



Malawi

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For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



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FOREWORD

The year saw UNICEF and the Government of Malawi implement a one-year bridging country programme in anticipation of the 2008–2011 United National Development Assistance Framework (UNDAF), which was completed and signed in February this year. UNICEF also prepared its new country programme of cooperation with the Government, which will be launched in 2008 for a four-year period.



Aida Girma
Representative UNICEF
Country Office Malawi

Although Malawi is not in the first wave of pilot countries for UN Reform, the Malawi United Nations Country Team has taken a number of steps to prepare the ground for the implementation of the concept of “Delivering as One UN” in line with the recommendations of the High Level Panel on System-Wide United Nations Coherence. As part of this effort, a UN Business Plan was developed. It outlines the various steps envisaged towards the establishment of “One UN” in Malawi through the implementation of the concept of the “Four Ones”: One Leader, One Programme, One Budgetary Framework and One UN House. UNICEF participated actively in these processes.

Young Child Survival and Development

In 2007, UNICEF was proud to be part of key achievements for children and women. In the area of young child survival and development, one of UNICEF's global strategic priorities, the Accelerated Child Survival and Development (ACSD) programme took off the ground in Malawi. The ACSD national plan was finalised and rolled out to eight districts using the Integrated Management of Childhood Illnesses (IMCI) strategy to reach all children under the age of five with a package of proven high impact healthcare interventions. The aim of the ACSD national plan is to achieve the Millennium Development Goal of reducing the under-five mortality rate by two-thirds by 2015, from 234 per 1,000 live births in 1990 to 78 per 1,000 live births by 2015.

As part of the community component of ACSD, UNICEF supported Malawi's first ever integrated national Child Health Days and Sanitation Week in December 2007, which brought six high impact interventions to more than two million children under five, including the provision of Vitamin A supplements and de-worming tablets, re-treatment of bed nets, promotion of safe storage and handling of drinking water, good hygiene practices and improved sanitation facilities.



To date, 60 percent of health workers in the country have been trained in IMCI, including HIV and AIDS care and treatment.

To accelerate implementation of ACSD, trained staff and supplies are needed on the ground. To date, 60 percent of health workers in the country have been trained in IMCI, including HIV and AIDS care and treatment. The Government has recruited close to 6,000 new Health Surveillance Assistants with funding from the Global Fund, bringing the total number to 11,000. UNICEF and WHO are working with the Government to support the training of these new recruits. In 2007, UNICEF continued to procure antiretroviral drugs, vaccines, insecticide-treated bed nets and other products worth US\$34 million for the Ministry of Health.

UNICEF, WFP, WHO and FAO have been working closely to put nutrition high on the national agenda and broaden partnerships in the sector. This is part of an effort to roll out the global initiative on Ending Child Hunger and Under-Nutrition. A Nutrition Policy was approved in December 2007 and a high-level national forum established, which will allow Government and development partners to guide the implementation of the policy.

To contribute to the reduction of high maternal and neonatal mortality in Malawi the availability of basic emergency obstetric care has been scaled up from two to 22 health facilities. In all facilities essential newborn care has also been strengthened through the training of health workers.

Malawi's response to children affected by HIV and AIDS is rapidly shifting gear as Government takes on greater leadership and more partners come on board. The National Prevention of Mother-to-Child programme is being accelerated. The aim is to establish comprehensive PMTCT services in every health facility offering antenatal care by June 2008. Pediatric AIDS treatment is reaching 44 percent of children in need of antiretroviral therapy. The challenge remains to increase the uptake of PMTCT, which is still low, but is being tackled through intensified community mobilisation and improvements in the quality of clinic-based services.

In December 2007, UNICEF signed the Health Sector-Wide Approach to programming (SWAp) Memorandum of Understanding as a 'pooled fund' partner. UNICEF first joined the Health SWAp as a 'discreet' or non-pool partner in June 2005. By becoming a "pool" partner, UNICEF hopes to be better positioned in the new aid environment to influence policies and resource allocation in favor of women and children.

UNICEF's assistance to the water and sanitation sector is taking on a more systems-based approach. Our aim is to support the Government in developing capacities, policies and systems that will strengthen the sector as a whole. In 2007, UNICEF worked with other development partners and the Ministry of Irrigation and Water Development to elaborate a road map for a water and environmental sanitation SWAp. An Operation and Maintenance system was put in place to develop community capacity for the running and upkeep of village water points. UNICEF also supported the development of a national communication strategy to promote hygiene and safe handling of water. To assist districts in planning and budgeting for their water and sanitation programmes, UNICEF supported the development of multi-year District Strategy and Investment Plans for 12 target districts.



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We have also seen some progress in girls' education, especially the impact of community mobilisation in retaining girls, orphans and vulnerable children in more than 1,200 schools.

Basic Education and Gender Equality

UNICEF worked closely with other developing partners in supporting the Ministry of Education and Vocational Training with the costing and finalisation of the National Education Sector Plan, which provides a guiding framework for the Education SWAp and forms the basis of its programme of work. The Child Friendly School initiative was incorporated as a core approach in the sector plan and will be adopted by all government primary schools in the country. The "child-friendly schools" concept provides standards for each school defined around the following components: child health and nutrition; teachers trained in child-centered and gender-sensitive teaching approaches; safe, inclusive, protective learning environments with water and sanitation facilities; strong community partnerships; and relevant and gender-sensitive curricula and life skills.

Life skills education has become a timetabled subject in Malawi's new primary school curriculum. It promises to be an important vehicle in curbing the spread of HIV infection in the 10-to-14 year olds, seen as Malawi's 'window of opportunity' because HIV prevalence in this age group is very low. Around 8,500 anti-AIDS clubs have been established in schools and youth clubs where children and young people further their knowledge and skills in preventing HIV infection.

We have also seen some progress in girls' education, especially the impact of community mobilisation in retaining girls, orphans and vulnerable children in more than 1,200 schools. An external evaluation of the project in 2008 will determine the degree to which the initiative is reducing cultural and socioeconomic barriers to girls' education and provide recommendations on the way forward.

Children and HIV and AIDS

A national strategy for early childhood development (ECD) is being developed to provide a framework for the huge network of community-based childcare centres looking after young orphans and other vulnerable children. UNICEF has been helping the Government to develop guidelines and standards for centres, train volunteers workers on childcare and develop local expertise in early childhood care. Training of trainers was conducted in all districts with support from UNICEF and more attention is also being paid to psychosocial support for children grieving over lost parents and family members.

The pilot social cash transfer scheme, which was started in 2006 in Mchinji district to address high levels of child poverty and mitigate the impact of AIDS on children, was scaled up to three additional districts in 2007. The scheme reached more than 12,000 children, the majority of whom were orphans, in 4,000 very poor households with a monthly cash transfer of around US\$12. Lessons from the scheme are being used to inform the national social protection policy which the Government is developing with technical and financial support from DFID, the World Bank, UNICEF, WFP and other cooperating partners.

UNFPA, UNICEF and WHO worked together to support the Government with the development of a costed national plan of action to scale up sexual reproductive healthcare and HIV prevention for young people. The plan was used as the basis for the formulation of a US\$37 million proposal for Primary Prevention under the Global Fund Round 7 Call, which was approved by the Fund at the end of 2007.

Statistics show that young people account for almost half of all new HIV infections in Malawi. Youth-friendly healthcare centres are growing in number and offering their clients HIV testing and counseling and other reproductive health services. Standards for youth health services have been developed with support from the UN, and health workers are being trained.

Child Protection and Orphans and Vulnerable Children

The 'Stop Child Abuse' campaign, launched in June 2007 to mobilise the public and break the silence on child abuse, exploitation and violence, is a joint initiative between the Ministry of Women and Child Development, UNICEF, Plan International and civil society. The campaign, which has helped to raise the visibility of UNICEF's work on child protection, managed to awaken national consciousness through radio and TV programmes, billboards, community outreach, distribution of 1.4 million child rights books (Trolley Full of Rights) to primary schools and training of all 300 Traditional Authority chiefs.

UNICEF and its partners spent considerable time and effort in 2007 to advocate for the passage of key legislation related to children and women. The passing of the National Registration Bill, the Child Care Protection and Justice Bill and the Wills and Inheritance Bill are all still pending. If passed, these pieces of legislation will greatly strengthen the child protection environment and ensure alignment of Malawi's legal instruments with the provisions of the Convention of the Rights of the Child, which the country ratified on 1st February, 1991.

Building on Success

Malawi's prospects for reaching some key Millennium Development Goals are promising, in particular the goals relating to infant and under-five mortality, and access to water and sanitation. However, in other areas such as reducing the country's high maternal mortality and improving the quality of basic education, much remains to be done. As UNICEF, we are committed to building on the success of what the Government, civil society, communities and families have achieved so far. We are prepared to firmly stand behind our partners as they grapple with the many challenges of Malawi's development. We renew our promise to Malawi's children and women for the next four years and beyond.

Together, we can make Malawi fit for children.



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MALAWI'S CHILDREN AND WOMEN



Children and women are becoming more vulnerable as their ability to recover from these relenting risks and shocks weakens.

Malawi, home to 6.8 million children (51 percent of the total population), presents a number of opportunities and challenges for its youngest citizens and their families. The prospects for child survival have improved over the past few years; prudent economic management, stable macroeconomic conditions and soaring agricultural production are helping to reduce poverty and hunger, and Malawi's HIV prevalence rate seems to have stabilised at 14 percent.

On the down side, poverty continues to be chronic and widespread and the country's development is thwarted by a fast growing population, limited arable land, cyclical natural disasters, such as floods, food insecurity, malnutrition, HIV and AIDS, and a high incidence of malaria, one of the leading killers of children under the age of five. Children and women are becoming more vulnerable as their ability to recover from these relenting risks and shocks weakens.

Many challenges ahead

Malawi has made significant progress in realising some of the key child-related Millennium Development Goals (MDGs). Results from the UNICEF-supported 2006 Multiple Indicator Cluster Survey (MICS) show a sharp decline in infant and under-five mortality rates per 1,000 live births, from 104 and 189 deaths in 2000 to 72 and 122 in 2006 respectively. If the current trend continues, Malawi is likely to achieve the MDG 4 on reducing infant and child mortality.

Factors that contributed to the decline include sustained high coverage of immunisation and Vitamin A supplementation, elimination of neonatal tetanus, malaria control activities, increased rates of exclusive breastfeeding and better access to safe water. However, access to improved sanitation is still lagging behind, at 61 percent. School children continue to be at risk in approximately 20–25 percent of government schools that do not have a protected water supply and where an average of 150 pupils use one latrine. Poor hygiene practices also contribute to Malawi's poor health indicators for mothers and children.





BASIC STATS

Population **13.2 million**

Children under the age of 18 **6.8 million**

Under-five mortality rate **122 per 1,000 live births**

Infant mortality rate **72 per 1,000 live births**

Children under five who are underweight **21%**

Children aged 12 to 23
months immunised against measles **84%**

Maternal mortality ratio **984 per 100,000 live births**

Primary school enrolment (boys/girls) **86/87%**

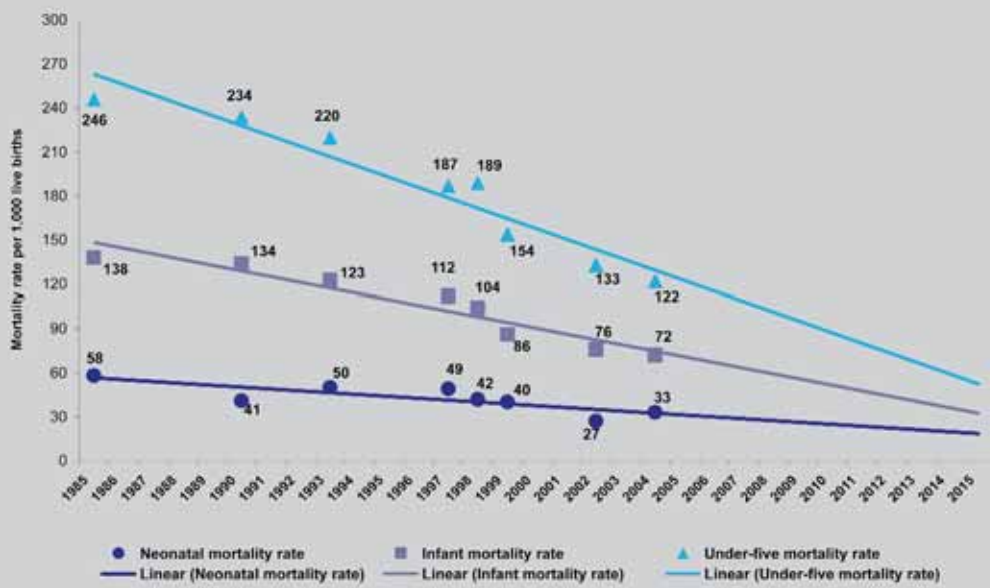
People using improving drinking water **75%**

Adult HIV prevalence **14%**

Children involved in child labour **26%**

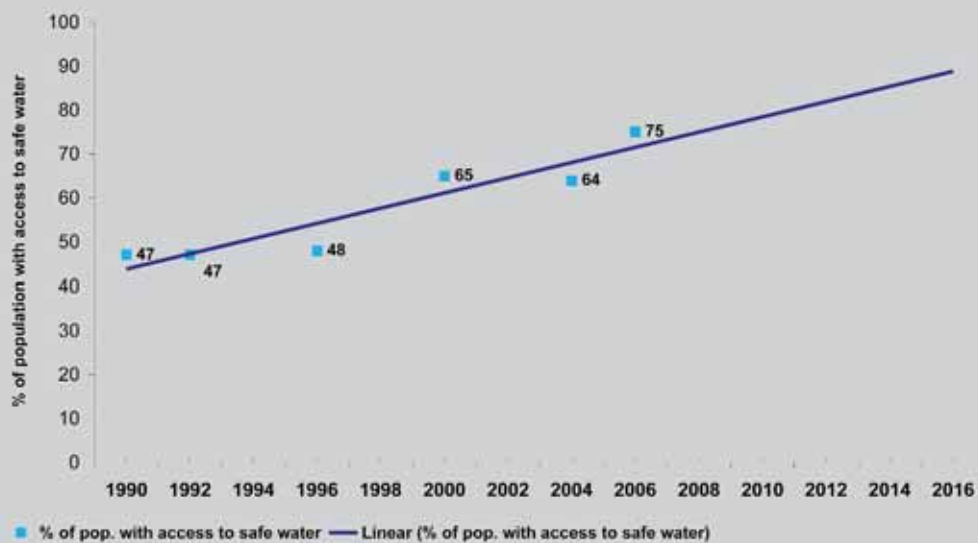
GNI per capita **US\$170**

Malawi's progress towards MDG 4: Reducing neonatal, infant and under-five mortality



Source: MDHS 1992, 2000, and 2004; MICS 2006

Malawi's progress towards MDG 7: Improving access to safe water



Source: MDHS 1992, 2000, and 2004; MICS 2006

Despite progress in child mortality reduction, one in eight children are still dying, mostly of preventable causes such as neonatal causes, pneumonia, diarrhoea, malaria and HIV-related diseases. Malnutrition levels remain high and account for about half of all child deaths. Malawi faces many challenges in order to achieve the MDGs, including widespread poverty, weak institutional and human capacity, limited resources because of competing needs and deep-rooted harmful traditional practices.

