



UN Joint Activities towards achieving the Millennium Development Goals in Malawi

The UN family in Malawi has developed a framework to guide its support for the achievement of the Millennium Development Goals and established inter-agency working groups to support each MDG. Efforts are being made to support the Government with the mainstreaming of MDGs in the national medium-term development strategy, Malawi Growth and Development Strategy (MGDS), which is being finalised.

Major progress has been made through joint programme initiatives on supporting national response to HIV and AIDS and on maternal mortality. There are opportunities, particularly for closer collaboration in the areas of food security and gender equality. This paper summarises key ongoing activities, achievements and future needs of the UN family in Malawi with regard to achieving the MDGs.

MDG 1: Poverty Reduction/ Food security

Food crises in Malawi are now a recurring phenomenon and have risen to the top of development agenda in the country. Development programmes have effectively addressed basic issues towards transforming the country into a sustainable food producer. There has been a void in terms of a comprehensive policy, strategies and programmes in the field of agriculture and food security. Although many development partners have contributed and done extensive work over a long period in the country, the projects undertaken have lacked coherence, coordination and a strategic approach. Through its advocacy and coordinating role and technical expertise, the UN can make a difference in leading the initiative for sustained economic growth with food security. To perform this role, however, the UN needs increased coordination capacity.

The UN system can play a pivotal role in helping government to develop a comprehensive medium and long-term programme/plan of action to tackle chronic food insecurity. At request of the Government and other agencies, FAO has begun working on an initiative, and is putting food security at the centre of the plans. The challenge is to mainstream this initiative into the National Growth Strategy and bring all other development partners on board.

FAO and WFP have a Crop and Food Security Assessment Mission to help refine the results of the government's own crop estimates. On the medium and short-term interventions, FAO, WFP and UNICEF have been involved in projects for improvement in nutrition and food security of orphaned and vulnerable children. There is a FAO/WFP project on decreasing childhood malnutrition. FAO has formulated a medium-term proposal for small-scale irrigation inputs and crop diversification interventions targeted in vulnerable areas, to strengthen sustainable food production without over-dependence on weather patterns. The main challenge is to finalise a comprehensive long-term national food and nutrition security policy.

MDG 2: Universal primary education

UN joint support in basic education aims to promote access and quality in primary education through initiatives that increase access to early learning, improve the learning process child-friendly and incorporate active participation to improve the teaching-learning environment. The UN promotes the introduction of HIV/AIDS and life skills education in schools. Girls' education is promoted through advocacy initiatives, service delivery, community mobilisation and partnership building. Through active participation in sector planning processes, girls' education is now incorporated as a priority area in all sector strategy plans and an increasing number of stakeholders have raised it in their agendas.

The UN Girls' Education Initiative, launched in 2004, aims at broadening partnership in the area. UNICEF launched the Accelerated Girls' Initiative in 2003 covering 20% of the 3.2 million primary school children. It uses a multiple-element strategy that addresses both the demand and supply factors in girls' education. Direct interventions aim to improve the teaching and learning conditions. A process of community dialogue on cultural practices, which hinder girls' participation in education, was initiated in four districts.



This complements the work of mother groups, which are currently being extended to cover all the 1,020 schools in the Accelerated Girls' Education Initiative. In target schools, parity between boys and girls in enrolment has been achieved in standards 1 and 2.

This package of support by UNICEF is reinforced by collaboration with WFP on the school feeding programme support, strategic pillar to increase participation of girls. The UNICEF package and WFP school feeding is benefiting 210,000 children in the most food insecure areas. The porridge provided at school is an incentive to the parents to keep on sending their children to school. The quality of learning is achieved through reduction of short-term hunger that interferes with learning. WFP is also providing Take-home incentives to all girls once a month to encourage their enrolment and regular attendance. The incentive is provided to close the gender gap especially in higher primary classes (standards 5-8). Take-home rations are also provided to orphan boys to encourage their guardians to enrol them to school.

WFP works with FAO in 50 schools in the school garden and fruit tree project. The selected schools are trained and later given seeds and fruit trees to start up a school garden as a way of imparting nutrition education and also teaching improved agriculture technologies for replication at home. Each child receives one tree to plant at home to raise awareness and on nutrition and environment management.

