

Mangochi Basic Services Programme Phase II: 2017 - 2021

Project No.: LIL16050-1701

MID-TERM EVALUATION

Final Report



Submitted by:

Gilbert Mkamanga
gil2consult@gmail.com
[Mobile: +265 999 432 676](tel:+265999432676)

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Cover picture: water point at Sani village, GVH Imani, TA Mponda captured on 18 November 2019

Abbreviations

ADC	Area Development Committee
ANC	Antenatal Care
CDSS	Community Day Secondary School
CLTS	Community Led Total Sanitation
DDMO	Deputy District Medical Officer
DEC	District Executive Committee
DEM	District Education Manager
DEMIS	District education Management Information System
DHO	District Health Office
DMO	District Medical Officer
DPD	Director of Planning and development
DWO	District Water Office
GoM	Government of Malawi
GVH	Group Village Headman
HMIS	Health Management Information System
HSA	Health Surveillance Assistant
ICEIDA	International Development Cooperation
IPDC	Internal Procurement and disposal of Assets Committee
KAP	Knowledge Attitude and Practices
M&E	Monitoring and Evaluation
MBSP	Mangochi Basic Services Programme
MFA	Ministry of Foreign Affairs
MGDS	Malawi Growth and Development Strategy
MoEST	Ministry of Education Science and Technology
MoLGRD	Ministry of Local Government and Rural Development
MTE	Mid-Term Evaluation
NCIC	National Construction Industry Council
NCIC	National Construction Industry Council
PBA	Programme Based Approach
PBA	Programme Based Approach
PPDA	Public Procurement and Disposal of Assets
PEA	Primary education Advisor
PMT	Project Management Team
SDGs	Sustainable Development Goals
SMC	School Management Committee
SMS	School management Committee
TA	traditional Authority
VHC	Village Development Committee
VHC	Village Health Committee
WPC	Water Point Committee

1.0 Executive summary

1.1 Introduction

The Mangochi Basic Services Programme Phase II (MBSP II) 2017 -2021 is a continuation of phase I of the programme, which ran from 2012 to 2016, premised on a Partnership Cooperation Agreement signed by the Ministry of Local Government and Rural Development (MoLGRD) and Mangochi District Council on behalf of the Government of Malawi (GoM), and the Government of Iceland. The Development Objective (Goal) of MBSP II 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 through a Programme-Based Approach (PBA). The specific objective (outcome) of the programme is *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 focusing on five specific areas:

- 1. Health Sector:** The main focus is on better access and use of quality maternal and infant health services in hard to reach areas in the district through the provision of various infrastructure including upgrading of Makanjira Health Centre into Emergency Maternal Obstetric and neonatal Care (EMOnC). The programme is also improving the capacity of the health delivery system in the district by strengthening the referral system; support for long term training for the health sector staff; and improving the capacity, operations, and data quality for the Health Management Information Systems (HIMS).
- 2. Education Sector:** the main focus is improving the quality of education in 12 target schools by supporting infrastructure development, strengthening the capacity of the sector by recruiting education personnel, providing support for long term training, and promoting linkages between Early Childhood Development (ECD) centres and the primary education level through construction of two ECD centres.
- 3. Water and Sanitation:** focus is on the sustainable access to and use of safe water sources and sanitary facilities in selected areas through construction of new boreholes, rehabilitation of boreholes as well as constructing protected shallow wells. In Sanitation, the programme is focusing on improving community sanitation through Community Led Total Sanitation (CLTS) and sanitation marketing.
- 4. Gender and Youth:** the main focus is to improve access of women and young people to education and economic opportunities in designated areas of the district.
- 5. District Council Secretariat:** the programme is providing support for strengthening the capacity of the District Council to effectively implement and manage development programmes in the district through improving the capacity of the Secretariat by recruiting personnel such as an Engineer and 2 Clerks of Works as well as providing support for long term training of staff and strengthening District Monitoring and Evaluation (M&E) system.

1.2 Purpose of the mid-term evaluation

The mid-term evaluation was conducted to assess the programme design, scope, implementation status, and the capacity of stakeholders to achieve the expected outcomes; management and performance of the MBSP II against planned results; lessons learnt; potential impact and sustainability of the results, including its contribution to capacity development and progress towards achievement of Sustainable Development Goals (SDGs) 1-6, 8 and 17.

1.3 Main findings

a) Project design, scope and relevance

The programme design is appropriate as it is premised on the Programme Based Approach (PBA) that allows decentralized planning, decision making, financial management, and implementation at district level with oversight from the Ministry of Local Government and Rural Development (MoLGRD). The PBA also utilizes the existing District Council structure to implement the programme with limited personnel overheads which are born by the government. The funding, therefore, is largely for programmes. The scope, objectives and coverage, is also appropriate by focusing on improving community access to basic social services in the target communities. The inclusion of women and youth economic empowerment programme in MBSP II is promoting inclusiveness and participation of a vulnerable socio-economic group that is largely excluded from mainstream economic activities. Furthermore, the programme remains relevant as it addresses basic social needs based on national and district priorities, and community needs. However, the programme was designed under the Malawi Growth and Development Strategy II (MGDS II) 2011-2016, which was anchored around United Nations Millennium Development Goals (MDGs). With the adoption of the United Nations Sustainable Development Goals (SDGs) in 2015, the MBSP needs to be more aligned to the global goals in terms of the indicators and progress reporting.

b) Programme duration and programming cycle

Based on the analysis of outputs achievement rates which stands at 55% on average for the first two years of programme implementation, there are indications that the programme is unlikely to achieve all the deliverables by the close of the current phase. Besides, the design processes of infrastructure projects take longer to materialize and if other preparatory works are factored in, the actual implementation duration is much shorter than the project's life span of 4 years. Therefore, it is necessary to consider extending the current phase by one year to enable the programme make up for lost time and achieve the expected results. Furthermore, the experience from MBSP I, and currently through phase II implementation, has proven that the 4-Year programming cycle is not adequate for developing long-term plans for the district due to administrative delays in start-up and lengthy time required for designing and implementing infrastructure projects within the short implementation duration. Therefore, it would be appropriate to adopt a 10-Year programming cycle for the MBSP to allow for long-term planning and achievement of the results within the programme duration.

c) Programme effectiveness

MBSP II has experienced a number of challenges in the initial two years of the implementation process that need to be taken into account when assessing the achievements for years 1 and 2. The challenges include the six months delay in programme start-up and completion of MBSP I deliverables in phase II, mostly infrastructure projects, which consumed part of the funding for phase II. This resulted into re-scheduling some of the construction work from years 1 and 2 to year 3. Due to these challenges, the actual MBSP II implementation duration for years 1 and 2 is 1.5 years.

Nonetheless, the programme has made some in-roads towards achieving its objectives, albeit at a slow pace. Overall, the programme has achieved 55% of the planned outputs for years 1 and 2, which is not surprising in light of the challenges described in the preceding paragraph.

In the health sector there is slow progress towards the achievement of years 1 and 2 outputs with 45% achievement rate, and the mostly affected component is infrastructure development as the priority was given to the completion of health facilities and staff houses carried over from MBSP I. The programme (MBSP II) had to reschedule the construction of health posts and staff houses to year 3. However, the referral system has been strengthened with the procurement of 5 Ambulances some of which are allocated to health centres and the procurement of patient bicycle transporter is yet to be effected. The strengthening of the District Health Office (DHO) has enhanced its delivery capacity to support health services in the district. There is also improvement in data quality and analysis through the HMIS. However, the training of community health workers has only been partially done and needs to be prioritized in year 3 to strengthen community health services delivery. In terms of progress towards achieving the sector outcomes, the results are mixed. Apart from Under 1 child immunization which has registered a high of 86%, other outcome indicators are either fluctuating or on the declining trend. These include, Antenatal visits in first trimester (14.8%), deliveries attended by skilled health workers (64%), and use of family planning methods (50%), all of them below year 2 targets. The explanation for low performance is linked to low achievement of outputs (45%) as outcomes are dependent on the achievement and effective utilization of the outputs to trigger change at community or beneficiary level.

In the education sector, remarkable progress has been registered in infrastructure development by fast tracking the construction of 36 classroom blocks. However, there is slow progress on the rehabilitation of school facilities and construction of new buildings. Overall, the education sector has achieved an average of 71% of the expected outputs. In terms of progress towards the achievement of outcomes, the sector has registered good progress. There is improvement in learner: classroom ratio following the construction of 36 classroom blocks which has dropped from 218 learners per classroom in 2016/17 to 158 in 2018/19, thus providing conducive teaching and learning environment for teachers and learners respectively, although the ratio is remains higher than the recommended 60:1. There is also a drop in the learner: teacher ratio from 107 learners per teacher in 2016/17 to 81 in 2018/19 following the recruitment of temporary teachers through the programme. However, the promotion rate in standards 4 to 7 remains stagnant around 56%, and this is a major concern that requires concerted efforts from all stakeholders including local leaders, faith organizations, and school governance committees to drum up support for child education. The two Early Child Education Development (ECD) centres have been constructed but their operations remain ad hoc. The ECDs requires additional support to make them fully functional.

In the water sector, there is slow progress as only 44% of the planned outputs have been achieved. The challenges include late start-up, cost escalation and budgetary implications, and seasonality of drilling which means the operations can only be done during a few months in a year. In sanitation, the CLTS approach and sanitation marketing has achieved good progress as 189 villages have been declared Open Defecation Free (ODF) in two years, but has been slow in promoting sanitation products and installing san plats in the communities. The water sector is already delivering benefits in the targeted communities in terms of improved access to safe water and reduced walking time to and from a water facility from 28 minutes before to 7 minutes with the installation of improved water facilities. In sanitation, the CLTS

approach is quite effective in changing community behaviour to stop open defecation with the increased number of villages being declared ODF.

In women and youth economic empowerment the Situation and Stakeholder Analysis studies have been conducted and programming for the next two years is underway for take-off in year 3. There is also good progress in strengthening the capacity and delivery systems of the District Council to effectively support the implementation process e.g. all key positions have been filled including the Director of Finance (DoF), Monitoring and Evaluation (M&E) Officer, Engineer and 2 Clerks of Works. The District Council is currently adequately strengthened to implement the programme.

While there is mixed progress in years 1 and 2, there are also issues that need attention to improve the management and delivery of services and these are discussed under project management below.

d) Programme management

Overall, there is sound management of the programme. There is good compliance with the Partnership Cooperation Agreement on part of the Ministry of Local Government and Rural Development (MoLRD), Mangochi District Council and the Icelandic Embassy. The MoLRD is fulfilling its obligations in providing policy direction and technical support to Mangochi District Council; participates in bi-annual Programme Steering Committee (PSC) meetings which review progress and approve Work Plans and Budgets; has facilitated the inclusion of MBSP II Grant in the national plans, budgets, and books of accounts in the Ministry of Finance; participates in monitoring visits; and also facilitates the auditing of MBSP books of accounts by the Government's Auditor General on annual basis. All these actions reflect the commitment and programme ownership at national level.

The Embassy of Iceland is also rightfully fulfilling its obligations in the disbursement of funds to the District Council on quarterly basis based upon reconciliation and approval of quarterly financial and progress reports, and approval of Work Plans and Budgets by the PSC and fulfilment of reporting obligations by the District Council. The Embassy has provided technical support to the District Council e.g. preparation of the Social Economic Profile (SEP) and the District Development Plan (DDP) as well as the recruitment of an Engineer and 2 Clerks of Works to strengthen monitoring and supervision of construction works as the bulk of the funding is on infrastructure development; has provided support to strengthen the district Monitoring and Evaluation (M&E) system by recruiting the M&E Officer and development of the M&E framework which provides targets for the 4-year period; the Embassy also supports independent auditing of MBSP books of accounts. However, the Embassy has a limitation in providing effective M&E support due to limited M&E capacity at the Embassy. Hence, the Embassy needs to recruit an M&E expert to strengthen its monitoring function.

On part of the District Council, the MTE findings indicate that the Council is compliant with its obligations of implementing the programme; preparing Work Plans and Budgets for approval by the PSC; managing programme funds; and preparing financial and progress reports as required. However there are four issues that need attention to improve efficiency in the delivery of services:

- i) In some instances there is late submission of progress reports - this affects timely disbursement of funds from the Embassy resulting into lost implementation time;
- ii) Delays in some procurement processes which affect timely achievement of the deliverables;
- iii) Shortfalls in the reporting system particularly Quarterly Progress Reports with limitations in analysis such as linkage between outputs and outcomes; and
- iv) Limited involvement of local government structures such as the Area Development Committees and Village Development Committees (ADC/VDC) at community level to promote community participation and programme ownership.

e) Efficiency

Efficiency has been assessed in terms of implementation and financial efficiency. Implementation efficiency has focused on outputs achievement rates and timeliness in the disbursement of funds to the programme. Financial efficiency has focused on funds utilization rate and funds utilization to outputs achievement ratio, which compares funds utilization to outputs achievement.

MTE findings have shown that, on average, the programme has achieved 55% of the target outputs for years 1 and 2, which is an average implementation efficiency rate. The reasons for the low achievement rate are given under programme effectiveness. In addition, MTE findings indicate that there is also time lost in the implementation process due to slippages in the disbursement of funds resulting from the delays in the submission and clearance of financial and progress reports. Thus, implementation inefficiencies do exist and remedial actions have been proposed including strict adherence to the reporting requirements.

In terms of financial efficiency, MTE findings show that the average funds utilization rate for years 1 and 2 is 85.5%, which represents a high efficiency rate in the utilization of funds. Further assessment shows that the ratio of funds utilization (85.5%) to outputs achievement rate (55%) does not reflect parity. This has been explained by the fact that some of the MBSP I infrastructure projects are not accounted for in the outputs. Therefore, financial inefficiency cannot be established at this point without full account of all the deliverables and their cost. However, it is advisable for the programme to use the ratio of funds utilization to outputs achievement rate to assess if there are inefficiencies in implementation and utilization of programme funds.

f) Sustainability

There is a high possibility that programme activities would be sustainable albeit at a lower operational scale when donor funding phases out. This is partly due to the PBA. The advantage with the Programme Based Approach is that it utilizes the existing government structure to implement the programme by strengthening its systems to deliver effectively. The MBSP does not bear the burden of personnel overheads, which are substantial and taken care of by the government. Only in exceptional cases does the programme cover personnel costs such as salaries for temporary staff who should gradually be absorbed by the government on its pay roll. Therefore, with the strengthened delivery system, the District Council will continue to deliver the services if it takes care of the training and refreshers, monitoring and

supervision of programme activities to ensure that the targeted communities continue to benefit from the programme outcomes.

In terms of maintenance of the facilities, the District Council can either apply for increased central government subventions to maintain the structures and equipment provided under the programme, and/or strengthens its revenue generating capacity to mobilize funds part of which could be channelled to sustain the delivery of services in the targeted communities.

Another important sustainability strategy is to enhance community involvement and empowerment of the ADCs/VDCs to make decisions at community level, initiate development, mobilize the communities for voluntary services to support local development, and monitor progress in the implementation process. Hence, the training of ADCs/VDCs is absolutely necessary for them to understand their roles and responsibilities in the delivery of services not only for the MBSP but other development initiatives in the district.

g) Impact

It is probably early to assess the impact of MBSP II which has only been implemented for less than two years, to be exact 1.5 years. However, the programme is already generating some impacts based on trends in impact indicators. For example, maternal deaths are on the declining trend. HMIS data shows that for the whole district, institutional maternal deaths declined from 47 in 2017 to 40 in 2019 and with four more maternity wings to be opened in the first quarter of 2020, the declining trend is likely to continue.

In education, the school drop-out rate in Standards 5 to 8 has slightly fallen from 8% in 2017 to 7.5% in 2019; and in water and sanitation the incidence of water borne diseases is almost non-existent due to improved access to safe water, and the CLTS approach continues to induce behaviour change in the targeted communities to stop open defecation.

1.4 Recommendations

Based on the MTE findings, there are three key recommendations:

- 1) Following the six months delay in MBSP II start-up, the programme is unlikely to achieve all the deliverables by the end of the current phase as scheduled. It is, therefore, recommended that the programme should be extended by at least one year from 30 June 2021 to 30 June 2022.
- 2) Experience from MBSP I and II has shown/proven that the short-term 4-Year programming cycle is not sufficient for the programme to develop long-term plans and implement all planned activities due to administrative delays and other preparatory work that is required before the programme takes-off. These shorten the actual implementation duration to less than 4 years. It is, therefore, recommended that a 10-Year programming cycle should be considered for the MBSP to facilitate long-term planning and provide sufficient time for the programme to implement the planned activities and achieve expected results.

- 3) The final MBSP II external evaluation should be conducted at least 3 – 4 months before the programme phases out in June 2022. The final evaluation is necessary for learning from MBSP II implementation that would inform future programming, assess impact on the lives of the targeted communities in the district, and also assess sustainability of programme activities after the end of the current phase.

More detailed recommendations are presented in Section 6.0.

2.0 Background of the MBSP II

2.1 Overview of the programme

The Mangochi Basic Services Programme Phase II (MBSP II: 2017 -2021) is a continuation of the previous programme (2012 – 2016) premised on a Partnership Cooperation Agreement signed by the Ministry of Local Government and Rural Development (MoLGRD) and Mangochi District Council on behalf of the Government of Malawi (GoM) and Ministry of Foreign Affairs (MFA)/the International Development Cooperation (MFA/ICEIDA) of the Government of Iceland for a Programme-Based Approach (PBA) in partnership with the Mangochi District Council in order to achieve the goals of its development strategy in areas of social services: water and sanitation, education public health, gender and youth empowerment.

The Development Objective (Goal) of MBSP II 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. The Immediate Objective (outcome) of the programme is *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 programme has five specific areas of focus:

Health Sector: The main focus in the health sector is on better access and use of quality maternal and infant health services in hard to reach areas in the district. In this regard, the programme is providing various infrastructure such as staff houses and health posts. In addition, a major health infrastructure is underway to be built in TA Makanjira, where the current health centre will be upgraded to Emergency Obstetric and Neonatal Care (EmONC). The programme is also improving the capacity of the health sector by strengthening the referral system through provision of ambulances; recruiting health personnel; providing support for long term training for the health sector staff; and improving the capacity, operations, and data quality for the Health Management Information Systems (HIMS).

Education Sector: The main focus is improving the quality of education in 12 target schools, located in Chimwala, Koche, Chimbende and St Joseph Education Zones. In these schools, the programme has supported infrastructure development such as construction of classroom blocks, teachers' houses, administration blocks and Teacher Development Centre (TDC). Teaching and learning materials are also provided. The programme further focuses on increasing the capacity of the sector by recruiting education personnel as well as providing support for long term training for the education sector staff. The project is also promoting linkages between Early Childhood Development (ECD) centres and primary education level

by constructing two ECD centres at Chikomwe (TA Mponda) and Milimbo (TA Namabvi) primary schools to facilitate better transition from early childhood to primary level.

Water and Sanitation: The main focus is on the sustainable access to and use of, safe water sources and sanitary facilities in selected areas. Water, Sanitation and Hygiene (WASH) interventions are being implemented in TAs Makanjira, Mponda and Namabvi. The water sector is constructing new boreholes, rehabilitating boreholes as well as constructing protected shallow wells to reach its targets. In Sanitation, the programme is focusing on improving community sanitation through Community Led Total Sanitation (CLTS) and sanitation marketing.

Women and Youth Economic Empowerment: The main focus is to improve access of women and young people economic opportunities in designated areas of the district.

Council Secretariat (Governance): The programme is providing support for strengthening the capacity of Mangochi District Council to effectively implement and manage development programmes in the district. In this regard the programme has supported the council to develop the Social Economic Profile (SEP) and District Development Plan (DDP). It is also improving the capacity of the Secretariat by recruiting personnel such as an Engineer and two (2) Clerks of Works as well as providing support for long term training of staff. In addition, the district Monitoring and Evaluation (M&E) system is being developed in accordance with MoLGRD standards.

2.2 Purpose of the mid-term evaluation

The MBSP Phase II has been implemented for one-and-half years taking into account the delay in programme start-up. The Mid-Term Evaluation was commissioned to assess the programme design, scope, implementation status, and the capacity of stakeholders to achieve the expected outcomes. Besides, the MTE has also focused on the management and performance of the MBSP II against planned results; has outlined lessons learnt from programme implementation; and has also provided preliminary indications of potential impact and sustainability of the results, including its contribution to capacity development and progress towards achievement of Sustainable Development Goals (SDGs) 1-6, 8 and 17i.

2.3 Limitations to the study

There are no major limitations to the study which was conducted in a participatory manner. The Evaluation Team had good cooperation from the MoLGRD, Line Ministries, Secretariat, Technical Units, extension workers based in target areas, education managers and teachers, learners, programme committees, and the community.

2.4 Structure of the report

The rest of the report is organized as follows: **Section 3** presents the detailed methodology that was used in the study; **Section 4** provides the evaluation results according to the DAC evaluation criteria; **Section 5** presents the conclusion while **Section 6** outlines the detailed recommendations pulled from all the sectors. These need to be reviewed by the relevant sectors for further action during the remaining programme duration.

3.0 Methodology

The consultant used a participatory/consultative approach to ensure that relevant stakeholders are closely involved in the study and these included: the MoLGRD and line ministries, the Icelandic Embassy, Mangochi District Council Secretariat, Technical Units, extension workers, programme-linked committees at community level (VHC, WPC, SMC), local government structures (ADC, VDC), and the beneficiaries of basic services in targeted rural areas.

3.1 The Evaluation Matrix

Prior to developing the evaluation tools, the consultant developed the Evaluation Matrix to specify data requirements to address the evaluation questions in the terms of reference (ToR), stakeholders to be consulted during the study, and tools to be used to collect the data. The evaluation matrix is structured according to the OECD DAC Criteria for Evaluation - Relevance, Effectiveness, Efficiency, Sustainability and Impact – as are the evaluation questions provided in ToR. A detailed list of the evaluation questions can be found in the ToR for the mid-term evaluation in Annex 1 while the Evaluation Matrix is presented in Annex 2.

3.2 Data collection tools

The main tools constituted the documentary review, Key Informant Interviews (KIIs) with relevant stakeholders, Focus Group Discussions (FGDs) with beneficiaries, and Household/Beneficiary Surveys covering health, education, and water and sanitation. Women and Youth economic empowerment has not been covered in the beneficiary surveys because there are no interventions yet at community level. The detailed methodology is presented below.

Literature Review

A number of key documents were reviewed in order to better understand the programme, its implementation process, status on progress, and main issues; its operating environment both at district and national levels, and also how the project design fits in with the existing policy frameworks at national level. Some of the key documents reviewed include:

- MBSPI II Programme Document: 2017 -2021.
- Partnership Cooperation Agreement between the Government of the Republic of Malawi and the Government of Iceland for Mangochi Basic Services Programme 2017-2021.
- General Agreement on forms and procedures for development co-operation between the Government of the Republic of Iceland and the Government of the Republic of Malawi.
- Mangochi District Development Plan.
- Mangochi Socio-Economic Profile.
- Minutes from the Partnership Steering Committee meetings.
- Minutes from Project Management Team meetings.
- Annual budgets and Work Plans.
- Quarterly Financial Reports.

- Quarterly Progress Reports.
- Annual Reports for 2017/18 and 2018/19
- Final Evaluation Report of the MBSP Phase I: 2012-2017.
- Malawi Growth and Development Strategy III: 2017-2022
- United Nations Sustainable Development Goals (SDGs)

Key Informant Interviews (KIIs)

The purpose of conducting KIIs was mainly to seek stakeholders' perceptions on: programme performance during the initial two years of MBSP II implementation; relevance of the interventions to national, district, and community development needs; prospects of programme sustainability; indications of impact; programme management; and implementation challenges experienced so far. The interviews were premised on data requirements for the indicators in the Evaluation Matrix. In total 29 KIIs were conducted spanning a cross-section of actors in the programme implementation process. Data was mostly collected through audio-recordings. The list of organizations contacted is presented in **Table 1** below: -

Table 1: Key informant Interviews Conducted	
	No. of KIIs
Mangochi District Council secretariat	7
Ministry of Local Government & Rural Development	1
Line Ministries (Health, Education, Water Development)	3
District Health Office	3
District Education Management	1
District Water Development Office	1
District Community Development Office	1
District Social Welfare Office	1
District Youth Office	1
Teachers in programme schools	3
HSAs in Health Posts	3
Embassy of Iceland including Mangochi office	4
Total	29

Focus Group Discussions (FGDs)

The tool targeted project beneficiaries in sampled communities using the FGDs Guide, also premised on the indicators in the Evaluation Matrix. The FGDs were designed to augment or supplement the Beneficiary/Household Surveys and provided answers to what? How? and Why? Questions that are normally difficult to generate from the Household Questionnaire but necessary to explain the cause – effect relationships of the variables in community interventions. Audio recording were also used to

capture the discussions which were later transcribed in Microsoft Word. In total 17 FGDs were conducted as presented in **Table 2** below.

Description	Health	Education	Water and Sanitation	ADC/VDC
Village Health Committees	4			
Mother Support Groups		3		
Learners		3		
ECD Caregivers		2		
Water Point Management Committees			2	
ADC/VDC				3
Total	4	8	2	3

Household/Beneficiary Surveys

The purpose of the Household/Beneficiary Surveys was to assess the extent to which targeted beneficiaries participate in the programme and access basic services; seek their perceptions on programme relevance in addressing their needs and expectations; and also get their perceptions on programme performance. Three separate Household/Beneficiary Surveys were conducted targeting beneficiaries in health, education, and water and sanitation programmes respectively. In total 810 households were sampled as presented in **Table 3** below. The questionnaires were administered by experienced research assistants (enumerators) following a two-day intensive orientation on the tools and pre-testing on the third day. Data collection was closely supervised by the Field Supervisor supported by the consultant. The mode of data collection in all the three surveys was digital by use of Tablets using Survey Solutions software.

	Total	FHHs	MHHs
Health	260	165	95
Education	280	145	135
Water & Sanitation	270	111	159
Total	810	421	389

Sampling design for Household/Beneficiary surveys

For all the three questionnaires respectively, a two-stage sampling approach was employed in selecting beneficiary households. It should also be mentioned that no standard formulae were used in determining the sample size as the target beneficiary numbers could not be pre-determined under all programme components e.g. mothers with two-year old children; parents/guardians with children in school; and

water users at each water point. The general approach was to interview 15 households per sampled community.

Health programme

The purpose of the Health programme is to improve access to, and use of, quality maternal and health services. Hence, the household survey targeted women with at least a two-year child born within the mid-term programme duration (2017 – 2019). These were interviewed as mothers, caregivers, and more importantly as targeted programme beneficiaries. The survey was conducted in 20 villages in the catchment areas of ten [10] Health Posts to assess the penetration of, and access to, basic health services in very remote and hard to reach areas based on household listing and systematic sampling.

First stage sampling: this involved listing of villages in the catchment area of each Health Post, at least 2 Kms or more away, and randomly selecting two villages farther apart in opposite directions. The aim was to select villages that were not adjacent to a Health Post, which possibly could have had influence on ease of access to health services because of proximity to the health facility. **Second stage sampling:** involved listing of mothers/caregivers in each of the two selected villages with at least a two-year old child and using systematic random sampling technique to select 15 mothers/caregivers per selected village.

Education programme

The purpose of the Education Programme is to improve quality of primary education in targeted schools. Hence, the Household Survey targeted parents/guardians in order to assess their perceptions on the delivery of education services for their children in the 12 programme schools. In addition the tool sought to assess parents/guardian perception on performance of their children in school, satisfaction with services delivery, and performance of school governance committees.

First stage sampling: listing of villages in the catchment area of each school and randomly selecting two villages located at least 2 Kms or more away from the school. This was particularly important for assessing absenteeism that may arise due to long distance to the school. **Second stage sampling:** involved listing of parents/guardians with children in school in each village and selecting 15 households for the interviews using systematic random sampling procedure. The listing was disaggregated into male and female headed households for equitable representation in the sample and to limit dominance of male headed households which are usually in majority.

Water and sanitation programme

The purpose of the water and sanitation programme is to increase access to, and use of improved safe water and sanitation facilities. Women as primary water collectors and users were targeted by the Household Survey to get their perceptions on access to safe water, Knowledge Attitude and Practices (KAP) on water hygiene, and the delivery of water services in their communities. In terms of sanitation, the survey focused on households' access to sanitation facilities; access to hygiene education and

adoption of good hygiene practices; and household perception on the CLTS and sanitation marketing approach.

First stage sampling: listing of GVHs and villages under each GVH in the targeted TAs and randomly selecting two GVHs and two villages from the list of villages under a GVH with a water facility provided by the programme. **Second stage sampling:** involved listing of households accessing a water facility (male and female headed) and selecting 15 households (water users) per water facility using systematic random sampling technique. The 15 households were also targeted for sanitation interviews.

3.3 Data analysis and quality assurance

All statistical analyses for the three Household Surveys was done using SPSS software. Syntax program was designed for the purpose of data analysis. In addition, a Tabulation/Data Analysis Plan was prepared to guide the analyses. Other quantitative data was processed in MS Excel. For the qualitative part (KIIs and FGDs), the data was audio recorded and later transcribed in MS Word. The transcriptions were merged, summarized, and categorized based on common issues (themes) emerging from the data.

For the quantitative data, quality control was done through: a) comprehensive training of enumerators and supervisor - all the enumerators and the supervisor went through a 2-day orientation in Mangochi on the tools, interviewing techniques, use of Tablets including data inputting followed by pre-testing of the tools; b) Intensive supervision of enumerators by the supervisor supported by the consultant; and c) digital data cleaning and validation that ensured credibility of the results. For qualitative data, the consultants went through voice recordings and cross-checked with the transcriptions to ensure that no valuable data was missed from the recordings.

4.0 Findings

4.1 Programme approach, design and relevance

Programme approach is addressed in terms of the appropriateness of the Programme Based Approach (PBA) in MBSP II implementation. Design is assessed in terms of the programming cycle as well as programme alignment to Sustainable Development Goals (SDGs), while relevance is assessed in terms of its consistency with national policies, strategies, and programmes, Mangochi District Development Plan, and community development needs and priorities.

4.1.1 Programme Based Approach

The Programme-Based Approach (PBA) is a nascent implementation strategy and is probably only practiced by the Mangochi District Council in the country. The PBA allows decentralized planning, decision-making, financial management, and programme implementation – all done at district level by the council with oversight from the MoLGRD with financial and technical support from the Embassy of Iceland in Lilongwe. The PBA utilizes the existing local government/District Council structure with minimal personnel overheads as the government pays the bulk of staff salaries as a contribution to the programme

financing, which is also substantial. One advantage of programme financing is that it provides flexibility that allows review and re-alignment of the budget. As a new approach there are a number of learning curves that provide the District Council with relevant experience and flexibility to design and re-design to improve the delivery of services to targeted beneficiaries.

4.1.2 Programme design

The first phase of MBSP was being designed at the time when the Malawi Growth and Development Strategy (MGDS II), and the Millennium Development Goals (MDGs) guided the national and global development agendas respectively. For MBSP II, the SDGs are, however, guiding the Programme Document apart from the water sector, where the policies continue to be entirely guided by the MGDS. With the UN Sustainable Development Goals (SDGs) launch in 2015, the global goals have broadened in scope and focus hence the need for their inclusion in the programme monitoring system. This is necessary because currently not all relevant SDGs indicators are included in the MBSP II' Monitoring and Evaluation (M&E) Framework. Overall, the programme design is appropriate in addressing community basic social needs such as health, education, water and sanitation, and community development as prioritized in the DDP and SEP 2017 – 2022. It is also important that the MBSP II scope has encompassed women and youth economic empowerment to promote inclusiveness of vulnerable groups as target beneficiaries.

Another important element under project design is the programme cycle. The MBSP II was designed to be implemented in 4 years, however, in reality there was a six-month delay in the start-up i.e. implementation started only in December 2017 instead of July 2017. This means that the implementation period has been reduced from 4 years to 3.5 years, hence it is a challenge for the programme to catch-up and achieve its targets within 3, 5 years. For example, the upgrading of the Makanjira maternity to emergency obstetric and new-born care (EmONC) facility is a huge investment that will consume substantial resources including time to prepare, complete and operationalize. Thus, the current phase-off date of 30 June 2021 seems not ideal for the completion of Makanjira EmONC and other activities. Therefore, an extension of at least one year to June 30, 2022 is necessary for the programme to achieve all its deliverables.

Furthermore, from MBSP I and MBSP II experience thus far, it is becoming evident that a 4-Year programming cycle is not ideal for implementing investments in social infrastructure and achieve expected results because of administrative delays and time required to complete preparatory work for such projects. The demand for basic social services in Mangochi district is enormous and requires long-term programming rather than short- to medium term interventions as is case currently. With the 4-Year programme duration, it is a challenges to accomplish all the deliverables and start the next cycle all over again hence, a longer-term cycle of 10-years would be more appropriate for the district.

4.1.3 Programme relevance

Overall, the programme is relevant due to its focus on basic social services in the district as reflected in unfavourable social indicators outlined in the Programme Document. For example in health, the district

has poor indicators for antenatal care, high neo-natal and under-5 mortality rates, a low proportion of births attended by skilled health personnel; and other relevant indicators. In education, 24% of adults in Mangochi have never attended school against a national average of 14%¹; and access to safe water is about 50%² in most Traditional Authorities in the district. These indicators justify MBSP interventions in order to minimize or reverse the adverse social conditions being experienced by the people of Mangochi district, mostly those living in rural hard to reach areas.

4.1.3.1 Programme consistency with national and district priorities

MBSP II planning was done when the country's development framework was guided by the Malawi Growth and Development Strategy (MGDS II) which was the overarching national development strategy at the time. The social sectors of health, education, water and sanitation were designated as priority sectors amongst other sectors. MGDS II was aligned to the Millennium Development Goals which were exchanged with Sustainable Development Goals (SDGs) in 2015. All sector programmes were consistent with MGDS II, a precursor to the current MGDS III (2017-2022). Currently, the MBSP II is based on the programme document but also consistent with sector development plans in health, education, water and sanitation, gender and youth sectors.

Consistence with Icelandic Government Country Strategic plan (2012 -2018)

The previous Country Strategy Paper (CSP) for Malawi (2012-2018) formed the basis for Iceland's support to Malawi in its efforts to improve the living conditions of its poor population. Special emphasis was put on supporting Malawi in achieving the UN Sustainable Development Goals³, especially goal 1 which is to end poverty in all forms everywhere; goal 3, ensuring healthy lives and promote well-being for all ages; goal 4, ensuring inclusive and equitable quality education and promote lifelong learning opportunities for all; goal 5, achieving gender equality and empower all women and girls and goal 6, ensuring availability and sustainable management of water and sanitation for all. While the CSP emphasized supporting Malawi in achieving the Millennium Development Goals (MDGs), these were exchanged with the Sustainable Development Goals (SDGs), adopted by both Malawi and Iceland. Currently there is no Country Strategy Paper by the Government of Iceland for its work in Malawi.

Consistence with community needs and priorities

The programme is consistent with community needs and priorities as outlined in the Social Economic Profile (SEP) and the District Development Plan (DDP) for Mangochi District Council developed with support from MBSP II funds. In the previous document, there were ten community priority needs including health, education, and water and sanitation. These formed the basis for MBSP I design that are also reflected in the current SEP and DDP.

¹ National Statistical Office .Integrated Household Survey 2016-2017. Zomba. November 2017.

² MBSP II Programme Document

³ MBSP II Programme Document

Conclusion on programme approach, design and relevance

- The PBA is an appropriate instrument for decentralized programming as it empowers the District Council to plan, implement, manage financial resources, and make decisions about programme implementation without control from the MoLGRD, which only provides strategic policy direction and technical support. For Malawi, the PBA as implemented by Mangochi District Council, is a pilot and potential implementation strategy that the MoLGRD could subsequently replicate in other district councils to be entrusted with and manage substantial amounts of funds, and deliver quality basic services alongside capacity strengthening.
- The programme design and scope are relevant in targeting vulnerable groups and addressing community basic social needs, and the inclusion of women and youth economic empowerment further integrates gender inequality and youth vulnerabilities into the programme for action.
- Only some of the programme indicators at outcome and impact are aligned to SDGs, hence the need for more programme indicators to be aligned to SDGs and reflected in the M&E framework.
- The programme is unlikely to achieve all its deliverables by the end of the programme phase due to late start-up of six months and re-scheduling of a major investment, Makanjira EmONC facility to start in Year 3. An extension of the current phase by one year would make up for lost time and provide sufficient time for the programme to accomplish all the deliverables.
- The relatively short-term 4-year programming cycle has limitations in that it provides little flexibility for the programme to build-in contingency plans in case of delays in start-up, design processes of infrastructure projects, and achievement of planned deliverables within the programme phase. It would, therefore, be appropriate to adopt a long-term planning cycle of 10 years.
- The programme remains relevant as it resonates well with the national development agenda, district priorities, and addresses community basic social needs as reflected in the SEP and DDP 2017 - 2022.

Recommendations on programme approach, design, and relevance

1. The programme should add SDG indicators as Addendum to the Programme Document in addition to impact and outcome indicators already in the document to align better with SDGs.
2. With the six months delay in MBSP II start-up coupled with Makanjira EmONC facility design processes and other preliminary works, it is recommended that the programme be extended by one year from 30 June 2021 to 30 June 2022.
3. The short 4-Year programming cycle has proven not to be sufficient for the programme to accomplish all planned activities and develop long-term plans. It is, therefore, recommended that a 10-Year cycle be adopted to facilitate long-term planning.
4. The PBA should be viewed as a pilot and potential implementation model for Malawi where District Councils are entrusted to manage substantial amounts of funds and deliver quality basic services alongside capacity strengthening

4.2 Programme effectiveness

Programme effectiveness is assessed in terms of the programme management processes, the extent to which sector programmes are achieving their objectives, and capacity strengthening of the District Council to implement the programme.

4.2.1 Programme management

Effective management is key in the implementation process to complete the programme successfully, on time, and within the budget. Hence, the tasks of the Project Management Team (PMT) is to achieve results, and provide effective coordination and communication with key players in the programme implementation process. Programme management is thus assessed in terms of consistency with the provisions in the Partnership Cooperation Agreement and other relevant management responsibilities.

4.2.1.1 Ministry of Local Government and Rural Development oversight role

Based on Article 5 of the Partnership Cooperation Agreement, the oversight role is vested in the MoLGRD as the 'Executing Agency' on behalf of the Government of Malawi to ensure that the implementation process is working efficiently to achieve desirable results. Based on KIIs with the Secretariat and Embassy, it is evident that the MoLGRD is very supportive of the programme as follows:

- a. Provides policy guidelines and technical support to Mangochi District Council Secretariat to ensure that the programme is operating within the government policy framework;
- b. The ministry regularly participates in bi-annual Programme Steering Committee (PSC) meetings that review progress, address emerging issues from the implementation process, and approve Work Plans and Budgets which are key operational instruments for programme implementation – the Principal Secretary (PS) in person or someone delegated by the PS are present at all the meetings, which is a reflection of commitment and programme ownership at national level;
- c. The Ministry undertakes monitoring visits to programme sites in a leadership position accompanied by representatives of other line ministries prior to PSC meeting to witness progress on programme activities; and
- d. The MoLGRD also gets quarterly financial and progress reports and provides feedback on the reports.

Furthermore, the MoLGRD is successfully fulfilling its other responsibilities as stipulated in the Partnership Agreement including: facilitation of inclusion of the MBSP funding in the national plans, budgets, and books of accounts in the Ministry of Finance; annual auditing of MBSP books of accounts by the Government's Auditor General, and internal audit done once by the District Council; the MoLGRD has ensured that the MBSP adopts government policy to discontinue the use of burnt bricks in civil works and migrate to cement blocks in line with environmental considerations; and the Ministry has also ensured that the Icelandic Embassy has access to books of accounts and bank statements, conduct external audits, and visit the District Council Secretariat at its convenient time.

