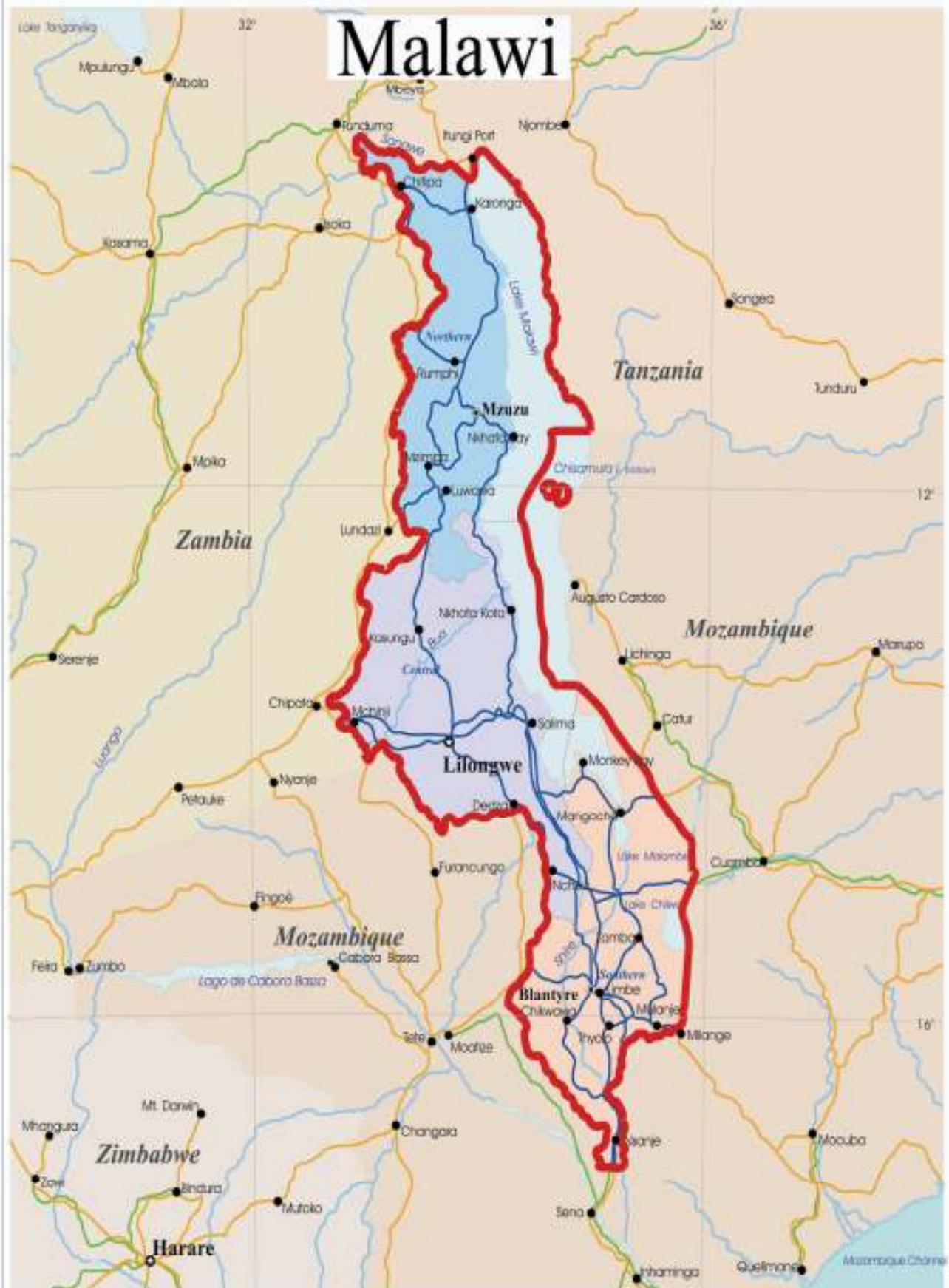




**Ngwazi Dr. Bingu wa Mutharika**  
**HIS EXCELLENCY THE STATE PRESIDENT**  
**OF THE REPUBLIC OF MALAWI**

*"My Government is committed to accelerate the attainment of the millennium development goals by implementing a robust development strategy"*



## Foreword

The Government of Malawi is continuing its rapid efforts to reduce poverty and improve the welfare of its people. This report thus provides an anticipated update of annual achievements that Malawi has made in 2009 on the attainment of the millennium development goals (MDGs). It has managed to provide adequate information that shows a clear trend emerging and it is now possible to advance a reasonable assessment about the country's possibility of attaining MDG targets by the year 2015. This report also clearly highlights challenges that are being faced in the course of implementing relevant development policies to attain MDG targets and possible solutions to resolve them.

Policy makers and development institutions will find the information in this report quite enlightening about the commitment the country has made to deliver on its development agenda. In order to achieve the millennium development goals, Malawi developed the Malawi Growth and Development Strategy (MGDS) to accelerate the pace of economic growth and create wealth for its citizens. The MGDS runs from 2006 to 2011, and initially focused on six priority areas. From this year, 2009, Government has revised the MGDS to focus on nine priority areas. Government believes that the successful implementation of the key priority areas will have positive implications on the achievement of the MDGs and other pertinent development indicators. Stakeholders engaged in development activities in various sectors of the economy – agriculture and food security, health, education, environment, gender – will be pleased to see the impacts of their efforts through the quantitative assessments made in this report.

It is my hope that the findings in this report will inspire all stakeholders to expedite the implementation of development interventions to ensure that Malawi attains the MDG targets by 2015.



Abbie Marambika Shawa, MP  
**MINISTER OF DEVELOPMENT PLANNING AND COOPERATION**

## **Acknowledgments**

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## List of Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ARV</b>	Anti-Retroviral drugs
<b>CBE</b>	Complementary Basic Education
<b>CBO</b>	Community Based Organisation
<b>CDSS</b>	Community Day Secondary Schools
<b>DAS</b>	Development Assistance Strategy
<b>DOTS</b>	Direct Observable Treatment Short
<b>EHP</b>	Essential Health Package
<b>EU</b>	European Union
<b>EPI</b>	Expanded Programme for Immunization
<b>FAO</b>	Food and Agricultural Organization
<b>HESSEA</b>	Household Expenditure and Small Scale Economic Activities
<b>HIPC</b>	Highly Indebted Poor Countries
<b>HIV</b>	Human Immuno-deficiency Virus
<b>HSA</b>	Health Surveillance Assistant
<b>ICT</b>	Information Communication Technology
<b>IHS</b>	Integrated Household Survey
<b>IMS</b>	Information Management System
<b>IRI</b>	Interactive Radio Instruction
<b>IT</b>	Information Technology
<b>ITN</b>	Insecticide Treated Net
<b>IVL</b>	Interactive Video Learning
<b>IMCI</b>	Integrated Management of Child Illness
<b>LA</b>	Artemether Lumefantrine
<b>MACOHA</b>	Malawi Council for the Handicapped
<b>MASEDA</b>	Malawi Social Economic Database
<b>MARDEF</b>	Malawi Rural Development Fund
<b>MAREP</b>	Malawi Rural Electrification Programme
<b>MIE</b>	Malawi Institute of Education
<b>MDG</b>	Millennium Development Goal
<b>MDHS</b>	Malawi Demographic and Health Survey
<b>MDRI</b>	Multilateral Debt Relief Initiative
<b>MGDS</b>	Malawi Growth and Development Strategy
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MPVA</b>	Malawi Poverty Vulnerability Assessment
<b>MTEF</b>	Medium Term Expenditure Framework
<b>NER</b>	Net Enrollment Rate
<b>NESP</b>	National Education Sector Plan
<b>PHC</b>	Population and Housing Census
<b>ODA</b>	Overseas Development Assistance
<b>OVOP</b>	One Village One Product
<b>PCAR</b>	Primary Curriculum Assessment Review
<b>PSIP</b>	Public Sector Investment Programme
<b>RBM</b>	Roll Back Malaria Programme
<b>SADC</b>	Southern Africa Development Community
<b>STDs</b>	Sexually Transmitted Diseases
<b>SWAp</b>	Sector Wide Approach
<b>TB</b>	Tuberculosis

<b>UN</b>	United Nations
<b>UNICEF</b>	United Nation Children’s Fund
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Fund for Population
<b>UNEP</b>	United Nations Environment Programme
<b>UPE</b>	Universal Primary Education
<b>WMS</b>	Welfare Monitoring Survey



## Status at a Glance

### Malawi's Progress Towards Achieving the Millennium Development Goals

GOAL/TARGET	Indicator	Current Status	2015 Target	Feasibility of achieving the Goal
<b>Eradicate Extreme Poverty and Hunger</b>	Proportion of population living below US\$1.00 per person per day	40 %	27%	Likely to be met
	Poverty Gap Ratio	17.8	0%	
	Poorest Quintile Share in National Consumption	10.1 %	20%	
	Prevalence of Underweight Children	16 %	14%	
	Proportion of population below minimum level of dietary energy consumption	15%	11.8%	
<b>Achieve Universal Primary Education</b>	Net Enrolment in Primary	79 %	100%	Unlikely to be met
	Proportion of Pupils Starting Grade 1 Reaching Grade 5	75.7 %	100%	
	Literacy Rate (15-24yrs)	82 %	100%	
<b>Promote Gender Equality and Empower Women</b>	Ratio of Girls to Boys in Primary Education	0.99	1	Unlikely to be met
	Ratio of Girls to Boys in Secondary Education	0.77	1	
	Ratio of Literate Women to Men 15 – 24 Years Old	0.94	1	
	Share of Women in Wage Employment in non-Agriculture Sector	15 %	50%	
	Proportion of Seats Held by Women in Parliament	22 %	50%	
<b>Reduce Child Mortality</b>	Under-five mortality rate	122 per 1,000	78 per 1,000	Likely to be met
	Infant Mortality rate	69 per 1,000	44.7 per 1,000	
	Proportion of 1 year children immunized against measles	84 %	100 %	
<b>Improve Maternal Health</b>	Maternal mortality ratio	807 per 100,000	155 per 100,000	Unlikely to be met
	Proportion of births attended to by skilled health personnel	67 %	100%	
<b>Combat HIV and AIDS, Malaria and other diseases</b>	HIV prevalence among 15 – 24 year old pregnant women	12%	0%	Likely to be met
	Ratio of orphans to non-orphans in school	0.14	-	
	Deaths rates associated with Malaria	4%	-	
	Access to Malaria Treatment	21%	-	
	Proportion of Household with at least one ITN	37.8%	-	
	Death rates associated with Tuberculosis	9%	-	
<b>Ensure Environmental Sustainability</b>	Proportion of land covered by forest	36.2%	50%	Likely to be met
	Proportion of area protected to maintain biological diversity	0.16%	0.18%	
	Proportion of population using solid fuel	98.7%	0%	
	Proportion of population with sustainable access to an improved water source	80%	74%	
	Proportion of population with access to improved sanitation	94%	86.2%	
	Slum population as percentage of urban population	64.4%	-	
<b>Develop Global Partnership for Development</b>	Net ODA as a percentage of Real Gross Domestic Product	21%	-	Likely to be met
	Unemployment of 15 – 24 year old (urban)	9.4%	-	
	Telephone lines subscribers per 100 population	0.82%	-	
	Cellular subscribers per 100 population	11.17%	-	
	Internet users per 1,000 population	0.70	-	

Note: '-' means no target set for the indicator

## Executive Summary

Malawi remains committed to achieving the millennium development goals (MDGs) by 2015 through the implementation of her own national development strategy, called the Malawi Growth and Development Strategy (MGDS). The Strategy covers the period 2006 to 2011, and a successor MGDS will be designed before the current one expires.

This 2009 assessment on progress achieved in attaining the eight MDGs shows positive results. Five of the goals are likely to be achieved, and the other three are in doubt not for lack of effort to achieve them but due to the fact that the country had a much lower starting base compared to other countries. The five MDG targets that are likely to be achieved are on eradicating extreme poverty, reducing infant mortality, combating HIV and AIDS, malaria and other diseases, ensuring environmental sustainability, and developing global partnership for development. The three that are in doubt are on achieving universal primary education, reducing gender inequality and maternal mortality.

Under eradicating extreme poverty, the measure of poverty head count has declined by 5 percent from 2006 to 2008 and on the poverty gap ratio by 0.8 percent from the year 2000 to 2006. While the country is making progress in reducing poverty levels, the challenge still remains in reducing income inequality. Reducing child mortality is likely to be attained, and possibly surpassed. Currently, under-five mortality rate is at 122 deaths per 1000 live births and infant mortality at 69 deaths per 1000 live births in 2008. If the provision of health services continues at the rate they are being delivered, or improved beyond that then the country is on course to surpass the MDG targets.

