



2008 MALAWI MILLENNIUM DEVELOPMENT GOALS REPORT

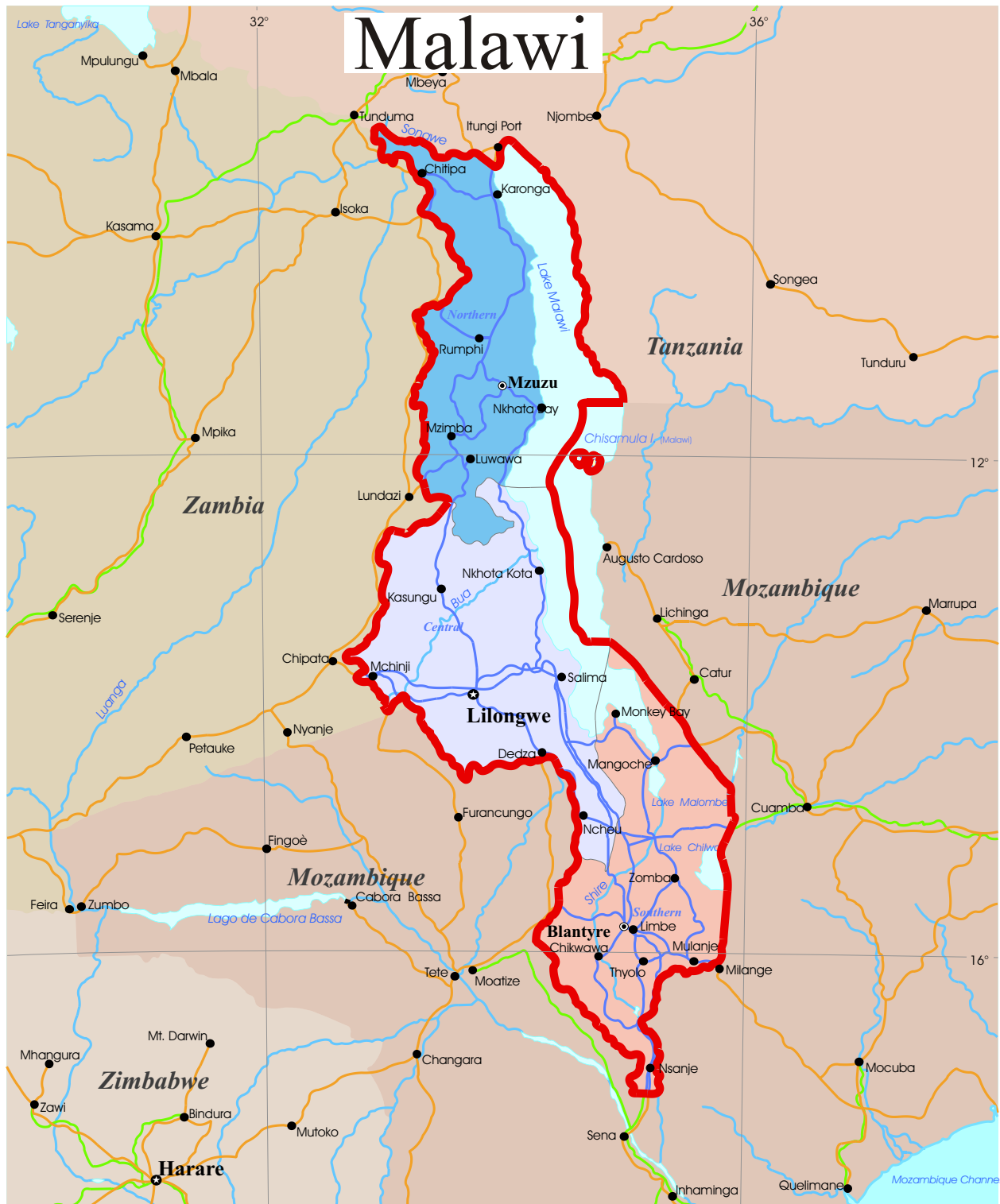


Government of Malawi



**HIS EXCELLENCY
DR. BINGU wa MUTHARIKA
PRESIDENT OF THE REPUBLIC OF MALAWI**

“My Government is committed to accelerate the attainment of the Millennium Development Goals through sustainable economic growth”



Foreword

The Government of Malawi is undertaking unequivocal efforts in reducing poverty and improving the welfare of its people. This dedication is manifested through the signing of the Millennium Declaration adopted at the United Nations (UN) General Assembly in New York in September, 2000, which is aimed at alleviating abject poverty affecting more than one-sixth of the world's population. The Government of Malawi and its development partners have already aligned their work around the goals.

Government is therefore committed to achieve the eight millennium development goals (MDGs) outlined in the UN Declaration namely: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empowerment of women; reduce child mortality; improve maternal health; combat HIV and AIDS, malaria and other diseases; ensure environmental sustainability, and develop a global partnership for development.

The implementation of MDGs in Malawi is being done through the medium term development strategy known as the Malawi Growth and Development Strategy (MGDS), which is being implemented for a period of five years from 2006 to 2011. The MGDS was formulated in 2006 and is being implemented under the leadership of His Excellency Dr. Bingu wa Mutharika President of the Republic of Malawi. The Strategy has six key priority areas and five thematic components. Government believes that progress in both key priority and thematic areas will assist in the achievement of the MDGs.

It must be noted that the achievement of the Malawi Government's commitments of the MDGs, depends on availability of a conducive policy environment and sufficient resources. This implies that without sufficient resources, issues of economic development in Malawi articulated in the pertinent development strategies will not be achieved.

The 2008 Millennium Development Goals Report, therefore, is devoted to the assessment of the progress made towards the achievement of the MDGs. The report has also highlighted challenges that are being faced in the course of implementing the MDGs and ways of addressing the challenges.