Poverty undermines children's development

Since the early 90s, Malawi, a landlocked and predominantly agricultural and rural nation, has ranked amongst the world's 20 least developed countries on the Human Development Index. More than half of the population (52 percent) lives on less than 32 US cents a day. This includes around four million children living in poverty. Moreover, one in every five Malawians live in ultra poverty or on less than 20 US cents a day and cannot afford to feed themselves. Poverty hits children the hardest and threatens their most basic rights - to survival, health and nutrition, education, participation and protection from harm and exploitation.

The poor are vulnerable to a host of shocks and hazards. These include drought that comes in cycles of three to five years, yearly floods and storms, and man-made hazards such as economic shocks, HIV and AIDS and environmental pollution. Malawi's dependence on natural resources and rain-fed agriculture make the country particularly vulnerable to the effects of climate change.

Malnutrition is still high

Malnutrition is devastating and the single biggest contributor to child death. In Malawi, there has unfortunately been no change in children's nutritional status since 1992 and malnutrition rates remain unacceptably high. Around 46 percent of children under five are stunted, 21 percent are underweight, and four percent are wasted.

Micronutrient deficiencies are common. The Ministry of Health's Micronutrient Survey (2001) revealed that 60 percent of children under five and 57 percent of non-pregnant women had sub-clinical Vitamin A deficiency. Vitamin A deficiency lowers children's immunity and reduces their chances of surviving a serious illness. The causes of malnutrition in children include poor childcare practices, diets lacking in calories and nutrients, frequent bouts of disease and chronically under-nourished pregnant and breastfeeding women.

Mothers at threat

For every 100,000 live births in Malawi, 984 mothers die as a result of pregnancy and childbirth related causes. Diseases such as malaria and HIV infection, nutritional deficiencies and women's low socio-economic standing underpin what is one of the



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world's highest maternal mortality rates. This is a clear indication of women's limited access to quality reproductive and health services. Less than 10 percent of the national budget is spent on the health sector.

Malawi stands little chance of reaching the MDG 5 target of 155 maternal deaths per 100,000 live births by 2015 unless drastic measures are taken to improve maternal health. Nonetheless, the Government is increasing the availability of emergency obstetric care, accessibility of antenatal services and use of skilled health personnel during pregnancy, child birth and the post natal period at all levels of the health system. According to MICS 2006, 92 percent of pregnant women receive antenatal care, skilled attendants assist 54 percent of births and only 33 percent of mothers benefit from postnatal care.

HIV and AIDS

Malawi's HIV prevalence rate among adults between 15 and 49 years has stabilised at 14 percent, signifying a degree of progress in meeting the sixth MDG of combating HIV and AIDS, malaria, tuberculosis and other major diseases. The prevalence translates to an estimated one million Malawians living with HIV, 58 percent of who are girls and women. What is now needed is to accelerate the rate of decline (HIV prevalence dropped from 14.6 percent in 1999 to 14 percent in 2005) so that by 2015 targets are met and HIV is controlled.

The pandemic however continues to infect 10,000 people a year. Around 46 percent of new infections occur among young people aged 15 to 24. Young people start having sex early in life – 14 percent of girls in the 15–19 age group have had sex before the age of 15 – which increases the risk of HIV infection. Poverty prompts women and girls to engage in transactional sex as a source of income and puts them at risk of trafficking and sexual exploitation. Traditional reproductive roles and harmful cultural practices such as wife inheritance and early marriage put girls and women at further risk of infection. It is no wonder that girls and women in the 15–24 age group account for 60 percent of infections.

Almost all Malawians have heard of HIV and AIDS but only 55 percent of women and men know the three main ways of preventing infection (fidelity, condom use and abstinence). Many people continue to have unsafe sex and remain reluctant to know their status. A culture of silence on sex and sexuality denies people access to correction information.





Malawi's HIV prevalence rate among adults between 15 and 49 years has stabilised at 14 percent.

Young children are not spared from HIV infection. An estimated 89,000 children under the age of 15 are living with the disease. Most were infected through mother-to-child transmission, which accounts for close to 30,000 of infections among newborns every year. Only 36 percent of pregnant women attending antenatal clinics are using services to prevent vertical transmission.

Malawi's antiretroviral therapy (ART) programme, especially its paediatric AIDS component, is gathering speed. ART is provided through 154 public and private health facilities in the country. Health workers in all ART sites have been trained to provide paediatric care. Out of 125,610 patients who had ever started ART in the last quarter of 2007, 10,238 were children. This represents 44 percent of children in need of treatment.

The impact of the epidemic has affected all levels of society but nowhere has it been more devastating than on children. Of the one million orphans in Malawi, 500,000 have lost one or both parents to AIDS. Without parental protection, these children are exposed to neglect, abuse and exploitation and lack access to basic necessities and services. Orphaned children also suffer immense emotional turmoil, which leaves deep psychological scars.

Basic education lags behind

Despite the abolition of school fees in 1994, over 10 percent of school aged children do not attend primary school. Net enrolment rates for both boys and girls are high in the first two grades but only 26 percent of children complete the entire primary school cycle. Of these, a meager 16 percent are girls. Drop out averages around 15 percent, with half of the children dropping out before the fourth grade. Children leave school for a variety of reasons, citing poverty, long distances to school, early pregnancies and the poor quality of education.

School environments often discourage girls and boys from attending class. Overcrowded classrooms, an absence of sports and play areas, shortages of teaching and learning material, low teacher morale and the lack of water and separate toilets for boys and girls do not create a space where children are able or willing to learn and thrive. Added to this are cases of bullying, sexual harassment and corporal punishment, which often go unreported and threaten children's safety and dignity.

Given that 74 percent of pupils do not complete a full course of primary schooling, it is unlikely that Malawi will achieve the MDG 2 on attaining universal primary education by 2015.

The drive to put an equal number of girls and boys into school has been achieved for primary education while the ratio of girls to boys in secondary education is improving. This means that Malawi is set on track to achieving the MDG 3 target of eliminating gender disparities in education. What is worrying, however, is the high drop out rate of female pupils in primary school.

Child protection

Poverty, hunger, HIV and AIDS and inadequate social services combine to create circumstances where child abuse, exploitation and violence are tragically common, especially for the growing numbers of orphaned and vulnerable children. The Government estimates that 1.4 million children are involved in hazardous child labour. The Child Labour



Survey (2001) revealed that the child labour market is dominated by domestic workers who toil from morning till late at night and that many children under the age of ten work with their parents as full time workers in tobacco cultivation.

Sexual exploitation, abuse and child trafficking are thought to be increasing, but more reliable statistics are needed. Certain traditional practices such as early marriage or 'fisi' - a type of formalised rape - are harmful to the wellbeing and health of children. There is no birth registration system in the country, making children that do not have an official identity vulnerable to neglect, abuse and trafficking. Children in conflict with the law find themselves imprisoned with adult inmates although efforts are being made to divert them from the criminal justice system into child-friendly rehabilitation programmes.

Furthermore, children and women are not adequately protected in the legal arena. The enactment of key pieces of legislation - the Child Care Protection and Justice Bill, the National Registration Bill and the Wills and Inheritance Bill - is still pending. The Government has yet to sign and ratify the convention on inter-country adoption, known as the Hague Convention, to better protect orphaned children. Some progress is being made. The enactment of Prevention of the Domestic Violence Act 2006 and its commencement in 2007 were landmark achievements in the responsiveness of legislators to the plight of women and children.

The role of women

Women are a major force in the Malawi's socio-economic activities. Although they make up 52 percent of the population, serious gender disparities still exist in terms of access to, and control of productive resources and opportunities for participation in the country's development. Around 67 percent of women are literate compared to 77 percent of men, according to MICS 2006. There may be gender parity in primary education but more girls than boys drop out because of social values and behavior that do not support girls' education.

The Government has been calling for women to participate more actively in, and benefit more equally from government programmes and for a greater number of women in decision-making positions in the public and private sectors. However little progress has been made in this area. The Convention on the Rights of the Child and the Convention on the Elimination of Discrimination Against Women have been ratified but have not yet been fully applied to the local context. Reporting on the human rights situation in Malawi is poor with limited implementation of concluding observations.



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HEALTH AND NUTRITION



One of the most effective approaches to saving young lives is by integrating proven cost-effective maternal, newborn and child healthcare services.

THE HEALTH AND NUTRITION PROGRAMME

Young child survival and development is one of UNICEF's key priorities in Malawi. Countless young lives are lost to totally preventable and treatable diseases. HIV and AIDS, malnutrition, unhealthy hygiene habits and poor maternal, newborn and child healthcare services further jeopardise children and women's survival.

The UNICEF Health and Nutrition programme works with the Government, civil society, communities and other partners to increase the coverage of high impact maternal, newborn and child health and nutrition services; scale up services to prevent the transmission of HIV from mother to child; increase access to care and treatment for children living with HIV and bring down Malawi's high levels of malnutrition and child hunger.

Child Health

Accelerating Child Survival and Development

One of the most effective approaches to saving young lives is by integrating proven cost-effective maternal, newborn and child healthcare services and delivering them directly to children and women at all levels of care—health facility, community and at family level.

In Malawi, this package of high impact interventions is being implemented as the Acceleration of Child Survival and Development (ACSD) programme, using the strategy of Integrated Management of Childhood Illnesses (IMCI). The ACSD package, which aims to reduce child mortality by two-thirds by 2015, includes immunisation, prevention and treatment of pediatric AIDS, micronutrient supplementation, promotion of breastfeeding, malaria prevention and control, access to safe drinking water and sanitation and early learning and stimulation.

Based on an ACSD policy developed in 2006, UNICEF supported the Government to develop and cost a National Strategic Plan for the Acceleration of Child Survival and Development in 2007 for the period 2008–2011. The plan calls for a rapid scale-up of high impact interventions, in particular at community level.



SNAPSHOT

One in eight Malawi children die before they reach five years of age.

Neonatal complications like pneumonia, diarrhoea, malaria and HIV-related diseases are **the leading child killers**.

An **estimated 89,000 children** under the age of 15 are living with HIV.

46% of children under the age of five are stunted.

60% of children under five are deficient in Vitamin A.

70% of children have been given all the recommended vaccinations.

Malawi's maternal mortality rate is one of the highest in the world, standing at 984 per 100,000 live births.





Malawi continues to make great strides in protecting its children from potentially deadly yet vaccine-preventable diseases.

To complement the ACSD strategic plan, the Government, in collaboration with UNICEF, UNFPA and WHO and with funding from the African Development Bank and other cooperating partners under the Health SWAp, has also started implementing a five-year national road map to reduce the country's alarming neonatal and maternal mortality rates. The national strategic plan for ACSD was rolled out in 2007 to eight out of the 28 districts. Preparations are underway to scale up to the other districts in 2008/2009. Research on community-based newborn care, Intermittent Preventative Treatment of malaria for infants, community-based therapeutic care and the interaction between nutrition and HIV is being carried out to generate evidence for the implementation of ACSD.

An important component of the roll out is to ensure that there are enough trained personnel are on the ground. Different levels of government staff have been trained and familiarised with the national ACSD strategic plan and road map. These include all district officials, members of the ACSD district technical working groups, 6,177 extension workers, and 2,551 or 60 percent of all health workers.

With funding from the Global Fund, the Government recruited 5,961 additional Health Surveillance Assistants (HSAs) in 2007, bringing the total number to nearly 11,000. This is expected to increase the ratio of HSAs per households from 1:1000 to 1:250 and substantially improve the delivery of community outreach services, particularly for women and children. UNICEF and WHO supported the revision of the training modules for HSAs to include all the community components of the high impact maternal, newborn and children health interventions. They are also supporting the training of all the additional HSAs. As part of this effort, UNICEF is assisting the Ministry of Health to renovate and equip three primary healthcare training centres in Mwanza, Mponela and Zimba.

Expanded Programme on Immunisation

Malawi continues to make great strides in protecting its children from potentially deadly yet vaccine-preventable diseases. The proportion of children fully immunised against measles, polio, tuberculosis, diphtheria, tetanus and pertussis has risen to 70 percent in 2006 compared to 64 percent in 2004. Based on a 2007 review of the Expanded Programme on Immunisation (EPI), a high coverage of over 80 percent was achieved for the third doses of polio and DPT. With the introduction of 'Reaching Every District' (RED) to 16 districts in 2007, a WHO-initiated approach that extends improved immunisation services to low performing and hard-to-reach districts, immunisation coverage is anticipated to increase even more. The remaining 12 districts will benefit from RED by the end of January 2008.

UNICEF continued to provide technical support and procurement services to the EPI programme. As part of its on-going support to strengthen national capacity in EPI, UNICEF supported management training of 56 EPI coordinators (two for every district). UNICEF also funded the construction of a new EPI dry store in Lilongwe, capable of handling all non-vaccine supplies. Outreach immunisation activities received a boost with UNICEF's support through the procurement of eight refrigerated motorcycles, which till now have never been available in Malawi. UNICEF also supported the annual EPI review, offering a forum for districts to review the programme's performance and conduct joint planning.



Malaria Prevention and Control

Malawi's malaria drug policy changed in 2007 from sulphadoxine-pyrimethamine – previously the most widely used antimalarial treatment – to the new and highly-effective artemisinin-based combination therapies or ACTs. The first ACT drugs were procured and distributed to all health facilities by the Ministry of Health with funding from the US Presidential Malaria Initiative. To familiarise health personnel on the new treatment protocols, training materials and anti-malarial drug management cards were printed and 112 trainers were trained, thanks to UNICEF support.

The distribution of government-subsidised mosquito nets to children under five and pregnant women continued in 2007, albeit with some delay. Around 577,000 conventional nets were distributed during 2007 and another one million conventional nets and 800,000 long-lasting insecticide impregnated nets were purchased through UNICEF at the end of the year using the Global Fund and US Presidential Malaria Initiative grants and in partnership with Population Services International (PSI).

