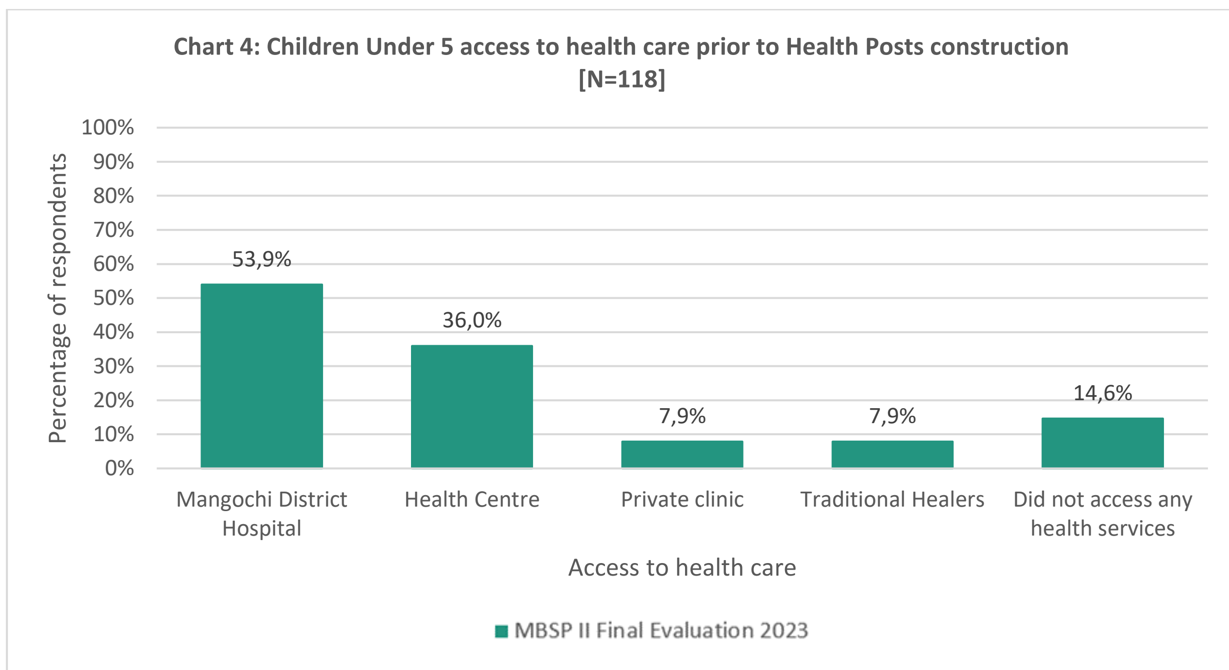
3.1 Health Posts

Based on the health sector outputs achievement rates as at the close of Phase II, only eight out of the 15 planned construction of health posts have been completed representing a 53.3% achievement rate. The HH Survey did not cover all the eight health posts that have been constructed through the MBSP. However, of the health posts that were covered by the study, the HH Survey results indicate that only 57% of the mothers/caregivers that were interviewed indicated that their health posts were functional with regular services delivery as reported by 71.5% of the respondents in **Chart 3** below. The main reason why some of the health posts are not providing regular services is that the HSA has to commute either from a health centre or from a different location. This contributes to irregular services delivery as the HSA covers a long distance to the health post coupled with logistical challenges as the HSAs main mode of transport is the push bike. Non-residential status of HSAs at the health posts is due to lack of accommodation on site, for example Ndooka health post lacks a housing unit for the HSA. These assertions are also supported by FGDs with the village health committee.

Health posts are highly appreciated by the communities for the various healthcare delivery mainly for Under 5 children. For example, prior to the construction of health posts, **Chart 3** shows that 53.9% and 36.0% accessed Under 5 health services from Mangochi District Hospital and Health centres respectively. The health posts have brought the services closer to the communities and have also increased utilization of the services such as growth monitoring and child immunization.

However, health posts still do not deliver basic services including antenatal care and medical services due to lack of staff and other facilities on site. Therefore, to enhance and consolidate services delivery in health posts, the MBSP needs to complete the construction of the remaining health posts and houses for the HSAs. In addition, the next programming needs to incorporate expansion of services delivery in health posts such as antenatal care and medical services through construction of houses for a medic and a nurse respectively.

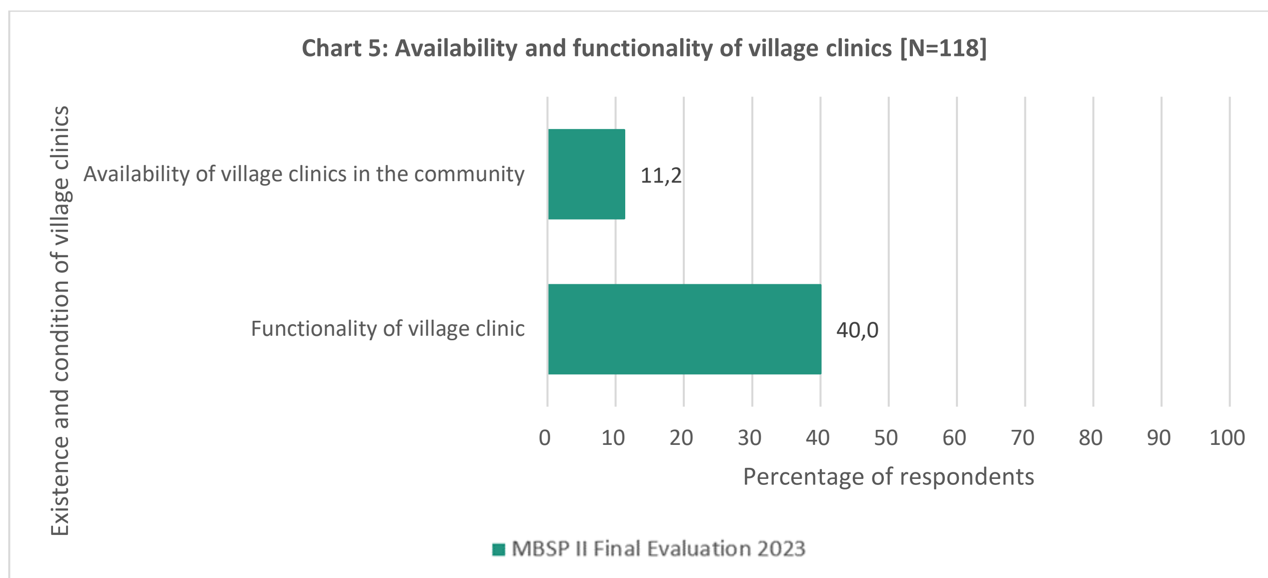




3.2 Functionality of village clinics

According to MBSP II outputs achievements, all the 60 planned village clinics have been established. Since Mangochi is a large district with numerous villages, the 60 villages with supposedly village clinics were not deliberately targeted by the HH Survey as there were other considerations in selecting the sample villages. Nonetheless, the HH Survey reported that only 11.5% of the respondents had a village clinic (Chart 5). Of the 11.5% respondents, 40% of them indicated that the village clinics were functional. This result is not surprising based on FGDs with HSAs and village health committees who acknowledged the existence of village clinics in some villages but largely non-functional. Two factors emerged from FGDs – (i) insufficient qualified health personnel to backstop the village clinics as HSAs are not trained as medics to oversee the village clinic operations with only a few having been trained, and (ii) drugs outages as most of the village clinics are not adequately stocked with drugs to be effective. Like health posts, the communities perceive village clinics as crucial in providing relief especially in communities that are far away from a health centre and in hard-to-reach areas.

Therefore, the District Council needs to consider revamping the village clinics, if indeed the 60 are established, by (i) training more HSAs to oversee the functions of village clinics as HSAs are frontline staff that regularly interface with the communities, and (ii) improve on drug outages through advance planning based on the previous drugs consumption rates in the communities, a four to six months stock would probably be ideal to ensure continuous supply.



4.0 Maternal and new born health

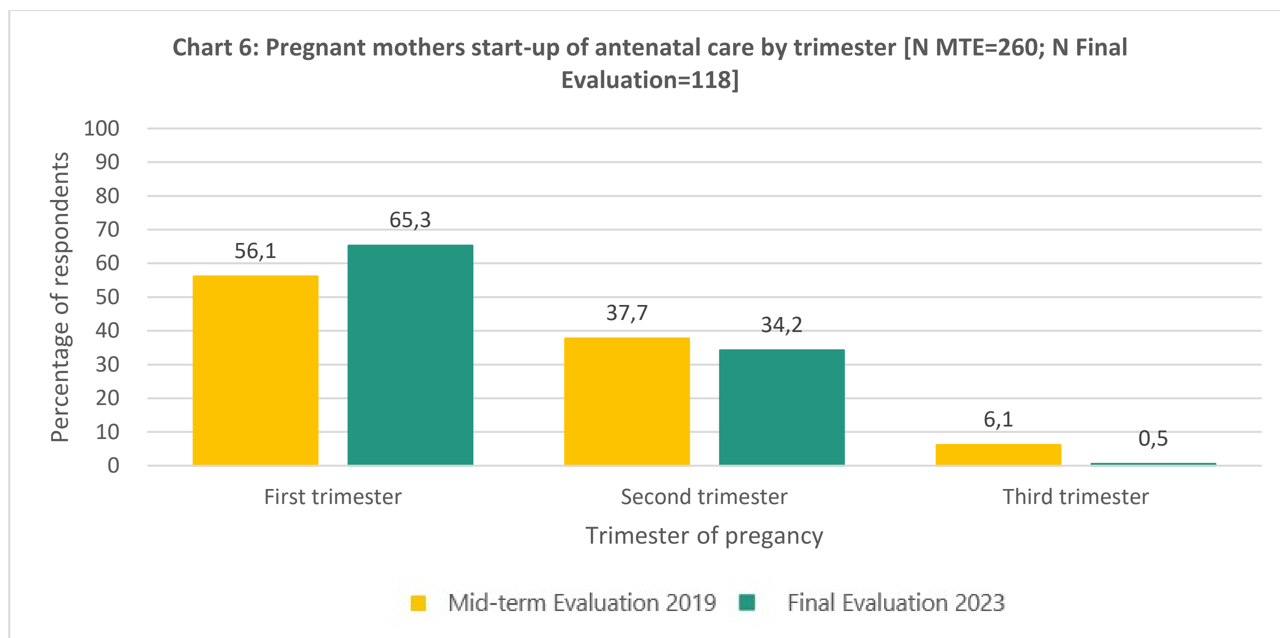
4.1 Antenatal care

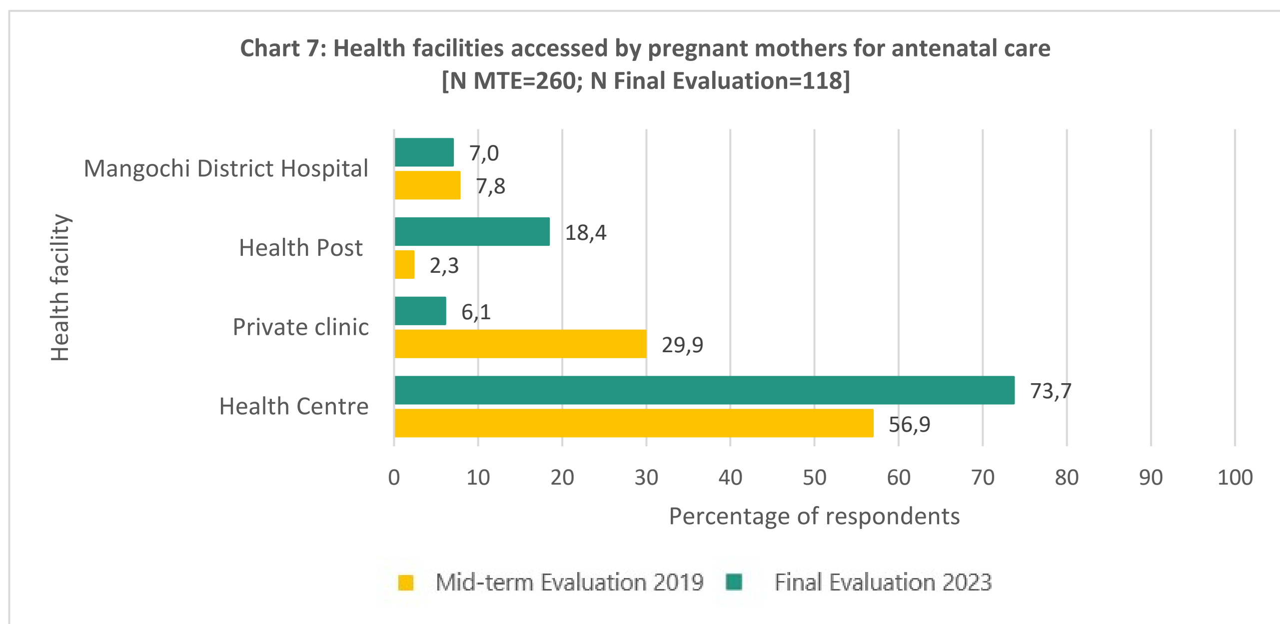
Antenatal care (ANC) is defined as health care (medical and support services) of the pregnant woman and her foetus from conception to the onset of labour[73]. ANC helps to ensure that the expectant mother and her foetus survive pregnancy and child birth in good health. ANC is also important for early detection and treatment of problems and complications, prevention of complications and diseases, birth preparedness, complication readiness, and promotion of good health.

4.1.1 Pregnant mothers' starting antenatal care in the first trimester

Based on the MBSP II 2023 Endline HH Survey, 65.3% started ANC in the first trimester against 56.1% during the 2019 MTE (Chart 6). The HH Survey result is very high achievement rate as compared to 19% reported in the MBSP II M&E Framework. The large variation could be due to data sources - the HH Survey focussed on MBSP II target areas while the HMIS data (19% achievement) is consolidated from the district datasets, reflecting that, as a district Mangochi still has a challenge in achieving early antenatal start-up results. One factor that has contributed to a higher rate of antenatal visits in the first trimester in the targeted areas is the intermittent delivery of antenatal care in some of the health posts conducted at least once a month e.g. Luchichi and possibly other health posts not covered by the HH Survey. Conversely, the 'low' district level achievement rate could be due to centralization of antenatal care to health centres and Mangochi District Hospital because the health posts do not have the staff to deliver the services as presented in **Chart 6** where 73.3% of pregnant mothers accessed antenatal care through health centres (Endline 2023) versus 18.4% through health posts. During FGDs it was mentioned that pregnant mothers in Nkali and Ndooka communities still have to travel long distances to access antenatal care. This partially explains why 34.2% of the respondents started ANC in second trimester against 37.7% in 2019 (Chart 6). As indicated the preceding section, the resolution to improving health services delivery to the communities is to re-inforce the health post services so that people travel short distances to the nearest health facility.

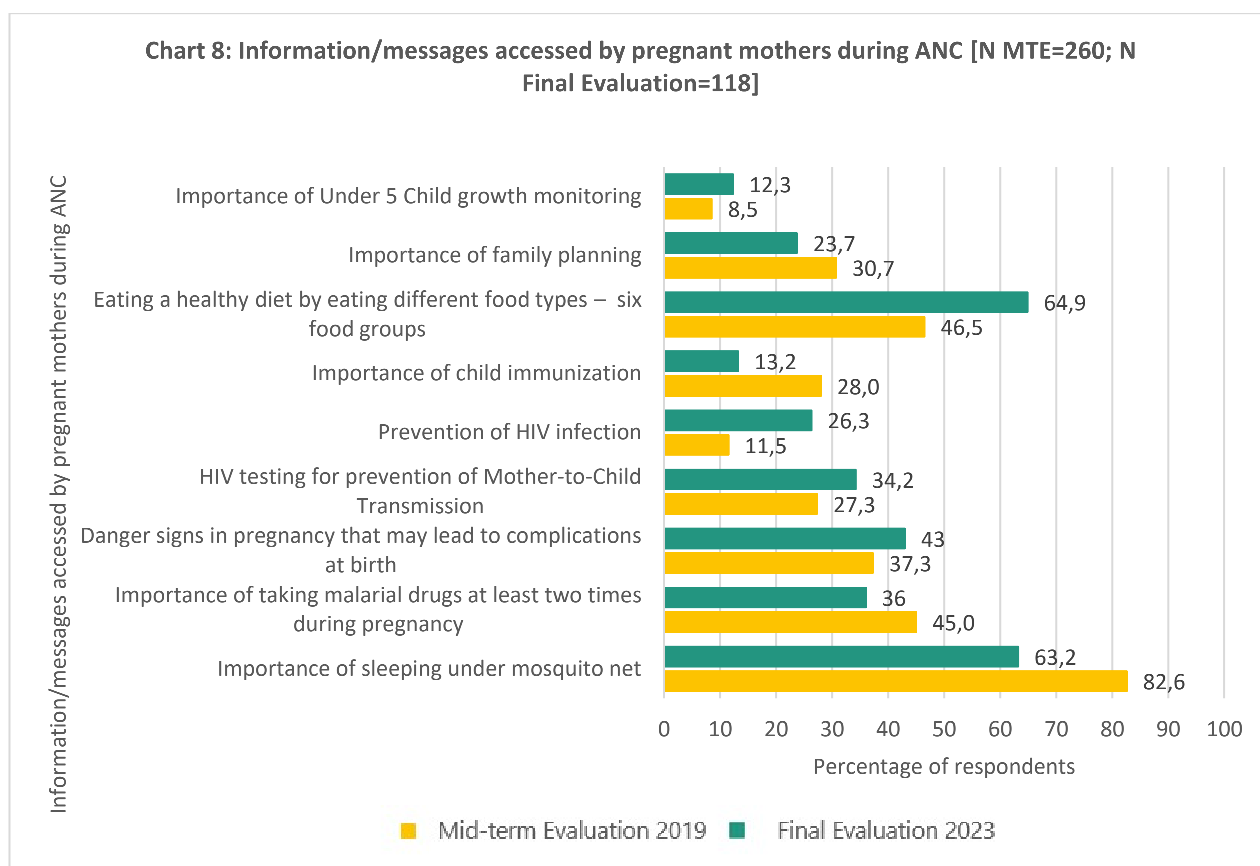
[73] Ministry of Health (March 2009), Manual for Integrated Maternal and Neonatal Care.