Lastly, I would like to thank the team that came up with this report. I also wish to extend my sincere gratitude to the UNDP MDG country team for the financial support rendered towards the production of the report.



Dr. Ken Lipenga, MP - -

MINISTER OF ECONOMIC PLANNING AND DEVELOPMENT.

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBE	Complementary Basic Education
CDSS	Community Day Secondary Schools
DAS	Development Assistance Strategy
DOTS	Direct Observable Treatment Short
EHP	Essential Health Package
EU	European Union
EPI	Expanded Programme for Immunization
HIPC	Highly Indebted Poor Countries
HIV	Human Immuno-deficiency Virus
HSA	Health Surveillance Assistant
ICT	Information Communication Technology
IHS	Integrated Household Survey
IMS	Information Management System
IRI	Interactive Radio Instruction
IT	Information Technology
ITN	Insecticide Treated Net
IVL	Interactive Video Learning
IMCI	Integrated Management of Child Illness
MACOHA	Malawi Council for the Handicapped
MASEDA	Malawi Social Economic Database
MDG	Millennium Development Goal
MDHS	Malawi Demographic and Health Survey
MDRI	Multilateral Debt Relief Initiative
MGDS	Malawi Growth and Development Strategy
MICS	Multiple Indicator Cluster Survey
MPVA	Malawi Poverty Vulnerability Assessment
MTEF	Medium Term Expenditure Framework
NER	Net Enrollment Rate
NESP	National Education Sector Plan
ODA	Overseas Development Assistance
PCAR	Primary Curriculum Assessment Review
PSIP	Public Sector Investment Programme
SADC	Southern Africa Development Community
STDs	Sexually Transmitted Diseases
SWAp	Sector Wide Approach
UNICEF	United Nation Children's Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population
UPE	Universal Primary Education
WMS	Welfare Monitoring Survey

Status at a glance

Malawi's Progress towards achieving the Millennium Development Goals

Goals/ Targets	Status	Feasibility of achieving the target
Extreme Poverty Halve the proportion of People living in extreme poverty by 2015	on track	likely to be met
Education Achieve universal access to primary Education	on track	potentially feasible
Gender Promote gender equality & empowerment	off track	unlikely to be met
Child Mortality Reduce Child mortality	on track	likely to be met
Maternal Mortality Improve maternal health	off track	unlikely to be met
Diseases Combat HIV and AIDS, Malaria and Other Diseases	on track	likely to be met
Environment Ensure Environmental Sustainability	on track	likely to be met

Executive Summary

Malawi signed the millennium declaration adopted at the United Nations General Assembly in New York in September 2000. The country is committed to achieve the MDGs by the year 2015. The MDGs are being implemented through the Malawi Growth and Development Strategy MGDS, which is the overarching medium term development strategy for the country to run from 2006 to 2011.

Eradicating extreme poverty was set as the first of the eight millennium development goals and two main targets were set to achieve the goal by the year 2015. As of 2008, the first of the two poverty indicators, the poverty head count, shows a decline from 45 percent in 2006 to 40 percent in 2007. The second poverty indicator, the poverty gap ratio, shows that there has been a decline from 18.6 percent in 2000 to 17.8 percent in 2006. Should this trend continue, *ceteris paribus*, the poverty gap is likely to have declined to around 16 percent by the year 2015. While the country is making progress in reducing poverty levels, the challenge remains in reducing the poverty gap ratio.

The second MDG goal is the achievement of universal primary education. The rate at which the net enrolment rate in primary education is increasing shows that the target of 100 percent may not be achieved by about 17 percentage points. Furthermore, the proportion of pupils starting grade one who reach grade five without repeating a grade has increased from 85.9 percent in 2005 to 86 percent in 2006. Although it appears that about 3 percent of children who enroll in grade 1 may not be able to reach grade 5 in 2015, the progress made is still remarkable. This is similar with the literacy rate of 15-24 year olds, whose projection for 2015 is likely to be at 94 percent, 6 percentage point short of the required target. The introduction of school health and nutrition programme including feeding at primary school level has assisted to increase the enrolment by 30 percent, reduce absenteeism by 5 percent and there are indications of increased retention, reduced repetition and improved performance rates. Coupled with this has been the intensification of life skills in schools as a preventive measure to HIV and AIDS.

Promoting gender equality and empowering women is the third MDG. Gender inequalities exist in accessing productive resources, development opportunities and decision making. In terms of eliminating gender disparity in schools, the ratio of girls to boys in primary school has increased from 0.87 in 1992 to 0.91 in 2000 and further to 0.995 in 2007. The projected figure shows that by 2015 a ratio of 1:1 would be achieved, while the results for secondary schools indicates that the target is unlikely to be met. This trend therefore shows that gender parity, in aggregate terms, may be achieved at primary education level; but it still remains a challenge at secondary level, which in turn affects the ratio of girls to boys at tertiary level.

The prospects for the country in meeting the goal on reducing child mortality are encouraging as the projected figures for the attainment of the targets on all three child mortality indicators suggest that the country is likely to surpass the set targets by 2015. If conditions remain the same, the under-five mortality rate is expected to have declined to 59 deaths per 1000 live from the current 122 per 1,000 births, infant mortality rate might have declined to 32 deaths per 1000 live births from the current 72 per 1,000, and the immunization rate for one year olds against measles will have increased to 95 percent from the current 92 percent by 2015. The intensification of management of malnutrition among children through the community therapeutic care, supplementary feeding of pregnant and lactating women and children and community child care programmes have contributed to the reduction of child mortality.