During 2008, it is expected that the total net distribution coverage will reach 3.5 million nets. Just over half of households in Malawi own at least one bed net and 38 percent own an insecticide-treated net. Approximately 25 percent of children under five and pregnant women sleep under an insecticide-treated net (MICS 2006). More than 60 percent of the existing conventional bed nets in the country were retreated in December during the Child Health Week with support from UNICEF and the Global Fund.

Malawi is making progress in providing children with access to life-saving malaria treatment within 24 hours of onset of symptoms. Around 46 percent of children under the age of five are being reached by this intervention. Intermittent Preventative Treatment for pregnant women is also promising, currently at 93 percent and 60 percent respectively for the first and second doses.

Nutrition

Ending Child Hunger and Under-Nutrition

As part of efforts to roll out of the global initiative on Ending Child Hunger and Under-Nutrition (ECHUI) in Malawi, UNICEF, WFP, WHO and FAO worked closely with the Department of Nutrition and HIV and AIDS under the Office of President to put nutrition high on the national agenda and broaden partnerships. With significant technical and financial support from UNICEF, the Department of Nutrition, HIV and AIDS established a policy and operational framework for nutrition across many sectors, including the private sector. Cabinet approved the Nutrition Policy in December 2007. A Nutrition Development Partners Group (NDPG) was established to spearhead implementation of the nutrition policy.

Nutrition profiles for advocacy were presented to parliamentarians to increase support for nutrition. Various technical working groups were formed to strengthen coordination in the areas of nutrition education, micronutrients, target nutrition programme, infant feeding, research and information, and school health and nutrition. A memorandum of understanding that guides UNICEF and WFP collaboration in the field of nutrition in Malawi was revised to include FAO and WHO and aligned with UNDAF, the Nutrition Policy and ECHUI. UN-supported nutrition interventions were mapped and potential entry points for increased collaboration under ECHUI identified.

Integrated Child Health Days

Since 2005, the Ministry of Health has been carrying out child health days two times a year, delivering an integrated package of low cost high impact services to children. In 2007, a decision was made to add a water and sanitation component to the second round of child health days, and for the first time ever six high impact interventions (Vitamin A supplementation, de-worming, re-treatment of mosquito nets, hand-washing with soap, safe disposal of human excreta and safe handling of domestic waste) were delivered as a package.





A supplementary feeding programme, which addresses moderate acute malnutrition, succeeded in feeding 100,939 children.

In the first round (July 2007), 95 percent of children from six months to five years of age received one dose of Vitamin A and 100 percent of children from 12 months to five years were dewormed. The second round of integrated child health days took place on 10–14 December and more than two million children under the age of five were targeted. The results will be available in early 2008.

Food Fortification

In 2007, UNICEF continued to support the Government in improving national standards and practices in food fortification. A national food fortification plan was finalised, which will harmonise various pieces of legislation into one plan and provide a coherent approach to food fortification. Malawi and Mozambique began working on an agreement to iodise salt for export to Malawi.

UNICEF supported an international consultative meeting on Sugar Fortification in December 2007, which resulted in an action plan on fortifying sugar with Vitamin A and developing regulations and standards. Sugar is used by most households in Malawi and therefore an ideal vehicle for fortification.

In addition, the training of 40 inspectors from the Malawi Bureau of Standards and a monitoring exercise in 10 out of 28 districts of the use of iodised salt at household level are contributing towards stronger national capacity in monitoring food fortification.

Baby Friendly Hospital Initiative

The Baby Friendly Hospital Initiative (BFHI), a global effort by UNICEF and WHO in ensuring that all maternities becomes centres of breastfeeding support, has been making steady progress in Malawi. The percentage of babies exclusively breastfed up to six months reached 57 percent in 2006, up from 53 percent in 2004. A third of all 67 hospitals in the country have successfully maintained their BFHI status. Another ten hospitals are ready for assessment and certification, which would bring the proportion of BFHI hospitals to 60 percent.

UNICEF provides technical and financial support to BFHI – for the development of policy guidelines and training material and for a comprehensive training programme of hospital staff. UNICEF also supports the Ministry of Health to assess and certify hospitals as baby friendly.



With one in 30 babies dying in the first hours and weeks of life, Malawi has renewed efforts in addressing neonatal death.

Treating Malnutrition

A partnership between the Ministry of Health, UNICEF, WFP and NGOs is helping to save the lives of children and women suffering from acute malnutrition. In 2007, the therapeutic feeding programme rehabilitated close to 50,000 children suffering from severe acute malnutrition. This represents an increase by more than 200 percent since 2006, largely due to the rapid scale up of Community Therapeutic Care (CTC), an effective approach at treating severe malnutrition at community level. In 21 districts implementing CTC, 86 percent of children were cured while 3.5 percent died. There are over 200 CTC sites, supported by NGOs, operating in 75 percent of the country's districts. A supplementary feeding programme, which addresses moderate acute malnutrition, succeeded in feeding 100,939 children and 44,457 pregnant and lactating women for six months.

UNICEF supports capacity development in nutrition. A training programme in the management of acute malnutrition was carried out for health facilities run by the Christian Health Association of Malawi (CHAM). CHAM operates more than 30 percent of the country's health facilities. Ministry of Health zonal and district staff also participated in the training. A training programme on HIV and Nutrition, targeting community workers, is being prepared for 2008.

Reproductive Health & HIV and AIDS

Maternal and Newborn Care

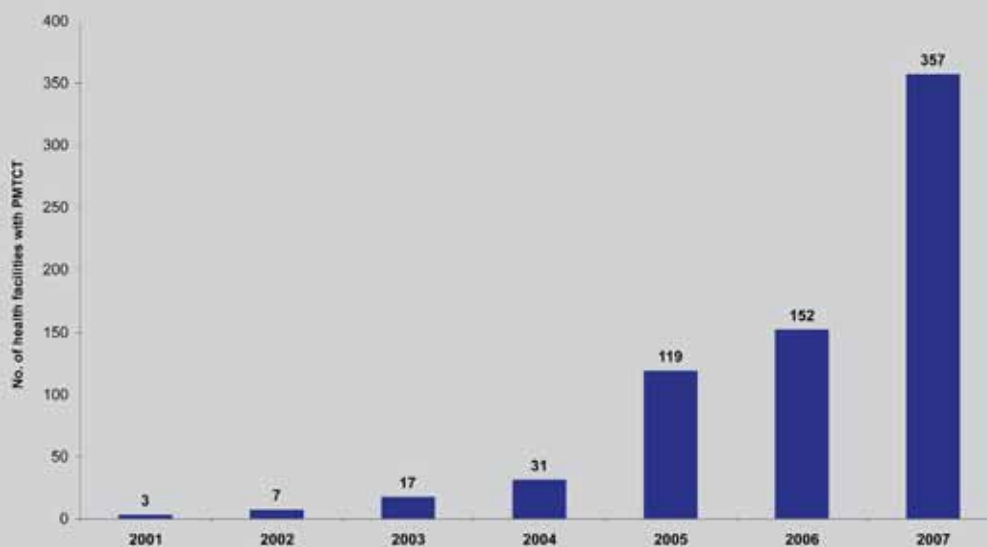
With one in 30 babies dying in the first hours and weeks of life, Malawi has renewed efforts in addressing neonatal death. The Ministry of Health, with support from Save the Children Fund, UNICEF and WHO, is preparing a package of services on newborn care based on research in Dowa, Thyolo and Chitipa districts, which will provide information on operational issues.

The national policy on newborn care, guidelines and a training package have been revised in line with ACSO and international commitments on scaling up universal access to HIV and AIDS prevention, treatment and care. Sixty health workers were trained in newborn care in six districts and a 10-bed Kangaroo Mother Care unit was built and equipped at Queen Elizabeth Central Hospital. Kangaroo Mother Care is a method of newborn care that promotes mother/child skin-to-skin contact, early and exclusive breastfeeding and provides services to mothers and babies without separating them. UNICEF also provided material support to health clinics to bolster emergency obstetric care. Coverage of emergency obstetric care has increased from two sites in 2006 to 22 in 2007, representing 23 percent of the 109 sites planned for development by 2009.

Youth Friendly Health Services

Young friendly services are needed to reach young people with reproductive health care, especially preventative services. This is certainly the case in Malawi where HIV infection rates among young women and men are high.

Trends in the number of health facilities with PMTCT services



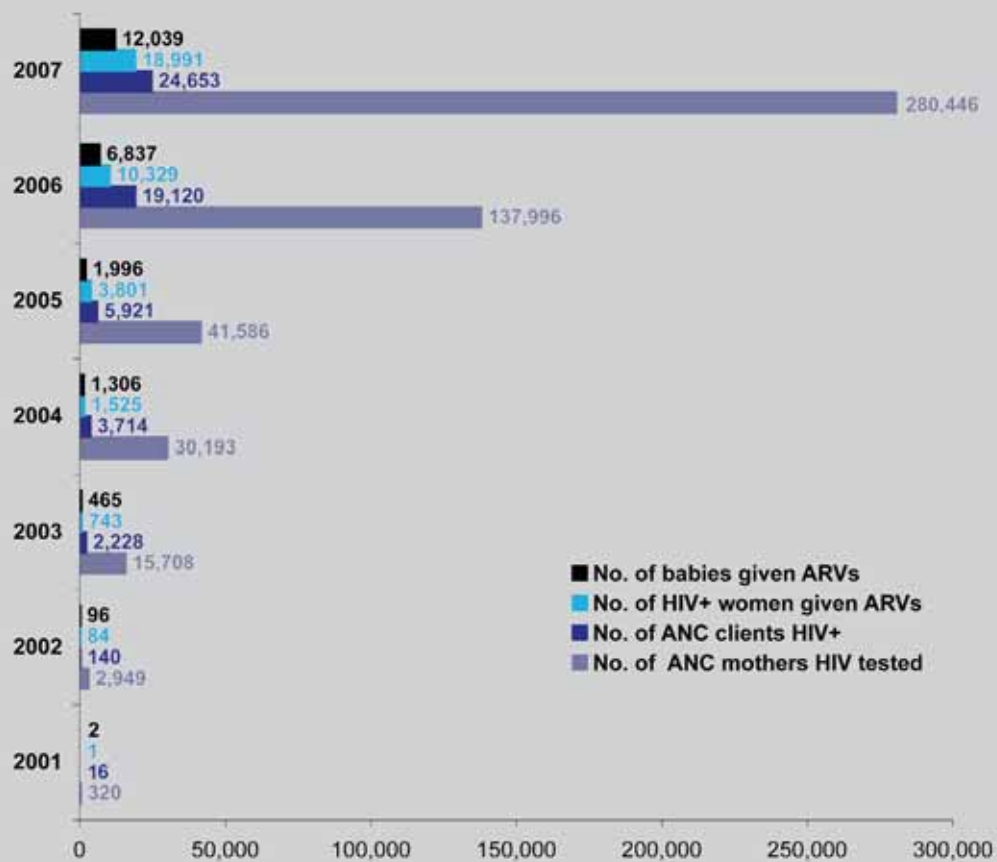
UNICEF has been supporting the expansion of youth friendly health services in Malawi to 15 districts. To date 45 percent of health centres in those districts offer reproductive healthcare and in many instances voluntary counseling and testing. During the year, more than 100,000 young people, half of whom were girls, tested for HIV. One percent of girls and one percent of boys in the 15–17 age group were found to be positive. Standards and a training manual for youth friendly health services were finalised in 2007 and 210 health workers from all the districts were trained using a revised curriculum.

Prevention of Mother-to-Child Transmission

The national Prevention of Mother-to-Child Transmission (PMTCT) programme is gaining momentum, thanks to stronger leadership by Government and a greater number of implementing partners coming on board in 2007. With advocacy and support from UNICEF, a high level PMTCT Steering Committee composed of senior Ministry of Health officials and heads of key development partners, including UNICEF, WHO, the Centre for Disease Control, the National AIDS Council, the Global Fund and Local Fund Agent, was established to periodically review progress and remove delivery bottlenecks. The Government has revised upwards the initial targets for PMTCT expansion: all 514 health facilities in the country providing antenatal care are expected to make PMTCT services available to pregnant women by June 2008.

As a result all PMTCT related activities have been intensified. Twenty-six trainers and 460 health workers were trained in 2007 and a monitoring and evaluation system was

Trends in the use of PMTCT services in Malawi



developed in collaboration with the NGO, Lighthouse. To address the continuing low uptake of PMTCT services, a national communication strategy for PMTCT is targeting the public through a partnership with the media and civil society. As part of this effort, the Male Championship communication initiative – aimed at mobilising men around PMTCT – was expanded to 10 additional districts.

By December 2007, a total of 197 or 36 percent of the targeted 544 health facilities were providing PMTCT services, surpassing the initial target of 165 sites. Just over a third of the estimated 600,000 pregnant women were counseled for HIV. Of those, 73 percent were tested for HIV.

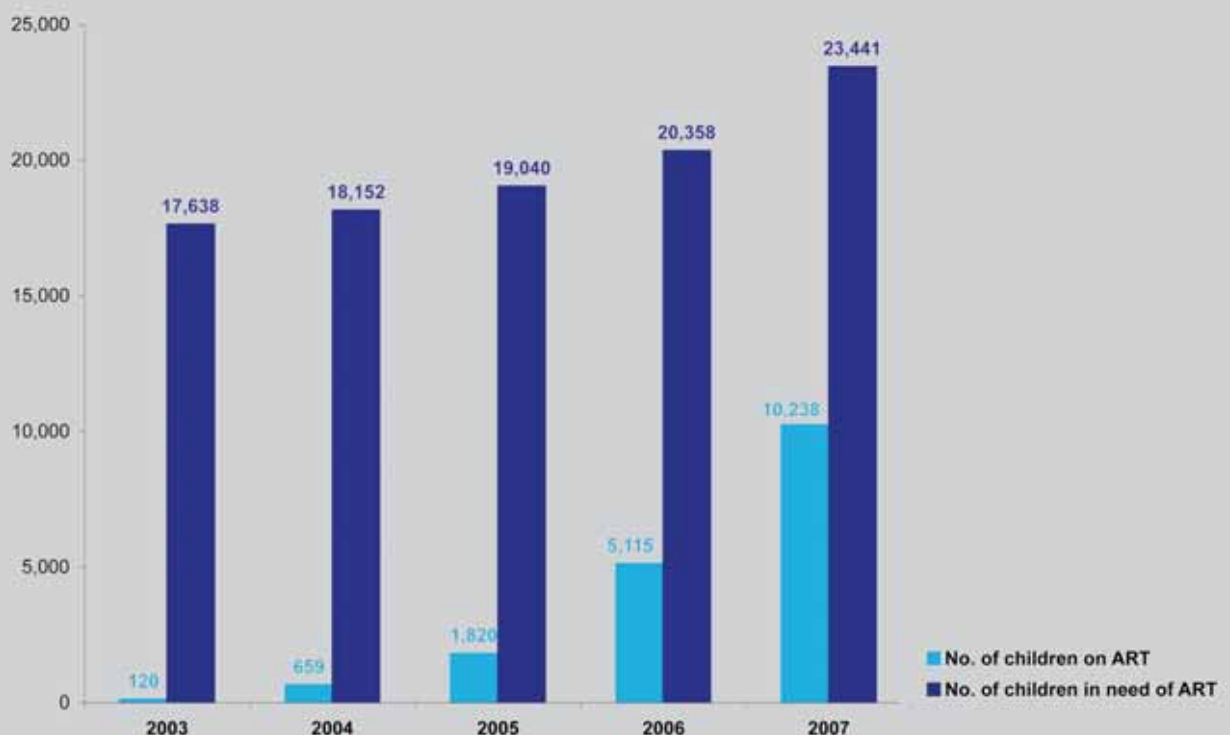
However, PMTCT services are still not being used to their full advantage. In the 197 sites only 41 percent of 26,000 HIV-positive women received ARV prophylaxis to prevent passing the virus to their babies. Close to 13,000 women attending antenatal care were on ART, representing nearly 44 percent of all those that tested positive. More than 10,000 babies that were exposed to HIV during gestation, childbirth or breastfeeding received ARV prophylaxis during the year.