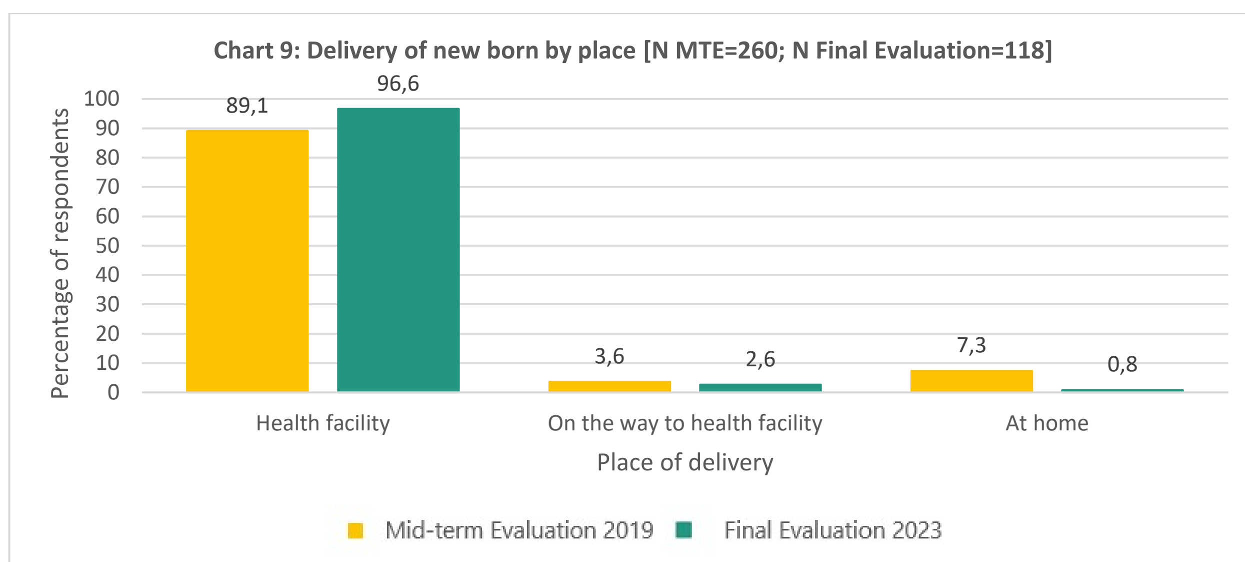
4.1.2 Information/messages accessed by pregnant mothers during ANC visits

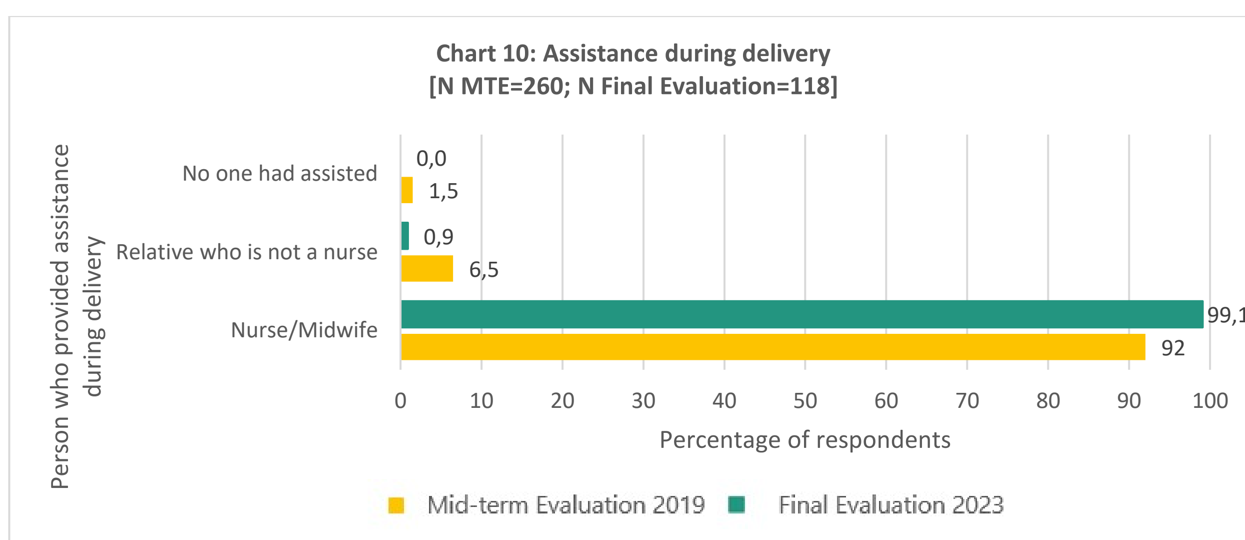
From the FGDs with village health committees, it was clear that improved access to antenatal care has contributed positively towards reducing maternal and new born deaths due to vital information that pregnant women access as well as counselling by the health personnel. The HH Survey gathered a suite of information/messages through recall as presented in Chart 8 below. This important information was not widely accessed before antenatal care was introduced in the health centres and, to some extent, health posts. The MBSP II is therefore able to contribute towards reducing maternal and new born deaths through emphasis on antenatal care e.g. 43% of the respondents said antenatal care helped them to know the danger signs in pregnancy that may lead to complications at birth. It would not have been possible to access such information without ANC visits.



4.2 Delivery and support at a health facility

With improved access to antennal care, counselling and information, more pregnant mothers are delivering at a health facility (Chart 9: 96.6% 2023 Endline, 89.1% MTE 2019). There are also isolated cases of pregnant mothers delivering at home (0.8% 2023) or on the way to a health facility (2.6% 2023). In FGDs, it was noted that delivery at home or on the way to a health facility was due to (i) some women still have to travel long distance to a health facility, and (ii) pregnant women not moving to the health facility early enough after noting birth signals and ignoring due dates because of lack of money for travel to a health facility. These rare cases will still prevail as long as maternal services are only available in health facilities far away from the communities. In terms of support during delivery (Chart 10), 99.1% (2023) and 92% (2019) of the respondents indicated that they were supported by a nurse/midwife, which is the recommended practice.





4.3 Birth complications during delivery

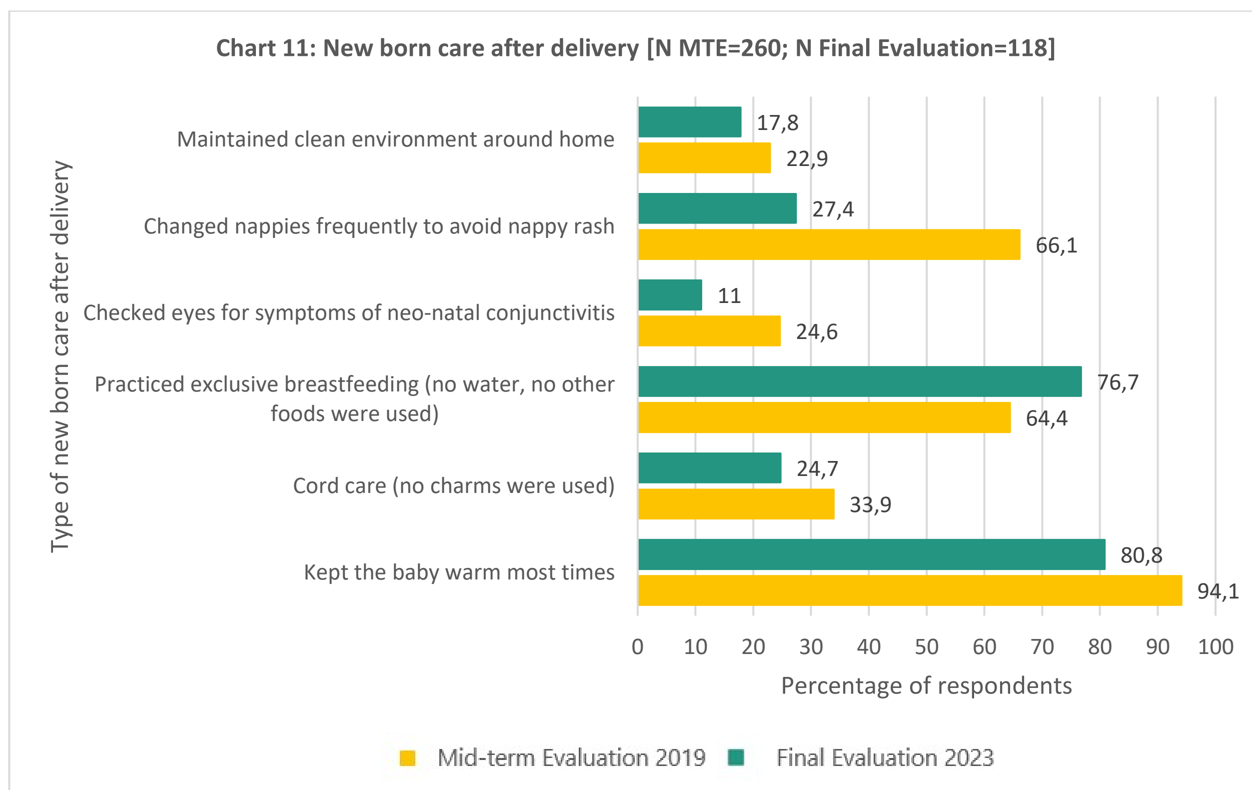
Table 1 below shows that 22% of pregnant mothers in 2023 (and 8.8% 2019) experienced complications during delivery. However, these were managed as follows, (i) 57.7% (2023) received emergency obstetric care at the health facility, and (ii) 42.3 % (2023) were referred to Mangochi District Hospital for emergency further obstetric care, thus reflecting no loss of life of the mother and the new born. The MBSP has provided equipment and accessories in health facilities to perform obstetric care as well as ambulances to facilitate referral cases. These provisions contribute towards reducing maternal and new born deaths.

TABLE 1: COMPLICATIONS AND CARE DURING DELIVERY

	% Respondents	
	MTE 2019	Endline 2023
Mothers that experienced complications during delivery	8.8	22.0
Care of mothers that experienced complications during delivery:		
Emergency obstetric care at the health facility	86.9	57.7
Referred to Mangochi District Hospital for emergency obstetric care	13.1	42.3

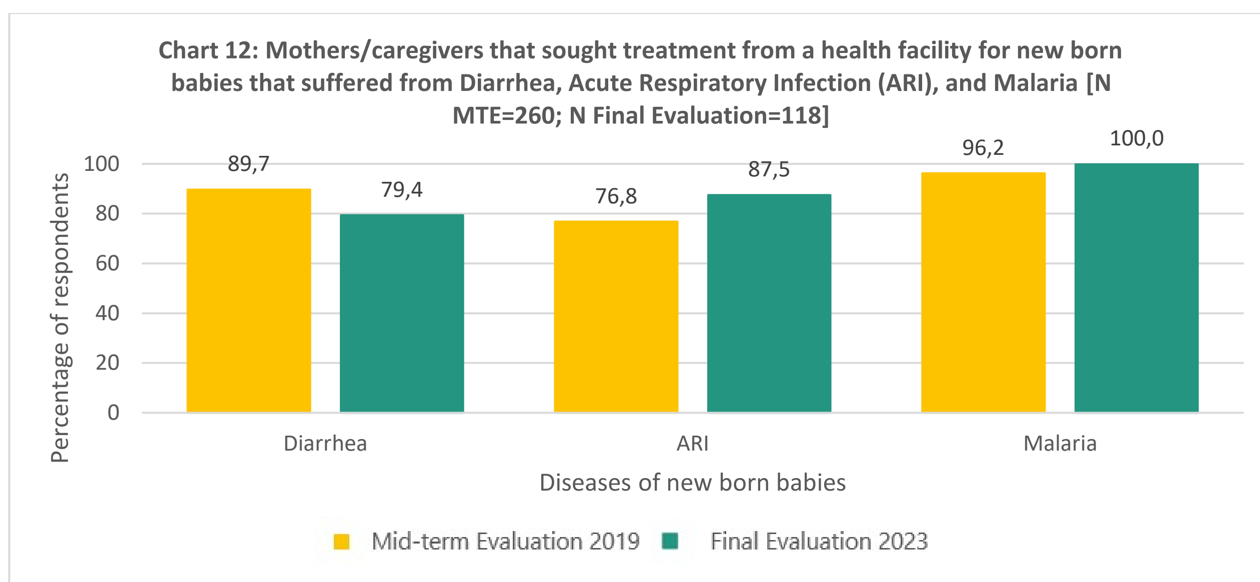
4.4 New born care after delivery

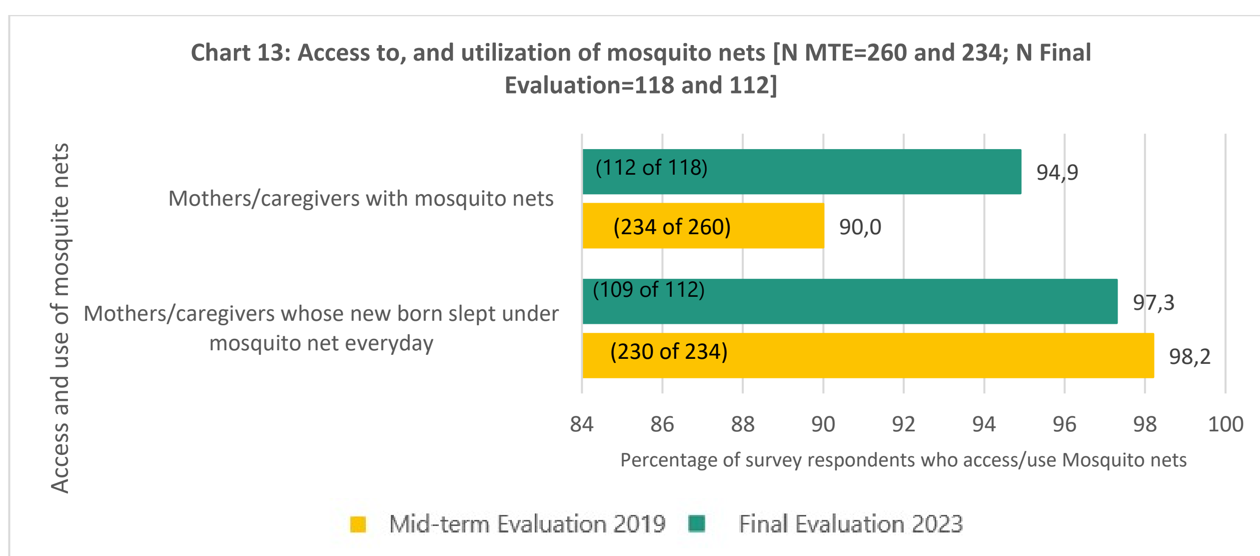
Upon delivery, mothers are provided with vital information to prevent neo-natal deaths and these are applied by mothers with examples in **Chart 11** below. The MBSP support from antenatal care through delivery at a health facility supported by qualified health personnel to post-delivery (post-partum) care is critical in the prevention of maternal and new born deaths. In the case of post-partum care, keeping the baby warm most times, exclusive breastfeeding, and changing nappies frequently are some of the basic fundamentals that keep the babies live and healthy.



4.5 Health seeking behaviours

In addition to antenatal care, delivery at a health facility with support from qualified personnel, and post-partum care, mothers are also counselled to seek treatment from health facilities in case of children's sicknesses. Chart 12 below summarizes health seeking behaviours of mothers for their children who suffered from Diarrhoea, Acute Respiratory Infection (ARI), and Malaria. The results show that the majority of mothers had followed health seeking protocols to access treatment and prevent child mortality. In all the cases, over 75% of the respondents reported having sought treatment from a health facility with malaria scoring 100%. One of the messages during antenatal care is for mothers to ensure that new born babies sleep under Insecticide Treated Nets (ITNs) to prevent malaria infection because malaria is a deadly disease that can easily eliminate a new born. The HH Survey results in Chart 13 show that over 90% of the respondents had mosquito nets with their new born sleeping under them every day. This result also reflects good adoption of healthcare practices promoted through the MBSP.





Child (Under age 1) immunization - The HH Survey shows that a 100% immunization rate was achieved due to the roll out of immunization activities to health posts which have become hubs for health services delivery.

5.0 Satisfaction with health services delivery

Table 2 shows that overall, there is good satisfaction with the quality of health education and quality of antenatal care (96.6% of respondents for both), attitude of HSAs and other health personnel (93.2%), performance of HSAs (92.4%), access to services (71.2%), and quality of health post infrastructure (68.6%). However, there is high dissatisfaction with the performance of village health clinics (82.2% of respondents), and to some extent, distance to the health post (43.2%) and distance to the nearest health centre (34.7%). The need for improved community access to health posts and village clinics have been discussed in the relevant sections of the report. What is required really is to up-scale services delivery in health posts as well as operationalize dormant village clinics. Both interventions requirements can be incorporated in the next programming phase, if it materializes, to ensure that the health posts have the remaining and additional infrastructure provided, qualified health personnel on site e.g. a medic, nurse, and HSA to achieve a broad services delivery. For the village clinics, it is the training of health personnel to support services and to ensure constant supply of drugs.