The fifth goal aims at improving maternal health. From the year 2004, there has been a

marginal decline to 984 deaths per 100,000 live births from 1,120 deaths per 100,000 live births in 2000. This improvement was sustained in 2006 with a decline to 807 deaths per 100,000 live births. Despite this progress, the projection reveals that Malawi will not achieve the desired target of 155 deaths per 100,000 live births as it will attain 338 deaths per 100,000 live births. The country is also off track in reaching the target of all births being attended by skilled birth personnel. Deliveries conducted by a skilled attendant is expected to increase to 72 percent by 2015 which falls short of the MDG target.

Malawi has been severely affected by HIV and AIDS pandemic. Nevertheless, the country is making good progress towards reducing its impact. Data shows that HIV has been halted, stabilized and is declining at 2 percentage points per annum. Although the projected rate of 2.9 shows that the MDG target of 0 percent may not be achieved, the rate is still an outstanding achievement. 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. However, in the case of malaria the trend is different. Government has currently distributed a total of 5.3 million treated mosquito nets in an attempt to reverse the trend.

The country continues to experience various forms of environmental degradation caused by increasing population growth, poverty, impact of HIV and AIDS as well as inadequate alternative livelihoods and affordable energy technologies. With regard to ensuring environmental sustainability, the rate of deforestation continues to increase such that by 2015 only about 33 percent of land area will be covered by forest, a decline from 36.2 percent in 2005. It is evident that the proportion of the population using solid fuels has been on the rise. This implies that the zero percent target is completely out of reach. The intensification of the use of alternative sources of energy such as solar could assist in reducing deforestation rate. Nevertheless, households with sustainable access to improved water sources have been increasing tremendously, such that if the current levels are maintained, this will further surpass the MDG target by about 26 percent in 2015.

Between 1998 and 2006, the urban unemployment rate rose from 1 percent to 9 percent. According to the Welfare Monitoring Survey of 2007, the rate has slightly increased by 0.4 percent to 9.4 percent. The projection shows that by 2015, the urban unemployment rate will be about 16.9 percent, which is a drop from the 2007 projection of 19 percent.

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 15.1 percent of the population will be subscribed. For landline subscribers, there has been an increase in the number of subscribers for fixed lines from about 0.4 percent in 2000 to about 1.35 percent in 2007. Although more people are subscribing to cellular phone usage, the number of landline subscribers is still growing albeit at a decreasing rate.

Introduction

The UN General Assembly for Heads of State and Governments adopted long-term development agenda for low-income countries in partnership with high-income countries. The agenda is prescribed in the 2000 Millennium Declaration which has eight goals, eighteen targets and forty eight indicators, and is referred to as the MDGs being implemented over a period of 25 years having started in the year 1990. This report assesses and presents the progress made towards the achievement of the eight MDGs. There was lack of data during the initial period of the MDG implementation. Consequently, in Malawi just like in most developing countries, baseline social economic database for monitoring and evaluating goals, targets and indicators of MDGs is hardly available. However, in the recent years, there has been a harmonised approach to the development and production of statistics that can be used in monitoring and evaluating the MDGs and other national development strategies.

The 2008 Malawi Millennium Development Goals Report has used information from various survey reports such as Malawi Demographic and Health Survey (MDHS) 2004, Integrated Household Surveys (IHS) 2005, Welfare Monitoring Surveys (WMS) 2007, Malawi Social Economic Database (MASEDA), Multiple Indicator Cluster Survey (MICS) 2006, Malawi Poverty Vulnerability Assessment (MPVA) and Routine Administrative Data. In addition, the MDGs progress reports are benefiting from monitoring and evaluation systems currently running in most developing countries and comprehensive data development systems taking place across the globe as we are approaching 2015 and beyond.

The implementation of MDGs is done through medium term strategies which are then translated into the annual budget. The first three year medium development strategy was the Malawi Poverty Reduction Strategy (MPRS) which was implemented from 2002 to 2005. Currently, Government under the leadership of His Excellency Dr. Bingu wa Mutharika President of the Republic of Malawi championed the formulation of the Malawi Growth and Development Strategy which runs from 2006 to 2011. In addition, the government uses Medium Term Expenditure Framework (MTEF) and the PSIP to ensure the smooth implementation of the MGDS. The government has set up an implementation, monitoring and evaluation framework to provide regular feedback on MDGs and MGDS.

The MGDS is the overarching medium term Government development policy document. There are six priority areas: agriculture and food security; irrigation and water development; transport infrastructure development; energy generation and supply; integrated rural development; and prevention and management of nutrition disorders, HIV and AIDS. In addition there are five thematic areas: sustainable economic growth; social protection; social development; infrastructure development; and improved governance.

The main thrust of the MGDS is wealth creation through sustainable economic growth. This is expected to generate necessary income that will have a substantial impact on poverty reduction. Therefore the overall outcome of MDGs of reducing abject poverty and hunger by 2015 will to some extent therefore depend on sound policies and programmes pursued by the authorities in the areas of economic growth. Government introduced the input subsidy programme in agriculture in order to address food security. The programme has resulted into three consecutive years of food surplus for the country that has contributed to the improvement in the nutritional status of Malawians. During the same period the country has witnessed unprecedented economic growth springing from robust agriculture performance and a decline in poverty levels.

As in the past, a significant proportion of financing for MGDS will come from development partners. A central norm of the Paris Declaration (PD) on aid effectiveness is that government-owned national strategies should provide the road map for development, and

that development partners should seek to align their support to these strategies in the most effective and efficient ways possible. In view of this, government has finalized the Development Assistance Strategy (DAS), which seeks to increase the alignment of Malawi's development partners to the MGDS using the most practical and efficient balance of aid modalities. The DAS sets out the policy and strategies for increasing efficiency and effectiveness in the mobilization and utilization of such aid in achieving the development results set out in the MGDS.