Pediatric HIV and AIDS

The national pediatric HIV and AIDS programme, which has received substantial technical and financial support from UNICEF, the Baylor College of Medicine, the Centre for Disease Control, Lighthouse, the Clinton Foundation, WHO, the Global Fund and others, continued to strengthen services for the thousands of children living with HIV. More than 1,000 health workers nationwide were trained in 2007, job aids, data management tools, pediatric HIV testing and counseling guidelines as well as guidelines on the treatment of opportunistic infections using the antibiotic, cotrimoxazole, were developed.

According to national HIV reports, by the end September 2007, close to 10,000 children under the age 15 or almost 44 percent of children in need of treatment, were reported to have ever started on ART. Children represented about 10 percent of the total number of Malawians receiving ART.

Trends in the number of children on antiretroviral therapy





This innovative technology is able to detect the HIV virus in babies from as early as six weeks of age, making it possible to provide children with timely treatment.

In the area of infant HIV diagnosis, a start has been made to determine the status of babies born to HIV-positive mothers. A pilot project was started in April 2007 with the training of 539 health workers in dry blood sample PCR testing in 15 pilot sites. This innovative technology is able to detect the HIV virus in babies from as early as six weeks of age, making it possible to provide children with timely treatment. By August, 1,061 infants were tested and 20 percent were diagnosed with HIV infection. This number of children tested is expected to rapidly increase in 2008 as the Ministry of Health steps up the roll out of early infant HIV diagnosis.

Policy, Systems and Standards

UNICEF plays a critical role in leveraging policies and resources for maternal, newborn and child interventions. Using its technical competence and financial support, UNICEF advocates for children to be at the centre of planning and programming, helps to generate evidence for programme implementation and provides policy guidance.

A mid-term review of the Malawi health SWAp in September 2007 revealed that there has been good progress in the implementation of administrative and governance related activities in the health sector. The Ministry of Health's budget increased from MK8.14 billion in 2004/05 to MK17.5 billion in 2006/07, with the share of donor funding rising from 30 percent to 58 percent during the same period.

One of Malawi's main concerns is the critical shortage of trained personnel in the primary healthcare system. Efforts are being made to reduce this shortfall, which have resulted in improvements in the vacancy rate from 61 percent in 2005/06 to 49 percent in 2006/07. This is largely due to salary increases for health workers and the recruitment of close to 6,000 HSAs. In addition there has been an overall increase by 24 percent of skilled health staff in the sector, with 40 percent of health facilities now having the minimum required number of nurses, compared to 23 percent in 2002.

UNICEF's technical assistance proved valuable to the production of the Ministry of Health's Annual Procurement Plan and revision of the National Drug Policy. UNICEF also contributed to the completion and validation of the Drug Leakage Study, the development of a strategic plan for the country's Central Medical Stores and the inclusion of child-related programme indicators in the SWAp monitoring and evaluation framework.

UNICEF continued to provide procurement services for the health sector. The items procured included HIV-related supplies, vaccines, insecticide-treated bed nets and other products related to malaria control worth US\$34 million.



Our Partners

ACCESS, Action Against Hunger, Action Aid, Africare, Basics, Baylor College of Medicine, Bunda College of Agriculture, Canadian International Development Agency, Canadian Physicians for Aid and Relief, CESTAS, Christian Health Association of Malawi, Clinton Foundation, College of Medicine, COOPI, Concern Universal, Consumer Association of Malawi, Development Aid from People to People in Malawi, District City Assemblies, European Union, Howard University, Inter Aide, Irish Aid, JHPIEGO, Kamuzu College of Nursing, Lighthouse, Livingstonia AIDS Programme, Malawi Bureau of Standards, Malawi Business Coalition, Malawi College of Health Sciences, Management Sciences of Health, Malawi Revenue Authority, Médecins Sans Frontières, Ministry of Agriculture, Ministry of Health, Ministry of Local Government, Ministry of Trade and Industry, Ministry of Water and Irrigation, Ministry of Women and Child Development, Mission Resource Centre, National Youth Council, Norwegian Agency for International Cooperation, Office of the President and Cabinet: Department of Nutrition and HIV and AIDS, OXFAM, Plan Malawi, Population Services International, Save the Children Fund, UK Department for International Development, United States Agency for International Development, University of North Carolina, Valid Nutrition, World Medical Fund, World Relied, World Vision International.

WATER, SANITATION AND HYGIENE PROMOTION



Schools that do not have working toilets or water are not only unhealthy for children but also discourage children from attending and completing their education.

THE WATER, SANITATION AND HYGIENE PROMOTION PROGRAMME

Ensuring that children and women have access to safe water and appropriate sanitation and that they learn healthy hygiene practices plays a big role in child survival and development. With water-borne diseases one of the major causes of death in children under five in Malawi, there is no place for complacency.

The UNICEF Water, Sanitation and Hygiene Promotion programme contributes to national efforts in improving the quality and coverage of services in 12 target districts. In 2007, the Government, with UNICEF support, strove to provide 80 percent of the population with access to safe water and 70 percent of the population with access to basic sanitation in 12 target districts.

Capacity Building for Sector Reform

UNICEF's assistance to the water and sanitation sector is taking on a more systems-based approach. The aim is to support the Government in developing capacities, policies and systems that will strengthen the sector as a whole. In 2007, UNICEF was involved in helping the Ministry of Irrigation and Water Development to flesh out a road map for a water and environmental sanitation SWAp.

An Operation and Maintenance system was put in place to develop community capacity for the running and upkeep of village water points. Existing systems were assessed and manuals produced to help communities set up the new system. Technical manuals on installation and repairs of water points were also developed.

UNICEF helped the Ministry of Irrigation and Water Development to devise public communication strategies and related manuals for hygiene education: the Integrated Social Sanitation, Hand Washing, and Safe Water communication plan; the Hand Washing Guide and booklets for primary schools on hand washing, proper use of latrines and safe handling of water, which will be used in a pilot project in Lilongwe to demonstrate the effectiveness of the intervention. Training teachers how to use the booklets and teach their students has already started.





SNAPSHOT

75 percent of people in Malawi have access to an improved source of drinking water such as piped water or a protected well.

Nearly 46 percent of households have to walk for 30 minutes or more to get water.

Only 19 percent of people treat their water to make it safe for drinking.

88 percent of Malawians use improved sanitation facilities such as toilets and latrines.

73 percent of people have soap or washing powder/liquid to wash their hands after using the toilet.



Around 647 water points were installed and 38 rehabilitated, which brought safe water to more than 170,000 people.

The National Water Point Inventory, which lists all protected water sources in the country and their functionality status, was updated during the year. Regular inventory updates help programme managers to plan, target and implement interventions related to water supply in a timely and coordinated manner. The training of district personnel on the management and use of this inventory is under way. UNICEF has provided computers and other electronic equipment to districts for this purpose.

To assist districts in planning and budgeting for their water and sanitation programmes, UNICEF supported the development of multi-year District Strategy and Investment Plans for the 12 target districts. The Ministry of Irrigation and Water Development and other partners have responded very positively to the plans and funding for this development looks promising. District capacity has been also bolstered by the recruitment of 12 new District Water and Sanitation Officers, eight of whom are women.

Integrated Water, Sanitation, and Hygiene Promotion

The Government, with support from UNICEF and other partners, has continued to implement an integrated package of water, sanitation and hygiene promotion services in rural communities. In 2007, 220 area mechanics were trained to repair, rehabilitate and construct new water facilities, 250 maintenance contracts were signed between the area mechanics and communities and 220 extension workers were trained to assess water facilities. Around 647 water points were installed and 38 rehabilitated, which brought safe water to more than 170,000 people.

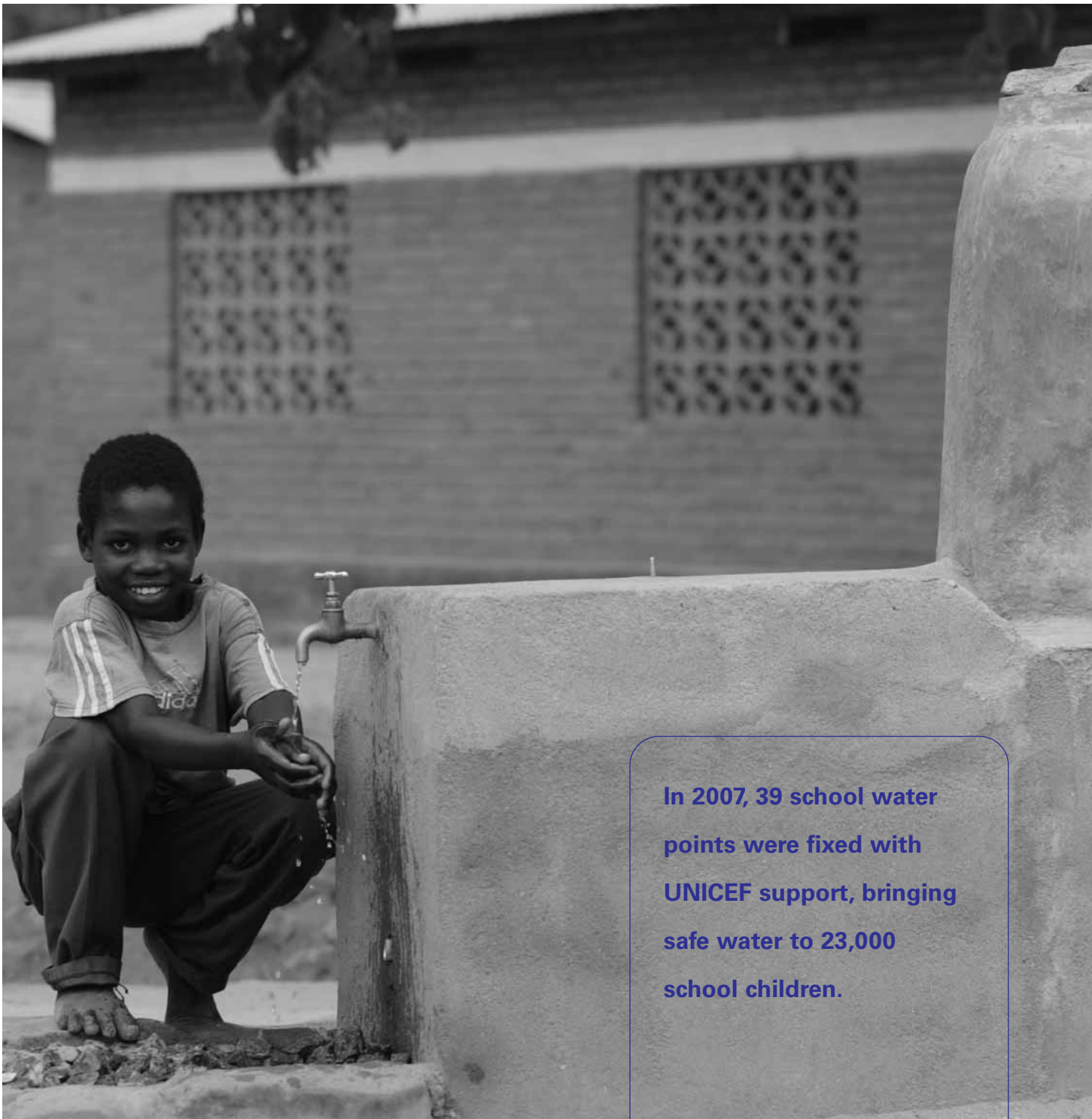
With funding from USAID, UNICEF supported operations research in Salima and Blantyre districts using antenatal clinics as a vehicle to reach households with hygiene interventions. The project provided 15,000 pregnant women with hygiene messages and a hygiene kit. A baseline survey on hygiene knowledge and practices among the pregnant women was conducted in May in collaboration with the Centre For Disease Control. A follow-up survey and evaluation will be carried out in early 2008 to assess the project's feasibility for scale up to other parts of the country.

School Sanitation, Hygiene Education & Life Skills

Schools that do not have working toilets or water are not only unhealthy for children but also discourage children from attending and completing their education. A UNICEF school survey in 2002 found that more than 20 percent of the sampled schools with water supply facilities did not have water and that latrines were grossly inadequate, with a latrine-pupil ratio of 1:130. Since then efforts have been made to repair and construct water and sanitation facilities in rural schools with the participation of communities. In 2007, 39 school water points were fixed with UNICEF support, bringing safe water to 23,000 school children. Locally trained masons, using an updated manual on school sanitation and bricks and sand donated by the surrounding community, built child-friendly and separate boys/girls toilets and hand washing areas in 80 schools.

Our Partners

Africare, Canadian Physicians for Aid and Relief, Fresh Water Project, Inter Aide, Ministry of Education, Ministry of Health, Ministry of Irrigation and Water Development, United Nations Development Programme, World Health Organisation, World Vision.



In 2007, 39 school water points were fixed with UNICEF support, bringing safe water to 23,000 school children.

BASIC EDUCATION AND YOUTH DEVELOPMENT



Girls bear the brunt of this lost opportunity, pulled away from school by poverty, traditional reproductive roles, girl unfriendly school environments and teaching practices that are gender insensitive and outdated.

THE BASIC EDUCATION AND YOUTH DEVELOPMENT PROGRAMME

The UNICEF Basic Education and Youth Development programme works with the Government and other partners to increase access to early childhood learning; raise net enrolment in primary school; improve completion rates; provide primary school children with life skills on HIV and AIDS; ensure that children continue learning in the event of an emergency; help young people adopt safer sexual behavior; and promote the participation and development of adolescents.