Halting HIV and AIDS, malaria, and other diseases is also likely to be attained. Estimates of the national HIV prevalence rate among 15 to 24 year old pregnant women has been reduced by half from about 24 percent to 12 percent between 1998 to 2006. If this trend is sustained, the national HIV prevalence rate will be at 2.9 percent in 2015. As for other diseases like TB, the trend shows that Malawi is likely to reverse its incidence as evidenced by declining death rates associated with this disease. The goal of ensuring environmental sustainability is also on course for attainment. There are six indicators for this goal, and half of them show that things are on track while the others show otherwise. The land area covered by forest has declined steadily over the years, from 41.4 percent in 1990 to 36.2 percent in 2005. If this trend continues, Malawi's land area covered by forest will be less than 33 percent by 2015. However, the number of households with sustainable access to improved water sources has been increasing, such that if the current levels are maintained, this may surpass the MDG target by about 26 percent.

The goal of developing global partnership for development is also likely to be attained. The indicators for this include the rate of urban employment and telephone penetration. Data shows that urban unemployment had been on the increase from 1998, from 1 percent to 9.4 percent in 2007. The trend for cellular phone subscribers per 100 people indicates that there has been an increase in subscribers from around 0.4 percent in 2000 to about 2 percent in 2005. This rapid increase can be attributed to low-cost cell phone handsets and an increased demand for faster communication. The projection shows that by 2015, the number is going to double such that about 13 percent of the population will be subscribed. For landline subscribers, there has been a low increase in the number of subscribers for fixed lines from about 0.4 percent in 2000 to about 0.82 percent in 2008.

Achievement of universal primary education is unlikely to be attained. Primary school education is free, but the net enrolment rate is not yet 100 percent. It stands at 79 percent, and the proportion of pupils starting grade one who reach grade five without repeating a grade has declined from 86 percent in 2006 to 75.7 percent in 2008. The youth literacy rate is currently at about 82 percent. According to linear projections, the attainment of this MDG will depend on capacity to scale up efforts beyond the historical levels. The improvement in maternal health is one of the three goals that would be difficult to attain. The country has been able to reduce maternal deaths from 984 per 100,000 live births in 2004 to 807 per 100,000 live births in 2006, but the desired target is almost six times below the desired rate. The country is also off track in reaching the target of births being attended by skilled birth personnel. Despite the projection showing an increase in deliveries conducted by a skilled attendant to 72 percent by 2015, Malawi still falls short of the MDG target.

The last of the three MDG goals that is unlikely to be attained is the promotion of gender equality and women empowerment. Gender inequalities exist in accessing productive resources, development opportunities and decision making. Currently, the ratio of girls to boys in primary school is 0.99 and with this progress, a ratio of 1:1 would be achieved by 2015. However the ratio of girls to boys in secondary school is meanwhile at 0.77. This trend therefore shows that gender parity, in aggregate terms, may be achieved at primary education level but not at secondary level, which in turn affects the ratio of girls to boys at the tertiary level.

## Introduction

The UN General Assembly for Heads of State and Governments adopted the Millennium Declaration in September, 2000, to which 189 member countries, including Malawi, became signatories. The Declaration commits member countries to achieve a set of eight goals by 2015. The goals have 18 measurable targets and forty eight indicators, which are aimed at creating an enabling environment that will facilitate socio-economic development and the promotion of human rights in member countries. The eight millennium development goals (MDGs) are

- 1) Eradicate extreme poverty and hunger,
- 2) Achieve universal primary education,
- 3) Promote gender equality and empowerment of women,
- 4) Reduce child mortality,
- 5) Improve maternal health,
- 6) Combat HIV/AIDS, malaria and other diseases,
- 7) Ensure environmental sustainability, and,
- 8) Develop a global partnership for development.

Malawi implements the millennium development goals through the medium term development strategies which are then translated into the annual budgets. In 2002, the Malawi Government developed the Malawi Poverty Reduction Strategy (MPRS) to provide a framework for implementing the MDGs. The MPRS was implemented over a three year period, from 2002 to 2005. A review of the MPRS in 2005 showed that much as the strategy emphasized poverty reduction, it did not put much emphasis on growth sectors which are important for sustainable poverty reduction. It became apparent therefore that if Government was to make reasonable progress towards the attainment of the MDGs, it had to redesign its development strategy.

The lessons from MPRS implementation informed the formulation of the Malawi Growth and Development Strategy (MGDS). The MGDS, which is the second generation MPRSP provides an improved framework for implementing the MDGs. The strategy, which is designed to run from 2006 to 2011, has put emphasis on wealth creation and sustainable economic growth as a means to poverty reduction and human development. In addition, in allocating financial resources, government uses Medium Term Expenditure Framework (MTEF) and the Public Sector Investment Programme (PSIP) to ensure the smooth implementation of the MGDS. Government has set up an implementation, monitoring and evaluation framework to provide regular feedback on MDGs and MGDS. Government also finalised the Development Assistance Strategy (DAS), which aims at aligning development partners' support to the MGDS.

The DAS seeks to achieve its objective through the operationalisation of the five key principles from the 2005 Paris Declaration on aid effectiveness, namely: national ownership of the national agenda; alignment of development partners to the national development strategy and government systems; harmonisation of development partner's

systems and activities; managing resources and decision making for results and; mutual accountability. The Development Assistance Strategy will assist government to improve the coordination of financial support from various development partners in order to improve the implementation of the MGDS and hence the attainment of the millennium development goals.



# GOAL 1



***Eradicating Extreme Poverty***



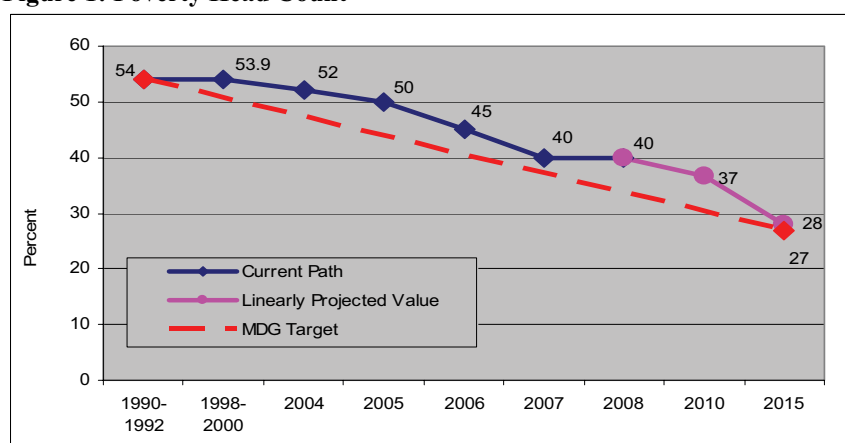
## Goal 1: Eradicating Extreme Poverty

Extreme poverty is defined as the inability to meet basic minimum food requirements based on the monthly cost of the food basket. Eradicating extreme poverty is the first of the eight MDGs and two main targets were set to achieve the goal by the year 2015. The first target is to halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day. To monitor progress made towards achieving the target, three indicators are used and these are: proportion of population below national poverty line; poverty gap ratio; and share of the poorest quintile in national consumption. The second target is to halve, between 1990 and 2015, the proportion of people who suffer from hunger. This has two indicators and they are; prevalence of underweight children under five years of age, and the proportion of population below the minimum level of dietary energy consumption.

### Target 1: Halve between 1990 and 2015 the Proportion of People whose Income is less than one Dollar per day

*Indicator 1: Proportion of people below the poverty line<sup>1</sup> (poverty head count)*

**Figure 1: Poverty Head Count**



Source: HESSEA 1991, IHS 1998, 2000, and WMS 2005, 2006, 2007, 2008

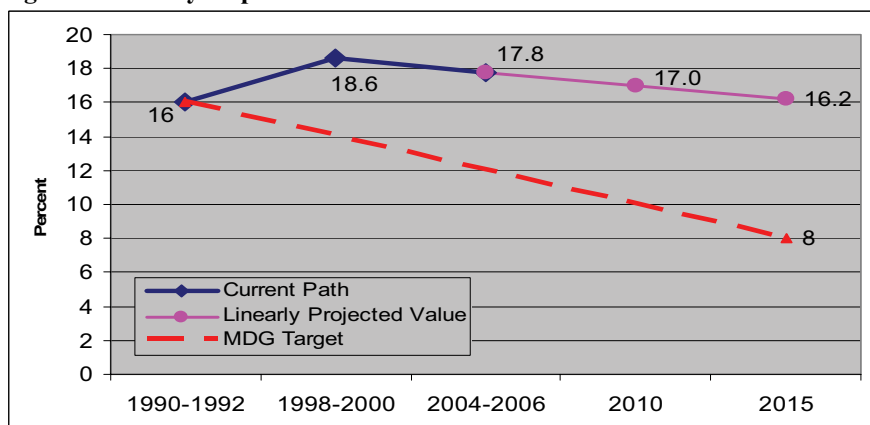
Figure 1 shows that poverty in Malawi has declined from 54 percent in 1998 to about 40 percent in 2008. If this downward trend continues, then the MDG target of 27 percent by 2015 will be achieved. In order to achieve this goal, government is implementing various programmes such as the Agriculture input subsidy, green belt irrigation initiatives, youth development fund and support to orphans and other vulnerable children among others.

<sup>1</sup> Proportion of people living on less than one US dollar a day

*Indicator 2: Incidence of depth of poverty as measured by the poverty gap*

The poverty gap ratio is the average distance separating the poor from the poverty line, expressed as a percentage of the poverty line. In addition to counting the number of poor people, the poverty gap also indicates the extent of poverty.

**Figure 2: Poverty Gap Ratio**



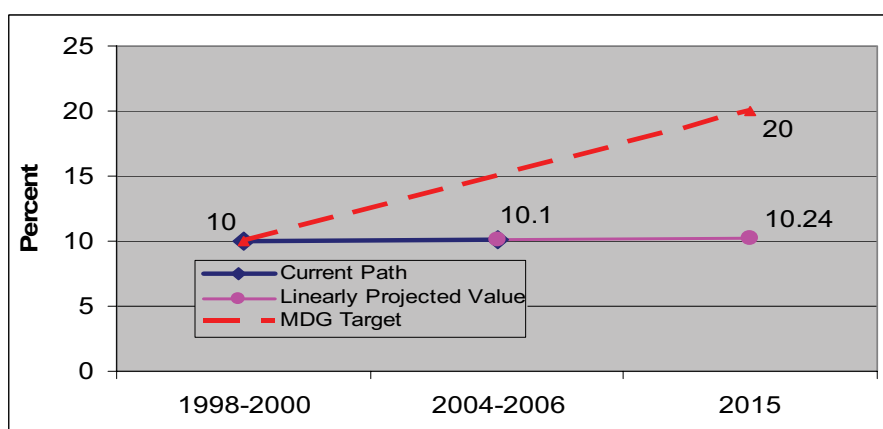
Source: HESSEA 1991 and IHS 1998, 2000, 2005

According to Figure 2, the poverty gap ratio increased from 16 percent in 1992 to 18.6 percent in 2000 and thereafter, it plummeted slightly to 17.8 percent in 2005. It is projected that by 2015 poverty gap ratio will be about 16 percent. Despite the slight improvement in poverty gap ratio as noted above, it is unlikely that Malawi will reduce by half the poverty gap ratio come 2015.

*Indicator 3: Share of poorest quintile in national consumption.*

The indicator target is to double the share of the poorest quintile in national consumption.

**Figure 3: Poorest Quintile Share in National Consumption**



Source: IHS 1998 and 2005

The share of the poorest quintile in national consumption has not improved between 1998 and 2005 as shown in Figure 3. According to the 1998 and 2005 Integrated Household Surveys (IHS), the poorest 20 percent of the population control only around 10 percent of national consumption implying that inequality is not decreasing. It is therefore indicative that at this rate the MDG target will not be achieved.

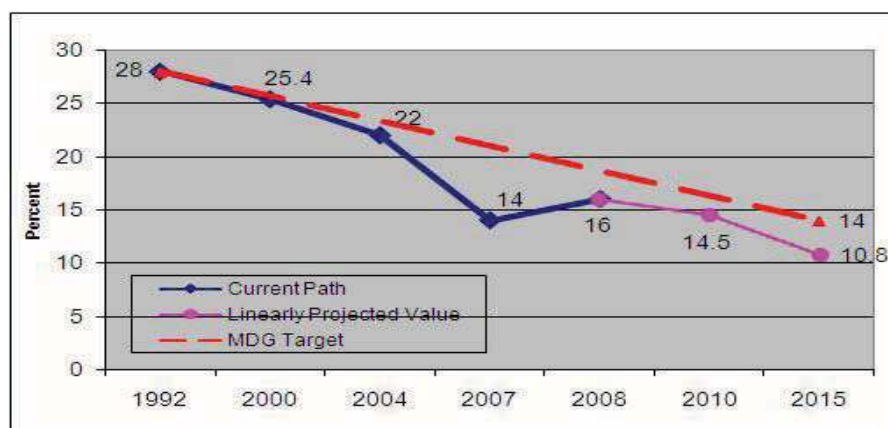
**Target 2: Halve, between 1990 and 2015, the Proportion of People who Suffer from Hunger**

The two main indicators for monitoring hunger are the prevalence of underweight children under five years of age and the proportion of the population living below the minimum level of dietary energy consumption.

