

ANNUAL REPORT  
MALAWI  
2006

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

unicef 

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Photography: Unless otherwise indicated, ©UNICEF/Giacomo Pirozzi

Cover photo: © UNICEF Malawi/2006/Francois D'Elbee

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# INVESTING IN CHILDREN

I am pleased to present our Annual Report for 2006, which shows how the Government of Malawi, UNICEF and other partners worked together to champion and realise the rights of children to survival, development and protection.

AIDA GIRMA Representative

UNICEF Country Office in Malawi



## CHILD SURVIVAL

The 2006 Multiple Cluster Indicator Survey (MICS) has revealed a substantial decline in infant and under-five child mortality rates in recent years. This has been a result of successful healthcare interventions such as the Expanded Programme on Immunisation, which has immunised 71 percent of children under the age of one, and the malaria prevention programme, which resulted in 50 percent of households owning an insecticide-treated bed net (ITN).

Integrated healthcare packages such as Child Health Days, which were introduced in the country for the first time in 2006 and reached close to 98 percent and 95 percent of targeted children with Vitamin A and de-worming medication respectively, also show promise in reducing illness and death among children.

However, young children's survival continues to be threatened by high levels of chronic malnutrition, estimated at 46 percent for children under the age of five; a high maternal mortality rate at 984 per 100,000 live births; HIV and AIDS; and poor access to and low quality of healthcare services. Poor hygiene practices at household level also contribute to the spread of disease.

To address these challenges, the Government of Malawi has developed a five-year strategic plan for Accelerated Child Survival and Development (ACSD), using the Integrated Management of Childhood Diseases (IMCI) approach. The ACSD package, which will deliver integrated and high-impact services to all 28 districts by 2011, includes immunising children and women, providing antiretroviral treatment to HIV-positive children, delivering life-saving micronutrients, encouraging breastfeeding, supplying oral re-hydration salts for diarrhoea and ITNs to protect children and women from malaria, and ensuring that young children have access to early childhood learning.

**The 2006 Multiple Cluster Indicator Survey (MICS) has revealed a substantial decline in infant and under-five child mortality rates in recent years.**

## BASIC EDUCATION AND GENDER EQUALITY

The Ministry of Education has scaled up a comprehensive child-friendly school improvement package, known locally as 'Joyful Learning', to 25 percent of all primary schools in the country, benefiting some 800,000 girls and boys. Girls' education has been strengthened through community campaigns that seek to break down cultural barriers that prevent girls from going to school. Malawi is also in the process of reforming the education sector. An Education Policy has been developed and the Ministry is finalising the Education Sector Plan, both of which will address critical gaps in sector.

## MALAWI AT A GLANCE

**Total population: 13.2 million**  
(estimated)

**Children under 18 years: 7.3 million**  
(estimated)

**GNI per capita: US\$160**  
(State of the World's Children, 2007)

**People living below the poverty line: 52%**  
(2005, Integrated Household Survey)

**Life expectancy at birth: 47 years**  
(estimated)

**Under-five mortality rate: 118**  
(Multiple Indicator Cluster Survey 2006)

**National HIV prevalence: 14%**  
(2005, National AIDS Commission)

**Net primary attendance ratio: 82%**  
(2006, MICS)

**Gender parity: 1.06**  
(2006, MICS)

## CHILDREN AND AIDS

HIV and AIDS continue to have a negative impact on children and young people. HIV prevalence among adolescents between the ages of 15 and 19 is 11.7 percent, with prevalence four times higher among girls than boys. Almost 13 percent of Malawi's children have been orphaned, many due to HIV and AIDS.

### **Progress is being made to protect children against HIV infection and in the provision of care, treatment and support to those already infected and affected.**

An estimated 83,000 children are living with HIV and AIDS, of which 24,000 need antiretroviral treatment to stay alive. Only seven percent of children who need treatment are accessing it. The majority of HIV-positive children are infected through mother-to-child transmission. In the absence of aggressive measures to stop this mode of infection, it is believed that up to 30,000 of babies will be born HIV infected every year.

Progress is being made to protect children against HIV infection and in the provision of care, treatment and support to those already infected and affected. A national Prevention of Mother-to-Child Transmission programme has been scaled up from 40 PMTCT sites in 2004 to 119 in 2006, helping 19 percent of HIV-positive pregnant women access ARVs to reduce the chance of infecting their babies.

Baylor International Paediatric AIDS Initiative has partnered with UNICEF on a comprehensive paediatric AIDS programme. In 2006, the country's first ever paediatric AIDS 'centre of excellence' was opened.

Malawi is also looking at ways of reducing the risk and vulnerability of adolescents to HIV and AIDS. With support from WHO, UNFPA and UNICEF, the Government has developed a draft National Plan of Action (NPA) to scale up HIV prevention for young people. The NPA was based on a rapid assessment of existing youth HIV prevention initiatives in the country. The Ministry of Health has developed standards on youth-friendly health services, which will be approved in 2007.

The Government, with support from UNICEF and other partners, is promoting community models of care for orphaned children. Community-based childcare centres provide early childhood learning and development for children under the age of five while Children's Corners cater for older children and provide a range of activities such as counselling, recreation, HIV and AIDS education and self-development.

**Malawi's emerging social protection system brings hope for the poorest families, especially children and the elderly.**

## CHILD PROTECTION

Work in protecting children against violence, abuse and exploitation has continued with a justice for children programme that includes support to 34 police victim support units, setting up places of safety for women and children who are victims of crime and establishing two child-friendly courts in Zomba and Blantyre. A diversion programme, which led to the transfer of 82 children from prisons to reformatory schools in 2006, is gaining momentum. Reformatory schools are being rehabilitated to accommodate the additional 300 children that will be released from prison in 2007. All children will eventually be reintegrated back into their communities.

## SOCIAL POLICIES

Malawi's emerging social protection system brings hope for the poorest families, especially children and the elderly. A Social Cash Transfer Scheme, which offers monthly cash grants to eligible households, was piloted during the year to assess its feasibility in the context of weakened systems and limited institutional capacity. The Scheme promises to be an important component of a larger social policy programme and has already been integrated into the budgets of the Malawi Growth and Development Strategy 2006–2011, the Global Fund and the National AIDS Commission.

## BUDGET 2006

Programme	Amount (US\$)
Health & Nutrition	*18,412,991
Basic Education & Youth Development	*5,734,809
Water & Environmental Sanitation	*5,177,003
OVC & Child Protection	*4,044,677
Social Policy, Advocacy & Communication	1,272,941
<b>TOTAL</b>	<b>34,642,421</b>

\* Inclusive of emergency funds

## WAY FORWARD

In 2007, UNICEF will embark upon a one-year bridging country programme, in line with the decision by the UN in Malawi to commence a new United Nations Development Assistance Framework (UNDAF) in 2008 to ensure full synchronisation with the Malawi Growth and Development Strategy (MGDS).

The UNICEF bridging programme is an extension of the 2002–2006 Country Programme and will continue to focus on the quality and coverage of basic social services for children; stronger partnerships to leverage resources and advocate for children, and family/community capacity to care for and protect children.



## HEALTH & NUTRITION

Malawi is on track to achieve the Millennium Development Goal (MDG #4) on reducing child mortality. Mortality rates among children have declined sharply in recent years as a result of improved disease management, better access to safe water, elimination of polio, measles and neonatal tetanus and malaria prevention among other interventions. In 2000, one in five children did not live to see their fifth birthday. By 2004, this had improved to one in seven children.

**Malawi is on track to achieve the Millennium Development Goal (MDG #4) on reducing child mortality.**

Neonatal illnesses, pneumonia, diarrhoea, malaria and HIV and AIDS continue to affect child survival and are the main direct causes of children dying before their fifth birthday. Close to 30,000 babies are born every year with HIV infection as a result of mother-to-child transmission. Out of 83,000 children living with HIV and AIDS, an estimated 24,000 need ARVs to stay alive. By the end of 2006, 5,900 children ever started ART and 3,844 new children were put on treatment during the year.

Malnutrition is the major underlying cause of child mortality and when present in a child with HIV infection, it can precipitate death. Between 25 and 50 percent of malnourished children admitted in Nutritional Rehabilitation Units<sup>1</sup> (NRUs) are HIV-positive.

Unfortunately, there has been no change in children's nutritional status since 1992. Around 46 percent of children under the age of five are stunted, 19 percent are underweight and three percent are wasted. Micronutrient deficiencies affect a large proportion of children and women. Children and women's vulnerability to malnutrition, hunger and outbreaks of disease are compounded by floods and dry spells, which put close to one million people in need of food aid in 2006.

Maternal health is also worrying. Malawi's maternal mortality ratio continues to be among the highest in the world. Medical complications during pregnancy and childbirth as well as malaria and nutritional

<sup>1</sup> NRUs aim to rehabilitate the malnourished child and provide nutrition information and education for the mother in an effort to prevent a relapse in the treated child and malnutrition in other siblings.

## THE NUMBERS

**69**

**Infant mortality rate**  
(per 1,000 live births)

**118**

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

**984**

**Maternal mortality ratio**  
(per 1,000 live births)

**46%**

**Children under five who are  
chronically malnourished**

**83,000**

**Children living with HIV and AIDS**

**24,000**

**HIV+ children who need ARV treatment**

### BUDGET IN 2006

**TOTAL: US\$ 18,412,991**

**US\$ 2,597,077**

Regular Resources

**US\$ 15,815,914**

Other Resources

deficiencies increase a woman's chances of death and seriously compromise the survival of her baby.