Quality Primary Education

A large majority of children in Malawi enrol in the first grade of primary school, hoping that education will provide them with a ticket out of poverty. However, less than a third make it to the final grade. Girls bear the brunt of this lost opportunity, pulled away from school by poverty, traditional reproductive roles, girl unfriendly school environments and teaching practices that are gender insensitive and outdated. One of the Government's key priorities is to improve the quality and relevance of education, which would help to keep children in school. The Child Friendly School (CFS) initiative, with its extended vision of a quality education, is one of the main approaches in achieving this.

Child Friendly Schools

In 2007, CFS became institutionalised in Malawi through its integration into the draft National Education Sector Plan. This means that a standard minimum package of interventions, which promise to transform schools into safe, child-centred and gender-sensitive places of learning, will be progressively adopted by all state primary schools in the country. The CFS package includes child health and nutrition programmes, child-centred and gender responsive curricula and teaching methods, school safety programmes, water and sanitation facilities and partnerships with the wider school community.





SNAPSHOT

86 percent of primary-aged children are attending school.

The Gender Parity Index for primary school is **0.93**.

Of all the children who start grade one, **86 percent** make it to grade five.

Only 13 percent of secondary-aged children are in secondary school.

Girls between the ages of 15 and 19 are more likely than boys in the same age group to be infected with HIV: **3.7 percent compared to 0.4 percent** respectively.



Sixty new classrooms were constructed and 24 classrooms in six schools were rehabilitated, enough to accommodate 220,000 students now and for the next few decades.

During the year, 55 Ministry of Education officials and other key implementers were trained in the CFS approach; 1,300 teachers were trained in CFS methodologies; more than 250,000 children in 200 schools received school-in-a-box kits and exercise books; and 200 schools received furniture, benefiting over 40,000 school children. Sixty new classrooms were constructed and 24 classrooms in six schools were rehabilitated, enough to accommodate 220,000 students now and for the next few decades. Sixty-five schools were provided with water and separate girls and boys toilets and hand washing areas.

Mobilising communities in support of girls' education continued through mothers groups, school management committees, girls' clubs and the Girls Education Movement, helping to retain girls and orphaned and vulnerable children in more than 1,200 schools.

Reforming the Curriculum

The new primary school curriculum was successfully rolled out to the first grade, and preparations made for its introduction to other grades next year. UNICEF supported the training of District Education Managers and teachers on new curriculum material for Standard 1, transcribed new learning and examination material into Braille for blind learners; and designed and carried out a communications campaign to prepare the country for roll out to Standards 2, 5 and 6 in 2008.

Gender Equality

Girls are disadvantaged in education because of cultural and socio-economic barriers. Attempts have been made to address these hurdles. A gender audit of the National Education Sector Plan and ongoing evaluation of the Girls Education project have been used to develop a communication strategy while a Gender Policy, which will be finalised and disseminated in 2008, will help to inform programming for girls' education.

Life Skills Education

Life skills education to prevent HIV infection in children in the 10–14 age group, considered the 'window of opportunity' in helping to curb the spread of the epidemic, has become a recognised learning area in primary education. Life skills education has been successfully integrated into standards 1–5 and is a timetabled subject in the new curriculum. The Ministry of Education, the Malawi Institute of Education, UNICEF and UNFPA are supporting the institutionalising of life skills education into standards 1–8. To fulfill this mandate, UNICEF has supported training of 5,000 teachers in life skills and the distribution of more than one million life skills pupil books, teacher guides and syllabuses and supplementary reading material for standards 1–4.

The extra-curricular 'Edzi Toto' ('Say No to AIDS') school club programme continued to expand to more and more schools during the year. An estimated 5,000 teachers were oriented on the management of anti-AIDS clubs as part of their life skills training and 900 patrons were trained to set up and run Edzi Toto clubs. To date, 95 percent of public schools are running Edzi Toto clubs and offer peer education on HIV awareness and prevention.



PORTRAIT OF A ROLE MODEL

Zile Shumba is the Executive Director of CKK Building and Civil Contractors hired by UNICEF Malawi to build new classrooms as part of the 'Schools for Africa' initiative. The energetic single mother, who employs women and takes care of HIV-positive staff, can be seen as a role model for Malawian women.

Zile was born in 1967 into a family of 11 children, ten girls and one boy. Her parents encouraged all their daughters to go to school, and five of them made it to university. After studying accounting and computer technology, Zile worked for the Government. When she resigned from the Ministry of Education, she completed a certificate in Construction Engineering and Architecture.

"When I did my construction certificate, we were only two women for 30 men," explains the businesswoman. "We really had to push ourselves to make our career in construction because many men thought our job was to be in the kitchen." Challenging traditional gender norms, this strong-willed woman created her own construction company in 1999.

Zile is a single mother. She gave birth to her son 14 years ago, and left her first husband four years later. When she remarried, she immediately left the new companion after finding out he was abusing her son. "Since that time, I have decided to raise my young boy all alone," says Mrs. Shumba with a proud smile.

The Executive Director is used to working in difficult rural areas where roads are barely inaccessible, especially in the rainy season. In 2007, she was contracted for a UNICEF project to renovate two schools in the southern part of the country.

"In both schools, the classes were built a long time ago and had never been renovated. Moreover, the number of classrooms was not enough to care for all children," explains Zile. "UNICEF has done a great job building those schools for Africa. The children who were learning outside will now be able to go inside the classrooms. It will have a huge impact, especially during the rainy season."

Zile takes a holistic approach to her work. For constructing the schools, she is making sure that the company hires as many women as possible to carry bricks and buckets of water to the sites. Out of the 72 staff working on both sites, 36 are women.

"Employing women is a way of empowering them in the village," says the Director. "I have seen a lot of problems in homes. Many women are single, struggling to feed their children. When they earn money, you can make sure it goes directly to their children."

Students in the two schools see Zile driving herself to the construction sites. For most girls, it is the first time they see a woman driving a car, and also directing a construction team of men and women. "Me going there has uplifted the spirit of many girls who dropped out of school," admits Zile. "I encourage single mothers to go back to school. Some of them are even inspired to start their own business."

The company took the responsibility to provide information on HIV and AIDS as well as free condoms to its entire staff. Some of the women working for Mrs. Shumba are HIV-positive. "After coming to both sites, some women came to me to tell me about their infectious disease. I decided to give my staff half a day per month to provide them with information on how to prevent and be protected from HIV."

Zile decided not only to employ HIV-positive women, but also to provide them with extra money. "It is a way of encouraging them to get treatment and get nutritional support to go with ART," says Zile. "And it is my way of saving lives." ■



An increasing number of opportunities for youth participation and development are becoming available in Malawi, ranging from anti-AIDS school clubs to highly organised youth NGOs.

Adolescent Development & Participation

Comprehensive knowledge about HIV and AIDS is low in Malawi. 'Comprehensive' is defined as the knowledge of two transmission routes and three misconceptions about HIV infection. Only 41 percent of girls and boys in the 15–19 age group have comprehensive HIV knowledge. Data also reveals that many young women are having sex with someone who is not their regular partner and use condoms inconsistently.

Knowledge alone is not enough for young people to change their behavior but it is critical for young people to understand their risk of infection and learn and use skills to avoid infection. A national plan of action to scale up sexual reproductive healthcare and HIV prevention for young people was finalised in 2007 and will provide an overarching framework to streamline and accelerate interventions in this area. The plan was included in Malawi's proposal on primary prevention to the Global Fund, which received a grant of over US\$30 million.

An increasing number of opportunities for youth participation and development are becoming available in Malawi, ranging from anti-AIDS school clubs to highly organised youth NGOs. There are now nearly 5,000 Edzi Toto clubs in schools and 3,500 similar clubs out of school. Youth NGOs have also expanded both in number and capacity. These structures provide UNICEF and its partners with a platform to reinforce HIV prevention messages and skills development, and effort has been put into strengthening their capacity.

During the year, 40 percent of youth centres were given a standard package of materials, ten youth NGOs and youth centres received institutional support, and schools, youth centres and NGOs received 200 sports-in-a-box kits. Various materials were printed and distributed to youth centres and NGOs including 2,000 handbooks on basic HIV and AIDS information, 2,000 Edzi Toto club activity handbooks, 2,000 copies of best practices in adolescent mobilisation as well as posters, leaflets, stickers and T-shirts. Around 650 young people received vocational training and 45 youth leaders were trained in club management.

Sector Wide Approach and Systems Development

The Education SWAp continues to be a key area of education development in Malawi and includes partners such as UN agencies, the Ministries of Education, Youth Development and Local Government and selected NGOs.

In 2007, the SWAp process moved forward. During the year, the National Education Sector Plan was almost completed. It was costed and presented for review to ensure that it complied with international and national standards. The plan's priorities will constitute the SWAp's programme of work. The UNICEF country office in Malawi organised a week-long training for senior government officials on SWAp, with support from other UNICEF offices in the region and the UNICEF Eastern and Southern Africa Regional Office. A draft road map toward SWAp was proposed, with commitment by the Ministry of Finance to harmonise aid and support the SWAp. In addition the roles of responsibilities of stakeholders involved in



SWAp were defined, a risk assessment of the education sector conducted and a revised code of conduct and memorandum of understanding presented to partners for ratification.

Our Partners

Adolescent Girl Literacy Association, Civil Society Coalition for Quality Basic Education, Development Aid from People to People in Malawi, Forum for African Women Educationalists in Malawi, Guidance and Counselling African Centre, Malawi Girl Guide Association, Malawi Institute of Education, Malawi National Commission for UNESCO, Ministry of Education, Science and Technology, Ministry of Youth Development, National Youth Council, Playsoccer Malawi, Scouts Association of Malawi, YouthNet and Counselling.

ORPHANS AND VULNERABLE CHILDREN AND CHILD PROTECTION



According to MICS 2006, orphaned and vulnerable children in Malawi are not getting the support they need.

ORPHANS AND VULNERABLE CHILDREN AND CHILD PROTECTION PROGRAMME

With child rights abuses on the rise as a result of poverty, food insecurity, HIV and AIDS and weak social services, the imperative to ensure children's protection and wellbeing is more urgent than ever.

The UNICEF Orphans and Vulnerable Children and Child Protection programme works with national and international partners to create a policy, legal and institutional environment, which will pave the way for scaled up protection, care and support services for orphans and vulnerable children; strengthen national capacity at all levels to implement the National Plan of Action for Orphans and Vulnerable Children; and mobilise families and communities to care for, and protect their vulnerable children.

Orphans and Vulnerable Children

According to MICS 2006, orphans and vulnerable children in Malawi are not getting the support they need. Only six percent receive medical support, four percent get psychosocial support, nine percent get material support and six percent receive educational support.

Strengthening National Capacity

The National Plan of Action for Orphans and Vulnerable Children is Malawi's overarching framework for providing services to vulnerable children. From helping develop the national plan in 2004 to strengthening the Ministry of Women and Child Development's leadership in implementing the plan, UNICEF has been the lead UN agency providing support to orphans and vulnerable children. In 2007, UNICEF continued working with the Ministry to improve its ability to coordinate the national plan of action and to speed up the pace of implementation of a Global Fund grant for orphans and vulnerable children. In partnership with other development



SNAPSHOT

Around 12 percent of Malawi's 6.8 million **children are orphaned.**

Nearly 7 percent of children are considered to be vulnerable.

An estimated **1.4 million children** are involved in child labour that is dangerous to their health and well-being.

Child abuse, exploitation and violence are becoming increasingly common.



A 2006 study of community-based childcare centres showed that between 1996 and 2005, the number of centres grew from 650, catering for 32,000 children, to almost 6,000 reaching close to 600,000 children.

partners, UNICEF held high-level talks with ministry officials, which helped to unblock funding bottlenecks and channel them towards accelerated services for orphans and vulnerable children.

Limited capacity of District Social Welfare Officers has been identified as a serious obstacle in the delivery of services for poor families and vulnerable children. To address these limitations and prioritise children's issues at district level, UNICEF supported the Ministry of Women and Child Development to carry out a nationwide decentralised planning process, which resulted in all 32 districts, cities and municipal assemblies in the country aligning their local child protection and plans for orphans and vulnerable children with the National Plan of Action. District authorities acknowledged the importance of the exercise for better coordination, resource mobilisation and harnessing political will at district level. The exercise also helped to enhance the planning skills of District Social Welfare Officers.

To further improve District Social Welfare Officer capacity, UNICEF placed international volunteers from Volunteer Services Organisation to mentor ten officers and help develop district coordination and monitoring and evaluation systems in 10 of the 28 districts of the country.

Early Childhood Development

Early childhood development (ECD) remains a significant priority in the protection and care of young orphans and other vulnerable children. ECD is delivered in Malawi through an extensive network of community-based childcare centres, which are owned and run by parents, guardians and the community at large. The centres are set up for young children under the age of five and provide play and access to good nutrition, healthcare, safe water and proper hygiene. A 2006 study of community-based childcare centres showed that between 1996 and 2005, the number of centres grew from 650, catering for 32,000 children, to almost 6,000 reaching close to 600,000 children.

In 2007, the Government completed a national inventory on community-based childcare centres, with support from UNICEF. The inventory, which has mapped each centre in the country and provides vital information on services, will be used for planning purposes to improve the nature and quality ECD in Malawi.

A team of government and civil society representatives, supported by UNICEF's Eastern and Southern Africa Regional Office in Nairobi, drafted a five-year strategic plan for ECD on the basis of the National ECD Policy developed in 2003 with the support of UNICEF. The plan suggests ways of improving the quality of services at community-based childcare centres through activities such as attaching trained ECD teachers to the centres. Efforts are also being made to build local expertise in ECD through networking and courses organised through ECD virtual universities.

In 2007, a strategic partnership between UNICEF, District Assemblies and civil society organisations provided support to 1,581 community-based childcare centres, reaching just under 117,000 children. This was done by training volunteer caregivers and community

committees, and providing learning materials to the centres. Partners have introduced innovative methodologies to improve school readiness of the children attending the centres (the centres generally cater to the 3-to-5 age group). Work has also begun with parents and guardians to include children under the age of two.

Psychosocial Support

As parents and family members continue to die from HIV-related and other diseases, communities are struggling to help children cope with grief, loss and instability in their lives. AIDS-related illnesses account for around 235 deaths a day. The Ministry of Women and Child Development and UNICEF have joined forces to address this issue and bolster psychosocial services in the country.