*Indicator 1: Prevalence of underweight children (under five years of age)*

Malnutrition remains a serious challenge globally and the single biggest contributor to child mortality. Children’s nutritional status is a reflection of their overall health and development. The nutritional wellbeing of young children is therefore a sign of the household, community and national investment in family health. Prevalence of underweight children is taken as a proxy indicator of proportion of population that is undernourished. Food intake for undernourished population is always below minimum requirements and insufficient to meet dietary energy.

**Figure 4: Underweight Prevalence**



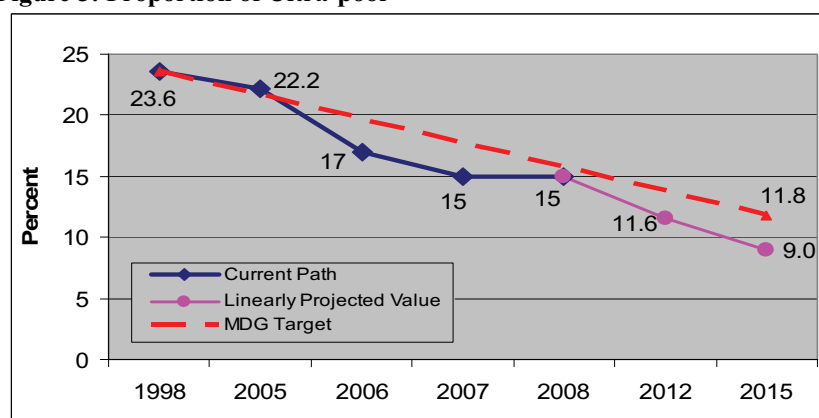
Source: MDHS 1992, 2000, 2004 and WMS 2007, 2008

Malawi has made a major stride in curbing the problem of prevalence of underweight children under-five years as shown in the Figure 4. Underweight prevalence has declined from 28 percent in 1992 to 14 percent in 2007. However, underweight prevalence has slightly increased to 16 percent in 2008. This could be due to inadequate knowledge and skills on dietary diversification. Nevertheless, it is projected that by 2015, the underweight prevalence will be at 10.8 percent.

*Indicator 2: Proportion of population below minimum level of dietary energy consumption.*

The proportion of population below the minimum level of dietary energy requirement is estimated by defining a food poverty line. All persons below this line are deemed as ultra-poor. Proportion of ultra-poor in the population is used as a proxy indicator for the proportion of population below minimum level of dietary energy consumption.

**Figure 5: Proportion of Ultra-poor**



Source: IHS 1998, 2005 and WMS 2006, 2007, 2008

Figure 5 shows that Malawi has made tremendous progress in reducing proportion of population below minimum level of dietary energy consumption from 24 percent in 1998 to 15 percent in 2008. It is projected that by 2015, about 9.0 percent will be ultra poor.

## Challenges

There are several challenges that the country is facing with respect to eradicating extreme poverty and hunger, some of which include the following:

- high illiteracy rates that limit the adoption of new agricultural technologies;
- inadequate food storage, processing and utilization knowledge that result in food wastage;
- critical shortage of capacity and skills in many institutions that are involved in the delivery of development programmes;
- inadequate knowledge and skills on household dietary diversification, and off-farm economic empowerment to increase access to high nutritive value foods for varied and nutritious diet;
- inadequate marketing infrastructure for rural communities, which discourages poor farmers and communities from growing cash crops and engaging in meaningful economic empowerment activities; and

- high disease burden such as HIV and AIDS, TB and malaria which affects the economically productive age group.

### **Policy Framework and Strategies**

In an effort to reduce extreme poverty and hunger the government is implementing a number of strategies, which include the following:

- initiation of a number of agriculture programmes such as promotion of cash crops, agriculture input subsidy, green belt initiative;
- establishment of the MK5 billion Malawi Rural Development Fund (MARDEF) loans to enhance income generating capacity of the poor households;
- establishment of One Village One Product (OVOP) Scheme to encourage people to get into value adding processes;
- establishment of the MK 3 billion Youth Fund;
- rehabilitation of abandoned irrigation schemes for smallholder agriculture production for maize, rice and vegetables; and,
- promotion of advocacy for proper storage of food crops through metal storage facilities.



# GOAL 2



*Achieve Universal Primary Education*



## Goal 2: Achieve Universal Primary Education

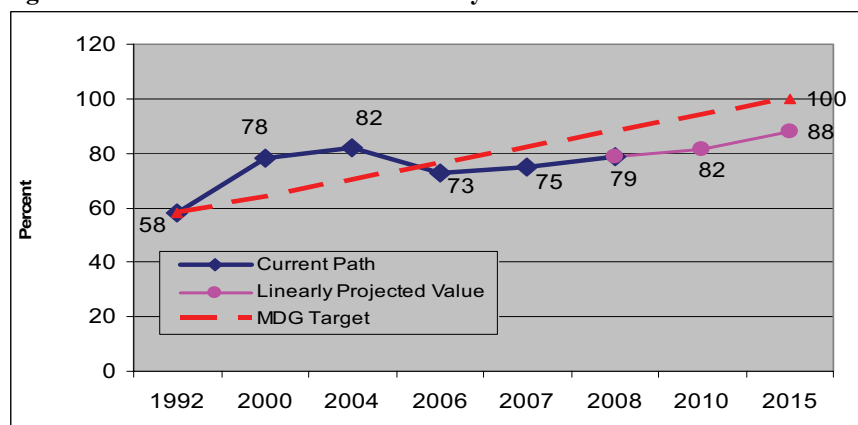
Malawi government recognizes that human capital development is vital in sustaining social and economic development. Government has included education as one of the nine priority areas in the national development strategy. The primary focus is to improve access and quality of education. To this extent government has over the years been increasing budgetary allocation towards education sector.

### Target 3: Ensure that by 2015, all Boys and Girls should be able to complete a Full Course of Primary Schooling

*Indicator 1: Net Enrolment Rate (NER) in primary education*

Net enrolment rate in primary education is defined as the extent to which the school going age (6-13) is enrolled in schools. This is a percentage calculated by dividing the number of school going age children enrolled in schools with the total number of the same age in the population.

**Figure 6: Net Enrolment Ratio in Primary Education**

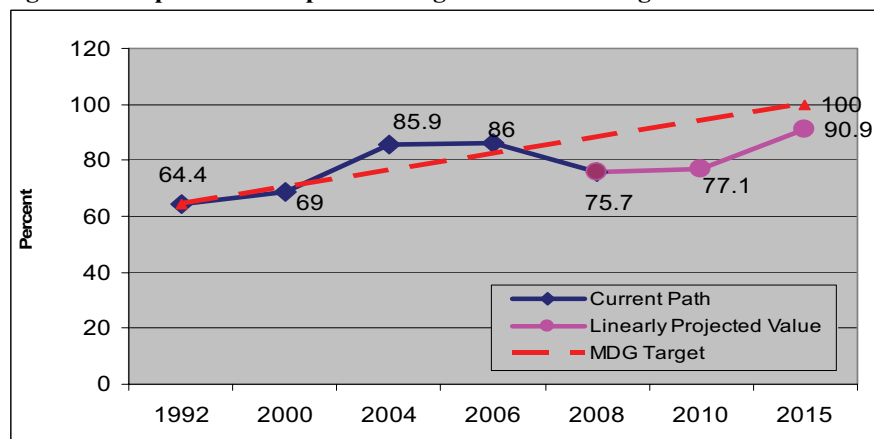


Source: MDHS 1992, 2000, 2004 and WMS 2006, 2007, 2008

Figure 6 shows that primary school net enrollment has increased from 58 percent in 1992 to 79 percent in 2008. Assuming the recent rate of change continues, by 2015 the net enrolment rate will reach around 88 percent. Hence, Malawi is not on track to achieve universal primary enrolment by 2015.

Indicator 2: Proportion of pupils starting Grade 1 who reach Grade 5

Figure 7: Proportion of Pupils Starting Grade 1 reaching Grade 5

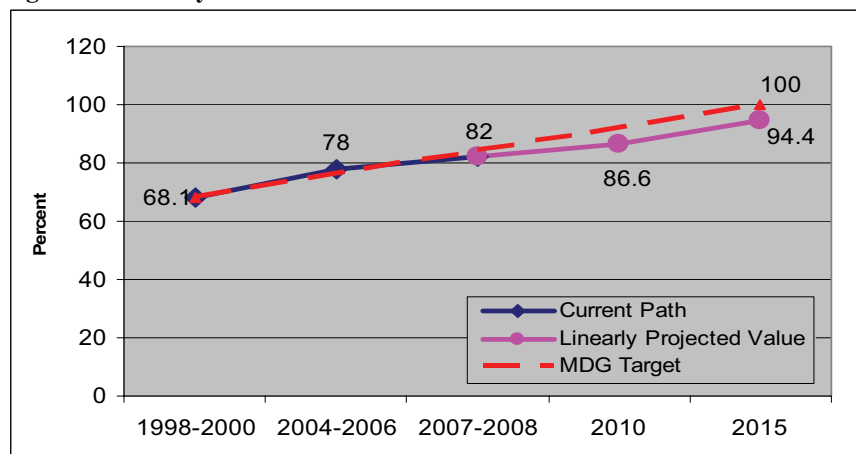


Source: MDHS 1992, 2000, 2004, MICS 2006 and EMIS 2008

Figure 7 shows that there is an improvement in the retention rate at primary education level. The proportion of pupils starting Grade 1 who reach Grade 5 without repeating a grade has increased from 64.4 percent in 1992 to 75.7 percent in 2008. At this rate, about 91 percent of pupils who start Grade 1 will be able to reach Grade 5 by 2015 which is below MDG target.

Indicator 3: Literacy Rate of 15 – 24 year-olds

Figure 8: Literacy Rate of 15 – 24 Year Olds



Source: MDHS 2000, 2004 and WMS 2006, 2007, 2008

Figure 8 highlights the trend of literacy rate of 15 – 24 year olds. Youth literacy has increased from 68.1 percent in 2000 to about 82 percent in 2008. At this rate of improvement, youth literacy would reach 94.4 percent by 2015. However, this will be below MDG and education for all target of 100 percent.

## Challenges

Despite the positive developments in the education sector, it still faces a number of challenges which continue to undermine full realization of quality education service delivery. These include:

- shortage of qualified primary school teachers;
- inadequate physical infrastructure;
- poor retention of girls mainly from standard five to eight;
- high disease burden due to HIV and AIDS consequently leading to absenteeism especially among girls who take care of the sick; and
- poor participation of school committees and their communities in school management.

## Policy Framework and Strategies

Government of Malawi initiated universal primary education (UPE) in 1994/ 95 with the main objective of increasing access to quality primary education. Government removed primary school fees and abolished school uniform as a requirement to attend classes to ensure that many boys and girls are able to enroll in school. In order to mitigate the emerging challenges on UPE, the education sector is engaged in policy re-definition. The National Education Sector Plan (NESP, 2008) outlines some of the redefined guiding principles as follows:

- reduction of pupil-teacher ratio, transfer of teachers from community day secondary schools (CDSSs) to primary schools;
- regular replenishment of textbooks for pupils and roll out of the primary curriculum assessment reform (PCAR) to all classes by 2009/10;
- construction of 50 primary schools and 1,000 teachers' houses annually;
- provision of financial support to girls in selected areas especially at senior primary level and scaling up school feeding programmes to increase enrollment and retention; and
- expansion of existing Teacher Training Colleges and construction of additional colleges in order to improve on the quality and number of qualified teachers in primary schools.

# GOAL 3



***Promote Gender Equality and Empower Women***

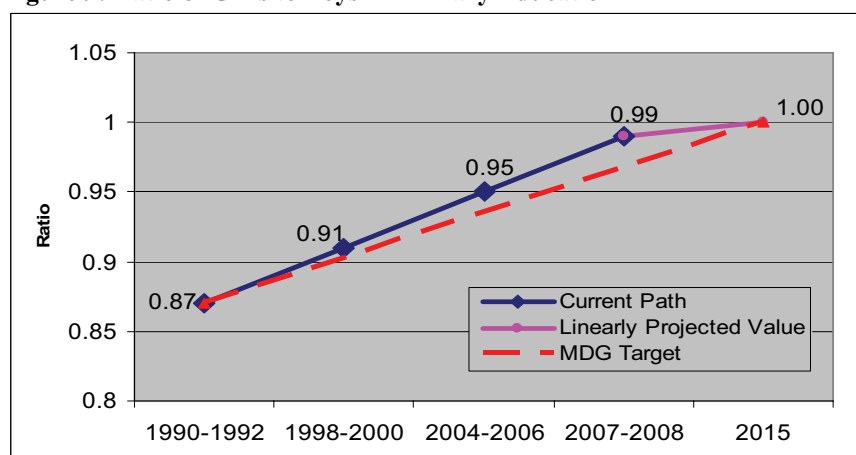
### Goal 3: Promote Gender Equality and Empower Women

Women constitute 52 percent of the population in Malawi, but they are in most cases marginalized in social and economic spheres and, therefore, unable to contribute effectively to development. Among others, women are marginalized because of illiteracy (56 percent illiterate as compared to 28 percent for men) and by cultural values that favor men over women. The high illiteracy levels may be a result of high dropout rates for girls from the formal schooling system, which in turn has consequences for the number of women in formal employment. Government however remains committed to the implementation of gender responsive and women empowerment programmes to ensure that women contribute more effectively to national development.