Malawi has a national Prevention of Mother-to-Child Transmission of HIV programme that covers 20 percent of the country's 524 primary healthcare facilities. PMTCT services are used by 47 percent of pregnant women and 19 percent of pregnant HIV-positive women are given ARVs to reduce the likelihood of infecting their newborn babies.

### ACTION

UNICEF supports the Ministry of Health and other partners in saving the lives of babies, children and mothers; reducing the incidence of malaria and HIV infection; reducing the proportion of Malawians who suffer from hunger, and developing health polices and programme for adolescents.

Using the Accelerated Child Survival and Development (ACSD) strategy, UNICEF supports national efforts to scale-up high-impact child survival interventions in Malawi. The ACSD package includes immunising children and women, treating and caring for children with HIV infection, delivering life-saving micronutrients, encouraging breastfeeding, supplying oral re-hydration salts for diarrhoea and bed nets to protect children and women from malaria, providing early childhood learning and protecting children against abuse and neglect. A policy for ACSD, using the Integrated Management of Childhood Illnesses approach, was launched in November 2006 and district and village implementation plans were developed.

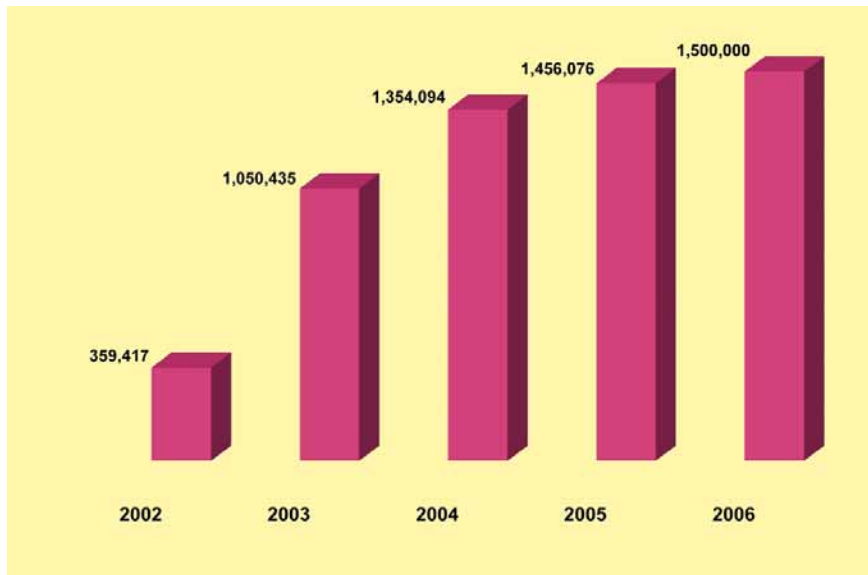
### CHILD HEALTH

Thanks to high-impact interventions such as the Reaching Every District (RED), a strategy that assists district micro-planning to bring vaccination services to hard-to-reach communities, immunisation rates of 85 percent for children under the age of one were maintained in all districts. Fifty-eight percent of pregnant women received their second dose of tetanus toxoid (TT) vaccine nationally, although this was below the target of 80 percent. Many women are not reached by TT vaccine because they seek antenatal care late in their pregnancy.

In the area of malaria prevention and control, partners succeeded in maintaining a nationwide coverage for ITNs of 40 percent for children under the age of five who slept under an ITN the preceding night. In 2006, UNICEF contributed to this achievement by providing 1.2 million conventional nets and treatment kits, 185,400 long lasting nets and 4 million net

re-treatment kits. Some 660,600 ITNs were distributed free of charge to the poorest Malawians who cannot afford to buy a net. To date, more than 5.7 million nets have been distributed in the country since 2002.

### No. of ITNs distributed, 2002 – 2006



UNICEF supported the Ministry of Health to hold the country's first-ever Child Health Days, a cost-effective health strategy that delivers an integrated package of services and health information to children and women. In June 2006, more than 2 million children aged 6–59 months, or 97.7 percent of the target, received Vitamin A supplements. Some 1.7 million children between 12 and 59 months received albendazole, a deworming medication, reflecting 95 percent of the target. A second round of Child Health Days took place in November 2006 for which the results are awaited.

### NUTRITION

To address the high levels of malnutrition in the country, UNICEF worked with the Ministry of Health, the World Food Programme and NGO partners to improve nutritional services by developing national guidelines and training health workers to treat moderately and severely malnourished children.

This resulted in the treatment of 19,000 children with severe malnutrition in 97 UNICEF-supported NRUs in 2006 and a reduction in case fatality from 17 to below 10 percent. A supplementary feeding scheme, a joint programme between UNICEF and the WFP, was expanded from 5 to 19 districts. The feeding scheme reached 55,000 children under five and 27,000 pregnant and breastfeeding women every month for seven months. Community Therapeutic Care (CTC), a new approach to treating severe malnutrition at community level, started as a pilot in two districts





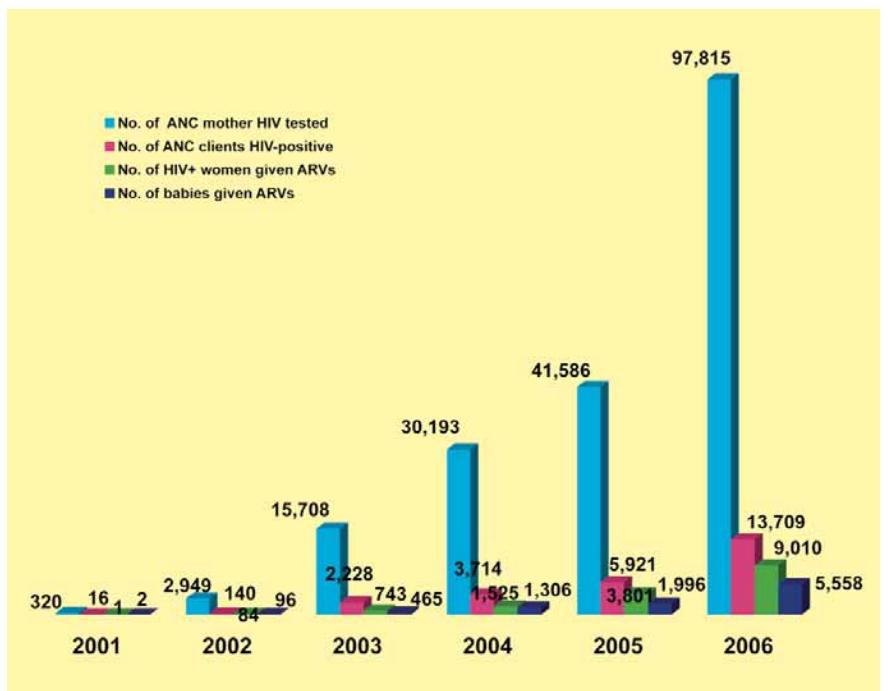
in 2002 and was scaled up to 119 centres in 50 percent of all districts by 2006.

Using UNICEF's technical expertise, the Ministry of Health developed national guidelines on the treatment of malnutrition in adolescents and adults living with HIV and AIDS. The guidelines helped 60 ARV treatment centres to provide nutritional care and information for 12,000 patients living with HIV and AIDS. A total of 12,636 HIV infected children with severe acute malnutrition were supported in the 97 UNICEF-supported NRUs and 199 CTCs. UNICEF also supported the development of a draft nutrition policy and a joint food and nutrition policy implementation plan.

### PREVENTION OF MOTHER-TO-CHILD TRANSMISSION AND PEDIATRIC AIDS

The Ministry of Health is laying the foundation for a dramatic scale-up of PMTCT services. In 2006, UNICEF contributed to the national expansion by providing technical and financial support to 28 districts to develop five-year PMTCT scale-up plans. The goal is to establish four or more new PMTCT sites every year starting in 2007. By 2010 it is anticipated that all public hospitals and clinics with maternal and child health services will offer PMTCT.

#### Trends in Prevention of Mother-to-Child Transmission services



In 2006, PMTCT services were established in 119 sites, up from 40 in 2004. Around 47 percent of pregnant women in Malawi used PMTCT services during the year and 19 percent of the pregnant HIV-positive



**The Ministry of Health is laying the foundation for a dramatic scale-up of PMTCT services.**

women received ARVs to prevent mother-to-child transmission of HIV. This represented a six-fold increase in the proportion of mothers receiving ARV prophylaxis from 2004.

However, more women need to have access to and use PMTCT services in order to reduce mother-to-child transmission. Efforts are being made to do this through the Male Championship Initiative, which spread from two PMTCT sites in 2005 to 47 in 2006.

There is an urgent need to increase and improve paediatric HIV care and treatment in Malawi. Very few children are currently receiving ARV therapy through the country's national treatment program. The Ministry of Health, with UNICEF support, and in partnership with the Baylor International Paediatric AIDS Initiative, has been doing the groundwork to pave the way for a comprehensive paediatric AIDS programme. In 2006, time was spent reviewing guidelines, developing training manuals for health workers and expanding services to rural areas in the northern, southern and central parts of Malawi. UNICEF also contributed by providing a steady supply of ARVs to more than 100 ART sites.

**MATERNAL HEALTH & YOUTH REPRODUCTIVE HEALTH**

During 2006, the Ministry of Health continued to strengthen Emergency Obstetric Care (EmOC). UNICEF's global experience with EmOC has shown that it is the single most effective way of protecting mothers and babies from dying in childbirth.

Focus was put on training health workers at all levels of the public healthcare system in the 'six signal functions' for basic EmOC. These are indicators that monitor obstetric services and if followed correctly, help reduce maternal death. They include, for instance, an injection to prevent post-partum haemorrhage and the manual removal of the placenta. The programme, a joint activity between UNICEF, WHO and UNFPA, resulted in 67 hospitals with maternities capable of providing the full six signals while 414 health centres were able to provide at least four signal functions.