A training of trainers programme started in 2007 with a cadre of 30 facilitators using a psychosocial support training manual called 'The Journey of Life'. The original version of the manual, which comes from South Africa, was adapted to the Malawi context by a team of Malawi experts and the author. The Journey of Life methodology will be used to train service providers in children's corners, a child-centred intervention that addresses the psychosocial needs of children between the ages of 6 and 13. Children's corners are centres where children, especially orphans and vulnerable children, are given holistic care, support and protection. In 2007, UNICEF provided support to 607 children's corners, reaching close to 50,000 children.



Children's corners are centres where children, especially orphans and vulnerable children, are given holistic care, support and protection.



Children who are in conflict with the law often have a traumatic experience with the criminal justice system in Malawi, which focuses on punishment and denies children their basic rights.

Child Protection

Developing Legislation and Policies

Malawi has drafted key pieces of legislation – the Child Care Protection and Justice Bill, the Wills and Inheritance Act and the Birth Registration Act – but they have not yet come before Parliament. UNICEF has continued to support the Ministry of Women and Child Development to advocate for the enactment of the bills, which would tremendously enhance the rights of children in the country. The Government and civil society worked together during the year to set up a network for children with disabilities, finalise Malawi's report to the Committee on the Rights of the Child and produce guidelines for drafting the Child Protection Policy.

Restorative Justice

Children who are in conflict with the law often have a traumatic experience with the criminal justice system in Malawi, which focuses on punishment and denies children their basic rights. Restorative justice or diversion, on the other hand, works at rehabilitating young offenders to prevent further offences.

UNICEF, in partnership with the National Juvenile Justice Forum, supported the Judiciary to raise awareness among district officials and service providers on diversion and establish four pilot sites for restorative justice. Additionally, one child-friendly court in Mzuzu was established and plans advanced to set up a fourth court in Lilongwe.

UNICEF also assisted Police Victim Support Units to respond appropriately to child victims of abuse by training 70 police officers in play therapy. Through play therapy, a child can communicate what has happened to them in a way that reduces the potential of re-traumatisation.

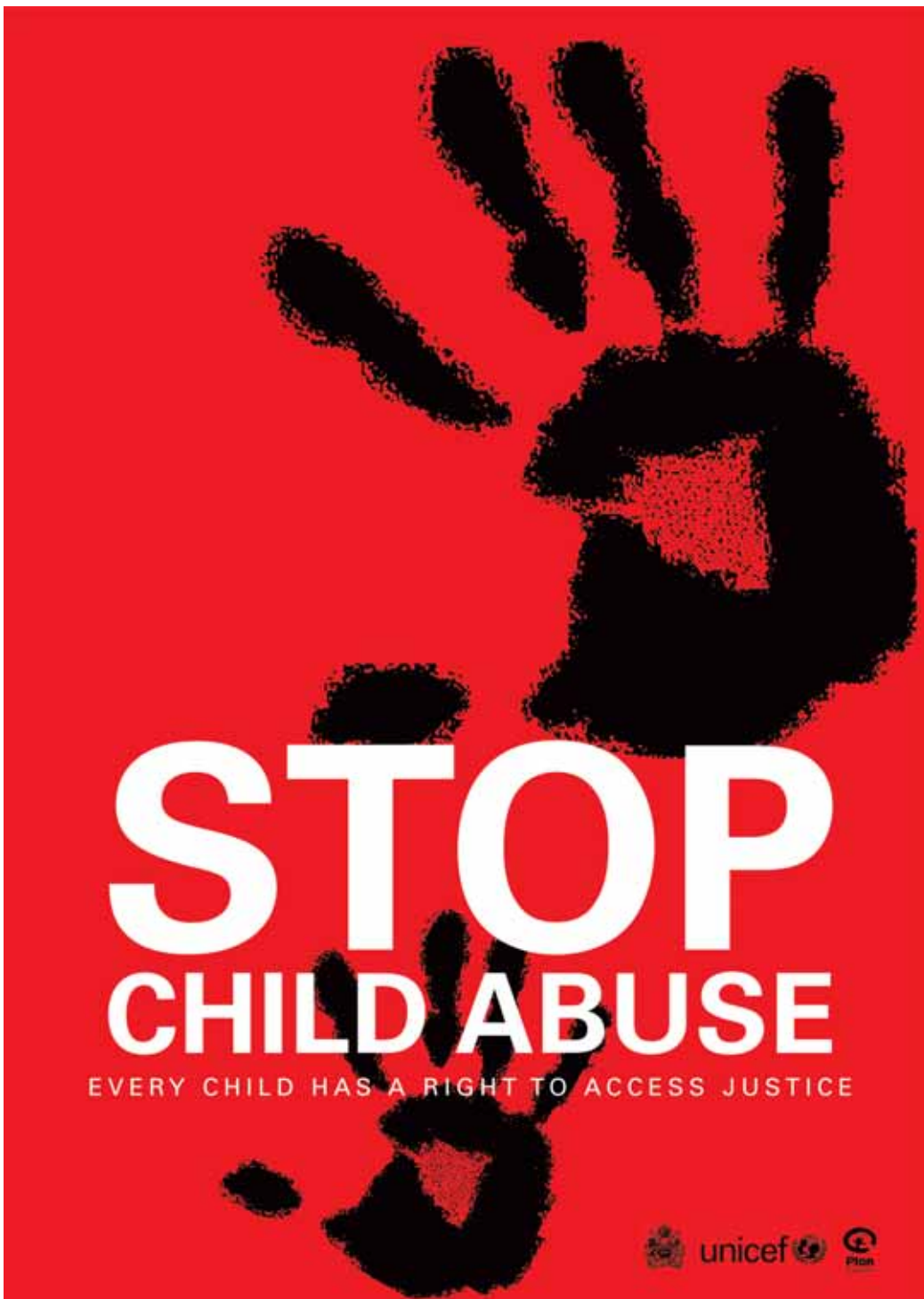
UNICEF and the Ministry of Women and Child Development have carried out an assessment of the impact of community child protection workers with the aim of improving their services. Child protection workers are at the frontline of the fight against child abuse, identifying cases in the community and referring them to the relevant authorities. In 2007, the number of community child protection workers increased from 249 to 400.

Protecting Children Against Abuse and Violence

In response to Malawi's growing trend of violence against children, a multi-media campaign to combat child abuse was launched in June 2007, with UNICEF support. The 'Stop Child Abuse' campaign targeted the public, policy makers and service providers through a national road show, radio and TV programmes, billboards installed nationwide and more than 100,000 leaflets, fact sheets, posters, sarongs and handbooks. Campaign material branded powerfully in red demands society to stop practices that are not only criminal, but also permanently scar children, emotional and physically, impeding their healthy growth. The campaign, which continues into 2008, is raising public awareness

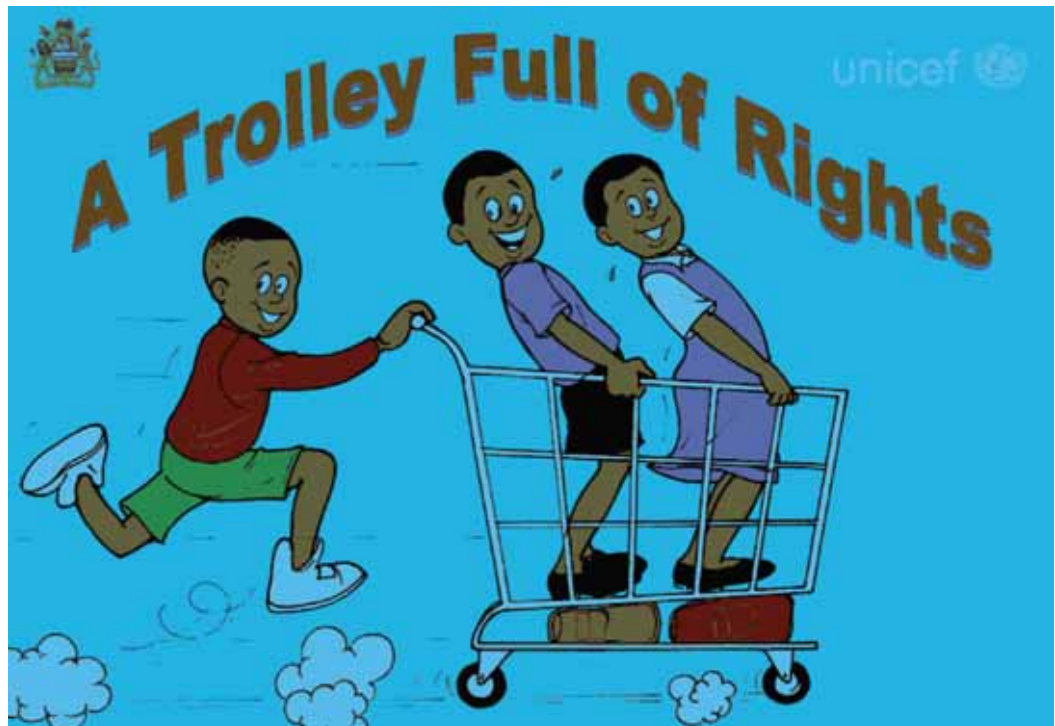
and stimulating debate on child abuse, a subject that has been shrouded in silence and secrecy in Malawi.

The 'Stop Child Abuse' campaign targeted the public, policy makers and service providers through a national road show, radio and TV programmes, billboards installed nationwide and more than 100,000 leaflets, fact sheets, posters, sarongs and handbooks.



In May 2007, 1.4 million comic books called 'Trolley Full of Rights' were distributed to all primary schools across the country. The initiative teaches children about their rights as enshrined in the Convention on the Rights of the Child and is designed for 6 to 10 year-olds.

A protective environment in schools is vital for students' ability to learn and complete their education. In May 2007, 1.4 million comic books called 'Trolley Full of Rights' were distributed to all primary schools across the country. The initiative teaches children about their rights as enshrined in the Convention on the Rights of the Child and is designed for 6 to 10 year-olds. To reinforce the messages in the book, Trolley Full of Rights has been turned into a radio programme. An assessment of 167 children in 10 districts revealed that the intervention is being very well received in schools. Around 80 percent of children have read the book and are well versed in their rights.




UNICEF partnered with DFID to strengthen services for children and women victims of abuse and gender violence. Furthermore, UNICEF, in partnership with ILO, supported the drafting of a National Plan of Action on Child Labour, started a study on child trafficking and worked on conceptualising a child labour policy.

Strengthening protection of children and women was also achieved through a partnership with the SADC Peacekeeping Training Centre, located at the Malawi Defense Force College in Salima. Forty military officers from Malawi, Kenya, Mozambique, Tanzania, Lesotho, Namibia, Botswana and Mauritius were trained on child and gender protection. UNICEF Malawi provided technical assistance during the training and will support the SADC Peacekeeping Training Centre to establish a similar course in 2008.

Our Partners

Active Youth for Social Enhancement, Centre of Adolescent Youth Organisation, Centre for Alternatives for Victimised Women and Children, Centre for Youth and Children's Affairs, Chisomo Children' Club, Console Homes, Eye of the Child, Malawi Human Rights Commission, Kanego AIDS Support Organisation, Malawi Human Rights Youth Network, Malawi Police, Malawi Red Cross, Ministry of Education, Ministry of Home Affairs, Ministry of Justice, Ministry of Labour and Social Development, Ministry of Women and Child Development, National Juvenile Justice Forum, Oxfam, Parent of Disabled Children Association of Malawi, Penal Reform International, Plan International, Salima AIDS Support Organisation, Save the Children Federation, YouthNet and Counselling, Youth Watch Society.



Around 80 percent of children have read the book and are well versed in their rights.

SOCIAL POLICY, ADVOCACY AND COMMUNICATION



Children's and young people's participation in advocacy is also promoted to ensure their meaningful participation in decision-making that affects them.

THE SOCIAL POLICY, ADVOCACY AND COMMUNICATION PROGRAMME

The UNICEF Social Policy, Advocacy and Communication programme works with the Government, civil society, the private sector and other partners to position and leverage resources for child rights in national planning processes such as the Malawi Growth and Development Strategy (MGDS), and in sector reforms and policy development. In partnership with other UN agencies, UNICEF provides support to monitor the MGDS and track Malawi's progress toward the MDGs. The programme further leverages policies and resources for social protection as a means to reduce child poverty. The programme also provides leadership and technical support for the promotion of communication for improved behavior and social change in all programmes. Children and young people's participation in advocacy is also promoted to ensure their meaningful participation in decision-making that affects them.

Social Policy

In 2007, UNICEF provided support to the Ministry of Economic Planning and Development to coordinate work around the Global Study on Child Poverty and Disparities. The Ministry and UNICEF have partnered with other key ministries, statistical offices, research institutions and civil society organisations to complete the study by May 2008. The study will be used to develop a national children's advocacy strategy, which will in turn be used to influence government budget allocations, set priorities and bring out the face of children in the implementation of the MGDS.

To advance birth registration in Malawi, UNICEF advocated for the passage of the National Registration Bill. Due to a four-month budget crisis in Parliament this bill has not yet passed. Support





SNAPSHOT

Malawi is ranked at the **world's 11th poorest countries**, according to the 2006 Human Development Index.

Around 52 percent of the population lives on less than US\$0.32 (MK44) a day.

More than **three million Malawian children** live in poverty.

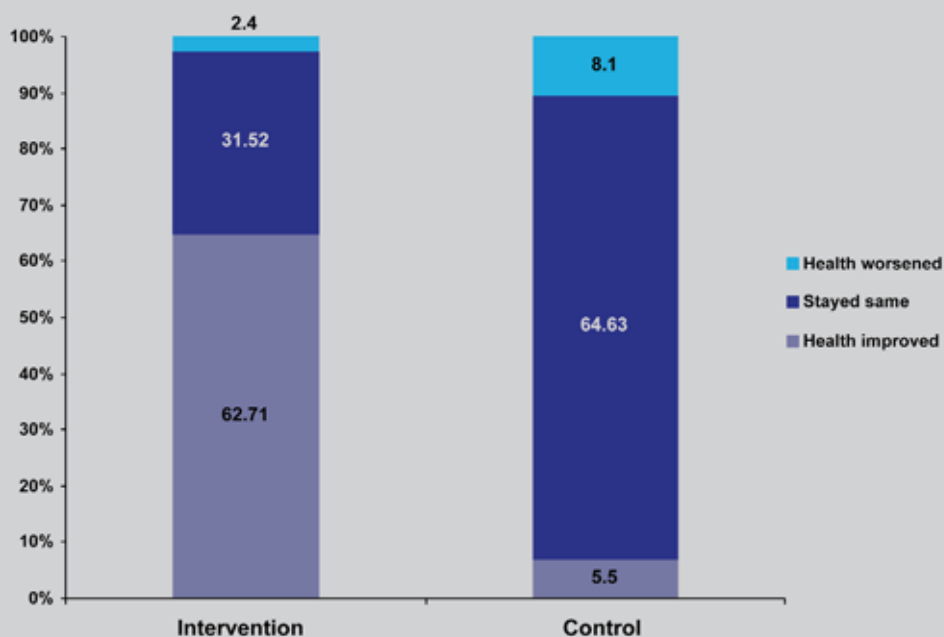
was provided to set up a national registration bureau, pilot birth registers in four districts and issue birth certificates to 400,000 children in nine districts.