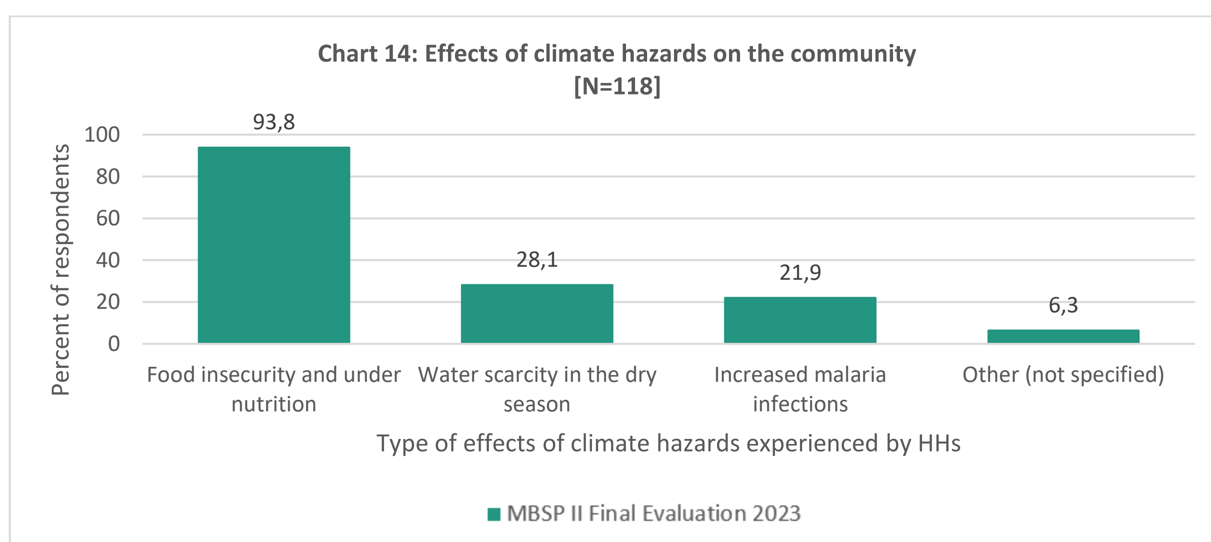
TABLE 2: SATISFACTION WITH HEALTH SERVICES DELIVERY

	% Respondents		
	Satisfactory	**Neither Satisfied nor Dissatisfied**	**Dissatisfied**
Distance to the nearest health post	51.7	25.1	43.2
Distance to the nearest Health Centre	45.8	19.5	34.7
Access to services	71.2	16.1	12.7
Quality of Antenatal care	96.6	1.7	1.7
Quality of Health Post facilities (buildings, etc.)	68.6	3.4	28.0
Quality of health education	96.6	2.5	8.0
Attitude of HSA and other health personnel	93.2	3.4	4.2
Performance of HSA in this community	92.4	3.4	4.2
Performance of the village health committee	55.1	21.2	23.7
Performance of the village health clinic	6.8	11	82.2

6.0 Cross-cutting issues

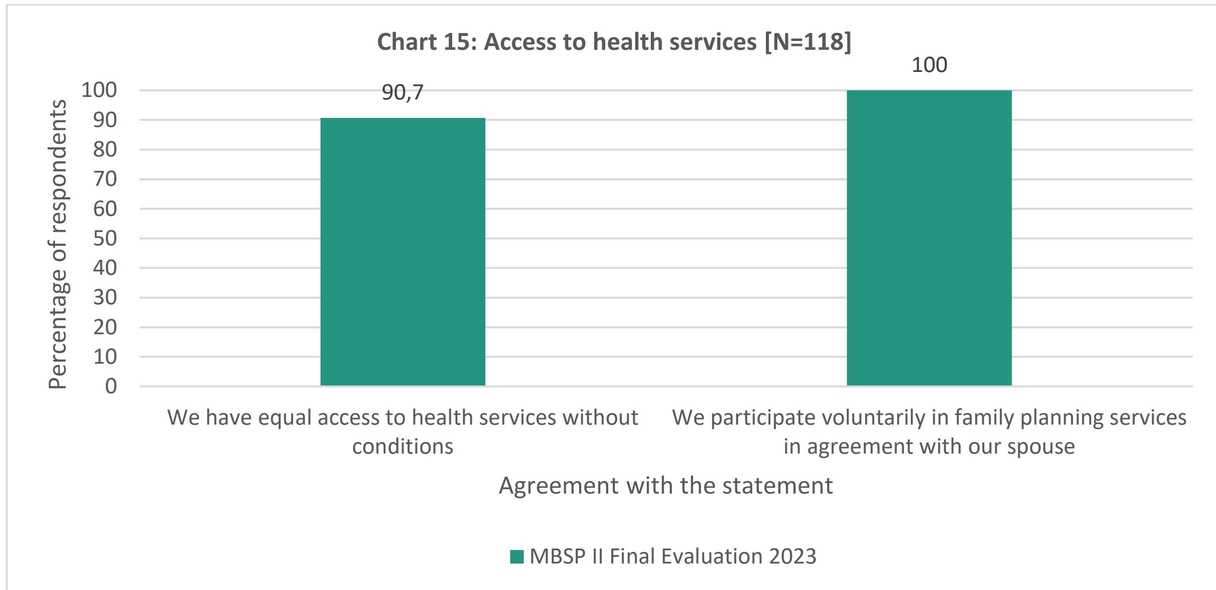
6.1 Environmental issues

It is generally acknowledged that climate change and the cyclones have had adverse effects on the communities in Mangochi through disruption of livelihoods systems. The HH Survey investigated the extent to which climate hazards have affected their livelihoods. The results in Chart 14 below shows that 93.8% of the respondents attributed household food and nutrition insecurity to climate hazards including flooding from cyclone Freddy and increased frequency of drought in some years. The other negative impacts on a relatively small-scale include scarcity of safe water in the dry season (28.1% of respondents), and increased malaria infection (21.9%). Probably in the next programming, the district council should consider environmental sustainability to mitigate the effects of climate change and these may include support to replenish forestry resources/cover in the district and increase community access to solar powered irrigation to enhance food and nutrition security.



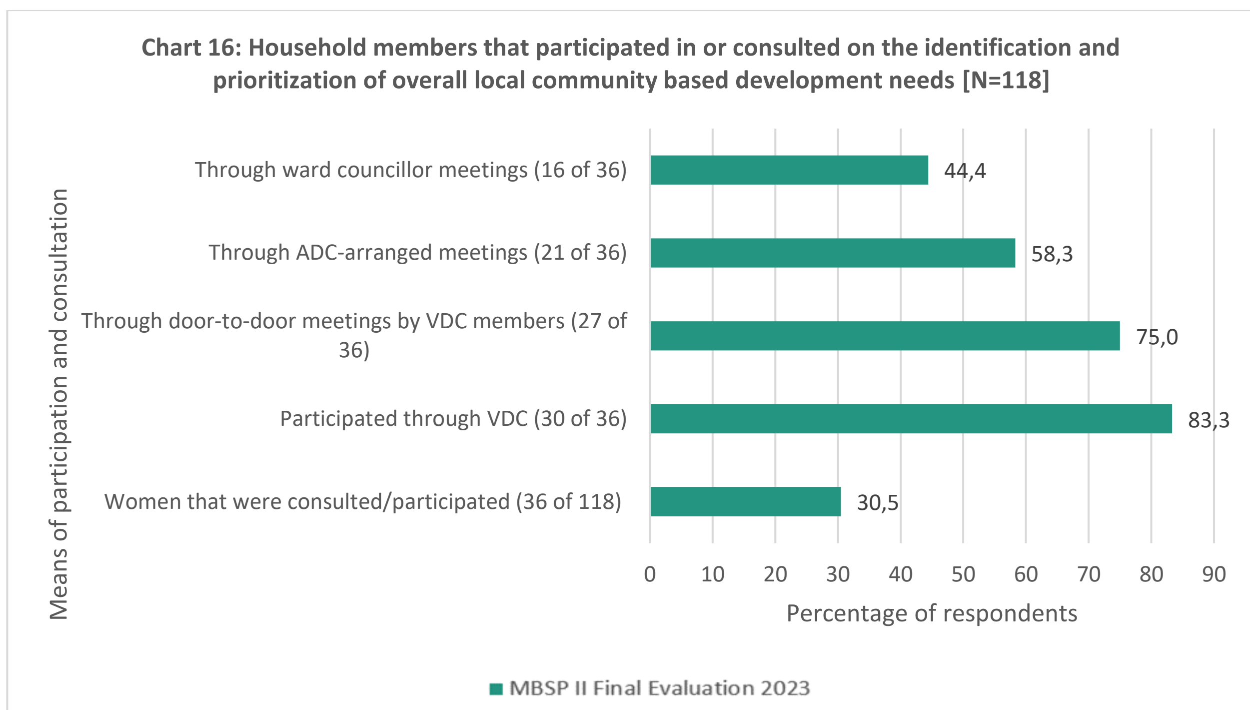
6.2 Health rights

The HH Survey results show that there is equal access to health services without discrimination or conditions attached. The community is aware of its right to access health services from the government through information from the media and human rights institutions operating in the district.



7.0 Community participation

Community participation in the identification, prioritization, and decision-making with regard to local community-based development remains a challenge as reflected in Chart 16 below. Of the 118 mothers/caregivers that were interviewed, only 36 reported to have been consulted, representing 30.5% of those interviewed. The result is a clear manifestation that community participation is by-passed with decision-making largely made outside the community's sphere. Our proposal is that the district development planning process needs to be fully enforced to ensure that the communities prioritize and receive the development that they deserve.



8.0 Recommendations

Recommendation on health posts - To enhance and consolidate services delivery in health posts, the MBSP needs to complete the construction of the remaining health posts and houses for the HSAs. In addition, the next programming needs to incorporate expansion of services delivery in health posts such as antenatal care and medical services through construction of houses for a medic and a nurse respectively.

Recommendation on village clinics - The District Council should (i) train and deploy additional HSAs to oversee the functions of village clinics because as frontline staff they are in regular contact with the communities, and (ii) reduce drug outages through better planning of stocks and management of stocks.

Recommendation on Antenatal care - To increase ANC attendance in the first trimester, there is need to upscale ANC in health posts, but for this to be attained, there is need for gradual strengthening of healthcare in health posts by providing additional infrastructure and staff to support services delivery.

Recommendation on environmental issues - In the next programming, the district council should consider environmental sustainability to mitigate the effects of climate change and these may include support to replenish forestry resources/cover in the district and increase community access to solar powered irrigation to improve food and nutrition security.

Recommendation on community participation - The district development planning process needs to be fully adhered to, and enforced to ensure that the communities prioritize their own development based on their own needs.

20.2 Household Survey Response - Basic Education Assessment Report

\ 1.0 Introduction

The education Household survey was conducted in July 2023 in areas around the five MBSP II-funded schools (see list below). A total of 142 questionnaires were conducted by trained research assistants. A three-stage sampling technique was employed in the selection of households as follows:

- from the list of twelve MBSP target schools, six primary schools were randomly selected for the HH Survey;
- at each school with support from teachers, a village list in the catchment area of the school was prepared and two villages were randomly selected; and
- in each of the two selected villages per school, a household list of parents/guardians with children in the primary school was prepared and from the list 14 parents/guardians were selected and interviewed.

Table 23: Sample MBSP schools

No	School	School Characteristics
1	Changamire Primary school	Generic school
2	Chimbende Primary school	Special Needs School
3	Mtengeza Primary school	School with Piped water system School has powerful solar system
4	Koche Model Primary School	Model Primary School
5	Chimwala Primary School	Generic School
6	Chikomwe	Generic School

1.1 Summary of Household Survey findings

Overall school attendance and performance: The survey results show that in most interviewed households (85%), all school-aged children are attending school. Moreover, around one-third of the respondents indicate that at least one child in their household dropped out of school between 2017 and 2023. The lack of interest was mentioned as the main reason, followed by a preference for income-generating activities and pregnancies. Pupil's school performance is reported to be good by 53% of all interviewed households and average or poor the rest. Here again, the lack of interest is the main reason for average or poor performance followed by a lack of breakfast and the distance to school. Concerning teacher's performance and attitude towards the students, the respondents noted improvements. A main reason for this improvement was the increased motivation of teachers due to the improved working and living environment (teacher's houses and larger classrooms with desks). Moreover, improved teaching skills thanks to trainings were mentioned.

Awareness and benefits of the education facilities constructed by MBSP II: Almost all (98%) of the respondents are aware of the education facilities (school blocks, office blocks, teacher's houses, toilets, etc.) that were constructed under MBSP II and most of them (98%) felt that the facilities improved education in their community. The provision of adequate classrooms to reduce congestion was reported as a benefit by 85% of the households while a comfortable learning environment with desks was mentioned by 65% and adequate toilets were mentioned by 56%.

Relevance of and satisfaction with the education component under MBSP II: Almost all (98%) of the respondents said that the education services provided under MBSP II are relevant to their children's education. The interviewed households were specifically satisfied with the quality of new buildings (96%) and the availability of toilets (91%). The availability of textbooks for standard 1 and 2 received a lower satisfaction rate (76%) because some respondents reported that pupils were not allowed to take the textbooks home or did not receive any at all due to limited amounts.

Community participation: Overall, there seems to be a relatively high level of community participation, specifically through voluntary work and ADC/VDC involvement. 88% of the interviewed households have been involved in voluntary work at the schools, specifically in collecting construction materials. In addition, 78% reported that the ADC or VCD was involved in decision-making. The ADC/VDC conducted awareness meetings to inform about the new school facilities and they mobilized the community for voluntary work. However, only 39% of the interviewed households have been consulted (e.g. through ADC/VDS meetings or door-to-door information) for the identification and prioritisation of general local development needs.

Local funding through the school development fund: The majority of survey respondents (97%) contributes to the school development fund with an average of 1,631.38 MK per term for all their children. Although the share of households contributing to the fund is high, 43% of the households report that it is a barrier to education. The school development fund is mostly used for maintaining school property (such as desks, chairs, toilets) followed by printing examination papers and paying wages for guards. Generally, transparency and accountability could be improved. 31% of the respondents mention a lack of transparency and accountability with regards to the funds and 38% report that there are no regular meetings to explain how the funds were used. Local funding could be an important aspect of MBSP II sustainability if transparency and thus willingness to contribute is maintained/increased.

Perception of School Governance Committees: Most household are aware of the role and responsibility of School Governance Committees (SGCs). Overall, the performance of the Management Committees, the Parent Teach Association and the Mother Support Groups has improved.

Environmental issues: 93% of the households are aware of climate change and specifically of floods. 60% of the respondents said that climate change effects had a negative impact on their children's education because of damaged infrastructure.

Children's rights: The survey results show that 95% of the respondents are aware of children's rights. This specifically refers to the right to education (84% were aware) and health/nutrition (76% were aware) while there was a limited awareness of the right to protection from abuse and violence (18% were aware).

\ 2. HOUSEHOLD SURVEY FINDINGS FOR EDUCATION SECTOR

2.1 General information about sample households

The Education Household survey interviewed 142 households (parents/guardians) with children in the primary school. These households included 89 male-headed households (MHH) and 53 female-headed households (FHH). The ages of the household head ranged from 19 to 89 years and the average household size was 5,8. The average number of children was 4,0 with FHHs having slightly less children in the household on average. The average number of children attending school was around 2,1 and almost at equal levels for MHHs and FHHs despite the fact that FHHs had less children on average.

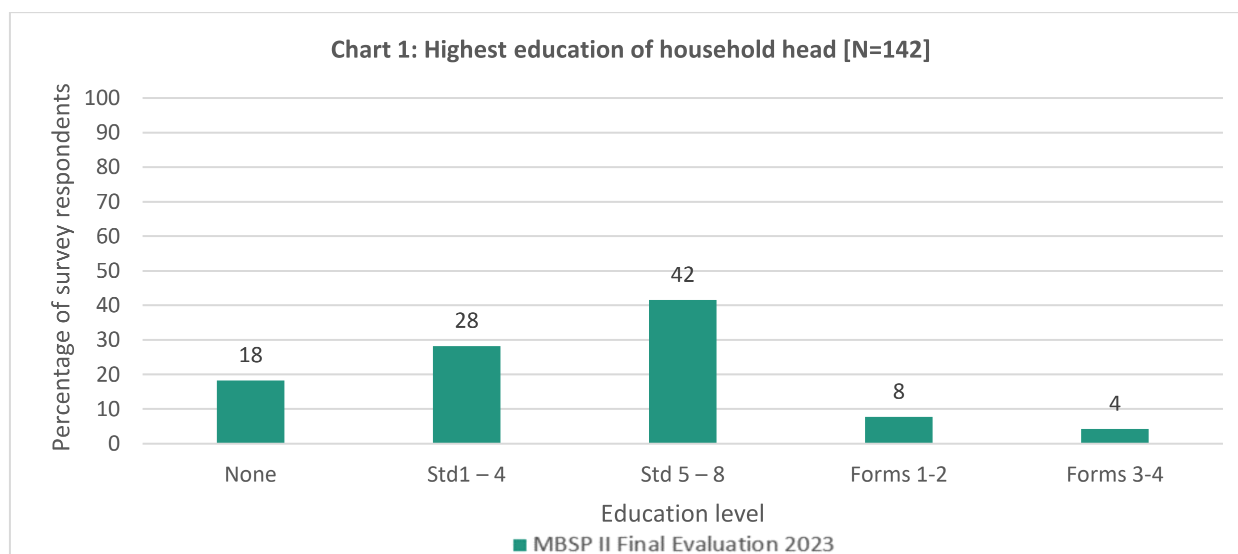
Table 24: General household characteristics of sample households

	All HHs	FHHs	MHHs
Total number interviewed	142	53	89
Minimum age	19	19	22
Maximum age	89	63	89
Average household size	5,8	5	6,4
Average number of children	4,0	3,4	4,3
Average number of children attending school	2,1	2,0	2,1

2.2 Other household characteristics

2.2.1. Respondents Level of Education

In terms of educational level, the results show that the majority of household heads (70%) attended primary school, while 18% had never attended school as shown in chart 1. Around 12% of the respondents had secondary school education and none has tertiary education. The lack of formal education as well as low attainment of tertiary education has implication on support the parents/guardians provide to learners. In the long term this has impact on the education of the children.