Conclusion

Overall, the MoLGRD is effectively playing its oversight role with remarkable improvement in performance compared to phase I⁴ when the Ministry lacked resources to actively participate in and monitor the implementation process. If the current trend continues, with other factors remaining constant, the programme is likely to stay on course towards achieving most of the phase II planned activities with the leadership provided by the MoLGRD.

4.2.1.2 Programme Steering Committee

The Programme Steering Committee (PSC) is comprised of representatives from the MoLGRD, line ministries, Mangochi District Council Secretariat and Heads of Technical Units, and the Embassy of Iceland. Article 7 in the Partnership Agreement on Meetings clearly outlines the purpose of the bi-annual meetings as to: a) discuss progress on implementation including results and fulfilment of agreed obligations; b) discuss and approve Work Plans and Budgets; and c) discuss issues of special concern for the implementation of the programme and determine action if required. According to KIIs with line ministries, District Council, Embassy of Iceland, and Technical Units, it is clear that the PSC is fulfilling its obligations through bi-annual meetings co-chaired by the District Council and the Embassy. More importantly the PSC: approves Work Plans and Budgets to direct the programme implementation process for the next two quarters; reviews progress and makes adjustments to implementation where necessary; and ensures that the programme is operating within the ministries' policy guidelines and technical parameters. With the inclusion of the programme in the national budget, it is important that the Ministry of Finance be represented in the PSC to provide direction on budgetary and financial matters with regard to the programme.

Conclusion

The PSC is fulfilling all its obligations and is providing effective direction and guidance to the implementation process.

Recommendation

The programme should incorporate the Ministry of Finance, Economic Planning and Development into the PSC to enable it provide strategic direction on budgetary and financial matters.

⁴ Gilbert Mkamanga, MBSP (2012 – 2017) Phase I Mid-Term Evaluation. 24 August 2014.

4.2.1.3 Line ministries participation in programme implementation

Line ministries constitute partner ministries with Technical Units under Mangochi District Council that are directly implementing sector activities in health, education, water and sanitation, Gender, and Youth. Discussions with the Ministries in Lilongwe and Technical Units in Mangochi acknowledged that the line ministries: a) provide strategic leadership and technical guidance to ensure that sector policies are incorporated into services delivery through MBSP implementation; b) participate in PSC quarterly meetings where sector activities are reviewed and plans for the next six months are approved; and c) participate in monitoring progress and provide technical support where appropriate. Thus, the participation of line ministries is vital in ensuring that the programme is fully compliant with ministries' policies and standards.

Conclusion on the participation of line ministries

Line Ministries are very supportive of the programme implementation process through provision of policy guidance and technical support to ensure that the programme is compliant with their ministries' standards.

4.2.1.4 Embassy of Iceland

There are four responsibilities outlined in Article 3 of the Partnership Cooperation Agreement for the Embassy of Iceland and its Mangochi office and these include: a) disbursement of funds for programme implementation for a period of 4 years (1st July 2017 – 30th June 2021); b) support the District Council with technical assistance; c) engage in constructive dialogue and provide monitoring and evaluation to planned activities to ensure that they are in conformity with the prescribed obligations; and d) inform the Ministry of Finance (Debt and Aid Management Department) of all disbursements made to the District Council relating to the programme. These are assessed as follows:

a) Disbursement of funds to the District Council

Timely disbursements ensures that the programme has the requisite financial resources to implement the programme. The disbursement is done quarterly, based on approved progress report and reconciliation of quarterly financial reports, which are based on the approved annual/quarterly Work Plans and Budgets by the Programme Steering Committee. The financial records at District Council office are initially assessed and verified by the Embassy's Programme Office in Mangochi prior to further verification and reconciliation. Approval by the Embassy in Lilongwe is in conformity with the standing financial management procedures for the programme. Overall, the Embassy is successfully fulfilling its obligation to disburse the funds as per the Partnership Agreement. However, there have been instances of delayed disbursements due to non-compliance on part of the District Council to subscribe to all the reporting requirements e.g. inadequacy or missing supporting documents (mainly receipts and activity reports) and late submission of quarterly financial and progress reports. Although the delays have not led to major

disruption in the implementation process, there is need for a renewed commitment on part of the District Council to strictly adhere to laid down financial management and reporting procedures to keep the programme within schedule. The disbursement of funds is further assessed under Efficiency in Section 4.3.

b) Technical Assistance to support the District Council

This is another obligation for the Embassy that is being successfully fulfilled. For example, early in phase II, the Embassy engaged a consultant to conduct a Technical Audit of the construction outputs to assess the quality and contractors' compliance with construction standards and specifications. The results were disappointing and this led to the strengthening of monitoring and supervision of construction works in MBSP II where the District Council, through funding from the MBSP was able to hire a building engineer and 2 clerks of work for the Public Works office at the District Council under remuneration of the programme. In addition, a consultant will be hired in an open tender to oversee the construction of the upgrade of the Makanjira maternity to a comprehensive emergency obstetric and new-born care (EmONC), and the council and finance building, which are major construction components during MBSP II. Furthermore, consultants have been engaged to conduct a situation and stakeholder analysis on the issues around women and youth economic empowerment in the district to guide and assist the district offices in strategizing and eventually programming.

All the Technical Assistance support is aimed at strengthening the District Council's capacity and performance to efficiently and effectively implement the programme to deliver basic services to targeted communities.

c) Support in the preparation of the District Development Plan (DDP) and District Socio-Economic Profile (SEP)

With the support from the MBSP, the District Council has prepared the DDP (2017-2022), which is a 5 – Year Medium-Term Plan for infrastructure development and services delivery to the people of Mangochi. While the DDP is a product of MBSP Phase II, premised on MGDS II, the DDP provides a basis for development partners to buy-into the district development agenda. Similarly, the SEP (2017 - 2022) provides socio-economic baseline data for planning purposes and was an intermediary input in the preparation of the DDP. The two documents have raised the district profile and opportunities for investment. It is also acknowledged that several districts in Malawi do not have the SEP as well as the DDP, hence Mangochi District Council is envied by the other districts in preparing both documents.

d) Support to monitoring and evaluation (M&E) management

Monitoring and evaluation (M&E) is an important management tool for collecting and analysing relevant data to generate information for managers to make informed decisions. For a long time Mangochi District Council lacked this function and therefore was devoid of a very essential management tool. With assistance from the Embassy, the vacant position of M&E Officer has been filled and its services being

utilized by the MBSP and other District Council Programmes. The hiring of the M&E officer, currently being remunerated by the MBSP II, has strengthened the M&E functions in terms of:

- (i) The M&E Framework is in place which provides targets and a platform for progress tracking and reporting;
- (ii) The quality of Quarterly Progress Reports is improving;
- (iii) Coordination of monitoring activities with implementing sector has also improved; and
- (iv) Improvement in the quality of data, analysis, and reporting through HMIS and DEMIS.

However, there are two issues that need attention:

- (i) Harmonization of sector monitoring activities into the district monitoring system - funds have been earmarked in Year 3 for this activity, and
- (ii) Capacity strengthening of DEMIS and DWMIS data clerks in statistics and data analysis to enhance their analytical skills.

Overall, the Embassy is fulfilling its obligation in supporting the operationalization of M&E activities at district level.

e) Inclusion of the MBSP into the national budget

Under MBSP II, the programme has been included in the national budget in the Ministry of Finance and this has been achieved in liaison with the MoLGRD. Thus, the MBSP is fully integrated into the national budgets and the council shares the disbursement records with the Ministry of Finance. Following the inclusion of the programme into the national budget, the Accountant General's Office in the Ministry of Finance inducted the District Council on cash control to ensure consistence with government accounting practices. Therefore the Embassy has fulfilled this obligation.

f) Technical Capacity in monitoring and evaluation

The Embassy in Lilongwe apart from the Head of Mission, has only two senior staff: the Programme Director and the Finance Manager while the Mangochi Office has two Programme Officers. Due to shortage of staff, and lack of programme staff having specific M&E background, the Embassy in Lilongwe and its Mangochi Office do not have M&E capacity to conduct baselines and analyses of outcomes and impact. There is also limited M&E capacity to provide technical support to the district M&E system. Hence, there is a need for the Embassy to strengthening its technical capacity in this field by hiring an M&E expert.

Conclusion

Overall, it is evident that the Embassy is successfully fulfilling its obligations under the Partnership Cooperation Agreement through the disbursement of funds, provision of technical assistance to the programme, and support to the district M&E system. However, the Embassy has limited M&E capacity to effectively support the M&E system through baselines and analyses of programme outcomes and impact. Besides, while HMIS has been strengthened to improve data quality, analysis, and reporting, there are

capacity gaps in DEMIS and DWMIS in statistics and data analysis, which need to be addressed by the MBSP.

Recommendation

Therefore we recommend that:

- a. The Icelandic Embassy should fill the M&E capacity gap by recruiting an M&E expert.
- b. The programme should support short-term training for data clerks in DEMIS and DWMIS in statistics and data analysis to improve data collection, analysis, and reporting.

4.2.1.5 Mangochi District Council as the Implementing Agency

The six responsibilities of Mangochi District Council outlined in Article 4 of the Partnership Cooperation Agreement are assessed below as follow:

a) Programme implementation

The District Council is responsible for the implementation of the MBSP in compliance with the existing national laws and policies. The programme has delivered interventions in capacity strengthening of the Secretariat and Technical Units in the form of training, provision of equipment and accessories, IT and logistical support, etc.

To strengthen the District Council's operational capacity, there have been a number of interventions in the MBSP such as:

- a. Filling key vacant positions including the Director of Finance (DoF), M&E Officer, and Procurement Officer and an Assistant Procurement Officer;
- b. Training of professional staff at Master's degree level to beef up professional capacity; and also training of nurses, technicians, clinicians and accounts staff; and upgrading of teachers at Malawi Institute of Education.
- c. Filling capacity gaps by strengthening monitoring and supervision of construction works with the hire of a building engineer and 2 clerks of work at the Public Works office.

Other interventions in capacity strengthening at the Secretariat level include provision of equipment and logistical support to enhance efficiency in the delivery of services. For example, various equipment has been granted to the health sector including ambulances; vehicles have also been delivered to programme sectors and the Secretariat; internet connectivity has been enhanced; offices have been refurbished with new furniture and equipment such as computers and copiers have been installed. Hence, capacity strengthening of the Secretariat has put the District Council in the right position to implement the programme with minimum operational challenges.

b) Work Plans and Budgets as operational instruments

The implementation process is premised on Work Plans and Budgets that follow a 3 – month or quarterly cycle. Furthermore, the disbursement of funds to the programme is dependent on achievement of the deliverables and accountability of the funds for the previous cycle. Quarterly Work Plans are necessary to ensure that the deliverables are well defined and planned. Budgets provide the investment protocols of the plans with estimate expenditures to implement the plan. Under the MBSP II the District Council has been fully compliant with the preparation of Work Plans and Budgets and this has endured that there are no disruptions in the programme implementation process. It should also be acknowledged that programme financing as opposed to sector financing, which is fixed, brings flexibility within the budget to review and re-align the overall budget based on priorities during the quarter under review.

c) Financial management

The District Council is responsible for managing all disbursed financial resources for programme implementation and is also accountable for the funds through financial and progress reporting to the donor and the MoLGRD. Financial management is mainly based on the Government of Malawi (GoM) Finance Management Act and other related regulations/procedures, using IFMIS, and Financial Management Procedures provided by the Embassy. The regulations/procedures are explicit and allows space for multi-level checks and balances to ensure financial accountability and transparency in the utilization of programme funds. In short, the financial process involves planning and budgeting by the District Council, reviews of the same by the Embassy, and approval by the PSC during biannual meetings. In terms of payments, these are verified at various levels within the system. The Embassy's office in Mangochi conducts verification of expenditures on quarterly basis.

Other safeguards to minimize or avert financial risks include: (i) operation of a specific bank account for the programme for ease of access to bank statements and quarterly reconciliation; (ii) annual auditing of accounts by the National Audit Office as well as external auditing facilitated by the donor; and (iii) monthly sector financial reporting and bank reconciliation which are consolidated at the end of the month to produce Quarterly Financial Reports that goes with the Progress Report. The two reports provide the linkage between expenditure and progress on the deliverables. All anomalies in the expenditure and reporting system are referred to the Secretariat for clarification and redress before effecting the next disbursement.

While financial procedures are, to a good extent, adhered to from requisitioning for payment through issuance of cheques, there are recurring issues such as non-attachment of supporting documents to financial reports (receipts and Activity Reports for trainings, events, etc.), and delayed submission of the financial and progress reports to the donor. These issues need redress. Furthermore, in light that in some instances single receipts are attached for expenses, to enhance financial accountability and transparency, we recommend a two-receipt system.

- (i) Initial receipt by service provider acknowledging receipt of funds; and
- (ii) Several receipts on expenses that support the utilization of funds. This would not only consolidate transparency and accountability but also ensure that the funds have been utilized for the intended purpose. The office in Mangochi would be able to link funds utilization to the deliverables which is not possible to do with a single receipt.

d) Progress Reports

As indicated above, there are two Quarterly Reports: Progress and Financial Reports. Progress reports mainly outline achievements against targets while financial reports provide expenditure against budgets for all the strategic areas of the programme. Prior to the development of the M&E framework, the reporting was based on strategic areas in the Programme Document. The M&E framework is now in place with annual targets, hence the reports need to be based on the M&E framework to better track the achievements against targets. Whilst there is an improvement in reporting, our view on the Quarterly Progress Report is that in its present format, it has limited application as a management tool for the PMT to utilize for decision making. The report mainly provides a catalogue of outputs achievements without further analysis to guide the PMT to make informed decisions. The report excludes outcomes which means that the link between outputs and outcomes is missing. It is therefore problematic to address a simple question such as: to what extent are the outputs generated by the programme contributing to change at beneficiary level? Where change is measured by trends in outcome indicators. Furthermore, there is also no analysis and reporting on SDGs. It is important that the Quarterly Progress Report should be analytical and informative to maintain the programme on course as well as trigger PMT decisions on emerging issues that are likely to affect the implementation process.

Therefore, there is need for a review of the current report format and develop a relevant format that incorporates analysis of the implementation process, links outputs to outcomes (expected change) at community or beneficiary level, and meets the information needs of the PMT. The reporting should at least focus on the following for each strategic area in the sector:

1. What was planned and what has been achieved; has the sector achieved more or less of what was planned, why? What has worked well and what has not worked well and why – what lessons have been learned? What issues have emerged during the implementation process? Have they been resolved or do they need further assessment and decisions at a higher level? Is the programme generating unintended results? What is being done to minimize or eliminate such outcomes? What benefits are the communities accessing resulting from the interventions during the quarter? Have the interventions addressed the constraints/challenges that the communities were facing?
2. The immediate programme effects need to be highlighted in the report, thus, linking outputs to outcomes.
3. Draw recommendations for managers to take action in order not to sway the programme from its intended path. It should also be clear in the recommendations the likely consequences if no action is taken.

4. There is also need for a summarized Budget and Expenditure (funds utilization) versus percent outputs achievement by Sector by Strategic Area to assess implementation efficiency and programme performance during the Quarter.
5. The whole list of outputs currently outlined as 'The Report' should be an annex in the new Report format.

e) Procurement processes

The procurement process is generally compliant with the procedures, rules, and regulations as stipulated in the Procurement Act of the Government of Malawi. At the helm of the government procurement system is the Public Procurement and Disposal of Assets (PPDA), which ensures that all government departments and agencies comply with laid down procedures. In the case of MBSP II, the procurement process is triggered by the Technical/Implementing Units or the Secretariat based on the Procurement Plan and through the Internal Procurement and Disposal Committee (IPDC). Thereafter, bid documents are prepared and advertised; pre-bidding meetings are arranged to orient potential bidders to the requirements; bidders prepare tenders and submit to the District Council in compliance with the deadline; bids are opened followed by an evaluation of the bids by the IPDC; and a successful bidder is selected. After selecting a successful bidder the documents are submitted to the Embassy for no objection approval; sent back to the District Council; and submitted to the PPDA for assessment and no objection approval. The entire process takes about 60 days. In terms of compliance with the procedures, the District Council is generally compliant with procurement processes.

Based on stakeholders' perceptions on procurement processes, there are four issues that emerged which require attention:

- i. Evaluation of bids sometimes takes longer than what is planned/expected/provided for. There is a need for the bids to be evaluated soon after the closing date. The consequences are delayed procurement and community access to basic services;
- ii. Selection of contractors – from the KIIs it emerged that some of the contractors that had issues highlighted in the Technical Audit Report towards the end of Phase I have been awarded contracts in Phase II. Although in MBSP Phase II the monitoring and supervision of civil works has been beefed up with the recruitment of a Building Engineer and 2 Clerks of work, this does not negate the fact that the affected contractors failed to perform according to standards in Phase I. Therefore, the District Council has to ensure that under-performing contractors are blacklisted and not allowed in the programme again;
- iii. Contract management – there are also weaknesses in contract management as some contractors fail to honour the contract agreements with no punitive measures applied against them. Hence, all breaches of contract need to be addressed decisively according to the terms of the contract agreement and laws of Malawi.

- iv. Another aspect is to conduct thorough background checks on successful bidders prior to award of contracts. The contractors work with various organizations that could provide objective assessments of previous jobs performance. In addition the National Construction Industry Council (NCIC) may also provide confidential performance records of their members. This information would assist the District Council to filter out non-performing contractors from the programme.

f) Role of the District Executive Committee (DEC) in programme implementation

The responsibilities of DEC implicitly fall under the District Council in the Partnership Cooperation Agreement. The DEC is a vital organ of District Council operations including appraisal and approval of development partners that intend to implement development activities in the district for the first time, delivery of technical support, as well as monitoring progress in various sectoral interventions. With regard to the MBSP, DEC's role includes monitoring progress and provision of technical support to implementing sectors. In view that the MBSP II is much larger than Phase I in terms of funding and expected deliverables, it is absolutely necessary to strengthen the DEC's monitoring role in programme implementation.

g) Role of Public Works Department in programme implementation

The Department of Public works is very critical in the implementation of civic works and more so for effective monitoring and supervision of the construction programme. While Phase I and the first two years of MBSP II implementation had limited technical capacity, this has been resolved in the second half of Phase II through hiring of a Building Engineer and 2 Clerks of Works. Their contribution towards improved services delivery will, therefore, be assessed in the End-line (End-of-programme Evaluation). The Public Works Department has also put in mechanisms to support the implementation process especially in monitoring and supervision through quarterly briefing of the Full Council, manual testing of materials on-site to check strength e.g. concrete blocks, and site meetings to ensure that proper standards are being maintained. In addition, the Department has been strengthened through logistical support by providing it with a motor vehicle for monitoring and supervision of construction which is sometimes done jointly with other stakeholders including DEC, District Council Works Committee, and the Programme Steering Committee. For effective supervision, technical staff has been grouped and given different routes for random checks on construction sites. Each staff member is provided with a checklist to assess compliance and quality standards. The Department is also collaborating with the Directorate of Public Works at national level to ensure that the standards and specifications are in sync with national standards.

h) Role of Area Development Committees (ADCs) and Village Development Committees (VDCs)

The ADCs/VDCs are vital local government institutions for planning, community mobilization, dissemination of messages on the programme, and monitoring of programme activities at community level.

The sequence of planning starts at VDC level where communities prioritize their needs. These are aggregated at ADC level for submission to the Secretariat where they are screened and re-prioritized

taking into account district level needs and submissions. With the councillors in position, the plans are further scrutinized in technical committees by the Council members before submission to full council meetings for approval with budgets. The ADCs are not involved in any planning meetings at Council level because they are represented by the councillors. Thus, all plans emanate from the community and this reflects first degree ownership at local level. The other role of the ADC/VDC is to facilitate implementation through community mobilization for local resources such as sand and water for construction projects. Ideally, the ADC is also supposed to monitor the implementation process.

Based on FGDs with ADCs/VDCs, it is evident that their involvement in the programme is limited – they are mainly engaged during the initial stage when the programme is being introduced to the community, in the selection of sites for construction works, and mobilizing communities to assemble materials where necessary. Thereafter, their role diminishes remarkably. Therefore, there is need for more integration of ADCs/VDCs in the project cycle including planning, implementation, and monitoring of programme activities to promote participation and ownership at community level. It was also learnt through FGDs that the new committees elected in December 2018 have not been oriented to their roles and responsibilities as at November 2019, almost 12 months after assuming office. Nonetheless, there is assurance from the programme that the orientation would be conducted in early 2020.

Another concern from ADCs/VDCs is the relationship with contractors. It emerged that some contractors are not embracing them as partners to observe, monitor progress, and provide community support. Basically contractors side-line the ADCs/VDCs because their roles are not incorporated in the contract agreement, therefore they are not supposed to be involved in any activity at the construction site. While this may be correct, our position is that contractors are on the ground to produce the outputs to improve the delivery of basic services to the communities. Hence, the need to collaborate and cooperate with community organizations as rightful representatives of the target communities. To address this issue, we suggest two things:

- (i) De-brief the contractors on the roles of various committees in the area prior to commencement of work on site; and
- (ii) Insert a clause in the contract agreement that explicitly outlines the roles and responsibilities of local committees. An example of the clause is presented below:

'..... at the community construction site, the ADC/VDC and other relevant committees such as VHC, WPC, and SMC should be granted access to observe, monitor, and discuss progress with the contractor on site and may submit their observations to the District Council following the discussions.

i) Beneficiaries awareness about MBSP objectives

It is extremely important that target beneficiaries are fully aware of the programme scope and objectives in order to align their expectations based on the programme focus. During FGDs with committees, it was noted that some of the target communities are not aware of the objectives of MBSP. For example, VHCs in Mayela and Makoli health posts respectively were inquiring why in the health posts the services are

mostly targeting Under 5 children not adults. According to them, their expectations are that the health posts should provide services like medication to all age groups – implying that a health post should operate like a health centre but at a lower scale. This is a clear indication that there is limited publicity or awareness creation about the programme objective, which should precede services delivery in the targeted communities. However, the potentials of the DCDO office for awareness creation for the programme should be carefully examined for feasibility for further integration into the programme. The office is endowed with trained field staff in community mobilization and therefore should be productively utilized by the District Council and the MBSP in particular to take up the role of awareness creation, training of ADCs/VDCs, and promoting CLTS and sanitation marketing. More importantly to deliver business and entrepreneurship training in Women and Youth Economic Empowerment Programme.

Conclusion

The MTE findings acknowledge that the programme has sufficiently strengthened the delivery capacity of the District Council and the Technical Units to manage and implement the programme respectively. This has been achieved through a number of capacity enhancement interventions including: recruitment of key staff to fill vacant positions, training of programme staff at various levels, IT and logistical support, refurbishment of office accommodation, internet connectivity, etc. With strengthened capacity, the District Council is ably implementing the programme via preparation of Work Plans and Budgets, managing financial resources and procurement processes, progress and financial reporting, and monitoring and supervision of the implementation process.

Nonetheless, the implementation process has a number of challenges and these include:

- i. The District Council while fulfilling its financial obligations, has challenges to fully and timely comply with financial reporting requirements. There are recurring issues of non-attachment of supporting documents (Activity Reports) to financial reports, and delayed submission of both financial and progress reports to the donor. The delays affect timely disbursement of funds to the programme thus slowing down the implementation process. In other instances single receipts are attached for expenses even for large amounts of funds disbursed for the activities;
- ii. There is a missing link between outputs and outcomes in quarterly progress reporting i.e. there is no analysis at outcome or impact level. Generally the progress reports have a limitation in analysis and application for decision making by the PMT primarily because the reports are designed to focus on the achievement of outputs;
- iii. There are also issues in procurement such as delays in triggering procurement processes and evaluation of bids, weaknesses in contract management as some contractors fail to honour contract agreements, limited background checks on contractors, and contractors failure to acknowledge local institutions such as ADCs/VDCs and school governance committees, and other community based committees;

- iv. While the ADCs/VDCs are vital local government institutions for planning, community mobilization, dissemination of messages on the programme, and monitoring of programme activities at community level, their involvement in the programme is limited. The ADCs/VDCs are mostly engaged during the initial stage when the programme is being introduced to the community;
- v. MTE findings also indicate that some communities are not aware of the objectives of MBSP mainly due to limited publicity or awareness creation about the programme objectives, which should precede services delivery in the targeted communities.

Recommendations for the District Council

Financial management

- a. The District Council should fulfil its reporting obligations including timely submission of financial and progress reports.
- b. To enhance financial accountability and transparency, a two-receipt system is proposed:
 - i) Initial receipt by service provider acknowledging receipt of funds; and
 - ii) Several receipts on expenses that support the utilization of funds. This would link funds utilization to the deliverables which is problematic to do with a single receipt.

Reporting

- a. Review the current report format and develop a new format that incorporates analysis of the implementation process, links outputs to outcomes (expected change) at community or beneficiary level, and meets the information needs of the PMT.
- b. The current Outputs Report should be annexed to the new report format.

Procurement processes

- 1) Triggering of procurement processes should be timely and premised on the Procurement Plan.
- 2) Evaluation of bids should be done soon after the closing date.
- 3) Contractors that do not honour contract agreements should be penalized in accordance with the terms of the contract agreement and the Laws of Malawi.
- 4) Include, in the contract agreement with contractors, clauses that protect the integrity of local committees (VDCs/ADCs and others) and allow them to actively participate in monitoring construction works at local level as bonfire beneficiaries of the programme.
- 5) Conduct thorough background checks on successful bidders prior to award of contracts including consultations with the National Construction Industry Council (NCIC) for performance records. The information should be used by District Council to filter out non-performing contractors from the programme.

Role of ADCs/VDCs in the programme implementation process

- a. Integrate ADCs/VDCs in the project cycle including planning, implementation, and monitoring of programme activities to promote participation and ownership at community level.
- b. Provide training to ADCs/VDCs for them to understand their roles and responsibilities not only in MBSP II implementation but in all District Council programmes

Community awareness creation about programme objectives

- 1) The potentials of the DCDO office for awareness creation for the programme should be carefully examined for feasibility for further integration into the programme.

4.2.2 Health

4.2.2.1 Achievement of expected outputs

Outputs are the results that are achieved through execution of programme activities while outcomes are the intermediate results (expected change) at beneficiary level resulting from the achievement of outputs, normally from more than one outputs. Hence, a low achievement of outputs may result in low achievement of expected/planned outcomes as each output has to contribute towards the achievement of outcomes.

The methodology for deriving/calculating outputs achievement rates is explained in the Box below and applies to all the sectors. The approach is also illustrated in **Annex 3.1** under the health sector.

Methodology for deriving/calculating % Achievement rates of outputs

Resources

- a. Programme M&E Framework which specifies outputs targets for the activities under each Strategic Area.
- b. Quarterly Progress Reports (Outputs Achievements) or sector outputs completion records.

Process of deriving % Outputs Achievement Rates

1. Review the Strategic Areas for each sector in the M&E Framework including activities and outputs/targets.
2. Under each Strategic Area there are a number of activities with expected annual outputs/targets specified for the implementation duration i.e. Year 1 – Year 4. These are the expected annual results/outputs or targets.
3. Extract the targets/outputs for each activity under the Strategic Area for years 1 and 2 only as the evaluation focus is on the initial 2 years. The dataset should be used as a basis for comparative analysis with the actual results documented in the Quarterly Progress Reports.
4. Review the actual results/achievements under each Strategic Area and for each activity in the Quarterly Progress Reports or use sector records of outputs achievements. Each sector documents this information.
5. Arrange the 2 datasets so that they have comparable variables (targets and actual achievement).

6. Conduct a comparative analysis of what was planned (targets) in the M&E Framework and actual achievement as reported in the Quarterly Progress Reports or sector records. Cumulative results from the Quarterly Progress Reports give the annual achievement result.
7. **To derive the % Outputs Achievement Rate** for each output, divide the value of the actual result (number of outputs achieved) by the value of its target (Number of outputs planned/targeted in the first 2 years), which is the focus of this evaluation.

NB: It is important to organize comparable datasets based on the M&E Framework and Progress Reports. The task requires time and thoroughness to ensure that the correct datasets are used.

In the case of the Health sector, overall and on average only 45% of the targeted outputs at mid-term, or in the 1.5 years of programme implementation and 36.5% of planned outputs for the entire 4 year period (**Table 4**)⁵ have been achieved respectively. This means that the Health sector has a carryover of 55% of the activities into years 3 and 4. This presents a certain pressure on the programme as it has to grapple with both the carryover activities from years 1 and 2 and planned activities for years 3 and 4 in order to accomplish all the planned tasks by the end of the programme phase.

Low achievement of outputs is partly attributable to late start-up of the programme in year 1 (in December 2017, or Quarter 2) instead of July 2017 (Quarter 1) due to delayed signing of the Partnership Cooperation Agreement⁶; and completion of Phase I projects particularly the New Maternity Wing, kitchen, and laundry at Mangochi Boma, four maternity wings and staff houses in health centres which consumed substantial amount of funds and time earmarked for Phase II. Hence, civil works have been worse affected e.g. only 8.5% of the planned outputs for health posts and staff houses have been achieved (Strategic Area 1.1.2). Nonetheless, the programme is addressing the issue from year 3 (2019/20) whereby the Embassy of Iceland has provided technical support through hiring a Building Engineers and 2 Clerks of Work to strengthen monitoring and supervision of public works, and fast-track the construction programme. It is anticipated that the construction component will be speeded up while maintaining quality standards.

⁵ For calculation and illustration of Achievement Rates (%) of 2 – Year and 4 – Year Outputs Targets, refer to **Table 1.1** in **Annex 1: Health Programme**, which is applicable to all Strategic Area in all the programme sectors.

⁶ 2017/18 MBSP Annual Report

Table 4: Health sector: Achievement of outputs in years 1 and 2			
		% Achievement of Years 1 & 2 Targets	% Achievement of 4-Year Targets
1.1	Health service infrastructure and operations		
1.1.1	Makanjira Health Centre upgrade to EmONC health centre	0%	0%
1.1.2	Health posts buildings and staff houses constructed	8.5%	6.7%
1.1.3	Community hospital, health centres, and health posts rehabilitated, equipped and furnished	70.8%	65.5%
	Mean (only for 1.1.2 & 1.1.3; 1.1.1 is targeted for Year 3 and 4)	39.6	36.1
1.2	Community Based Health Services		
1.2.1	Patient referral system strengthened	50.0%	50.0%
1.2.2	Equipment provided and community health workers trained	24.1%	22.4%
	Mean	37.2	36.2
1.3	Health Management Information System (HMIS) strengthened		
1.3.1	Transport and communication systems strengthened	35.5%	35.5%
1.3.2	HMIS capacity and operations strengthened	49.0%	25.2%
1.3.3	District Health Office capacity and operations strengthened	90.0%	51.3%
	Mean	58.1	37.3
	Overall Mean	45.0	36.5
<i>NB: For calculation and illustration of Achievement Rates (%) of 2 – Year and 4 – Year Outputs Targets, refer to Table 1.1 in Annex 3.1: Health sector, which is applicable to all Strategic Area in all the programme sectors.</i>			

Conclusion

It is evident from **Table 4** above that there has been low achievement (<50%) of outputs during the initial 1.5 years of programme implementation due to delayed programme start up and completion of carry-over construction works from MBSP I, which consumed substantial amounts of financial resources and MBSP II implementation time that was sacrificed in the process. The most affected component is civil works which needs more attention in years 3 and 4.

Recommendations (Recommendation 6.6)

Further analysis of outputs achievement rates in the health sector, shown in **Annex 3.1**, reveal that the mostly affected component are construction works including water facilities in health posts, training of health workers, and delayed roll out of family planning services. Therefore, the health sector needs to fast track remaining construction works in years 3 and 4 to achieve the expected results. Hence the priorities for years 3 and 4 should be the following:

- a) Provision of water in health facilities;
- b) Completion of health posts and staff houses;
- c) Training of community health workers; and

d) Operationalization of family planning services.

Other activities only require to trigger the procurement process such as: patient bicycle transporters; health registers; pregnancy test kits; nutritional supplements; etc.

4.2.2.2 Progress towards achievement of programme outcomes

Since all the sectors including health are partially or not at all reporting on outcomes (including SDGs), our assessment on programme outcomes is based on HMIS data as presented in **Table 5** below. The recommended SDGs indicators for alignment to the programme for all the sectors are outlined in **Annex 4**. It should also be acknowledged that due to the continuity of the MBSP, there are combined effects of MBSP I and MBSP II on outcomes. Below is the assessment of progress towards the achievement of programme outcomes:

a) Proportion of pregnant women starting Antenatal Care (ANC) in first trimester

HMIS data shows a declining trend in the indicator from 15.4% in Year 1 to 14.8% in Year 2 but both are above the baseline value of 12%. The underlying factors for the declining trend are not clear but distance to the nearest health facility is possibly one of the reasons for low ANC visits. It is anticipated that when all health posts are operationalized with HSAs in the facilities, the delivery of ANC services is likely to improve and increase ANC visits particularly in the first trimester as the services will be delivered closer to the communities.

b) Proportion of deliveries attended by skilled health workers

There is little progress in this indicator. The 2017/18 achievement rate of 68% is above the baseline value of 60% (2016/17), and equal to year 1 (2017/18) target. However, in year 2 (2018/19) the achievement rate is 64%, a decline over year 1 achievement rate and 11 percent points below the 75% target. There is also no clear explanation for the declining trend as the programme is currently not reporting on outcome indicators. Distance could be a contributory factor affecting deliveries in health centres. However, with four more maternity wings to be opened in early 2020, more pregnant women are expected to utilize the health facilities closer to their locations.

c) Proportion of under 1-year old children fully immunized

HMIS data shows an increasing trend in child immunization from 75% (2016/17, baseline) to 80% in Year 1 and 86% in Year 2. The immunization programme is well publicized through ANC counselling, Under-5 and village clinics, and community meetings conducted by VHCs and health personnel. With more health posts to be opened in years 3 and 4, under-1 child immunization coverage is likely to get closer to 100%.

d) Percent of women of reproductive age (aged 15 – 49) receiving family planning methods

There is little progress in this indicator with achievement rates in years 1 and 2 below targets. The baseline value of 66.3% is only 1.6% below the Year 1 achievement rate of 67.9% while the Year 2 achievement of

49.9% is below the baseline value. The MBSP has not, as at the time of MTE, rolled out family planning services. However, other organizations do support family planning services in the district such as UNFPA, FPAM, PSI, YONECO/BLM, and CYECE. However, there have been challenges with the delivery of family planning services according to information from the Family Planning Coordinator at the DHO. Some of the challenges are:

- Low utilization of contraceptives due to culture, misconceptions, long distance to facilities, low Male participation, and frequent commodity stock outs;
- Some partners take time to support the activities; and
- Overlapping of activities delaying implementation.

Contrary to the assertion that there is low utilization of contraceptives, FGDs with VHCs revealed that family planning is popular but stock outs are a common phenomenon. Long distance to facilities is being addressed by MBSP II through the construction of Health Posts. With MBSP rolling out family planning services in year 3, the declining trend in the uptake of family planning services is likely to be reversed.

e) *Proportion of Quarterly HMIS information data delivered and verified in a timely manner*

There is good progress on HMIS outcome indicators with achievement rates of 88.5% and 90% for years 1 and 2 respectively, both above the 75% baseline value, albeit the achievement rates being below the targets (90% year 1, and 100% year 2). The achievement is in line with the improvement in quality of data, analysis, and reporting covered under Section 4.2.1.4 d), Support to M&E.

Conclusion on achievement of programme outcomes for the health sector

Firstly, there is no reporting on outcome indicators by the programme although all the indicators are available in the HMIS database. Secondly, apart from child immunization and HMIS information data, the other indicators are either fluctuating, on the declining trend, or the intervention not rolled out such as family planning services. The explanation for low achievement rates in outcome indicators could be traced to low achievement rates of outputs as discussed under Section 4.2.2.1 above.

Recommendation for health sector outcomes

The health sector should track and report programme outcomes as these are already available in the HMIS database.

Table 5: Achievement of outcome indicators for Years 1 & 2								
Outcome: Improved access to , and use of, quality maternal and health services	Baseline	Targets		Achievement		% of Target		MTE
		2016/17	2017/18	2018/19	2017/18	2018/19	2017/18	2019/20
Proportion of pregnant women starting Antenatal Care in first trimester [%]	12.0	15	18	15.4	14.8	102.6	82.2	65.3
Proportion of deliveries attended by skilled health personnel [%]	60.0	68	75	68	64.0	100	85.3	99.00
Proportion of Under 1 children fully immunized [%]	75.0	78	80	80.0	86.0	102.5	107.5	98.00
Percent of women of reproductive age (aged 15 – 49) receiving family planning methods [%]	66.3	90	100	67.9	49.9	75.4	49.9	62.2
Proportion of Quarterly HMIS information data delivered and verified in a timely manner [%]	75	90	100	88.5	90.0	98.3	90.0	

Source: HMIS, M&E Framework, and MTE Household Survey

4.2.2.3 Progress on health services infrastructure

This is one of the three Strategic Areas under the Health programme and includes construction of Makanjira Health Centre, health posts and staff houses, rehabilitation and furnishing of existing buildings, electricity power installation, and construction of incinerators and placenta pits. **Table 4** above shows that only 40% of years 1 & 2 and 36% of 4-year targets have been achieved respectively. The contributing factors to low achievement are explained in the preceding paragraphs. However, there are a number of activities that were accomplished during the first one-and-half years of MBSP II implementation and these are:

Completion and opening of the New Maternity Wing at Mangochi Boma

MBSP Phase II encompassed the completion of the new maternity Wing at Mangochi Boma carried over from Phase I, and its official opening by the Icelandic Minister of Foreign Affairs in January 2019. The New Maternity Wing is described as the best maternity hospital in Malawi. It has a proper High Dependency Unit (HDU), a fully staffed Antenatal Ward, and functional admission area for initial assessment and treatment. Its completion and operationalization has improved the quality of obstetric care at the district hospital and around Mangochi Boma. The New Maternity Wing started to make a difference in the first year of its operation by registering a 40% decrease in maternal deaths between January (2019) and August (2019). Another activity was the construction of a kitchen and laundry at the New Maternity Wing at Mangochi Boma.

Makanjira Emergency Obstetric and New-born Care (EmONC)

The activity has been re-scheduled to start in year 3. It is a large project in terms of funding, and monitoring and supervision inputs that will be required. Besides, the project is targeted for Environmental Impact Assessment. All these aspects require time to ensure that its implementation is smooth, meets the standards, and is of high quality. Preliminary activities were carried out in TA Makanjira in year 1 which included community sensitization meetings, compensation assessments, and validation exercises.

Opening of maternity wards in three health facilities

Four Phase I maternity wards were operationalized at Mtimabii, Kukulanga, Malombe, and Kadango health centres in year 2 (2018/19). Prior to the opening of the wards, pregnant women from these areas travelled long distances to access obstetric services while others delivered either at home or at Traditional Birth Attendants, both not conforming to safe motherhood practices. With the new wards in operation, there is improved access to maternal services attended by skilled health personnel and delivered closer to their communities.

The opening of four maternity wards from MBSP I has increased the number of maternity wards with MBSP support to 9, with additional three maternity wings to be opened in 2020.

Conclusion on health services infrastructure

There is low achievement (40%) of planned outputs for MBSP II as the programme concentrated more on the completion of MBSP I activities, which partly diverted MBSP II funds earmarked for health posts and staff houses. Hence, most of the MBSP II infrastructure will be constructed in years 3 and 4.