As part of efforts to mitigate the impact of AIDS on children and to address widespread child poverty in Malawi, a pilot social cash transfer scheme, which started in 2006 in Mchinji district with support from UNICEF, was expanded to three other districts in 2007 with funding from the Global Fund, administered through the National AIDS Commission. By December, the scheme, which provides ultra-poor and labour constrained households with a monthly cash transfer averaging US\$12, covered 4,105 households, reaching 12,369 children.

Household headed by the elderly represent 65 percent of recipient households and more than 70 percent of the household members are children, of which 80 percent are orphans. A typical household of this type consists of a grandmother with grandchildren who have been orphaned due to AIDS.

Boston University is conducting an external evaluation of the project. Baseline surveys, which include data on the scheme's impact, targeting and performance, were completed in 2007. Results show that recipient families and children have seen a marked improvement in their wellbeing as their access to better food diversity, nutrition, health, education, shelter, sanitation, agriculture and asset ownership increases. The health of children benefiting from social cash transfers, for example, has improved dramatically in comparison to children in

How social cash transfers are helping to improve children's health in Malawi



ESIMY LENARDI: SINGLE MOTHER OF TEN CHILDREN

Esimy Lenardi has given birth seventeen times. Seven times she was struck by grief with the loss of a child, five of them dying before the age of five. To add to her grief, Esimy also lost her husband during a terrible famine in Malawi. Today, with the help of the social cash transfer, Esimy Lenardi does not need to struggle to survive anymore.

In 2002, the country suffered a famine. Erratic weather had ruined the region's crops, and thousands of people died of starvation. Esimy's husband was one of them.

"As a result of starvation, almost all the members of my family were suffering from malnutrition," tells Esimy. "We had only one meal per day, and every time it was very little. We were sharing using a small cup. Sometimes we had no food at all. My husband and two of my children did not survive."

Life was even harder after Esimy became the only breadwinner and caretaker of such a big family. After some months, the roof of the house fell apart. Some of the children had to sleep in a very tiny room and others went to stay in neighbors' homes. Esimy could not manage to pay for her children's school costs.

Esimy remembers well in August 2006, when the chief of her village called all members of the community together for a meeting. "It was explained that the pilot cash transfer project was meant to assist the ultra poor with money. We were given the targeting criteria during the meeting."

Lenardi's household was registered by a committee that was elected by the community. The family met the criteria to apply for a cash transfer. "I was still not sure that we would be selected," explains the single mother. "There was a special meeting for approval. Then we had to wait for two weeks. I was so happy when we received our first transfer."

© UNICEF/Gaëlle Sevenier



After years of starvation, the first thing Esimy bought for her family was the ingredients to cook a celebratory meal. "I managed to buy some meat as a celebration. Before, we only ate meat once a year on Christmas Day."

Today, at the age of 58, the widow is still caring for six of her youngest children. By saving every month part of the 3,200 Kwacha (US\$23) given by the scheme, she has built a new brick house. "I feel very happy about my new house," says Esimy. "Now the children sleep in my own house, not at the neighbors' places anymore."

For the Lenardi family, the opportunities that the cash transfer has brought are many-fold. Esimy is thankful that the scheme has helped alleviate some of the pressures of being a single mother with a big family in a poor, rural village.

The mother makes sure that every one of her children goes to school. She has bought clothes and shoes for the children and now she is planning to buy fertilizer for the garden. ■

From the "Telling Their Stories: The direct impact of social transfers on the lives of ultra-poor families in Malawi", UNICEF 2007

households that do not receive the cash transfer. Between March and September 2007, 63 percent of children in recipient households saw an improvement in their health compared to only 5.5 percent of children in non-recipient households or the control group.

The Government, in collaboration with civil society and development partners such as DFID, the World Bank, UNICEF and WFP, is developing a social protection policy to protect, promote and transform the livelihoods and welfare of the poorest and most vulnerable people in Malawi. The pilot social cash transfer scheme has been instrumental in informing the social protection policy and cash transfers now feature as a core strategy in the latest draft of the policy. Preliminary findings from the Boston University evaluation were shared with policy makers in 2007 and have contributed to the learning process on social protection.

To ensure evidence-based advocacy, the pilot social cash transfer scheme was well documented through fact sheets, Q&As, a story telling booklet and documentary. All instruments from the scheme can be downloaded from the website: <http://www.socialcashtransfers-malawi.org>. Delegations from Uganda, Lesotho and Nigeria came to visit Malawi in 2007 to learn from the social cash transfer pilot. A visit from Mozambique is expected in March 2008. UNICEF also presented the Malawi experience at several national, regional and global fora.

The social cash transfer pilot scheme will be expanded to three new districts next year, bringing the total number of districts to six. The anticipated reach of the project by the end of 2008 is 25,000 households caring for approximately 74,000 orphans and vulnerable children.

Planning, Monitoring and Evaluation

The National Statistical Office carried out the Multiple Indicator Cluster Survey (MICS) in 2006 with UNICEF support. It is a nationally representative survey of children, women and men and provides decision-makers, planners and programme managers with key indicators at national and district level. In February 2007, the launch of the preliminary MICS report was well received and the Government started using the data to prepare reports on Malawi's progress toward the MDGs and A World Fit For Children goals for 2007. The main technical MICS report was also completed during the year and work has started on preparing 26 district reports, which will be available in 2008.

In 2007, the National Statistical Office, in collaboration with the UN system in Malawi, launched the third version of the Malawi Socio-Economic Database (MASEDA). MASEDA is the country's first comprehensive and up-to-date socio-economic database on the situation of human development in Malawi.

MASEDA is available on the Internet on <http://www.maseda.info>, ensuring public access to this cutting-edge planning and monitoring tool. The new version has been updated with data

from recent surveys such as MICS 2006. Nearly 500 CDs have been distributed to various data users and training workshops for users and government staff have been conducted.

The United Nations Country Team is supporting the Ministry of Economic Planning and Development to monitor the MGDS. The Joint Monitoring and Evaluation (M&E) Programme has been designed to improve monitoring and evaluation capacity at central and district level. This has been achieved by training government personnel and placing M&E officers in districts to help District Assemblies plan and implement their programmes. Staff at the M&E division of the Ministry of Economic Planning and Development have been coached to better coordinate the development and management of national M&E systems.

Communication and External Relations

The launch of the 'Stop Child Abuse' campaign during the Day of the African Child on June 30 was a highlight for UNICEF's communication activities. Collaborating with civil society, UNICEF provided funding and technical expertise to the production of car stickers, spots on national TV, newspaper strips in major daily newspapers, 12 billboards erected at strategic places across the country, intensified partnerships with broadcast media, and advocacy material such as fact sheets and Q&As that will be used to lobby Parliament to pass children's legislation.

UNICEF commissioned local production companies to produce a range of documentaries for broadcast on national TV and for use during advocacy and fundraising events, including a documentary on the global campaign on Children and AIDS.

The UNICEF country office hosted several international TV crews and print journalists, which helped to highlight UNICEF's work in Malawi across the world. Among the visitors were BBC's Blue Peter programme, which filmed a 13-part series on children's corners as part of an appeal, Norwegian TV that focused on pediatric HIV and AIDS and a New York Times journalist who wrote a piece on Malawi's improvements in child and infant mortality.

The office was also successful in raising funds and leveraging resources for Malawi's children. Several high profile donors visited Malawi and two appeals were launched internationally for Malawi's children. The Norwegian National Committee for UNICEF held a TV gala and raised US\$40 million for Malawi and other countries while BBC's Blue Peter showbiz appeal pulled in close to US\$750,000 for Malawi.

Programme Communication

A national communication strategy and ten draft district communication strategies to support ACSD were finalised in 2007 with UNICEF support. In preparation for the roll out

of the strategy in 2008, UNICEF brought on board three mainstream radio stations and Television Malawi to support the dissemination of messages. Agreements have also been signed with other partners. Newspaper articles on ACSD appeared in four local language government papers, which are distributed for free in rural communities and have a monthly circulation of 10,000.

Within the framework of the ACSD communication strategy, PMTCT and social sanitation were given special attention because of the low uptake of PMTCT services and poor hygiene practices. A local NGO specialising in interactive communication, Story Workshop Education Trust, worked with 40 health centres in six districts to increase the uptake of HIV testing and PMTCT services. As part of this effort, 1,200 Abwenzi ('Close Friends') volunteers were mobilised to raise awareness and encourage the public to use PMTCT services. The project also produced radio programmes and 'theatre for development' performances that were seen by more than 20,000 people. Lessons from the Story Workshop communication approach will be documented in 2008 with a view to scaling it up to all districts.

One of the highlights of the year for programme communication was the mobilisation of faith-based organisations to galvanise Christians and Moslems around PMTCT through a partnership with the Malawi Interfaith AIDS Association.

A communication strategy for hand washing and safe water was finalised in May 2007. In line with the ACSD policy to better integrate high impact healthcare interventions and also in preparation for the International Year of Sanitation in 2008, UNICEF advocated for, and supported the integration of social sanitation and hygiene promotion in this year's child health days. The campaign, renamed the 'Integrated Child Health and Sanitation Week', took place in December 2007 and was expected to reach 2.3 million households in all 28 districts of the country. Communication material, a mass media campaign and booklets on social sanitation and hygiene adapted for Christian and Moslem users supported the Integrated Child Health and Sanitation Week.

UNICEF worked closely with the Ministry of Information and Civic Education to raise public awareness on avian flu. Thousands of posters, stickers, leaflets and folders were produced. TV spots, radio slots and newspaper articles brought the public information on how to avoid and look for signs of the disease.

UNICEF organised a five-day training and planning workshop in 'Strategic Communication for Behavior Development and Change' for government, civil society and UNICEF staff from Malawi and other UNICEF country offices. The training helped to improve understanding of how programme communication can positively influence social behavior and improve the lives of children and women.

Other capacity building activities included familiarising NGOs, government departments, UN agencies and development partners with their roles in event of an avian flu outbreak, training and financial support to three community radios, and provision of equipment for a mobile video unit run by the Ministry of Information and Civic Education.

In 2007, UNICEF worked with the Ministry of Women and Child Development to revitalise the Children's Parliament programme and develop proper guidelines on the initiative. The Ministry organised the country's sixth Children's Parliament, which was attended by 90 child parliamentarians. Representatives from the National Assembly, Plan International, UNICEF, the Ministry and other government departments trained the child MPs during the session. UNICEF also supported the documentation and dissemination of the Children's Parliament report.

Our Partners

Boston University, CARE International, Centre for Social Research, Concern Worldwide, District Assemblies, Food and Agriculture Organisation, Institute for Policy Research and Social Empowerment, Malawi Interfaith AIDS Association, Malawi Social Action Fund, Malawi Television, Malawi Vulnerability Assessment Committee, Ministry of Economic Planning and Development, Ministry of Education, Ministry of Finance, Ministry of Health, Ministry of Information and Civic Education, Ministry of Women and Child Development, Ministry of Local Government and Rural Development, National AIDS Commission, National Library Services, National Media Institute for Southern Africa, National Statistical Office, Office of the President and Cabinet, Red Cross, Regional Hunger and Vulnerability Programme, Story Workshop Education Trust, Team Consult, UK Department for International Development, United Nations Development Programme, United Nations Fund for Population Activities, United Nations High Commission for Refugees, World Bank, World Food Programme.

THE WAY FORWARD

UNICEF will start a new four-year country programme in 2008. The programme has been developed in cooperation with the Government, development partners and civil society to support national efforts in realising children and women's rights in Malawi. It is budgeted at US\$124 million for the four years. The country programme is structured around five areas:

Health and Nutrition focus will be put on reducing maternal, neonatal, infant and under-five mortality through a range of interventions such as ACSD, reproductive healthcare, prevention of mother-to-child transmission, paediatric HIV care and treatment, nutrition and emergency preparedness and response.

Water, Sanitation and Hygiene Promotion access to water supply and sanitation in rural areas and schools will be a priority as will be the promotion of sanitation and hygiene in rural and peri-urban communities, including schools. Reinforcing policies, guidelines and financial management systems will help to strengthen the water and sanitation sector.

Basic Education and Youth Development every child has the right to quality education and UNICEF will work to improve children's access to education that is relevant to their needs, promotes gender equity and ensures that children leave school with skills and competencies for a productive life. The Child-Friendly School initiative will be a key intervention to the success of this programme.