#### Target 4: Eliminate Gender Disparity in Primary and Secondary Education, preferably by 2005, and in all Levels of Education no later than 2015.

*Indicator 1: Ratio of girls to boys in primary education.*

**Figure 9: Ratio of Girls to Boys in Primary Education**

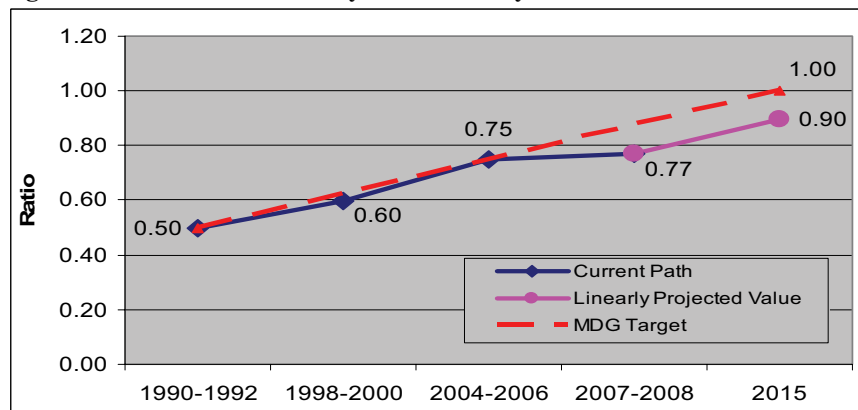


Source: MDHS 1992, 2000, 2004, EMIS 2006, 2007, 2008

Figure 9 shows that the ratio of girls to boys in primary school has increased from 0.91 in 2000 to 0.99 in 2008. This trend shows that the gender disparity gap at primary school level with respect to enrolment has narrowed considerably. The narrowing of the gender gap in primary school enrollment rate could be a result of government policy shift towards girl child education. With the abolition of school fees and school uniform as a requirement to attend classes, many households can afford to send their girl children to school. The projected figure shows that Malawi is on track to meet the MDG target by 2015.

Indicator 2: Ratio of girls to boys in secondary education.

Figure 10: Ratio of Girls to Boys in Secondary Education



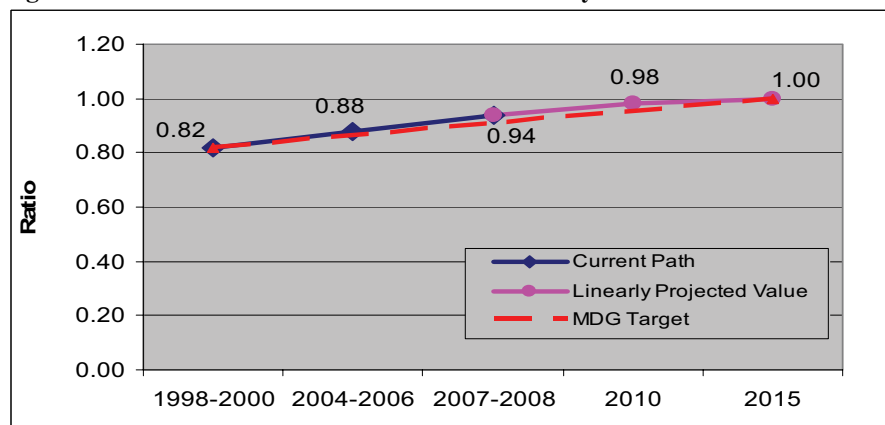
Source: MDHS 1992, 2000, 2004, EMIS 2008

The ratio of girls to boys in secondary schools has increased from 0.60 in 2000 to 0.77 in 2008 as shown in Figure 10. The projection shows that a ratio of 1:1 will not be attained by 2015. This implies that the elimination of gender disparities remains a challenge at secondary level. This might also be the case at tertiary level. The education system loses a significant number of girls with progressive levels of education. Some of the factors that force girls out of school could be: early marriages and pregnancies, family and cultural responsibilities. Girls are more likely expected to assume the roles of providing care and support for relatives that are aged or sick than boys.

Despite implementation of various interventions such as school feeding programmes, health and nutrition programmes and direct support to schools by the education sector to address gender disparities at all levels of education, the results shown in Figure 10 suggest that little progress has been made. Therefore, there is need to come up with strategies to ensure that the targeted interventions have an impact at all levels of education.

Indicator 3: Ratio of Literate Women to Men 15-24 year olds

Figure 11: Ratio of Literate Women to Men 15- 24 years Old



Source: MDHS1992, 2000 and WMS 2004, 2008

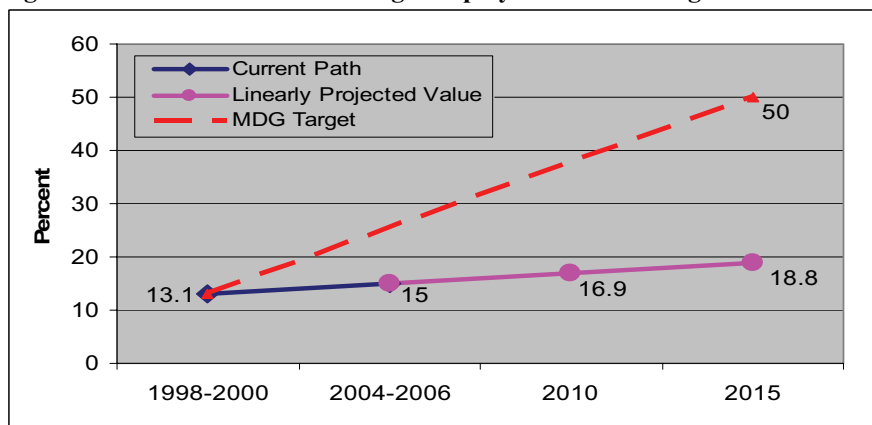


Figure 11 shows that the ratio of literate females to males aged 15-24 years has increased from 0.82 in 2000 to 0.94 in 2008. Assuming the same rate of improvement continues, the ratio of literate females to males would reach equality in 2015. To consolidate the gains that have been realized so far, government has renewed its commitment to reduce illiteracy among the adult population with a special emphasis on women.

*Indicator 4: Share of Women in Wage Employment in the Non- Agriculture Sector*

The indicator on share of women in wage employment in the non agriculture sector is a measure of employment opportunities. If men and women were given equal opportunities, then it would be expected that there would be equal proportions of men and women in formal employment. However this is not the case. More women participate in the agriculture sector than in the formal wage employment especially in jobs that require professional qualifications. Some of the reasons for the lower participation in wage employment among women could be due to literacy levels, gender disparity and cultural values.

**Figure 12: Share of Women in Wage Employment in Non- Agricultural Sector**



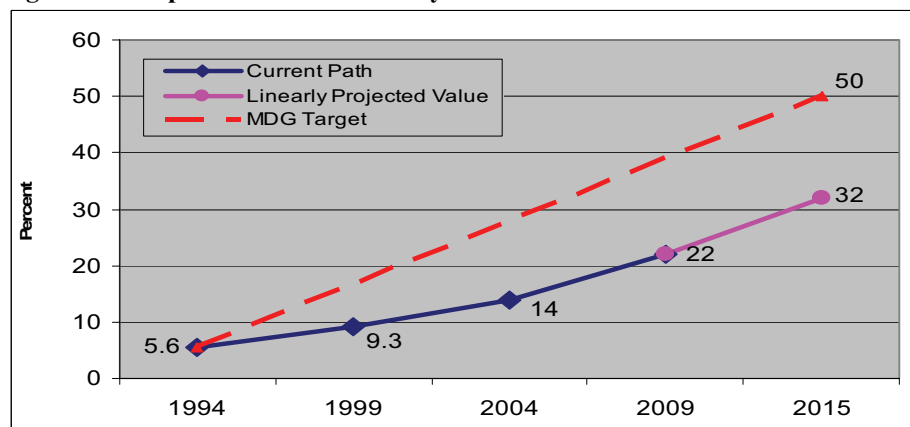
Source: IHS 1998 and 2005

Figure 12 shows that women’s share in wage employment has increased from 13 percent in 2000 to 15 percent in 2006. This trend suggests that women occupy a very small share of wage employment in the non-agricultural sector. Hence, the target of having an equal proportion of men and women in wage employment by the year 2015 is unlikely to be met.

*Indicator 5: Proportion of seats held by women in National Parliaments*

The indicator on proportion of seats held by women in the Parliament aims at reaching an equal proportion of seats held by men and women in the national assembly. In the 2004 presidential and parliamentary elections, 27 women were elected out of 193 and in the 2009 presidential and parliamentary elections, 43 out of 193 elected members of parliament are women.

**Figure 13: Proportion of Seats Held by Women in Parliament**



Source: Malawi National Assembly (2009)

Figure 13 above shows that there has been an increase in the proportion of seats held by women in the national assembly. However, the number of male parliamentarians is still higher than women. Assuming the same rate of improvement continues, the share of women in parliament is projected to reach about 32 percent by 2015. This implies that a target of 50 percent share of women in the national assembly may not be achieved.

**Challenges**

These are some of the challenges faced in promoting gender equality and women empowerment:

- limited capacity in terms of human and material resources to facilitate adult literacy and continuing education;
- socio-cultural factors that make people believe that men should be leaders while women are followers; and,
- poor learning environment which affects girls in primary and secondary schools e.g. sanitary facilities, long distances to education facilities, extra burden from domestic chores especially for adolescent girls resulting into high drop out rate.

## Policy Framework and Strategies

While recognizing important efforts that are being made in the area of gender equality and empowerment, there is still need to ensure that gender concerns are streamlined in all government policies and strategies. Government has therefore put in place a number of strategies in an effort to eliminate gender disparities. Some of the strategies include:

- construction and expansion of girls boarding facilities in secondary schools and teacher training institutions;
- revision of the re-admission policy in 2006, which makes it friendly for students who withdraw on pregnancy grounds to go back and continue with their education;
- encourage girls to pursue education in fields that have traditionally been dominated by men;
- introducing equitable selection policy at secondary schools and higher education institutions for girls and boys to share 50 percent of places;
- increase budgetary allocation to national adult literacy programme to improve its quality and scope; similarly strategies will be designed to attract male participation in adult literacy classes; and,
- taking affirmative action to increase number of women in decision making positions in the public and private sectors.

# GOAL 4



***Reduce Child Mortality***

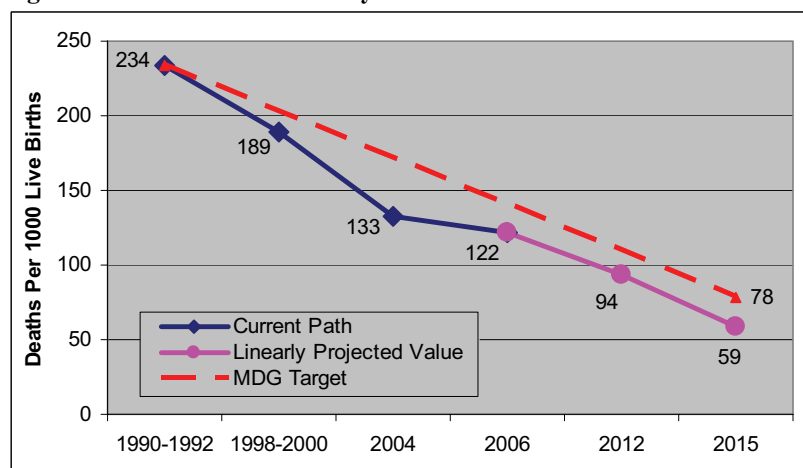
## Goal 4: Reduce Child Mortality

Reducing child mortality is a major challenge. However, government is committed to curb the problem by among other things increasing the budget allocation to the health sector with the aim of intensifying investment in essential health care services, human resources development and retention; procuring of essential basic equipment, drugs and other medical supplies; and providing infrastructure. Implementation of the Health SWAp Programme of Work, 2004 - 2010 provides an opportunity for improved collaboration between Ministry of Health, development partners and non-state actors.