4.2.2.4 Community based health services

The Strategic Area constitutes strengthening of referral systems, provision of equipment and training of community health workers. It is evident from **Table 4 and Annex 3.1** that there is a low achievement rate of outputs with only 37% of years 1 & 2 and 36% of 4-year targets respectively especially for equipment and training of health workers (**Annex 3.1**). Only 23% of the HSAs has been trained against target; 13% of safe motherhood trained; 25% of VHCs trained; 33% of village clinics established; with family planning interventions under the programme not yet rolled out. The referral system has been strengthened with the purchase of 5 ambulances but the 10 patient bicycle transporters are yet to be procured.

Despite low achievement against some output targets, the programme is making a difference in some of the outcome indicators (**Tables 5**). For example, 25% of pregnant women are completing 4 Antenatal visits against 18% baseline; maternal deaths at 40% against 47% baseline; treatment of obstetric complications at health facility at 8% against 6.1% baseline; immunization at 86% against 75% baseline; and 98% of pregnant women have voluntarily tested for HIV against 90% baseline. Again, the effects of MBSP I are evident in MBSP II implementation.

Operationalization of Health Posts and their effectiveness in health services delivery

KIIs with the HSA based at Lupetele Health Post who has received some training through the programme acknowledged the improvement in health services delivery through health posts and village clinics as follows:

'..... the training and refreshers received through the MBSP cover the following: delivery of services in village clinics, drug storage, and how to train village health committees in filling health profile books. Before the training, I was not able to do my work systematically but after training, I am able to provide family planning services besides village clinics, and there is also improved communication with the VHC and coordinators at the DHO'.

Another HSA from Thumu Health Post commented on the contribution of the Health Post to improved health services delivery as follows:

'..... During the rainy season we had no place where to deliver the services, but with the construction of the Health Post structure, we deliver services throughout the year without disruptions. In addition, before

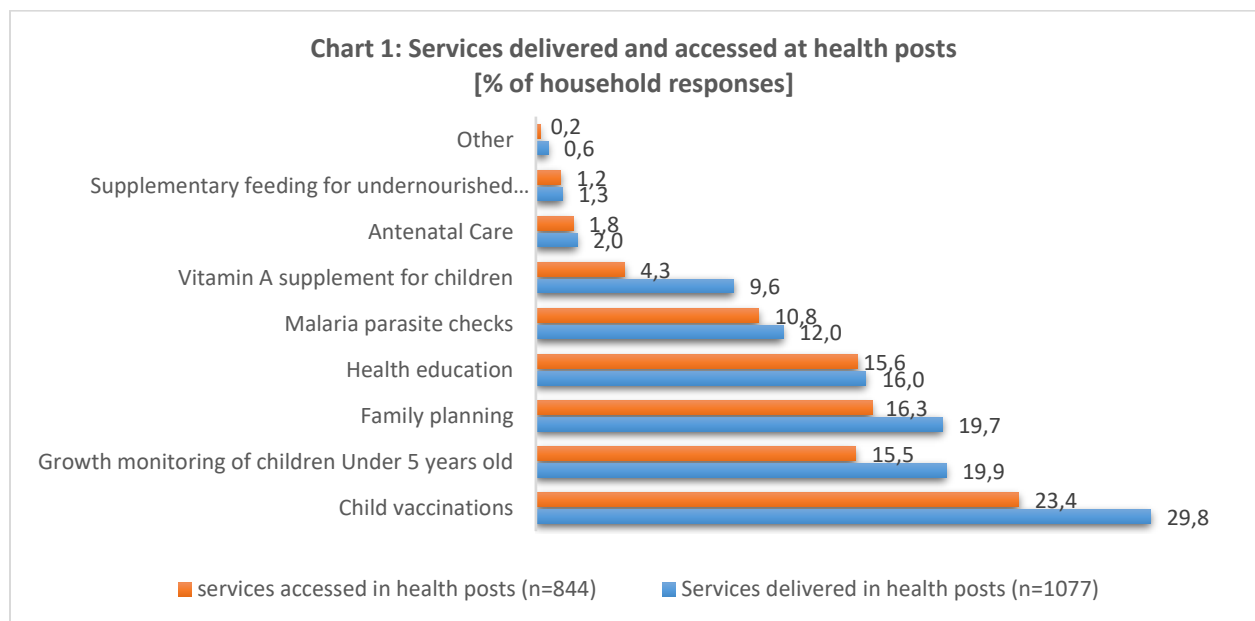
the Health Post was constructed, health services were available at the Health Centre which is very far from here.'

At community level there were similar sentiments about programme effectiveness from the VHC members. During FGDs with a VHC in one of the villages around Makoli Health Post, the following transpired about the programme:

.... 'Before the Health Post started services delivery, people used to go to Mangochi Boma with children to access services. It was expensive to go to Mangochi Boma as we had to pay for transport from here and back, but now Under 5 services are available right here, no more transport expenses to Mangochi Boma. In addition, we have no problems during the rainy season because we have the structure. However, while Under 5 services are right here, there are no services for adults who still travel to Mangochi Boma to access medication. Our expectation was that the services here would also cater for people above five years old'

The last sentence in the quote is a clear indication that the community is not fully aware of the programme objectives.

The operationalization of health posts, fully or partially, has indeed brought the health services delivery systems closer to the community. Obviously there is variation in the delivery of services – where the HSAs are resident at the health post (Lupetele, Jekete, and Misolo), Under 5 children have better access compared to Health Posts where HSA are non-resident due to lack of houses (Mayela, Kwitunji, Luchichi, etc.). The health posts and the village health clinics complement each other. At the Health Post a suite of services is delivered to pregnant women, Under 5 children, and females seeking family planning services as shown in **Chart 1** below derived from the Household Survey. The most accessed services include child vaccinations (23.4% of responses); family planning (16.3%); health education (16%); growth monitoring of children Under 5 (15.5%); and malaria parasite checks (12%). The health posts are thus vital in improving health services delivery closer to the communities.



Family planning services, though not yet supported under MBSP II, are very popular especially amongst women of child-bearing age, based on KIIs with HSAs, and FGDs with VHCs. During FGDs with a VHC around Luchichi Health Post, one woman characterized family planning as follows:

'..... Here family planning is very popular with so many women demanding the injectable method which is the most popular amongst women. It is easier than other methods that require insertion. The VHC is encouraging women to engage in family planning. In addition there is high demand for condoms by women and men.'

This is corroborated by the HSA at Lupetele health post who had this to say:

'..... Family planning awareness messages are disseminated during village clinics, community meetings as well as at the health post when women come for Under 5 services. Reception to family planning has improved. At first the women shunned the messages but with more awareness meetings, the situation is improving as they acknowledge the importance of family planning. Over the time, they have opened up and are now freely discussing family planning issues.'

Conclusion on community based health services

The preceding paragraphs have demonstrated both the effectiveness and limitations of community based health services. On the positive side, the referral system has improved with the procurement of 5 Ambulances although 10 patient bicycle transporters are yet to be procured; despite the fact that not all health posts are constructed nor fully functioning, the operationalization of some of the health posts and the introduction of village clinics are already signalling positively contribution to the delivery of health services in the targeted communities by bringing the services closer to the community. On the down side, there is low achievement on the provision of equipment and training of health workers; and family planning services are yet to be implemented.

Overall, while the community based health services are making an *'impact'* at community level, there are also challenges that HSAs and VHCs experience in the course of services delivery. These include:

- (i) Sometimes Health Posts and village clinics stay long periods with drugs stock outs;
- (ii) The HSAs are constantly being asked why the programme is only focusing on Under 5 children and not all the age groups. This comes about because the Health Centres are located far away from the Health Posts –*also an indication that the programme objectives are not clear to the communities;*
- (iii) Lack of water facilities in some of the health posts is a concern – to administer medication to Under 5 children, they need safe water which is available in surrounding villages away from the health post; and
- (iv) In other health posts there is no cold-chain storage for vaccines despite having the structures.

Therefore, to further improve health services delivery, issues of safe water installation in health posts, medication, cold chain storage, training of additional HSAs and VHCs, and family planning services need special attention in Year 3 and 4.

4.2.2.5 Health Management Information System (HMIS)

The outputs achievement rates are presented in **Table 5** above and in **Annex 3.1**. The Strategic Area covers strengthening transport and communication systems, HMIS capacity and its operations, and district capacity and operations.

The findings indicate a high achievement rate for strengthening the district capacity and its operations (90% of years 1 & 2 targeted outputs achieved) with low achievement for transport and communications system (35.5%), and HMIS capacity and operations (49%). HMIS has also not performed well in purchasing and putting to use village health registers and supervision of data preparation clerks. With regard to research, 16 projects have been launched and 6 have been disseminated.

In terms of HMIS data collection and reporting, there is remarkable progress based on KIIs with the District Medical Officer (DMO) and Deputy District Medical Officer (DDMO). Mangochi DHO has been rated the best in the country in terms of improved data quality and reporting. The managers, DMO and DDMO, utilize HMIS data for decision-making because they are able to track progress in all health indicators in the database. This has been possible because, with support from MBSP, the DHO has trained all personnel responsible for data collection in health facilities and each facility has a focal point person to ensure timely reporting. Hence, HMIS has managed to achieve 90% timely Quarterly reporting that is delivered and verified (**Table 5**).

Conclusion on Health Management Information System (HMIS)

There is remarkable improvement in HMIS in terms of data quality. However, there are shortfalls in terms of community access to and utilization of health registers. This needs to be looked into in the remaining programme duration.

Recommendation

HMIS should trigger the procurement process for health registers in 2020.

4.2.3 Education

4.2.3.1 Achievement of expected outputs

The specific objective of the education programme is *to improve quality of primary education services in targeted schools*. This would be achieved under six Strategic Areas presented in **Table 6** below and **Annex 3.2**. Overall, the education programme has performed well, compared to the other sectors (health, water

and sanitation), in terms of achieving the targets: 71.2% of outputs/targets for years 1 & 2 and 65.9% of 4-year targets. More remarkable is the completion of 36 school blocks (3 per school) against 32 that were originally planned due to fast tracking the implementation process resulting in 113% achievement rate. The completion of school blocks means that more children are currently learning under the roof. In addition, 1250 school desks have been delivered in targeted schools thus adding value to the learning environment. Other achievements include: management training of all 60 school managers; training of all School Management Committees in the 12 schools; delivery and distribution of 22 million notebooks to learners against 1.2 million target; delivery of 986 teachers' guides against 300 target; and construction of 2 ECDs as planned.

Table 6: EDUCATION PROGRAMME: Achievement of outputs			
		% Achievement of Years 1 & 2 Targets	% Achievement of 4 – Year Targets
2.1	Education infrastructure in 12 target schools		
2.1.1	New buildings for select groups within the 12 target schools	66.5%	65.1%
2.1.2	Rehabilitation, equipment and furnishing	26.9%	26.9%
	Mean	46.5	46.0
2.2	Basic education services in 12 target schools		
2.2.1	Capacity building of teachers and school managers	87.5%	69.7%
2.2.2	Teaching and learning material	564%	564%
2.2.3	Support to equity and retention of girls and vulnerable children provided	69.4%	69.4%
	Mean (Excluding teaching and learning materials 2.2.2)	78.2	69.5
2.3	School meals		
2.3.1	World Food Programme (WFP) in target school	100%	100%
2.4	Management of 12 target schools		
2.4.1	Community engagements	75.0%	38.0%
2.4.2	District Education Office capacity and operations strengthened	76.8%	69.2%
	Mean	75.9	53.8
2.5	ECD centres		
2.5.1	ECD centres established	60.0%	60%
2.6	Community mobilization		
2.6.1	Community mobilization and support	66.6%	66.6%
	MEAN (excluding teaching and learning materials)	71.2	65.9
<i>NB: For calculation and illustration of Achievement Rates (%) of 2 – Year and 4 – Year Outputs Targets, refer to Table 1.1 in Annex 3.1: Health Programme, which is applicable to all Strategic Area in all programme sectors</i>			

Conclusion on education sector outputs

Overall, the Education sector has performed well in terms of achieving its planned outputs during the 1.5 years of programme implementation with ≥60% achievement rates in all the Strategic Areas. The

results are an indication that the Education sector is on course to achieving its targets by the programme phase-out date.

Recommendations to achieve the education sector outputs

Based on further analysis of achievement rates by Strategic Area presented in **Annex 3.2**, the remaining education sector outputs that the programme should focus on are:

- a) Construction works: teachers houses, improved latrines, and sanitation facilities for children with special needs, and installation of sanitation equipment;
- b) Maintenance of classroom blocks, teachers houses, and latrines;
- c) In-service teachers training in special needs; and
- d) Provision of appropriate facilities in the 2 ECDS.

4.2.3.2 Progress towards the achievement of programme outcomes

The achievement rates of education outcomes are presented **Table 7 below** based on DEMIS data.

a) Learner : Classroom ratio in first 3 grades in targeted schools

The indicator is on the declining trend, which is a positive outcome, from 218 in 2016/17 (baseline) to 129 in year 2 (2018/19), a 40.8% drop over two years, and lower than the projected ratio of 158 learners per classroom for 2018/19. The declining trend (improvement) is mainly attributable to the construction of 36 classroom blocks (3 per school) under MBSP II which has de-congested the classrooms. In addition, the classrooms are equipped with school desks which contribute towards an improved learning environment. The construction of classroom blocks also provide Primary Education Advisors (PEAs) with space to better supervise classes as compared to the situation where learners sit in the open or under trees.

b) Learner : Teacher ratio

The results also show a declining trend, a positive outcome, from 107 in 2016/17 (baseline) to 68 in year 2 (2018/19), a 36.4% drop in two years. This has been possible due to the recruitment of about 60 temporary teachers through the programme.

c) Learner promotion rate from Standard 4 to Standard 7 in targeted schools

The indicator is showing a declining trend, but not reflecting a positive outcome, from 60% in 2016/17 (baseline) to 56% in year 2 (2018/19), a drop of -6.7% over the baseline value which is also lower than the target of 64% for year 2. Despite favourable Learner: Classroom and Learner : Teacher ratios, and improved learning environment comprising of classroom blocks, school desks, improved toilets, upgrading of teachers' skills, recruitment of temporary teachers, provision of teachers' guides, and text and notebooks to learners, and other support from the MBSP, there is no improvement in the promotion

rate in Standards 4 to 7. In addition, the selection of learners to secondary schools is also constrained due to poor pass rates. FGDs with learners at Chimwala School indicated that no learners are selected to national schools after Primary School Leaving Certificate Examinations but only to Mangochi Secondary School and most of them to Community Day Secondary Schools (CDSS) in the area.

Therefore, the issue concerning poor promotion rate in Standards 4 to 7 need multi-dimensional approaches. During the first two years of Phase II, there have been sensitization meetings with chiefs on the importance of child education. However, it is not clear as to how the chiefs are interfacing with, and replicating the messages in the communities. Hence, the need for continued involvement of local leaders at all levels to disseminate messages on the importance of children’s education to reinforce the District Council’s efforts. Other media should also be engaged such as radio stations.

d) Drop-out rate in Standards 5 to 8 in targeted schools

The drop-out rate has slightly declined from 9% in 2016/17 (baseline) to 7.5% in year 2 (2018/19), a drop of 1.5 percentage points, but only slightly above the 7% target for 2018/19. FGDs with learners revealed that improved school facilities and meals are the main reasons for learners to remain in school. Furthermore, in senior primary classes, improved facilities such as classrooms with school desks, access to learning materials, and improved toilet facilities encourage learners to remain in school.

Table 7 Achievement of education outcome indicators in Years 1 & 2

Outcome: to improve quality of primary education services in targeted schools.		Baseline	Targets		Achievement	
		2016/217	2017/18	2018/19	2017/18	2018/19
		Learner: classroom ratio in first 3 grades in targeted schools	Ratio	218	218	158
Learner promotion rate from Standard 4 to Standard 7 in targeted schools	[%]	60	60	64	57	56
Drop-out rate in Standards 5 to 8 in targeted schools	[%]	9	8	7	8	7.5
Learner: Teacher ratio	Ratio	107	86	81	81	68

Conclusion on education outcomes

Overall, there is good progress towards the achievement of education outcomes except for the promotion rate in standards 4 to 7 which needs attention from relevant stakeholders including school governance committees and local leaders. Improved access to school facilities (including classroom blocks, desks, and toilets), learning materials, skilled teaching staff, all contribute towards conducive learning environment. The positive trends in outcome indicators are, therefore, likely to continue.

Recommendation

In order to improve the promotion rate in Standards 4 to 7, there is need for multi-sectoral approaches to address the importance of child education in the communities by engaging traditional leaders and other stakeholders. The aim is to maintain children in school and encourage parents/guardians to provide the necessary support and motivation.

4.2.3.3 Main achievements in the education sector in years 1 and 2

a) Capacity building of teachers and school governance committees

So far the following trainings have been conducted:⁷

- Pedagogical training was delivered to 150 teachers;
- 60 teachers and 144 school managers were trained in gender equality;
- Management training was delivered to 144 teachers;
- 12 School Management Committees were trained in Monitoring and Evaluation and Early Childhood Development; and
- 33 Assistant Teachers were trained and deployed in 12 schools.

b) Other activities undertaken in Years 1 and 2

Year 1, these included:

- Yearly quiz competitions conducted in all education zones;
- Textbooks, notebooks, and teachers' guides, sports kits, and 12 bicycles were procured and distributed with a total of 986 teachers receiving teachers' guides for standards 1 to 8 in targeted schools;
- 191 children from Mangochi district were supported with bursaries;
- Community meetings were conducted with chiefs on the importance of child education and gender equality; and
- 20 qualified teachers were supported with salaries as they were temporarily employed by the government.

Year 2, activities included:

- Installation of solar panels for lighting classrooms and administration blocks were installed in 3 schools;
- Construction of 5 sanitary facilities for learners with Special Needs – latrines and changing rooms;
- Rehabilitation of 2 classrooms and 3 teachers' houses;
- Furnishing junior classrooms with 208 school desks;
- Furnishing DEM's Office;
- Training of 22 Primary Education Advisors on action learning;

⁷ MBSP II. Annual Reports Years 1 and 2

- Pedagogy training for 150 teachers focusing on numeracy, language and gender;
- Procurement and distribution of sports kits to 12 schools;
- Training of 12 Mother Groups in adult literacy, life skills and gender equality, and distributed 12 bicycles; and
- Sensitization of chiefs on the importance of child education and gender equality as a means of lobbying their support in ensuring children enjoy their right to education.

4.2.3.4 Improved management of education services through capacity building and upgrading of facilities

MTE findings point to the fact that capacity building interventions have been effective in changing school managers' mind-set about how they manage education services in the targeted schools. KIIs with head teachers revealed that there is improvement in the management of school resources (e.g. school development fund), learners, and teachers. In addition, office management practices have improved including delegation and distribution of work amongst teachers as a way of empowering them to take responsibility; there is improved team work; and better communication with learners, school governance committees, and the community. With improved communication, there is continuous dialogue between teaching staff and the community in addressing emerging issues related to education services delivery in the area. Furthermore, there is improved classroom practice as head teachers sometimes observe/supervise lessons to provide support and/or advice through feedback based on their observations – all these were not practiced before the training.

Based on KIIs with teachers, the training has enhanced their ability to be more practical and focused through learning different teaching methodologies including group work where learners support each other to accomplish class work. Teachers perceive this approach as more effective to learners than previous practice where learners worked on individual basis. Another skill derived from the training is how to develop/formulate schemes of work/lesson plans of which they either struggled to develop or did not know how to prepare before them training. The training of managers and teachers, is therefore, positively contributing to improving the delivery of education services in targeted schools.

With regard to upgrading of facilities, the MBSP has constructed administration blocks in 12 targeted schools, one per school, to provide adequate and conducive environment for teaching staff. In the spacious administration blocks, teachers are able to hold staff meetings, prepare lesson plans, mark learners' exercises or homework, as well as freely share knowledge and experiences. In terms of school blocks, the additional classroom blocks have eased pressure on teachers as the teacher: learner ratio has dropped which has enabled teachers deliver the lessons more effectively; and teachers are also able to monitor learners' participation and provide counselling where necessary especially to learners that do not actively participate in class.

Conclusion on improved management of education services

Capacity strengthening of education managers and upgrading of school facilities including administration blocks have played a vital role in improving the management of education services in targeted schools. School managers have gained relevant knowledge and skills through training to better manage resources, communicate with teaching staff, learners and school governance committees.

4.2.3.5 Operationalization of ECDs

The two ECDs constructed at Milimbo and Chikomwe schools started their operations in mid-2019 to increase participation of children in quality early childhood services to enable them learn and develop to their fullest potential. In both ECDs, caregivers have been trained for two weeks to upgrade their skills. Attendance is high, over 400 children at Chikomwe and 218 at Milimbo as at mid-November 2019.

However, FGDs with caregivers in both ECDs revealed several challenges that affect the delivery of services, mostly arising from weaknesses in contract management:

- Lack of proper handover of the facilities to the school as the keys for the rooms and toilets have not been surrendered to caregivers. Some rooms have been force-opened for them to be utilized;
- Some cannot be locked while some cannot be opened;
- The facilities have no chairs or kits for children;
- Access to school meals is at the discretion of the head teachers at Chikomwe and Milimbo primary schools respectively because there is no provision for school meals in both ECDs;
- There are two side rooms designated for children's rest when get tired – the rooms have no beddings or mattresses and children sleep on bare floor;
- The ECDs have no water facilities of their own; and
- There have been no refresher trainings for caregivers.

The challenges have been reported to the School Management Committees in the respective schools but there has been no feedback. Probably the committees are not sure as to who is responsible for managing the ECDs.

Conclusion on ECDs

The MTE findings indicate that possibly there was pre-mature hand-over of the ECDs before all the necessary requirements were fulfilled. The current status of ECDs does not meet the minimum operational standards of an ECD in terms facilities and child care practices apart from the structures.

Recommendations on ECDs

- a. There is need to undertake a study to learn from functioning ECDs in the district in order to re-programme the two ECDs to meet minimum operational standards.
- b. There is also need for the inspectorate of ECDs to assess the extent to which the ECDs are meeting the minimum operational requirements in order to improve ECDs services delivery.

4.2.3.6 Effectiveness of the education programme from community perspective

The results are derived from the parents/guardian Household Survey where 280 parents/guardians were interviewed to get their perceptions on the education services delivery in their area. Some of the results are discussed below:

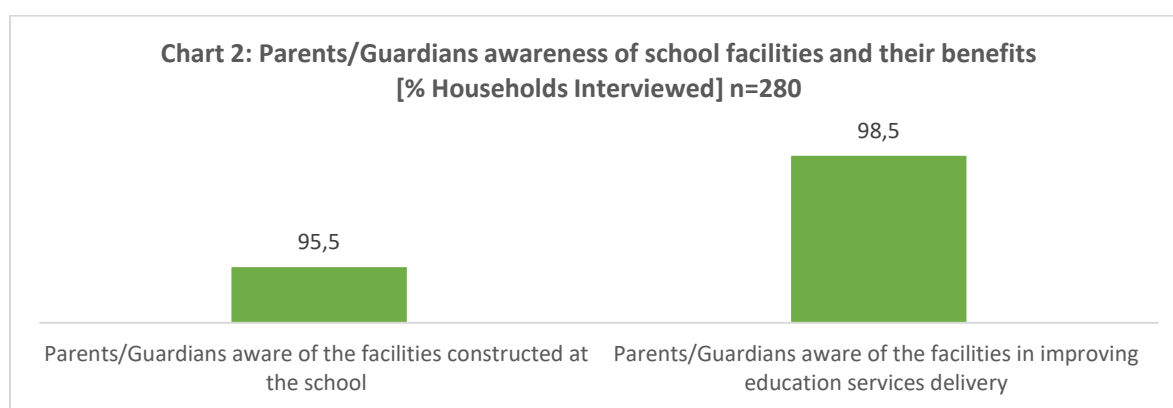
a) Community awareness of school facilities and benefits

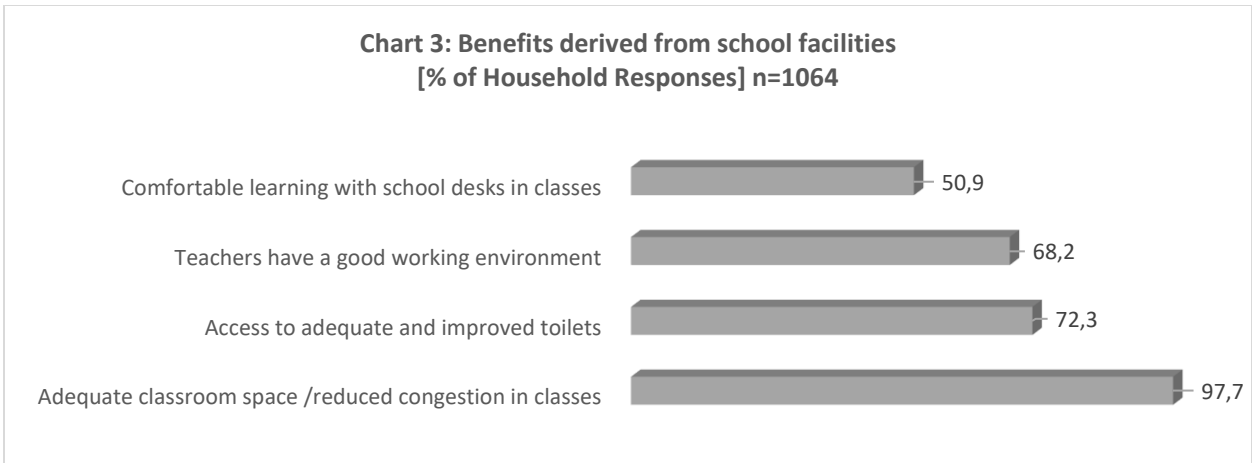
Chart 2 shows that 95.5% of parents/guardians are aware of the school facilities provided by the MBSP, and 98.5% of those who are aware reported that the facilities are improving education services delivery.

Chart 3 outlines the benefits that are derived from the school facilities:

- (i) 97.7% of households reported adequacy of classrooms and reduced congestion;
- (ii) 72.3% reported that their children have access to adequate and improved toilets;
- (iii) 68.2% noted that teachers have a good working environment; while
- (iv) 50.9% reported that their children have comfortable learning environment with school desks.

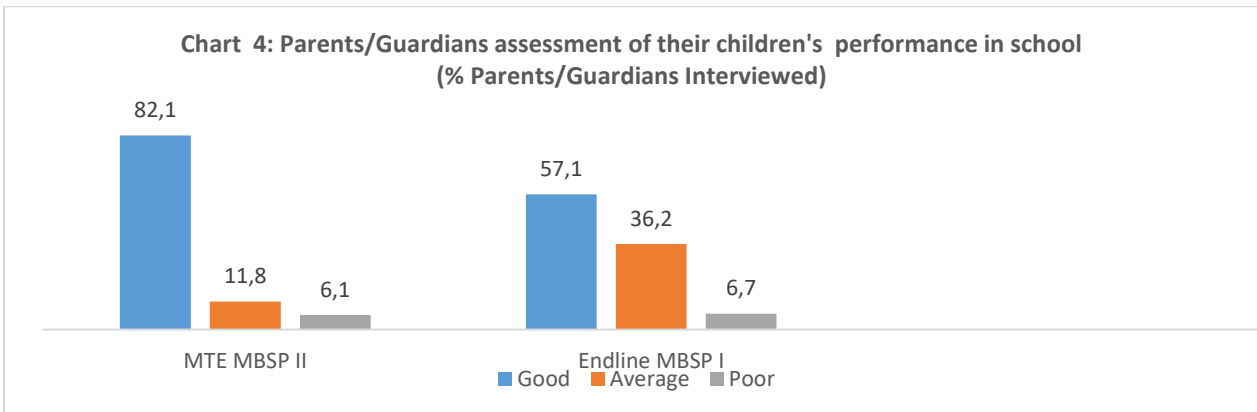
The results reflect community awareness of the MBSP interventions and the education benefits the programme is delivering to their children.





b) Parents/guardians assessment of their children’s performance in school

82% of parents/guardians reported improvement in their children’s performance in school (**Chart 4**). They attributed the improvement mainly to improved learning environment with the education facilities, but also the upgrading of teachers’ skills has played a part in their children’s performance. However, this result does not resonate well with the stagnant promotion rate in Standards 4 to 7.

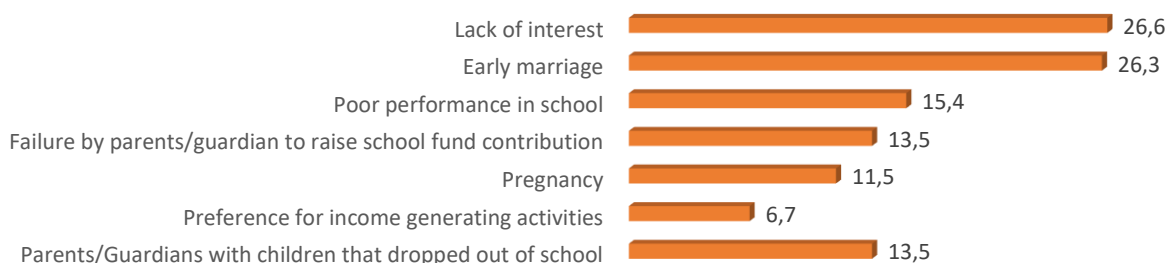


c) Parents/guardians that reported school drop-outs in the household

Of the 280 parents/guardians interviewed, 38 or 13.5% reported that at least one school going child dropped out of school in the household, which is higher than 7.5% captured in the DEMIS database (**Chart 5**). The main reasons for dropping out of school are lack of interest (26.6% of HHs) and early marriages (26.3%), and as reported in the next paragraph, failure by parents/guardians to contribute to the school development fund.

The school drop-out rate is an important matter that deserves equal attention as the stagnating promotion rate in Standards 4 to 7, and low selection rate to secondary schools. Therefore, the role of school governance structures and local leaders in creating awareness about the importance of children’s education remains pertinent.

Chart 5: Parents/Guardians that reported school drop-outs in the household and reasons for dropping out of school [% Households Interviewed] n=280



d) Parents/guardians aware of the importance of the school development fund

The school development fund is an important source of local funding to cover small school expenses and minor maintenance works. While 96% of parents/guardians indicated to have contributed to the fund, 18% said the fund is a barrier to children’s education because some parents struggle to raise the contribution (**Table 8**). During FGDs with learners at Chimwala School, it was revealed that some of their friends dropped out of school because their parents/guardians failed to contribute to the school development fund. Realistically, the contribution is very small and should not lead to children dropping out of school, rather it is lack of parental support and children’s own lack of interest in school that are the real reasons for children to drop out of school.

FGDs with ADCs/VDCs revealed that lack of accountability and transparency, and feedback to parents/guardians on the volume of contributions raised per school term, and how the funds are utilized, are the main reasons why some parents are reluctant to contribute to the school development fund. Hence, the need for improved accountability and transparency in the utilization of school development funds to build confidence amongst parents/guardians and the community as a whole.

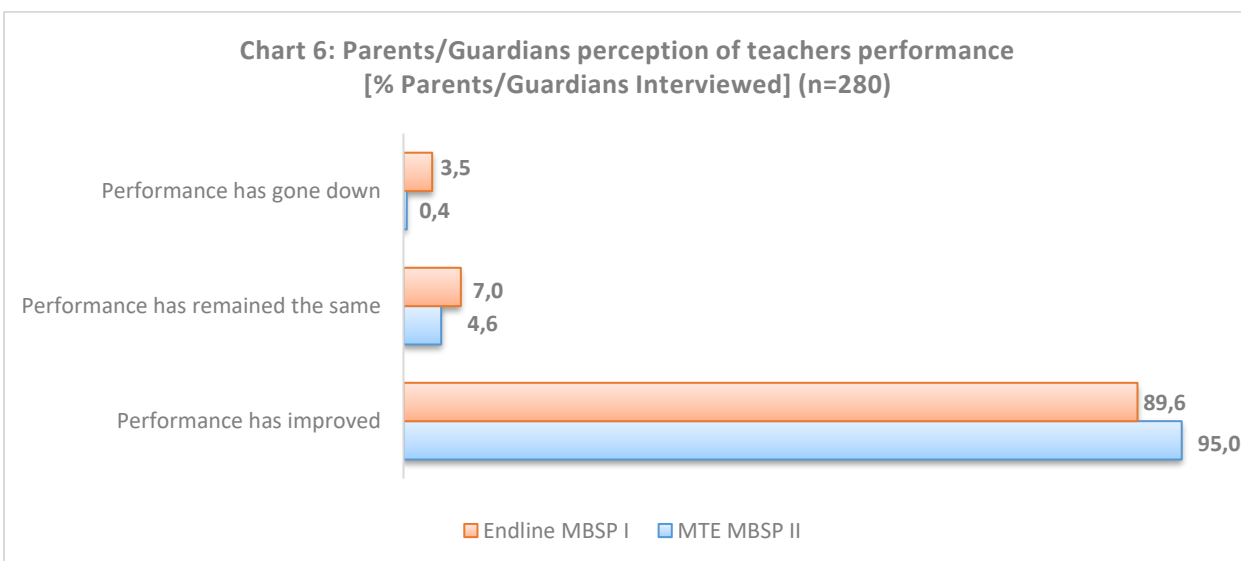
Table 8: Parents aware of the importance and use of school development fund

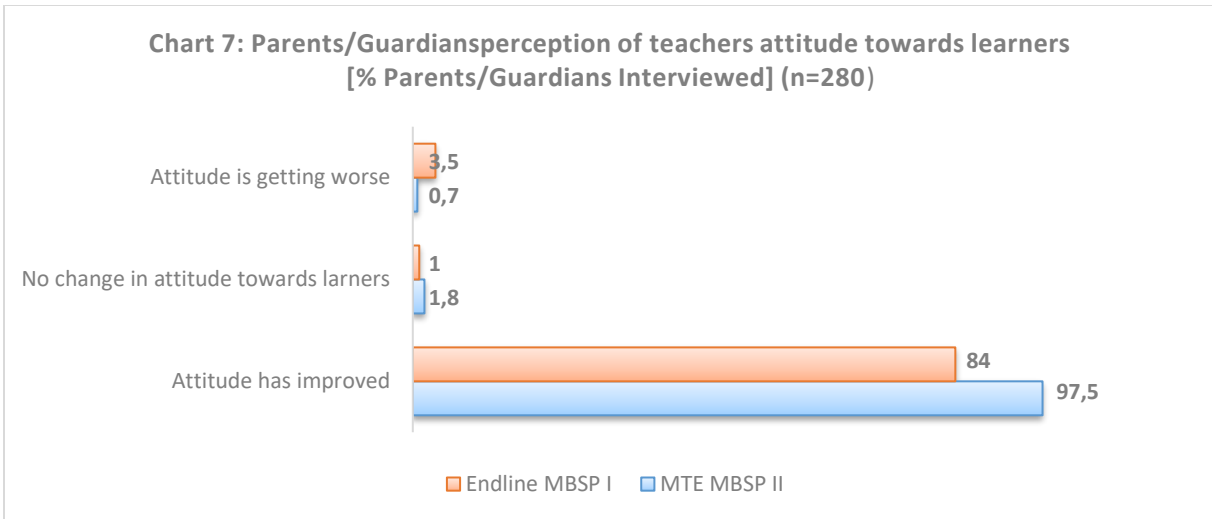
	% Parent/ Guardians (n=280)
Parents/Guardians aware of the importance of the school development fund	98.5
Parents/Guardians that contribute to the school development fund	95.7
Parents/Guardians that perceive school development fund as barrier to children’s education	18.2
Main uses of the school development fund	% of Responses
Maintenance of school property such as desks, chairs, school blocks, toilets	66.2
For emergencies e.g. paying transport for learners to go to a health facility	10.5
Printing examination papers	5.7
Paying water and electricity bills in schools where there are utility connections	5.3

Purchasing drugs/medicine for the first aid kit		4.5
Purchasing chemicals for the toilets, brooms, mops, etc.		2.7
Purchasing stationery for the school		2.7
Paying wages for security guards		1.4
Other		1.0
Number of responses	n=	403

e) Parents/guardians perception of teachers performance

In the Household Survey, 280 parents/guardians were asked about their perception on teachers' performance in terms of delivering lessons and attitude towards learners. The results in **Chart 6** and **Chart 7** show high rating for improved performance and attitude towards learners. The results are a reflection of the effectiveness of teachers' training through the MBSP. During FGDs, learners indicated that teachers are now more supportive to learners on class work compared to the period before the training. Also, teachers no longer give unnecessary punishment to learners as they used to do in the past.





Conclusion on effectiveness of the education programme from community perspective

The results clearly show that the community is aware of the development taking place in the targeted schools and the benefits that accrue to their children. Parents/guardians also have reported improvement in the performance of their children in school based on their assessment although this may not be in tandem with trend in outcome indicator on the promotion rate in Standards 4 to 7 which is more or less stagnant. These results are clear manifestations that the education programme is effective in services delivery even from the community perspective. However, the issues of school drop-out and contribution to the school development fund need further attention by the school governance committees through more awareness meetings and in garnering parental and community support.

4.2.4 Water

4.2.4.1 Achievement of expected outputs

The specific objective of the water programme is *increased sustainable access to, and use of, improved water sources in targeted TAs*. This would be achieved under three Strategic Areas presented in **Table 9** below and **Annex 3.3**. Overall, the water programme has achieved 54% of the outputs/targets for years 1 & 2 and 33% of 4-year targets. It has registered the highest achievement rate of 71.4% in strengthening the district water office and its operations, but has not performed well in providing functional safe water points (44%) and strengthening local community capacity (47.4%).

There are several factors that have led to under achievement of the planned outputs in the water sector for years 1 and 2. These include: delayed programme start up, downward revision of the targets due to budgetary constraints as additional funds had to be sought thereafter, suspension of drilling during the rainy season and failure by the contractor to mobilize immediately after the rainy season. These have affected the construction and rehabilitation of water facilities. The remaining construction works are thus carried over to year 3 (2019/20) and year 4 (2020).

Table 9 : Water sector : achievement of outputs			
	<i>Outcome: increased sustainable access to, and use of, improved water sources in targeted TAs.</i>	% Achievement of Years 1 & 2 Targets	% Achievement Of 4 Year Targets
3.1.1	Functional safe water points	44.0	21.8
	330 New boreholes drilled	44.0	22.4%
	170 Protected shallow wells constructed	37.0	18.2%
	180 Old boreholes rehabilitated	51.1	25.0
	Mean	44.0	21.8
3.1.2	Capacity of local community developed	47.4	23.0
	500 New Water Point Committees trained in Community Based management	42.6	21.0%
	180 Water Point Committees refreshed	52.3	25.0%
	15 New Area Mechanics trained (Year 4)	0	0
	17 Existing Area Mechanics trained (Year 4)	0	0
	8 Retail shop owners oriented and mobilized to stock spare parts (Years 3&4)	0	0
	Mean	47.4	23.0
3.2.1	District water office capacity and operations strengthened	71.4	54.2
	50 Extension workers trained (refreshed) as CBM trainers (Year 3)	0	0
	24 Officers trained (refreshed) in water construction technology	100%	100%
	5 New motorcycles procured	0	0
	1 (4 x 4) vehicle procured	100%	100%
	1 IT support provided	100%	100%
	16 Logistical support provided	100%	50%
	68 Support staff supported with salary temporary	100%	50%
	Mean	71.4	54.2
	OVERALL MEAN	54.2	33.0
<i>For calculation and illustration of Achievement Rates (%) of 2 – Year and 4 – Year Outputs Targets, refer to Table 1.1 in Annex 3.1: Health sector, which is applicable to all Strategic Area in all programme sectors.</i>			

Conclusion on expected outputs

The water sector has, on average, achieved just slightly above 50% of the outputs targets for years 1 and 2, which can be rated as average performance. This is due to factors beyond the control of the water sector as discussed in the preceding paragraph. Therefore, years 3 and 4 will requires fast tracking drilling and construction of new water facilities as these are seasonal activities that can only be accomplished in the dry season.