The DAS seeks to achieve these outcomes through the operationalisation of the five norms of the PD on aid effectiveness, namely: national ownership of the development agenda; alignment of development partners to the national development strategy and government systems; harmonization of development partner's systems and activities; managing resources and decision-making for results and; mutual accountability for development results. These norms are expected to contribute to the overall achievement in the implementation of the MDGs

This is the fourth report on MDGs implementation in Malawi. The first two reports produced in 2003 and 2005 focused on selected goals and reports revealed that the country was off target on most of the indicators on poverty, gender and maternal health. The third report produced in 2007 provided the mid point assessment. In both the 2007 and 2008 reports, Government and its stakeholders have reviewed progress on all the MDGs.

Goal 1: Eradicating Extreme Poverty

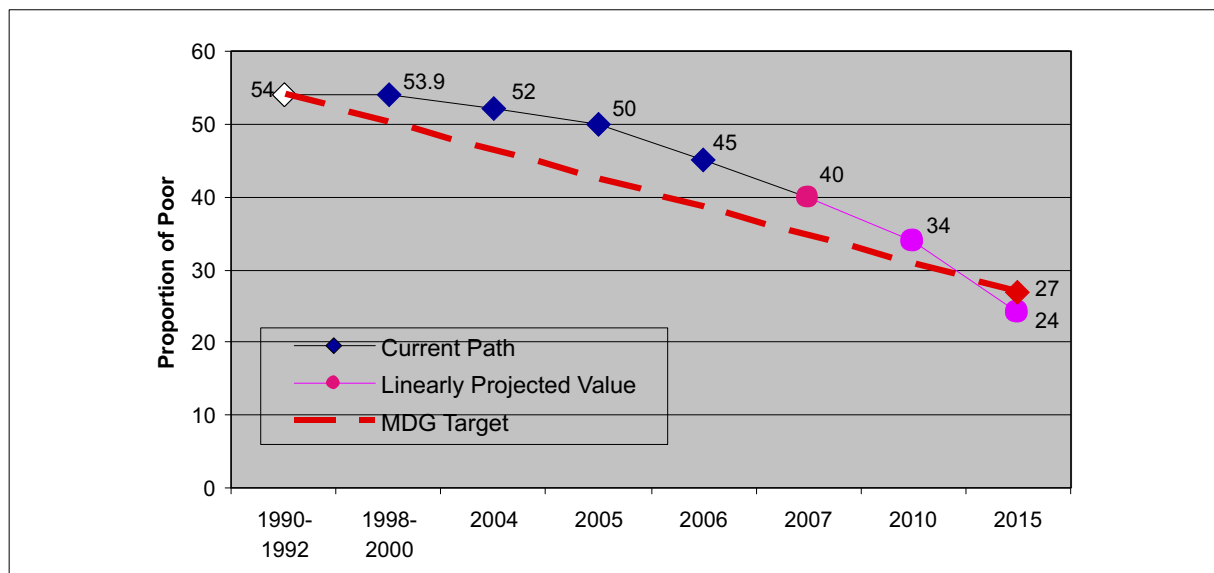
Generating harmonized annual poverty data is a challenge in most low income countries. The first comprehensive poverty data for Malawi was generated in 1998 through the Integrated Household Survey. The second comprehensive poverty data was generated in 2004 through the second Integrated Household Survey. Since 2004, the National Statistical Office has been producing annual proxy to the poverty situation in the country through Welfare Monitoring Surveys. The data from Welfare Monitoring Surveys approximate poverty status of the country in absence of the comprehensive Integrated Household Survey. The poverty trend is presented in the Chart 1 below that uses Integrated Household Data and Welfare Monitoring Survey.

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 towards achieving the target, three indicators are used and they are: the proportion of population below the national poverty line; the poverty gap ratio; and finally, the 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. Prevalence of underweight children under five years of age; and the proportion of population below the minimum level of dietary energy consumption are the two indicators selected to monitor the progress on achievement for the target.

Target 1: Halve between 1990 and 2015 the proportion of people whose income is less than one dollar per day

Indicator: Proportion of people below the poverty line¹ (Poverty Head Count)

Chart 1: Poverty Head Count



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

Chart 1 shows changes in poverty rates between 1990 and 2007. The chart shows that poverty has declined from about 54 percent in 1998 to 40 percent in 2007. A linear projection from the past trend suggests a poverty level well below the MDG target of 27 percent settling to about 24 percent, as shown in the chart above.

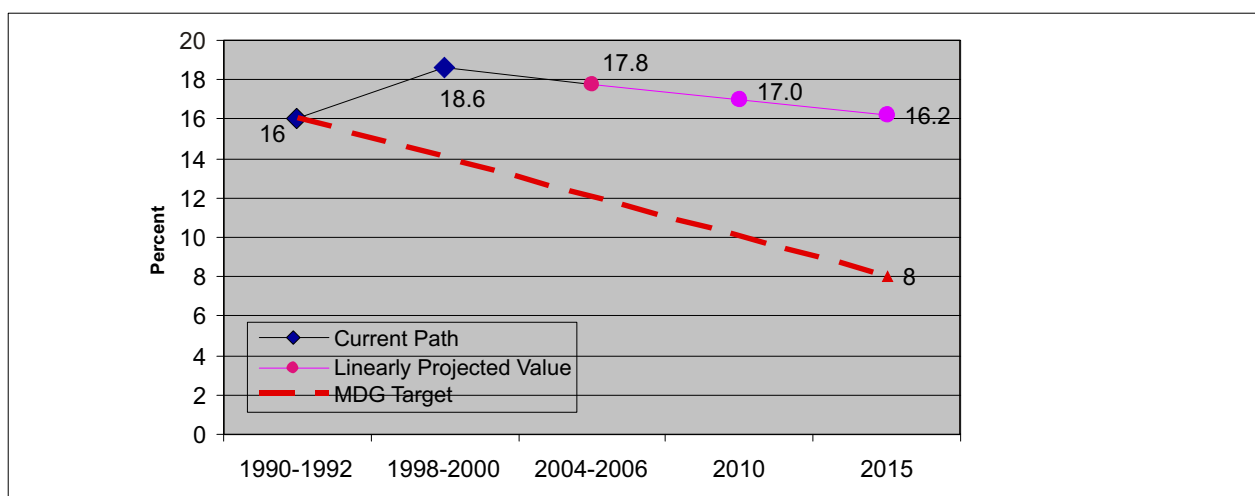
The input subsidy programme in the agriculture sector combined with the social support programme, such as elderly pension and support to orphans and other vulnerable children,

will increase the likelihood of achieving this goal by 2015. In order to sustain this achievement, it is important to implement the input subsidy programme over a long period of time.