### Target 5: Reduce by Two Thirds the Mortality Rate among Children Under-five

*Indicator 1: Under-five mortality rate*

**Figure 14: Under-Five Mortality Rate**

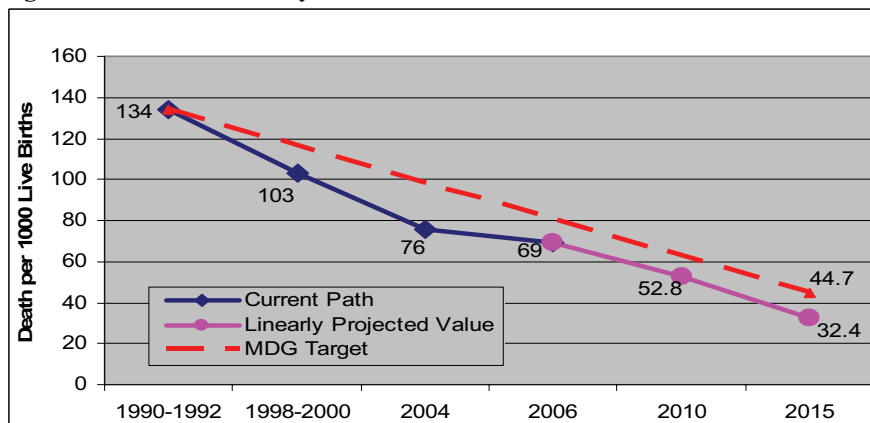


Source: MDHS 1992, 2000, 2004 and MICS 2006

Significant progress has been made in the provision of child health services. Figure 14 shows that under-five mortality has been declining steadily from 234 deaths per 1,000 live births in 1990 to 122 per 1,000 live births in 2006. If this trend continues, it is expected that by 2015, there will be 59 deaths of under-five children out of 1000 live births. This implies that the country is likely to reduce under-five mortality by more than two-thirds of the rate in 1992.

Indicator 2: Infant mortality rate (IMR)

Figure 15: Infant Mortality Rate

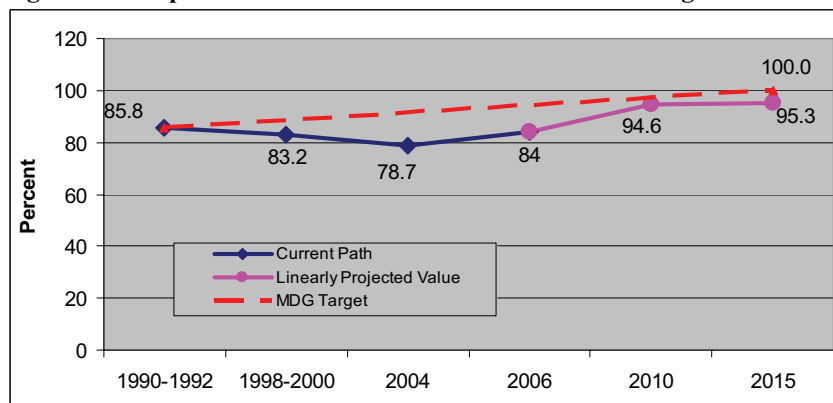


Source: MDHS 1992, 2000, 2004 and MICS 2006

Malawi has made remarkable progress in reducing the infant mortality. Figure 15 shows that the trend has been decreasing from 134 deaths per 1,000 live births in 1990 to 69 per 1,000 live births in 2006. It is projected that by 2015, IMR will reduce to 32 deaths per 1,000 live births hence surpassing the MDG target of 44 deaths per 1000 live births.

Indicator 3: Proportion of 1-year old children immunized against measles.

Figure 16: Proportion of 1 Year Old Children Immunized against Measles



Source: MDHS 1992, 2000, 2004 and MICS 2006

Figure 16 above shows that the proportion of 1 year old children immunized against measles decreased from about 83 percent to 78.7 percent between 2000 to 2004. However, the rate improved by 5 percent in 2006 due to the implementation of an integrated management of child illness approach. The projection shows that Malawi is likely to attain the target of this indicator by 2015 if the current efforts are maintained.



## Challenges

Malawi still faces challenges in its efforts to reduce child mortality. Some of these challenges include;

- resource constraints to successfully provide the high impact essential health interventions;
- weak inter-sectoral collaboration has also constrained the health sector from dealing with other determinants of poor child health, such as water, sanitation and malnutrition;
- increased morbidity and mortality as a result of the HIV and AIDS pandemic also poses a challenge to the accelerated reduction of child mortality; and
- capacity constraints in training institutions due to lack of adequate teaching space, hostels and shortage of tutors thereby derailing the fight against high infant mortality.

## Policy Framework and Strategies:

There are a number of initiatives that are being implemented in the health sector which include:

- integrated Management of Child Illnesses (IMCI) Approach and implementation of the Essential Health Package (EHP);
- introduction of Sector Wide Approach ( SWAp) which has focused on both the implementation of interventions as well as development and strengthening of related health systems;
- continuous and accelerated training of health workers such as Health Surveillance Assistants (HSA);
- implementation of baby friendly initiative and child health days campaigns where de-worming, vitamin A vaccination, distribution of insecticides treated mosquito nets and promotion of improved sanitation are undertaken;
- implementation of targeted nutrition support through community based therapeutic care, positive deviants (P- HATH) initiatives and supplementary feeding at all levels.

# GOAL 5



*Improve Maternal Health*

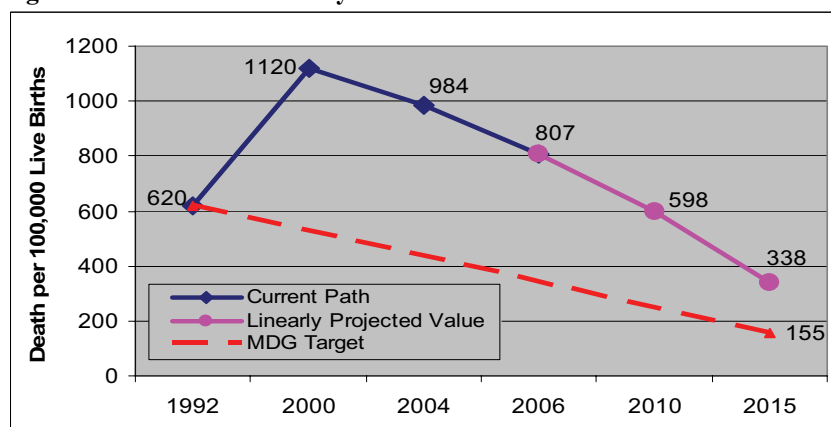
## Goal 5: Improve Maternal Health

Complications of pregnancy and childbirth are some of the leading cause of deaths and disability among women of reproductive age. The country requires much more improvement on antenatal care; basic emergency obstetric care; and postnatal care, in order to achieve the targets with respect to maternal health. Progress under this goal is measured by two indicators, namely, proportion of births attended by skilled health personnel and maternal mortality ratio. The maternal health indicators for Malawi have generally remained poor over the last decade. Although maternal health performed poorly, there has been a general reduction in the maternal deaths over the past few years.

### Target 6: Reduce by Three Quarters the Maternal Mortality Ratio

*Indicator 1: Maternal Mortality Ratio*

**Figure 17: Maternal Mortality Ratio**

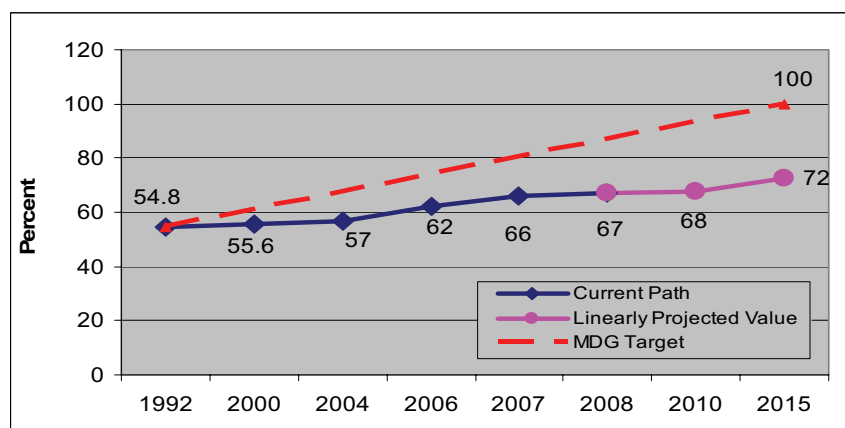


Source: MDHS 1992, 2000, 2004, MICS 2006

Figure 17 above, shows that the maternal mortality Rate (MMR) declined from 1,120 deaths per 100,000 live births in 2000 to 807 in 2006. Despite this improvement, Malawi is unlikely to achieve the desired target as the projections show that by 2015, MMR will be 338 deaths per 100,000 live births which is way above the MDG target.

*Indicator 2: Proportion of Births Attended by Skilled Health Personnel*

**Figure 18: Proportion of Births Attended by Skilled Health Personnel**



Source: MDHS 1992, 2000, 2004 and WMS 2006, 2007, 2008

Figure 18 illustrates that about 56 percent of deliveries were conducted by trained health personnel in 2000 and then increased to 67 percent in 2008. At this rate, delivery by skilled attendants is expected to increase to 72 percent by 2015 which falls short of the MDG target of 100 percent. Nevertheless, government is implementing a number of initiatives that will ensure safe motherhood. This includes the scaling up of training for nurses and medical doctors which started in 2005.

**Challenges**

There are a number of challenges the health sector is currently facing which include;

- critical insufficiency of human resources;
- poor access to essential health care services;
- inadequate and poorly equipped health facilities with stock-out and pilferage of basic essential drugs;
- prevalence of diseases such as HIV and AIDS, TB, and Malaria; and
- cultural practices which encourage early marriages and discourage use of modern contraceptives and delivery with the assistance of a skilled health worker.

**Policy Framework and Strategies**

The formulation of the MGDS brought new impetus to the efforts towards improving maternal health. It offers an appropriate policy framework at national level which outlines a multifaceted and integrated approach to health delivery system.

At the sectoral level, the introduction of Health SWAp was aimed at assisting the efficiency of health care and delivery system. Government has also developed the Road Map for accelerating the reduction of maternal and neonatal mortality and morbidity. The strategy aims at:

- increasing the availability and accessibility of antenatal services;
- utilization of skilled health personnel during pregnancy, childbirth and postnatal period at all levels of the health system;
- strengthening the capacity of individuals and institutions to improve maternal and neonatal health;
- increasing the number of medical personnel;
- constructing and upgrading health facilities to offer essential health services particularly focusing on rural and underserved areas; and
- provision of ARVs and micronutrients during pregnancy.

# GOAL 6



***Combat HIV and AIDS, Malaria and other diseases***



## Goal 6: Combat HIV and AIDS, Malaria and other diseases

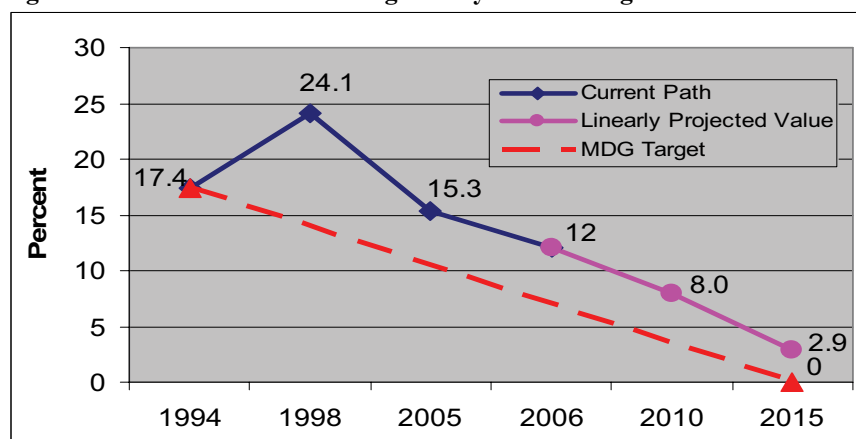
The HIV/AIDS pandemic has aggravated the incidence of other diseases such as malaria, Tuberculosis (TB) and other opportunistic infections due to compromised immunity for those infected. The high disease burden causes a big challenge in attaining a healthy nation and seriously impedes development efforts. The high prevalence of these diseases has grossly affected the human capital development, wellbeing and health service delivery system.

### Target 7: Halt and begin to Reverse the Spread of HIV and AIDS

*Indicator 1: HIV prevalence among 15 to 24 year old pregnant women*

Malawi is committed to reduce the spread of HIV and AIDS pandemic through a coordinated national response among others. However, the impact continues to be devastating. Nevertheless, the country is making good progress towards reducing the HIV prevalence as depicted in Figure 19 below

**Figure 19: HIV Prevalence Among 15-24 year Old Pregnant Women in Malawi.**

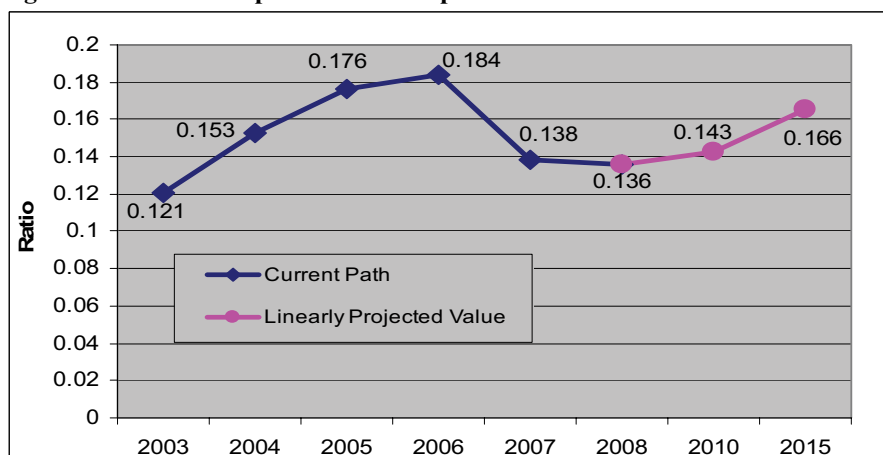


Source: NAC Sentinel Report, 2007

The national HIV prevalence rate among pregnant women aged 15 to 24 years has been declining from 24.1 percent in 1998 to 12 percent in 2006. The decline is attributed to the success of the increased awareness programmes on HIV prevention and behavioral change such as abstinence and practicing safe sex. It is projected that by 2015, HIV prevalence rate is likely to be at 2.9 percent. Although the projected rate of 2.9 percent shows that MDG target of 0 percent may not be achieved by 2015, the progress made is still remarkable.