MDG 3: Promote Gender Equality and Empower Women

The Malawi Strategic Country Gender Assessment, a joint report of the World Bank and UNDP (2004), identified the saliency of reducing gender disparities in order to alleviate the burden of poverty. Malawi has a National Gender Policy (NGP), approved in 2002, a National Gender Strategy to Combat Gender Based Violence (2002-2006) and a National Gender Programme (2004-2005).

UNDP provides the Ministry of Gender, Child Welfare and Community Services with technical assistance to help administer the implementation of the NGP. Special emphasis is placed on building the capacity of the ministries and gender focal points to successfully deliver the NGP. UNDP has also worked to strengthen human capital development at grassroots level by supporting integrated functional literacy programmes in 12 districts. However, there are challenges to be overcome, including gaps in the National Gender Policy and lack of results oriented and measurable sector plans to consolidate the national plan, and clarity about the exact role of the Ministry of Gender vis-à-vis to the rest of Government. In addition, gender focal points in some sectors lack adequate training.

Promoting gender equality and empowering women can be achieved by enhancing the enrolment of girls in the education system. Education and advocacy will be the vehicles to increase female literacy and mobilise communities to promote female participation in related programmes. The UN will enhance cohesion of programmes by working closely with national counterparts, resulting in stronger national ownership and advocacy to alleviate women from the poverty trap.

MDG 4: Child mortality

In spite of the level of poverty, Malawi has made steady progress towards addressing the reduction of infant and child mortality - from 134 and 234 in 1992 to 104 and 189 in 2000 respectively. Based on the available statistics, more than 75% of child deaths are attributed to five major diseases/conditions - malaria vaccine preventable diseases, malnutrition, diarrhoea and acute respiratory infections. Since the beginning of 2002, significant improvements were made in both maintaining high coverage and scaling up integrated interventions proven to contribute towards reduction of neonatal, infant and child mortality.

In the area of malaria control, the 2004 national coverage survey showed that about 55% of pregnant women have received IPT for prevention of malaria during pregnancy which causes low birth weight, anaemia and ultimately to neonatal and infant mortality.



In mosquito net usage, 35% of children under the age of five and 33% of pregnant women were sleeping under insecticide-treated nets. With additional 1.5 million nets distributed since the survey, it is estimated that 55% of children under five years and 50% pregnant women are currently sleeping under treated net.

Immunisation services are highly successful in Malawi compared to other countries in the region under similar social and economic conditions. Due of high immunisation coverage, the incidence of immunisation target diseases has reduced considerably. No confirmed case of polio has been reported since 1992 and the country has significantly improved the surveillance system, making Malawi among the eligible countries in Africa to be certified as “polio-free” country. Neonatal Tetanus is virtually eliminated in Malawi. Malawi reported no positive cases of measles in 1998-2003. Sporadic cases of measles cases were reported in 2004 and 2005. A national measles campaign in 2005 will interrupt the measles transmission countrywide. Successful integration of Vitamin A supplementation into routine immunisation services over the last ten years has resulted in high Vitamin A supplementation coverage (70 to 90%) in under-five children. The UNICEF and WFP Nutrition Rehabilitation Programme address acute malnutrition with phased integration of malnutrition children into their home environment. Executive breastfeeding is being promoted through the Baby Friendly Hospital Initiative with the current coverage of 52% of mothers breastfeeding their infants up to six months. UNICEF and WHO are implementing water and sanitation projects to the control of diarrhoeal diseases.

Besides programme interventions, the UN family (UNICEF, WHO and WFP) joint support to Ministry of Health covers institutional support including policy and systems development. This includes development and costing of EHP and inclusion of malaria, EPI and IMCT programmes into the SWAP funding modality; on the job training of health workers on implementation of integrated child health interventions; and provision of supplies (vaccines, cold chain equipments and mosquito nets and net treatment chemicals). IMCI has also been incorporated in curricula in training institutions in Malawi. WHO has trained all the districts in Integrated Disease Surveillance and Response for improved monitoring of health problems in the country.

The current success in achieving and maintaining high programme coverage was made possible through a network of the government, the UN family, donors and community members through community based structures led by the Community Health Surveillance Assistants (HSAs). Through social mobilisation undertaken by HSAs, communities are sensitised to optimally utilise available services. Despite collaborative efforts, the reduction of infant and child mortality is challenged by among other issues chronic shortage of health workers. Current records show that only 61% out of the 10,298 total established posts at the Ministry of Health and Population are filled. Of enrolled nurse/midwife, medical assistant and HAS posts, 18%, 36% and 44% respectively, are vacant.