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

Extent of the poverty gap ratio is the second indicator under Target 1. 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 how poor the poor people are.

Chart 2: Poverty Gap Ratio



Source: 1991 HESSEA and 1998, 2000 IHS

Chart 2 shows that the poverty gap ratio increased from 16 percent in 1992 to about 19 percent in 2000 and then dropped slightly to about 18 percent in 2006. The projection indicates that by 2015, the poverty gap ratio will be at 16 percent. It is therefore unlikely that Malawi will reduce by half the poverty gap ratio by the year 2015.

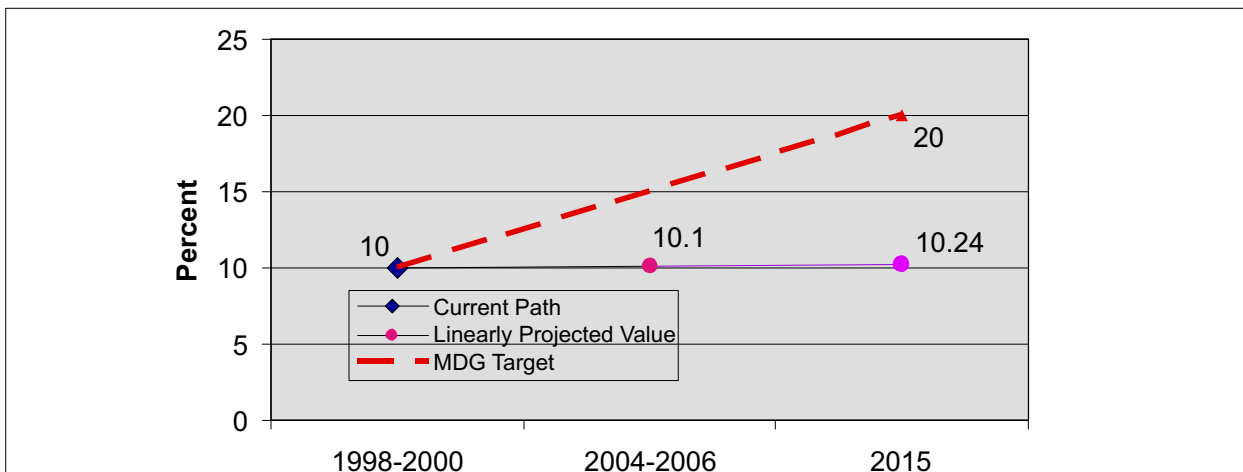
Indicator: Share of poorest quintile in national consumption.

The share of poorest quintile in national consumption is the third indicator under Target 1. The indicator target is to double the share of the poorest quintile in the national consumption.



Mini Grain Silos

Chart 3: Poorest Quintile' Share in National Consumption



Source: IHS 1998 and 2005

Chart 3 above shows the current and projected trend in the poorest quintile share in national consumption. As indicated in the figure, the share of the poorest quintile in Malawi has not improved between 1998 and 2005. The 1998 and the 2005 Integrated Household Surveys indicate that the poorest 20 percent of the population controlled 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 by 2015.

Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

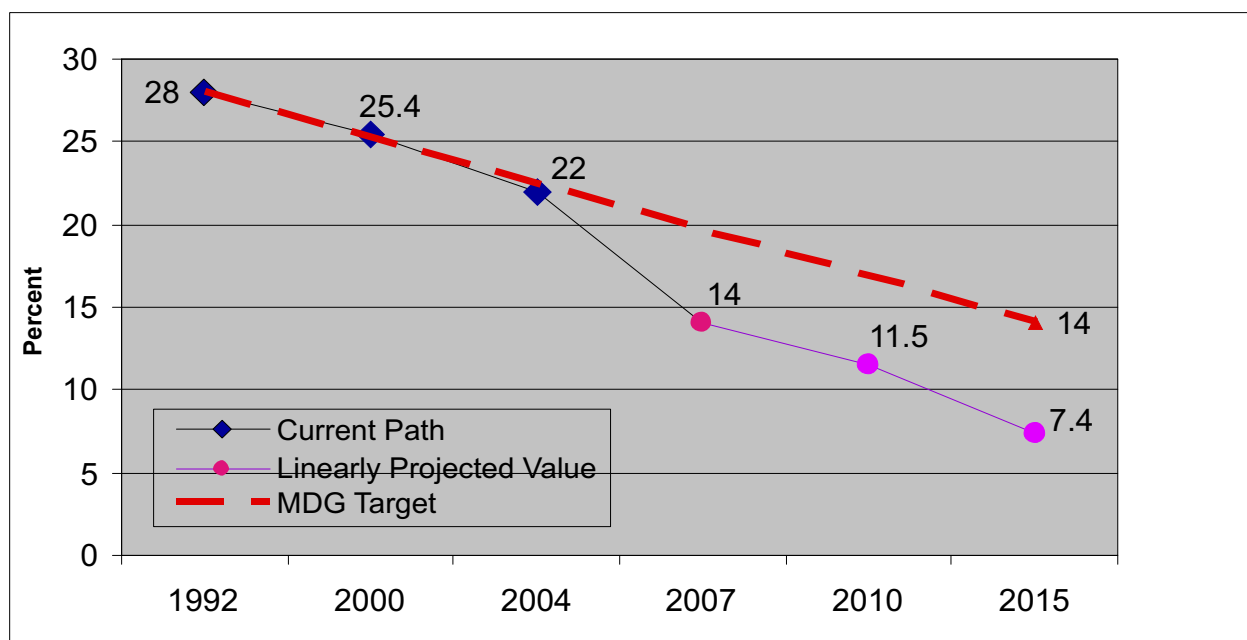


Under target number 2, there are two indicators, namely; *prevalence of underweight children (under five years of age), and proportion of population below minimum level of dietary energy consumption.*