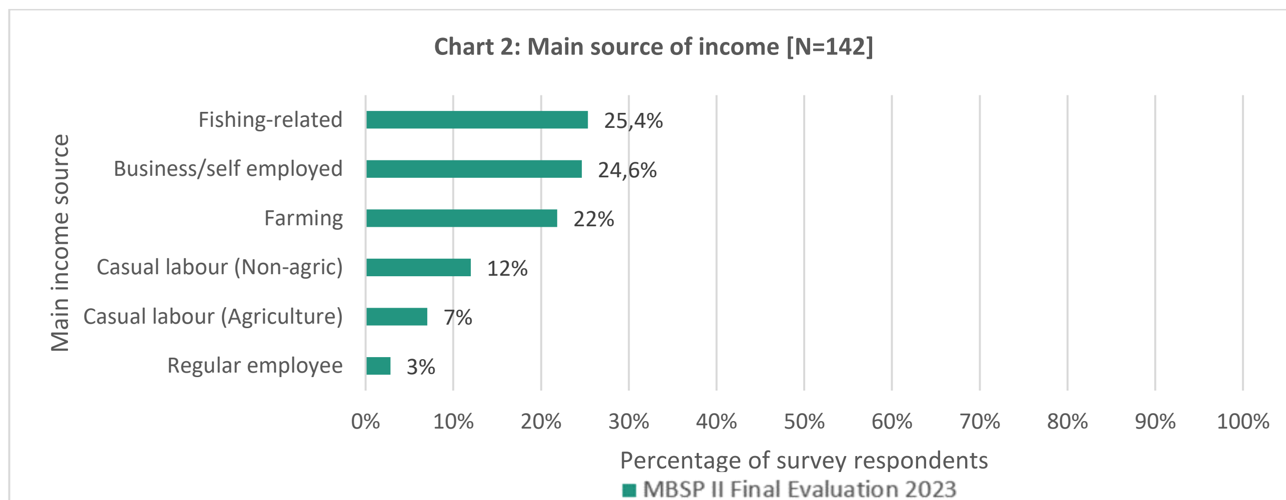


2.2.2. Marital status of respondents

Analysis of the respondent's marital status shows that the majority (78.9%) were married, while the rest was divorced, separated or widowed (7 % each). More than 50% of the female household heads were divorced, widowed or separated.

2.2.3 Main Source of income of respondents

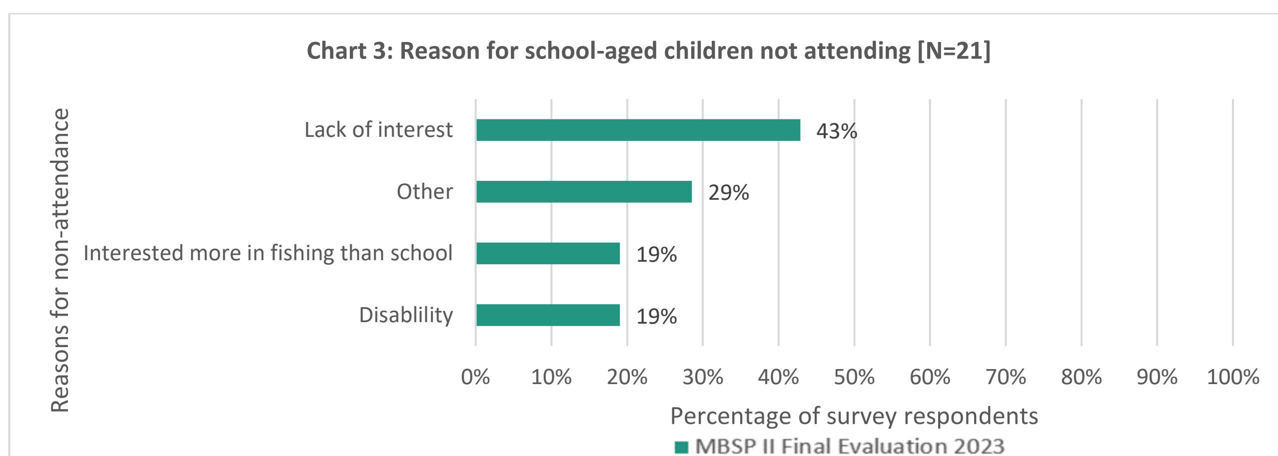
As indicated in chart 2, the main source of income for the respondents were fishing related activities since 25% of the households reported it as the main source of income. This is not surprising since Mangochi is the lake area where most inhabitants regard fishing as their main occupation. Conducting business or being self-employed was the second main source of income with 24.5% followed by farming with 22%.



2.3. Education indicators

2.3.1 School attendance

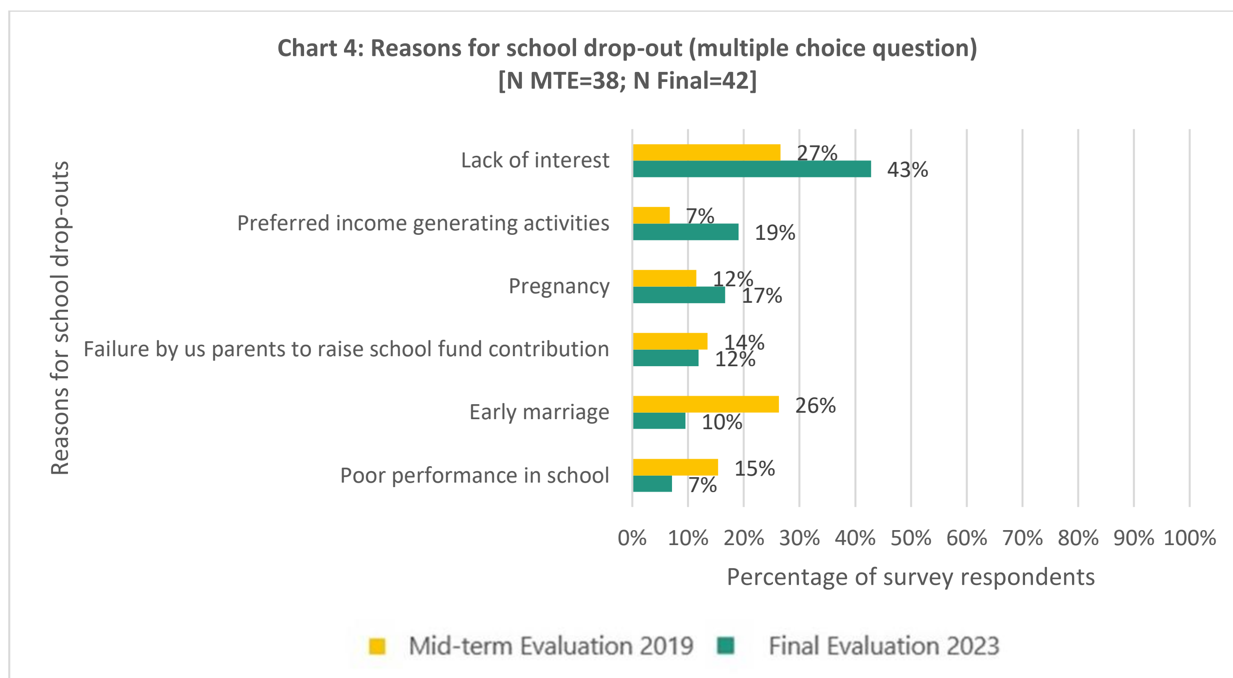
The household survey results show that out of the 142 interviewed households, 14.8% report having school-aged children that have never attended school. As **Chart 3** indicates, most of the respondents that have school-aged children not attending mention a lack of interest (43%) as the main reason.



2.3.2. School drop-outs

In terms of dropout rate, the survey results show that in 29.6% of the interviewed households a child dropped out of school between 2017 and 2023. This is more evident for MHHs than for FHHs. The main reason for drop out was a lack of interest (43%) followed by a preference for income-generating activities (19%), other reasons (19%) and pregnancies (17%). Further analysis showed that a main reason for dropping out of school were pregnancy for girls and preference for income generating activities such as fishing for boys. This finding was also highlighted by interviews with the Mother Support Groups (MSG) and School Management Committees (SMC). They commonly face these challenges when encouraging boys and girls to remain in school. Some parents and even other children, which attend school, reprimand the MSGs and the SMC for encouraging children to be in school instead of working on income generating activities.

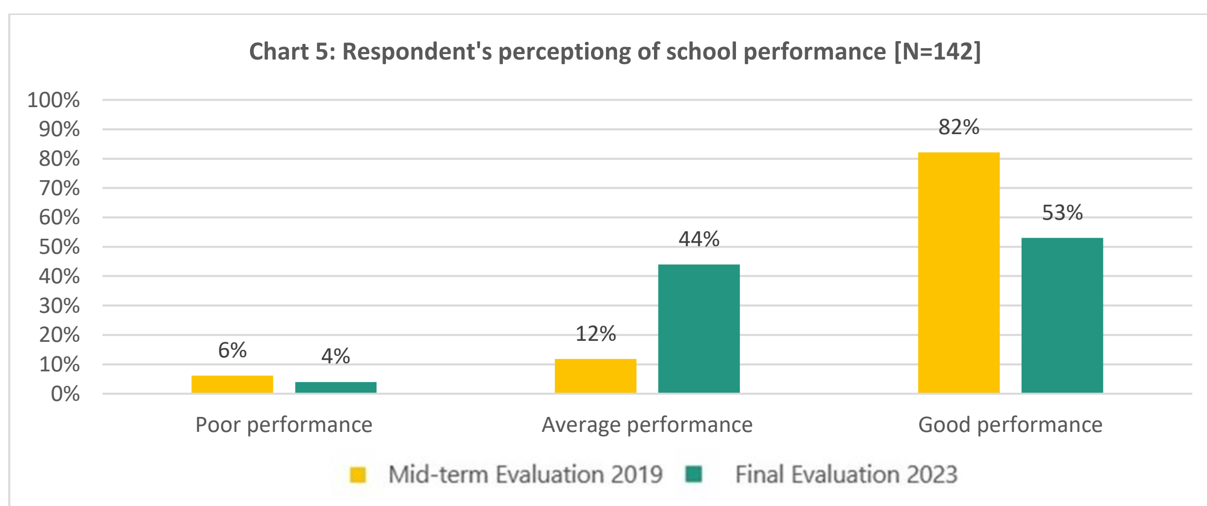
However, it should be noted that qualitative interviews with the Mother's groups and SMCs indicated positive strides in supporting girls who drop out of school due to pregnancy related reason to go back to school. This is being attributed to the trainings and support that MBSP II provided to the community based groups like the Mother's groups. Considering that young boys regard fishing as an accessible source of income, which they prefer over attending school, it is important for the MSGs and the SMCs to continue working on mind-set change supporting boys to remain in schools. It shows the importance of such community structures.



Compared to the mid-term evaluation (MTE) results from July 2020, the drop-out rate at the time of the final evaluation in July 2023 is higher: 13.5% of the households reported drop-outs in 2020 and 29.6% of the households in 20223). Moreover, the main reasons for the drop-outs have shifted. While early marriage and poor school performance dominated in 2020, the lack of interest, preference for income-generating activities and pregnancies became more important in 2023. The work of the MSGs and SMC contributed to reduce early marriage as a reason for dropping out of school.

2.3.3 School performance

Chart 5 shows that 53% of the household indicated that their children's performance is good while 44% regard their performance as average. Only 3.5% of the respondents regard children's performance as poor.

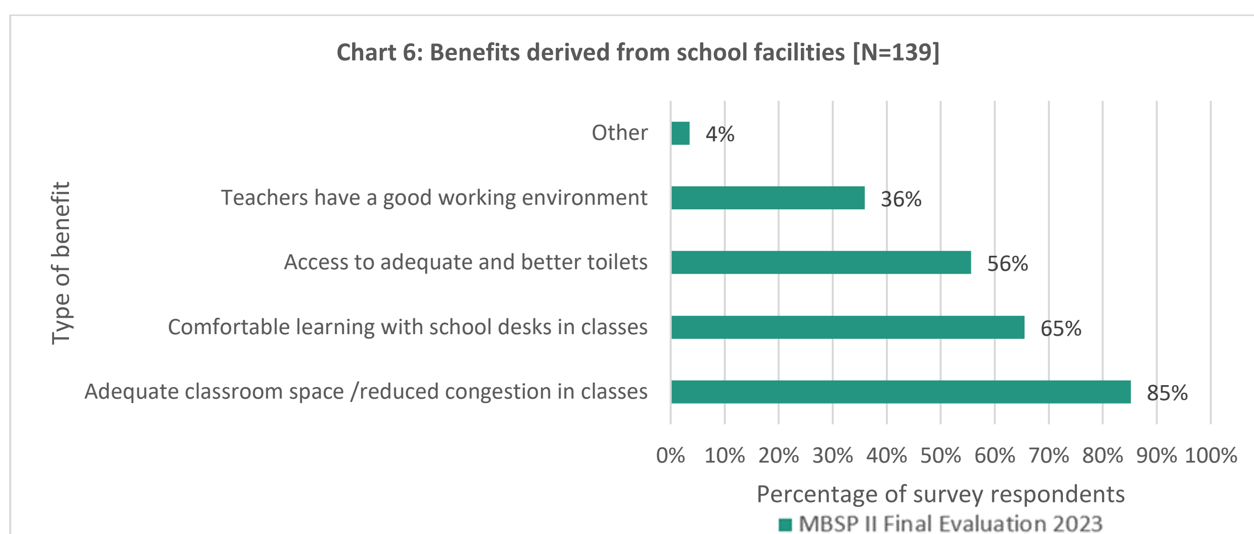


Out of the 47% of the households that indicated average or poor performance, the majority mentioned a lack of interest (34%), lack of breakfast (13%) and the distance to school (13%) as reasons for poor or average performance of their children. The perceived good performance at school can also be attributed to guardians' interest in following up on their children's school work e.g. to ensure that they do their homework after school. 85% of the respondents reported to be following up schoolwork for their children.

It seems that, while poor performance decreased between the MTE in 2020 and the final evaluation in 2023, more households perceive their children's performance as average in 2023. Potentially, the focus on income-generating activities or interest in other activities could have affected children's performance.

2.3.3. Awareness of the facilities constructed by MBSP II at the school

98% of the respondents are aware of the facilities that have been constructed by MBSP II at the schools. This refers to facilities such as classroom blocks, teachers' houses, office blocks, toilets, and changing rooms. They are aware that the facilities were constructed by MBSP II. Moreover, 98% felt that these facilities have a role in improving education services in this area. The main benefits include the provision of adequate classroom space to reduce congestion in class (85%) followed by a comfortable learning environment with school desks in classes (65%) and access to adequate and better toilets (56%). The key informant interviews with the teachers emphasized that the facilities by MBSP II helped to improve the pass rate during the final standard 8 exams as well as promotion from lower to higher grades. Most schools had attributed the improved pass-rate to the MBSP II support.

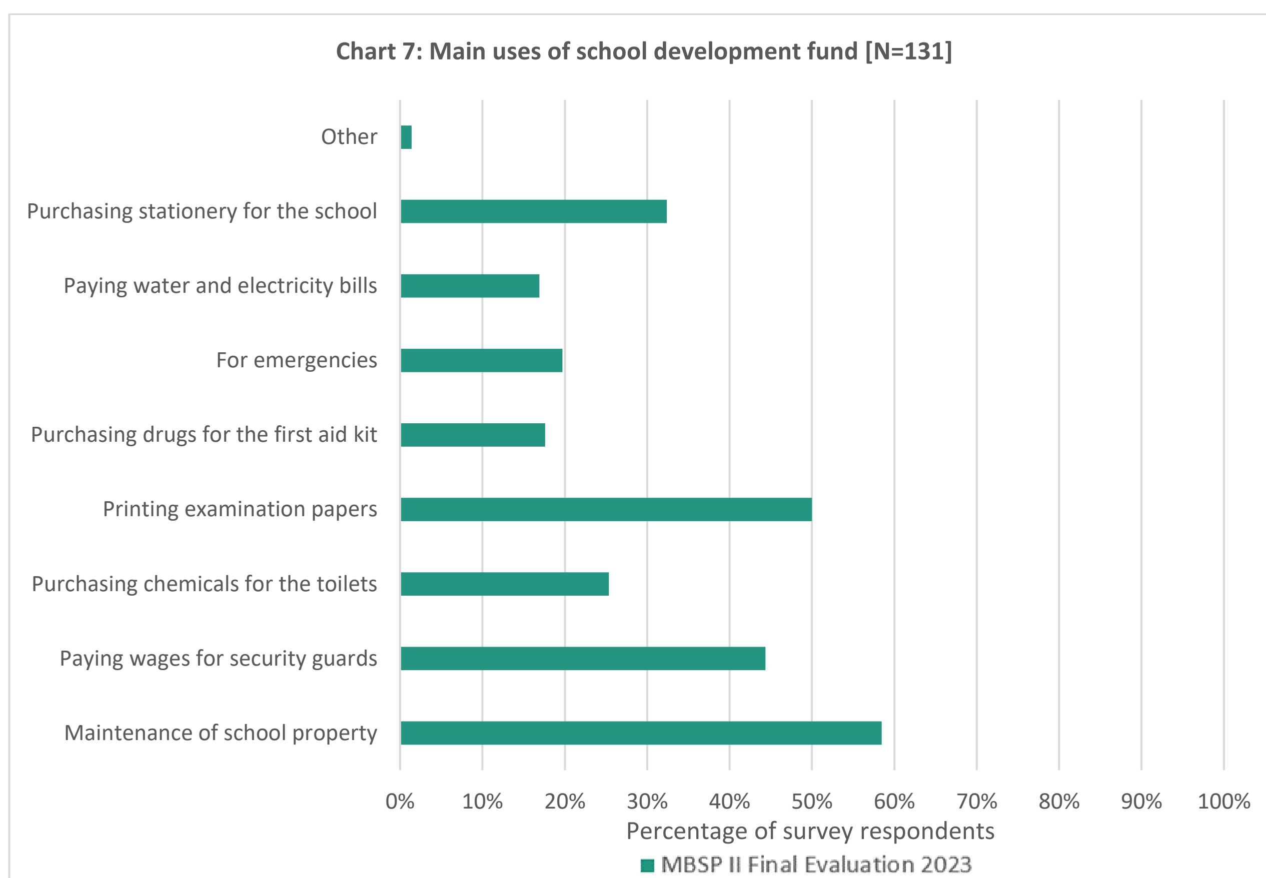


2.3.4. The school development fund

The school development fund is an important source of local funding to cover small school expenses and minor maintenance works. These funds, if managed well, can help generate long-term savings for the schools and contribute to the sustainability of MBSP II education infrastructure. 92% of the respondents are aware of its importance and 97% of the respondents contribute to the fund. On average, households contribute MK 1,631.38 per term for all children. Although 97% of the interviewed households report that they contribute to the fund, 42% of the respondents perceive the school fund contribution as a barrier to educating their children. Key informant Interviews with SMCs indicated that some parents encourage their children to absent themselves when the schools are pressuring them to contribute to the school development fund. This was one of the challenges the SMC face when supporting the school to collect school development fund.