MDG 5: Maternal health

Malawi has one of the highest numbers of women who die during pregnancy and childbirth. The maternal mortality ratio has worsened from 620 per 100,000 live births in 1996 to 1120 per 100,000 in 2000. The ratio is expected to rise as the quality of health services is deteriorating. Maternal mortality has been described as national disaster by high-level political figures, which makes the political context conducive for development actions and advocacy by the UN.

UNICEF, UNFPA, WHO and WFP are supporting the Ministry with a countrywide assessment of emergency obstetric care to determine available and functioning services. The assessment has been used to develop a costed road map to reduce maternal mortality in Malawi and will serve as a tool for advocacy and mobilisation of resources. This is a starting point for establishment of a UN Joint Programme on maternal health. Joint UN activities are also providing food supplements and other nutritional support to malnourished pregnant women.

MDG 6: Combat HIV and AIDS

Since the first diagnosis in 1985 to 1998, Malawi’s cumulative reported AIDS cases have increased from 17 to 52,643. Currently the prevalence in Malawi is 14.4% and, for the last 5 years, it seems to have stabilised at this level. Unprotected heterosexual contact remains the main mode of transmission accounting for 88% of new



infections. In 2003, women accounted for 58% of infected adults in Malawi. AIDS has more than tripled the number of adult deaths (aged 15 to 49) to nearly 80,000 a year and is responsible for almost three out of every four deaths in this age group.

To support the scaling up of the national response to HIV/AIDS, the UN has helped to create the required environment for improved access to treatment, care and support in Malawi. The UN has participated in the development of the National HIV and AIDS Policy, National Action Plan, National Plan of Action on orphaned and vulnerable children, 6-year Emergency Human Resource Plan for the Ministry of Health, Anti-Retroviral Therapy Equity Policy, Voluntary Counselling and Testing, Prevention of Mother to Child Transmission and Community Home Based Care scale-up plans. These have contributed to the creation of an environment that is conducive for scaling up bio and socio-medical response. The UN is also supporting Malawi to reach '3 by 5' treatment goal of 50,000 by the end of 2005. By December 2004 up to 13,183 people were on treatment in 24 of the 59 sites. UN continues to help Malawi to leverage resources and develop systems necessary for communities to access, utilise and account for available resources.

In February 2005, a Joint Mission of UN Regional Support Team assisted the UN Country Team with the development of a UN-ISP, as a management tool for the UN Theme Group's accountability on HIV/AIDS. The outcomes included the finalisation of a five-year framework of a Joint UN Support to the National Response on HIV/AIDS. The Malawi UN-ISP reflects a clear statement of the UN's contributions towards each of the priorities laid out in the new National AIDS Action Framework for 2005-2009 with a careful balance between strategic contributions and service delivery interventions. It is expected to increase harmonisation among UN agencies and with other stakeholders. The ISP matrix was used in November 2005 as a basis of development of five UN joint programmes on HIV and AIDS. The focus areas are District level capacity building (lead by UNDP), HIV prevention among youth (lead by UNFPA) drug procurement and supply (lead by UNICEF), food security and nutrition (lead by WFP) and capacity building of national AIDS response institutions (lead by WHO).

A joint project of WFP, UNDP, UNAIDS, FAO and National Aids Commission provides short-term food assistance, agricultural inputs to ensure long-term food security, training in community home-based care and income generating activities. The role of National Aids Commission is to ensure alignment of the project implementation to the national HIV/AIDS guidelines. WFP has mainstreamed HIV/AIDS by conducting campaigns at food distribution sites, developing posters with different vernacular messages on protection of women and children from sexual abuse, and training WFP employees, implementing partners and transport companies on protection of women and children from sexual abuse during humanitarian crisis. WFP is also providing households, caretakers and schools with food support with encouraging results.

MDG 7: Environmental sustainability

The UN Malawi's Joint Programme on Environmental Sustainability focuses on environment related policy development and review; capacity development; support to provision for accelerated coverage; promotion of new technologies; and monitoring and evaluation. Activities by UNDP focus on implementation of community based activities with emphasis on energy and sustainable development issues. Housing for the urban poor, disaster management activities will also be part of UNDP interventions.