The Ministry of Health has made strides to improve the care of newborn babies by collecting information at sub-national level. A Multiple Cluster Indicator Survey (MICS) carried out in 2006 with support from UNICEF generated much needed information on maternal and child health. The results will guide the interventions in this critical area. Progress was made in strengthening youth reproductive healthcare. With support from UNICEF, WHO and UNFPA, the Ministry of Health conducted a rapid

## HIV-POSITIVE CHILDREN GET LIFE-SAVING HELP

Children will no longer be the missing face of AIDS in Malawi, thanks to the recent launch of the Baylor Paediatric AIDS Centre of Excellence. The centre, standing adjacent to the Kamuzu Central Referral Hospital in Lilongwe, officially opened its doors in a colourful ceremony that drew partners together, with the rallying call – “unite for children, unite against AIDS” resounding all through.

The first of its kind in Malawi, the centre is a state-of-the-art clinic, one of eight in the world – the others are located in Botswana, Burkina Faso, Lesotho, Swaziland and Uganda as well as Romania and Libya.

Speaking at the official opening, the Malawi Minister of Foreign Affairs, Joyce Banda, expressed the joy of Malawian mothers and children, “As a mother, I have seen the despair in the faces of mothers as they watch their children suffer because of AIDS... but today, the opening of this centre means no more despair, but a lot more hope for mothers and children in my country.”

The new clinic is dedicated to the care and treatment of children living with HIV in Malawi, a country where an estimated 83,000 children are living with the disease. Currently, there are 1,041 children receiving care at the clinic, of whom 472 are taking antiretroviral therapy. By the end of 2006, the projection is that 1,300 children will be treated at the centre.

Dr. Peter Kazembe, the centre's Executive Director explains the long journey Malawi has taken to get to this day, “Prior to the arrival of the Centre of Excellence, there was only one paediatrician in the public sector in Lilongwe and a total of 13 paediatricians in Malawi. With the opening of this centre, there is also the added advantage of having more paediatricians in the country, thanks to the new Paediatric AIDS Corp, an international initiative to send paediatricians trained in infectious diseases to developing countries.”

Eleven doctors have already arrived in Malawi, with two more expected, effectively doubling the number of paediatricians in the country.

A memorandum of understanding between UNICEF and Baylor International Paediatrics AIDS Initiative signed in 2006 outlines the ways that the two organisations would work together to help increase access to treatment for children affected by HIV and AIDS.

Speaking at the launch, the UNICEF Representative in Malawi, Aida Girma, reiterated UNICEF's commitment to work with partners like Baylor, “In all the countries in which Baylor is presently working in Eastern and Southern Africa, UNICEF is a key partner in areas such as the establishment of national guidelines and protocols for the management of paediatric AIDS, training of health staff, and outreach to the lowest levels of the health system and the remotest corners of the countries. We look forward to expanding this cooperation during the coming year.”

A major challenge for partners will be to find ways to link efforts to prevent mother-to-child transmission of HIV, and the follow up and appropriate care and support of mothers, fathers and children. “We fully support the 'family' approach to the provision of HIV care. Maintaining the health of parents, by ensuring their access to quality care, will be one of the best ways of protecting their children and ensuring that those children do not become vulnerable children or worse still, orphans,” Aida Girma added. ■

assessment of existing youth HIV prevention programmes, which was used to guide the development of a draft National Plan of Action (NPA) for scaling up youth HIV and AIDS prevention for the period 2007 to 2010. The NPA will be finalised and costed in 2007. Standards were also developed for Youth-friendly Health Services (YFHS).

During the year, more than 100 YFHS that offer voluntary counselling and testing saw 28,272 young people test for HIV in 2006. This represents 59 percent of all people that got tested in the catchment areas of the YFHS. During a week-long national HIV testing campaign, which was carried out with the support of the United Nations, young people represented 41 percent of all the people that got tested. With the growing availability of ARV treatment in Malawi, people are more willing to know their status and are coming out in greater numbers to test.

## FUTURE PRIORITIES

In 2007, UNICEF will continue supporting the Government of Malawi to accelerate coverage of health and nutrition interventions for babies, children and mothers, including HIV and AIDS care and sexual and reproductive health services for young vulnerable people. More specifically, priorities will include:

- Formulating policies and strategies, developing standards, guidelines, protocols and training materials.
- Developing institutional capacity at district and village level to improve planning and service delivery and strengthening systems to procure vaccines, ITNs, essential drugs, ARVs, HIV test kits and therapeutic and supplementary feeding products.
- Training community extension workers in family key care practices for the delivery of high impact maternal, newborn, infant and child interventions.

**PARTNERS Action Aid, Baylor College of Medicine, Canadian Physicians for Aid and Relief, Christian Health Association of Malawi, Consumer Association of Malawi, Inter Aide, Malawi Bureau of Standards, Ministry of Women and Child Development, Ministry of Health, Ministry of Local Government, Ministry of Trade and Industry, Pharmacy, Medicines and Poisons Board, National AIDS Commission, National Statistical Office, Population Services International, Save the Children Fund, University of Malawi, World Vision International**



# WATER & SANITATION

Malawi has made progress in increasing access to safe water and sanitation, although there are disparities between rural and urban areas. Meeting the MDG for water and sanitation, however, will require that an additional 570,000 Malawians are served every year until 2015, at a cost of US\$ 8.28 million per year.

What is access to safe water? What is access to sanitation? The UN Millennium Project Task Force on Water Supply and Sanitation stipulates that an improved supply should deliver at least 20 litres of acceptable quality water per person per day. Likewise, 'access to sanitation' could mean having a latrine nearby. It does not mean that people will have soap and wash their hands after using the latrine. Health and hygiene are just as important as technology, especially in a country like Malawi where diarrhoeal diseases rank third in the causes of death in children under five.

Malawi experienced its worst cholera outbreak since 2001/02 with 4,394 cases and 53 deaths reported in 15 districts between November 2005 and March 2006. The outbreaks were triggered by persisting poor hygiene and limited access to safe water and sanitation but were exacerbated by the food crisis and the rainy season. Food shortages and malnutrition increase people's susceptibility to disease and the severity of the cholera outbreak was directly related to people's access to food and safe water in affected districts.

## ACTION

UNICEF provides technical and financial support to the Government to increase access to and use of safe water, sanitation and hygiene in 22 of Malawi's 28 districts. Focus is put on developing human capacity and sustainable systems at national, district and community level to bring quality services to children and women. UNICEF also works closely with the Ministries of Health and Irrigation and Water Development to prevent and respond to outbreaks of water-borne diseases.

**Meeting the MDG for water and sanitation will require that an additional 570,000 Malawians are served every year until 2015, at a cost of US\$ 8.28 million per year.**

## SCHOOL WATER AND SANITATION

2006 saw an increase in the reach of UNICEF-supported water and sanitation activities. Some 330 primary schools in 22 districts were targeted in 2006 compared to 150 schools in 2005. Close to half of the targeted schools - 158 in total - benefited from a complete package of interventions including a safe water supply, latrines, urinals, hand washing facilities, a rain collector and compost pit. The remaining schools already had existing water and sanitation infrastructure, which was repaired and now additional facilities constructed so that all schools have the above package with UNICEF assistance.

Hygiene education involved promoting key practises such as proper water storage, hand washing and proper toilet use. Posters were developed and distributed to the targeted 330 schools, reaching some 204,000 pupils with key messages on personal hygiene and cholera prevention. School drama clubs held 84 plays on hygiene promotion in the community, which were viewed by 9,600 people. As a result of these promotional activities, handwashing practice after using toilets went up from 35 percent to 44 percent.

## COMMUNITY WATER AND SANITATION

Given the inequity in Malawi's water and sanitation sector, efforts were made to extend services to under-served rural areas, especially those prone to disease outbreaks, and to marginalised members of society, such as families with orphans and the sick, and child-headed households.

During 2006, 102,000 people from 20,400 vulnerable households received a household package that included a 20-litre water bucket, cups, plates, spoons and soap. This was a measure to prevent the spread of water-borne diseases in cholera-prone villages.

Approximately 837,500 people in 22 districts had their water supply restored in 2006 thanks to the repair of 3,350 handpumps and dug wells by village water committees. UNICEF contributed by funding

## THE NUMBERS

**73%**

**Malawians who use safe sources of drinking water**

**88%**

**People with access to improved sanitation**

**35%**

**People that wash their hands after using a toilet**

**25%**

**Primary schools without a supply of clean water**

**50%**

**Rural healthcare clinics that do not have a proper water supply and sanitation facilities**

**1 in 3**

**Water points that are not functioning**

### BUDGET IN 2006

**TOTAL: US\$ 5,177,003**

**US\$ 850,933**

Regular Resources

**US\$ 4,326,070**

Other Resources

the training of mechanics, providing them with tools, hand pumps, spare parts and bicycles for transport.

Studies have shown that around a third of water points in health centres, schools and other institutions and 41 percent of claypots and buckets used for storing water at home are contaminated. As a result, communities, especially those living in cholera-prone areas, are being taught to conduct their own water quality testing using simple methods that do not require laboratory analysis, and to disinfect the water themselves.

During the year, 410 community extension workers carried out water quality testing and conducted sanitary surveys. Around 30,000 water treatment sachets were distributed to eight cholera prone districts benefiting 19,740 households. UNICEF supported 22 districts to prepare emergency response plans that would enable district disaster teams to respond to a cholera outbreak within 48 hours.