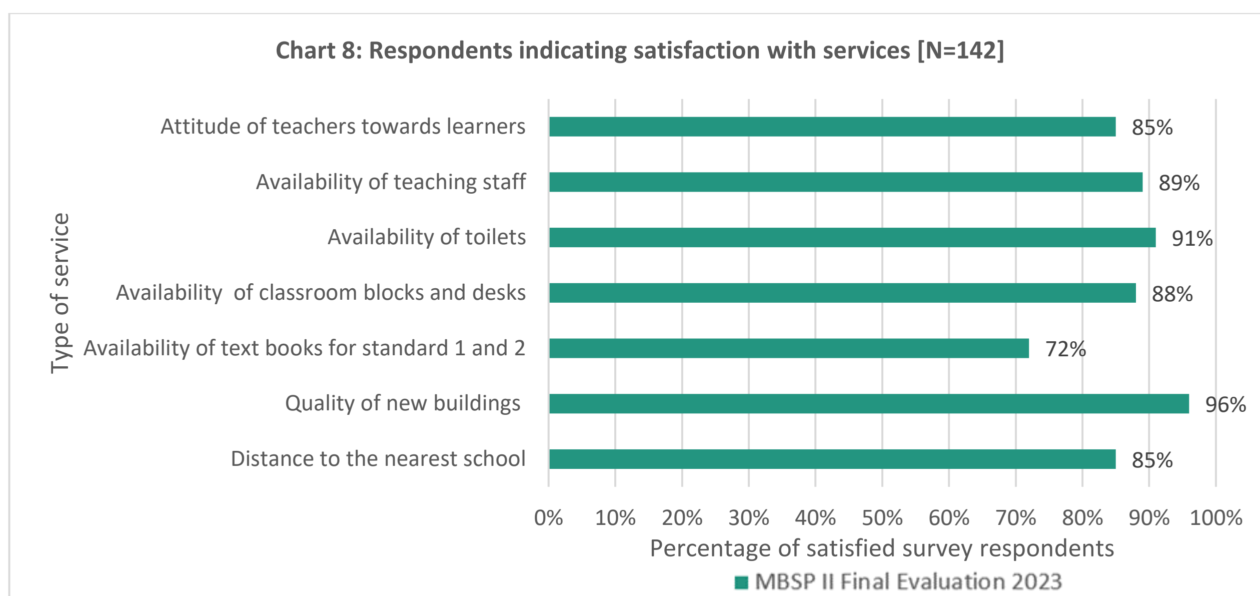
School development fund	% of respondents [n=142]
Respondents are aware of the importance of the school development fund	92,3%
Respondents contribute to the school development fund	96,5%
Respondents perceive the contribution as a barrier to education	42,3%
Average contribution per term (for all children)	MK 1,631.38

As shown in Chart 7, the main use of the fund was for maintenance of school property such as desks, chairs, school blocks, toilets (58%), printing examination papers (50%) and paying wages for security guards (44%). Knowledge of the sure of school funds is critical for sustainability and ownership. Although the majority of interviewed households indicated that there is transparency and accountability on how the fund is used, 31% report that there is a lack of transparency and 38% report that there are no regular information meeting on how the funds were used. The lack of transparency and accountability on the use of the school development fund may discourage parents/guardian from contributing to the fund.



2.3.5. Satisfaction with Education Program

Almost all interviewed households (98%) report that the education services are relevant in addressing their children's education needs. **Chart 8** shows the share of respondents that is satisfied with the specific areas of the education services. The quality of new buildings (incl. classrooms blocks, toilets, teacher's houses) has the highest satisfaction rate with 96% followed by the availability of toilets with 91% and the availability of teaching staff with 89%. Many respondents mentioned that all students are now able to study inside, which makes learning especially during rainy season more comfortable. The availability of textbooks for standard 1 and 2 has the lowest satisfaction rate with 72% (17% were neutral while 11% were dissatisfied). Some respondents mentioned that standard 1 and 2 pupils are not allowed to take the textbooks home because they are not taking enough care of the books. Others report that some pupils do not receive books due to limited amounts.



2.3.6. Parents and guardians perception of teachers' performance

With the implementation of MBSP II, parents/guardians report that their perception on teachers' performance in terms of delivering lessons and attitude towards leaners had improved. Chart 9 shows that 85% of the households interviewed report an improved attitude of teachers towards pupils. This finding is also in line with the MTE results from 2020, where perception on teachers' performance was also high due MBSP. Many respondents mention that the improved working environment for teachers (e.g. teacher's houses and better classrooms built by MBSP) has increased their motivation and attitude, which had a positive effect on the relationships between teachers and students. Moreover, the survey respondent said that there were no complaints by pupils on teacher's misbehavior, which is also due to trainings for teachers on children's rights.

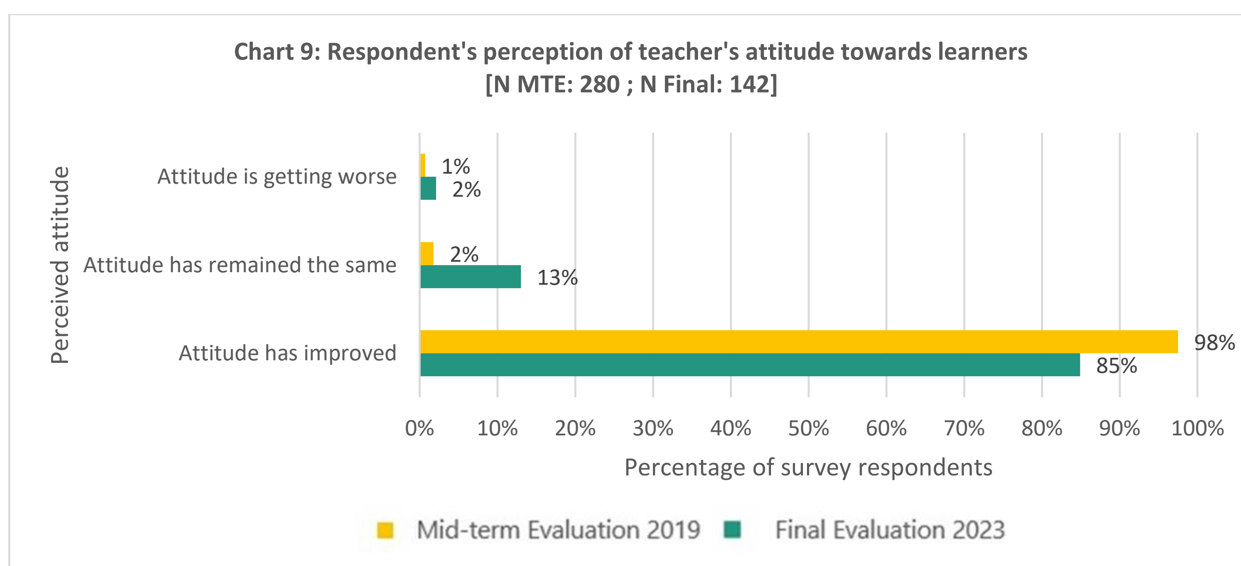
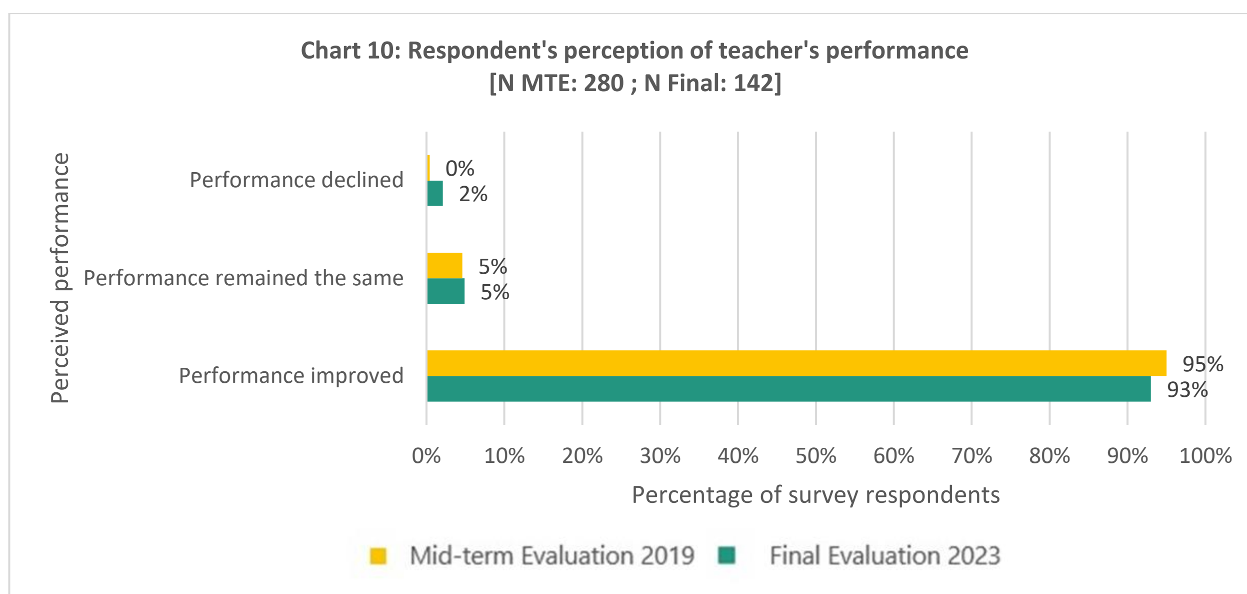


Chart 10 shows that 90% of the interviewed households think that the teacher's performance has improved. Among the reasons for improved teacher's performance, the respondents mentioned improved housing for teachers due to houses constructed by MBSP II. This allows them to live close to the schools and it increased their motivation. Moreover, they mentioned improved teaching skills thanks to trainings conducted. The qualitative interviews with VDC/ADC, MSGs and SMCs praised the teachers for their continuous efforts and hard work.

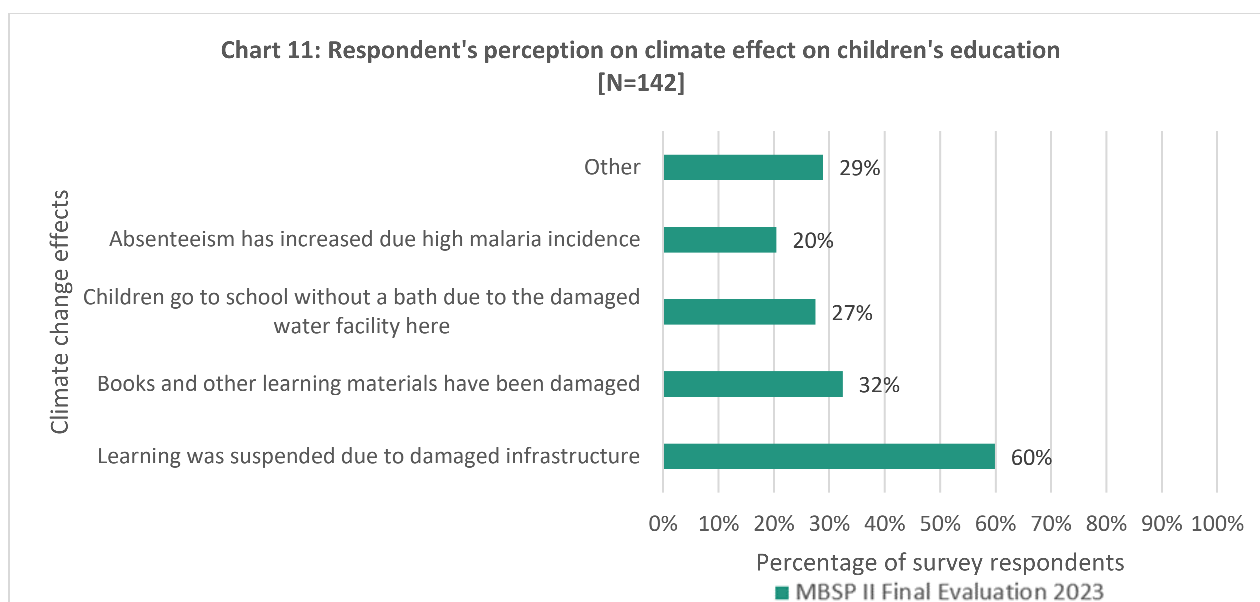


2.3.7. Perception of School Governance Committees.

MBSP II continued with the school committees. These included School Management Committees (SMC), Parent Teacher Association (PTAs) and Mother Support Groups (MSGs). The results showed that most of the households are aware of the roles and responsibilities of the SMC, PTAs and MSGs. Moreover, 90% of the respondents said that the performance of the SMC has improved with MBSPII implementation. For example, the interviewed households reported that the SMC is capable to monitor the construction of new school blocks, to encourage children to improve their performance and to increase transparency and community involvement. 77% of the interviewed households reported that the performance of PTAs had improved. One of the reasons was the positive collaboration and exchange between teachers and parents/guardians. In addition, 85% reported that the performance of MSGs had improved for example due to the high return rate of girls that got pregnant and dropped out.

2.3.8. Environmental issues

The results show that the 93% of the interviewed households are aware of climate change. 73% of the households associate climate change with floods, 57% with changes in rainfall patterns and 39% with droughts. It should be noted that they were affected by the recent cyclone Freddy which led to loss of life, low crop harvest, loss of livestock, incidence of pests and diseases in crops, dried up rivers/less water avialable for livestock, dried up wells, boreholes drying up during dry season and soil erosion froming land degradation. Moreover, climate change has an effect on children's education. The interviewed households report that learning had to be suspended due to damaged infrastructure (60%), learning materials such as books have been damaged (32%) and children had to go to schools without bathing due to damaged water facilities (27%) as shown in chart 11.



2.3.9. Children's rights

The survey results show that 95% are aware of children's rights such as right to life, right to education, right to play, right to health and healthcare, and right to protection from abuse and violence. Out of the respondents which indicated awareness the majority (84%) is aware of children's right to education while only 18% is aware of the right to protection from violence and abuse.

2.3.10. Community participation

The local community is involved in several aspects. Firstly, 78% of the respondents mention that the ADC or VDC was actively involved in decision making related to the education component. Most interviewed households that are aware of the ADC/VDC involvement, report that they conducted awareness meetings about the new school facilities (63%), that they mobilized the community for voluntary work at school (60%) and that they were involved in site selection for new classroom blocks and teacher's houses (50%). Secondly, 88% of the respondents report that they have been involved in voluntary work at school. Most of them contributed by collecting construction materials such as sand. Thirdly, 39% of the interviewed households mention that their family members have participated in or been consulted on the identification and prioritization of overall local development needs in their village. Those that have been consulted feel adequately involved and/or informed about local development approaches/projects. Qualitative interviews with ADC/VDC, MSGs, SMCs and PTAs pointed out how MBSP involves them right from concept development stage. This community participation is key for ownership and sustainability.

20.3 Household Survey Response - Water, Sanitation and Hygiene Assessment Report

\ 1.0 Introduction

The WASH HH Survey was conducted in July 2023 in sample villages under Traditional Authorities (TAs) Mponda, Chimwala, Chowe, and Namabvi where 123 water-user households were interviewed mainly women as primary users of the water facilities. The study employed a three-stage random sampling procedure as follows: (i) In each TA, MBSP WASH beneficiary Group Village Heads (GVHs) were identified and one GVH was randomly selected; (ii) in each GVH, a listing of villages with MBSP-WASH facilities was compiled and two to three villages were randomly selected giving an overall total of ten villages; and (iii) in each village, with the assistance of the Water Point Committee, water facility user-households were listed and twelve households on average were randomly selected for the interviews. Focus Group Discussions (FGDs) with community members and Key Informant Interviews (KIIs) with local government frontline staff such as Health Surveillance Assistants (HSAs) both conducted by the consultants supported the HH Survey.