UNICEF leads on water and sanitation development, with a considerable (US\$ 73 million) investment towards the provision of water supplies over the past five years. In 2000, 95% of urban households had access to safe drinking water, compared to 60% in rural areas. One of the biggest constraints to achieving the MDG 7 is the high number of non-operational water points. Functional rates in districts vary between 83% and 46%. This is mainly caused by lack of spare part supplies and weak local management capacity. Poor sector coordination also contributes for the problem. While 81% of the rural population have access to safe excreta disposal methods, a number of facilities are deemed rudimentary and unsanitary. Ministry of Health and Population estimates that less than 10% of the facilities are defined as 'improved'. Good hygiene practices are still rare due to inadequate participatory methodologies to engage households, inappropriate technologies, high costs of some building materials, absence of a policy and enforcement for sanitation and poor attitudes.



Institutions, such as schools offer an opportunity to promote sanitation. However, teachers often lack education on sanitation and hygiene. While about 75 % of schools have access to safe water, only 20-30% has access to safe sanitation, which offers little opportunity for students to put hygiene lessons in practice. In addition, the water, environment and sanitation sector has experienced a high turnover of staff due to HIV/AIDS-related deaths, resulting in loss of a number of highly trained technical staff at national and district levels, which erodes the already weak chances to meet the sector needs, at district and sub-district levels.

Cholera, chronic and acute malnutrition and other diarrhoeal diseases have been a major consequence of unsafe water supplies, poor hygiene and low sanitation coverage. However, with the combined effort of the UN, the key ministries and NGO partners, the number of cholera cases was tremendously reduced in the 2003-2004 compared to the major outbreak in 2001-2002.

MDG 8: Global partnership for development

Activities for global partnership to advance fair trade globally and regionally need to be expanded achieve the MDG 8. One of the current activities in this area is the Integrated Framework for Trade-Related Technical Assistance to Least Developed Countries (IF), simplification and harmonisation and the Malawi Global Compact Network. The global IF initiative seeks to assist 12 Least Developed Countries in mainstreaming trade into national poverty reduction strategies and development policies and plans, and to secure the delivery of coordinated and targeted Trade-Related Technical Assistance and Capacity Building. The Malawi IF Task Force, lead by UNDP and comprised of representatives from the major donors, key ministries and the World Bank, is in responsible for the oversight of the process.

The main activities supported under Window I included diagnostic trade integration studies, IF familiarisation mission, and the procurement. The Window II resources (up to US\$ 1 million per country) have supported the development and implementation of a project on Trade Advisory Services and Capacity Building for Trade Integration. Currently, UNDP and International Trade Centre (ITC) have been working closely with the Government and the Malawi Bureau of Standards to finalise the second project to draw remaining resources from the Window II Trust Fund on the Technical Support for Improving the Standardisation, Quality Assurance, Accreditation and Metrology infrastructure. IF facilities target at building the national capacity for trade integration in order to mainstream the trade issues in the next Poverty Reduction Strategy, and ensure the country is adequately prepared for the December WTO meeting in Hong Kong.

To increase simplification and harmonisation of aid management, Malawi attended the Forum on Aid Effectiveness held in Paris in February 2005. Some initiatives have already been introduced, such as results-based budgeting (MTEF), pro-poor budgeting (MPRSP); SWAPS and SIPS; donor budget support (CABS) and the development of a nationally owned strategy to succeed the MPRSP. However, Malawi's development partners need to do more to integrate their programming into the national development strategies and associated development operational frameworks. The Government is increasingly taking on the effective leadership of development processes. Partners need to support Malawi's capacity development for aid management in addition to continued support in implementation, and monitoring and evaluation of national/thematic and sector strategies. Development partners in Malawi are in full support of simplification and harmonisation, and UNDP has offered to support government in capacity building in this area.

The Global Compact Network for Malawi, launched in 2003 with the support of UNDP, has clarified the business rationale for taking forward the Global Compact initiative. The process highlighted two issues: firstly, there should be complementariness between this initiative and others already underway in the country (such as the National Action Group, the Chamber of Commerce's Business Coalition against AIDS, and various government initiatives); secondly, business needed to buy in to the programme properly if it was to realistically address important issues as they relate to growth and development in the country.

Two key challenges have been identified for successful development of the Global Compact in Malawi. Firstly, how best to integrate social and environmental concerns into the business plans in a cost effective manner. Secondly, how best to be competitive while cooperating in an inclusive manner while, at the same time, building self-respect of Malawi as a country and Malawi's enterprises.