Recommendations

From the analysis on outputs achievement in Annex 3.3, the water sector should concentrate on the following activities in years 3 and 4:

- a. Intensification of drilling, construction, and rehabilitation of water facilities; and
- b. Training of 500 new WPCs in Community Based Management (CBM).

4.2.4.2 Progress towards achievement of the water sector outcome

The outcome indicator is: *'Proportion of households using improved water sources in TAs Makanjira, Namabvi, and Mponda'*.

The indicator is currently not being tracked and reported. The M&E Framework has the projected number of households for each year, what is required is to collect data on the number of households accessing safe water from the water facilities in order to derive the participation rate.

Recommendation

The water sector should start collecting data on the number of households (beneficiaries) that access each water facility in each TA by type of household i.e. male or female headed. This data should be used to derive the proportion (%) of households that use improved water sources based on the projected household numbers in the M&E Framework as denominator.

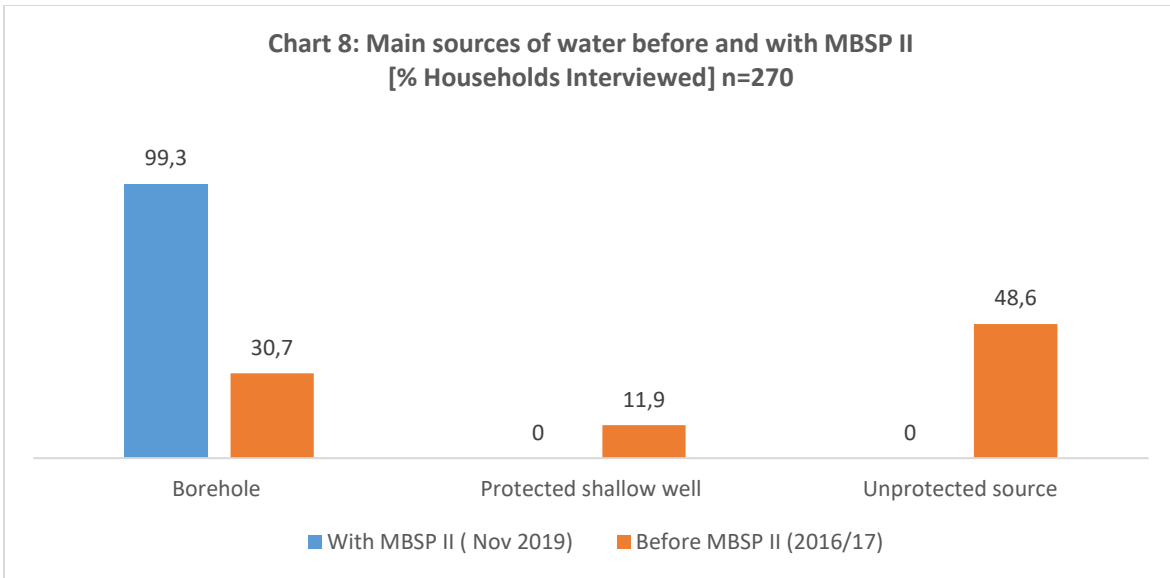
4.2.4.3 Effectiveness of the water programme from the community perspective

On the basis that the sector is currently not collecting data and reporting on outcome indicators, the MTE has utilized the Household Survey results to get community perspectives on the effectiveness of the water programme. The results are as follows:

a) Improved community access to safe water

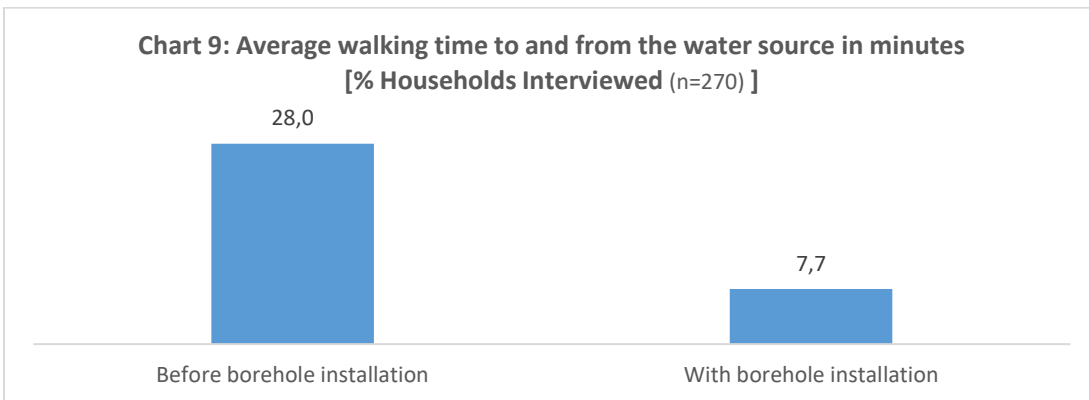
In the Household Survey, 270 women were interviewed to determine the status on access to safe water, water hygiene, and community based management (CBM) of water facilities. The results in **Chart 8** clearly show remarkable improvement in improved access to safe water with almost everyone (99%) reporting boreholes as the main source of water⁸ in November 2019 as compared to 31% before MBSP II in 2016/17. The results also reflect good targeting of the communities with low access to safe water. The results further indicate that roughly half, or 48.6%, of the households depended on unprotected wells before MBSP II implementation.

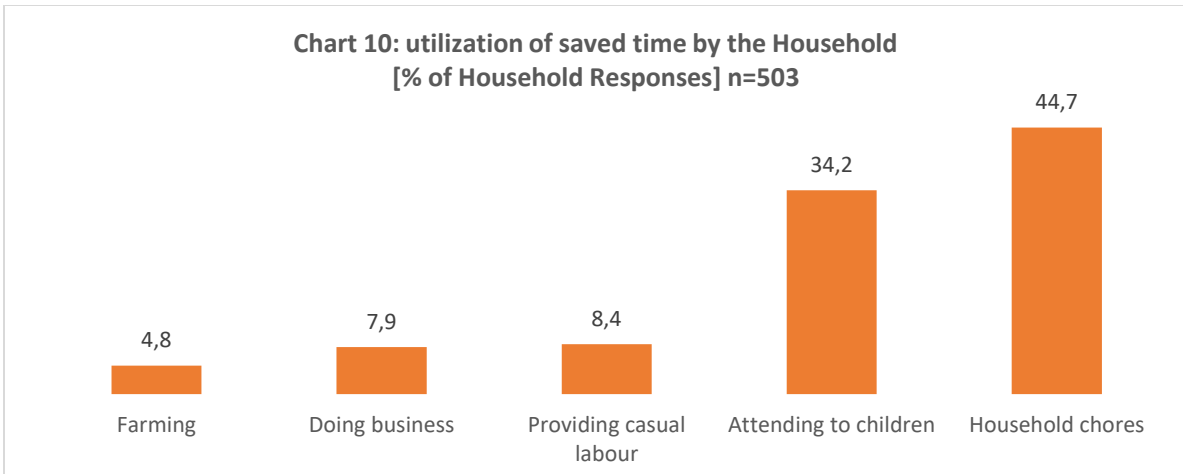
⁸ It was also noted that there is no distinction between borehole and protected shallow well. In vernacular both are called 'mjigo'.



b) Average walking time to the main water source

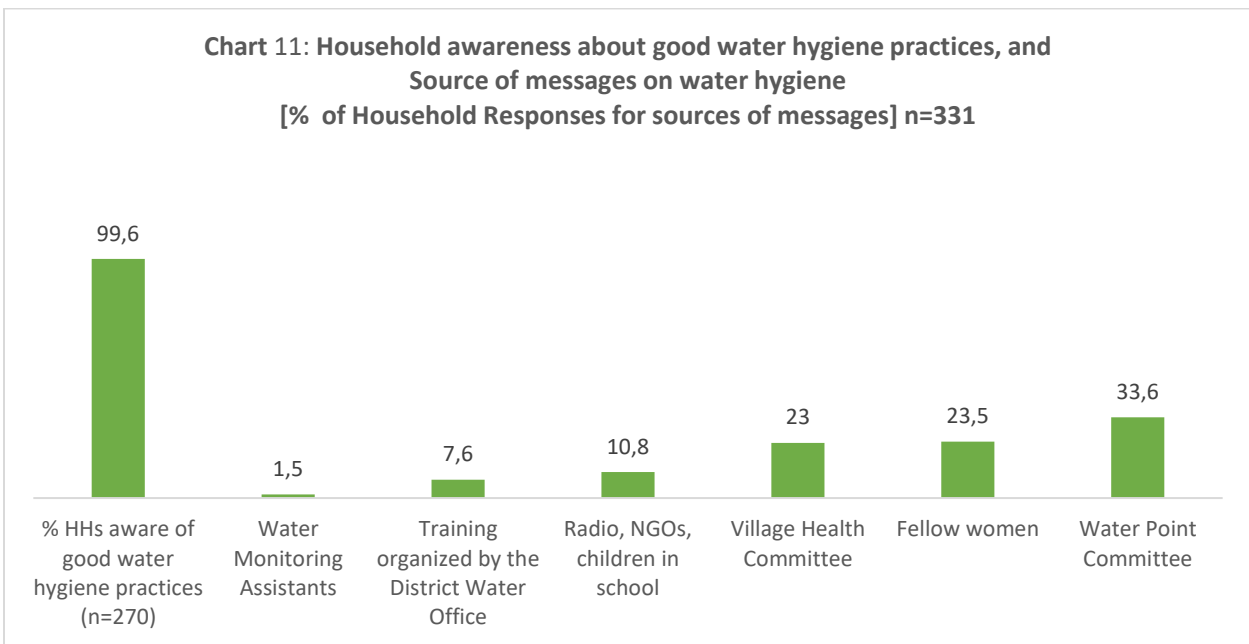
The Household Survey further assessed the average walking time to and from the main water source in November 2019 and before borehole installations. The results in **Chart 9** are clear: 7.7 minutes average walking time after borehole installation compared to 28 minutes before borehole installation. There is an average saving of 20 minutes each time they go and collect water. How the saved time is utilized is presented in **Chart 10**. Saved time is mainly used for: i) household chores (44.7% of the responses) and attending to children (34%).





c) Household awareness about good water hygiene practices

Chart 11: Almost all (99.6%) of the households interviewed reported that they are aware of good water hygiene practice with the main source of information/messages being Water Point Committees (33.6% of responses), fellow women (23.5%) and Village Health Committee, all trained through the MBSP.



d) Community Based Management (CBM) of water facilities

The Household Survey assessed CBM effectiveness by interviewing 270 households in communities where the programme has installed the water facilities. The results in **Table 10** show that 72% of the households interviewed reported that WPCs had received training in the following: (i) water facility management for WPCs (25% of responses), (ii) borehole maintenance for Area mechanics (25.5%), (iii) management of the water facility maintenance fund (20.4%), and (iv) water hygiene (29%).

Table 11 presents community experience with water facility breakdown and maintenance arrangements. The results show that 28.5% of households experienced water facility breakdown, of which 69% reported that the maintenance was done by a volunteer and 23.4% by Water Mechanics. These results indicate that with CBM training and the skills gained in CBM, the community is becoming self-reliant in water facility maintenance, which is a positive signal for community ownership and sustainability.

Table 10: Training in Community Based Management of water facilities	
	% Households <hr/> (n=270)
Households that reported WPCs having been trained in CBM	72.2
Type of training delivered:	% Responses <hr/> (n=534)
Water facility management for Water Point Committee-	25.1
Borehole maintenance for Area Mechanics	25.5
Establishment/management of the water facility maintenance fund (WPC)	20.4
Water Hygiene (WPC)	29.0

Table 11 : HHs reporting borehole breakdown, its maintenance, and sources of spares	
	% Households <hr/> (n=270)
HHs with their community experiencing a broken down borehole	28.5
Maintenance of the borehole after breakdown	% Households <hr/> (n=77)
Volunteer (s) in the community with experience in borehole m	68.8
A water mechanic in the community	23.4
Did not know who maintained the borehole	6.5
District Water Office at Mangochi District Council	1.3

Conclusion on effectiveness of the water programme from the community perspective

The MTE findings have demonstrated that there is improved community access to safe water with the implementation of MBSP II compared to the period before its implementation. The results also show that the provision of safe water within or closer to the community has reduced the drudgery of water collection by reducing walking time resulting into saved time which is productively utilized on other activities. Furthermore, MTE findings indicate that the programme is disseminating relevant information/messages on water hygiene through WPCs, VHCs, and women with the aim of reducing the incidence of water borne diseases. Through the programme, WPCs and Area Mechanics are given relevant training in water point management and CBM not only to promote community ownership of

water facilities, but also as a sustainability strategy to ensure that the community has uninterrupted access to safe water throughout under its own management. Therefore, from their perspective, the community is deriving two types of benefits from the programme: (i) improved access to safe water, and (ii) strengthened local capacity to manage water facilities sustainably.

4.2.5 Sanitation

4.2.5.1 Achievement of sanitation outputs

The specific objective of the sanitation programme is to *increase sustainable access, and use of, improved sanitary facilities*. The programme is implemented under 4 Strategic Areas as summarized in **Table 12** below with details in **Annex 3.4**. Overall, the sanitation programme has, on average, achieved 44% of its Years 1 & 2 and 40% of 4-Year targets respectively, which means that it has a carryover of about 56% of the activities to Years 3 & 4. While there is good progress in Sanitation and Hygiene Efforts in which 80% of the outputs have been achieved for years 1 and 2, the most affected activity is the delivery of improved sanitation facilities that has not been implemented in the first two years of programme implementation.

With regard to ODF, 189 villages have been declared ODF (40 in TA Makanjira, 46 in TA Lulanga and 40 in TA Mponda).

<i>Outcome: to increase sustainable access, and use of, improved sanitary facilities</i>	% Achievement Years 1 & 2 Targets	% Achievement 4- Year Targets
Sanitation and hygiene efforts	80	65
Sanitation facilities promoted	49	49
Improved sanitation facilities	0	0
Management of sanitation facilities	46	46
OVERALL MEAN	43.7	40.0

Conclusion on Sanitation outputs

The sanitation programme has, on average, achieved less than 50% of the outputs targets for years 1 and 2, which can be rated as below the expected performance ate. This is partly explained by late programme start up. Therefore, years 3 and 4 will requires sound implementation strategies not only to achieve the results for the two years, but also the results for the activities carried over from years 1 and 2.

Recommendations

Based on the analysis of the results in **Annex 3.4**, the following activities need to be prioritized in order to achieve the expected results:

- a) Promotion of sanitation and marketing centres, and training of local masons; and
- b) Installation of San Plats in the communities.

4.2.5.2 Progress towards achievement of the sanitation outcome

There is scanty data on outcome indicators in **Table 13** below because the indicators are not systematically tracked apart from the ODF verified villages. However, it is acknowledged that the CLTS is a powerful sanitation marketing tool that has generated broad awareness about the implications of open defecation (OD). It has also improved peoples knowledge and sanitation practices. So far, 189 villages have been declared ODF: 103 in TA Mponda; 40 in TA Makanjira; and 46 in TA Lulanga (**Table 13**), which demonstrates that the CLTS approach is having an effect on behaviour change. The immediate impact of the CLTS approach is its ability to induce behaviour change in the targeted communities where the triggering process is activated. However, there is need to track systematically track outcome indicators.

Recommendation on sanitation outcome indicators

The District Environmental Health Office should start tracking and consistently report on progress towards achieving the outcome indicators.

	Source	2017	2019
Proportion of households with access to improved sanitation in targeted TAs	DHMIS	80%	-
# of ODF verified villages in targeted TAs	DHMIS	24	189/230 or 82% (103 in TA Mponda, 40 in TA Makanjira and TA 46 in TA Lulanga)
Incidence of waterborne diseases in targeted TAs	DHMIS	-	-

4.2.5.3 Main activities in years 1 and 2

These partly include the achievements in Annex 3.4, but these are not systematically reported according to the activities and targets.

Year 1

- CLTS triggering was used as the main approach to mobilize the communities to eliminate open defecation in their villages;
- ODF facilitation, community meetings, and Care Groups orientation were organized for targeted Group and Village Heads to provide feedback on ODF attainment progress; besides, Village Health Committees were oriented on sanitation facilities and hygiene, and how to make simple sanitation facilities for them to train the communities;
- ODF monitoring and verification – follow up meetings and verification exercises were conducted to determine the level of status in targeted TAs;
- ODF certification celebration – this followed the ODF declaration by the National Task Force.

Year 2

- Training of extension workers in CLTS – the Government is implementing CLTS as an approach to improving sanitation in the villages and communities are being mobilized to stop Open Defecation. To promote facilitation of CLTS and ODF attainment, 175 (90M, 85F) extension workers were trained in TA Mponda. The main aim was to build their capacity to conduct activities such as triggering, follow-ups and verifications which are vital for ODF attainment;
- CLTS orientation for community leaders and volunteers – community leaders mobilize community members to achieve ODF by assisting in supervision, monitoring and in some instances disciplining those who do not want to adopt the approach. These included TAs, Group Village Heads (GVH), Village Heads (VH), Village Health Committees (VHCs) and Care Group volunteers were oriented on CLTS;
- CLTS monitoring and verification – four monitoring and verification sessions were conducted to facilitate ODF attainment in TA Mponda;
- Improving Sanitary Facilities – sanitary facilities need to be durable to provide quality and sustainable hygiene standards. The programme incorporated efforts to mobilize communities to construct improved sanitary facilities. These Sanitation marketing centres are manned by local trained artisans who make sanitation products such as san plats and hand washing facilities for sale at a subsidized prices to local communities;
- Community mobilization and training of local masons on sanitation marketing - to increase utilization of sanitation marketing products, communities in TAs Makanjira, Lulanga and Chilipa were mobilized on the approach. In addition, 30 local artisans were trained on the management of sanitation marketing and on skills to produce sanitation products;
- Construction of sanitation marketing centres in TAs Chilipa and Lulanga, two sanitation centres were constructed in TAs Chilipa and Lulanga.

Recommendation on reporting progress on training and meetings

Progress reporting should be consistent with the activities for the sector outlined in the M&E Framework for ease of tracking by the monitoring system, and not as separate events. Therefore, proper records of the training delivered, cohorts, and topics covered should be recorded and consolidated quarterly. In addition all meetings, the people in attendance, and discussion points should be recorded.

4.2.5.4 Improved services delivery through training and logistical support

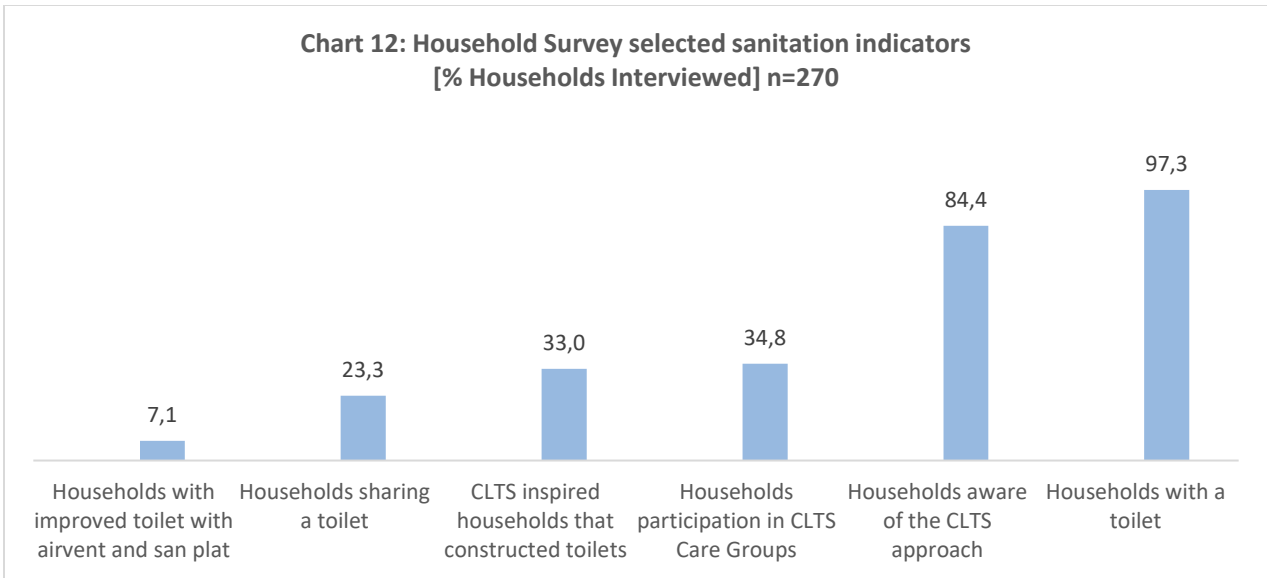
The logistical support to the District Environmental Health Office has strengthened its capacity in services delivery including training, supervision, monitoring, and ODF verification. The training and orientation of extension workers in CLTS is an effective strategy to replicate the approach; orientation and involvement of chiefs and other local leaders to mobilize and disseminate the CLTS approach to communities is a way of increasing the penetration of the CLTS approach in the communities; and mobilization and training of local masons on sanitation marketing to increase utilization of sanitation marketing products, and the training of artisans in management of sanitation marketing strategies make the CLTS approach more effective..

4.2.5.5 Effectiveness of the sanitation programme from community perspective

As indicated in Section 4.2.5.2 above, there is limited tracking of sanitation indicators as well as community adoption of good sanitation practices. Through the Household Survey, 270 households were interviewed and asked about their perceptions of the CLTS approach and hygiene. The results are presented below:

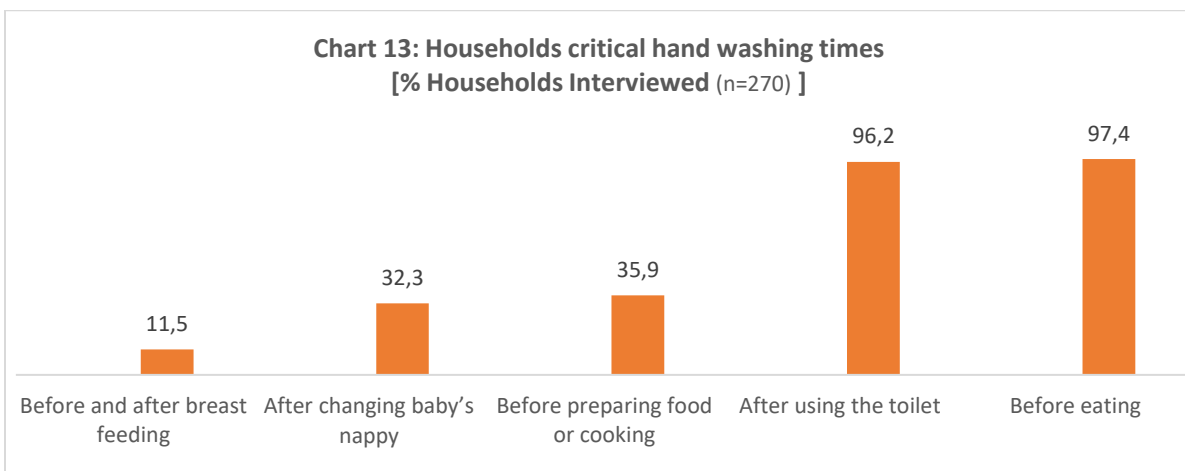
a) General sanitation indicators

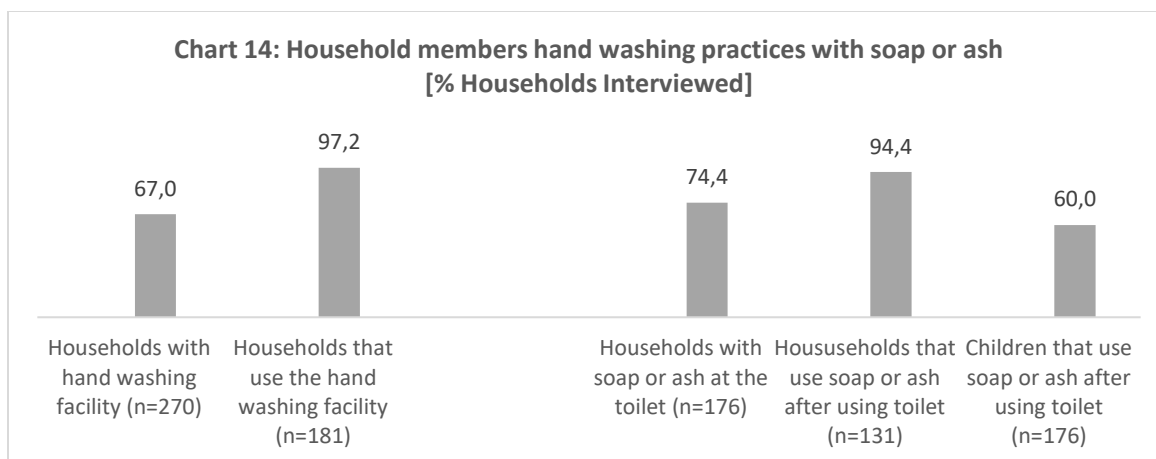
The Household Survey Results in **Chart 12** below show that overall, most (97.5%) households interviewed have toilets but out of these only 7% have improved toilets; 84% are aware of the CLTS approach, 35% participate in CLTS Care Groups of which 33% have been inspired through the CLTS approach to construct toilets; while 23% share a toilet.



b) Hygiene

In the Households Survey, women were asked about critical times for handwashing in order to assess the extent to which sanitation and hygiene messages are put to practice in the households. The results in **Chart 13** show that the majority of households mostly wash their hands before eating (97.4%) and after using the toilet (96%). This is a reflection that some hygiene messages are not widely practiced. Therefore, there is need for increased dissemination of hygiene messages via the CLTS approach. Another aspect was to assess ownership of handwashing facilities at household level. **Chart 14** indicated that 67% of households have handwashing facilities and 74.4% have hand washing facilities with soap or ash at the toilet. With increased dissemination of hygiene messages there are prospects for improvement.





4.2.6 Women and youth economic empowerment

4.2.6.1 Achievement of outputs

The specific objective of the component of the MBSP II programme is *to improve access of women and young people to education and economic opportunities in designated areas of the district*. **Table 14** indicates that, except for support to the interventions which are being formulated, all the other outputs have been achieved including studies on situation and stakeholder analyses. The next step is supporting the district in planning, programming and implementation of activities during the remaining two years.

Table 14: Women and youth economic empowerment : Achievement of outputs			
	<i>Outcome: to improve access of women and young people to education and economic opportunities in designated areas of the district</i>	MID-TERM ACHIEVEMENT	% Achieved
	Women Empowerment		
4.1.1	Situation and stakeholder analysis (women economic empowerment)	Done	100%
4.1.2	Support for women's economic empowerment	Programming	25%
4.2.1	District Gender Office capacity strengthening		
	a. 2 offices furnished	100%	100%
	b. IT support	100%	100%
	c. Logistical support	100%	100%
	Youth Economic Empowerment		
4.3.1	Situation and stakeholder analyses (youth empowerment)	100%	100%
4.3.2	Support to youth economic empowerment	Programming	25%
4.4.1	District office capacity building		
	a. 2 offices furnished	100%	100%
	b. IT support	100%	100%
	c. Logistical support	100%	100%

*For calculation and illustration of Achievement Rates (%) of 2 – Year and 4 – Year Outputs Targets, refer to **Table 1.1** in Annex 3.1: Health Programme, which is applicable to all Strategic Area in all programme sectors.*

4.2.6.2 Main activities during years 1 and 2

The main interventions in year 1 focused on capacity strengthening of the district gender and youth offices by refurbishing the offices, providing IT and logistical support including purchase of a motorcycle and vehicle maintenance.

In year 2, a situation and stakeholder analysis on women economic empowerment was conducted. The results and recommendations from the study were utilized in a planning workshop to identify the activities for implementation by the sector. The district youth office held 4 Youth Technical working meetings on Youth economic empowerment. In addition a study on situation and stakeholder analysis on youth economic empowerment in the district was also conducted as an input into the programming.

4.2.6.3 Summary of findings and recommendations from the Situation and Stakeholder Analysis report on women economic empowerment

- a. The majority of the sampled female respondents (57 percent) have only attended primary school education and this status has confined them to low informal occupation and income sources such as petty and small-scale informal businesses (34.3 percent), farming (27 percent), and casual labour (22 percent). Only 9 percent of the women respondents indicated having earned income from fisheries activities.
- b. Coping strategies for household economic shocks include doing nothing, working longer in casual labour activities, spending on savings and seeking assistance from organizations. However, cultural beliefs and practices were not cited as barriers to economic empowerment.
- c. The study revealed that women face a number of challenges related to marketing including penetration into established formal markets due to factors such as low education levels; consumer product preferences; product quality; product packaging as well as inconsistencies in meeting given product demand.
- d. In terms of access to financial services, the study revealed that in rural areas there is low use of services such as commercial banks, money transfer and mobile money services and low participation of women in village banking services popularly known as Village Savings and Loan (VSL) groups). With regard to commercial banks, women cited barriers such as interest charges on services, difficult paper work, and network related challenges. For mobile money services, the challenges included network problems, service charges and inadequate customer care in access points, and for money transfer services, difficult paper work and distance to access points were the main challenges. For village banking and savings services, the gaps included interest charges on loans, general weaknesses in group set-up, and limited opportunities for growth of the funds invested in VSLs.
- e. In terms of women economic needs, 70% of female respondents indicated that their most important need is capital (in form of farm inputs) especially for women whose occupation and

income source is farming. Female respondents engaged in businesses also indicated capital (financial), favourable markets as well as knowledge and skills as their most important economic needs.

- f. With regard to women's potential to participate in economic empowerment interventions, 53 percent indicated that they would be willing to negotiate with traditional and religious leaders to participate in projects affecting their livelihoods, 60 percent indicated that they would comfortably decide on which business opportunities to undertake, and 47 percent reported that they would be comfortable to take up leadership positions.
- g. At policy level, the study revealed that generally, the legal and policy instruments are in favour of women economic empowerment activities. However, law and policy implementation is generally weak due to limited resource allocations and lack of political will to support women especially local political and religious leaders such as chiefs and sheikhs.
- h. Stakeholders: the study identified two groups of stakeholders that are critical for issues related to women economic empowerment. There are: (i) community level stakeholders such as traditional leaders, religious leaders, community based groups, and local level politicians; and (ii) international organizations such as UN Agencies for resource mobilization, technical support, and garnering political influence at central and local government levels.
- i. There are a number of recommendations for supporting women economic empowerment and amongst them are: (i) development of a detailed business support plan for associations, cooperatives, and individuals linked to high value markets at district, national and international levels; (ii) scaling up functional literacy interventions targeting rural women in light of low literacy levels; (iii) improving women's access to financial services by motivating financial service providers to penetrate remote areas; and (iv) improving women's access to business advisory services such as business education, business registration, taxation education, business mentorship, value chain addition, demand creation to enable women break into high value markets.

4.2.6.4 Summary findings and recommendations on youth economic empowerment in the Situation and Stakeholder Analysis report

- (1) Many youth in Mangochi district are involved in economic activities dominated by fishery and travel to South Africa for employment and other income generating activities while females are mainly engaged in petty trading. There is also significant participation of the youth in agriculture and agribusinesses.
- (2) The cultural norms/expectations and Islamic social teachings predominant in Mangochi have both positive and negative implications for youth economic empowerment in the district. The cultural norms and Islamic social teachings encourage youth economic engagements and wealth accumulation even at a tender age.
- (3) There are a number of social protection programmes being implemented in the district including social cash transfers, public works programmes (PWPs), school meals programmes, Group Savings and Loans, and Microfinance. Social protection can make significant contribution to youth economic empowerment through formal wage based employment, as source of start-up business capital, and markets for locally produced agricultural products.

- (4) Through the initiatives of various players (e.g. government community colleges, Malawi Lake Basin Project) considerable effort and resources have been invested into youth skills. However, there seems to be the inability on the part of the District Council and partners to visualize the youth skills development beyond 'the class room' to relate to other actors (e.g. organizations that place apprentices) or what happens once one acquires the competencies and graduates. There is also inability to conceptualize and promote trades of youth interests and those with high likelihood of transforming livelihoods of the youth.
- (5) There are a number of recommendations for enhancing youth economic empowerment including: (i) building relevant technical capacity for a productive youth economic empowerment; (ii) establishing youth business organizations through youth groups or networks; (iii) understanding and addressing youth needs through market innovations and youth economic empowerment labs; and (iv) improving youth access to business finance.

4.2.6.5 Roles of the gender and youth office in programme implementation

During programme implementation, the main responsibilities for the gender and youth offices will be:

- ✚ Monitoring the implementation of activities as implementation will be done by various sectors;
- ✚ Supervision of women and youth groups and provide support to ensure that the implementation process is done according to planned activities;
- ✚ Organize and facilitate quarterly review and planning meetings i.e. review progress for the quarter and plan for the next quarter.

Conclusion

It is evident from the two studies that women and youth face a number of challenges that constrain them from participating in mainstream economic activities including low education levels for women, lack of business management and entrepreneurship skills, limited access to resources and support services, product quality and penetration into formal markets, and other barriers to break into the formal sector. It is expected that the programming workshops will come up with practical strategies that would lead to sustainable economic empowerment for women and the youth. However, the implementation duration of less than two years should only be viewed as a starting point for long-term programming.

4.2.7 Secretariat

In line with its responsibilities specified in the Partnership Agreement, Mangochi District Council continues to implement the programme supervised by the Programme Management Team (PMT) composed of heads of implementing sectors and chaired by the District Commissioner. The PMT conducted bi-monthly meetings and monitoring visits to programme sites to ensure smooth implementation of programme activities. The PMT also presents annual work plans and budgets, financial and progress reports to the PSC.

In year 1, the programme supported the inception launch of MBSP II at Mpiripiri in Makanjira which was graced by Principal Secretaries and the Embassy of Iceland.

4.2.7.1 District Council capacity strengthening

During years 1 and 2, the programme supported the District Council to enhance its capacity to manage, implement, monitor, and supervise the implementation process. Capacity strengthening included the following:

- Construction of a storeroom at the District Commissioner's Office.
- IT support, office stationery, furnishing offices of the Procurement Officer, M&E Officer, Director of Finance, and Public Works Director.
- Provision of 2 vehicles and 2 motorcycles.
- Development of the SEP and DDP 2017 – 2022.
- Recruitment of a Building Engineer and two Clerks of Works for the Public Works Department to strengthen technical oversight through monitoring and supervision of construction work. In addition the department was also supported with IT equipment and furniture.
- To enhance human resource capacity, MBSP II established an education fund to support long term training of 8 members of staff (2 females) with more staff members from the Finance Department.
- Through MBSP II, a Monitoring and Evaluation Officer and Assistant Procurement Officer were recruited with salaries paid from the programme.

4.3 Efficiency

4.3.1 Implementation efficiency

Implementation efficiency has been assessed in terms of: (i) outputs achievement rates, and (ii) timeliness in the disbursement of funds to the programme focusing on three major programmes with community outreach i.e. Health, Education, and Water and Sanitation.

a) Outputs achievement rates

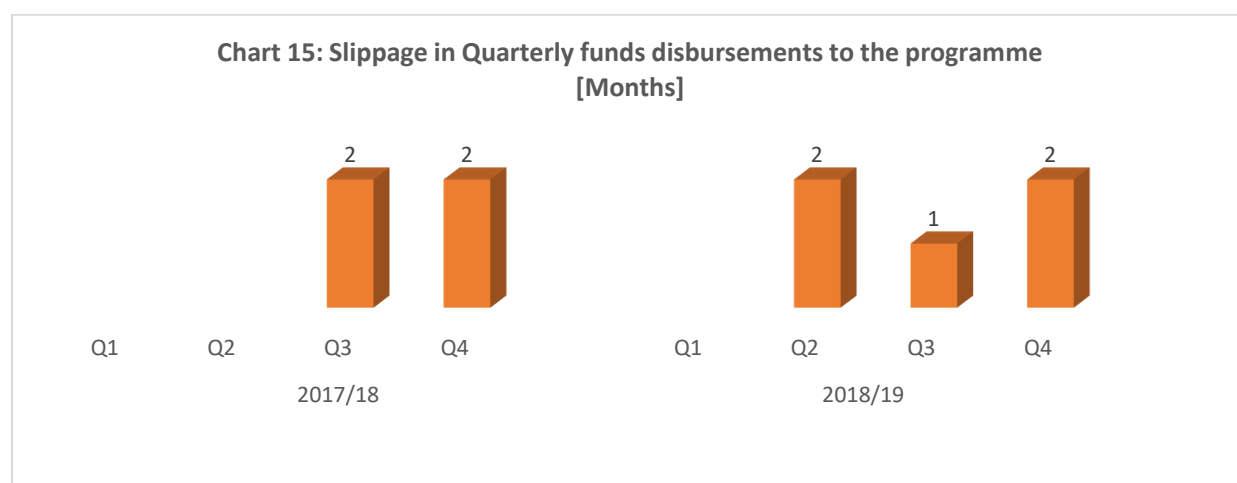
The results in **Table 15** below show that, overall, 55% of the expected outputs in Years 1 and 2 and 46% of 4-Year targets have been achieved respectively. The Education sector has the highest outputs achievement rate of 71.2% while Health has the lowest rate at 45%. The 55% represents an average efficiency rate. This means that 45% of the activities have been carried over to Year 3 which is putting pressure on the sectors to achieve Years 1 & 2 carry-over deliverables and Year 3 planned outputs. Hence, there is need for prioritizing the carry over activities particularly construction works as presented in the recommendations. The under-achievement is partly explained by late start-up of the programme in December 2017 instead of July 2017 representing a 6- month slippage and utilization of MBSP II funds

to complete MBSP I carry-over activities especially the New Maternity Wing at Mangochi Boma, four maternity wings and staff houses in health centres which diverted the funding meant for MBSP II.

Table 15: Mean achievement rate of outputs		
Sector	% Years 1 & 2 Targets Achievement Rate	% 4 – Year Targets Achievement Rate
Health	45.0	36.5
Education	71.2	65.9
Water and Sanitation	48.9	36.5
Mean	55.0	46.3

b) Timeliness in funds disbursements

The assessment is premised on the calculus of slippage time in months between the planned disbursement schedule and actual disbursement dates which are presented in **Chart 15** below. There was no disbursement in the first and second quarters in year 1 (2017/18) as the programme had started six months later in Quarter 3. It is clear from **Chart 15** that on average, there is a slippage of 2 months every quarter, which is lost implementation time due to late submission and clearance of financial and progress reports. Timely disbursement of funds can only be achieved if the District Council complies with the reporting requirements as discussed in Section 4.2.1.5 d). Therefore the District Council is obliged to take measures to eliminate the delays in the submission of reports to fulfil the reporting requirements.