1.1 Summary of key findings

a. The beneficial effects of MBSP support to water and sanitation are evident in the Household Survey results, which include taking water facilities to the community. This **has drastically reduced walking time to and from a water facility from an average of 40.7 minutes (before 2017) to 12.2 minutes (July 2023);** cumulatively this is a lot of time-saved as some households make several rounds to fetch water. The saving has created space for women to engage in both economic and social activities.
b. Dependency on unprotected water sources has remarkably reduced with MBSP support through the installation of water facilities as **only 2.4% of the households reported that they fetch water from unprotected sources in July 2023 compared to 64.2% before 2017**.
c. With improved services delivery and dissemination of information on water borne disease preventive measures, **89.4% of the households treat water with chlorine and water guard**. This has been triggered mainly with the advent of cyclone Freddy, which caused flooding and overflowing of sanitation facilities (pit latrines) as well as the countywide cholera outbreak that started in 2022 and contained in 2023 after several months. It is likely that the community will continue to treat water with chlorine and water guard at household level based on their experience and beneficial effects from chlorine and water guard.
d. There is good progress towards sustaining the functionality of water facilities; the **HH Survey results show that 87.8% of sample households reported that their communities have a water-facility maintenance fund** albeit issues of the fund management and inadequacy of savings volumes to support real time maintenance. Furthermore, 62.3% of the responses indicted that the maintenance of water facilities, mainly boreholes, was done by water mechanics based in the communities and trained with MBSP support.
e. With regard to sanitation, the HH Survey results indicate that **95.1% of sample households have sanitation facilities (pit latrines) albeit some having been destroyed by cyclone Freddy and put under maintenance**. Furthermore**, 85.4% of households are aware of the CLTS approach**, the main driver for MBSP sanitation interventions; in addition, 72.4% of the households have experience with CLTS – these are encouraging steps towards the attainment of ODF status in the communities.
f. However, there are three issues that the district water office need to review and address: a) **facilitation of the establishment of water-facility maintenance fund in communities where these have collapsed** as this may affect the community's long-term access to clean and safe water resulting from lack of maintenance; b) re-training of water management committees on proper utilization of, and **transparency in the fund management arising from issues of non-transparency** on how the savings are utilized; c) promote community participation in the local development agenda – the HH survey results show that only 31.7% of the households were consulted on the selection and prioritization of community development initiatives; the village level consultations/ participation need to be strengthened involving wider participation of community members prior to GVH level meetings.

\ 2.0 HOUSEHOLD SURVEY RESULTS - WATER

2.1 General characteristics of sampled households

2.1.1 Age and family size

Age and family size of sample households are presented in **Table 1** below. The minimum age is 20 years and the maximum age is 88 and 70 for MHHs and FHHs respectively. The average age is 38.3 years for all the HHs while the average household size is 3.2, which is below the national average of 4.4[74]. It is particularly important to note from Table 1 that the water facilities provided with MBSP support are also benefitting the elderly (≥ 70 years) who would otherwise encounter challenges in walking long distance to fetch water.

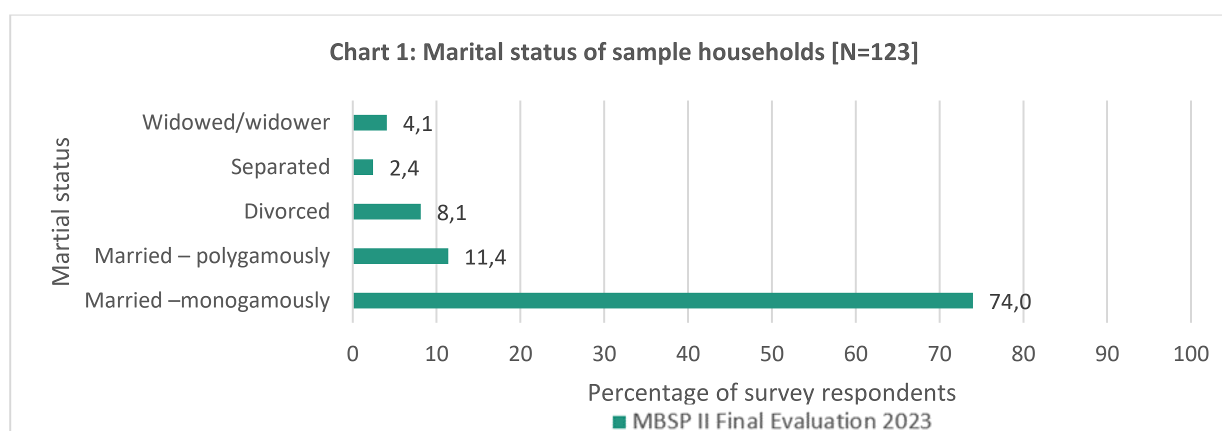
[74] National Statistical Office: 2018 Population and Census

Table 1: General information about households Interviewed			
	All HHs	FHHs	MHHs
Total number of Households interviewed	123	109	14
Minimum age	20	22	20
Maximum age	88	70	88
Average age	38.3	40.4	38.9
Average household size	3.2	4.2	3.5

HH = **Household** FHHs = **Female Headed Households** MHHs = **Male Headed Households**

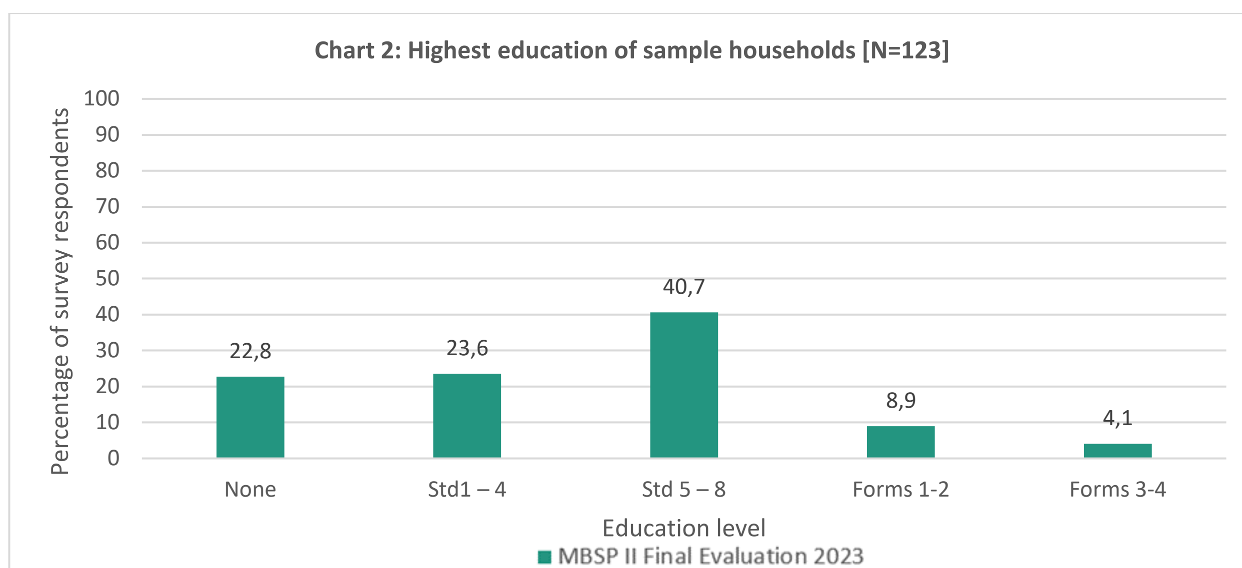
2.1.2 Marital status of sampled households

In **Chart 1** below, 74% of sample households are married monogamously with 11.4% in polygamous marriage. Other forms of civil status are: 8.1% divorced; 4.1% widowed; and 2.4% separated. Overall, 14.6% of the households stay without spouses and are presumably in a poor wealth category, which makes them a perfect target for the MBSP WASH interventions. Furthermore, these households are more likely struggling to contribute towards the water-facility maintenance fund.



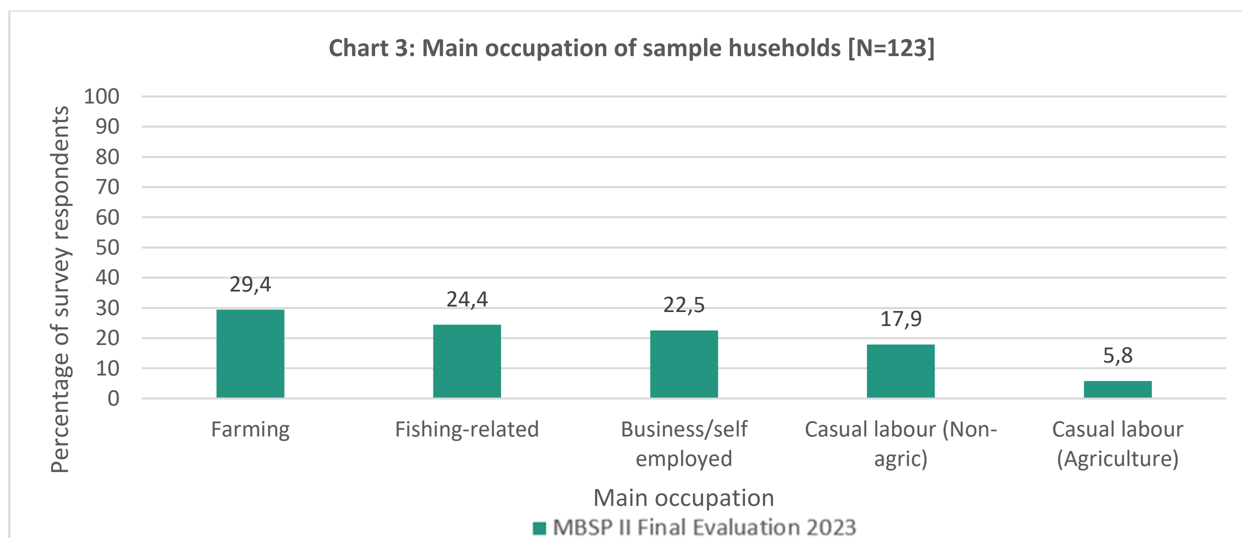
2.1.3 Highest education of sampled households

Overall, 22.8% of the sample households have never attended school at all as presented in **Chart 2** below. The results further show that there are more senior primary school dropouts sampled, 40.7%, for Standard 5 – 8 than junior primary school level, 23.6%, for Standard 1-4. Only 13% of the sample households have attended secondary school education, which is a low attainment. The illiteracy rate at 22.8% is quite high, which to some extent, may have implications on their ability to understand, appreciate, and apply information/messages on water hygiene and sanitation if the media used is not well customized for the illiterate audience.



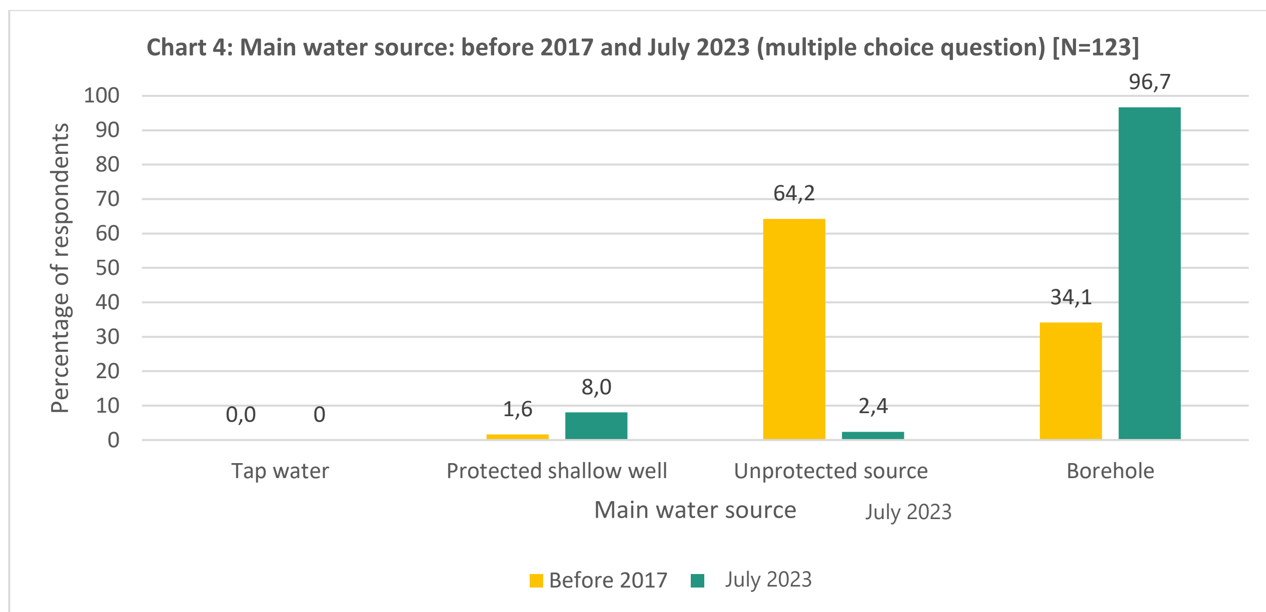
2.1.4 Main occupation of sampled households

The results are presented in **Chart 3** below. Overall, main occupation spans over five activities with farming having the highest response rate (29.4% of households) versus casual labour in agriculture with the lowest rating (5.8%). Fishing and business or self- employment combined account for 46.9% of the households' economic activities, which is a common phenomenon in Mangochi district where business is the most important livelihood.



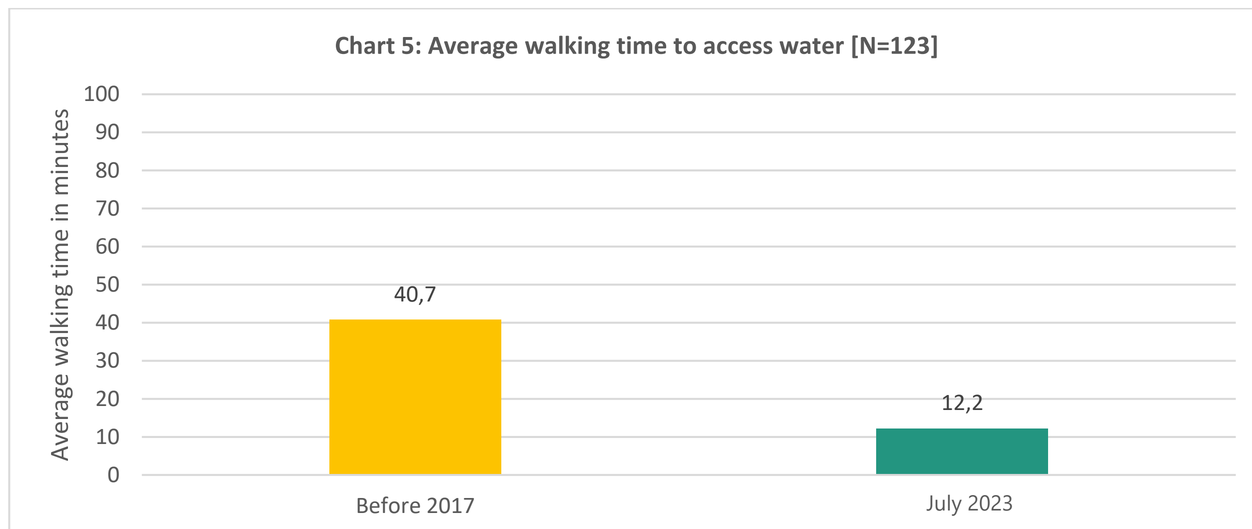
2.2 Main water sources

Chart 4 below shows that before 2017, some 64.2% of the responses indicate that most households sourced water from unprotected sources while 34.1% had access to boreholes. However, with the implementation of the MBSP, 96.7% of the responses indicate access to clean and safe water in July 2023 with the proportion of responses pointing to unprotected water sources drastically reduced to 2.4%. In addition, 8% of the responses reveal access to protected shallow wells; hence, the overall result shows that the dependency on unprotected water sources has largely been diminished. While the MBSP Phase II mainly focussed on reticulated water systems, there is not yet wide coverage of the system.



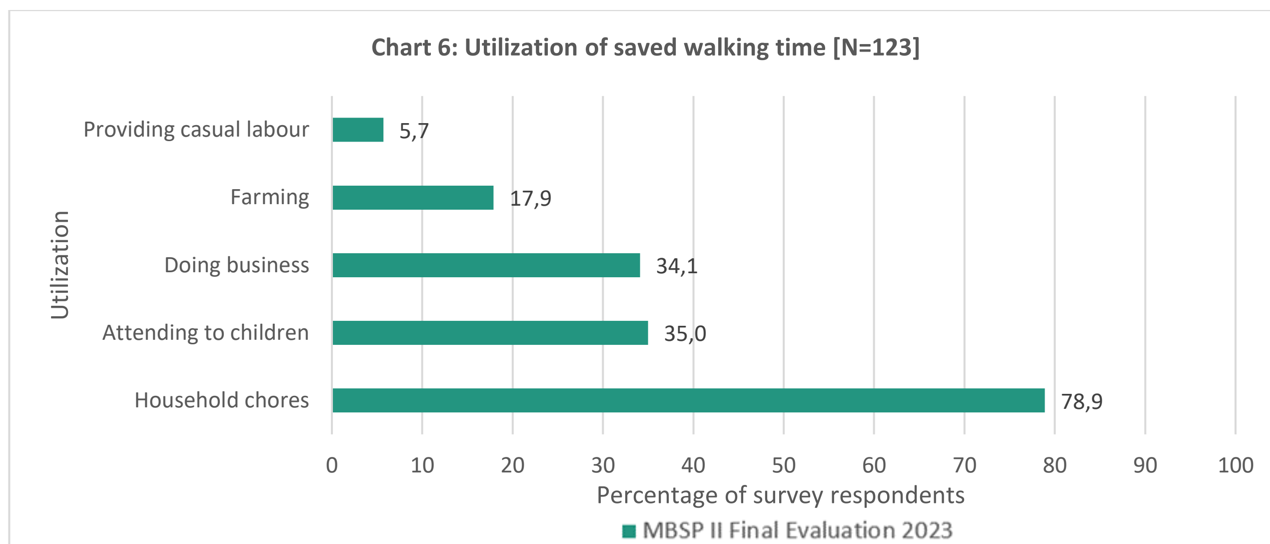
2.3 Mean walking time to and from a water facility before and with MBSP

The HH Survey results in **Chart 5** indicate that the mean walking time to an improved water source has been reduced considerably from 40.7 minutes to 12.2 minutes due to the installation and/or rehabilitation of water facilities in the target areas. The walking time saved is being utilized by the households in various activities, both economic and social, as presented in **Chart 6** below.