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

Malnutrition remains the world's most common problem and the single biggest contributor to child mortality. Children's nutritional status is a reflection of their overall health and development (MICS, 2006). The nutritional wellbeing of young children is therefore a sign of the household, community and national investment in family health, which may assist in contributing to the country's development both directly or indirectly. Prevalence of underweight children is taken as a proxy indicator of the proportion of the population that is undernourished. Food intake for the undernourished population is always below the minimum requirements and insufficient to meet dietary energy. This is the group of population which suffers from hunger.

Chart 4: Underweight Prevalence

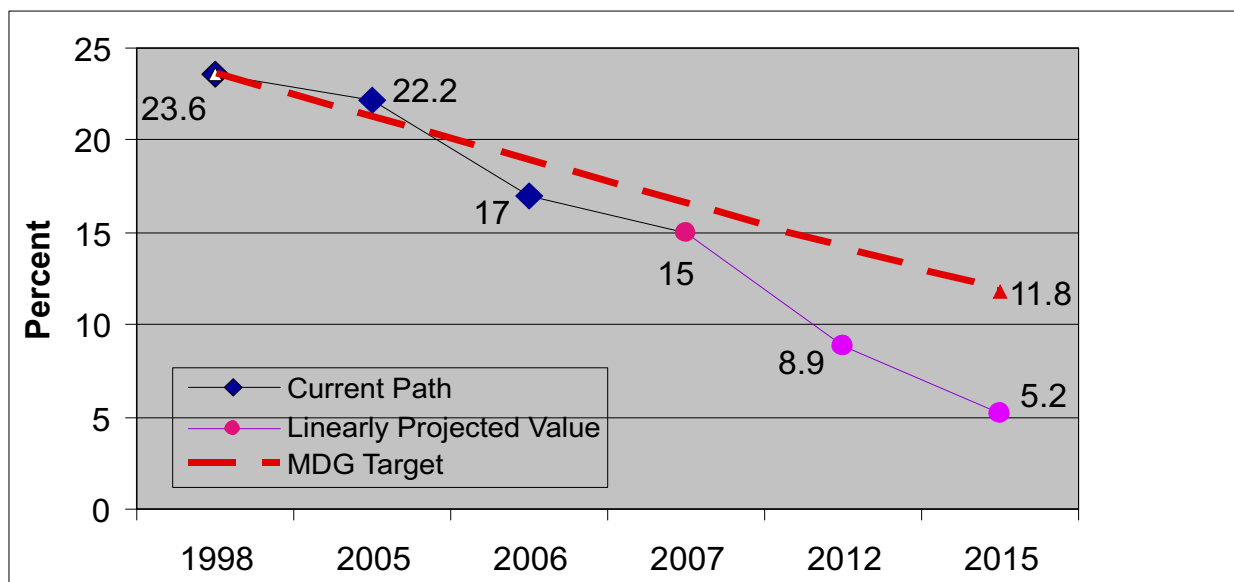


Source: 1992, 2000, 2004 MDHS and 2007 WMS

Chart 4 above shows that tremendous progress has been made with respect to prevalence of underweight children under-five years of age. Underweight prevalence has decreased from 28 percent in 1992 to 14 percent in 2007. If this trend continues, by 2015, only 7.4 percent of under-five children will be underweight.

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

Chart 5: Proportion of Ultra-poor



Source: 1998, 2005 IHS and 2006, 2007 WMS

The proportion of population below minimum level of dietary energy requirement is estimated by defining a food poverty line. All persons below this line are deemed ultra-poor. The proportion of ultra-poor is hence used as a proxy indicator for the proportion of the population below minimum level of dietary energy consumption. In 1998, about 24 percent of the population was deemed ultra poor. After five years, the proportion of ultra poor

persons stayed more or less constant at 22 percent. However, in 2006 the proportion of ultra poor persons dropped to 17 percent and dropped further to 15 percent in 2007. This could be attributed to input subsidy programme which has resulted in food surplus for the past three years. At this rate, the projected proportion of persons deemed ultra poor will be about 5.2 percent by the year 2015. Therefore based on the current trends, Malawi is likely to reduce by half the proportion of persons below minimum level of dietary energy consumption by the year 2015.

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 make it hard to introduce new programmes for poor farmers;
- Inadequate food storage, processing and utilization facilities, skills and knowledge that result in food wastage, consequently leading to hunger and malnutrition;
- Critical shortage of capacity and skills in many institutions that are involved in the delivery of development programmes;
- Inadequate finance to supplement the necessary programmes that could have a significant impact on poverty and hunger;
- Inadequate knowledge and skills on dietary diversification, production 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 to improve the agriculture sector including intensifying production of cash crops other than tobacco such as cotton, wheat, and cassava;
- Establishment of the MK5 billion Malawi Rural Development Fund (MARDEF) to disburse loans to the poor in rural and urban areas;
- Establishment of One Village One Product (OVOP) Scheme to encourage people to get into value adding processes;
- Introduction of fertilizer subsidy programme which targets poor smallholder farmers;
- Rehabilitation of abandoned irrigation schemes for smallholder agriculture production for maize, rice and vegetables;
- Identification of potential growth sectors such as manufacturing and agro-processing, tourism, and mining;
- Promotion of advocacy for proper storage of food crops and increased propaganda for usage of metal storage facilities;
- Introduction of Social Support Programmes for the vulnerable population.
- Development of the National Nutrition Policy and intensification of the nutrition programmes and services delivery to the entire population targeting the vulnerable.