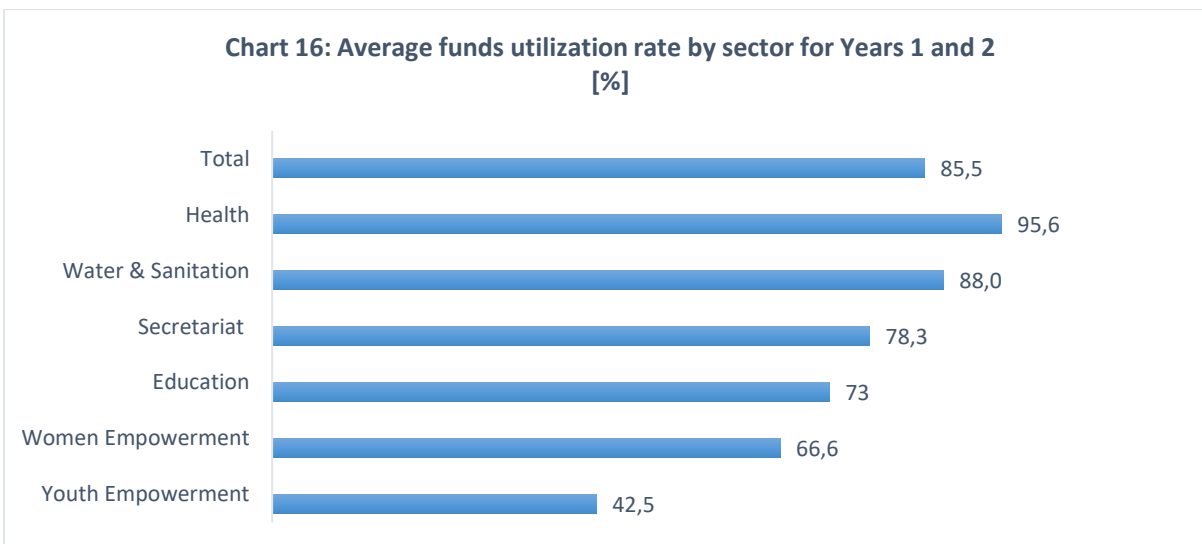


4.3.2 Financial efficiency

Financial efficiency is assessed in terms of (i) funds utilization rate, and (ii) funds utilization: Outputs Achievement ratio which basically is an input: output ratio also focusing on the three major programmes with community outreach i.e. Health, Education, and Water and Sanitation.

a. Funds utilization rate

Chart 16 present funds utilization rates for all sectors and the Secretariat. Overall, 85.5% of the disbursed funds were utilized in Years 1 & 2 with the gender and youth offices registering the lowest funds utilization rates at 66.6% and 42.5% respectively mainly because they are not yet implementing activities in the communities as the programming process is not yet finalized. The 85.5% funds utilization rate represents a somewhat high efficiency score but this has to be further assessed against the outputs achievement rate, which is discussed below.



b. Average funds utilization versus outputs achievement rate

Table 16 presents indicative comparative ratios for funds utilization rates to outputs achievement rates in the first two years of programme implementation. Comparative data from financial records and progress reports reveal that, overall, 85.5% of the funds produced 55% of outputs, which does not reflect parity between the two variables. This result, however, needs to be qualified in light that some of the outputs, especially construction works carried over from MBSP I, have not been accounted for in the outputs data particularly investments in the Health sector such as the New Maternity Wing at Mangochi Boma, four maternity wings and staff houses in health centres. In addition, the switch-over from burnt bricks to cement blocks, as directed by government for public buildings, resulted in increased costs not originally envisaged at the time of programme design. Similarly, in the Water sector, the unit cost of drilling and/or constructing a water facility was higher than what was originally budgeted for and additional funds had to be provided to the sector. Therefore, if all these factors are taken into account, the ratio is likely to be closer to parity between funds utilization and outputs achievement rates.

What is important about this ratio is that it provides the PMT with a tool to monitor programme performance in terms input: output model in addition to other tools, where the input refers to the

financial resources utilized while outputs are the achieved deliverables. Therefore, this ratio should be included in quarterly reporting.

Table 16: Average funds utilization rates versus average outputs achievement rates		
	% Funds Utilization	% Outputs Achieved
Health	95.6	45.0
Education	73.0	71.2
Water and Sanitation	88.0	48.9
Mean	85.5	55.0

Conclusion on implementation and financial efficiency

The preceding paragraphs have shown that there has been slow progress in achieving the target outputs in years 1 and 2 partly due to late programme start-up and lost implementation time arising from the slippages in funds disbursement schedule as a result of delays in the submission and clearance of financial and progress reports. The assessment also shows that there is no parity between the average funds utilization rate (85.5%) and the corresponding outputs achievement rate (55%). The disparity is, however, explained by the exclusion of MBSP I carry-over outputs in the calculus. Nonetheless, the funds utilization: outputs ratio is acknowledged as a useful tool for assessing implementation efficiency.

Recommendation

The programme should apply the outputs achievement rate and timeliness in the disbursement of funds to monitor implementation efficiency. Similarly, the programme should apply the funds utilization rate versus the outputs achievement rate as a tool for monitoring financial efficiency. Both implementation and financial efficiency should be incorporated into the quarterly reporting system.

4.3.3 Efficiency in the utilization of human resources

The advantage of the PBA approach is that it utilizes the government structures to implement the programme with minimal recruitment of new staff to support the implementation process. The programme is therefore channelling the bulk of the funds towards the delivery of services rather than personnel overheads such as salaries. Hence, the PBA ensures an efficient use of human resources with minimal personnel costs. What the programmes has done is to invest in training to strengthen the capacity of the District Council personnel to improve work performance and delivery of services. To the contrary, NGOs spend substantial amounts of projects funds on personnel overheads because they recruit staff in order to implement the activities, while the PBA utilizes existing government staff to deliver.

With regard to the Embassy, it is evident that the Embassy on its part is efficient and responsive to the District Council in terms of: proving timely feedback on progress reports, reconciliation of accounts,

funds disbursement, and facilitating technical support. The burden remains with the District Council to comply with the reporting requirements.

4.3.4 SWOT Analysis of the programme implementation process

SWOT analysis is based on the evaluation findings:

Strengths Factors that contribute to implementation efficiency	Weaknesses These require immediate attention
<ul style="list-style-type: none"> ✚ Decentralized decision making of the District Council as well as management of funds; ✚ Flexibility of the PBA within programme financing that allows review and re-alignment of the budget; ✚ Strong leadership and commitment to programme implementation; ✚ Adequacy and commitment of programme implementation staff; ✚ Budgets and work plans determined by the District Council, and approved by the PSC, not the MoLGRD as the parent ministry; ✚ Availability of adequate funds to implement the programme; ✚ Strengthened financial management systems and reporting albeit some reporting hiccups; ✚ Improved communication between key players – MoLGRD, Embassy, District Council, and line ministries; ✚ Mechanisms for programme monitoring and progress review in place. 	<ul style="list-style-type: none"> ✚ Untimely submission of quarterly financial and progress reports to trigger timely disbursements; ✚ Limited participation of ADC/VDC structures that is necessary in programme implementation in all sectors to enhance community empowerment including decision making, and strengthening programme ownership at local level; ✚ Delays in some procurement processes which affect timely achievement of deliverables; ✚ Low outputs achievement and funds utilization rates; ✚ Quality of Quarterly Reports not informative enough to be utilized for decision making by managers/PMT.
Opportunities Factors that can improve services delivery	Threats Factors that have a bearing on the sustainability of programme outcomes
<ul style="list-style-type: none"> ✚ Incorporation of the Ministry of Finance into the PSC to improve communication on financial matters through the MoLGRD; ✚ Increased supervision and monitoring of construction works, which constitute the bulk of the programme investments; ✚ Empowerment of ADC/VDC to improve participation, local decision making, and programme ownership; 	<ul style="list-style-type: none"> ✚ Lack of robust revenue generation mechanisms for the sustenance of programme outcomes in the district; ✚ Rotation of district management staff which has been trained by the District Council.

4.4 Sustainability

Sustainability has been assessed in terms of continuity in the delivery of services by the District Council and beneficiaries continued access to the benefits accruing from MBSP II outcomes.

4.4.1 Sustenance of programme benefits after phase II completion

MBSP II is delivering a range of benefits in the targeted communities in terms of improved access to basic services including health, education, safe water, and improved sanitation. To sustain these benefits, the programme has strengthened the capacity and operations of the Secretariat and sector offices to plan, supervise, and monitor activities in the targeted communities. In addition, the government is gradually absorbing the salaries and other benefits for staff currently supported by the programme. At community level, extension workers and teachers have acquired relevant skills and knowledge through training to continue with the delivery of services with support from the District Council. Also the various local committees that facilitate programme implementation, trained by the programme, are embedded in the communities and will continue to deliver the services.

For the health programme, the village clinics and health posts are closer to the communities where the HSAs and VHCs will continue to deliver the services as part of a larger government programme. For the water programme, the CBM is a sustainability strategy where community members have been trained in the maintenance of water facilities, funds mobilization, and management of maintenance funds. In education, the upgrading of skills of education managers and teachers will ensure the sustenance of education services as a government programme. In sanitation, the training of masons and artisans is a strategy for ensuring that communities continue to have access to, and knowledge of making and maintaining sanitation facilities.

Therefore, programme activities are likely to continue and supported by the district sector offices, which are strengthened by the programme, to ensure that the community has sustainable access to basic services after the programme phases out.

4.4.2 Sustenance of training after phase II completion

Training has been delivered at various levels but more so at community level where various extension workers (HSAs, PIAs), local government structures (ADCs/VDCs), chiefs and local leaders and other committees (VHC, WPC, and SMC) have been targeted. With direct government funding, it will be problematic to maintain the scale and frequency of training compared to the current level supported by the MBSP. The advantage is that those already, and those to be trained, will still have the knowledge and skills to share information and experience with others. The government in collaboration with relevant NGOs and donor agencies will continue to conduct training and refreshers where necessary to sustain services delivery.

4.4.3 Improving sustainability prospects of MBSP II outcomes

There are a number of factors that need attention in order to improve the prospects for the sustainability of MBSP II outcomes:

1. Gradual transfer of staff currently remunerated by the programme to government pay roll to maintain the delivery of services;
2. Increased government subvention to the District Council to cover operational expenses such as monitoring, supervision, and maintenance of assets to maintain the quality of assets and delivery of services;
3. Timely reporting to enable the PMT make decisions on emerging issues that may require the attention of the Secretariat for remedial action;
4. Strengthening the District Council's revenue generating capacity to raise funds, part of which could be directed to supporting community-level activities;
5. Greater community involvement and empowerment of ADC/VDC leadership to be able to make decisions at community level and demand support from service providers, and also encourage voluntary services from the community to strengthen ownership of activities.

4.4.4 Capacity strengthening at individual and organization level

Capacity strengthening of staff at individual level has mainly been approached through establishment of the education fund to support long-term training in relevant fields. The other option has been to support short-term targeted courses to improve individuals' performance. Several officers are currently pursuing courses or in-service training to upgrade their skills. The aim is to improve professional and technical competence which are necessary to perform tasks that are directly related to the delivery of services. If these cadres are maintained by the District Council, there is likelihood that services delivery will be maintained or improved with experience and time. This will ensure that communities continue to access basic services.

At organizational level, capacity strengthening has mainly been in the form of logistical support, refurbishment of offices and provision of office equipment, IT and communication support, and salaries for temporary staff. The aim is to strengthen the delivery capacity of the District Council so that it continues to deliver services even after the MBSP II phases out.

4.4.5 Main lessons learnt from MBSP II implementation

There are a number of lessons, in terms of sustainability, that have been derived from MBSP II implementation and these include:

- a. Programme funding provides greater flexibility that allows adjustments within the programme budget to re-programme activities. The sectoral fixed budget line approach lacks this flexibility.
- b. Annual work plans and budgets are critical programming instruments for systemizing the delivery of services, management and tracking of financial resources.

- c. Strengthened financial systems ensure better accountability and transparency in funds utilization.
- d. For effective services delivery, adequate and skilled human resource is necessary to plan, implement, and monitor planned activities to ensure that the deliverables are achieved within the time schedule.

Other lessons:

- e. Delays in procurement process affect timely achievement of the deliverables and outcomes, and consequently delay community access to basic services as planned.
- f. Limited involvement of local government structures (ADC/VDC) can affect community participation and ownership.

4.4.6 Pre-requisites to achieve desirable results with the MBSP implementation model

- Ensure decentralize decision making and financial management, with a functioning oversight structure that provides strategic direction to the implementation process.
- Use programme funding premised on work plans and budgets and strengthen financial management systems.
- Take on board innovative leadership and promote team work to steer the programme towards set goals.
- Build the capacity of the implementation structure and systems to ensure that the programme staff is equipped with the relevant skills to plan, implement, monitor, report and review progress, and make necessary adjustments to the implementation process; and provide technical, logistical, and other support to ensure efficiency in the delivery of services.
- Improve the communication between key stakeholders.
- Strengthen the monitoring system as a management tool for decision making by the PMT.
- Streamline procurement processes by utilizing the Procurement Plan efficiently to minimize delays.
- Strengthen the capacity of community level programme committees to enhance their capacity in the facilitation of programme activities.
- Increase the involvement of ADC/VDC structures at all stages of the project cycle from planning through implementation to monitoring. This would strengthen community involvement and ownership of the deliverables.
- Increase community awareness about the programme objectives to avoid or minimize speculation on what the programme purports to deliver.

4.4.6 Financial sustainability

This is an aspect that requires long-term planning to ensure that the District Council is able to generate adequate funds for its operations, and more importantly to maintain the assets and delivery of services in the targeted communities. The MBSP has created assets that will require quality maintenance works and this needs adequate financial resources. Hence, the District Council needs to develop a dependable revenue base to complement government subventions that are allocated to the District Council.

4.4.7 Environmental sustainability

Environmental sustainability, in relation to the MBSP, mainly relates to the construction programme which previously (in MBSP I) used burnt bricks in the construction of education and health facilities. With government change of policy in 2018 to ban use of burnt bricks in the construction of public structures, there seems to be no serious environmental concerns related to the programme. MBSP II did not incorporate an environmental programme but through the Icelandic Government contribution to GIZ/EnDev from early 2020, there will be a programme that is dedicated to environmental issues. Nonetheless, the District Council on its own can also embark on environmental interventions through programming low-cost interventions such as re-forestation in areas where burnt bricks were sourced during MBSP I for construction works in order to replenish forestry resources that were utilized in MBSP I..

Conclusion on sustainability

There are good prospects for sustaining the programme outcomes due to:

- ✚ The strengthened capacity of the District Council to plan, implement, supervise, and monitor activities;
- ✚ Government gradual absorption of personnel overheads of temporary staff into its budget/pay roll to ensure continuity of services delivery;
- ✚ Enhanced knowledge and skills of extension workers and teachers will enable them to continue with the delivery of services;
- ✚ Trained committees embedded in the communities e.g. VHCs, WPCs, and Mother Groups have acquired relevant skills and knowledge to enable them continue the facilitation of programme activities in their communities;
- ✚ Continued support of chiefs and local leaders in programme activities;
- ✚ Strengthened capacity of local government institutions (ADCs/VDCs) will enable them to continue with community mobilization and monitoring of programme activities;
- ✚ Government collaboration with NGOs to support training of extension workers, committees and the community;
- ✚ Enhancement of the District Council revenue base to raise funds for supporting services delivery in the targeted communities; and
- ✚ Non-environmental threats to the programme.

It is acknowledged that the current level or intensity of services delivery will not be attainable in the foreseeable future. This is because, currently, the District Council has not yet put in place mechanisms for enhancing its revenue base which is critical for providing support to programme activities.

Recommendation

The District Council should continue to explore revenue enhancement strategies in order to generate funds to support services delivery in the targeted areas.

4.5 Impact

Impacts are long-term effects emanating from the achievement of outcomes at beneficiary level. It is probably too early to expect MBSP II impacts mid-way in its implementation process. However, the cumulative effects of MBSP I are being expressed in MBSP II hence the programme is expressing some positive change in the targeted communities.

4.5.1 Organizational environment and structural communication

The MBSP has contributed a lot to personal development by supporting the training of professional and technical staff with the aim of enhancing their strengths, knowledge and delivery capacity. The benefits accruing from the training are not only for the individuals pursuing different courses or training programmes, but also for the District Council which benefits from improved professional services delivery, and the community that accesses quality services. Through MBSP II implementation, there seems to be improved organizational inter-relationships emanating from improved communication between the District Council and other national actors in the implementation process e.g. there is improved communication with the Ministry of Finance, Economic Development and Planning, Public Procurement and Disposal of Assets Department (PPDA), and the Directorate of Public Works – all the institutions are supportive of the programme implementation process.

The MBSP implementation has also availed new ways of doing things which are different from normal government systems. The PBA is a nascent approach in Malawi and its implementation has brought with it a number of learning curves such as financial management that requires monthly reconciliations and reporting; quarterly reports with the activity reports linked to expenditures; procurement processes with multi-level no objection approvals especially at donor level; work plan- based funding; quarterly progress reviews; and bi-annual PSC meetings that approve work plans and budgets. The District Council staff has therefore learnt how to do things differently and efficiently to achieve the results and this is important for future sustainability of programme outcomes.

As for an enabling environment to support programme implementation, this is possible mainly due to the MoLGRD commitment to the decentralization process that has devolved decision making to the District Councils in Malawi and has no interference in the budget or operations. The Ministry's role has remained provision of technical support and strategic guidance to ensure that the programme adheres to the Ministry's policies.

4.5.2 Relationship between key partners

Key players are the MoLGRD, the Embassy of Iceland in Lilongwe, and its office (formerly known as ICEIDA) in Mangochi, line ministries and the District Council. As for implementation, there is improvement in structural communication between the entities involved as all stakeholders participate in bi-annual PSC meetings. The MoLGRD further conducts joint monitoring visits of all stakeholders to

programme sites prior to PSC meetings to assess progress. These activities have cemented the relationship between the three institutions.

4.5.3 Relevance of local government administrative structure in programme implementation

The District Council is well placed to implement the programme with the Secretariat playing an oversight role. All administrative functions are housed within the Secretariat including Finance, Procurement, Human Resource, Planning as well as Monitoring and Evaluation, and other support services. Below the Secretariat are the Technical Units that implement sector programmes and within the Technical Units there are coordinators/supervisors that coordinate the implementation process with field operations e.g. engaging chiefs and other local leaders, ADC/VDC, and committees in the respective sectors. With all key positions filled, the administrative structure is well positioned to provide support to the implementation process.

4.5.4 Health

4.5.4.1 Maternal and new-born mortality

The health sector has two impact indicators in the M&E Framework which are the same indicators under SDG 3. These are: Maternal mortality ratio and Neonatal mortality rate presented in **Table 17**.

a) Maternal mortality ratio

The indicator as a ratio is not collected at district level hence HMIS uses the absolute number of institutional maternal deaths as presented in **Table 17**. HMIS data shows that maternal deaths in the district dropped by 17.5% in one year, 2019, from 47 to 40. The decline in maternal deaths could be attributable to:

- (i) Operationalization of four phase I maternity wards;
- (ii) Adequate staffing levels in functioning health centres with skilled health personnel, in particular skilled birth attendants;
- (iii) Antenatal care (ANC) awareness campaigns conducted in health posts, village clinics, and during community meetings with focus on client education and counselling that encourage pregnant women to start ANC visits in the first trimester;
- (iv) Training of HSAs and VHCs in health education to enhance health services delivery at community level; and
- (v) Encouragement of pregnant women to deliver at the health facilities where they can also access obstetric care.

The anticipated opening of four more maternity wings at Chiponde, Mbalama, Katuli and Phirilongwe in year 3 (2019/2020) will increase pregnant women's access to quality maternal services at a minimal distance and contribute further to the reduction of maternal deaths in those areas.

b) Neo-natal mortality rate

HMIS data shows an increasing trend in neo-natal deaths (**Table 17**), a 33% increase between 2016/17 (baseline) and 2018/19 (year 2). During the same period maternal deaths are declining more likely due to improved access to maternal services. Furthermore, HMIS data shows that 2% of neo-natal deaths in 2017/18 and 4% in 2018/19 were due to asphyxia. Other contributory factors could be: mothers' delays to go to health facility possibly due to distance, obstetric complications, and delayed obstetric care due to late arrival at the health facility. With more health centres being operationalized and staffed with skilled health personnel, especially in obstetric care, coupled with increased ANC, the trend is likely to decline over time.

	Units	Baseline	Achievements	
		2016/17	2017/18	2018/19
Maternal mortality ratio	No.	47	47	40
Neonatal mortality rate	No.	393	451	523

4.5.4.2 Impact of basic health services infrastructure on basic health services delivery

The referral system has been strengthened with five additional ambulances, some of which are allocated to health centres. The availability of ambulances is positively contributing to maternal health especially in facilitating speedy access to obstetric care when need arises. Hence, by strengthening the referral system maternal deaths are minimized.

Cold-chain storage is used for storing vaccines that are vital for child immunization although not all health posts have accessed the equipment. Cold chain storage contributes positively to reducing Under 5 deaths as vaccines become readily available in remote and hard to reach areas where health posts are operational.

4.5.4.3 Local level participation in the programme

Local participation has been assessed in terms of ADC/VDC participation and decision-making with regard to health services at community level. The assessment is based on the Household Survey results where 260 households were asked about the role of ADC/VDC during the construction of the health post or HSA's house in their area. The results in **Table 18** below show that only 34.6% of the households interviewed are aware of the role played by the ADC/VDC in the health post project; and of the households that are aware, 35% reported that the ADC/VDC made decisions about the development at

the health post. Overall, the results (<30% of responses) indicate that there is minimal involvement of ADC/VDC in community projects.

During FGDs with VHC members in the catchment area of Luchichi health post, this is what one VHC member observed about ADC/VDC involvement: *'we are not working together but the ADC passes-on information to VDC members on health matters from the district'*.

And in Makoli VHC, *'..... the roles of VDC/ADC are not clear to VHC members. The ADC is not active in the area and there is no communication between the ADC and VHC'*.

It is clear from the two FGDs with VHCs that the involvement of ADCs/VDCs in decision making is either limited or non-existent at all. The ADCs/VDCs in Mponda and Chimwala admitted during separate FGDs, that they have limited capacity to execute their roles and responsibilities due to lack of training. Therefore capacity building of ADCs/VDCs could change the status quo by enhancing their leadership role in community development their areas.

Table 18: ADC/VDC roles in the Health Post project and decision-making	
	% HHs Interviewed (n=270)
ADCs/ VDC make decisions about the development at the Health Post	35.0
Households awareness about the role the ADC/VDC in the Health Post project	34.6
	% Responses (n=174)
Monitored activities at the Health Post	29.8
Mobilized communities to provide voluntary work at the Health Post	25.8
Conducted awareness meetings about the Health Post project	24.2
Mobilized community for to contribute towards Health Post maintenance	8.0
Organized storage for construction materials for the Health Post	7.6
Site selection for the Health Post	2.8

4.5.4.4 Capacity strengthening of the DHO

The DHO office has been strengthened with logistical support, training of 40 staff members (nurses, nurse-midwives, HSAs and clinical officers), equipment, research activities, and funds for Quarterly HMIS data review meetings. The support has strengthened the DHO to improve health services delivery and support to community health delivery systems.

4.5.5 Education

The education sector has one programme impact indicator: *Improved proficiency level in reading in standards 2 and 3*, which is not tracked and reported as shown in Table 19 below.

Recommendation:

The DEM should request for assistance from the MoEST for training Master Trainers including education managers, head teachers, and teachers on data collection tools for the programme impact indicator and SDGs indicators on reading and mathematics proficiency

	Baseline	Targets		Achievement	
	2016/217	2017/18	2018/19	2017/18	2018/19
Proportion of children in standards 2 and 3 achieve at least minimum proficiency level in reading by sex [%]	35% (37% M, 36% F)	35% (37% M, 36% F)	39% (41% M, 40% F)	-	-

4.5.5.1 Ownership of the education programme at local level

The assessment is based on the Household Survey results in which 280 parents/guardians were interviewed, KIIs conducted with teachers, and FGDs with Mother Groups and learners.

a) Parents/guardians awareness about ADC/VDC roles in the delivery of education services

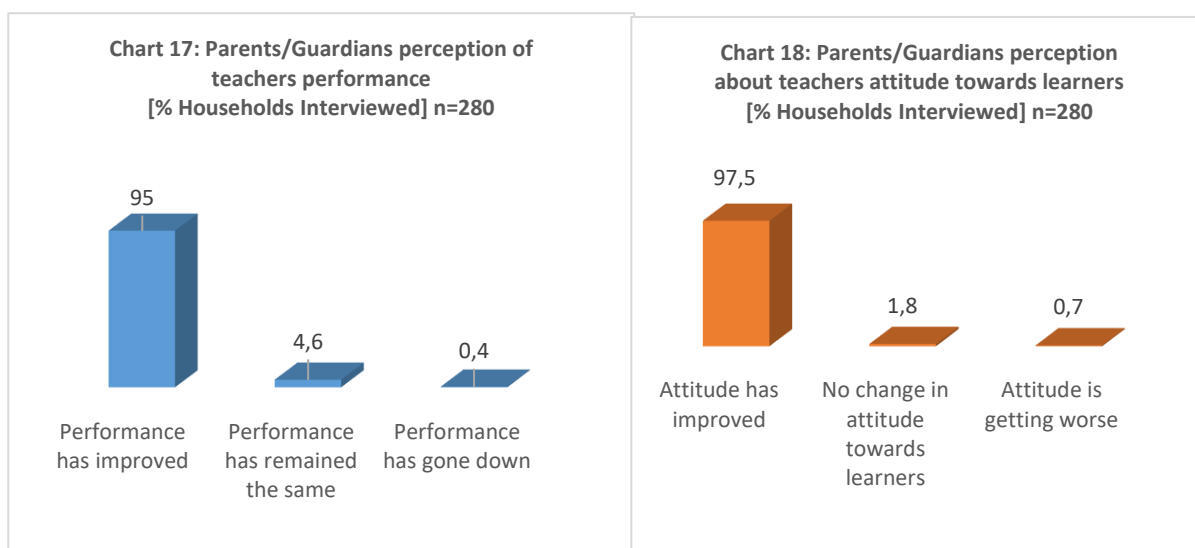
The Household Survey results in **Table 20** below show that out of 280 respondents only 76 households or 27% are aware of the role of ADC/VDC in school projects, a clear indication that there is limited involvement of the local government institutions at implementation stage. Of those who are aware of ADC/VDC roles, almost 40% reported that ADCs/VDCs are responsible for community mobilization, site selection (25.6%), and awareness creation (17%) with the rest having lower ratings e.g. the monitoring role which is supposed to feature highly at implementation stage has a very low rating of 4% of the responses.

	% Parents/Guardians (n=280)
Parents/Guardians awareness of the roles of ADC/VDC in the school projects	27.2
Reported roles of ADCs/VDCs	% Responses (n=129)
Mobilized communities to provide voluntary work at the school	39.5
Site selection for new classroom blocks and teachers houses	25.6
Conducted awareness meetings about the additional school facilities	17.0
Mobilized communities to contribute towards maintenance of school facilities	6.9

Monitor construction of facilities at the school	5.6
Organized storage of construction materials	3.8
Other	1.6

b) Education managers and teachers commitment towards programme ownership

KIIs with teachers revealed that programme ownership is embedded in the initiatives taken by education managers and teaching staff to improve the delivery of education services such as improved communication and involvement of school governance committees in decision-making on issues related to education services in the area. Furthermore, KIIs with teachers and Mother Groups reported improved communication and involvement of school governance committees in decision-making e.g. conducting joint meetings with communities to address issues of school drop-out, importance of child education, contribution to the school development fund, and gender equality in education. The teaching staff also ensures that the school facilities are maintained by encouraging the community to provide voluntary work. Through these initiatives, the teachers have been highly rated by parents/guardians on performance and attitude towards learners as shown in **Chart 17** and **Chart 18** below: 95% reported improved teachers performance while 97.5% reported improved attitude towards learners. The results are attributable to the training of teachers that is supported by the programme.

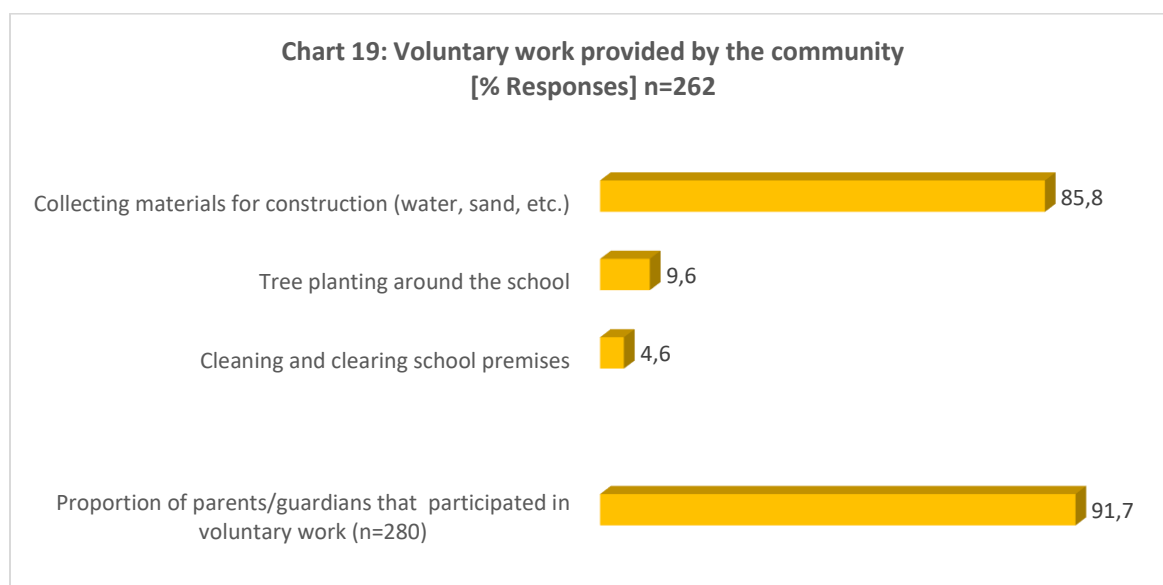


c) Education programme ownership at community level

There are two forms of programme ownership at community level: (i) participation of school governance committees in decision making concerning education services in the area, and these are the School Management Committee (SMC), Parents Teachers Association (PTA), and Mothers Group (MG), all elected within the school's catchment area, and (ii) community participation in voluntary work.

With regard to participation of school governance committees in decision making, FGDs with mothers groups revealed that Mother Groups have greater commitment to, and ownership of education services compared to the other two school governance committees because they assume direct responsibility of supporting the girl child, thus promoting gender equality in education. Mother Groups are engaged in fund raising to support needy girls, track girls that have dropped out of school and return them to school, and also hold regular meetings with adolescent girls to provide sanitary pads and train them how to produce their own pads.

In terms of community participation in voluntary work, the Household Survey results in **Chart 19** below show that 91.7% of the households interviewed reported that they had participated in various forms of voluntary work. This is an indication of commitment towards programme ownership at community level.



d) Learners perception towards programme ownership

As for learners, their contribution towards programme ownership is not clear based on FGDs with the learners. However, their perception is that the school facilities provided by the programme are valuable assets which need to be preserved for the current and future generations. Therefore, there are peer conversations amongst learners to refrain from property damage including scribbling on the school facilities in order to maintain their physical condition.

4.5.5.2 Strengthening of the district education office

The DEM’s office has been strengthened in a number of ways for it to better manage the delivery of education services. These include: paying salaries of 34 temporary teachers; training of 20 Primary Education Advisors in M&E; professional training of all staff members; and improving work stations of DEM staff. Nonetheless, there is still need to improve on data analysis and statistics for data clerks in

DEMIS to transform it into a functioning unit in data management. Hence the need for short targeted courses for DEMIS staff in IT, statistics and data analysis.

Conclusion on programme ownership at local level

Overall, there are good prospects of programme ownership at local level if the current gains from the programme would be harnessed to consolidate community participation and decision making including: increased participation of school managers and teaching staff in the management and delivery of education services; involvement of the school governance committees in decision-making at school level; active participation of Mother Groups in supporting the girl child; community engagement in voluntary work; and learners' perception on the preservation of school facilities – all are indications of commitment towards programme ownership at local level. Besides, there is adequate support from the District Education Office, strengthened by the programme, to implement education services in targeted schools.

However, there is minimal involvement of ADCs/VDCs in the delivery of education services and this is a threat towards consolidating the gains being made as the ADC/VDC are crucial institutions for facilitating development programmes in rural areas.

Recommendation

- a. There is need for the education sector to actively engage ADCs/VDCs in the delivery of education services to garner their support for: community mobilization, awareness creation on the importance of child education, participation in education development initiatives in the area, monitoring progress on education projects, working with school governance committees to strengthen the delivery of education services at local level, and facilitating communication and coordination with the District Council.
- b. Further strengthening the capacity of school governance committees for them to be more proactive and responsive to issues related to education services delivery in the area.

4.5.6 Water and sanitation

4.5.6.1 Water

4.5.6.1.1 Sustainable access to improved safe water sources

The specific objective of the water programme is: *increased sustainable access to, and use of improved water sources*. The programme has four design features to ensure that communities continue to access safe water throughout and these are:

- a) Training of Water Point Committees which are directly responsible for managing the water facilities to ensure that the communities have continuous access to safe water;

- b) Training of local Water Mechanics in community based management (CBM) mainly in maintenance of water facilities;
- c) Establishment of a water facility maintenance fund at each water facility managed by the WPC mainly to mobilize funds from water-user households for purchasing spare parts; and
- d) Strengthening the capacity of the District Water Office to provide technical support to the community where necessary.

4.5.6.1.2 Enhanced capacity of the district water office

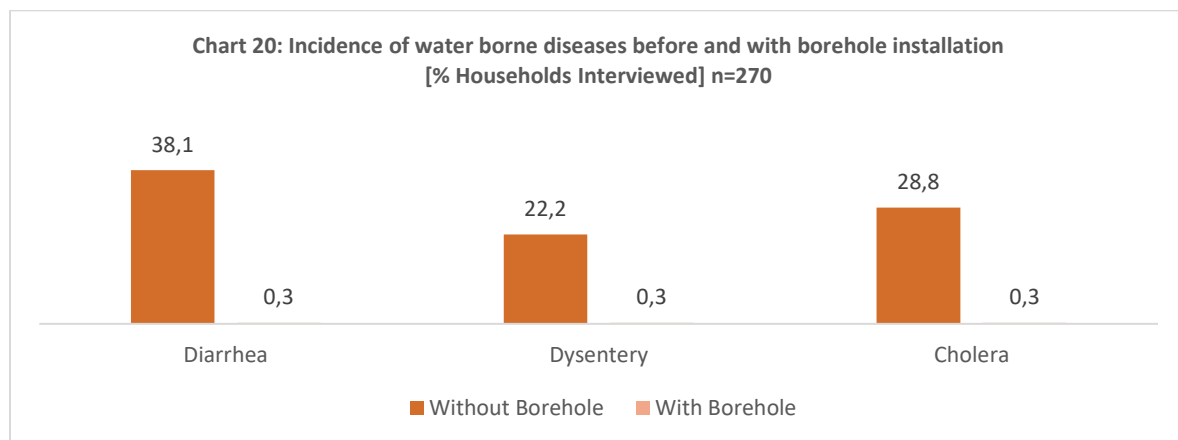
Through the MBSP, the district water office is being strengthened to support, monitor and supervise water development interventions in the district. A 4x4 vehicle has been procured for field supervision, 5 motorcycles will be procured in 2020, 50 extension workers will be trained as CBM trainers, IT support has been provided, and the programme is also supporting salaries for 17 temporary Water Monitoring Assistants (WMAs).

4.5.6.1.3 Reduced incidences of water borne diseases

The assessment is premised on the Household Survey as the programme is currently not reporting on impact. It is evident from the Household Survey results in **Chart 20** below that the incidences of water borne diseases is almost zero compared to the period before the water facilities were installed. This is a major impact of the water programme.

Conclusion on impact

The preceding paragraphs have that through capacity building and empowerment of WPCs and Water Mechanics the community is becoming self-reliant in managing and maintaining water facilities to ensure continuous access to safe water. In addition, the District Water Office is being strengthened to ensure that it backstops and provides technical support in the targeted communities where need arises. The MTE findings also show that the major impact of the water programme is the elimination of water borne diseases in the communities where water facilities have been installed.



4.5.7 Sanitation

4.5.7.1 Impact of the CLTS approach

The immediate impact of the CLTS approach is its ability to induce behaviour change in the targeted communities in an effort to eliminate open defecation.

4.5.7.2 Sustainable access to improved sanitation

The CLTS approach is sustainable because it involves various actors at district and community level. The extension workers who are key in the implementation process have acquired CLTS knowledge and skills to enable them replicate the approach in the communities where they operate. The extension workers are government employees with personnel costs, mainly salaries, paid by government, hence they will continue to provide the services using the knowledge and skills gained from the programme with support from the District Environmental Health Office. In addition, the traditional leaders have been oriented to the CLTS approach and are more likely to continue to mobilize the communities and support programme implementation.

Possibly the issues that may affect sustainability and need attention are: a) the extent to which the masons and artisans will continue on their own without subsidizing their products – will the community afford to purchase the products at market prices? b) Training – there is likely going to be training provided through government resources but not at the current level where the MBSP is supporting a number of trainings. Will the NGOs come in and support the training? c) Will there be sufficient funds for ODF supervision and verification at district level?

Conclusion on sustainability of the sanitation programme

There are prospects of sustainability because the CLTS approach is already widely disseminated in the targeted areas through trained extension workers and supported by chiefs and local leaders in community mobilization. The CLTS approach is expressing itself in behaviour change which is potentially self-sustaining as communities become more aware of the dangers of open defecation. The only issue that may require further assessment is the removal of the subsidies and its effects on the marketability of sanitation products.

Recommendation

The programme should make an assessment of the marketability/viability of sanitation products with the removal of subsidies after the programme phases-out.

4.6 Cross-cutting issues

4.6.1 Gender equality

Gender equality is one of the factors considered in the design of MBSP II. In terms of access to basic services, there are more female targeted than male e.g. the health programme is aimed at improving the quality of maternal and health services which basically target women of child bearing age; in education the programme is targeting both girls and boys but also specifically the girl child by Mother Groups, and through the programme, appropriate sanitary facilities are provided for girls to encourage them to remain in school; and in water and sanitation women are targeted as primary collectors and users of water facilities and both male and female participate equally in sanitation interventions; and in the district gender and youth economic empowerment programmes, the interventions are likely to target both female and male.

At community level and in the various committees, there is a deliberate effort to assign some key committee positions to female members to encourage them to participate in decision making processes, hence several females also hold positions as chairpersons or vice chairpersons; treasurer or vice treasurer, secretary or vice secretary and so on. Therefore, in terms of participation in programme activities there is no gender bias. It is only at Secretariat level that most professional senior positions are male dominated.

Recommendation

The Secretariat should seriously consider gender equity in staff recruitment.

4.6.2 Environmental considerations and climate change

This is covered under Sustainability Section 4.4.7. The MBSP has minimal environmental concerns after adopting cement blocks in construction works replacing burnt bricks.