**Approximately  
837,500 people in 22  
districts had their  
water supply  
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and dug wells.**

## **EMPOWERING COMMUNITIES**

Developing the capacity of ordinary Malawians to construct and look after their own sanitation facilities and water points is a key aspect of sustainability. In 2006, UNICEF supported local and international NGOs to train 660 local builders, including 100 female builders, in school latrine construction. Each builder was provided with a set of tools. For the women, all of whom come from poor and vulnerable background, their newly acquired skills will help them earn an income. The involvement of local builders in school water and sanitation programmes is also helping to cement relationships between schools and the surrounding community.

Training in action planning, data collection and monitoring was provided to district coordination team members, extension workers and sanitation teachers in 12 target districts. This resulted in district water and sanitation action plans that were based on the needs and realities at village, household and school level. A district-wide operation and maintenance system for water points is being rolled out by training area mechanics and village water committees. Some 74 mechanics and 260 committee members were trained and provided with tools kits. This activity will be continued in 2007.

UNICEF, in partnership with Water Aid, supported monitoring activities by including data in the Malawi Socio-Economic Database (MASEDA). Created by the National Statistical Office in collaboration with the UN and other agencies, MASEDA is the first comprehensive and up-to-date socio-economic database on the situation of human development in Malawi. By 2006, more than 86 percent of Malawi had been mapped with vital information on the situation of the water and sanitation.

## **POLICY DEVELOPMENT**

The water and sanitation sector in Malawi continues to be marked by an uneven distribution of resources, poor coordination, and fragmented institutional arrangements. Efforts to redress these imbalances have begun. A water policy was approved in 2006 and shared extensively with all partners working the sector. A national sanitation policy has been drafted and submitted to the cabinet for approval.

Malawi has developed its second National Water Development Plan (NWDP II) for 2007–2011, which aims to improve the management of water resources and accelerate service delivery in rural communities and small urban centres. UNICEF was actively involved in the preparation of NWDP II,

and is the lead UN agency in designing an implementation plan for the sanitation policy and developing a communications strategy for hygiene and sanitation promotion.

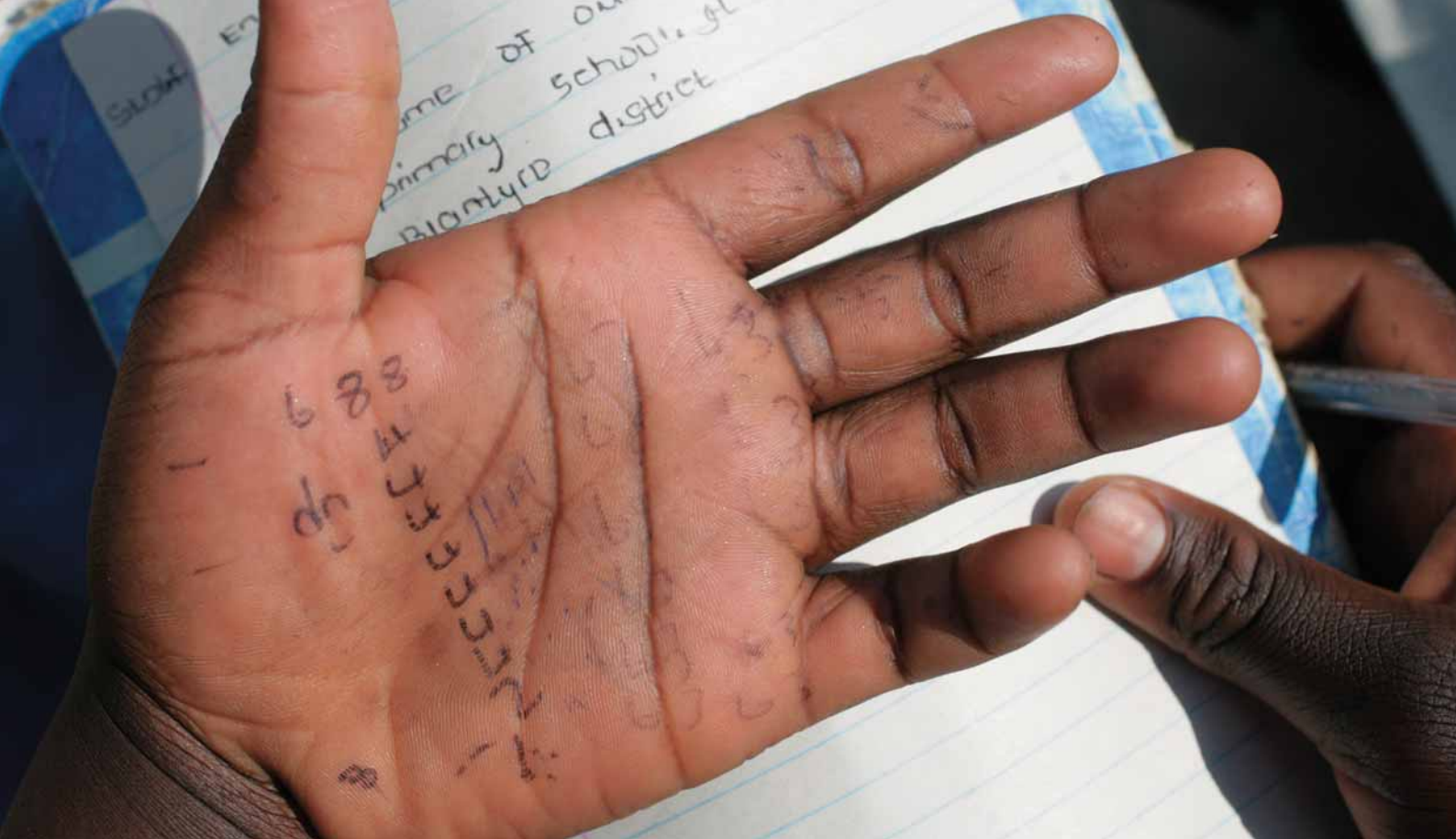
## **FUTURE PRIORITIES**

In 2007, UNICEF and the Government of Malawi will prioritise:

- Capacity building of major partners in the water and sanitation sector for a more effective and accountable implementation of services.
- Finalising a social marketing strategy and developing terms of reference for a community-owned commercial sanitation enterprise.
- Strengthening community capacity to prepare village water and sanitation action plans using participatory methods within the framework of child survival.
- Scaling up demand-driven and community-based construction, operation and maintenance of water and sanitation facilities in communities and schools.

**PARTNERS** Canadian Physicians for Aid and Relief, District Assemblies, Freshwater Project, Inter Aide, Ministry of Education, Ministry of Health, Ministry of Irrigation and Water Development, Ministry of Women and Child Development, Plan International, Water Aid, World Vision Malawi





# BASIC EDUCATION & YOUTH DEVELOPMENT

Malawi's education sector faces an uphill struggle. Many Malawian children go hungry, are in poor health and have not reached the necessary developmental milestones by the time they are six, the official age for school entry. It takes an average of 14 years for a child to complete the eight-year primary school cycle as a quarter of children repeat a grade. Net enrolment rates are high in grades one and two for both boys and girls, but over half of the children do not reach grade 5, so they leave school before they are literate and numerate. Despite the abolition of school fees in 1994, over 10 percent of school-aged children do not enrol in school.

Vulnerable children are at an even greater disadvantage because the hardships they experience, such as the loss of parents or extreme poverty, deny them the right to education. Only 44 percent of orphans and three in five children from the poorest segment of the population attend school. Children with special learning needs are even more unlikely to be in school as opportunities for this type of education are extremely limited and it is very expensive.

The school environment is not always child friendly. There is a shortage of over 30,000 classrooms, an average class is packed with more than 100 children; teaching and learning materials are in short supply; there are few female teachers in rural areas, depriving girls of role models; and there have been anecdotal reports of a rise in gender-based violence, bullying and corporal punishment in schools. Furthermore, the absence of clean water and separate girls/boys toilets in many schools deter children, especially girls, from continuing with their education. Despite the efforts to provide young people with life skills, the 2006 MICS observed that 59 percent of boys and girls aged 15–19 do not have comprehensive knowledge about HIV prevention.

**Despite the abolition of school fees in 1994, over 10 percent of school-aged children do not enrol in school.**

## ACTION

UNICEF works with national partners to increase access to early childhood learning, get more children into primary school and help them complete and achieve their education, provide life skill education for HIV prevention and develop and implement youth empowerment programmes.

## QUALITY EDUCATION

In 2006, UNICEF worked closely with the Ministry of Education and other partners to scale up the Child-Friendly School (CFS) initiative, known locally as Joyful Learning. CFS is a comprehensive package that strives to improve the quality of education through integrated interventions such as child health and nutrition; teachers trained in child-centered and gender sensitive approaches; safe, inclusive, protective learning environments with water and sanitation facilities; strong community partnerships and relevant and gender-sensitive curricula and life skills.

During the year, an additional 200 schools adopted the CFS approach, bringing the cumulative total of children-friendly schools to 1,305 or 25 percent of all primary schools in the country. UNICEF contributed to the scale-up by supporting the training of 5,170 teachers in CFS methodologies and supplying school-in-a-box kits and supplementary readers for more than 200,000 children in 236 schools. Teacher and students' desks and chairs were also distributed to 220 schools, benefiting more than 40,000 school children.

Twenty schools were rehabilitated following damage by floods, helping restore education to 20,000 children. The construction of 52 new classrooms in 26 schools to benefit over 220,000 children is ongoing. A child-friendly classroom designed as part of the rehabilitation process awaits adoption as the national standard.