Goal 2: Achieve Universal Primary Education

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the MDGs. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth (MICS 2006).

Target 3: Ensure that by 2015, all boys and girls should be able to complete a full course of primary schooling

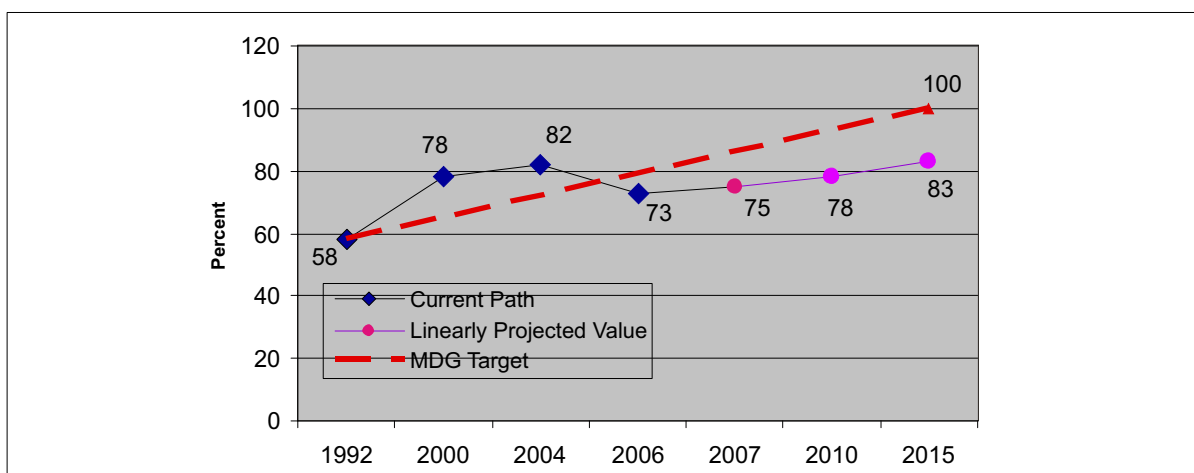
Indicator: Net Enrolment Rate (NER) in primary education

By definition the net enrolment rate in primary education indicates the extent to which the school going age (6-13) is enrolled in schools. It is calculated by weighing down the number of school going age enrolled in schools as a proportion of the school going age in the population.



Primary School Pupils

Chart 6: Net Enrolment Ratio in Primary Education

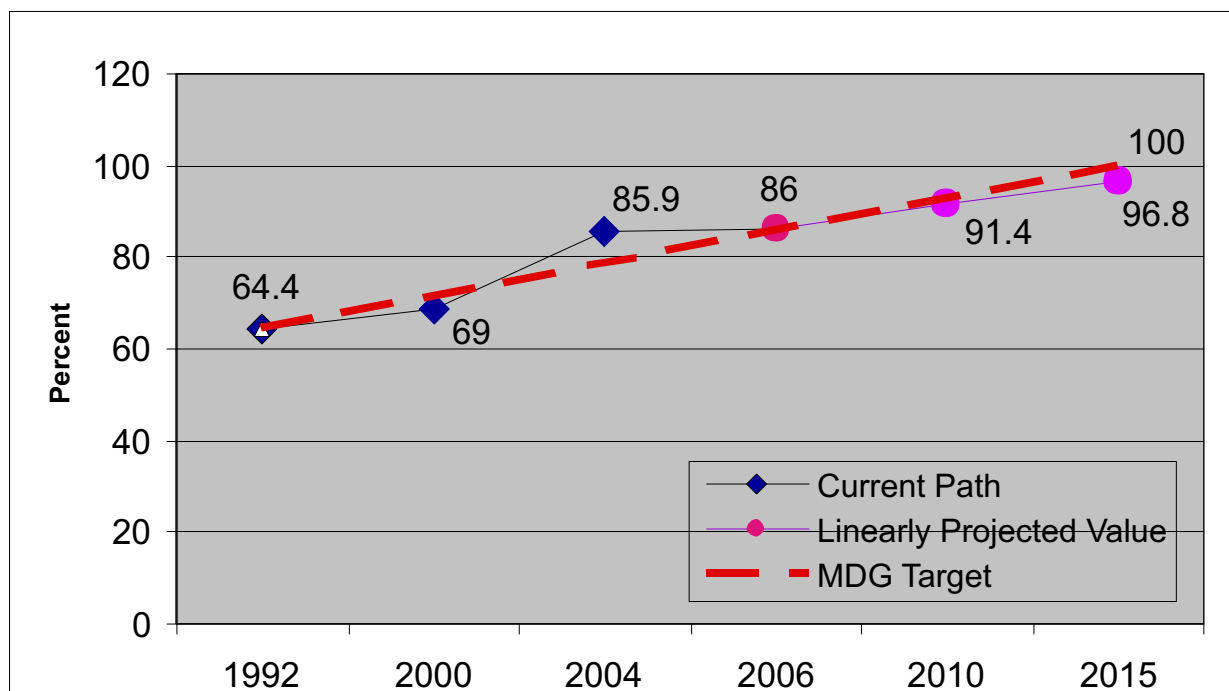


Source: 1992, 2000, 2004 MDHS and 2006, 2007 WMS

Chart 6 presents a graphical trend highlighting Primary school net enrollment from 1992 to 2007. Compared to the 2015 MDG target, the rate at which the NER is increasing shows that the target may not be achieved by about 17 percentage points. Although the rate increased in the years immediately following the introduction of free primary education policy in 1994, in recent years the rate has fallen below the required target.