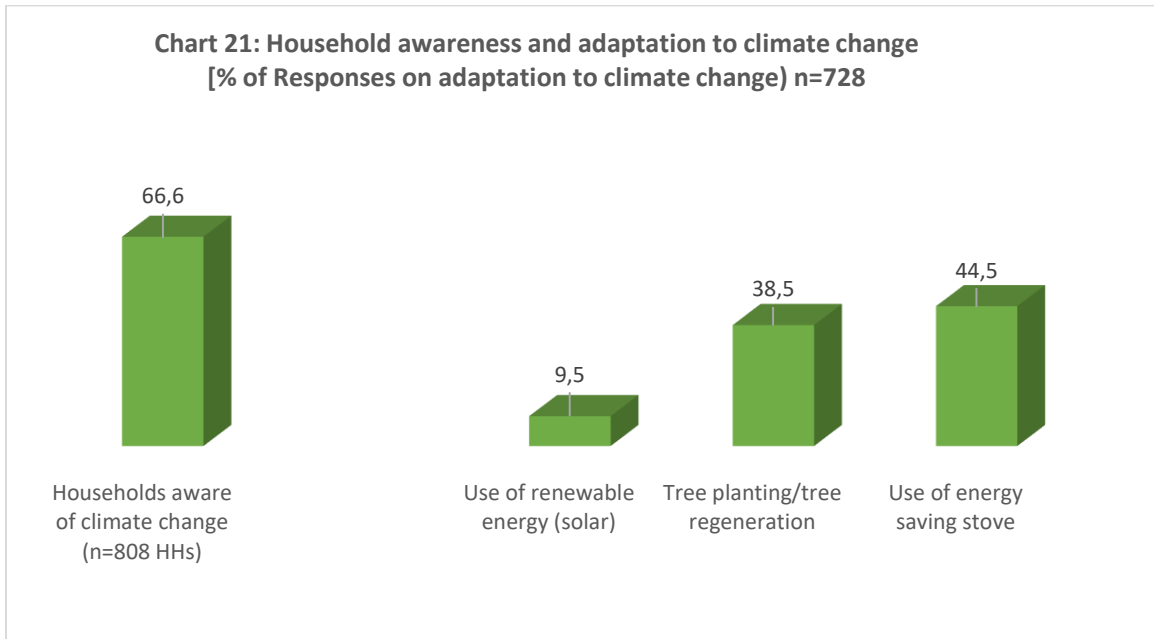
To assess KAP on climate change, the MTE interviewed 808 households in the three separate Household Surveys in which they were asked about their awareness about climate change and the results are presented in **Chart 21** below. Over half (67%) of the households are aware of climate change and are practicing various forms of adaptation like use of energy saving stoves (44.5% of responses); tree planting or regeneration (38.5%); and a small proportion use renewable energy such as solar.

Conclusion

The MTE results show that slightly 67% of the households are aware of climate change but less than 50% have adaptive mechanisms against climate change. Low adaptation rate to climate change is a signal that more needs to be done in the form of interventions to strengthen community adaptive capacity.

Recommendation

Although the programme is not directly implementing climate change interventions in MBSP II, this should be considered in future programming. In addition, awareness creation about climate change and its effects could be factored in community meetings to raise the awareness bar on climate change and its hazards.



5.0 Conclusion

The MTE findings show that the MBSP II programme design and scope are appropriate, and more so with the inclusion of women and youth economic empowerment programme aimed at addressing the challenges that constrain women and the youth to participate in mainstream economic activities. The programme remains relevant as it addresses basic social needs based on national and district priorities, and community needs. However, the programme duration and programming cycle of 4 years has proven to be inadequate to accomplish all the deliverables taking into account the administrative delays, and preparatory works for infrastructure projects that could potentially reduce the implementation period to less than 4 years. In addition, long-term planning is difficult for a 4-Year cycle for a district like Mangochi where the demand for basic social services is enormous. Therefore, a shift in the programming cycle is necessary to accommodate long-term planning.

It is acknowledged from the MTE findings that the PBA is appropriate in a decentralized setting where decision making, financial management, and programming are done independently from the sector ministry to promote efficiency in the implementation process. Furthermore, the PBA ensures efficient utilization of the human resource through capacity building and strengthening the delivery system.

However, as a new approach, the PBA is passing through a number of learning curves and experiences that are necessary to streamline the approach over time.

The programme is generally compliant with the provisions of the Partnership Cooperation Agreement – all partners: the MoLGRD, the Icelandic Embassy, and the Mangochi District Council are playing their rightful roles as stipulated in the Agreement. Although the programme has only achieved an average just slightly above 50% of the target outputs for years 1 and 2, this result should be viewed in the context of late programme start up by six months, and completion of MBSP I carry-over infrastructure projects into MBSP II which partly utilized financial resources meant for MBSP II implementation. It is against this background that the remaining two years are not sufficient for achieving all the planned deliverables for MBSP II, hence the need for an extension of the programme for at least one year to June 2022.

There are good prospects of sustaining of the programme outcomes after the programme phases out. These are premised on: the strengthened delivery capacity of the District Council and Technical Units to continue with the delivery of services; capacity building of extension workers, programme committees, and local leaders which has enhanced the knowledge and skills not only for the delivery of services but also for promoting community ownership; and furthermore, the government bears the bulk of personnel costs which means that the human resource will still be available to deliver the services. However, it is also acknowledged that after the programme phases out, the level of funding will decline and therefore the delivery of services will not be at the current level. Hence, the need for the District Council to enhance its revenue generation capacity in order to support, monitor, and supervise the delivery of services.

In terms of impact, the 1.5 years of actual programme implementation duration is not long enough to generate substantial impacts although there are indications of impact such as declining maternal deaths with improved health services delivery, and elimination of water borne diseases due to improved access to safe water.

The implementation process is also experiencing a number of challenges that need redress to improve efficiency, monitoring and reporting, and services delivery and these include: a) District Council compliance with reporting schedule and requirements to trigger timely disbursement of funds; b) limited analysis in the Quarterly Progress Reports and omission of the linkages between outputs and outcomes; c) partial alignment of SDGs to the programme; d) delays in the procurement processes; and e) limited involvement of local government structures (ADC/VDC) in programme implementation at community level by the implementing sectors. All these have specific recommendations in various sections of the report.

Therefore, what is vital in years 3 and 4 is improved implementation efficiency to ensure that all the deliverables are achieved as planned by the close of the current phase.

6.0 Recommendations

The recommendations are pulled from the various sections in the main body of the report and categorised mainly by DCA evaluation criteria and by sector or issue. Therefore, each sector should review the recommendations and develop an action plan for addressing them.

6.1 Relevance

6.1.1 Programme duration and programming cycle

The initial two years of MBSP II implementation experienced a number of challenges including the six months delay in programme start-up as well as redirection of resources from MBSP II to the completion of MBSP I deliverables mostly infrastructure projects. Thus, the actual MBSP II implementation duration for years 1 and 2 is 1.5 years. Furthermore, the experience from MBSP I and phase II implementation, has proven that the 4-year programming cycle is not sufficient for developing long-term plans for the district. Therefore, for the programme to achieve its phase II targets and ensure long-term planning, we recommend the following for the donor/embassy:

1. The programme be extended by one year from 30 June 2021 to 30 June 2022.
2. A 10-Year cycle should be adopted to facilitate long-term planning.
3. The final evaluation of MBSP II should be conducted at least 3 – 4 months before the MBSP II phases out to allow for a comprehensive review of the implementation process including assessment of plans versus achievements, lessons learnt, programme impact on the targeted communities, sustainability of the outcomes, and recommendations for future programming.

6.1.2 Programme approach

The PBA allows decentralized planning, decision-making, financial management, and programme implementation by the District Council with financial, technical support from the Embassy of Iceland and oversight from the MoLGRD. Hence, we recommend that:

1. The PBA should be viewed as a pilot and potential implementation strategy for Malawi where District Councils could be entrusted to manage substantial amounts of funds and deliver quality basic services alongside capacity strengthening. The MoLGRD should closely monitor the PBA model and assess the possibility of replicating the approach to other district councils.

6.1.3 Sustainable Development Goals

With the launch of the UN Sustainable Development Goals (SDGs) in 2015, the global goals have widened in scope and focus. For MBSP II, the SDGs are guiding the Programme Document apart from the water

sector, where the MGDS remains the policy guiding document. Overall, although some of the SDGs are aligned to the programme, there is no systemized tracking and reporting on the SDGs. Therefore, for the programme indicators to be fully aligned to SDGs and track progress in the indicators, we recommend that:

1. The programme should add SDG indicators as Addendum to the Programme Document in addition to impact and outcome indicators already in the document to align better with SDGs.
2. The programme should track and report on SDG indicators quarterly.

6.2 Effectiveness

6.2.1 Programme Steering Committee (PSC)

The PSC composition needs to take on board the Ministry of Finance, Economic Planning and Development following the inclusion of the MBSP funding in the national plans, budgets, and books of accounts. The Ministry will play an important role to provide strategic direction on government financial matters in relation to the programme as well as sharing emerging issues in the government financial system. Therefore, we recommend that:

1. The Ministry of Finance be represented in the Programme Steering Committee (PSC) to provide strategic direction on budgetary and financial matters.

6.2.2 Embassy of Iceland

MTE findings indicate that the Embassy has limited capacity to effectively support the M&E system through baselines and analyses of programme outcomes and impact. Furthermore, while HMIS has been strengthened, there are capacity gaps in DEMIS and DWMIS in statistics and data analysis, which need to be addressed by the MBSP. Hence, we recommend that:

1. The Embassy of Iceland should recruit an M&E expert to enhance its capacity in M&E.
2. The programme should support short-term training for data clerks in DEMIS and DWMIS in statistics and data analysis to improve data collection, analysis, and reporting.

6.2.3 Mangochi District Council

6.2.3.1 Financial management

The District Council is responsible for managing all disbursed financial resources for programme implementation and is also accountable for the funds through financial and progress reporting to the donor and the MoLGRD. However, in terms of reporting, there are recurring issues of partial compliance with the reporting requirements such missing supporting documents mainly receipts and Activity Reports, and delays in the submission of financial and progress reports to the donor and MoLGRD. To

enhance financial accountability and transparency, and compliance with the reporting requirements, we recommend that:

1. A two-receipt system be introduced as follows:
 - i) Initial receipt by service provider reflecting that the funds have been received; and
 - ii) Expenses receipts that support funds utilization. This would link funds utilization to the deliverables, which is problematic with a single receipt.
2. The District Council should fulfil its reporting obligations including timely submission of financial and progress reports with all relevant attachments to avoid delays in approval and disbursement of funds by the donor.

6.2.3.2 Progress reporting

The current Quarterly Progress Report is mainly a catalogue of outputs achievements without clear linkages to programme outcomes. Hence, the need to review and develop a new format that incorporates analysis of the implementation process, links outputs to outcomes (change at community or beneficiary level resulting from outputs achievements), and meets the information needs of the PMT. To improve progress reporting, we recommend the following:

1. Review the current report format and develop a new format that meets the information needs of key stakeholders.
2. The current Outputs Report should be annexed to the new report format.
3. Outsource the task of developing the new format if there is limited capacity within the District Council.

Furthermore, we recommend that for each Strategic Area, the new format should, at least, focus on the following:

- a. What was planned and what has been achieved; has the sector achieved more or less of what was planned, why? What has worked well and what has not worked well and why – what lessons have been learned? What issues have emerged during the implementation process? Have they been resolved or do they need further assessment and decisions at a higher level? Is the programme generating unintended results? What is being done to minimize or eliminate such outcomes?
What benefits are the communities accessing resulting from the interventions during the quarter? Have the interventions addressed the constraints/challenges that the communities were facing?
- b. The immediate programme effects need to be highlighted in the report, thus, linking outputs to outcomes.
- c. Draw recommendations for managers to take action in order not to sway the programme from its intended path. It should also be clear in the recommendations the likely consequences if no action is taken.

- d. There is also need for a summarized Budget and Expenditure (funds utilization) versus percent outputs achievement by Sector by Strategic Area to project a picture of implementation efficiency and programme performance during the Quarter.
- e. The whole list of outputs currently outlined as 'The Report' should be an Annex in the new Report format.

6.2.3.3 Procurement processes

The procurement process is generally compliant with the procedures, rules, and regulations as stipulated in the Procurement Act of the Government of Malawi. However, there are issues related to triggering of procurement processes, delays in the evaluation of bids, selection of contractors, contract management for contractors, and poor interface between contractors and community committees responsible for community development. To improve the procurement process, and cooperation between contractors and the communities, we recommend that:

1. Triggering of procurement processes should be timely and premised on the Procurement Plan.
2. Evaluation of bids should be done soon after the closing date.
3. Background checks should be conducted for successful bidders prior to award of contracts including consultations with the National Construction Industry Council (NCIC) for performance records. The information should be used by the District Council to filter out non-performing contractors from the programme.
4. Contractors that do not honour contract agreements should be penalized in accordance with the terms of the contract agreement and relevant Laws of Malawi.
5. In the contract agreement with contractors, insert clauses that protect the integrity of local committees (VDCs/ADCs and others) and allow them to actively participate in monitoring construction works at local level in their capacity as representatives of the targeted communities.

6.2.3.4 District Executive Committee (DEC)

The DEC is a vital organ of the District Council operations including appraisal and approval of development partners that intend to implement development activities in the district for the first time, delivery of technical support, as well as monitoring progress in various sectoral interventions. With regard to the MBSP, DEC's role includes monitoring progress and provision of technical support to implementing sectors. However, it is not clear as to how effectively the DEC has played its monitoring role with regard to MBSP. Therefore, we recommend that:

1. In view that the MBSP II is much larger than MBSP I in terms of funding and expected deliverables, it is absolutely necessary to strengthen the DEC's monitoring role in programme implementation through orientation to programme monitoring techniques.

6.2.3.5 ADCs/VDCs role in the programme implementation process

The ADCs/VDCs are important local government institutions for planning, community mobilization, dissemination of messages on the programme, and monitoring of programme activities at community level. However, MTE findings show that ADC/VDC involvement in the programme is limited as they are mainly engaged at the entry point when the programme is being introduced to the community. Their roles have mainly been confined to site selection for construction works, and mobilization of communities to assemble locally available construction materials. We therefore recommend increased participation of ADCs/VDCs through:

1. Integration of ADCs/VDCs in the project cycle including planning, implementation, and monitoring of programme activities to promote participation and ownership at community level.
2. Training of ADCs/VDCs to enhance understand of their roles and responsibilities not only in MBSP II implementation but in all District Council programmes.

The other aspect concerning ADCs/VDCs is the poor relationship with contractors because the contractors fail to embrace them as partners that can provide community support, observe and monitor progress during the construction of facilities. Basically contractors side-line the ADCs/VDCs because their roles are not incorporated in the contract agreements. To address this issue, we suggest two things:

1. De-briefing of the contractors on the roles of various committees in the programme area prior to commencement of work on site; and
2. Inserting a clause in the contract agreement that explicitly outlines the roles and responsibilities of local committees that are linked to the sector that would utilize the services of contractors.

6.2.3.6 Community awareness about programme objectives

During FGDs, it was noted that some communities are not aware of the objectives of MBSP II. Hence, we recommend that:

1. The potentials of the DCDO office for awareness creation for the programme should be carefully examined for feasibility for further integration into the programme. Other potentials that could be examined include: training of ADCs/VDCs, promotion of CLTS and sanitation marketing, and delivering business and entrepreneurship training in the Women and Youth Economic Empowerment Programme.

6.2.3.7 Health

Analysis of outputs achievement rates in the health sector reveals that the mostly affected activities that have attained low achievement rates in years 1 and 2 are: construction works, provision of water facilities in health posts, training of health workers, delayed roll out of family planning services, and limited community access to and utilization of health registers. The delays have affected community

access to facilities and consequently expected outcomes at community level. Therefore, during years 3 and 4, the carry-over activities should be prioritized as follows.

1. Provision of water in health facilities.
2. Completion of health posts and staff houses.
3. Training of community health workers.
4. Operationalization of family planning services.
5. Triggering procurement process of health registers by HMIS.
6. Cold-chain storage for vaccines in operationalized health posts.

6.2.3.8 Education

Overall, the education sector has performed well in terms of achieving its planned outputs for years 1 and 2 with 71% average achievement rate. However, there is need for completion of carry-over activities from years 1 and 2 to years 3 and 4 in order to close the gap on the remaining outputs. In addition the promotion rate in standards 4 to 7 shows a declining trend that requires a reversal.

Therefore based on outputs achievements and the stagnant promotion rate in standards 4 to 7, we recommend the following for years 3 and 4:

1. Completion of teachers houses, improved latrines, and sanitation facilities for children with special needs.
2. Installation of sanitation equipment in schools.
3. Maintenance of classroom blocks, teachers houses, and latrines.
4. Conduct in-service teachers training in special needs.
5. Explore multi-sectoral approaches to address the importance of child education in the communities by engaging relevant stakeholders including traditional leaders, school governance committees, NGOs, and other stakeholders.

6.2.3.9 Early Childhood Development (ECD)

The two ECDs constructed at Milimbo and Chikomwe schools started their operations in mid-2019 to increase participation of children in quality early childhood services to enable them learn and develop to their fullest potential. However, MTE findings show that the ECDS have limited operational capacity including inadequate facilities and accessories, access to school meals, lack of refresher training for caregivers, and lack of clean water at the facilities. We therefore recommend:

1. Provision of appropriate facilities and accessories at the 2 ECDs.
2. A study on comparable operations of functioning ECDs in the district in order to re-programme the two ECDs to meet minimum operational standards.
3. Request the national inspectorate office for ECDs to assess the extent to which the two ECDs constructed under MBSP II are meeting the minimum operational requirements and provide recommendations to improve services delivery.
4. Provide refresher training for caregivers.

6.2.3.10 Water

Overall, the water programme has achieved an average of 54% of the outputs/targets for Years 1 & 2. A number of factors have led to under achievement of expected outputs including: delayed programme start up, downward revision of the targets due to budgetary constraints, suspension of drilling during the rainy season and failure by the contractor to mobilize immediately after the rainy season. These have adversely affected the construction and rehabilitation of water facilities which have to be carried over to years 3 and 4. Therefore, for the carry-over outputs from years 1 and 2, focus should be on:

1. Drilling, construction, and rehabilitation of water facilities; and
2. Training of 500 new WPCs in Community Based Management (CBM).

The water sector is currently not tracking and reporting on the programme outcome indicator:

Proportion of households using improved water sources in TAs Makanjira, Namabvi, and Mponda'. We recommend that:

3. The water sector should start collecting data on the number of households (beneficiaries) that access each water facility in each TA by type of household i.e. male or female headed. This data should be used to derive the proportion (%) of households that use improved water sources based on the projected household numbers in the M&E Framework as denominator.

6.2.3.11 Sanitation

On average, the sanitation programme has achieved 44% of its years 1 & 2 outputs targets and the most affected activity is the delivery of improved sanitation facilities which has not been implemented at all. Based on further analysis of outputs achievement rates, the following activities should be prioritized in years 3 and 4:

1. Continuation of CLTS awareness campaign.
2. Promotion of sanitation and marketing centres.
3. Training of local masons.
4. Installation of San Plats in the communities.

There is no systemized tracking and reporting on sanitation outcome indicators.

5. The District Environmental Health Office should start tracking and consistently reporting on outcome indicators.

Overall, there is no systemized reporting based on the Strategic Areas as outlined in the M&E Framework. Hence, we recommend that:

6. Progress reporting should be consistent with the activities for the sector in the M&E Framework for ease of tracking by the monitoring system. Therefore, proper records of the training delivered, cohorts, and topics covered should be recorded and consolidated quarterly. In addition all meetings, people in attendance (male and female), and discussion topics should be recorded

The Household Survey results on hygiene practices, hand washing times in particular, show that some hygiene messages are not widely practiced. Therefore, with low adoption of hand washing practices, we recommend that:

7. The sanitation programme should upscale the dissemination of hygiene messages via the CLTS approach in care groups and through VHCs.

6.3 Efficiency

6.3.1 Implementation efficiency

As presented in the main body of the report, overall, only 55% of the expected outputs in years 1 and 2 have been achieved due to factors such as late programme start-up. There are also issues of delays in the disbursement of funds due to late submission and clearance of financial and progress reports. To improve implementation efficiency, we recommend that:

1. The District Council should comply with all the reporting requirements to facilitate timely disbursement of funds and avoid the loss in implementation time. .

6.3.2 Financial efficiency

Financial efficiency has been assessed in terms of funds utilization rate [%] versus outputs achievement rate, which is basically an input: output ratio. The ratio is a useful tool for assessing financial efficiency. Therefore, we recommend that:

1. The programme should apply the funds utilization rate against outputs achievement rate in the quarterly reporting system to monitor financial efficiency.

6.4 Sustainability

6.4.1 Financial sustainability of Mangochi District council

It is important to ensure that the District Council is able to generate adequate funds for its operations, and more importantly to maintain the assets and delivery of services in the targeted communities. Currently the District Council does not have dependable mechanisms for enhancing its revenue base, which is critical for providing support to programme activities. In this regard, we recommend that:

1. The District Council should continue to explore revenue enhancement strategies to strengthen its financial capacity to support services delivery in the targeted areas.

6.5 Impact

6.5.1 Education

6.5.1.1 Assessment of proficiency in reading, writing and mathematics

Currently the DEM's office does not have relevant tools nor the capacity to collect data on proficiency in reading, writing and mathematics under the SDGs as well as data on the programme impact indicator: which is: *Improved proficiency level in reading in standards 2 and 3*. To facilitate tracking and reporting on the impact indicators, we recommend that:

1. The DEM's office should request the Ministry of Education, Science and Technology to provide the tools as well as train Master Trainers (Education Managers/Advisors) at district level. In turn, the Master Trainers should orient the teachers from programme and non-programme schools in the district. Teachers should administer the tools towards the end of each school term to assess learners' proficiency and provide assessment reports to the DEM's office at the end of each term. DEMIS should collect and analyse the data quarterly.

6.5.2 Participation of ADCs/VDCs in the delivery of education services

The ADC/VDC are crucial community institutions for facilitating development programmes in rural areas. MTE findings indicate that there is limited involvement of these local government institutions at implementation stage. In order to promote local participation and ownership of education services, we recommend that:

1. The education sector should productively engage ADCs/VDCs in the delivery of education services to garner their support for: community mobilization, awareness creation on the importance of child education, participation in education development initiatives in the area, monitoring progress on education projects, working with school governance committees to strengthen the delivery of education services at local level, and facilitating communication and coordination with the District Council.
2. The programme should continue to strengthen the capacity of school governance committees for them to be more proactive and responsive to the issues related to education services delivery in their areas.

6.5.2 Sanitation

6.5.2.1 Sustainable access to improved sanitation

The CLTS approach is sustainable because it involves various actors at district and community level with government extension workers at the centre of disseminating the approach. However, the issue that may affect sustainability is the extent to which the masons and artisans will continue on their own without subsidizing their products – will the community afford to purchase the products at market prices? Hence, we recommend that:

1. The programme should make an assessment of the marketability/viability of sanitation products with the removal of subsidies after the programme phases-out.

6.6 Cross-cutting issues

6.6.1 Gender equality

Generally there is gender equality in access to basic services across the sectors, and basically, the majority of beneficiaries is female. It is only at the Secretariat that staffing in key positions is male dominated. Hence, we recommend that:

1. The Secretariat should take on board gender equality when recruiting key staff by encouraging female professionals to apply for the vacant positions.

6.6.2 Environmental considerations and climate change

The MTE findings show low adaptation rate to climate change, which is a signal that there is need for interventions to strengthen climate resilience in the targeted communities. Considering that the programme is not directly implementing climate change related interventions in MBSP II, we recommend that:

1. The programme should consider incorporating climate resilience interventions in future programming.
2. During MBSP II implementation, the programme should incorporate awareness creation about climate change and its effects in order to raise the awareness bar on climate change and its hazards. This could be done during community meetings across the sectors.

Annex 1

Terms of Reference (ToR)
for
Mid-Term Evaluation
of the
Mangochi Basic Services Programme Phase II 2017-2021
Project No.: LIL16050-1701



Government of Iceland
International Development Cooperation

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1. Project background

1.1 Overview

Project Title:	Mangochi Basic Services Programme Phase II (MBSP II)
Project period:	2017-2021
Sector/DAC code:	Multisector aid for basic social services - 16050
Type of Aid:	Project-Type interventions - C01 / Programme-Based Approach
Partners:	Ministry of Local Government and Rural Development (MoLGRD) in Malawi and Mangochi District Council and the Government of Iceland through the Icelandic Ministry for Foreign Affairs International Development Cooperation (ICEIDA)
Implementing Partner:	Mangochi District Council
Donor:	The Government of Iceland through the Icelandic Ministry for Foreign Affairs International Development Cooperation (ICEIDA)
Donor contribution:	Approx. USD 16,311,111.

1.2 Context

Bilateral development cooperation between the Government of Iceland and the Government of Malawi goes back as far as 1989. In the beginning the collaboration centered on the fisheries sector on the shores of Lake Malawi. In 2012, a tripartite cooperation agreement was signed by the Ministry of Local Government and Rural Development (MoLGRD) and Mangochi District Council on behalf of the Government of Malawi (GoM) and the International Development Cooperation of the Government of Iceland stating that a programme-based approach (PBA) will be used in partnership with the District Council of Mangochi to achieve the goals of its development strategy in areas of social services: water and sanitation, education and public health. The Mangochi Basic Services Programme, Phase II (MBSP II), has been implemented from 2017 and will last until 2021. It is a continuation of the previous programme of the same name that started in 2012 and ended in 2016.

1.3 Overall objectives and outputs

The Development Objective (Goal) of MBSP II 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.

The Immediate Objective (outcome) of the programme is 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 programme's five Specific Objectives and related expected outputs are:

1. Improved access to, and use of, quality maternal and health services:

- The Makanjira health centre is upgraded to Emergency Obstetric and New-born Care (EmONC) facility and 9 maternity facilities, constructed under Phase I, are fully operational.

- Better community health services through training and logistical support at village level.
 - The Health Management Information System (HMIS) produces better data, through provision of tools and training at input and data management levels, and upgrading of equipment.
 - Management of health services is improved through capacity building and upgrading of facilities.
2. Improved quality of primary education services in target schools:
- Education infrastructure and services are developed in 12 target schools, located in TA Chimwala, Jalasi, Makanjira, Mponda and Namabvi, with emphasis on classrooms and textbooks for the first 2 grades.
 - Early Childhood Development (ECD) Centres established in 2 target schools.
 - Better management of education sector improved through capacity building of staff and upgrading of facilities.
3. Increased sustainable access to, and use of, improved safe water sources and sanitary facilities:
- 500 new safe water points are in use and further 180 boreholes rehabilitated in TA's Makanjira, Mponda and Namabvi.
 - 100 villages in above 3 TAs achieve have achieved Open Defecation Free (ODF) status, through a Community Led Total Sanitation (CLTS) programme.
 - Management of WASH services improved through training and logistical support at village and district level.
4. Improved access of women and young people to education and economic opportunities in designated areas of the district:
- Community development and youth projects in place for women and youth, emphasising economic empowerment and access to literacy and skills training.
5. Increased capacity of Mangochi District Secretariat to implement the MBSP and carry out its development plans in a proper and timely manner:
- District Council empowered in carrying out well planned and implemented MBSP and the District Development Plan (DDP) in a timely manner.

1.4 Approach

The MBSP is based on a programme-based approach (PBA) where the Government of Iceland is supporting the District Council of Mangochi to achieve the goals of its development strategy in areas of social services with direct budget support at the local government level. Since 2017, the second phase of the programme has been implemented, which is based on the same framework as MBSP I, which is to support the district council to deliver basic services in the district. PMBSP II has also considered support to capacity building at district level in terms of management of procurement, funding and implementation which is incorporated into an area

of support to the District Council's Secretariat (Governance) and component on economic empowerment for women and youth.

2. Evaluation Purpose

The mid-term evaluation is one of the expected outputs of the MBSP II and is to be undertaken by an external independent evaluator. The implementation period under evaluation will cover 24 months, from July 2017 to end of June 2019 or the first two years of programme implementation.

The mid-term evaluation is intended to assess the programme design, scope and implementation status and the capacity of stakeholders to achieve the expected outcomes. The mid-term evaluation will assess the management and performance of the MBSP II against the planned results. It should capture lessons learnt and provide information and guidance for donor and implementing partner that will assist them in assessing the preliminary indications of potential impact and sustainability of results, including the contribution to capacity development and achievement of the sustainable development goals (SDGs) 1-6, 8 and 17 in Malawi.

The findings and recommendations will benefit stakeholders in many ways i.a.; by identifying potential strengths and weaknesses in the programme-based approach to local government budget support to Mangochi District; by identifying what has and what has not worked as a guide for future planning and management, both in the latter half of the MBSP II implementation phase and post the MBSP II.

All stakeholders, in particular the implementing partner or the programme management team (PMT) in Mangochi District Council, consisting of directors of all sectors supported by the MBSP II (health, education, water and sanitation, gender, youth and the secretariat), will benefit by learning how the programme is progressing and use findings to strengthen implementation efforts. The donor will benefit by learning how the programme is progressing and how to improve management with the District, in accordance with findings.

3. Scope and focus of the mid-term evaluation

3.1 Scope

The evaluation of the MBSP II will assess the yearly progress of the programme and the management of and the implementation of the MBPS II from 2017-2019. This will include assessing implementation (financing and procurement included) modalities by the District Council and monitoring modality of the donor. It will assess and analyse coordination, partnership arrangements, institutional strengthening, beneficiary participation, replication and sustainability of the programme.

In doing so, the mid-term evaluation shall include review of the programme document and the programme-based approach, its main focus as well as the assumptions (identification and justification) made at the beginning of the development process. It will assess whether the programme's results are on track; capacities built, and cross cutting issues of gender and environment have been addressed. It will also assess whether the programme's implementation strategy has been optimum and recommend areas for improvement and learning.

The mid-term evaluation will also assess the synergy between the MBSP II as well as other programmes implemented with regards to strengthening local governance and decentralisation and suggest ways of creating more synergy. The linkage of results to the overall results framework of the District Council of Mangochi will be analysed including the relevance of the indicators set.

Among the issues that must be considered, but should not be limited to, are:

- Programme achievements according to objectives set forth in the programme document;
- Utilization of financial resources;
- Transparency in procurement processes;
- Utilization of human resources;
- Effects of programme activities, both positive and negative;
- Sustainability of activities supported by the programme;
- Constraints and risk factor for continued support;
- Recommendations can be made to partners regarding continued support.

3.2 Evaluation questions

The subject of this mid-term evaluation is the Specific Objectives (outcomes) and outputs listed in the programme document. The evaluation's main question that needs to be answered is: ***to what extent have the planned programme interventions been relevant in the overall***

strengthening of the District Council's capacity to improve provision and use of basic services in Mangochi district?

1. For maternal and newborn health and family planning: to what extent have maternity facilities, constructed under Phase I, be made fully Operational? Are there better community health services through training and logistical support at village level? Is the Health Management Information System (HMIS) producing better data, through provision of tools and training at input and data management levels, and upgrading of equipment. Has the management of health services been improved through capacity building, researches and upgrading of facilities?
2. For primary education: to what extent has infrastructure and services in the 12 target schools, located in TA Chimwala, Jalasi, Makanjira, Mponda and Namabvi, been upgraded with classrooms and textbooks for the first 2 grades? Have Early Childhood Development (ECD) Centres been established in 2 target schools? Has management of education sector improved through capacity building of staff and upgrading of facilities?
3. For water and sanitation provision: how many new safe water points have been drilled and constructed and how many boreholes rehabilitated in TA's Makanjira, Mponda and Namabvi. How many villages in above 3 TAs have achieved Open Defecation Free (ODF) status through the Community Led Total Sanitation (CLTS) programme? Have management of WASH services improved through training and logistical support at village and district level?
4. For women and youth component: to what extent are community development and youth projects in place for women and youth, emphasising economic empowerment and access to literacy and skills training?
5. Capacity building of District Council: to what extend has the District Council been empowered in carrying out well planned and implemented MBSP and the District Development Plan (DDP) in a timely manner?

The mid-term evaluation shall examine the extent to which the MBSP II's objectives and outputs have been achieved, taking into account their brief implementation period, as well as the management structure of the programme. It shall assess and analyse the status of the MBSP II with reference to the OECD DAC Evaluation Criteria.¹

¹ The five DAC evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability, first articulated alongside evaluation principles in 1991. The DAC Network on Development Evaluation is currently exploring how the DAC Evaluation Criteria can be adapted to the new development landscape and the 2030 Agenda. For further information, please visit the OECD/DAC website: <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

1. Relevance

To what extent:

- Does the programme continue to be relevant to national policies and district priorities in local governance and de-centralisation in Malawi?
- Has MBSP II so far contributed to results in the area of Mangochi District Development Plan? Are the programme components in line with District plans and strategies?

2. Effectiveness

- To what extent are the stated outcomes and outputs on track?
- How effective are the financial management and procurement processes used for the MBSP II? Have financial resources been effectively utilized?
- Could a different approach have produced better results?
- What factors have contributed to achieving or hindering achievement of implementation?
- Are there any problematic communication or administrative faults in the design that call for remedial action?
- Are programme management and oversight procedures working effectively?
 - Supervisory role of the Ministry of Local Government and Rural Development (MoLGRD): both in respect to liaising with the District Council and Embassy of Iceland on the progress of the programme? Have the lines of communications been effective? Are there any bottlenecks within the Ministry that may adversely affect the programme's execution?
 - District Council as implementing partner: has it fulfilled its role and also in reporting to the Embassy and the Ministry
 - Embassy of Iceland and field office: Has the donor lived up to its obligations to fund the programme according to plans? Has the donor effectively contributed to the monitoring of the programme? Are there adequate mechanisms for its evaluation in effect (like quality data gathering, baselines)? Has the process for financial contribution and supervision been effective?
 - Programme Steering Committee (PSC): is it operational and has it fulfilled its role?
 - District Executive Committee (DEC): is it engaged in programme components and has it been fully integrated into the District implementation?
 - Line ministries in relevant sectors - the Ministry of Health (MoH), the Ministry of Irrigation and Water Development (MoIWD), the Ministry of Education, Science and Technology (MoEST), Ministry of Finance (MoF) and the Ministry of Economic Planning and Development (MoEP&D): do these ministries give guidance and have they been engaged in a monitoring role in the programme?
 - Technical units such as the District Water Office, the District Health Office and the District Education Office. Of special interest is their relationship with Area Development Committees (ADCs) and Village Development Committees (VDCs) and local sector committees: how is the level of involvement and ownership

at local level? Are recipients of the services aware of objectives of the programme?

- Support units such as the Department of Public Works, the Department of Finance, the Procurement and Disposal Unit and the Department for Planning and Development: how effective are these departments and units, in particular do they have sufficient capacity to undertake the required work, duties and responsibilities? Also, assess the relationship of these department and units with the sector offices and identify any bottlenecks that may exist and adversely affect the progress of the programme.

3. Efficiency

To what extent has the use of financial and human resources available to the programme been efficient, for a) donor and b) implementing partner?:

- Do programme activities overlap and duplicate other similar interventions funded in the district by other donors?
- What are the strengths, weaknesses, opportunities and threats (SWOT) of the programme implementation process?
- What factors are contributing to implementation efficiency?
- Financial management: how the District is performing in relation to financial transparency and reporting? Are financial processes and accountability and reports of the handling of funding transparent, in order and on time?
- Procurement plans: how is the District performing in relation to sound procurement practices? Have public procurement rules been followed? Have correct and effective measures for the procurement of goods and services been done?

In this respect the overall capacity of the District Council to effectively implement programme plans need to be analysed.

Assess overall efficiency of the Embassy of Iceland and its field office in Mangochi in fulfilling its role as a donor and partner:

- Its role in providing financial guidance and transparent procurement procedures.
- Its role in monitoring and evaluating the programme, and its strengths and weaknesses in its monitoring and evaluation system.

4. Sustainability

Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn, where environmental as well as financial sustainabilities need to be considered. Sustainability in this mid-term evaluation shall be examined in the context of:

- To what extent are the benefits of the programmes likely to be sustained after the completion of MBSP II?

- What is the likelihood of continuation of training and sustainability of the programme outcomes and benefits of each of the programme components after the completion of MBSP II?
- What are the key factors that will require attention in order to improve prospects of sustainability of the MBSP II outcomes?
- How are capacities strengthened at the individual and organizational level (including contributing factors and constraints)?
- Main lessons that have emerged.
- What are the recommendations for similar support in future?
- Consider financial and environmental sustainability of the programme

5. Impact

As the MBSP II is both a service delivery programme as well as a capacity development support to the District Council of Mangochi to plan, manage, and deliver the programme outputs, the focus of the impact part of the mid-term evaluation should be on:

- The positive and negative changes produced by the MBSP II, directly or indirectly, intended or unintended.
- Individual and organizational interrelationships, learning and enabling environment.
- How relationships between key partners have evolved and how the administrative structure of the programme is serving its purpose.
- The role of line ministries related to the programme should be analysed.

Potential impact at mid-term of the MBSP II per sector

In the public health component, in addition to output quantification and performance analysis, mid-term review should analyse and assess:

- A sample of ADCs and VHCs should be surveyed to evaluate local level participation, expectations and involvement in the programme for the benefit of communities.
- A sample of HSAs should be surveyed to address the importance and effect of the support to this frontline staff.
- Staff of health posts should be surveyed to evaluate the importance and effect of the programme on its service delivery.
- Staff of the DHO should be interviewed to evaluate how it is affected by the programme, how programme deliverables are affecting service delivery (like ambulance services, cool-storage chain, skilled attendance to deliveries etc.)

In the water and sanitation component a series of sub-questions must be addressed in addition to output quantification:

- Is the capacity of the water district office sufficiently enhanced to effectively implement the programme?
- Is there evidence that the sensitization of communities is carried out in a manner that suits the importance of the sanitation aspect of the programme?

In the education component of the program the following sub-questions must be addressed:

- Is there evidence of involvement and ownership among school staff affected by the intervention? The same issue should be raised in relation to students and parents.
- A sample of mother groups should be surveyed to evaluate local level participation, expectations and involvement in the programme for the benefit of communities.
- Teachers should be surveyed to evaluate the importance and effect of the programme on its teaching and working conditions.
- Staff of the DEM should be interviewed to evaluate how it is affected by the programme, how programme deliverables are affecting service delivery (like staff houses, teacher trainings etc.)

A sample of traditional leaders should be surveyed to address the importance and effect of the support to schools and school meals, community health interventions, CLTS and water committees.

Cross-cutting issues

The following cross-cutting issues should be addressed in the evaluation, irrespective of whether they were mentioned in the programme document:

- a. Gender equality
- b. Environment/climate change

4. Methodology for Evaluation

The mid-term evaluation will be carried out in accordance with the OECD/DAC evaluation criteria and should involve qualitative and quantitative methods to evaluate implementation and performance and to make recommendations for the remaining implementation period of MBSP II and future planning.

The mid-term evaluation should be carried out through a participatory approach of all relevant stakeholders including the Embassy of Iceland and its ICEIDA field office in Mangochi, the District Council PMT members, as well as other development partners, and right holders in Mangochi district. Field visits to selected programme sites, briefing and debriefing sessions with Embassy of Iceland, ICEIDA field office, the District Council officials, as well as with development partners, are envisaged for the qualitative part of the review as well as desk reviews and surveys for the quantitative part.

4.1 Data collection

The evaluation shall make use of appropriate empirical methods such as interviews, surveys, focus groups, and desk review of literature and data, which will be analysed using well

specified judgment criteria and suitably defined qualitative and quantitative indicators (including from the logframe). This methodology shall be defined and described in the Inception Report.

A comprehensive desk review and critical analysis is to be conducted to include the all relevant documents, information, data/statistics, by the consultant. The consultant must review available documents on the programme such as agreements between partners, programme document and other relevant documents. Full access to all relevant documents will be available, see **Annex I**. Upon signing of the contract, the consultant will be given the necessary working documents for reference.

The consultant is expected to conduct interviews, discussions, consultative processes, and observations in field missions of stakeholder key informants involved with the planning, implementing and monitoring & evaluation of the MBSP II, including field work in Mangochi focusing on recipients and deliverables.

- Government of Iceland: MFA, Embassy of Iceland in Lilongwe, ICEIDA field office in Mangochi
- Programme implementing partner: District Council of Mangochi heads of sectors, those in the PMT, and relevant officers such as youth, gender, M&E officers and relevant sector officers.
- Internal stakeholders at national level: MFLGRD
- Beneficiaries: e.g. health staff, teachers, mothers groups, HSAs etc.