Indicator 2: Ratio of School Attendance of Orphans to School Attendance of Non-orphans aged 10-14<sup>2</sup>

Figure 20: Ratio of Orphans to Non-orphans in Schools



Source: Ministry of Education Annual school census

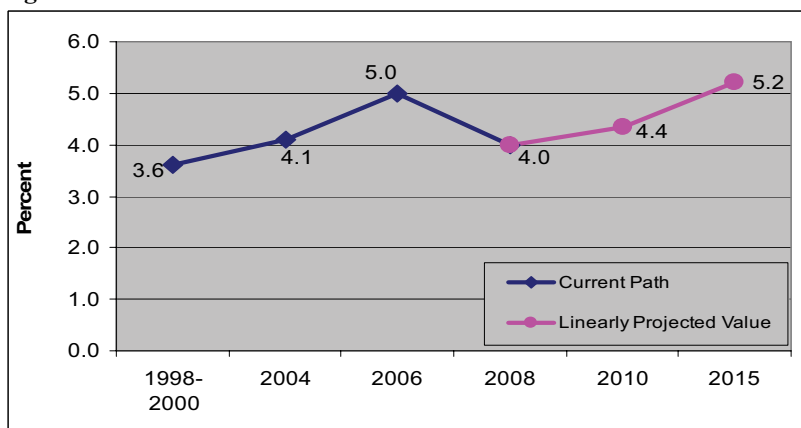
Figure 20 shows that the ratio of orphans to non-orphans attending school had increased from 0.12 orphans in 2003 to 0.18 in 2006. However, the trend has decreased from 0.18 in 2006 to 0.14 in 2008. The projection has indicated that the ratio may increase to 0.71 in 2015. Hence, there is need for government intervention to ensure that more orphans of school going age are being enrolled in schools.

**Target 8: Halt and begin to Reverse the Incidence of Malaria and other Major Diseases.**

Malaria remains the most common cause of illness and death among under five children and pregnant women in Malawi. Malaria alone accounts for 40 percent of Out Patient Department (OPD) consultations in most health facilities in the country.

Indicator 1: Death Rates associated with Malaria

Figure 21: Death Rates Associated with Malaria



Source: Malaria Control Programme

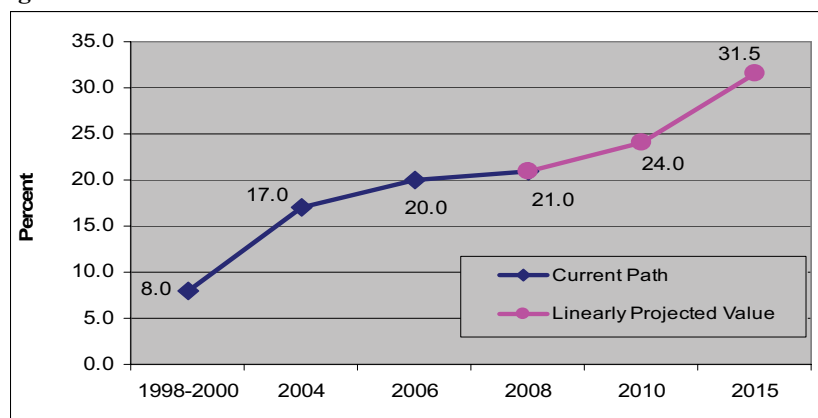
<sup>2</sup> Ratio used is on total number of orphans to non orphans of school going age at primary school level.

Figure 21 shows that deaths associated with malaria increased from 3.6 percent in 2000 to 5 percent in 2006. This rise was attributed to development of high resistant strains to Fansidar SP which was a recommended drug for malaria. Nevertheless, the malaria related deaths has decreased to about 4 percent in 2008. This drop has been as a result of the introduction of a new anti malaria drug known as *Artemether Lumefantrine* (LA) and also increased distribution and use of ITNs.

*Indicator 2: Access to Malaria Treatment*

Government is committed to control malaria through a number programmes such as the Roll Back Malaria (RBM) initiative. The objective of the initiative is to ensure that those at risk of malaria, particularly pregnant women and under five children have access to the most suitable and affordable combination of personal and community preventive measures such as insecticide-treated mosquito nets (ITNs) and prompt effective treatment for malaria within 24 hours of onset of illness.

**Figure 22: Access to Malaria Treatment**

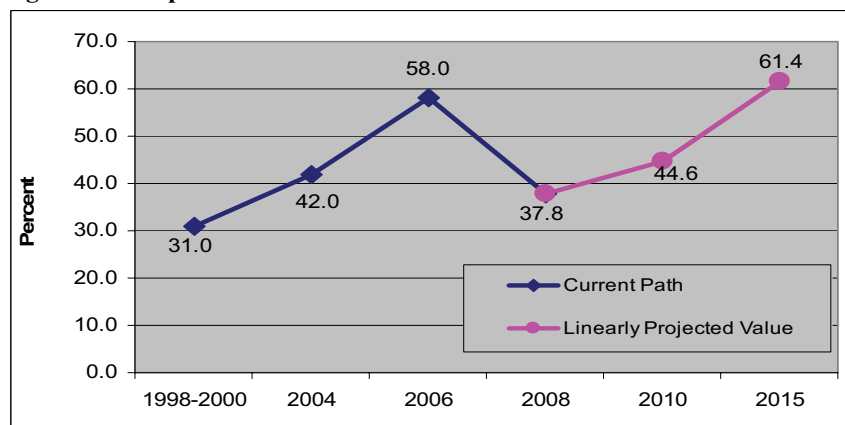


Source: Malaria Control Programme

Figure 22 shows that proportion of population with access to malaria treatment has increased from 17 percent in 2004 to 21 percent in 2008. This increase is attributed to intensive sensitization campaigns on the dangers of malaria. The projection shows that, if this trend is sustained, the proportion of the population accessing malaria treatment is expected to rise to 31.5 percent by 2015.

Indicator 3: Proportion of Households with at least One ITN

Figure 23: Proportion of Household with at least One ITN



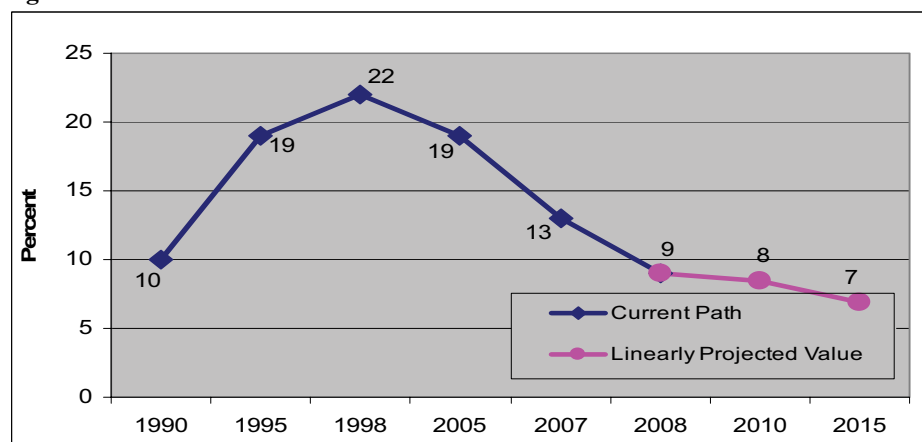
Source: Malaria Control Programme

The use of Insecticides Treated Nets (ITNs) has been adopted in Malawi as one of the key strategies to control malaria especially among under-five children and expectant women. Figure 23 shows that households with at least one ITN increased from 31 percent in 2000 to 58 percent in 2006. This increase emanated from cumulative number of ITNs distributed throughout the country and campaigns on the use of ITNs. However, the proportion of households with at least one ITN dropped significantly from 58 percent in 2006 to about 38 percent in 2008. Nevertheless, it is projected that by 2015, the proportion of households with at least one ITN will rise to 61.4 percent.

Indicator 4: Death Rates Associated with Tuberculosis

Tuberculosis is alarming in Malawi and the impact is particularly adverse among the poor due to crowding and poor nutrition. This situation has been worsened with the advent of HIV infection. This accelerates the progression from infection with the bacterium to TB disease thereby resulting in an increase in the number of TB cases. Unless HIV infection in the community is reduced, TB cases will remain high.

Figure 24: Death Rates Associated with Tuberculosis

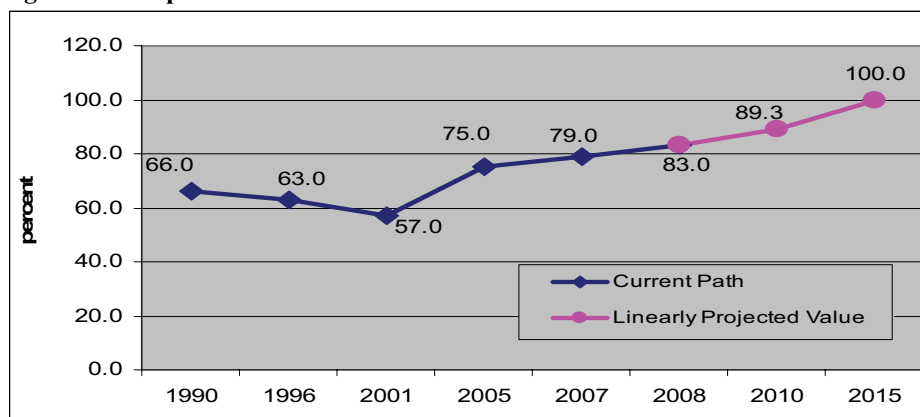


Source: National TB Control Programme

Figure 24 shows that the death rate associated with TB cases has declined from 19 percent in 2005 to 9 percent in 2008. This drop is attributed to the success of the direct observed treatment short-course (DOTS). The projection shows that Malawi will likely reduce TB related deaths to 7 percent by 2015.

*Indicator 5: Proportion of Tuberculosis cases cured under Directly Observed Treatment Short-course (DOTS)*

**Figure 25: Proportion of TB Cases Cured Under DOTS**



Source: National TB Control Programme

Figure 25 shows that the proportion of TB cases cured under DOTS has increased from 57 percent in 2001 to 83 percent in 2008. This is mainly attributed to clear policy on TB control, improved case detection, standardized TB treatment, adequate effective drugs, and universal access to treatment even in the most remote areas. If this trend continues, the country will be in a position to cure almost all TB cases by 2015.

### Challenges

There are several challenges that are being faced in attaining this goal. These include:

- increased demand for care due to high HIV and AIDS prevalence;
- negative socio-cultural attitudes towards abstinence and safe sex, including condom use;
- inadequate knowledge and skills on the relationship between nutrition and HIV and AIDS;
- shortages and pilferage of essential commodities e.g. ITNs, drugs and supplies;
- poor water sanitation and floods leading to water logging thereby increasing malaria incidences; and,
- negative impact of hunger and poverty on TB cure rate.

### Policy Framework and Strategies

The country plans to implement a number of strategies in an effort to address the above challenges which include the following:

- improving peoples' access to comprehensive and correct knowledge on HIV prevention and transmission; HIV counseling and testing; and behavioral change;
- promotion of adequate nutrition, equitable and sustainable access to ARVs and nutrition supplements;
- introduction of subsidies on mosquito nets to the poor;
- distribution and use of ITNs to high risk groups, particularly the poor;
- involvement of stakeholders in the provision of universal access to TB diagnosis, monitoring and evaluation of TB trends; and,
- strengthening collaboration between the national TB control programme and HIV and AIDS programme to ensure better screening of TB and HIV.