Girls' education received a boost in 2006 when various community mobilisation activities were successfully used to address the social and cultural barrier to girls' education. Educators have reported

## THE NUMBERS

**3.2 million**

Children who are in primary school

**10%**

Children aged 6 to 13 who are not in school

**26%**

Children who complete primary school

**44%**

Orphaned children who attend school

**41%**

Children aged 15–19 who have know how to prevent HIV infection

## BUDGET IN 2006

**TOTAL: US\$ 5,734,809**

**US\$ 954,706**  
Regular Resources

**US\$ 4,780,103**  
Other Resources

## TAKING MATTERS INTO THEIR OWN HANDS

Four middle aged women sit quietly in the corner of a classroom at Mnjolo Primary School, a 20 minute drive from Malawi's capital city, Lilongwe. With their weather-beaten faces and floral *chitenje* (cotton wraps), they look more suited to a day of pounding maize than pounding the village path, campaigning for girls' education.

The women are members of a mothers group, community activists that are raising awareness in classrooms and communities across the country on the importance of sending girls to school.

In Malawi, net enrolment rates for the first two grades of primary school are high but many children, especially girls, drop out soon after their first day in school. Only 16 percent of girls finish their primary education.

As long as girls are left behind, Malawi's goal of educating all children and ensuring real human development will not be achieved. This is why the Government, with UNICEF's support, has introduced the child-friendly school programme, known locally as 'Joyful Learning', to a quarter of all primary schools in Malawi, reaching about 800,000 boys and girls.

In addition to improving teaching, learning and the school environment, 'Joyful Learning' schools also organise outreach activities for orphans and out-of-school girls through community channels such as the mothers groups with the aim of improving enrolment of orphans and getting girls who dropped out of school back to school.

In a predominantly rural country where more than half of the population lives on less than one dollar a day, cultural practices and grinding poverty are two of the main reasons why girls in Malawi opt to leave school.

The surrounding villages near Mnjolo Primary School are inhabited by the Chewa people, one of the 15 major ethnic groups in Malawi. The Chewa practice a puberty rite, called *chinamwali*, which grooms a girls for married life. It takes places when a girl, sometimes as young as ten, starts her period. The rite may also include practical experience where an older man, called *fisi*, has sex with a newly initiated girl.

As important as *chinamwali* is to the cultural identity of the Chewa, local educators are concerned about the impact it has on children.

"This ceremony interferes with a girl's schooling," says Charles Makumbiza, Mnjolo's headmaster. "Girls are taken out of school for two months and when they come out of the initiation, they are embarrassed to report back to school," he adds, alluding to the practice of *fisi*.

Teachers have also reported that they find initiated girls hard to teach. The *chinamwali* demands that girls behave like adult women when they complete their rite of passage. They are even told not to play with younger girls who have not reached puberty.

"Teachers have been complaining to us that the girls who have come out of the ceremony challenge their authority," explains UNICEF's education specialist Catherine Chirwa.

The mothers group has taken matters into its own hands. With training in human rights, gender issues and social mobilisation, they are running a 'give us back the child' campaign in the 34 villages that surround the school.

During community meetings with village elders, parents and children, the group presents an alternative option to the traditional initiation ceremony. Their message: school is an important rite of passage for a girl and will make her a real woman.

"A lot of girls have come back to school," says Charles Makumbiza, "And the ceremony is becoming less popular."

The mothers group also talks to girls in school, mimicking the counseling that happens during the *chinamwali*. But instead of being taught to be a good wife, school girls are briefed on how education can benefit their future as women and mothers.

"We come to school and discuss with children what education can do for them," says 47 year-old Joyce Karonde, one of the mother activists, "We also speak to the girls who have dropped out because of pregnancy and tell them to come back to school." ■

increases in the net enrolment of female pupils and orphaned and vulnerable children following these interventions.

In partnership with WFP and GTZ, the school feeding programme was expanded to 677 schools in 2006, an increase of 8.2 percent from 2005. More than 410,000 children benefited from food rations, cooking and feeding utensils; improved school kitchens and food storerooms; latrines and safe water and volunteer cooks from the community. Setting standards and establishing a technical working group of government ministries, NGOs and UN agencies to coordinate activities and monitor quality strengthened the school feeding programme.

In the area of early childhood development (ECD), the Ministry of Education, with support from UNICEF, made progress to improve the sector. Twenty five thousand copies of the ECD Policy were distributed to familiarise all stakeholders with national priorities. Care Giver Guides were developed in Chichewa for use by caregivers working in community-based childcare centres. A start has been made to incorporate the ECD and infant school curricula as part of the primary curriculum and assessment reform.

## ADOLESCENT DEVELOPMENT & HIV AND AIDS

Despite a growth in programmes that provide young people with information on HIV prevention, 59 percent of boys and girls aged 15–19 do not have comprehensive knowledge about HIV prevention. Condom use at high risk sex is low, at 38.4 percent for girls and 58.1 percent for boys. A fifth of all primary schools do not have extra-curricular anti-AIDS clubs and there are limited opportunities for adolescent participation and development, especially for girls.

**The number of school-based anti-AIDS clubs has risen to 4,335, benefiting 150,000 young people.**

In 2006, the process of institutionalising life skills education for HIV and AIDS prevention in standards 1–4 was complete in all 5,231 primary schools. This means that 2.5 million will be consistently reached with critical messages and skills on healthy behaviour and self-development.

The number of school-based anti-AIDS clubs, popularly known as Edzi Toto (“AIDS is not for me”), has risen to 4,335, benefiting 150,000 young people with peer education, entertainment and an opportunity to spend after-school hours in constructive ways. The network of clubs also includes youth NGOs and youth centres, fifteen of which provide HIV testing and counselling services.

To help clubs conduct their work effectively, including debates, group discussions, quizzes, drama and poetry, UNICEF provided t-shirts, caps, HIV and AIDS handbooks, club activity manuals, posters, sports balls and board games. Clubs also run community outreach programme, including orphan support, and such material comes in handy. Training in club management and leadership was also provided to youth club leaders, Edzi Toto patrons and school teachers.

UNICEF supported the review of the National Youth Policy to provide a framework for youth development and participation. In partnership with UNFPA and other UN agencies, a joint programme for accelerating HIV prevention among young people was developed. A national plan of action is being prepared and will roll out the programme in 2007.

<sup>3</sup> A SWAp is a process in which funding for a sector, whether internal or from donors, supports a single policy and expenditure programme, under government leadership, and adopting common approaches across the sector.

## REFORMING THE EDUCATION SECTOR

Malawi is in the process of adopting its Education Policy and finalising the Education Sector Plan, which will pave the way for sector-wide approaches to planning (SWAp)<sup>3</sup>. UNICEF has been actively involved in a number of preparatory activities such as plans for training key government personnel on SWAp using a UNICEF resource pack and developing mechanisms for funding curriculum reform.

Challenges remain in implementing critical policies related to education. Government's delay in carrying out policies on age-of-entry to school, repetition and automatic promotion has compromised efforts to improve the quality of education. Progress on policy issues has been affected by the high turnover of key ministry personnel and vacant posts. The Ministry of Youth, UNICEF's key partner for youth development, has limited leadership capacity. These issues have been raised at different platforms and have yet to be resolved.

## FUTURE PRIORITIES

In 2007, UNICEF and the Government of Malawi will prioritise:

- **Completing the institutionalisation of the life skills for HIV and AIDS prevention programme in standards 5–8, while at the same time aligning it with the new curriculum that will be rolled out in 2007.**
- **Capacity development for the Ministry of Youth and the National Youth Council. Innovative approaches will be adopted to create demand for youth programmes using recreation and training in income-generation.**
- **Support to the Education SWAp by helping develop the capacity of the Planning and Policy Division at the Ministry of Education.**
- **Developing strategies to institutionalise the child-friendly school initiative.**
- **Support to new areas such as the Education Management Information System (EMIS) and Monitoring Learning Achievement project<sup>4</sup>.**

**PARTNERS Adolescent Girl Literacy Project, CARE Malawi, Centre for Educational Research and Training, Counselling of Adolescent and Youth Organisation, Centre for Youth and Children Affairs, Civil Society Coalition for Quality Basic Education, Development Aid from People to People in Malawi, Forum for African Women Educationalists in Malawi, Guidance Counselling, Malawi Girl Guide, Malawi Institute of Education, Matindi Youth Organisation, Ministry of Education, Ministry of Youth, Sports & Culture, National Youth Council, Playsoccer Malawi, Scouts Association, Northern Region Youth Network, UNESCO, Youth Alliance in Social and Economic Development, Nkhotakota Youth Centre, Youth Alliance in Social and Economic Development, YouthNet and Counselling (YONECO), Zingwanga Youth Centre**

<sup>4</sup> The Monitoring Learning Achievement Project, a UNESCO and UNICEF initiative, provides policymakers and implementers of basic education and literacy programs with the necessary conceptual and analytical tools to monitor the quality of their own programmes from a local perspective.



# CHILD PROTECTION

A deadly combination of poverty, HIV and AIDS and food insecurity is progressively unravelling families and communities in Malawi and leaving in its wake a generation of vulnerable and malnourished children, many of whom are becoming orphans. Nearly 13 percent of children have lost their parents or caregivers and 17 percent are living without their biological parents.

When orphans and vulnerable children are deprived of their parents, they lose their first line of protection. They also lose access to social services. Children without the guidance and protection of their primary caregivers run the risk of becoming victims of violence, exploitation, trafficking, discrimination and other abuses.