2.4 Utilization of the saved walking time

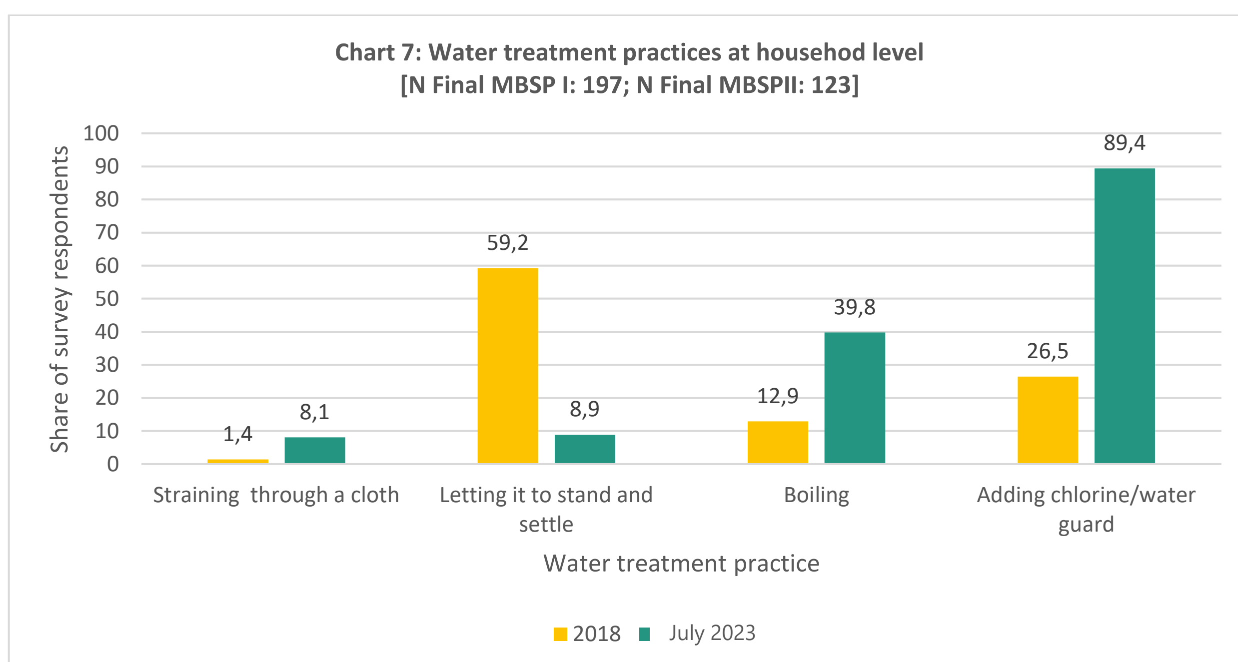
The saved walking time to and from an MBSP-supported water source is utilized by women in a number of ways including the following as shown in **Chart 6** below: household chores (78.9% of the responses); attending to children (35%); doing business (34.1%); farming (17.9%); and engaging in casual labour (5.7%). Thus, the installation of the water facilities has not only improved community access to clean and safe water, but has also created space for community members especially women to participate in economic and social activities.



2.5 Water treatment practices and incidence of water borne diseases

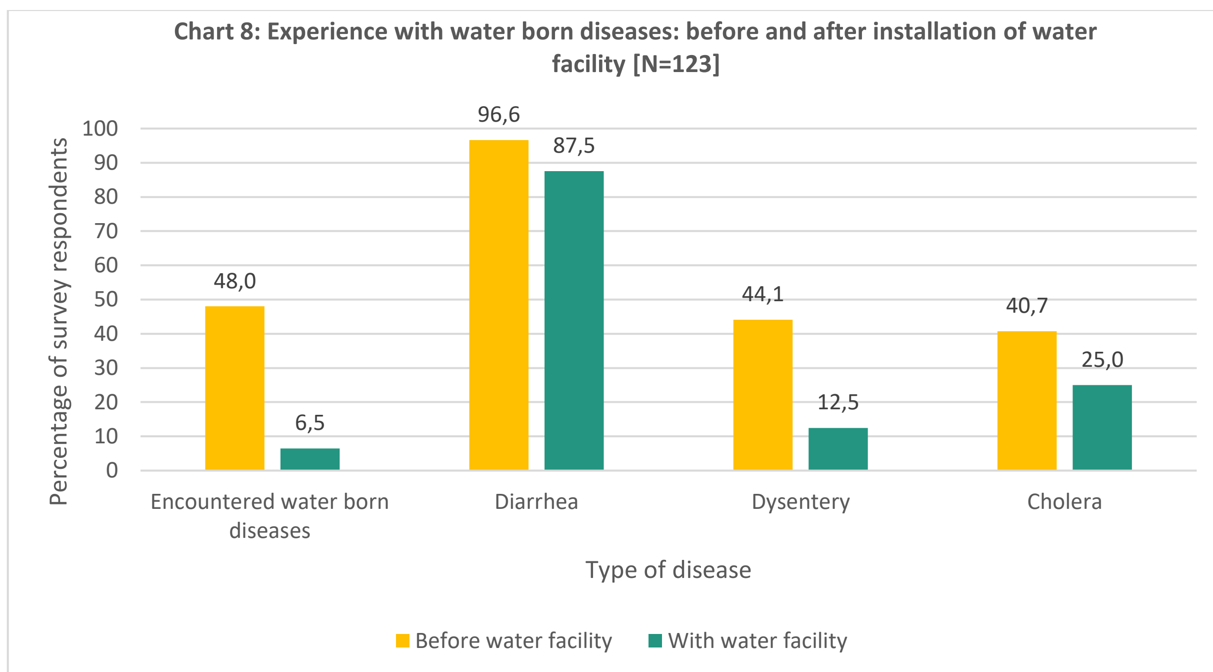
2.5.1 Water treatment practices

As a preventive measure for water borne diseases, the Health Surveillance Assistants (HSAs, Water Point Committees, and the Village Health Committees (VHCs) disseminate messages on water hygiene including water treatment. In **Chart 7,** the HH Survey results on water treatment practices show that in 2018 (MBSP I Endline Evaluation), most households practiced the common traditional method of water treatment mainly by letting the water to stand and settle (59.2% of the responses) with a few households that added chlorine (26.5%) and boiled the water (12.9%). After 2018, and following MBSP capacity building interventions of HSAs, WPCs, and VHCs, the community has become more aware of other practices of water treatment such as adding chlorine and water guard (89.4% of responses) as well as boiling the water (39.8%). Thus in 2023, the adoption of the two practices has been accelerated by the advents of cholera and the effects of flooding by cyclone Freddy, which also affected sanitation and water quality. Government through HSAs and VHCs usually distribute chlorine and water guard.



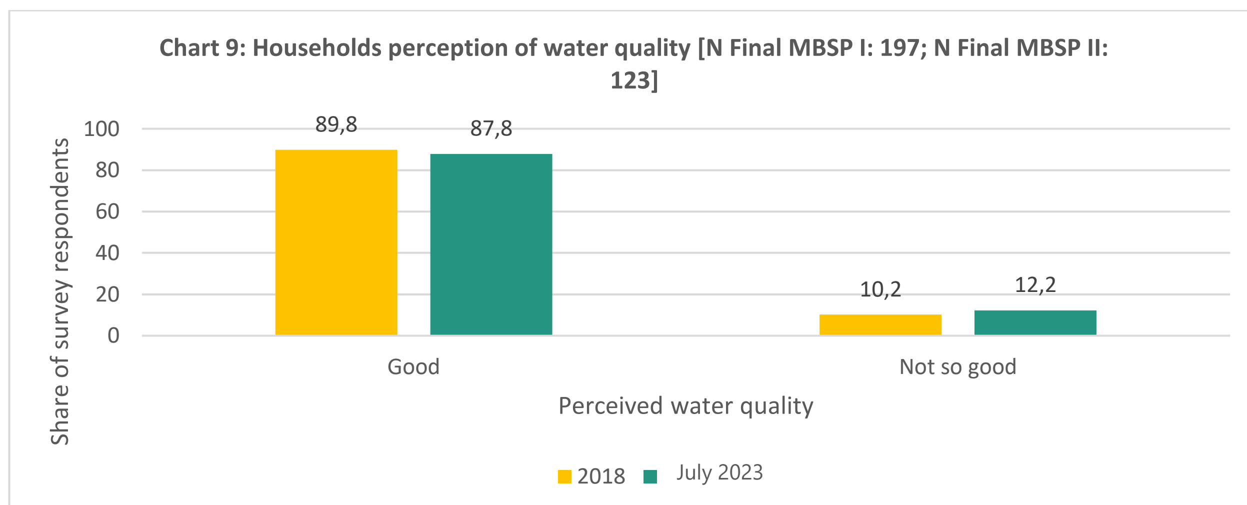
2.5.2 Incidence of water borne diseases

Chart 8 below provides the HH Survey results on the incidence of water borne diseases before and after the installation of water facilities. Overall, there is a narrow difference on the incidence of diarrhoea between the two scenarios, 96.6% versus 87.5% before and after installation of the water facilities respectively. In 2023, the narrow gaps in the diarrhoea and choler episodes is attributed to the nationwide cholera outbreak, and cyclone Freddy, which flooded most parts of Mangochi district including sanitation facilities (pit latrines) that over-floored. Therefore, the gains from community access to safe and clean water in the prevention of water borne diseases have been reversed due to the two events.



2.6 Community perception on water quality

Water quality is generally good as reported by 89.8% of sample households in 2018 (Final MBSP I evaluation) and 87.8% in July 2023 (Endline) - **Chart 9**. Of the 12.2% of the households that reported that the water quality was not so good, 80% of their responses indicated salty water; 13.3% milky water; ad 6.7% water with debris.

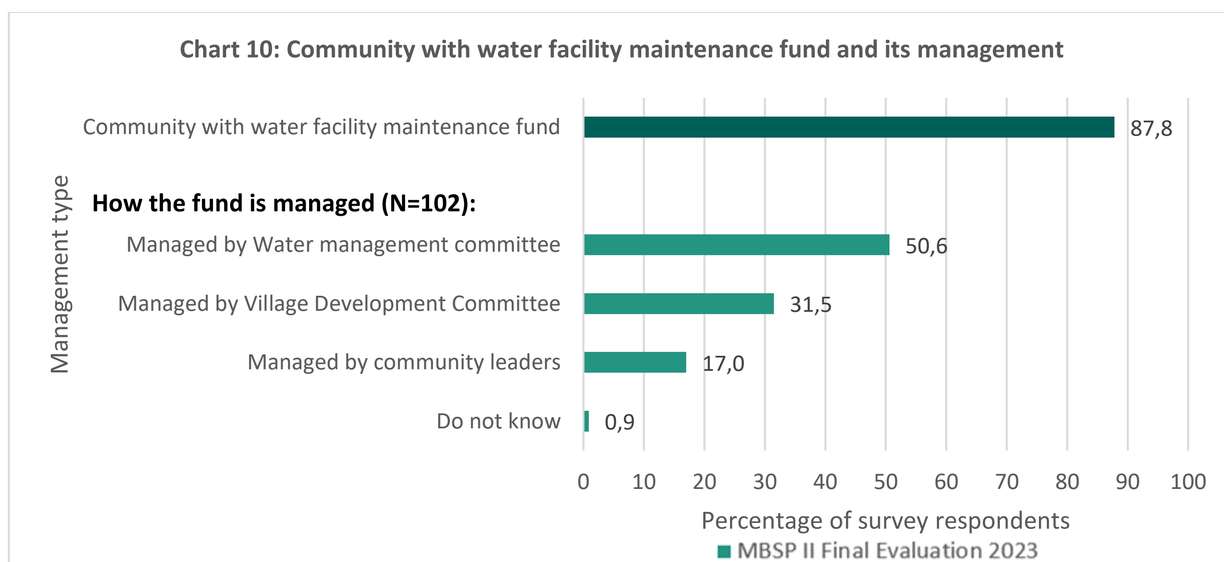


2.7 Management of water-facility maintenance funds

The installation of water facilities with MBSP support is highy appreciated by the community but also requires sustenable maintenance to remain functional. Hence, the district water office introduced the water facility maintenance concept to encourage each community to establish a maintenance fund. The HH Survey results in **Chart 10** below indicate that 87.8% of the respondents indicated that the maintenance fund is established in their communities and managed by the water point committee (50.6%); village development committee (31.5%); and community leaders. However, a very small proportion is not aware of how the maintenance fund is managaged (0.9%). The 12.8% of the respondents that reported non-existence of a water maintenance fund in their community is a worrisome development in terms of the community's sustainable access to safe and clean water. This means that when the water facility breaks down, it is difficult to repair and women will have to depend on water facilities elsewhere which will likely put a strain on those facilities.

Further analysis of the water-facility maintenance fund indicate that only 42.6% of the households reported that their fund has adequate savings to maintain the water facility in real time. In most communities, it is difficult to mobilize adequate contributions because the monthly household cotributions are very small, in some communities as little as K200/month (€0.18/month). Therefore, with the rising cost of spare parts, it would take mammoth savings to afford maintenance costs which has implications on community access to safe water in the long-term. Some households (10.5%) also indicated that there is no transparency in how the maintenance fund is management, which also casts doubts about commuity contributions in the long-term.

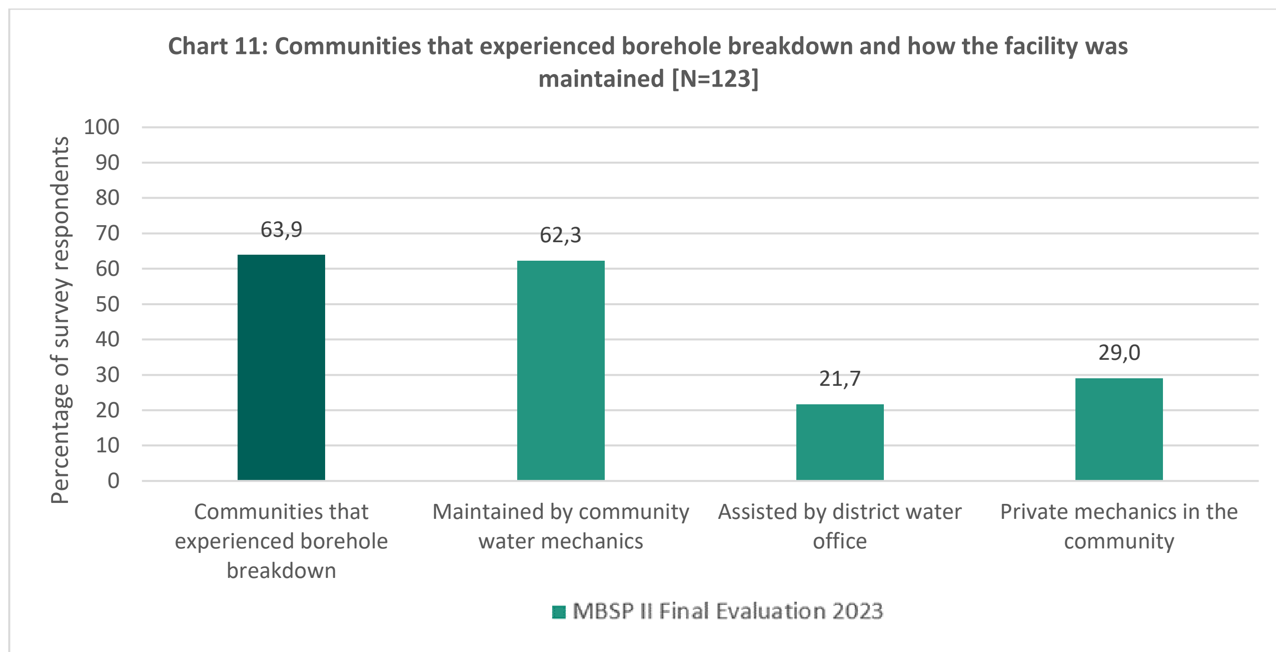
Therefore, the action points for the district water office are two-fold: a) to identify communities without maintenance funds and revamp them; and b) build the capacity of water management committees to be more transparent in how they manage community contributions for maintenance. It is aso important to note that the water management committees are better placed to manage the maintenance funds rather than the village development committees or local leaders who shoud ideally play an oversight role to ensure that the funds are secure and used for the intended purposes, and strengthen funds mobilization at community level to amass the savings for maintenance. The WMCs have been trained through the programme to manage all aspects related to water facility management.



2.8 Maintenance of water facilities

An important intervention under the water component is to build community capacity to maintain the water facilities independently from the district water office. Thus, the MBSP II has trained a number of village mechanics who are responsible for maintaining the water facilities. In **Chart 11** below, 69.3% of the respondents reported that they had experienced a borehole breakdown; and 62% of the responses

show that the borehole was maintained by community mechanics; 29% by private mechanics in the community; and only 21.7% of the responses indicated that the commuity had sought assistance from the district water office. Overll, 91.3% of all the responses indicate that borehole mintenance is done at community level, which is a good indicator of the availability of technical skills within the community; other communities that lack the skills can also benefit from the technicians based in the neighbourhood communities. This would be a sustainable way of keeping the water facilities operational as long as there is a viable water facility maintenance fund for procuring spare parts and paying for the services.