# GOAL 7



***Ensure Environmental  
Sustainability***

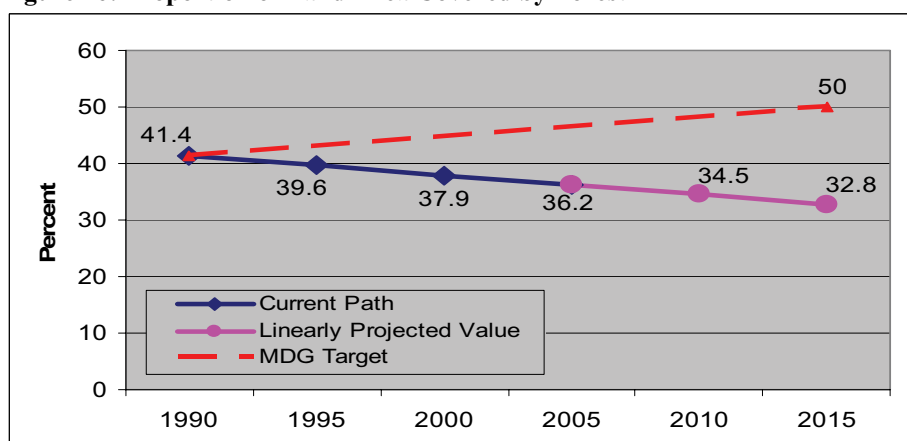
## Goal 7: Ensure Environmental Sustainability

### Target 9: Integrate the Principles of Sustainable Development into Country Policies and Programmes; Reverse Loss of Environmental Resources

*Indicator 1: Proportion of land area covered by forest*

Malawi is well endowed with environmental resources. However, degradation of these natural resources has been on the increase. Environmental degradation is caused by poverty, increasing population growth, inadequate alternative livelihoods and affordable energy technologies.

**Figure 26: Proportion of Land Area Covered by Forest**

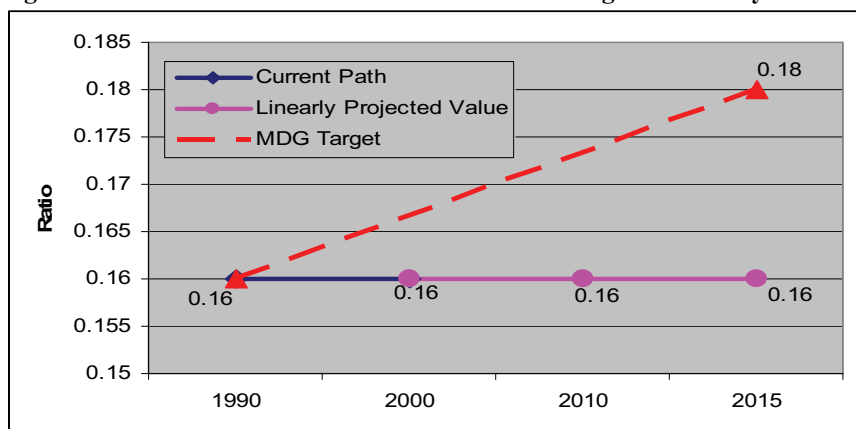


Source: FAO Global Forest Resources Assessment, 1990, 2000 and 2005

Figure 26 indicates that proportion of land area covered by forest declined from 41.4 percent in 1990 to 36.2 percent in 2005. If this trend continues, Malawi is unlikely to remain with land area covered by forest of about a third of total land area by 2015. Government is committed to reverse this trend by intensifying reforestation, afforestation, promotion of natural regeneration, forest protection and management programmes.

*Indicator 2: Proportion of area protected to maintain biological diversity to surface area*

**Figure 27: Ratio of Area Protected to Maintain Biological Diversity to Surface Area**



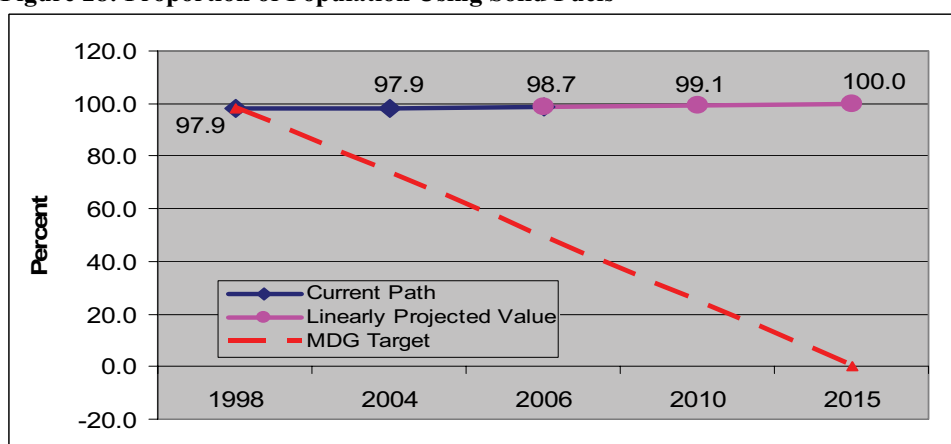
Source: UNEP (online databank)

The ratio of surface area protected to maintain biological diversity has been constant since 1990 as shown in the Figure 27. The projection shows that the proportion of protected area will continue to remain constant up to 2015, which implies that the country is on the right track on attaining this MDG target.

*Indicator 3: Proportion of population using solid fuels*

In Malawi just like most developing countries, energy sub sector has not fully reached its potential owing to a number of structural, operational and institutional challenges. Even in cases where energy in the form of hydro or solar electricity is made available, high cost of electricity is a deterrent to most households especially in rural areas.

**Figure 28: Proportion of Population Using Solid Fuels**



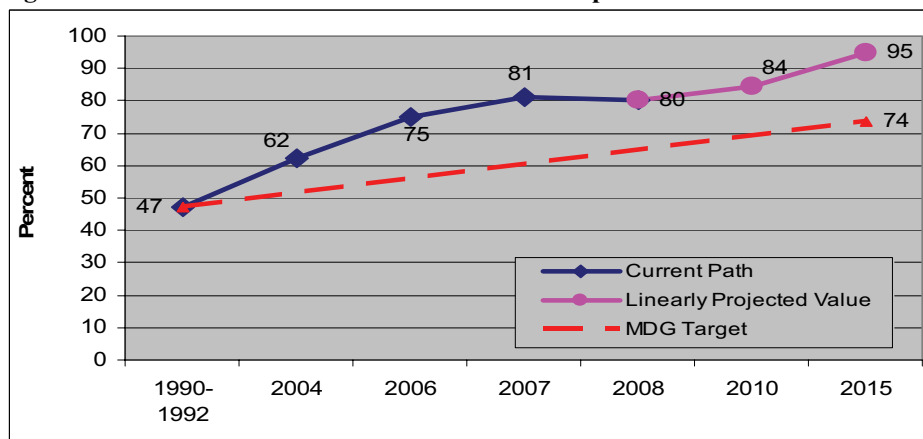
Source: PHC 1998, MDHS 2004 and MICS 2006

The proportion of the population using solid fuel has almost remained constant from 1998 to 2006. The Figure above shows that there was a one percentage change between these years. This implies that it is very unlikely that the country will attain the MDG target of 0 percent by 2015.

**Target 10: Reduce by half the Proportion of People without Sustainable Access to Safe Drinking Water**

*Indicator 1: Proportion of population with sustainable access to an improved Water Source*

**Figure 29: Household with Sustainable Access to Improved Water Source**



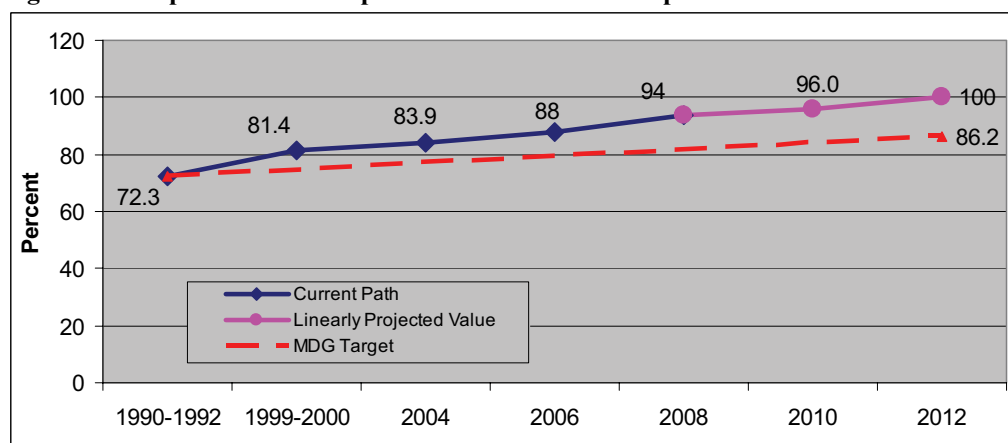
Source: MDHS 1992, 2000, 2004, MICS 2006 and WMS 2008

There has been a slight decline of 1 per cent in access to safe water from 81 percent in 2007 to 80 percent in 2008 as shown in Figure 29 above. This could be attributed to lack of borehole maintenance and environmental degradation which in turn results in low water table. However, the projection shows that Malawi is on track to achieve access to improved water source target.

*Indicator 2: Proportion of population with access to improved sanitation*

There are two categories which comprise improved sanitation (facilities with hygienic features) and basic sanitation (facilities without any hygienic features). As of 2008, Malawi has done well in ensuring that basic sanitation is accessible to all. In 2006, coverage was estimated at an average of 88 percent. In 2008, a high proportion of households (91%) use pit latrines while only 6 per cent have no toilet facilities at all.

**Figure 30: Proportion of the Population with Access to Improved Sanitation**



Source: MDHS 1992, 2000, 2004, MICS 2006 and WMS 2008

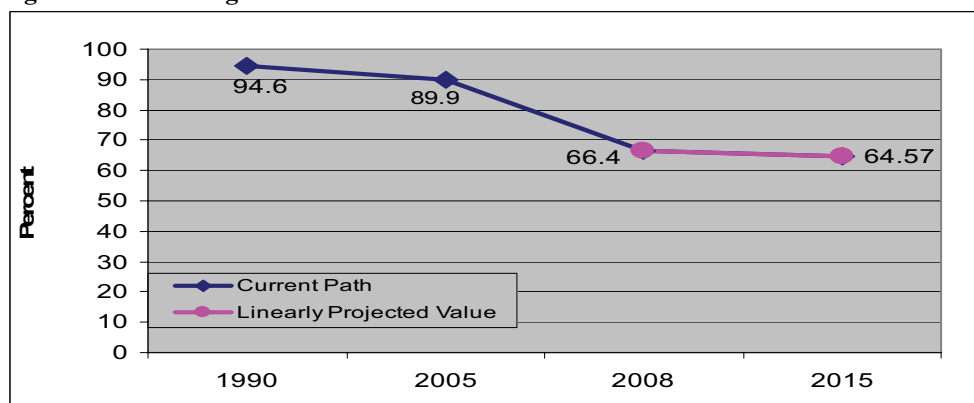
The trend for improved access to sanitation has since 1990 increased from 72 percent to 94 percent in 2008. This is an indication that the country is making good progress towards achieving improved access to good sanitation. Projections indicate that the percentage is likely to increase to 100 percent by 2015 which is above the MDG target.

**Target 11: Achieve significant improvement in the lives of at least 100 million slum dwellers**

*Indicator 1: Slum population as a percentage of urban population*

A slum household is a family in an urban area that lack one or more of the following five amenities: durable housing, sufficient living area, access to improved water, access to sanitation and secure land tenure. More than 50 per cent of the urban population live as slum households.

**Figure 31: Percentage of Slum Houses**



Source: UN-HABITAT State of the World Cities Report 2008/2009

Figure 31 above shows that slum population percentage has declined from nearly 90 percent in 2005 to about 66 percent in 2008. This decrease could be a result of the low cost housing initiative that has enabled a number of people to afford modest accommodation. At this rate of change, the proportion of slum population is expected to reduce to 64.57 percent by 2015. Despite the decrease in the percentage of slum households, their population has increased from 1.0 million in 1990 to about 1.5 million in 2008.

**Challenges**

While some progress has been made with respect to sustainability of the environment, there are a number of challenges that the sector is facing. Some of which include:

- increased deforestation due to increased demand for arable land and failure to enforce measures to curb problems of deforestation;
- lack of community participation in environment and natural resources management;
- poor quality of surface and ground water; and
- inequitable promotion of improved sanitation facilities.

## Policy Framework and Strategies

Several initiatives have been put in place in order to address the above challenges, and these include:

- revision of environmental and natural resources legislation with the aim of halting the rate of environmental degradation;
- promotion of community participation in environmental and natural resources management;
- implementation of a tree planting season to address deforestation;
- development of a National Adaptation Programs of Action to climate change which seeks to support vulnerable communities with coping strategies to the diverse effects of climate;
- improvement of access to safe water and sanitation by strengthening and building capacity for common water resources management, monitoring systems, rehabilitation and construction of small community earth dams;
- review of the National Housing Policy to help upgrade slums and reduce slum formation in the cities;
- prioritization of climate change, natural resources and environmental management as one of the nine key priority areas in the MGDS; and
- Prioritisation of climate change, natural resources and environmental management as one of the nine key priority areas in the MGDS.