## **Malawi faces serious challenges with child abuse, exploitation and violence.**

Malawi faces serious challenges with child abuse, exploitation and violence. There is no birth registration system in the country and children without an official identity are 'invisible' and thus at risk of falling into the wrong hands. Already, the Government estimates that 1.4 million children are involved in hazardous child labour. Sexual exploitation, abuse and child trafficking are on the increase, although there is still no official data on the scale of the problem. Children also report child abuse and sexual harassment in schools, with serious implications for their education and welfare.

Children in conflict with the law find themselves imprisoned together with young adult offenders. The majority of juvenile wings are full of offenders in their early twenties as prisoners' ages are difficult to confirm without birth certificates. Children risk being abused and violated in prison, and their rights are often denied at every stage of the criminal process. Incarceration of children should always be treated as a last resort and alternative to imprisonment should be used whenever possible.

## **ACTION**

UNICEF supports the Government to provide a supportive and safe environment for orphaned and vulnerable children, with access to basic social services, including restorative justice. Policies are formulated and national laws revised to incorporate principles of child and human rights. UNICEF also works with partners to prevent and respond to violence, abuse and exploitation of children.

## THE NUMBERS

**13%**

Children in Malawi who are orphaned

**1.4 million**

Children involved in hazardous labour

**11%**

Proportion of women aged 15–49 who were married before their 15th birthday

**304**

Children detained in prison

### BUDGET IN 2006

**TOTAL: US\$ 4,044,677**

**US\$ 816,343**

Regular Resources

**US\$ 3,228,334**

Other Resources

## ORPHANED AND VULNERABLE CHILDREN

Malawi is making concerted efforts on all fronts to address the deepening crisis in orphanhood and child vulnerability. Since its launch in 2005, the five-year National Plan of Action (NPA) for Orphans and Vulnerable Children has been the guiding force for Government and all its partners in developing and implementing programmes of care and support.

UNICEF has played a particularly important role in strengthening institutional capacity so that the NPA can be put into practise. The Ministry of Women and Child Development, the government agency responsible for implementing the NPA, has received technical and financial support to plan, coordinate and monitor the many interventions that fall within the NPA. Technical assistance to district social welfare offices by UNICEF partner, British Volunteer Services Overseas (VSO), resulted in 28 draft district action plans that will operationalise the NPA at district level.

The Government, in collaboration with UNICEF, the World Bank the UK Department for International Development (DFID), is developing an innovative social protection system in Malawi. Although still in its early stages, it has the potential of becoming a major component of a safety net system for orphans and vulnerable children.

UNICEF has been actively involved in creating the system by leveraging resources and providing technical support to the Ministry of Women and Child Development. In particular, support has been given to a pilot social cash transfer scheme in Mchinji in the central region of Malawi, which resulted in 2,503 children from 1,000 extremely poor households benefiting from a cash grant in 2006.

The scheme targets households that are defined as ultra-poor and labour-constrained with a monthly cash transfer as well as an education bonus to encourage school enrolment and attendance. Ultra-poor households are defined as having only one meal a day; not able to buy essential food items such as soap, clothing, school utensils; no valuable assets; and resorting to begging in order to survive.

Households are considered labour-constrained when they have no able-bodied member in the 16–64 age group who is fit to work or when a household member in the same age group, who is fit to work, has to care for more than three dependants. Dependents are children, the elderly (over 64 years) and adults who are chronically sick or disabled.

In 2006, the Department of Poverty was able to secure funding from the National AIDS Commission to fund the cash grant scheme from 2007 and an independent evaluation by Boston University will make recommendations on how to scale up the scheme nationally.

To improve service delivery to vulnerable children, especially those in their early years of life, 416 community-based childcare centres (CBCC) were provided with staff training in early childhood care and development and kits containing toys, chalk and story books. More than 1,000 caregivers working at the centres and close to 47,000 children under the age of five were reached.

The field of early childhood care and development in Malawi is evolving as local expertise improves and norms and standards are put into place. In 2006, UNICEF supported the development of resource guides to accompany caregiver training and a national CBCC profile that outlined minimum operational standards. Seven national experts in early childhood development and care were sponsored on a study tour to Peru while distance learning will be an on-going feature of creating a professional cadre of experts in the country.

## PROTECTION FROM VIOLENCE AND ABUSE

Protecting children and women from violence, abuse and exploitation is not only a moral imperative, it also pays enormous dividends. Children and women that benefit from a protective environment stand a greater chance of living, thriving and becoming productive members of society.

**Protecting children and women from violence, abuse and exploitation is not only a moral imperative, it also pays enormous dividends.**

A major weakness in Malawi's legal framework is the fact that the Constitution is not in line with the Convention on the Rights of the Child (CRC). The Ministry of Women and Child Development, with support from UNICEF, has submitted a position paper to the Special Law Commission on Constitutional Review with recommendations on how to standardise the Constitution with the CRC. The Child Care Protection and Justice Bill, which translates child rights principles into national law, was developed in 2006 with UNICEF support. It was reviewed by the Special Law Commission and will be presented to Parliament for approval in 2007.

In the area of justice for children, UNICEF helps to strengthen preventative and rehabilitative state services such as the police, courts and community protection services so that children in conflict with the law and child victims of crime are protected and provided with appropriate assistance.

In 2006, Police Victim Support Units received equipment and grants for income-generation to help them provide temporary shelter and food for children and women who were victims of crime. The Department of Social Welfare was provided with support to build a transit centre - a place of safety for victims - in Lilongwe. More centres are needed in other urban areas while partners require training and support to extend victim support services to rural communities.

UNICEF supported the National Juvenile Justice Forums to establish two Child Friendly Courts in Zomba and in Blantyre. Funds were given for the rehabilitation of a third court in Mzuzu. The Child Friendly Court are designed to provide child-friendly services, including a room where victims of sexual violence and other crimes can give evidence through a intermediary using a closed-circuit television. The chief justice officially separated the juvenile justice system from the adult justice system in June 2006 and the two courts handled 426 cases in 2006.

## CASH TRANSFER SENDS A BOY BACK TO SCHOOL

Wonesta greets me with a dance. Hugs me like I am a long lost friend and announces that I am staying for lunch. She is shouting and someone whispers that Wonesta is hard of hearing so I have to shout when talking to her. I have never met her before, but her joy is so contagious that I join in the dance. So do the children, all three of them.

They are not her kids, they are her grandchildren. The eldest, Acid is fifteen and the youngest, Chikondi, is three. They do not remember when their parents died but say it was a while ago. The only thing they can remember is that life then was different.

“Before our father died, we did not need to do piece work to help Granny take care of us. He would get us everything we wanted,” says Acid. After the father’s death, everything changed. Their mother had to struggle to make ends meet but she fell sick a few months later and died. Their grandmother took over looking after the children.

“My granny is very old and found it hard to cope. I could not let her do all the work, after all I am the man. I am supposed to take care of the women,” says Acid, the man of the house at 15.

The sacrificial lamb for his work was his education. Most piece works are available in the morning, a serious clash with his school time table. He had to quit school. “My intention was to miss only one term and save enough money so that I would continue school and work only during the holidays,” he says. Needless to say, this never happened and a term slowly turned into two years.

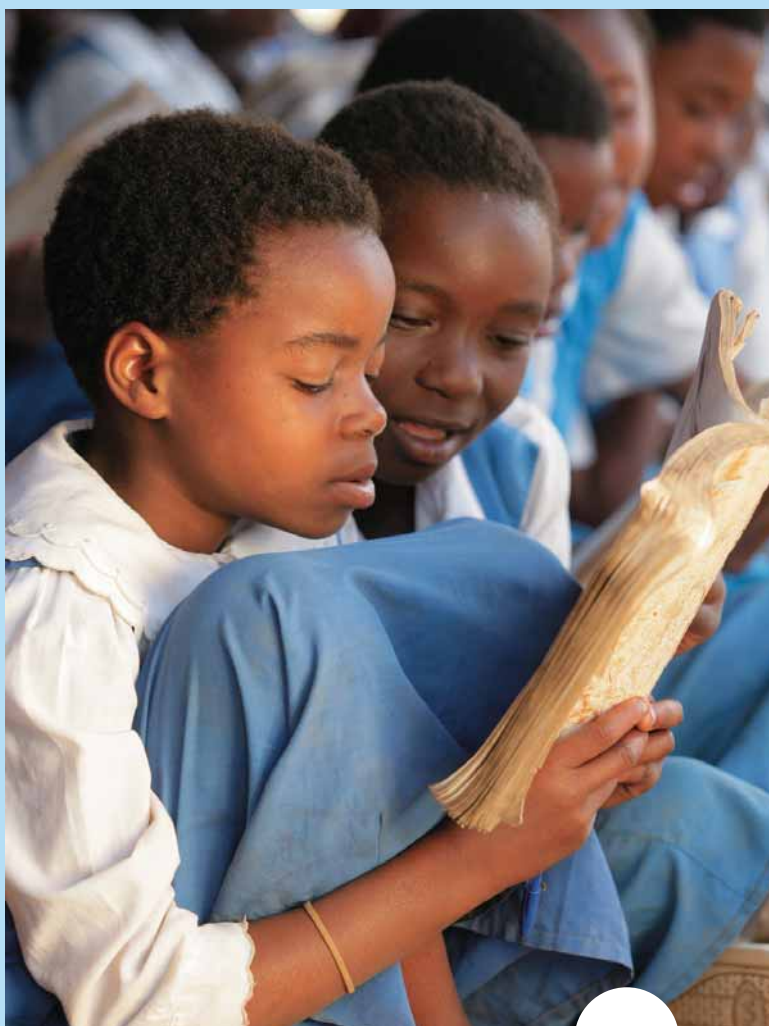
Four months ago the family’s fate changed when the household qualified for the pilot Social Cash Transfer Scheme. Under this scheme, the ultra poor, as determined by the Social Welfare Office, get at least US\$10 per three person household per month. An additional US\$1.50 per child is given to families with up to children in primary

school while an additional US\$2.85 is given per secondary school-going child.