Orphans and Vulnerable Children and Children Protection providing orphans and vulnerable children with access to healthcare, nutrition, education, food security and protection from violence and abuse will be the main thrust of the programme. The National Plan of Action for Orphans and Other Vulnerable Children is the overarching framework for improving

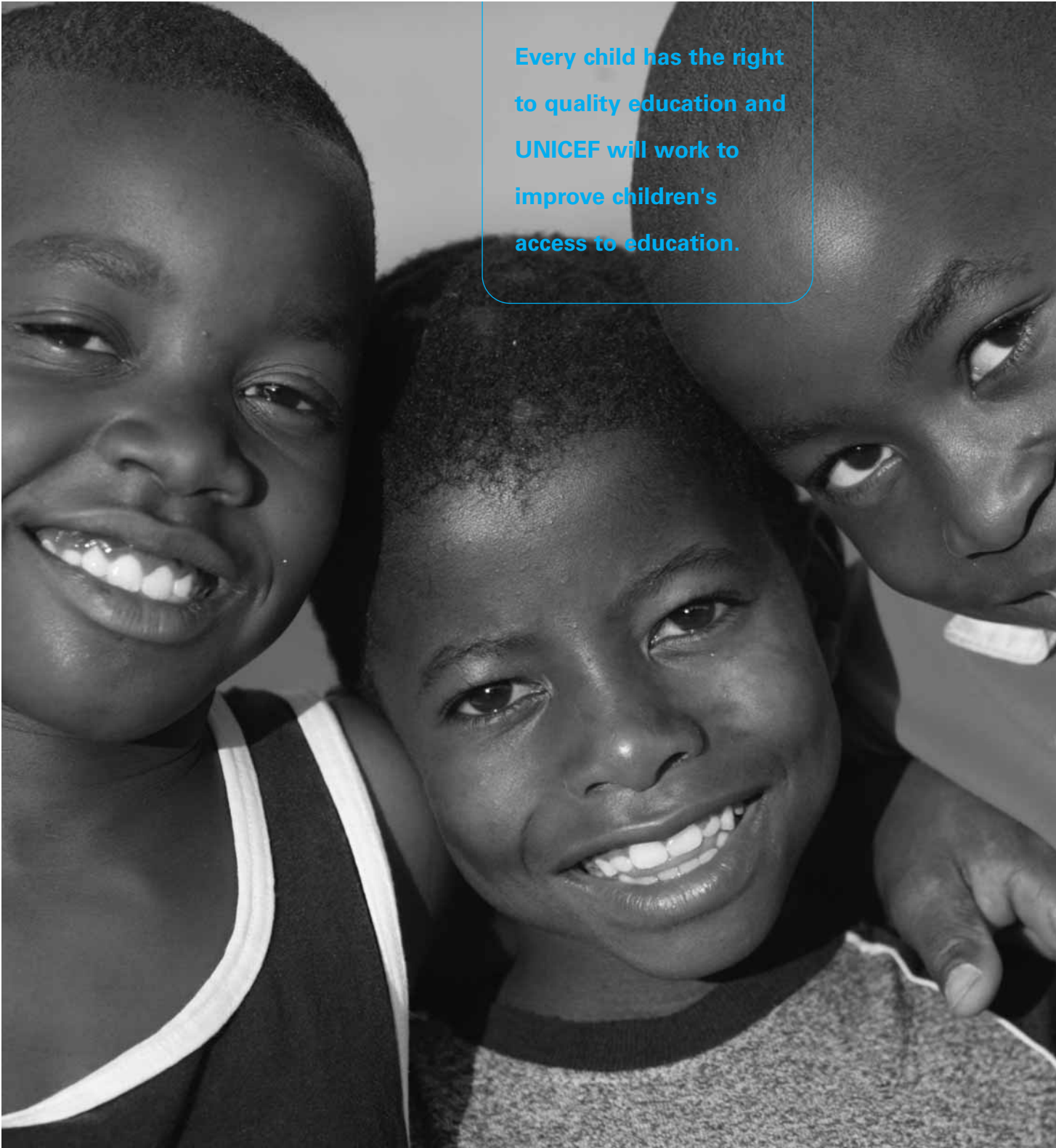
the lives of vulnerable children; strong Government leadership and capacity will reinforce its implementation and monitoring.

Social Policy, Advocacy and Communication promoting good governance, gender equality and a rights-based approach to development underpins this programme. Significant attention will be put on developing a social protection programme for poor families and children and reducing their vulnerability to poverty, food insecurity and HIV and AIDS.

The country programme will use a number of strategies to achieve results for children and women across all its five focus areas: strengthening partnerships to leverage resources and advocate for children's needs and rights in national programmes; improving the quality and reach of basic social services so that an increasing number of children and women benefit from better healthcare, education, nutrition and protection; empowering families and communities to protect, nurture and care for children and reinforcing preparedness and response for natural disasters and emergencies.

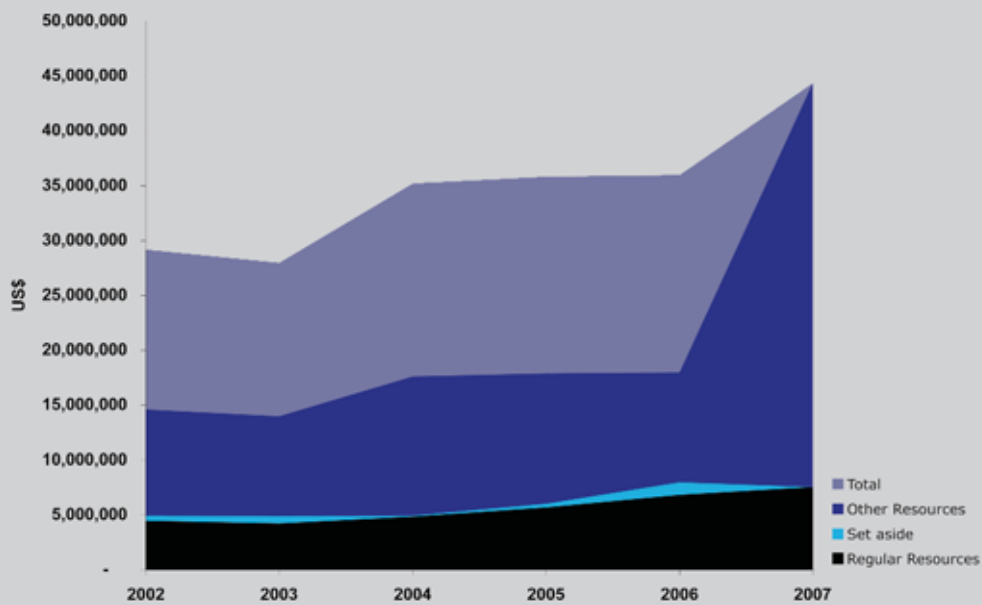
The UNICEF country programme is guided by the UNICEF's global strategic priorities, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. The programme's objectives and strategies are also consistent with the MDGs, the Millennium Declaration, A World Fit for Children and other international standards. At the national level, UNICEF has ensured that its interventions in Malawi are closely aligned to the goals and themes of the MGDS and UNDAF.

Every child has the right to quality education and UNICEF will work to improve children's access to education.



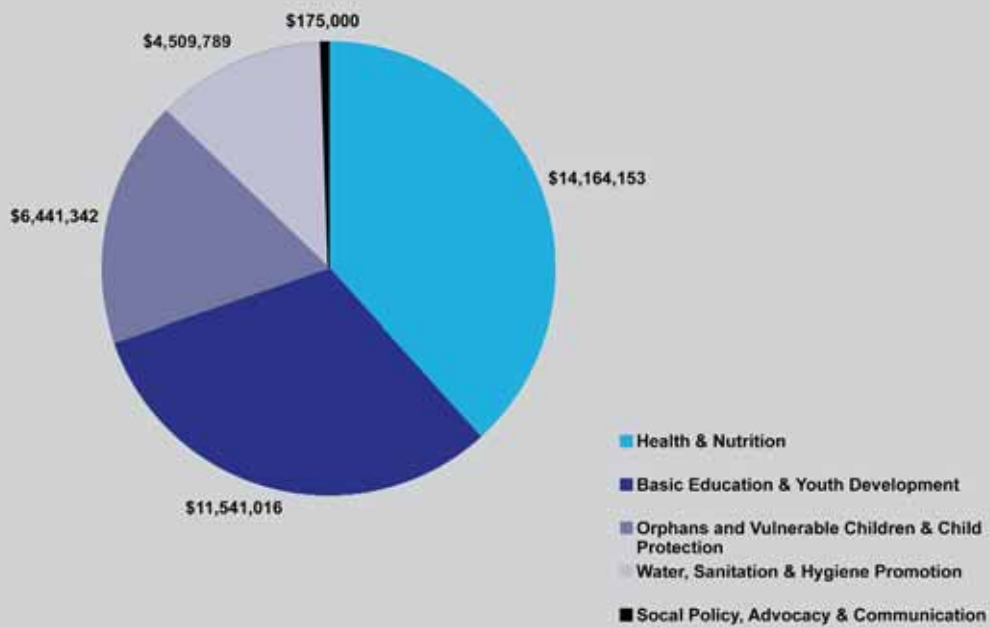
FINANCES

Income to UNICEF, 2002 to 2007

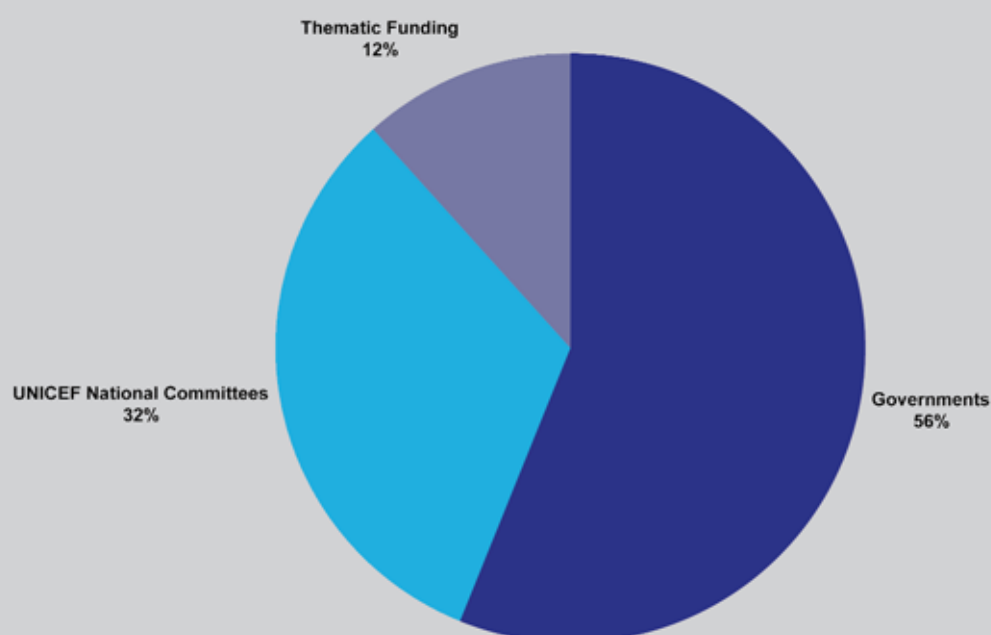


Programme Budget, 2007

Total: US\$ 36,831,300



Funding by Type of Donor, 2007



Thematic Contributions, 2007

Thematic Funds	Amount (US\$)
HIV and AIDS Thematic	5,211
Policy Advocacy & Partnerships	125,000
Integrated Early Childhood Development	138,284
Girls Education	177,800
Young Child Survival & Development	199,685
Thematic Humanitarian Response	221,669
Child Protection	250,000
Basic Education & Gender Equality	600,490
Immunisation Plus	622,486
HIV and AIDS & Children	1,783,610
Total	4,124,235

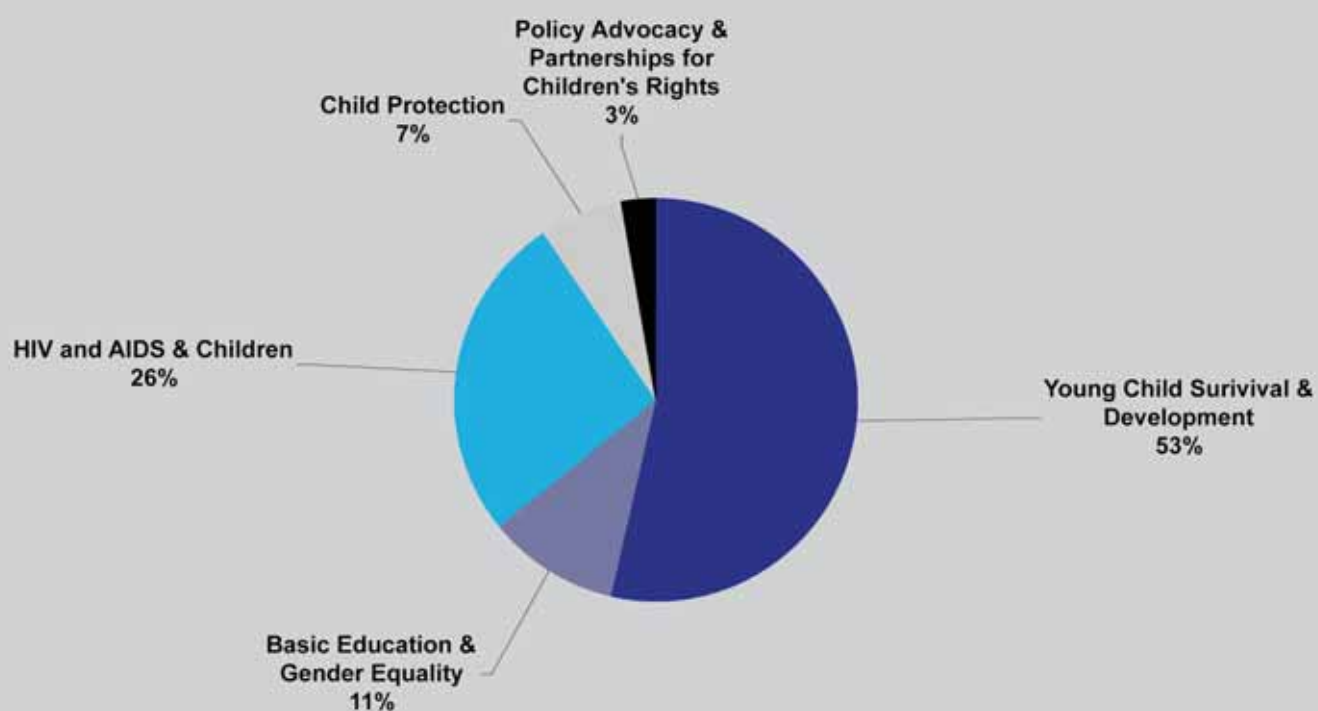
National Committee Contributions to Programmes, 2007

	Basic Education & Youth Development	Health & Nutrition	OVC & Child Protection	Water & Environmental Sanitation	Social Policy Advocacy & Communication	Total (US\$)
Italian Committee		362,696				362,696
French Committee		371,519				371,519
Consolidated Funds from Natcoms			489,786			489,786
Swedish Committee	236,159		348,983			585,142
United States Fund for UNICEF		593,006	21,975			614,980
Japan Committee		758,698				758,698
Canadian Committee	949,627	197,325	4,157	52,005		1,203,114
Swiss Committee for UNICEF	943,006	286,508	148,688			1,378,203
United Kingdom Committee		691,792	680,797	567,765		1,940,355
German Committee	2,590,889	551,577	488,376	502,883		4,133,726
Total	4,719,681	3,813,122	2,182,762	1,122,654		11,838,219

Government Contributions to Programmes, 2007

	Basic Education & Youth Development	Health & Nutrition	OVC & Child Protection	Water & Environmental Sanitation	Social Policy Advocacy & Communication	Total (US\$)
The United Kingdom		4,706			50,000	54,706
Micronutrient Initiative Formerly IDRC		150,176				150,176
OPEC Fund		366,504				366,504
Norway			1,355,525			1,355,525
Australia AusAID			2,653,055			2,653,055
The Netherlands				3,203,656		3,203,656
USA USAID		5,131,569		183,480		5,315,049
CIDA	5,841,257	1,742,000				7,583,257
Total	5,841,257	7,394,955	4,008,580	3,387,136	50,000	20,681,927

Programme Contribution to the UNICEF Mid-Term Strategic Plan, 2007



Regular Resources and Set Aside Funds, 2007

Programme	Amount (US\$)
Regular Resources	7,536,000
Set Aside Funds	3,344,993
Total	10,880,993

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