# GOAL 8



***Develop Global Partnership  
for Development***

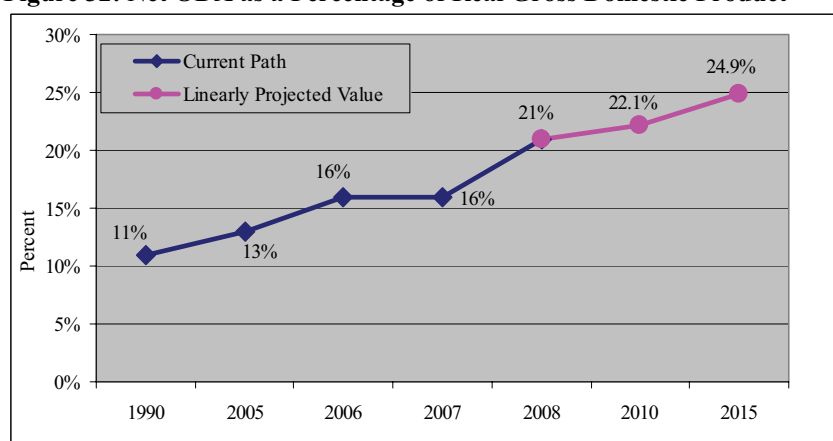
## Goal 8: Develop global partnership for development

**Target 18: In Cooperation with the Private Sector, make available the benefits of New Technologies, especially Information and Communications.**

Malawi has implemented a number of core policies and structural reforms including; Trade and Exchange Rate Liberalization, Public Service Reforms, Investment Promotion, Tax Reforms, Financial Sector Reforms, Legal Sector and Local Governance Reforms, the National Anti-corruption Strategy, and others. These have improved confidence on the economy, and one consequence is the improvement in the flow of Official Development Assistance (ODA) and Foreign Direct Investments (FDI). This ODA is being used to finance about 80 percent of the development budget and about 20 percent of the recurrent budget.

*Indicator 1: Net ODA as a percentage of real Gross Domestic Product*

**Figure 32: Net ODA as a Percentage of Real Gross Domestic Product**



Source: Ministry of Finance

Figure 32 shows that net ODA as a percentage of GDP has increased from 13 percent in 2005 to 21 percent in 2008. This is a sign of donor confidence in government's economic management. It is likely that in the short-run aid will increase further. However, as Malawi develops economically, the need for aid will decline. Aid will be scaled down as the domestic resource base (both tax and non-tax) increases to sustain Government's required interventions and increased public-private partnerships for development financing.

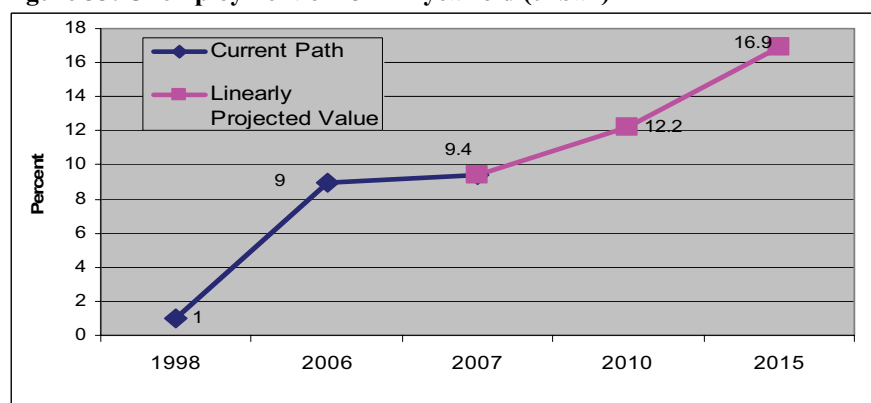
Malawi benefited from external debt cancellations under the Heavily Indebted Poor Countries (HIPC) Initiative and the Multilateral Debt Relief Initiative (MDRI) in August 2006. The public external debt stock was reduced from US\$2.9 billion in 2005 to US\$0.5 billion in 2006 following debt cancellations. As a proportion of GDP, external debt was reduced from 104 percent of GDP before debt relief in 2005 to 14 percent of GDP after debt relief in 2006. The debt stock was estimated at US\$0.68 billion as of end-2008, representing 16 percent of GDP.

The major challenge for government in the post HIPC period is to ensure that new external borrowing is sufficiently concessional in order to avoid a return to unsustainable debts. In addition, sustained robust economic growth is crucial to improving Malawi's external debt sustainability prospects. Long term debt sustainability can be attained if the international community goes beyond provision of debt relief and address critical issues of trade access. On its part, government will address local constraints to debt management by building debt management capacity, contracting loans on highly concessional terms, sustained policy reforms and insulating the economy from periodic shocks.

*Indicator 2: Unemployment of 15 – 24 year olds*

The youth constitute a larger percentage of the total population in Malawi. Malawi recognizes youth unemployment as the most serious employment challenge facing the Nation. Among all the age categories of the labour force, the youth have the highest rate of unemployment.

**Figure 33: Unemployment of 15 – 24 year old (urban)**



Source: PHC 1998 and WMS 2007

The urban youth unemployment rate increased from 9 percent in 2006 to 9.4 percent in 2007 as shown in Figure 33. The reason for the rise in unemployment is due to increased rural-urban migration, which is estimated at 6.3 percent. The projection shows that by 2015, the urban unemployment rate is likely to increase to about 16.9 percent.

### Policy framework and strategies

Government is addressing problems of unemployment through a number of programmes some of which include the following:

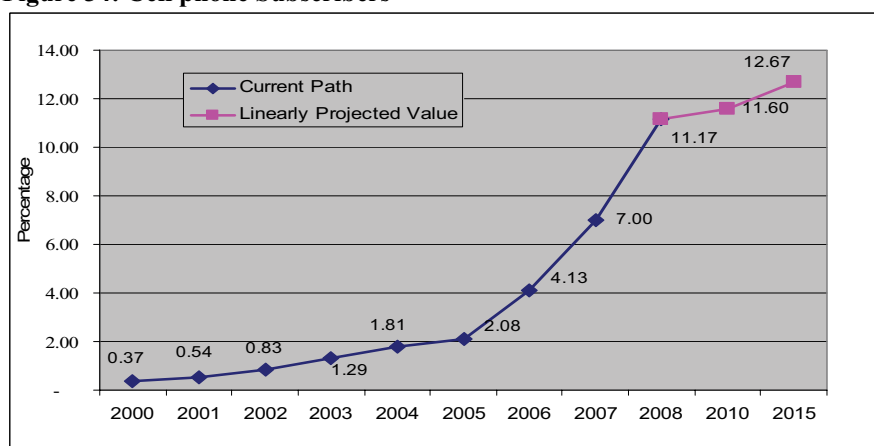
- establishment of rural growth centres to reduce rural-urban migration;
- establishment and rehabilitation of abandoned irrigation schemes to encourage rural people to engage in agriculture production throughout the year;
- maintaining a stable macroeconomic framework with low inflation, low interest rates and stable exchange rates;
- establishment of loan schemes such as the Malawi Rural Development Fund which provides capital to local small scale business people;
- implementation of One Village One Product Programme which is promoting value adding processes thereby creating employment; and;

- implementation of Public Works Programme.

*Indicator 3: Telephone Lines and Cellular Subscribers per 100 Population*

Telecommunication plays a vital role in economic development and poverty reduction. The government’s policy regarding telecommunication is to ensure universal access to connectivity and affordable information and communications technology. However, according to 2004-2005 Integrated Household Survey (IHS), a small proportion of the country’s population have access to telecommunication facilities such as mobile phones and landlines although it has been increasing over the years.

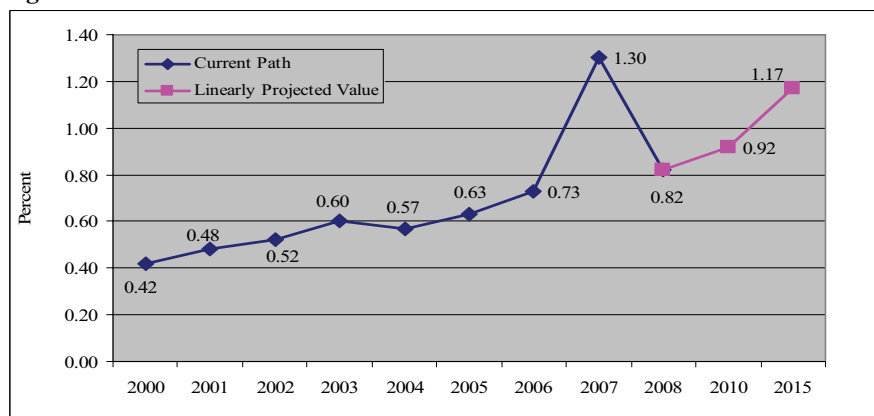
**Figure 34: Cell phone Subscribers**



Source: MACRA and NSO

Figure 34 above indicates that there was a slight increase in the number of cell phone subscribers from about 0.4 percent in 2000 to about 2 percent in 2005. However the number almost tripled between 2006 and 2008 from about 4 to 11 percent. This rapid increase could be attributed to availability of cheap cell phone handsets and increased demand for faster communication. The projection shows that by 2015, the number of cell phone subscribers will increase to about 13 percent.

**Figure 35: Landline Subscribers**

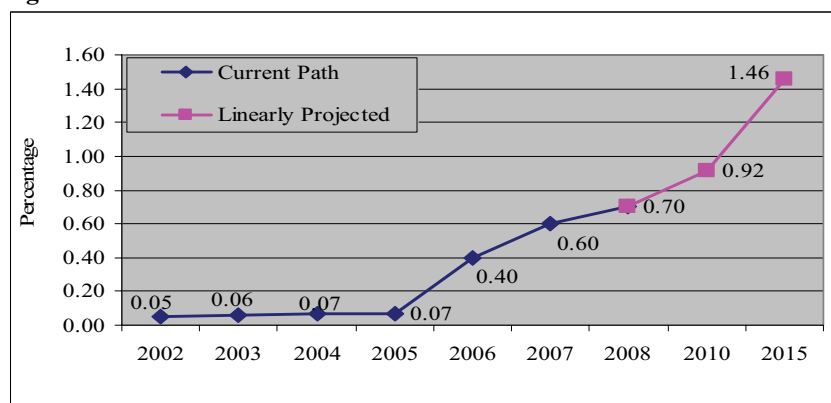


Source: MACRA and NSO

Figure 35 above shows that there has been an increase in the number of subscribers for fixed landlines from about 0.4 percent in 2000 to around 1.3 percent in 2007. However, there has been a decrease in the number of landline subscribers between 2007 and 2008. This decrease is attributed to vandalism of telecommunication equipment and a higher preference for cellular phones. However, the number of landline subscribers is expected to increase to about 1.2 percent by 2015.

*Indicator 4: Personal computers in use and internet users per 1000 population*

**Figure 36: Internet Subscribers**



Source: MACRA

Figure 36 above shows that there has been an increase in the number of internet subscribers from about 0.07 percent in 2005 to about 0.7 percent in 2008. This should be attributed to an increase in the number of internet service providers and opening of village internet centres. This growth reflects a positive telecommunication development.

**Challenges**

There are several challenges that the country is facing with respect to developing global partnership, some of which include the following:

- vandalism of telecommunication equipment;
- inadequate distribution of ICT services and infrastructure;
- high cost of ICT equipment and services;
- poor internet and IT support infrastructure;
- underdeveloped regulatory framework in the telecommunication sector; and,
- lack of competition.

**Policy framework and strategies**

The MGDS recognizes that the creation of a conducive environment to attract investment in ICT will enhance economic growth and poverty reduction through economic and social development and accelerate the process of attaining the MDGs. As such, several strategies have been put in place to achieve this end. These include;

- development of a reliable, fast, adaptive and robust national IT infrastructure;
- enhancing the capacity of the regulatory body, Malawi Communications Regulatory Authority (MACRA), to act as a competent referee in order to level the playing field;
- developing a monitoring and periodically receiving regulations which will play a vital role in ensuring that the standard of better telecommunication services are achieved.
- improving IT and internet access by all communities;
- enacting an appropriate legislation that promotes and facilitate the country's participation in the information age; and,
- developing connectivity to the Indian ocean marine cable link.



## Conclusion

This report shows that commendable progress has been made in achieving all the MDG goals. The assessment shows that Malawi will be able to meet the MDG targets on reducing child mortality, eradicating extreme poverty, combating HIV and AIDS, malaria and other diseases, ensuring environmental sustainability and developing a global partnership for development. On the other hand, MDG targets may not be achieved in the in the areas of achieving universal primary education, promoting gender equality and empowering women and improving maternal health. Such failure is not likely attributable to lack of or failure of effort, but that the country started off with a very low baseline compared to other UN countries. Government has put in place proper policies and strategies to ensure that by 2015 it attains most if not all the MDGs.

Malawi's commitment to achieving the millennium development goals is shown through localisation of the MDGs in the Malawi Growth and Development Strategy (2006 to 2011). Government realises that the achievement of these goals will depend on the availability of adequate resources. As such, it has put in place several measures to increase domestic financial resources from both tax and non-tax revenues to ensure that adequate resources are channelled towards MDG related interventions.

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