UNICEF is supporting the Government to implement this scheme as a strategy to reduce poverty, hunger and starvation in households that are not only extremely poor but do not have members that are fit enough to work. It is expected that once these households have a steady cash flow, they can plan their lives and eventually manage to send their children back to school.

Wonesta has done just that. She has been able to send Acid and his sister back to school.

“When I finish school, I will be a medical doctor so that I can help people who are sick. I will be staying in town and I will come back for my granny,” says Acid. ■



Civil society organisations monitored detained children on a weekly basis and created a database for children in detention. Their work was instrumental in helping to get children out of jail. By the end of November 2006, 84 children between the ages of 7 and 16 were released and transferred to reformatory schools. The remaining 304 children in prison will be transferred in 2007.

Reformatory schools are being rehabilitated to absorb the additional children and to eventually reintegrate them back into their communities. With UNICEF support, the country's two reformatory schools doubled their capacity for housing children.

Child protection measures in and around schools are being strengthened. The teachers curriculum was reviewed to include protection issues and 1.2 million storybooks on safety and security for children aged 6–10 were distributed to primary schools, benefiting 1.8 million children.

The capacity of community child protection workers and the police were strengthened during the year to prevent and respond to rape, child abuse and property grabbing. Training, supplies and financial assistance were provided to help the child protection workers and police carry out their work more effectively. Child protection issues have also been incorporated in the police training curriculum.

## **FUTURE PRIORITIES**

In 2007, UNICEF and the Government of Malawi will prioritise:

- **Building the capacity of the Ministry of Women and Child Development and District Social Welfare Offices to lead and coordinate the NPA.**
- **Supporting research on cash transfers and the development of a national social protection policy.**
- **Improving the quality of services delivered to children and their families through CBCC and psychosocial support to children through Children's Corners.**
- **Strengthening the national community home-based care programme and incorporating issues of palliative care and ART into the national programme.**
- **Building a protective environment for children through legislation, policy, institutional capacity building and increasing the role of civil society in advocacy and rehabilitation.**

**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's Club, Department of Poverty & Disaster Management, Eye of the Child, Malawi Human Rights Commission, Malawi Human Rights Youth Network, Malawi Police, Ministry of Education, Ministry of Home Affairs, Ministry of Justice, Ministry of Labour & Social Development, Ministry of Persons with Disabilities & Elderly, Ministry of Women and Child Development, National Juvenile Justice Forum, Parent of Disabled Children Association of Malawi, Penal Reform International, Youth Net Counseling, Youth Watch Society, Kanego AIDS Support Organisation.**



# SOCIAL POLICY, ADVOCACY & COMMUNICATION

Malawi ranks as the world's 11th poorest country<sup>5</sup>. More than half of the country's 13.2 million people live in poverty, earning less than one US dollar a day. The country is essentially agricultural and the fast-growing population is mounting pressure on the land. Malawi is prone to natural disasters, especially drought and floods. These catastrophes, combined with extreme poverty and the impact of HIV and AIDS, are core contributors to people's vulnerability. Hunger and high malnutrition rates as well as rising incidences of disease such as malaria and HIV-related illnesses mean that the children and women's right to survival is at risk.

Gender inequality manifests as low female literacy, high HIV infection rates in girls and women and gender-based violence. Girls and women are also subject to discriminatory cultural practices such as early marriage and the loss of inheritance when orphaned or widowed.

Malawi does not have a national registration and identification system. The existing 1904 legal framework makes birth registration optional for Malawians. For many children and women without an official identity, their risk of being exploited for labour, sex work and at the worst, human trafficking, increases enormously. An estimated 1.4 million children are involved in hazardous child labour.

**Malawi does not have a national registration and identification system**

<sup>5</sup>According to the UNDP Human Development Index for 2006, Malawi is ranked 166 out of 177 countries.



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## ACTION

Influencing social policy is a critical part of UNICEF's work as it strives to place children and women at the heart of Malawi's development agenda. To help Malawi accelerate progress towards the achievement of the MDGs, UNICEF supports the Government to improve national data collection and monitoring systems. Various communication approaches are employed to help society realise the rights of children and women. External relations activities strengthen the UNICEF brand in Malawi, bring international attention to the issues that affect children and women and contribute to raising funds for the country programme.

## SOCIAL POLICY AND ADVOCACY

Malawi ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1987. Countries that have ratified or acceded to the Convention are legally bound to put its provisions into practice. They are also committed to submit national reports, at least every four years, on measures they have taken to comply with their treaty obligations.

In 2006, Malawi submitted its second national report to the CEDAW committee. Although the Government did not involve partners like UNICEF from the onset of the reporting process, UN agencies supported the Government in disseminating the recommendations. In 2007, UNICEF will be involved in developing a monitoring and evaluation mechanism to track progress on implementing the recommendations.

The Ministries of Home Affairs and Internal Security, Justice and Information, the Office of the Registrar General, UNICEF and other partners have come together to advance the government's national registration and identification programme. Securing passage of the National Registration Bill through Parliament is vital.

In 2006, a successful advocacy campaign resulted in the Cabinet gazetting the Bill and sending it to Parliament. A special lobby group composed of the Government, NGOs, the media and UNICEF, lobbied 46 parliamentarians but unfortunately the Bill could not be discussed during the course of the year.

## MONITORING AND EVALUATION

The Multiple Indicator Cluster Survey (MICS) was a key milestone in 2006. It was the largest household survey undertaken in Malawi, covering 31,200 households in 26 districts, and was supported by UNICEF. The survey, whose objective was to determine key social development indicators at district level, succeeded in canvassing nearly 20 out of 48 MDG indicators and will be used to help the Government track progress towards the achievement of the MDGs.

Other UNICEF-supported interventions to strengthen national monitoring and evaluation systems included upgrading the Malawi Socio-Economic Database (MADESA) with new features, completing a situation assessment and analysis in preparation for the United Nations Development Assistance Framework<sup>6</sup> (UNDAF) and producing strategic documents to assist in the design of the new UNICEF Country Programme for 2008–2011.

**The Multiple Indicator Cluster Survey (MICS) was a key milestone in 2006.**



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<sup>6</sup> UNDAF is the common strategic framework for the operational activities of the United Nations system at the country level.

## EXTERNAL RELATIONS

The global Children and AIDS campaign continued in 2006. UNICEF brought attention to the impact of HIV and AIDS on Malawian children and their needs for prevention, treatment and care by distributing advocacy material within the country and abroad.

Fundraising efforts were bolstered by numerous visits from UNICEF National Committees. National Committees raise a significant portion of UNICEF's income through various advocacy and fundraising campaigns in industrialised countries.

**Fundraising efforts were bolstered by numerous visits from UNICEF National Committees.**

UNICEF continued to build a strong relationship with the local media. Information, photographs, videos and feature stories on issues facing children and women were provided to the local media to enhance their reporting. A popular BBC TV children's programme, Blue Peter, launched a three-month appeal for Malawi. It is expected that substantial funds will be raised to support UNICEF programmes for children orphaned and affected by HIV and AIDS.

In 2006 alone the UNICEF country office in Malawi hosted or co-hosted the visits of nine National Committees, seven film crews, six high-level delegations and a Canadian philanthropist. Timely engagement with the media played an important role in putting the spotlight on Malawi's children and women.

## PROGRAMME COMMUNICATION

Programme communication seeks to influence positive behaviours that lead to improved health, nutrition, literacy, social services, income and family and community wellbeing. UNICEF has a long tradition in development communication, and applies an array of communication approaches, ranging from community mobilisation to interpersonal communication.

In Malawi, UNICEF supported partners in 2006 to develop communication strategies for a range of development priorities. The Health Education Unit at the Ministry of Health and the Story Workshop Education Trust (SWET) were provided with technical assistance to come up with a communication strategy for PMTCT. This was followed by a national consultation workshop to prepare an implementation plan for the strategy.

UNICEF also supported the development of the National Communication Strategy on Avian and Pandemic Influenza (API) together with the Ministry of Information and Tourism, Ministry of Agriculture and Food Security, Ministry of Health, NGOs and UN agencies. A campaign on API is planned for 2007 using new and innovative activities such as media orientation, behaviour mapping and production of information material.