The evaluation is expected to solicit the views of beneficiaries of the programme in communities, both staff within sectors and people and committees at community level. In this respect Village Development Committees (VDCs), Village Health Committees (VHCs), Mother Groups, Safe Motherhood Committees (SMCs) and similar bodies per sector are of importance. Focus groups and individuals affected by the programme should be included and the selection of respondents be gender and age sensitive.

Surveys and interviews with representatives of beneficiaries in communities are expected to be indicative of the situation at community level. A high degree of statistical reliability or randomization is not required at this stage. Qualitative studies with focus groups or samples of beneficiaries that can be observed to give a reasonably sound judgement of programme delivery perceptions among beneficiaries will be sufficient. The Inception Report will explore the method for this in details.

5. Expected deliverables

The following deliverables are expected:

1. An inception report - **one week after signing of contract**.

Inception report should include a framework of the evaluation and how the evaluation questions will be addressed to ensure that the consultant and the donor and implementing

partner have a shared understanding of the mid-term review. The inception report should e.g. include the evaluation matrix summarizing the evaluation design, methodology, evaluation questions, data sources and collection analysis tool for each data source and the measure, by which each question will be evaluated. It should also include comments on the terms of reference, if any.

2. Draft report - **8 January 2020**.
 - a. Focus on preliminary results of desk research analysis, fieldwork and interviews.
 - b. Comments sent to consultant - by **17 January 2020**.
3. Presentation of draft report to stakeholders – **10 January 2020**.
 - a. Presentation to be held in Mangochi.
4. Final draft report based on feedback – by **31 January 2020**.
 - a. Final draft report including an outline of how feedback was addressed (structure, facts, content, conclusion).
5. Final report comments to consultant – by **6 February 2020**.
6. Final evaluation report - by **17 February 2020**.

All deliverables such as presentations and reports are to be submitted in electronic format in English in accordance with the deadlines set in the ToRs. The Ministry for Foreign Affairs and the Embassy of Iceland in Lilongwe retains the rights with respect to all distribution, dissemination and publication of the deliverables.

6. Required expertise and qualification

The external evaluator, the consultant, should have the following expertise and qualifications:

- Advanced university degree (Master's degree) in a relevant discipline
- Extensive expertise, experience and knowledge in the area of local governance, inclusive participation, and the social service sector in Malawi
- Extensive experience of programme formulation, monitoring and evaluation and experience in evaluating similar programmes
- Excellent written and verbal communication skills in English.

Interested candidates should apply by sending an expression of interest by **14 October 2019** presenting the following documents:

- a. Expression of interest / Letter of Confirmation of Interest and Availability;
- b. Personal CV, indicating all past experience from similar evaluations, as well as the contact details (email and telephone number) and professional references;

- c. Brief description of why the individual considers him/herself as the most suitable for the assignment, and a methodology, if applicable, on how they will approach and complete the assignment;
- d. Financial proposal that indicates the all-inclusive fixed total contract price, supported by a breakdown of costs.

7. Management arrangements

- An individual consultant will be hired for the mid-term review of the MBSP II.
- The consultant must be based in Malawi, where the review will take place, with interviews in Lilongwe and with travels required to Mangochi district to interview stakeholders and visit programme sites outside Mangochi town (Boma).
- Any required translation and interpretation services from local languages to English shall be the responsibility of the consultant.
- The evaluation will be co-managed by the Ministry for Foreign Affairs of Iceland, Directorate for International Development Cooperation with a review panel made of representatives of Embassy of Iceland and the Mangochi District Council.
- The consultant should report directly to Lilja Dóra Kolbeinsdóttir, Charge D´Affairs at the Embassy of Iceland in Lilongwe (lilja.kolbeinsdottir@utn.is) and to Friðrik Jónsson (fridrik.jonsson@utn.is), Director Monitoring and Evaluation, Ministry for Foreign Affairs, Reykjavik Iceland, who receive and approve inception report and drafts of evaluation report.
- Embassy of Iceland in Lilongwe and field office in Mangochi provide support with necessary documents, and introduction to the staff of the District Council. Kristjana Sigurbjörnsdóttir (ks@mfa.is), Programme Director at the Embassy of Iceland in Lilongwe, is the main contact person for the evaluation.
- The consultant will take care of his/her transport, accommodation and per diems.
- The consultant supplies his/her personal laptop and stationery, as needed for the work.
- The individual consultant shall be paid the consultancy fee upon completion of the following milestones:
 - 40% after adoption of the inception report
 - 30% after presentation of the second draft report
 - 30% after the approval of the final report

8. Time-frame

The evaluation will be conducted in October - December 2019 for an estimated 40 working days.

The Inception report shall be submitted one week after the signing of contract.

The Final External Evaluation Report shall be submitted no later than 17 February 2020.

Annex 1 List of documents

The following list of the documents need to be reviewed by the consultant:

- 1) Programme Document
- 2) Partnership Agreement between the Government of the Republic of Malawi and the Government of Iceland for Mangochi Basic Services Programme 2017-2021
- 3) General Agreement on forms and procedures for development co-operation between the Government of the Republic of Iceland and the Government of the Republic of Malawi
- 4) Minutes from the Partnership Steering Committee meetings
- 5) Minutes from Project Management Team meetings
- 6) Annual budgets and work plans
- 7) Quarterly financial reports
- 8) Quarterly progress reports
- 9) Annual reports
- 10) Evaluation report of the MBSP Phase I
- 11) Vision 2020
- 12) Malawi Growth and Development Strategy III

Annex 2

EVALUATION MATRIX : MANGOCHI BASIC SERVICES PROGRAMME PHASE II MID-TERM EVALUATION

Key Question: To what extent have the planned programme interventions been relevant in the overall strengthening of the District Council's capacity to improve provision and use of basic services in Mangochi district?

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
RELEVANCE			
<p>To what extent does the programme continue to be relevant to national policies and district priorities in local governance and de-centralisation in Malawi?</p> <p>Are the programme components in line with District plans and strategies?</p>	<ul style="list-style-type: none"> ○ Consistency with national policies, strategies and programmes; ○ Programme activities alignment to Sustainable Development Goals (SDGs); ○ Consistency with Mangochi District Development Plan (DDP); ○ Consistency with community development needs or priorities 	<ul style="list-style-type: none"> ○ Malawi Growth and Development Strategies (MGDS) II and III. ○ UN Sustainable Development Goals; ○ Vision 2020 ○ Mangochi District Development Plan (DDP); ○ Mangochi DDP, District Economic Profile, Project Management Team (PMT – Unit directors of Health, Education, Water & Sanitation, Gender, and Youth; ADCs/VDCs, and community members ○ Beneficiaries 	<ul style="list-style-type: none"> ○ Desk review ○ MoLGRD ○ Line Ministries ○ Desk review ○ Key Informant Interviews (KIIs) with Secretariat, Technical Units and DEC. ○ Focus Group Discussions (FGDs) with ADCs/VDCs and local community organizations (VHCs, school governance committees, Water Point Management Committees (WPMCs). ○ Beneficiary Survey
<p>To what extent has MBSP II so far contributed to results in the area of Mangochi District Development Plan?</p>	<ul style="list-style-type: none"> ○ % MBSP II contribution to Mangochi District Council's investment budgets for: Health, Education, Water and Sanitation, Women and Youth Development; ○ % Contribution to the projected number of facilities (schools, 	<ul style="list-style-type: none"> ○ Mangochi District Development Investment Plan ○ District Commissioner (DC), Director of Planning and Development (DPD), Finance Director, PMT District and M&E Officer ○ Embassy of Iceland ○ Capacity building plan 	<ul style="list-style-type: none"> ○ Desk review of the DDP and financing plans for sectoral programmes ○ KIIs with Secretariat (District Commissioner and Director of Planning and Development), PMT, Finance Director and M&E Officer ○ KIIs with Embassy of Iceland

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
RELEVANCE			
	maternity blocks, water points, etc.) ○ Strengthened human resource and operational capacity (equipment, logistical support, etc.) at secretariat, District Unit Offices, and community level.		○ FGDs with trained programme staff

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
EFFECTIVENESS: PROJECT MANAGEMENT/SECRETARIAT			
To what extent are the stated outcomes and outputs on track? Outcome: Increased capacity of Mangochi District Council to carry out MBSP and its development plans in a timely manner	○ Planned versus actual achievement of outputs ○ Consistency with the programme's Implementation schedule (Work Plans) ○ Participatory District Development Plan and District Implementation Plan in place and properly executed ○ Result based management of MBSP confirmed satisfactory by Monitoring and Evaluation system reports ○ Annual MBSP and finance audits confirmed satisfactory	○ Progress reports ○ Work Plans ○ Secretariat ○ Technical Units ○ M&E Officer ○ Embassy of Iceland ○ District Development Plan and District Implementation Plan documents ○ Work Plans ○ M&E reports ○ Financial and Audit reports	○ Review of programme document, progress reports and Work Plans and Budgets ○ KIIs with Secretariat & PMT ○ KIIs with Embassy of Iceland ○ Review of DDP, DIP, Work Plans, M&E, and finance and audit reports ○ KIIs with Secretariat ○ KIIs with Embassy of Iceland

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
EFFECTIVENESS: PROJECT MANAGEMENT/SECRETARIAT			
<p>How effective are the <u>financial management</u> and <u>procurement</u> processes used for the MBSP II? Have financial resources been effectively utilized?</p>	<p>Financial Management</p> <ul style="list-style-type: none"> ○ Compliance with Public Sector Finance Management Guidelines. ○ Mechanism/system in place for tracking expenditure and sectoral progress concurrently ○ Mechanisms in place for gathering /reporting financial management issues for timely appropriate action ○ Mechanisms in place for verification of programme/non-programme cost items in payments. ○ Compliance and consistency with financial reporting ○ Capacity of Finance Department to handle multiple budgets and allocation of costs across different cost centres without duplication ○ Capacity of finance staff to learn, understand, and adopt financial management procedures <p>Procurement</p> <ul style="list-style-type: none"> ○ Compliance with Procurement Guidelines ○ Independence 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 ○ Capacity of Internal Procurement Committee to handle procurement processes professionally 	<ul style="list-style-type: none"> ○ Finance Management Guidelines ○ Financial and progress reports ○ Work Plans and Budgets ○ Financial monitoring/tracking procedures/mechanisms ○ Internal and external Audit reports ○ Communication plan for financial matters – schedule of financial review meetings etc. ○ Secretariat, Technical Units, Finance Director, finance staff, internal audit staff ○ MOLGRD ○ Embassy of Iceland <ul style="list-style-type: none"> ○ Procurement guidelines and regulations ○ Progress reports ○ Procurement schedule and Work Plans and Budgets ○ Communication plan for procurement processes – review meetings 	<ul style="list-style-type: none"> ○ Desk review of relevant financial procedures /guidelines and reports ○ KIIs with Secretariat, Finance Director and staff, and internal audit staff ○ KIIs with MOLGRD and Ministry of Finance, Economic Development and Planning. ○ KIIs with Embassy of Iceland <ul style="list-style-type: none"> ○ Desk review of procurement procedures and regulations, Audit reports, and Work Plans and Budgets ○ KIIs with Secretariat, PMT, Finance Director, Internal Procurement Committee, and internal audit staff ○ KIIs with MOLGRD and Procurement and Disposal

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
EFFECTIVENESS: PROJECT MANAGEMENT/SECRETARIAT	<ul style="list-style-type: none"> ○ Mechanism in place for effectively dealing with emerging procurement issues (risk management) ○ Alignment of procurement plan to implementation schedule (Work Plans and Budgets) 	<ul style="list-style-type: none"> ○ Secretariat, PMT, Finance Director, finance staff, internal auditor ○ MOLGRD ○ Embassy of Iceland 	<ul style="list-style-type: none"> ○ KIIs with Embassy of Iceland
Could a different approach have produced better results?	<i>To be determined during the Mid-Term evaluation</i>		
What factors have contributed to achieving or hindering achievement of implementation?	<i>To be determined during the Mid-Term evaluation</i>		
Are there any problematic communication or administrative faults in the design that call for remedial action?	<i>To be determined during the Mid-Term evaluation</i>		
<p>Are programme management and oversight procedures working effectively?</p> <ul style="list-style-type: none"> ○ Supervisory role of the Ministry of Local Government and Rural Development (MoLGRD): both in respect to liaising with 	<ul style="list-style-type: none"> ○ MoLGRD compliance with the oversight role and responsibilities as stipulated in the Co-operative agreement. ○ Communication plan in place and its implementation in liaising with District Council and Embassy of Iceland. 	<ul style="list-style-type: none"> ○ Co-operative agreement ○ Schedule and minutes of Steering Committee meetings/ programme status review meetings 	<ul style="list-style-type: none"> ○ Review of the tripartite agreement, minutes of important meetings, and relevant communication from the MoLGRD on actions taken to address emerging/critical issues

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
<p>EFFECTIVENESS: PROJECT MANAGEMENT/SECRETARIAT</p> <p>the District Council and Embassy of Iceland on the progress of the programme?</p> <ul style="list-style-type: none"> ○ Have the lines of communications been effective? 	<ul style="list-style-type: none"> ○ Programme status review meetings attended by the MoLGRD. ○ Timely feedback on progress reports / real time communication to address emerging and/or critical issues that may affect programme implementation 	<ul style="list-style-type: none"> ○ Feedback / communication on progress reports ○ Communication on actions taken by the Ministry on emerging or critical implementation issues ○ MoLGRD, Embassy of Iceland, District Council Secretariat 	<ul style="list-style-type: none"> ○ KIIs with MoLGRD, Embassy of Iceland, and District Council
<ul style="list-style-type: none"> ○ Are there any bottlenecks within the Ministry that may adversely affect the programme's execution? 	<p><i>To be explored:</i></p> <ul style="list-style-type: none"> ○ Availability of Desk Officer for MBSP to facilitate timely communication with the Embassy and District Council. ○ Limited financial and logistical support allocated to MBSP by the Ministry. ○ Non-compliance with oversight roles and responsibilities as stipulated in the tripartite agreement ○ Action on emerging / critical issues arising from programme implementation ○ Limited and untimely feedback on progress reports 	<ul style="list-style-type: none"> ○ Co-operative agreement ○ Minutes of steering committee meetings or programme status review meetings ○ MoLGRD, Embassy of Iceland, District Council Secretariat 	<ul style="list-style-type: none"> ○ Desk review of the tripartite agreement, minutes of important meetings, and relevant communication from the MoLGRD to Embassy of Iceland and District Council ○ KIIs with MoLGRD, Embassy of Iceland, and District Council Secretariat
<ul style="list-style-type: none"> ○ District Council as implementing partner: has it fulfilled its role and also in reporting to the Embassy and the Ministry 	<ul style="list-style-type: none"> ○ Compliance with roles and responsibilities for the District Council based on the Co-operative agreement ○ Adherence to the reporting formats and schedule to the Embassy and MoLGRD 	<ul style="list-style-type: none"> ○ Co-operative agreement ○ Progress reports ○ Secretariat ○ MoLGRD ○ Embassy of Iceland 	<ul style="list-style-type: none"> ○ Desk review of the tripartite agreement and progress reports ○ KIIs with MoLGRD, Embassy of Iceland, and District Council Secretariat

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
EFFECTIVENESS: PROJECT MANAGEMENT/SECRETARIAT			
<ul style="list-style-type: none"> Embassy of Iceland and field office: Has the donor lived up to its obligations to fund the programme according to plans? 	<ul style="list-style-type: none"> Planned disbursement schedule versus actual schedule Projected donor contribution Vs actual funds disbursed (% of projected programme financing by donor versus actual) 	<ul style="list-style-type: none"> Financing plan and actual disbursements Work Plans and Budgets Embassy of Iceland District Council Secretariat 	<ul style="list-style-type: none"> Review of financial plan and actual programme financing records KIIs with Embassy and Secretariat
<ul style="list-style-type: none"> Has the donor effectively contributed to the monitoring of the programme? 	<ul style="list-style-type: none"> M&E system in place with data bank, data collection tools, guidelines for data analysis and reporting. District Council compliance with progress reporting format and schedule Frequency of progress status review meetings Capacity enhancement of M&E staff Utilization of monitoring reports in decision making by the PMT 	<ul style="list-style-type: none"> M&E system Progress reports M&E programme staff District Council Secretariat Embassy of Iceland 	<ul style="list-style-type: none"> Review of the M&E system, progress reports, reporting format and schedule. KIIs with programme M&E staff, Embassy and secretariat
<ul style="list-style-type: none"> Are there adequate mechanisms for its evaluation (M&E system) in effect (like quality data gathering, baselines)? 	<ul style="list-style-type: none"> Capacity of M&E programme staff to collect, analyse, and produce good quality reports in line with the reporting format and schedule. Capacity of M&E programme staff to track programme progress using the M&E system Stakeholders' satisfaction with data quality and analysis 	<ul style="list-style-type: none"> Guidelines/Procedures for data collection and analysis Programme M&E staff Secretariat, PMT Embassy of Iceland 	<ul style="list-style-type: none"> Review of M&E guidelines and procedures KIIs with programme M&E Secretariat and PMT Embassy of Iceland
<ul style="list-style-type: none"> Has the process for financial contribution and supervision been effective? 	<ul style="list-style-type: none"> Compliance with the programme financing arrangement Trends in donor, Government of Malawi, and District council contribution to total budget the past 2 years (% contribution of each party to actual programme budget/ expenditure) 	<ul style="list-style-type: none"> Tripartite agreement Financial records (actual financial contributions versus plan) MoLGRD Embassy of Iceland Secretariat 	<ul style="list-style-type: none"> Review of tripartite agreement, programme financing plan, and actual contributions. KIIs with MoLGRD, Embassy, and Secretariat

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
<p>EFFECTIVENESS: PROJECT MANAGEMENT/SECRETARIAT</p> <ul style="list-style-type: none"> ○ Programme Steering Committee (PSC): is it operational and has it fulfilled its role? 	<ul style="list-style-type: none"> ○ Execution of roles and responsibilities as specified in the tripartite agreement ○ Communication plan in place and executed – e.g. frequency of review meetings versus plan/schedule ○ Key recommendations emanating from Programme Steering Committee meetings and their execution. 	<ul style="list-style-type: none"> ○ Tripartite agreement ○ Minutes of the Steering Committee meetings ○ MoLGRD ○ Embassy ○ Secretariat 	<ul style="list-style-type: none"> ○ Assessment of roles and responsibilities in the Co-operative agreement; minutes, and recommendations and action taken ○ KIIs with MoLGRD, Embassy, and Secretariat
<ul style="list-style-type: none"> ○ District Executive Committee (DEC): is it engaged in programme components and has it been fully integrated into the District implementation? 	<ul style="list-style-type: none"> ○ DEC members participation in programme component meetings (always or rarely) ○ DEC members participation in programme components’ work planning, progress status reviews, and field supervision/backstopping of frontline staff 	<ul style="list-style-type: none"> ○ Minutes of DEC programme components meetings ○ DEC members ○ Secretariat 	<ul style="list-style-type: none"> ○ Review of DEC minutes from programme component meetings ○ KIIs with DEC members and Secretariat
<ul style="list-style-type: none"> ○ Line ministries in relevant sectors - the Ministry of Health (MoH), the Ministry of Irrigation and Water Development (MoIWD), the Ministry of Education, Science and Technology (MoEST), Ministry of Finance (MoF) and the Ministry of Economic Planning and Development 	<ul style="list-style-type: none"> ○ Line ministries compliance with expected roles and responsibilities in programme implementation ○ Line ministries’ mechanisms in place for delivering technical support, guidance on national policies, standards and priorities ○ Communication plan with district Units ○ Line ministries participation in programme status review meetings and site supervision at district level ○ Line ministries feedback on progress reports to ensure programme compliance with ministries’ policies, standards, and priorities. 	<ul style="list-style-type: none"> ○ Tripartite agreement ○ Communication plan with district units ○ Progress/site visit reports ○ Line ministries ○ Secretariat ○ District Units 	<ul style="list-style-type: none"> ○ Review of the tripartite agreement, communication, progress and site visit reports. ○ KIIs with line ministries, Secretariat and district units

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
<p>EFFECTIVENESS: PROJECT MANAGEMENT/SECRETARIAT</p> <p>(MoEP&D): do these ministries give guidance and</p> <ul style="list-style-type: none"> ○ Have they been engaged in a monitoring role in the programme? 			
<ul style="list-style-type: none"> ○ Technical units such as the District Water Office, the District Health Office and the District Education Office. Of special interest is their relationship with Area Development Committees (ADCs) and Village Development Committees (VDCs) and local sector committees: <u>how is the level of involvement and ownership at local level?</u> ○ Are recipients of the services aware of objectives of the programme? 	<ul style="list-style-type: none"> ○ ADCs/VDCs, VHCs, WPMCs, School governance committees, and women and youth committees' understanding, awareness, and familiarity with their prescribed roles and responsibilities in programme implementation ○ ADCs/VDCs and other local community organizations' awareness of programme objectives ○ Participation of ADCs/VDCs in planning and implementation of area/local programme interventions. ○ Capacity enhancement of ADCs/VDCs and other local community organizations to facilitate programme implementation in their communities 	<ul style="list-style-type: none"> ○ Programme document ○ Progress reports ○ VDC/ADC Training reports ○ ADC/VDC members ○ Technical departmental directors ○ District Units directors ○ DEC members ○ Secretariat ○ ADC/VDCs and ○ Local community organizations ○ Beneficiary Survey 	<ul style="list-style-type: none"> ○ Review of the Programme documents, progress and training reports. ○ KIIs with Technical Units 'directors, Secretariat, and DEC members. ○ FGDs with front line staff in each Technical Unit ○ FGDs with ADC/VDC ○ FGDs with local community organizations (VHCs, WPMCs, Education governance committees) ○ FGDs with ADCs/VDCs and local community organizations ○ Beneficiary/Household Survey

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
<p>EFFECTIVENESS: PROJECT MANAGEMENT/SECRETARIAT</p> <ul style="list-style-type: none"> ○ Support units such as the Department of Public Works, the Department of Finance, the Procurement and Disposal Unit and the Department for Planning and Development: <u>how effective are these departments and units, in particular do they have sufficient capacity to undertake the required work, duties and responsibilities?</u> ○ Also, assess the relationship of these department and units with the sector offices and identify any bottlenecks that may exist and adversely affect the progress of the programme. 	<ul style="list-style-type: none"> ○ Compliance with perceived roles and responsibilities in programme implementation ○ Availability and capacity of staff, other resources and their functionality to support MBSP implementation. ○ Time allocated to MBSP support ○ Communication plan in place – consultation processes or forums ○ Working agreements between Support Units and Technical Units at district level. 	<ul style="list-style-type: none"> ○ Tripartite and/or other specific agreements ○ Memoranda of Understanding or mutually agreed working modalities ○ Support Units ○ Secretariat 	<ul style="list-style-type: none"> ○ Review of roles and responsibilities of Support units, MoUs, ○ KIIs with Support Units and Secretariat
<ul style="list-style-type: none"> ○ <u>Capacity building of District Council: to</u> 	<ul style="list-style-type: none"> ○ Professional skills and knowledge enhancement in planning, 	<ul style="list-style-type: none"> ○ Capacity building progress reports ○ Progress reports 	<ul style="list-style-type: none"> ○ Review of capacity building and progress reports.

Evaluative Criteria /Questions EFFECTIVENESS: PROJECT MANAGEMENT/SECRETARIAT	Indicators	Data/Information Sources	Methodology/data collection tools
<p>what extend has the District Council been empowered in carrying out well planned and implemented MBSP and the District Development Plan (DDP) in a timely manner?</p>	<p>implementation, programme monitoring, finance, and procurement</p> <ul style="list-style-type: none"> ○ Operational capacity strengthening (non-training) to support programme implementation (vehicles, computers, office space, etc.) ○ Financial and procurement management guidelines in place ○ Programme monitoring and progress review processes in place ○ Functional collaboration with Support Units 	<ul style="list-style-type: none"> ○ Secretariat ○ Technical ○ Secretariat staff 	<ul style="list-style-type: none"> ○ KIIs with Secretariat, DEC members and Technical Units

Evaluative Criteria /Questions EFFECTIVENESS: HEALTH	Indicators	Data/Information Sources	Methodology/data collection tools
<p>To what extent have the expected outputs and outcome of the programme been achieved?</p> <p>a) Outputs</p> <p>b) Outcome: improved access to , and use of quality maternal and health services</p>	<ul style="list-style-type: none"> ○ Planned versus actual achievement ○ Proportion of pregnant women starting Antenatal Care in first trimester of pregnancy ○ Proportion of deliveries attended by skilled health worker ○ Under 1 children fully immunized 	<ul style="list-style-type: none"> ○ Progress reports ○ HMIS ○ Mothers with at least a child 18 – 24 months old ○ HMIS ○ Children’s Health Passport Books 	<ul style="list-style-type: none"> ○ Review of progress reports ○ Analysis of DHMIS data ○ Household Survey for mothers with at least a child 18 – 24 months old. ○ Analysis of HMIS data ○ Review of Children’s Health Passport Books records on immunization

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
EFFECTIVENESS: HEALTH			
For maternal and new-born health and family planning: to what extent have maternity facilities, constructed under Phase I, been made fully Operational?	<ul style="list-style-type: none"> ○ Number of new-born babies delivered in maternity facilities constructed in Phase I. ○ Number of skilled health workers allocated to the facilities. ○ Mothers access post-partum care (mother and new-born care after delivery) 	<ul style="list-style-type: none"> ○ Progress reports ○ Standard list of health services delivered in Health Posts ○ Health Centre staff ○ HMIS ○ Mothers with children 18 – 24 months old 	<ul style="list-style-type: none"> ○ Review of progress reports ○ KIIS with Health Centre staff ○ KIIs with DHO ○ Beneficiary Survey
Are there better community health services through training and logistical support at village level?	<ul style="list-style-type: none"> ○ HSAs knowledge and skills gained from the training utilized to improve health services delivery ○ Bicycles for HSAs and bicycle patient transporters for the communities delivered and operationalized 	<ul style="list-style-type: none"> ○ Progress reports ○ DHO ○ Health Centre staff ○ HSAs ○ VHCs 	<ul style="list-style-type: none"> ○ Review of progress reports ○ KIIs with DHO and Health Centre staff ○ FGDs with VHCs and HSAs
Is the Health Management Information System (HMIS) producing better data, through provision of tools and training at input and data management levels, and upgrading of equipment?	<ul style="list-style-type: none"> ○ HMIS data bank upgraded periodically ○ Information users at DHO, embassy, and Secretariat satisfied with data quality, analysis and reports. ○ Timely submission of reports compliant with the reporting format. 	<ul style="list-style-type: none"> ○ Progress reports ○ DHO ○ HMIS staff ○ Secretariat ○ Embassy of Iceland 	<ul style="list-style-type: none"> ○ Review of progress reports and compliance with reporting requirements. ○ KIIs DHO, Secretariat, and Embassy of Iceland ○ FGDs with HMIS staff.
Has the management of health services been improved through capacity building, research and upgrading of facilities?	<ul style="list-style-type: none"> ○ Additional skills and knowledge acquired by health staff improve health services delivery ○ Number of research proposals submitted, approved, and conducted with findings disseminated to relevant stakeholders ○ Beneficiaries' satisfaction with health services delivery with the upgrading of facilities 	<ul style="list-style-type: none"> ○ Progress reports ○ Trained DHO and Health Centre staff ○ DHO staff engaged in research ○ Health Centre staff ○ Beneficiaries 	<ul style="list-style-type: none"> ○ Review of progress and training reports ○ KIIs with trained DHO and Health Centre staff ○ KIIS with DHO ○ KIIs with DHO staff engaged in research ○ Beneficiary/Household Survey

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
EFFECTIVENESS: EDUCATION			
<p>To what extent have the expected outputs and outcome of the programme been achieved?</p> <p>a) Outputs</p> <p>b) Outcome: improved quality of primary education services in target schools</p>	<ul style="list-style-type: none"> ○ Planned versus actual achievement ○ Learner classroom ratio in first 3 grades in target schools ○ Learner achievement after Standard 4 in target schools ○ Literacy rate in Standards 1,2, & 3 in targeted schools 	<ul style="list-style-type: none"> ○ Progress reports ○ DEMIS ○ Progress reports ○ DEM staff ○ DEMIS ○ School records 	<ul style="list-style-type: none"> ○ Documentary review ○ KIIs with DEM staff ○ Documentary review ○ Analysis of DEMIS and school records ○ KIIs with DEM staff
<p>To what extent has infrastructure and services in the 12 target schools, located in TA Chimwala, Jalasi, Makanjira, Mponda and Namabvi, been upgraded with classrooms and textbooks for the first 2 grades?</p>	<ul style="list-style-type: none"> ○ Planned versus actual number of classrooms constructed ○ Teacher : learner ratio in primary 1 & 2 ○ Textbook: learners ratio for primary 1 & 2 	<ul style="list-style-type: none"> ○ Progress reports ○ School records ○ Teachers ○ DEMIS ○ DEM 	<ul style="list-style-type: none"> ○ Review of progress ○ Analysis of DEMIS and school records ○ KIIs with teachers and DEM staff
<p>Have Early Childhood Development (ECD) Centres been established in 2 target schools?</p>	<ul style="list-style-type: none"> ○ Planned versus actual number of facilities provided in 2 targeted schools ○ Number of pre-school children enrolled ○ Number of caregivers trained and hired 	<ul style="list-style-type: none"> ○ Progress reports ○ School records ○ DEM staff ○ Teachers ○ Caregivers 	<ul style="list-style-type: none"> ○ Review of progress reports and school records ○ KIIs with teachers and DEM staff ○ FGDs with caregivers
<p>Has the management of education sector improved through capacity</p>	<ul style="list-style-type: none"> ○ Improved pass rates for boys and girls in all classes 	<ul style="list-style-type: none"> ○ Progress reports 	<ul style="list-style-type: none"> ○ Review of progress reports

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
EFFECTIVENESS: EDUCATION			
building of staff and upgrading of facilities?	<ul style="list-style-type: none"> ○ Declining school drop-outs ○ Reduced absenteeism ○ Improved learners 'environment (classroom space, desks, toilets, etc.). ○ Increased teachers' retention in 12 schools ○ Schools compliant with DEMIS data compilation and timely submission 	<ul style="list-style-type: none"> ○ DEM office officials ○ Teachers ○ Learners ○ Parents/guardians 	<ul style="list-style-type: none"> ○ KIIs with DEM staff and teachers ○ FGDs with learners ○ Parents/Guardians Survey

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
EFFECTIVENESS: WATER AND SANITATION			
<p>To what extent have the expected outputs and outcome of the programme been achieved?</p> <ul style="list-style-type: none"> ○ Outputs ○ Outcome: increased sustainable access to and use of improved safe water and sanitary facilities 	<ul style="list-style-type: none"> ○ Planned versus actual achievement ○ % Households with access to improved and safe water sources and sanitation in targeted TAs ○ % of ODF verified villages in targeted TAs ○ Incidence of water-borne diseases in targeted TAs 	<ul style="list-style-type: none"> ○ Progress reports ○ DWMIS ○ District Water Office ○ Beneficiary households ○ District Water Office and DHO's Environmental Office ○ HMIS data from Health Centres in targeted TAs 	<ul style="list-style-type: none"> ○ Review of progress reports and DWMIS data ○ KIIs with District Water Office ○ Household Survey ○ Analysis of DWMIS and HMIS data ○ KIIS with DWO and DHO's Environmental Officers

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
EFFECTIVENESS: WATER AND SANITATION How many new safe water points have been drilled and constructed and how many boreholes rehabilitated in TA's <u>Makanjira</u> , <u>Mponda</u> and <u>Namabvi</u> ?	<ul style="list-style-type: none"> ○ Planned versus actual number of water points drilled / constructed ○ Number of boreholes rehabilitated versus Plan 	<ul style="list-style-type: none"> ○ Progress reports ○ Water Department records ○ Water department director and technical staff 	<ul style="list-style-type: none"> ○ Review/analysis of records ○ KIIs with officials in the Water Department
How many villages in above 3 TAs have achieved Open Defecation Free (ODF) status through the Community Led Total Sanitation (CLTS) programme?	<ul style="list-style-type: none"> ○ Number of villages declared ODF versus plan 	<ul style="list-style-type: none"> ○ Progress reports ○ District Water Development Office ○ Water Department officials ○ ADCs/VDCs ○ Community Dev Assistants ○ Targeted community members 	<ul style="list-style-type: none"> ○ Review of reports and records ○ KIIs with District Water Development Office ○ FGDs with ADC/VDC members and CDAs ○ Beneficiary Household Survey
Have management of WASH services improved through training and logistical support at village and district level?	<ul style="list-style-type: none"> ○ Improved Community Based Management (CBM) of water facilities ○ Improved services of District Water Office technicians, CMB trainers, and other extension workers. ○ Enhancement operational capacity of the District Water Office to deliver services and support extension staff. ○ Communities awareness, understanding, and adoption of the CLTS approach ○ Improved adoption of water, sanitation and hygiene practices 	<ul style="list-style-type: none"> ○ Progress reports ○ District Water Office ○ Water and sanitation technicians and extension workers ○ ADCs/VDCs ○ Water Point Management Committees ○ Care Groups ○ Beneficiaries 	<ul style="list-style-type: none"> ○ Review of progress reports and records ○ KIIs with DWO staff ○ FGDs with technicians and extension workers ○ FGDs with ADCs/VDCs and WPMCs ○ FGDs with Care Groups ○ Beneficiary/Household Survey

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
EFFECTIVENESS: WOMEN AND YOUTH ECONOMIC EMPOWERMENT			
To what extent have the expected outputs of the programme been achieved?	<ul style="list-style-type: none"> ○ Planned versus actual achievement 	<ul style="list-style-type: none"> ○ DCDO ○ District Youth Office 	<ul style="list-style-type: none"> ○ Klis
To what extent are community development and youth projects in place for women and youth, emphasising economic empowerment and access to literacy and skills training?	<ul style="list-style-type: none"> ○ Women and Youth empowerment programme developed and operationalized 	<ul style="list-style-type: none"> ○ Programme document for women and youth empowerment ○ Progress reports ○ District Community Development office ○ District Youth Office 	<ul style="list-style-type: none"> ○ Review of women and youth empowerment programme ○ KIIs with DCDO and District Youth Office

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
EFFICIENCY			
<i>In this respect the overall capacity of the District Council to effectively implement programme plans need to be analysed.</i>			
To what extent has the use of financial and human resources available to the programme been efficient, for a) donor and b) implementing partner?			