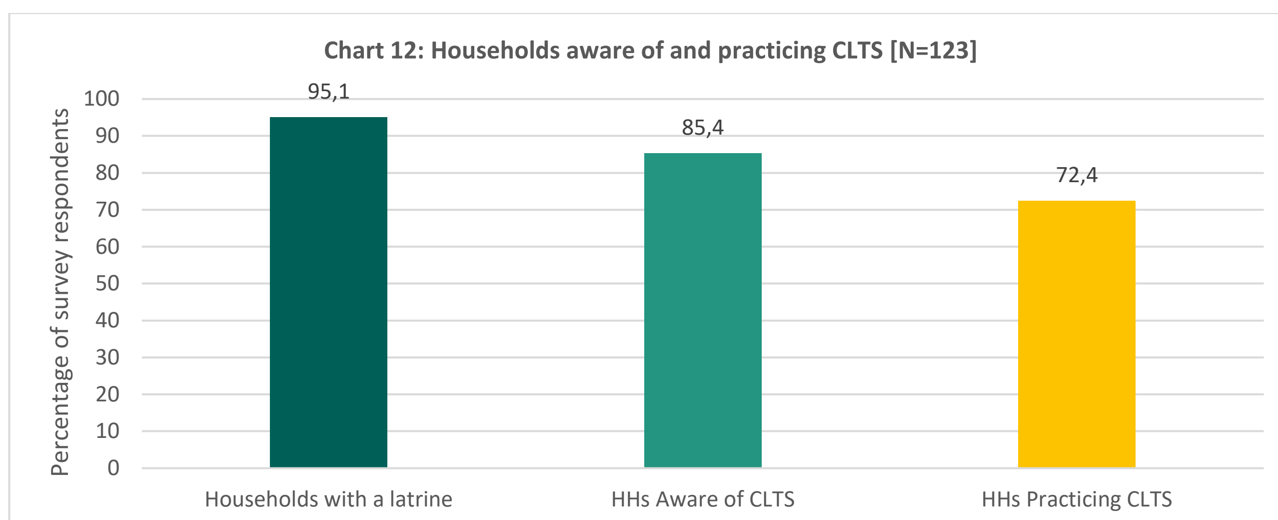


\ 3.0 SANITATION

3.1 Promotion and adoption of Community-Led Total Sanitation (CLTS)

The MBSP is promoting the CLTS approach in its sanitation interventions. CLTS uses Participatory Rural Appraisal (PRA) methods that enables local communities to analyse their sanitation conditions and collectively internalise the terrible impact of open defecation (OD) on public health and on the entire neighbourhood environment. When triggered systematically and combined with 'no-hardware subsidy' policy and a hands-off approach by the facilitator, CLTS could provoke urgent collective local action to become totally Open Defection Free (ODF).[75] From the HH Survey results in **Chart 12** below, it is evident that the community has embraced the CLTS approach: 85.4% of the respondents are aware of, and 72.4% have participated in the CLTS approach with the resultant effect that 95.1% of the households have pit latrines. During FGDs, it was acknowledged by the community that some of the pit latrines had been destroyed by cyclone Freddy and maintenance was underway in July 2023.

[75] Kamal Karr and Robert Chambers (March 2008). ***Handbook on Community-Led Total Sanitation***. Institute of Development Studies at the University of Sussex. United Kingdom. https://sanitationlearninghub.org/resource/handbook-on-community-led-total-sanitation/



3.2 Community satisfaction with water and sanitation services

The HH Survey also captured households' perceptions about water and sanitation services in their community. From **Table 2** below, it is evident that there is high satisfaction with almost all water and sanitation services except for the management and savings volume of the water-facility maintenance fund. For example, the highest satisfaction rate relates to the distance to the water source (93.5%), which has drastically reduced the average walking time from 40.7 minutes to 12.2 minutes thus enabling women to engage in economic and social activities through the utilization of saved time. However, the results also show systemic challenges with the management of the water-facility maintenance fund as discussed under Section 2.7 above. The district water office needs to take corrective actions as continued inadequacy and 'mismanagement' of the funds could affect long-term community access to clean and safe water, which might trigger health issues.

Table 2: Household Satisfaction with water and sanitation services

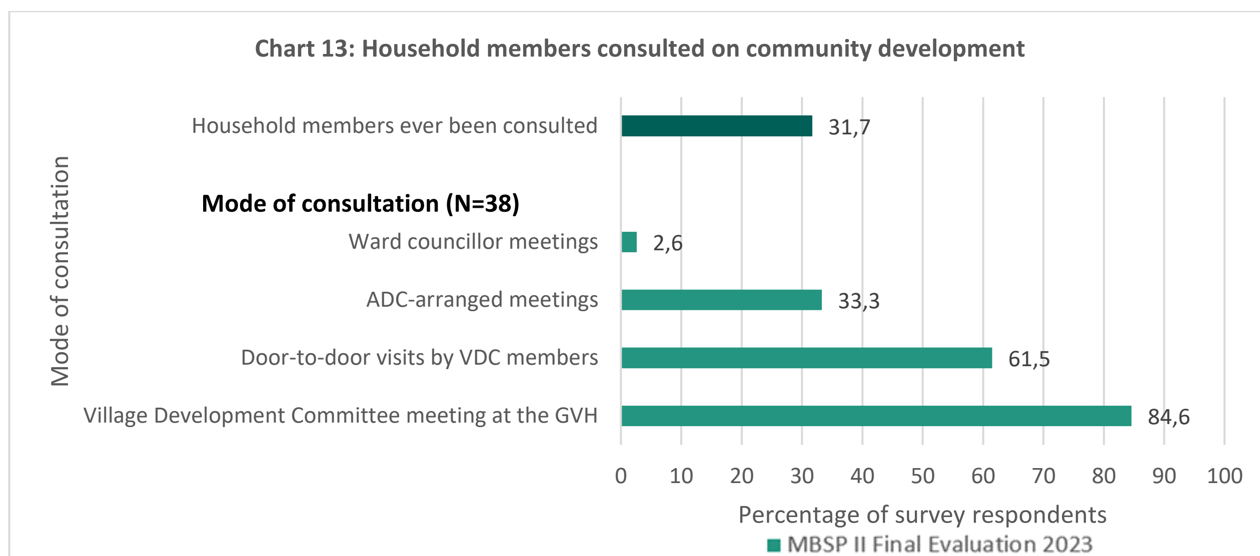
	Satisfied	Neither satisfied Nor Dissatisfied	Dissatisfied
		% of Respondents	
Distance to the water source	93.5	1.6	4.9
Water quality from the source	80.5	9.8	9.7
Performance of the Water Point Management Committee	86.2	9.7	4.1
Performance of Health Surveillance Assistants	91.1	2.4	6.5
Relevance of sanitation and hygiene messages	83.7	6.5	9.8
Availability of facility maintenance skills amongst community	83.7	8.2	8.1
Management of the water facility maintenance fund	54.5	20.3	25.2
Community willingness to contribute to the maintenance fund	81.3	12.2	6.5
Amount of savings in the water facility maintenance fund	52.0	19.5	28.5

4.0 Community consultation on development

Ideally, community members ought to participate or need to be consulted on the community development agenda to promote ownership. A healthy debate on the selection and prioritization of projects is ideal to ensure that the selected projects are consistent/relevant with community needs, but this is not always the case. The HH Survey results in **Chart 13** below show that only 31.7% of the households were

consulted on community development issues in their area, which is on the lower side. This means that most decisions on community projects exclude the views of community members. The results also show that the consultation process were mainly conducted through the village development committee (VDC) meetings at GVH[76] level (84% of responses); door-to-door visits by VDC members (61.5%); Area Development Committee (ADC) arranged meetings (33.3%); and through the ward councillor (2.6%).

The results also suggest that under the individual villages there seems to be little consultation prior to GVH meetings. Our suggestion is that village level meetings need re-enforcement to achieve a wider community participation rate by getting community perceptions as a precursor for GVH meetings, which only have a limited number of representatives from each village.



[76] A GVH reigns over a number of individual villages grouped together, sometimes they could be 10 or more.

ANNEX 21 MBSP PHASE II – PHOTOGRAPHIC DETAILS

Note: Annex 21 is meant for internal use only. Individuals in the pictures agreed to have their images integrated into the evaluation report but no explicit consents for publication were given.

Annex 21.1	MBSP PHASE II – BASIC EDUCATION COMPONENT
Annex 21.2	MBSP PHASE II – PUBLIC HEALTH COMPONENT
Annex 21.3	MBSP PHASE II – WATER AND SANITATION COMPONENT
Annex 21.4	MBSP PHASE II – ECONOMIC EMPOWERMENT COMPONENT

21.1 MBSP II - Public Health component

State of the art maternity wing

Located within a 15-minute walk from the main district hospital building, the Government of Iceland has funded the modern and spacious maternity wing. It is the largest maternity ward in Mangochi district and reflects the state of the art for maternity wards in Malawi. The maternity wing contains, e.g., a postnatal ward, a nurse assistants rooms, a neonatal dependency unit, a Newborn Essential Solitons and Technologies (NEST) and tests room, a room for sick and stable mothers, a room for mother with premature birth and a laundry and kitchen. The spacious and well-structured wing provides the female patients with more privacy, which oftentimes lacks in Malawian hospitals. This has improved medical care for mothers tremendously as up to 1,000 deliveries per month are taking place at the maternity wing.

Maintenance and upgrading of the maternity wing

An additional spacious theatre is currently under construction while the main theatre is closed due to that. The construction work is almost finished (right picture). The painting of the walls was ongoing but almost finished and the two theatres are ready to be equipped. The old theatre was was not meeting demands, so that only one surgery could take place at a time, which led to many incidences of triage. After completion of the two rooms, several surgeries can be performed in parallel, which will improve medical care. As Mercy Paundi, the Matron of the Maternity Wing, put it: „ICEIDA did us a very big favour". The Government of Iceland has funded her Master's degree and today, she is very proud to work in the maternity ward (left picture). The hospital technicians can take care of basic maintenance work like repairing toilets, doors, and tables. The hospital technicians cannot take care of larger maintenance works, like repairs of doors, which have fallen off, and they cannot fix the colour of the top flooring (due to other priorities and limited funds).

Access to off-grid electricity, waste management and improved cooking stoves

Access to off-grid electricity is ensured through a functioning solar system installed at the wing as well as a generator. This ensures independent operation from grid electricity. Moreover, the maternity wing has a waste incinerator that is extremely useful for the maternity wing (left picture). GIZ project "Energising Development" has provided improved and energy saving cook stoves and cooking shelter providing access to clean cooking for the patient's guardians (right picture). The shelter was fully occupied by many women and many more guardian were waiting to use the improved stoves. They briefly left their food on the stove for the picture.

Improved health care for children at the MBSP-supported Under 5 Paediatric Wing

The MBSP-supported Under 5 Paediatric wing is located directly next to the main hospital building. It consists of a protected triage waiting area, three consultation rooms, an admission room, a laboratory, an HIV desk room and an immunization room, a Nutrition risk assessment (NRA) consultation room, a cervical cancer screening rooms, and a pharmacy (corridor in the right picture below). The matron of the Paediatric wing, Lea Briton (left picture), reported how the wing, which opened in July 2020, is making a huge difference because it is closer to the main hospital building. Before, they were using a smaller section in the maternity wing, which is about one km away from the main building.

21.2 MBSP II - Basic Education component

Learning environment at MBSP-funded schools

Mtengeza Primary School (left picture) is equipped with desks that enable even Standard 1 students to sit on school desks and study inside. This is unusual for Malawi, since Standard 1 learners usually sit on the floor outside in the sand (right picture of public primary school in Mangochi district). The climate conditions during rainy season make it difficult to conduct classes outside while it gets very hot during dry season. MBSP schools provide a visibly improved learning environment.

The MBSP-supported facilities at Chimbende Primary School (left picture) include two class rooms for students with special needs (only one special-needs teacher and one classroom is used for students with special needs), which are well-equipped and accessible by wheelchair. In governmental elementary schools, it is very common for students to sit on the ground (right picture of government-funded operational class blocks at Chimbende Primary school).

Maintenance of MBSP-supported schools

The Government of Iceland started to fund buildings made of cement blocks instead of burnt bricks in line with updated standards of the GoM in 2018. MBSP supported both buildings at Chimbende Primary School (right picture), but the building on the right hand side was built more recently with cement blocks instead of burnt bricks. Newly build cement-block school buildings showed some cracks very quickly after the contractor left. The Chimbende Primary School has shown own initiative to repair the broken cement blocks of two school buildings. They used cheaper burnt bricks, which are more easily available locally (left picture).

MBSP's focus on special needs

All school buildings at Chimbende Primary School are wheelchair-friendly and equipped with ramps (incl. the school kitchen, left picture) and the Special Needs Resource Centre at Koche Model School is also accessible by wheelchair (middle picture). The newly build cement block building for students with special needs at Chimbende Primary School uses glass windows, which are broken and may pose a safety risk for children (right picture).

Early Childhood Development centres

MBSP II has also supported early childhood development centres (ECDs) at primary schools like to one in at Chikomwe Primary School. The EDC in Chikomwe has a spacious playground and even a kitchen (left picture). The centre itself is bright and has small chairs as well as some toys. Compared to usual nursery schools (right picture), which do not have large playgrounds or kitchen areas, the MBSP-supported EDCs are better equipped.

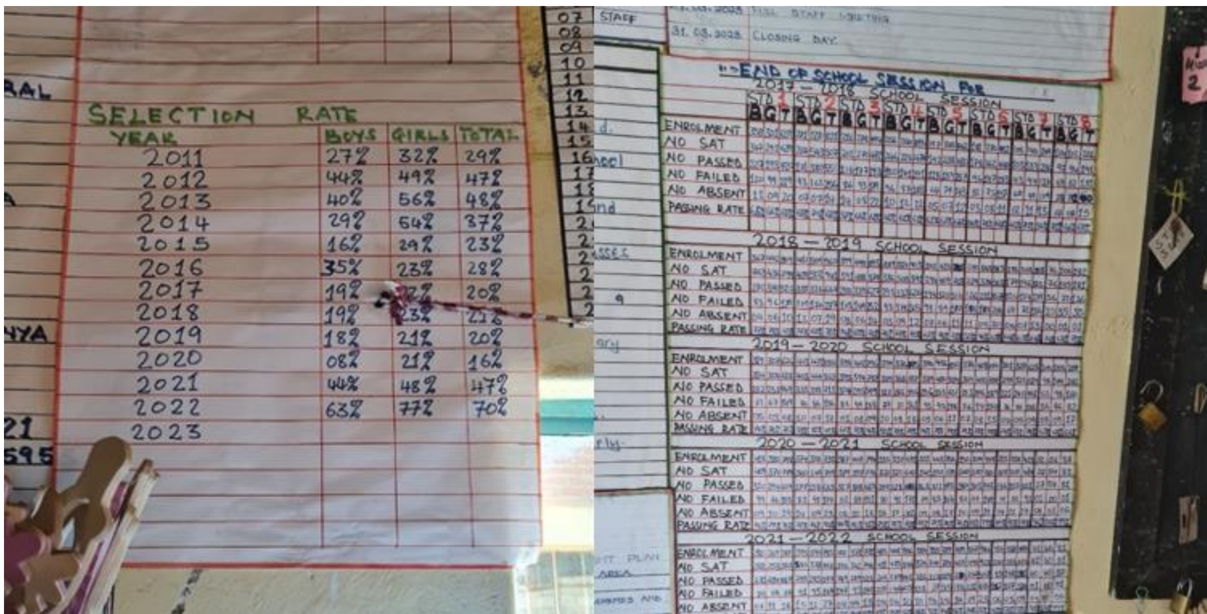
Some of the challenges refer to maintenance and payment of the caregivers, which have been trained through MBSP. Some toys (like the swing) and parts of the facility (like the windows) were already broken and have not been repaired yet. Moreover, a number of caregivers have been trained and paid through MBSP. After the funding for their salary stopped, the caregivers at Chikomwe ECD continue working without a salary because they feel responsible for the children of their community.

Access to solar energy for MBSP schools

In addition to access to water, a solar system was installed at Mtengeza Primary School (left picture). The system is functional and provides the school with electricity, which improved the overall learning conditions. The solar system is also used to power the water pump, which transfers the lake water to the water treatment centre (right picture).

Collection of performance data at MBSP schools

The schools collect a number of key statistics like actual pass/fail rates, school vision/mission, characteristics of students. These are usually collected on posters in the headmaster's office (both pictures below).



20.3 MBSP II – Water and Sanitation component

Access to water and solar energy for MBSP schools

MBSP has supported access to water at some MBSP schools. They installed a piped water system at Mtengeza Primary School, which is used by pupils and teachers. Several water tanks ensure adequate provision of save piped water (left picture). The water pump is powered by solar electricity. The School Water Committee manages the system. The Koche Model school also has a functioning piped water system, which is used by students and teachers (right picture).

Sanitation Marketing Centres

The Mponda Sanitation Marketing Centre (both pictures below) promotes and supports the installation of sanitation plants in private households.

Sanitation plants for private households

MBSP has supported the installation of sanitation plants in private households, like in Mponda (left picture). Next to the sanitation centre, a modern sanitation plant (right picture) has been installed.

20.4 MBSP II – Economic empowerment

A number of youth groups have been supported by MBSP II like the one in the fishing village of Malembo. The registered youth group in Malembo is active in fishing and the programme has provided them with a boat, engines and fishing nets (picture below), which allows them to go fishing and sell the fresh fish products locally. The group has qualified for the Agcom grant and is currently mobilizing savings as contributions to accessing this larger World Bank funding.

ANNEX 22 MBSP PHASE II – MAP OF SURVEY DATA COLLECTION SITES FOR THE FINAL EVALUATION