## FUTURE PRIORITIES

In 2007, UNICEF and the Government of Malawi will prioritise:

- **Advocacy for policy and legislation to ensure the rights of children are realised, including the passage of the Registration Bill and other bills pending in Parliament.**
- **Building the capacity of the media to support advocacy initiatives and programme communication strategies.**

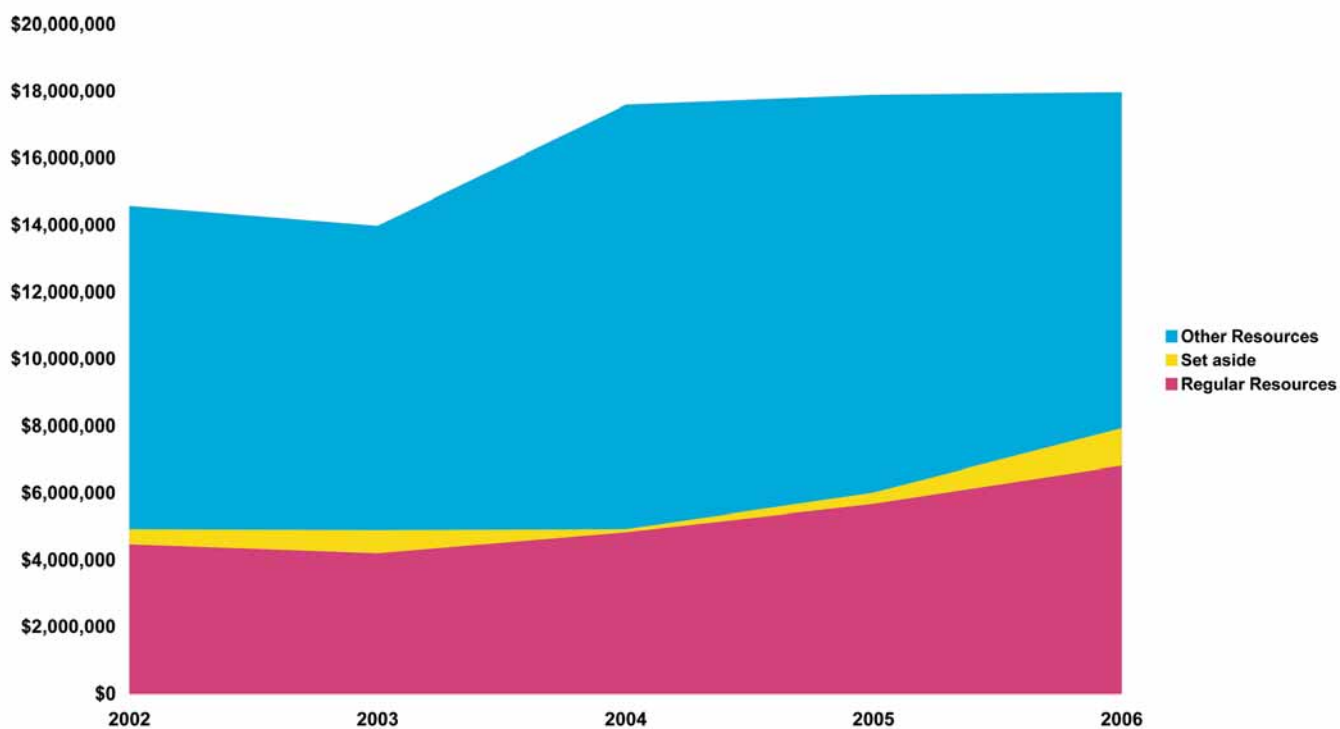


- Localising the global campaign on Children and AIDS to ensure key messages are readily available to the Malawi public.
- Dissemination of MICS results to a wide range of stakeholders, and uploading the data to MASEDA. The use of MASEDA will be promoted through training and awareness raising workshops.

**PARTNERS Capital Radio, FM 101, Health Education Unit at the Ministry of Health, Joy Radio, Malawi Broadcasting Cooperation, Ministry of Economic Planning and Development, Ministry of Finance, Ministry of Information and Tourism, National Media Institute of Southern Africa (Malawi chapter), National Statistical Office, Parliamentarians, Story Workshop Education Trust, The Courier, The Daily Times, The Democratas, The Dispatch, The Guardian, The Nation, Transworld Radio, TV Malawi, Zodiac Radio,**

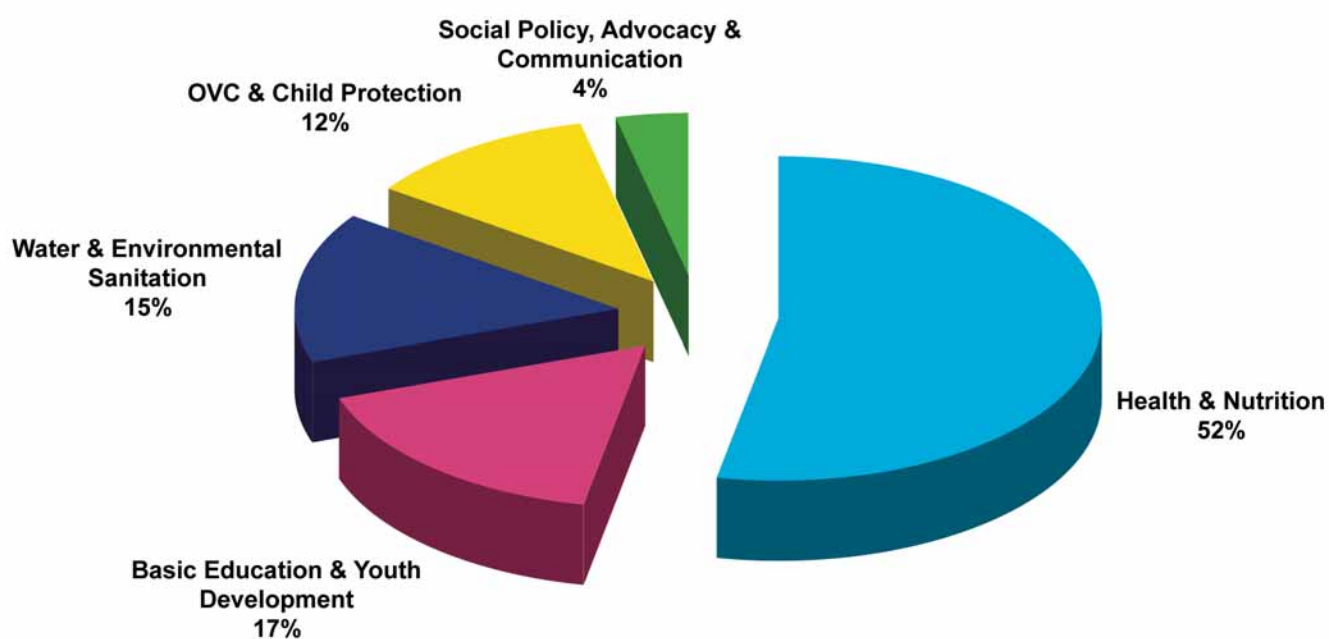
# FINANCES

## INCOME TO UNICEF, 2002 – 2006



## PROGRAMME BUDGET, 2006

TOTAL: US\$ 34,642,421



## THEMATIC CONTRIBUTIONS, 2006

THEMATIC FUNDS	AMOUNT (US\$)
Global - Girls Education	984,802.43
Global - Immunisation Plus	1,633,155.16
Global - HIV and AIDS	19,874.65
Global - Early Childhood Development	200,000.00
Basic Education and Gender Equality	53,831.30
Young Child Survival and Development	250,000.00
HIV and AIDS and Children	112,065.44
<b>TOTAL</b>	<b>3,253,728.98</b>

## TOTAL FUNDS RECEIVED BY GOVERNMENTS, 2006

GOVERNMENTS	AMOUNT US\$
Australia (AusAID)	359,272.30
Canada (CIDA)	560,137.62
Netherlands	252,141.40
Norway	1,583,012.96
OPEC Fund	246,366.11
UNAIDS Geneva	186,900.00
UNDP - USA Administrative Services Section	259,643.30
USA (USAID)	1,251,771.45
<b>TOTAL</b>	<b>4,699,245.14</b>

## TOTAL FUNDS RECEIVED BY NATIONAL COMMITTEES, 2006

NATIONAL COMMITTEE	AMOUNT US\$
Austrian Committee for UNICEF	5,982.54
Canadian Committee for UNICEF	306,999.21
Consolidated Funds from NatComs	97,957.66
French Committee for UNICEF	492,305.24
German Committee for UNICEF	1,668,150.90
Italian Committee for UNICEF	278,383.53
Japan Committee for UNICEF	93,433.42
Swedish Committee for UNICEF	324,789.07
Swiss Committee for UNICEF	1,110,399.45
United Kingdom Committee for UNICEF	1,362,182.96
United States Fund for UNICEF	460,409.67
<b>TOTAL</b>	<b>6,200,993.65</b>



## CONTRIBUTIONS AGAINST THE EMERGENCY APPEAL 2005/20006

PROGRAMME	AMOUNT (US\$)
Health & Nutrition	7,082,736.39
Orphans & Vulnerable Children & Child Protection	400,000.00
Basic Education & Youth Development	802,883.28
Water & Environmental Sanitation	1,604,488.18
Cross-Sectoral Costs	2,519,957.38
<b>TOTAL</b>	<b>12,410,065.24</b>

## REGULAR RESOURCES & SET ASIDE FUNDS, 2006

PROGRAMME	AMOUNT (US\$)
Regular Resources	6,834,078.90
Set aside Funds	1,382,547.00
<b>TOTAL</b>	<b>8,216,625.90</b>



## ACROYNMS

<b>ACSD</b>	Accelerated Child Survival and Development
<b>ARV</b>	Antiretroviral
<b>ART</b>	Antiretroviral Therapy
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination Against Women
<b>CRC</b>	Convention on the Rights of the Child
<b>CTC</b>	Community Therapeutic Care
<b>ECD</b>	Early childhood development
<b>EMIS</b>	Education Information Management System
<b>DIFD</b>	UK Department for International Development
<b>GTZ</b>	Deutsche Gesellschaft für Technische Zusammenarbeit
<b>ITN</b>	Insecticide-treated net
<b>MASEDA</b>	Malawi Social Economic Database
<b>MDG</b>	Millennium Development Goal
<b>MGDS</b>	Malawi Growth and Development Strategy
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>NRU</b>	Nutritional Rehabilitation Unit
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>RED</b>	Reach Every District
<b>TB</b>	Tuberculosis
<b>UNFPA</b>	United Nations Population Fund
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>WHO</b>	World Health Organisation
<b>WFP</b>	World Food Programme
<b>YFHS</b>	Youth Friendly Health Services

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