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
<p>EFFICIENCY</p> <ul style="list-style-type: none"> ○ Do programme activities overlap and duplicate other similar interventions funded in the district by other donors? 	<ul style="list-style-type: none"> ○ Mechanisms for the coordination of same sector programmes implementation in place at the Secretariat ○ Overlapping and duplicated activities 	<ul style="list-style-type: none"> ○ Secretariat ○ Technical Units ○ Catalogue of implementing agencies in the district by sector of interventions and geographical coverage in the district ○ List of donors with overlapping activities 	<ul style="list-style-type: none"> ○ Analysis of implementing agencies by sector of interventions ○ KIIs with Secretariat and Technical Units
<ul style="list-style-type: none"> ○ What are the strengths, weaknesses, opportunities and threats (SWOT) of the programme implementation process? ○ What factors are contributing to implementation efficiency? 	<p><i>Assessment may include:</i></p> <ul style="list-style-type: none"> ○ Programme management ○ Oversight and coordination functions ○ Programme financing arrangements and commitment ○ Financial and procurement management ○ Existence and functionality of the communication plan ○ Enhanced capacity of programme staff to deliver ○ Effective tracking of progress versus plans ○ Risk management including contingency plans to address risks ○ Mechanisms for gathering and resolving implementation issues ○ Timely and quality monitoring reports on programme status ○ Operational capacity of sector departments ○ Capacity of local community organizations 	<ul style="list-style-type: none"> ○ Progress reports ○ MoLGRD and line ministries ○ Secretariat ○ Embassy of Iceland ○ Sector departments ○ Sector frontline staff ○ Local community organizations ○ Programme beneficiaries 	<ul style="list-style-type: none"> ○ Analysis of Progress status reports and implementation issues ○ KIIs with relevant stakeholders ○ FGDs with local community organizations

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
EFFICIENCY			
<ul style="list-style-type: none"> ○ Financial management: how is the District performing in relation to financial transparency and reporting? ○ Are financial processes and accountability and reports of the handling of funding transparent, in order and on time? 	<ul style="list-style-type: none"> ○ Compliance with Financial Management Guidelines and Regulations ○ Adherence to financial reporting format and schedule ○ Compliance with donor reporting requirements ○ Effectiveness of internal audit processes ○ Multi-stage verification of payments 	<ul style="list-style-type: none"> ○ Finance Management Guidelines and Regulations ○ Financial reporting format ○ Secretariat ○ Finance staff ○ Internal audit staff ○ Embassy of Iceland 	<ul style="list-style-type: none"> ○ Review of Public Sector Finance Management Guidelines, financial reporting requirements and format ○ KIIs with key stakeholders
<ul style="list-style-type: none"> ○ Procurement plans: how is the District performing in relation to sound procurement practices? ○ Have public procurement rules been followed? ○ Have correct and effective measures for the procurement of goods and services been done? 	<ul style="list-style-type: none"> ○ Compliance with procurement guidelines ○ Mechanisms in place for tracking and vetting suppliers' and contractors ○ Mechanisms in place for cataloguing emerging procurement issues and addressing them timely 	<ul style="list-style-type: none"> ○ Procurement Guidelines ○ Secretariat ○ Internal Procurement Committee ○ Finance department ○ Procurement and Disposal Unit ○ Internal audit staff ○ Embassy of Iceland 	<ul style="list-style-type: none"> ○ Review of procurement guidelines ○ KIIs with key stakeholders on procurement matters
<p>Assess overall efficiency of the Embassy of Iceland and its field office in Mangochi in fulfilling its role as a donor and partner:</p>	<ul style="list-style-type: none"> ○ Programme compliance with financial and procurement guidelines and procedures ○ M&E system developed and operationalized at district level 	<ul style="list-style-type: none"> ○ Financial and procurement guidelines and procedures ○ Progress reports ○ M&E system ○ District M&E Officer 	<ul style="list-style-type: none"> ○ Review of financial guidelines/procedures and progress reports ○ Review of M&E system ○ KIIs with key stakeholders

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
EFFICIENCY			
<ul style="list-style-type: none"> ○ Its role in providing financial guidance and transparent procurement procedures. ○ Its role in monitoring and evaluating the programme, and its strengths and weaknesses in its monitoring and evaluation system. 	<ul style="list-style-type: none"> ○ Enhancement of M&E skills in Technical Units and local level ○ M&E system–based progress reporting ○ District Council M&E staff compliance with the M&E guidelines ○ User-friendliness of the M&E system in tracking and reporting progress ○ Secretariat and Technical Units satisfaction with the M&E system ○ Timeliness in reporting by Mangochi District Council based on the M&E data 	<ul style="list-style-type: none"> ○ HMIS, DEMIS, DWMIS staff ○ Secretariat ○ Embassy of Iceland 	

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
<p>SUSTAINABILITY</p> <p><i>Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn, where environmental as well as financial sustainabilities need to be considered. Sustainability in this mid-term evaluation shall be examined in the context of:</i></p>			
<ul style="list-style-type: none"> ○ To what extent are the benefits of the programmes likely to be sustained after the completion of MBSP II? 	<ul style="list-style-type: none"> ○ Inclusion of the MBSP in the GoM investment Plan/Budget ○ GoM and Mangochi District Council contribution to support services delivery ○ GoM, District Council, and community capacity to maintain facilities ○ Retention of skilled District Council and frontline staff to continue delivery of services ○ Local community organizations capacity to deliver services with minimum support 	<ul style="list-style-type: none"> ○ Programme financing contributions: donor, GoM, and District Council - projected and actual ○ District Council revenue generation and expenditure trends ○ Secretariat ○ Technical Units ○ MoLGRD ○ Line ministries ○ Embassy of Iceland ○ ADCs/VDCs ○ Local community organizations ○ Beneficiaries 	<ul style="list-style-type: none"> ○ Analysis of trends in programme financing through donor, GoM and district Council the past six years ○ Analysis of District Council revenue generation and expenditure the past 6 years ○ KIIs with stakeholders ○ FGDs with ADCs/VDCs and local community organizations e.g. VHCs, WPMCs, and school governance committees. ○ Beneficiary/Household Survey

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
SUSTAINABILITY			
<ul style="list-style-type: none"> ○ What is the likelihood of continuation of training and sustainability of the programme outcomes and benefits of each of the programme components after the completion of MBSP II? 	<ul style="list-style-type: none"> ○ Gradual absorption of MBSP activities into sector programmes at district level including budgets ○ Capacity of District Council to absorb temporary but essential frontline staff costs into its operational structure and budget ○ Inclusion of training costs in Technical Units budgets for frontline staff and local community organizations 	<ul style="list-style-type: none"> ○ Secretariat ○ Technical Units 	<ul style="list-style-type: none"> ○ KIIs with Secretariat and Technical Units
<ul style="list-style-type: none"> ○ What are the key factors that will require attention in order to improve prospects of sustainability of the MBSP II outcomes? 	<p><i>May include:</i></p> <ul style="list-style-type: none"> ○ GoM commitment to financing activities in all the sectors ○ District Council capacity to contribute towards financing the activities ○ MoLGRD playing its oversight role effectively ○ Robust mechanisms in place for transparent financial and procurement management ○ Effective mechanisms for progress tracking, status reviews, and decisively resolving implementation issues 	<ul style="list-style-type: none"> ○ MoLGRD, and Ministry of Finance EP&D officials ○ Secretariat ○ Embassy of Iceland 	<ul style="list-style-type: none"> ○ KIIs
<ul style="list-style-type: none"> ○ How are capacities strengthened at the individual and organizational level (including 	<p><i>Individual level</i></p> <ul style="list-style-type: none"> ○ Mentoring ○ Programme support for internal/external training ○ Attachments 	<ul style="list-style-type: none"> ○ Capacity building/training reports ○ Programme staff that participated in capacity building interventions 	<ul style="list-style-type: none"> ○ Review of training reports ○ KIIs with Secretariat and sector departments directors

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
SUSTAINABILITY			
contributing factors and constraints)?	<i>Organizational level</i> <ul style="list-style-type: none"> ○ Operational capacity enhancement (non-training) 	<ul style="list-style-type: none"> ○ Secretariat ○ Sector departments 	
<ul style="list-style-type: none"> ○ Main lessons that have emerged. 	<ul style="list-style-type: none"> ○ Best practices from programme implementation that have worked well ○ Failures experienced during programme implementation 	<ul style="list-style-type: none"> ○ Progress reports ○ Stakeholders at various levels ○ Beneficiaries 	<ul style="list-style-type: none"> ○ Analysis of progress reports ○ KIIs ○ FGDs ○ Beneficiary/Household Survey
<ul style="list-style-type: none"> ○ What are the recommendations for similar support in future? 	<i>To be determined from the analyses</i>		
<p>Consider:</p> <ul style="list-style-type: none"> ○ Financial sustainability of the programme ○ Environmental sustainability of the programme 	<ul style="list-style-type: none"> ○ Government of Malawi commitment to support Mangochi District Council budget ○ District Council's capacity to generate sufficient revenue ○ Shift from building materials that are dependent on forestry resources e.g., burnt bricks to environmentally friendly building blocks ○ Financing and implementation of a green programme (re-afforestation and/or tree regeneration) ○ Promotion of renewable energy sources ○ Use of energy saving stoves 	<ul style="list-style-type: none"> ○ Ministry of Finance and EP&D and MOLGRD ○ Secretariat ○ Finance Director ○ Public Works Department ○ DEC members ○ Secretariat ○ Technical Units ○ Local community organizations ○ Beneficiaries 	<ul style="list-style-type: none"> ○ KIIs ○ KIIs ○ FGDs with local community organizations ○ Beneficiary/Household Survey

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
SUSTAINABILITY			
	<ul style="list-style-type: none"> ○ Improved waste management e.g. wasted water from water points, waste disposal in HCs and schools 		

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
IMPACT			
<i>As the MBSP II is both a service delivery programme as well as a capacity development support to the District Council of Mangochi to plan, manage, and deliver the programme outputs, the focus of the impact part of the mid-term evaluation should be on:</i>			
<ul style="list-style-type: none"> ○ The positive and negative changes produced by the MBSP II, directly or indirectly, intended or unintended. 	<i>To be determined from the analyses</i>		
<ul style="list-style-type: none"> ○ Individual and organizational interrelationships, learning and enabling environment. 	<i>Individual interrelationships</i> <ul style="list-style-type: none"> ○ Adequacy of formal and informal communication on programme matters <i>Organizational interrelationships</i> <ul style="list-style-type: none"> ○ Team building sessions <i>Learning</i>	<ul style="list-style-type: none"> ○ Secretariat staff ○ Sector departments ○ MoLGRD ○ Line ministries ○ Embassy of Iceland 	<ul style="list-style-type: none"> ○ KIIs with stakeholders

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
IMPACT	<ul style="list-style-type: none"> ○ Workshops to share sector specific experiences and best practices with other programmes ○ Study tours to similar programmes <p><i>Enabling environment</i></p> <ul style="list-style-type: none"> ○ Political stability ○ Political and Central Government interference in programme implementation ○ Transparency and accountability in financial management and procurement processes ○ Economic instability 		
<ul style="list-style-type: none"> ○ How relationships between key partners have evolved and ○ How the administrative structure of the programme is serving its purpose. 	<ul style="list-style-type: none"> ○ Effectiveness of coordination and communication ○ Rationalization of administrative functions for effective management and control (e.g. accounts, human resource, general administration pooled respectively instead of maintaining pre-decentralization departmental structures 	<ul style="list-style-type: none"> ○ MoLGRD ○ Secretariat ○ Embassy of Iceland 	<ul style="list-style-type: none"> ○ KIIs with stakeholders
<ul style="list-style-type: none"> ○ The role of line ministries related to the programme. 	<ul style="list-style-type: none"> ○ Backstopping district sector units to be compliant with sector policies ○ Ensure MBSP compliance with sector ministries 'policies and standards (e.g. structures for Health Centres. 	<ul style="list-style-type: none"> ○ MoLGRD ○ Line ministries ○ Secretariat ○ Embassy of Iceland 	<ul style="list-style-type: none"> ○ KIIs with stakeholders

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
IMPACT			
	Classroom blocks; and water facilities)		

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
IMPACT : HEALTH			
Is the programme likely to have an impact on maternal and new-born health?	<ul style="list-style-type: none"> ○ Maternal mortality ratio ○ Neo-natal mortality rate 	<ul style="list-style-type: none"> ○ DHS ○ HMIS 	<ul style="list-style-type: none"> ○ Documentary review
<i>In the <u>public health</u> component, in addition to output quantification and performance analysis, mid-term review should analyse and assess:</i>			
<ul style="list-style-type: none"> ○ A sample of ADCs and VHCs should be surveyed to evaluate local level participation; ○ Expectations and involvement in the programme for the benefit of communities. 	<ul style="list-style-type: none"> ○ ADCs and VHCs understanding of their roles and responsibilities in programme implementation ○ Action/activities undertaken /coordinated to facilitate programme implementation. ○ Consistency of ADCs and VHCs expectations with programme 	<ul style="list-style-type: none"> ○ MBSP II Programme document ○ Secretariat ○ DHO ○ ADCs and VHCs 	<ul style="list-style-type: none"> ○ Review of programme document ○ KIIs with Secretariat and DHO ○ FGDs with ADCs and VHCs

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
IMPACT : HEALTH	outcomes and impact in the programme document		
<ul style="list-style-type: none"> ○ A sample of HSAs should be surveyed to address the importance and effect of the support to this frontline staff. 	<p><i>Importance and effects of support might include:</i></p> <ul style="list-style-type: none"> ○ Increased awareness of their roles and responsibilities ○ Additional skills acquired through MBSP II for services delivery ○ Improved working relationship with VHCs and communities 	<ul style="list-style-type: none"> ○ DHO ○ Health Centre staff ○ HSAs 	<ul style="list-style-type: none"> ○ KIIs with DHO and Health Centre staff ○ FGDs with HSAs
<ul style="list-style-type: none"> ○ Staff of health posts should be surveyed to evaluate the importance and effect of the programme on its service delivery. 	<p><i>Might include:</i></p> <ul style="list-style-type: none"> ○ Enhanced skills for quality services delivery ○ Increased health services coverage to more communities with operationalisation of health posts ○ Enhanced logistical support ○ Improved communication with VHCs and DHO ○ Improved cold chain 	<ul style="list-style-type: none"> ○ Health Centres ○ DHO 	<ul style="list-style-type: none"> ○ KIIs with DHO and Health Centres staff
<ul style="list-style-type: none"> ○ Staff of the DHO should be interviewed to evaluate how it is affected by the programme, 	<p><i>Might include:</i></p> <ul style="list-style-type: none"> ○ Skills enhancement ○ Enhanced operational capacity with logistical support ○ Better communication with and supervision of Health centres ○ Improved cold-storage chain <p><i>Might include:</i></p>	<ul style="list-style-type: none"> ○ DHO staff 	<ul style="list-style-type: none"> ○ KIIs with DHO staff

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
IMPACT : HEALTH			
<ul style="list-style-type: none"> ○ How programme deliverables are affecting service delivery (like ambulance services, cool-storage chain, skilled attendance to deliveries etc.) 	<ul style="list-style-type: none"> ○ Improved referral system and emergency obstetric care ○ Improved cool-storage chain ○ Reduced maternal and new-born mortality 		

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
IMPACT : EDUCATION			
Is the programme likely to have an impact on improving the quality of primary education services in target schools?	<ul style="list-style-type: none"> ○ Proportion of children in Standards 2 and 3 achieving at least minimum proficiency levels in reading and mathematics, by sex 	<ul style="list-style-type: none"> ○ DEMIS 	<ul style="list-style-type: none"> ○ Analysis of DEMIS records
A sample of traditional leaders should be surveyed to address the importance and effect of the support to schools and school meals, community health interventions, CLTS and water committees.			
<ul style="list-style-type: none"> ○ Is there evidence <u>of involvement and ownership</u> among school staff affected by the intervention? The same issue 	<ul style="list-style-type: none"> ○ Internalisation of teaching methods amongst teachers to promote adoption of teaching approaches 	<ul style="list-style-type: none"> ○ DEM ○ Teachers ○ Learners 	<ul style="list-style-type: none"> ○ KIIs with DEM and teachers

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
<p>IMPACT : EDUCATION</p> <p>should be raised in relation to students and parents.</p>	<ul style="list-style-type: none"> ○ Parents/guardians willingness to contribute funds towards minor maintenance of school facilities ○ Regular review of progress in schools by school governance committees and community members and resolving emerging issues ○ School governance committees make local decisions concerning education matters in schools ○ Community members and learners engage in voluntary work in schools 	<ul style="list-style-type: none"> ○ School governance committees (MGs) ○ Local community organizations ○ Parents/Guardians 	<ul style="list-style-type: none"> ○ FGDs with school governance committees, and learners ○ Parent/Guardian Survey
<ul style="list-style-type: none"> ○ A sample of <u>Mother Groups</u> should be surveyed to evaluate local level participation, expectations and involvement in the programme for the benefit of communities. 	<ul style="list-style-type: none"> ○ Mother Groups understanding of programme objectives, and their roles and responsibilities in the programme implementation process ○ Activities initiated by Mother Groups and achieved results ○ Mother Groups expectations from the programme for the benefit of the community (<i>To be determined during the evaluation</i>) 	<ul style="list-style-type: none"> ○ DEM ○ Teachers ○ Learners (girls) ○ Mother groups ○ Local community organizations 	<ul style="list-style-type: none"> ○ KIIs with DEM and teachers ○ FGDs with Mother Groups and Learners, and learners ○ Parents/Guardians Survey
<ul style="list-style-type: none"> ○ Teachers should be surveyed to evaluate the importance and effect of the programme on its teaching and working conditions. 	<ul style="list-style-type: none"> ○ Improved teaching techniques and approaches ○ Improved working environment – school blocks, teachers ‘houses, text books, etc. 	<ul style="list-style-type: none"> ○ DEM ○ Teachers ○ Learners ○ Mother Groups 	<ul style="list-style-type: none"> ○ KIIs with DEM and teachers ○ FGDs with Mother Groups and Learners
<ul style="list-style-type: none"> ○ Staff of the DEM should be interviewed to evaluate how it is affected by the programme; 	<ul style="list-style-type: none"> ○ Skills enhancement ○ Operational capacity enhancement 	<ul style="list-style-type: none"> ○ DEM ○ DEM staff 	<ul style="list-style-type: none"> ○ KIIs

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
IMPACT : EDUCATION			
<ul style="list-style-type: none"> ○ How programme deliverables are affecting service delivery (like staff houses, teacher trainings etc.) 	<ul style="list-style-type: none"> ○ Improved working environment ○ Retention of teachers in rural schools ○ Increased teachers 'motivation ○ Increased learners' pass rate 		

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
IMPACT : WATER AND SANITATION			
Is the programme likely to have an impact on increasing sustainable access to improved safe water sources and sanitation facilities?	<ul style="list-style-type: none"> ○ Proportion of population using safely managed sanitary services in 3 TAs ○ Proportion of population using safely managed drinking water services in 3 TAs 	<ul style="list-style-type: none"> ○ DWMIS ○ District Environmental Office 	<ul style="list-style-type: none"> ○ Analysis of DWMIS ○ KIIs with District Environmental Officers
<ul style="list-style-type: none"> ○ Is the capacity of the water district office sufficiently enhanced to effectively implement the programme? 	<ul style="list-style-type: none"> ○ Enhancement of operational capacity ○ Enhancement of technical skills for effective services delivery 	<ul style="list-style-type: none"> ○ District Water Office 	<ul style="list-style-type: none"> ○ KIIs with the Director and technical staff
<ul style="list-style-type: none"> ○ Is there evidence that the sensitization of communities is 	<ul style="list-style-type: none"> ○ Community understanding of the CLTS approach 	<ul style="list-style-type: none"> ○ District Water Office ○ DHO ○ VHCS? 	<ul style="list-style-type: none"> ○ KIIs with District Water Office and DHO ○ FGDs with VHCS

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
IMPACT : WATER AND SANITATION			
carried out in a manner that suits the importance of the <u>sanitation</u> aspect of the programme?	<ul style="list-style-type: none"> ○ Community participation and adoption of the CLTS approach 	<ul style="list-style-type: none"> ○ Community members 	<ul style="list-style-type: none"> ○ Household Survey

IMPACT: WOMEN AND YOUTH ECONOMIC EMPOWERMENT	Indicators	Data/Information Sources	Methodology/data collection tools
Is the programme likely to have an impact on improving access of women and young people to education and economic opportunities in designated areas in the district?	<ul style="list-style-type: none"> ○ Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 	<ul style="list-style-type: none"> ○ Special studies 	<ul style="list-style-type: none"> ○ Review of study reports

IMPACT: DISTRICT SECRETARIAT	Indicators	Data/Information Sources	Methodology/data collection tools
Is the programme likely to have an impact on Mangochi District Council to implement MBSP and its development plan?	<ul style="list-style-type: none"> ○ District poverty levels 	<ul style="list-style-type: none"> ○ District Economic Profile document (updated) 	<ul style="list-style-type: none"> ○ Documentary review

Evaluative Criteria /Questions	Indicators	Data/Information Sources	Methodology/data collection tools
CROSS CUTTING ISSUES			
Gender equality	<ul style="list-style-type: none"> ○ Women participation in economic empowerment activities ○ Women and youth in key positions in local community organizations ○ Women and youth make decisions on issues that affect them 	<ul style="list-style-type: none"> ○ Progress reports ○ Local community organizations ○ Secretariat ○ Embassy of Iceland 	<ul style="list-style-type: none"> ○ Analysis of gender participation/representation in progress reports ○ KIIs with Secretariat ○ KIIs with Embassy of Iceland ○ FGDs with local community organizations (ADC, VHCS, WPMCs, Mother Groups, Etc.)
Environment/climate change	<ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> ○ Secretariat ○ Public Works Director ○ DEC ○ Schools ○ Beneficiaries 	<ul style="list-style-type: none"> ○ KIIs with Secretariat, Public Works Director, DEC and teachers ○ Local Community organizations ○ Beneficiary/Household Survey

ANNEX 3 Detailed sector outputs achievement rates

Annex 3.1 Health sector

a) Interpretation of outputs achievement rates for 2 – Year and 4 – Year targets

The illustration is done in the form of an example in **Table 1.1** below. In **Activity 1.1.2**, 15 health posts are planned to be constructed over 4 years but the construction is spread over years 1, 2, and 3. In Years 1 and 2, only 10 health posts are planned, therefore 10 is the denominator for the 2 - year period while 15 is the denominator for the 4 – Year period. The targets are derived from the M&E Framework. The overall results for all the Strategic Areas are presented in **Table 1.2** below. This illustration is applicable to all Strategic Areas and in all programme sectors (Health, Education, Water and sanitation).

15 Health Posts to be constructed in 4 years of programme implementation	Year 1 (2017/18)	Year 2 (2018/19)	Year 3 (2019/20)	Year 4 (2020/21)	Total	% Achievement Of 4-Year Target	% Achievement of 2 – Year Targets
Annual Targets From M&E Framework	5	5	5	0	15	(2/15)= 13.3%	-
Total Target for Years 1 and 2	10		-	-	10		(2/10)= 20%
Actual Achievement in 2 years from progress reports	2		-	-	2		

b) Assessment of achievement rates of outputs in the health sector

The achievement rates are presented in Table 1.2 below.

In the Health sector, there is good progress in strengthening capacity and operations of the District Health Office where, on average, 90% of the planned outputs for years 1 and 2 have been achieved (**Activity 1.3.3**). Similarly good progress has been registered in terms of rehabilitation, equipment, and furnishing of health centres and health posts whereby 70.8% , on average, of the planned outputs have been achieved for years 1 and 2 (**Activity 1.1.3**). However, lack of safe water in health centres and health posts are affecting the delivery of services because water is required to administer oral medication, and this issue was raised by Health Surveillance Assistants during KIIs. Therefore, the provision of water in health facilities need prioritization.

For the other activities, there is slow programme in achieving outputs targets. For example there is limited progress in the construction of health posts, staff houses, and vaccine storage rooms (**Activity 1.1.2: 8.5% mean achievement**). This has consequences on the operationalization of health posts resulting into both delayed services delivery and the achievement of results at the end of the programme phase. During field work it was observed that indeed some of the Health Surveillance Assistants were not resident at the health posts and in some instances were only available at the health posts once per month because of the long distance from the current place of residence. Hence, the construction of health posts and staff houses need urgent attention in the remaining two years of programme implementation.

Furthermore (**Activity 1.2.1: 50% mean achievement**), non-procurement of bicycle patient transporters is also affecting the planned strengthening of the patient referral system particularly emergencies concerning pregnant women in need of transport to health centres for delivery or obstetric care. The procurement of bicycle patient transporters is likely to contribute towards reducing maternal deaths in situations where the transport need is imminent.

The training and provision of equipment to community health workers (**Activity 1.2.2: 24.1% mean achievement**) is critical in improving health services delivery, however, there is slow progress in this activity. For example, only 23% of HSAs have been trained; 13% of Safe Motherhood Committees formed; 25% VHCs trained; 33% of village clinics established; 30% of pregnancy test kits supplied; and zero operationalization of family planning and nutritional supplements respectively. Certainly there is need to build the capacity of community health workers to upgrade their competency and improve efficiency in the delivery of services. Similarly the provision of equipment would supplement services delivery. Under **Activity 1.3.2**, there is zero progress in the procurement and use of health registers.

It is evident from the Outputs Achievement rates that the health sector has made limited progress in the initial 2 years.

It is therefore important for the programme to focus on activities that would have immediate effect on enhancing services delivery in the targeted areas and these are mainly infrastructure and upgrading the skills of community health workers. In summary, priority should be on the following activities: -

- a) Provision of water in health facilities;
- b) Completion of health posts and staff houses;
- c) Training of community health workers; and
- d) Operationalization of family planning services.

Other activities only require triggering the procurement process such as: patient bicycle transporters; health registers; pregnancy test kits; nutritional supplements; etc.

Table 1.2: Health sector : Outputs achievement rates

	STRATEGIC AREA	MID-TERM ACHIEVEMENT 2019	% Achievement of Years 1 & 2 Targets	% Achievement of 4-Year Targets
1.1	Health service infrastructure and operations			
1.1.1	Makanjira Health Centre upgraded to (EmONC) health centre			
	a) EmONC buildings and related WASH and electricity in place	0	0%	0%
	b) Furnishings for health centre	0	0%	0%
	c) Fencing of health centre	0	0	0%
	d) 10 UMOYO staff houses	0	0	0%
	Mean		0%	0%
1.1.2	Health posts buildings and staff houses constructed			
	a. 15 Health Posts	2	(2/15) 20%	(2/15) 13.3%
	b. 25 staff houses at health posts	0	(0/25) 0%	(0/25) 0%
	c. 21 UMOYO staff houses	3	(3/21) 14%	(3/21) 14%
	d. 3 vaccine storage cold rooms	0	(0/3) 0%	(0/3) 0%
	Mean		8.5%	6.7%
1.1.3	Community hospital, health centres and health posts rehabilitation, equipment and furnished			
	a. Equipment for 5 waiting homes	2	40%	40%
	b. Water provision in 4 health centres and 25 health posts	2	12%	7%
	c. General maintenance in 10 health Centres	4	67%	40%
	d. Maintenance of Monkey Bay Community Hospital	1	100%	100%
	e. Incinerators in 10 health centres and placenta pits in 5 health	8	80%	80%
	f. Power installed in 15 health centres	19	126%	126%
	Mean		70.8%	65.5%
1.2	Community based health services			
1.2.1	Patient referral system strengthened			
	a. 5 new ambulances in place and operational	5	100%	100%
	b. 10 bicycle patient transporters in place and operational	0	0%	0%
	Mean		50%	50%
1.2.2	Equipment provided and community health workers trained			
	a. 270 Health Surveillance Assistants (HSAs) trained in various subjects (70 new entries)	50	23%	18.5%
	b. 540 bicycles and basic kits provided to HSAs	500 Basic Kits 0 push bikes	92.5% 0%	92.5% 0%

	c. 300 Safe Motherhood Committees formed and functioning	20	13%	6.7%
	d. 700 Village Health Committees (VHCs) trained	100	25%	14%
	e. 60 village clinics established	20	33%	33%
	f. Family planning strengthened	0	0	0
	g. 200, 000 rapid pregnancy test kits supplied to all health centres and health posts	30000	30%	15%
	h. Nutrition supplements (e.g. "Nutributter") available in all health centres and distributed to malnourished 6-18 month old infants	0 Reprogramed	0%	0%
	Mean		24.1%	22.4%
1.3	Health Management Information Systems strengthened			
1.3.1	Transport and communication systems			
	a. 15 motor cycles maintained and in use	6	40%	40%
	b. 1 lorry for vaccine distribution in place and use	1	100%	100%
	c. Car tracking system in place in all ambulances	0	0%	0%
	d. 50 health personnel using motorcycles trained and equipped	1	2%	2%
	Mean		35.5%	35.5%
1.3.2	HMIS capacity and operations strengthened			
	a. 20 computer sets for HMIS data management purchased			
	b. 180 Health Management teams and coordinators trained	60	67%	33%
	c. 2000 village health registers purchased	0	0%	0%
	d. 1500 village health registers put to use	0	0%	0%
	e. 170 data quality assessments carried out	170	188.8%	100%
	f. 420 data preparation clerks supervised	80	38%	19%
	g. Monthly HMIS data collection	0	0%	0%
	Mean		49.0%	25.2%
1.3.3	District Health Office capacity and operations strengthened			
	a. Quarterly HMIS data review meetings	4	50%	25%
	b. Bi-Annual District Implementation Plan (DIP)/HMIS review meetings	4	100%	50%
	c. 40 staff members receive various training	44	220%	110%
	d. IT equipment updated	24	100%	50%
	e. Logistical support provided	4	60%	25%
	f. Temporary support to human resources (salary support to 40 professional staff) (ONLY 40 were targeted)	95 recruited	100%	100%
	g. 4 research projects and dissemination of results	16 Projects supported 0 Research Dissemination	0%	0%
	Mean		90.0%	51.3%
	OVERALL MEAN		45.0	36.5

Annex 3.2 Education sector

For calculation and illustration of Achievement Rates (%) of 2 – Year and 4 – Year Outputs Targets, refer to **Table 1.1** in Annex 3.1: Health sector, which is applicable to all Strategic Area in all programme sectors.

In comparison with the other sectors, the Education programme has made good progress towards the achievement of outputs. For example, under **Activity 2.2.1**, 87.5% of the planned outputs targets have been achieved. Since the activity relates to capacity building of school managers and teachers, this has direct benefits to learners as they access better teaching services from skilled teachers and improved education management.

Similarly, strengthening the capacity and operations of the district education office (**Activity 2.4.2**: 76.8% mean achievement) ensures improved district office support to education services not only in the targeted schools but in other schools as well.

Good progress has also been registered in **Activity 2.2.3** (69.4%: mean achievement) concerning equity and retention of girls and vulnerable children.

Activity 2.1.1 (66.5% mean achievement) for new buildings in the targeted schools although there is low achievement for improved latrines (33%) and sanitation facilities for children with special needs (21%).

Activity 3.1.1 (60% mean achievement) on ECD services which have been constructed but lack play kits and other accessories to be fully operationalized.

Activity 2.2.2 which is by far the most achieved (564% mean) whereby teaching and learning materials have been procured and delivered to schools to improve both learning as well as reading and writing proficiency.

However, the Education programme has made little progress under **Activity 2.1.2** (26.9% mean) in terms of rehabilitation, purchase of equipment and furnishing. Low achievement of this activity is, to some extent, affecting learners in terms of access to improved sanitation equipment and desks which contribute to conducive learning environment.

Therefore, in terms of the Education Programme, priority should focus on the following, which will contribute towards improvement in the learning environment and services delivery: -

- a) Construction of teachers houses, improved latrines, and sanitation facilities for children with special needs, and installation of sanitation equipment;
- b) Maintenance of classroom blocks, teachers houses, and latrines;
- c) In-service teachers training in special needs; and
- d) Facilities and accessories for ECDs;

Other priorities should include procurement of school desks, sanitation equipment, and special needs teaching aids,

Table 1.3 : Education sector: Outputs achievement rates				
		Mid-Term Achievement	% Achievement Years 1 and 2	REMARKS
2.1	Education infrastructure in 12 target schools			
2.1.1	New buildings for select groups within the 12 target schools			
	a. 32 school blocks designated for the youngest pupils built, pending demand and availability of land	36	113%	Constructed 3 per school
	b. 1 Administration block built for each school	12	100%	
	c. 2 Resource centres built for children with special needs	2	100%	Milimbo and Chikomwe
	d. 40 teachers' houses built	21	53%	Under construction
	e. 30 improved latrines built	10	33%	
	f. 24 sanitation facilities built for children with special needs.	5	21%	
	Mean		66.5	
2.1.2	Rehabilitation, equipment and furnishing			
	a. 3000 school desks bought and distributed	1250	42%	
	b. 200 sanitation equipment units installed	5	3%	
	c. General maintenance of classrooms, teachers' houses, latrines, etc. 3 houses (Lwanga, Chimwala, Changamire), 2 classroom blocks (changali)	5	35.7%	
	Mean		26.9	
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	284	189.3%	Target 150
	c. 60 managers receive management training on specialist about gender equality in schools	60/60	100%	60 managers
	d. 12 School Management Committees (SMCs) trained in various subjects, including gender equality in schools, M&E and sub-committees trained in ECD where applicable	144	100%	144 received training
	e. 30 teacher's assistants trained	33	100%	
	f. Standardized tests carried out once per semester	5	100%	The target is 8
	g. Double shifting introduced in first 2 grades	0	0%	Conflicting with time for Islamic studies
	h. Yearly quiz competition in all target schools	1/4	25%	
	Mean		87.5	
2.2.2	Teaching and learning material			
	a. 340.000 textbooks procured and distributed to the students ¹⁴	97,447	29%	English and Chichewa books provided by NRP

	b. 1,2 million notebooks bought and distributed to the students	22,180,000.00	1848%	
	c. 300 teachers receive teacher's guide	986	329%	
	d. 4 "sports kits"15 bought and distributed to each school, every year of the programme	2/4	50%	Once a year
	Mean		564	
2.2.3	Support to equity and retention of girls and vulnerable children			
	a. 100 children' supported within "Back to School" project. literacy, life skills and gender equality	78	78%	
	b. 12 Mother Groups receive appropriate training – including adult	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	2	17%	
	e. 48 teachers receive in-service training in special needs	25	52%	
	Mean		69.4	
2.3	School meals			
2.3.1	World Food Programme (WFP) in target schools"			
	a. 6 of the target schools participate in "Home Grown Meals Programme	6	100%	
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	3	75%	Suppose to be 8 meetings
2.4.2	District Education Office capacity building and operations			
	a. 24 staff members have improved work stations	6	60%	Supposed to be 10 staffs
	b. 3 staff members attended professional training courses	3	100%	
	c. 20 Primary Education Advisors (PEA) trained in M&E	22	110%	
	d. IT support provided	6	100%	
	e. Logistical support provided			
	f. 36 managers trained in data management			To be done year 3 q1
	g. 1 Teacher Development Centre (TDC) constructed	1	100%	
	h. Temporary support to human resources (salary support for 62 teachers + honoraria for#16 teacher's assistants	53/78	67.9%	
	i. 2 Research projects and dissemination of results	0	0	Yet to be done
	Mean		76.8	
3.1	ECD services in 2 target schools			
3.1.1	ECD centres			
	a. 2 model ECD centre class blocks constructed	2	100%	

	b. 2 child-friendly sanitation facilities	0	0%	
	c. 2 cooking shelters with energy saving stoves	0	0%	Milimbo and chikomwe
	d. 8 care givers trained	8	100%	
	e. 8 care givers receive honoraria	8	100%	
	Mean		60.0	
3.1.2	Community mobilization and support			
	a. 12 community sensitization and mobilization meetings	8/12	67%	
	OVERALL MEAN (Excluding 2.2.2 i.e. 564%)		71.0	

Annex 3.3 Water sector

For calculation and illustration of Achievement Rates (%) of 2 – Year and 4 – Year Outputs Targets, refer to **Table 1.1** in Annex 3.1: Health Programme, which is applicable to all Strategic Area in all the programme sectors.

Assessment of Achievement Rates in the Water programme

Overall, the water programme has performed well in strengthening the capacity and operations of the District Water Office by achieving an average of 71.4% of the planned outputs for Years 1 and 2 (**Activity 3.2.1** in the Table below). However, the 5 motorcycles have not been purchased while the training of extension workers as CBM trainers is scheduled for Year 3, hence not part of mid-term assessment.

However, there is under-performance in **Activity 3.1.1** with explanations provided in the main report including late programme start-up, revising the budget due to price escalations, and the seasonality of drilling which is not done during the rainy season.

Focus in Years 3 and 4

Therefore, for the Years 3 and 4 focus should really be on **Activity 3.1.1** to intensify the drilling, construction, and rehabilitation of water facilities, and training of 500 new WPCs in Community Based Management (CBM) under **Activity 3.1.2**. These actions are likely to increase community access to safe water as well as improve prospects of sustainability although capacity enhancement of extension workers in CBM and subsequent training of Water Mechanics and WPCs has not been sufficiently done.

Table 1.4: Water sector: Outputs achievement rates

		MID-TERM ACHIEVEMENT	% Achievement of Years 1 & 2 Targets	% Achievement Of 4 Year Targets
3.1.1	Functional safe water points			
	330 New boreholes drilled	74	(74/162) 45.6	(74/330) 22.4%
	170 Protected shallow wells constructed	31	(31/84) 37.0	(31/170)18.2%

	180 Old boreholes rehabilitated	45	(45/88) 51.1	(45/180) 25.0
	Mean		46.3	21.8
3.1.2	Capacity of local community developed			
	500 New Water Point Committees trained in Community Based Management	105	42.6	21.0%
	180 Water Point Committees refreshed	45	52.3	25.0%
	15 New Area Mechanics trained (Year 4)	0	Year 4	0
	17 Existing Area Mechanics trained (Year 4)	0	Year 4	0
	8 Retail shop owners oriented and mobilized to stock spare parts (Years 3&4)	0	Years 3 & 4	0
	Mean		47.4	23.0
3.2.1	District water office capacity and operations strengthened			
	50 Extension workers trained (refreshed) as CBM trainers (Year 3)	0	0	0
	24 Officers trained (refreshed) in water construction technology	24	100%	100%
	5 New motorcycles procured	0	0	0
	1 (4 x 4) vehicle procured	1	100%	100%
	1 IT support provided	1	100%	100%
	16 Logistical support provided	8	100%	50%
	68 Support staff supported with salary temporary	17	100%	50%
	Mean		71.4	54.2
	OVERALL MEAN		54.2	33.0

Annex 3.4 Sanitation

For calculation and illustration of Achievement Rates (%) of 2 – Year and 4 – Year Outputs Targets, refer to **Table 1.1** in Annex 3.1: Health Programme, which is applicable to all Strategic Area in all programme sectors.

Assessment of Achievement Rates in the Sanitation programme

From the Table below, it is evident that the Sanitation programme has achieved an average of 80% of its Years 1 and 2 outputs under **Activity 3.3.1**.

However, under **Activity 3.3.2**, there is low achievement in promoting San Centres (33%) and training of local masons (35%). These are critical activities that need attention in the remaining implementation period.

Activity 3.3.3 has not been implemented and this is likely to have an effect on the demand for sanitation products as San Plats would also play a promotional role. Furthermore, **Activity 3.4.1** has three outputs whose sub-activities have not been implemented namely: monitoring meetings; IT Support; and research activities.

Focus in Years 3 and 4

Based on low achievements in the initial two years of programme implementation and in promoting sanitation products, in Years 3 and 4, more focus/priority should be on the following:-

- a) Activity 3.3.2: promotion of sanitation and marketing centres, and training of local masons.
- b) Activity 3.3.3: installation of San Plats in the communities.

Table 1.5 : Sanitation: Outputs achievement rates				
		MID-TERM ACHIEVEMENT	% Achievement Years 1 & 2 Targets	% Achievement 4- Year Targets
3.3	Sanitation and hygiene efforts			
3.3.1	Open Defecation Free (ODF) verified communities campaign in TAs Makanjira, Mponda, and Namabvi			
	a. 96 community leaders' meetings	50	52	52
	b. 4 community mobilizations conducted	2 (Chilipa and Lulanga)	50	50
	c. 5000 care group volunteers oriented in Community	6000	120	120
	d. 6 quarterly meetings for 500 care group volunteers	8	133	133
	e. 5000 golf t-shirts for volunteers procured and delivered	300	6	6
	f. 238 CLTS– ODF verification in villages carried out	229 (40 in TA Makanjira, 46 in TA Lulanga and 133 in TA Mponda)	132	96
	g. 3 ODF celebrations at TA level	2	67	67
	MEAN		80	65
3.3.2	Sanitation facilities promoted			
	a. 10 sanitation and marketing centres (San centres) established	3	33	33
	b. 100 local masons trained for San centres (low cost latrine technology, san plat casting)	35	35	35
	c. 100 Village Development Committees (VDCs) mobilized for Sanitation	80	80	80
	MEAN		49	49
3.3.3	Improved sanitation facilities			
	a. 3000 San Plats installed in communities	0	0	0
	MEAN		0	0
3.4	Management of sanitation facilities			

Table 1.5 : Sanitation: Outputs achievement rates

		MID-TERM ACHIEVEMENT	% Achievement Years 1 & 2 Targets	% Achievement 4- Year Targets
3.3	Sanitation and hygiene efforts			
3.4.1	District Environmental and Health Office capacity and operations strengthened			
	a. 8 Bi-annual Sanitation and Hygiene Community Based Data Audits	4	50	100
	b. 160 monitoring meetings for San-Mat	0	0	0
	c. 7 motor cycles in place and use	5	71	71
	d. 1 (4x4) vehicle in place and use	1	100	100
	e. IT support provided	0	0	0
	f. Logistical support provided	24 months	100	100
	g. 2 research projects and dissemination of results	0	0	0
	MEAN		46	46
	OVERALL MEAN		43.7	40.0

ANNEX 4: List of SDGs for alignment to the programme

1. Health

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.

2.1.1 Prevalence of undernourishment

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.1.1 Maternal mortality ratio

3.1.2 Proportion of births attended by skilled health personnel

3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

3.2.1 Under-five mortality rate.

3.2.2 Neonatal mortality rate

2. Education

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

4.1 By 2030, ensure that all girls and boys complete free and quality primary and secondary education leading to relevant and effective learning outcomes.

4.1.1 (a) Proportion of children and young people in grades 2/3 achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex;

(b) At the end of primary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex.

4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education so that they are ready for primary education.

4.2.2 Participation rate in organized learning (one year before the official primary entry age), by sex

3. Water and sanitation

Subject to clarification and agreement with the Department of Water Development Headquarters on the term 'safely managed water and sanitation services' the following indicators should be tracked:

Goal 6. Ensure availability and sustainable management of water and sanitation for all

6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all.

6.1.1 Proportion of population using safely managed drinking water services

6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

6.2.1 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap

4. Women and Youth Economic Empowerment

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-small- and medium sized enterprises, including through access to financial services.

8.3.1 Proportion of informal employment in non-agriculture employment, by sex.

5. Process for incorporating SDG Indicators in the programme monitoring system

The process of aligning SDGs to the programme is as follows:

- (i) Incorporate SDGs indicators, where these are not already aligned, in the M&E Framework at outcome or impact level;
- (ii) Develop relevant tools to collect data on the indicators in the respective sectors:
 - Health sector - most of the SDGs indicators are already collected through HMIS, what is required is to align the indicators to the programme and incorporate in the reporting system.
 - Education sector - currently the DEM's office does not have the tools to collect data on proficiency in reading, writing and mathematics. Therefore, the DEM's office should request the Ministry of Education, Science and Technology to provide the tools as well as train Master Trainers (Education Managers/Advisors) at district level. In turn, the Master Trainers should orient the teachers from programme and non-programme schools. Teachers should administer the tools towards the end of each school term as part of assess learners proficiency.
 - Water and sanitation – the specific tools for SDGs indicators should be developed in view that the sector is currently entirely using the MGDS II indicators.
 - Women and youth economic empowerment - depending on the recommended interventions, specific tools should also be developed to collect data on SDG indicators for analysis and reporting.
- (iii) In the respective sectors, train frontline staff such as extension workers, education managers, and teaching staff on data collection tools. The frontline staff should be responsible for utilizing the tools to collect the data on SDGs directly or through special surveys. The sector MIS should analyse the data and report quarterly or annually depending on the indicator.
- (iv) If processes (i) to (iii) are not feasible internally within the sector programmes or with support from the M&E Officer, the tasks should be outsourced.