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

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

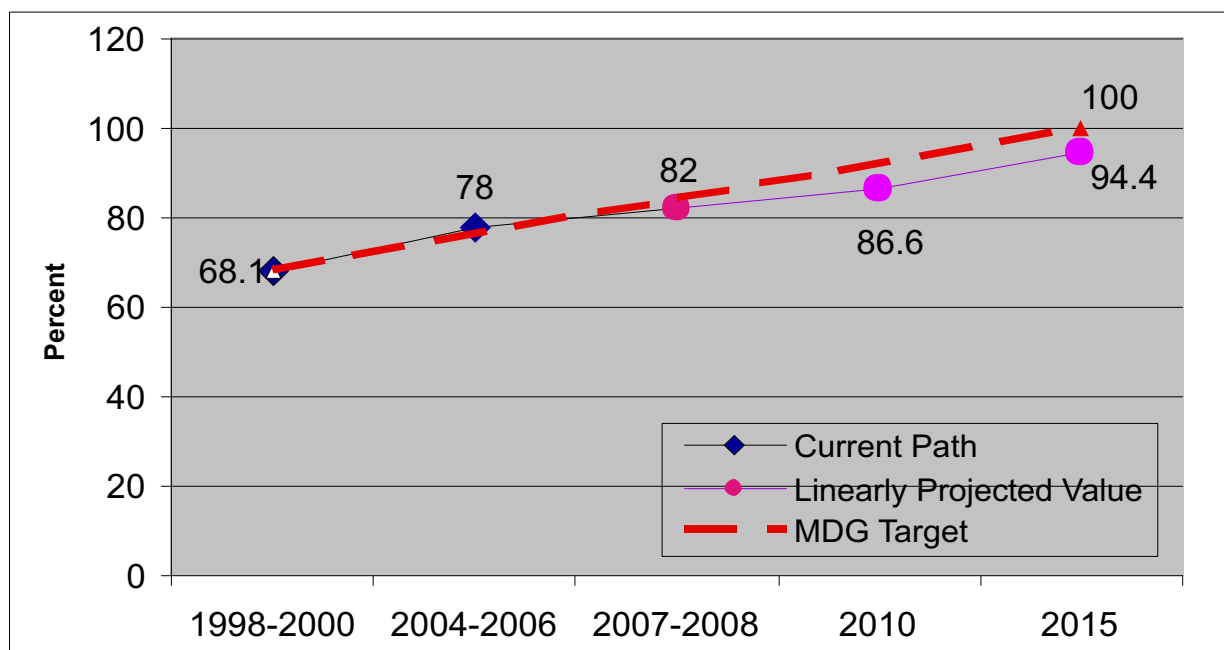


Source: 1992, 2000, 2004 MDHS and 2006 MICS

The indicator above measures the extent of drop out in primary education. Chart 7 shows that the proportion of pupils starting Grade 1 who reach Grade 5 without repeating a grade has increased from 64.4 percent in 1990 to 86 percent in 2006; Average linear projection shows that by 2015, about 3 percent of children who enroll in grade 1 may not be able to reach grade 5.

Indicator: Literacy Rate of 15 24 year-olds

Chart 8: Literacy rate of 15 24 Year Olds



Source: 1992, 2000, 2004 MDHS and 2006 MICS

Chart 8 above highlights the trend of literacy rate of 15 to 24 year olds. Youth literacy has increased from about 68 percent in 2000 to about 82 percent in 2007. At this rate of improvement, youth literacy would reach 94 percent by 2015, implying that the 2015 MDG target will be missed by 6 percent if the rate of growth over the years is to remain constant.

Challenges

Several challenges continue to hamper the efforts to achieve universal primary education. Some of these challenges include the following:

- Shortage of qualified primary school teachers;
- Poor strategic management of teachers;
- Inadequate and inferior physical infrastructure;
- Poor monitoring and supervisory systems;
- Poor access for children with special needs;
- Poor retention of girls mainly from standards five to eight;
- Pupils going to school without adequate dietary intake resulting in increased drop-out rates.
- 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

In an effort to achieve universal primary education (UPE), Government removed primary school fees in 1994/95 and abolished school uniform as a requirement to attend classes. In addition, the education sector is engaged in policy re-definition aimed at mitigating the emerging challenges on UPE. The National Education Sector Plan (NESP, 2008) outlines some of the redefined guiding principles as follows:

- Reduction of pupil-teacher ratio progressing to a 1:60 ratio by 2013/14 and below 1:60 ratio by 2017/18;
- Transfer of teachers from community day secondary schools (CDSSs) to primary schools starting with 300 in 2008/09 and thereafter 200 teachers in subsequent years;
- Use of distance education teacher trainees as a measure of reducing the pupil-teacher ratio to 1:60 by 2013/14, starting with 4,000 temporary (voluntary) teachers in 2008/09;
- Replenishment of textbooks for additional pupils in each Standard at the beginning of the plan and thereafter replenishment of textbooks every three years;
- Roll out the Primary Curriculum Assessment Review (PCAR) to all standards by 2009/10 and taking into account special needs;
- Construct 50 primary schools every year;
- Provide grants to communities to erect standard classroom shelters;
- Construct 1,000 teachers' houses annually;
- Provide grants to schools for the support of orphans;
- Provide financial support to girls in selected areas especially at senior primary level;
- Scale up school feeding programmes to increase enrollment and retention; and
- Training in life skills and provision of nutrition support to infected teachers and pupils.

Goal 3: Promote Gender Equality and Empower Women

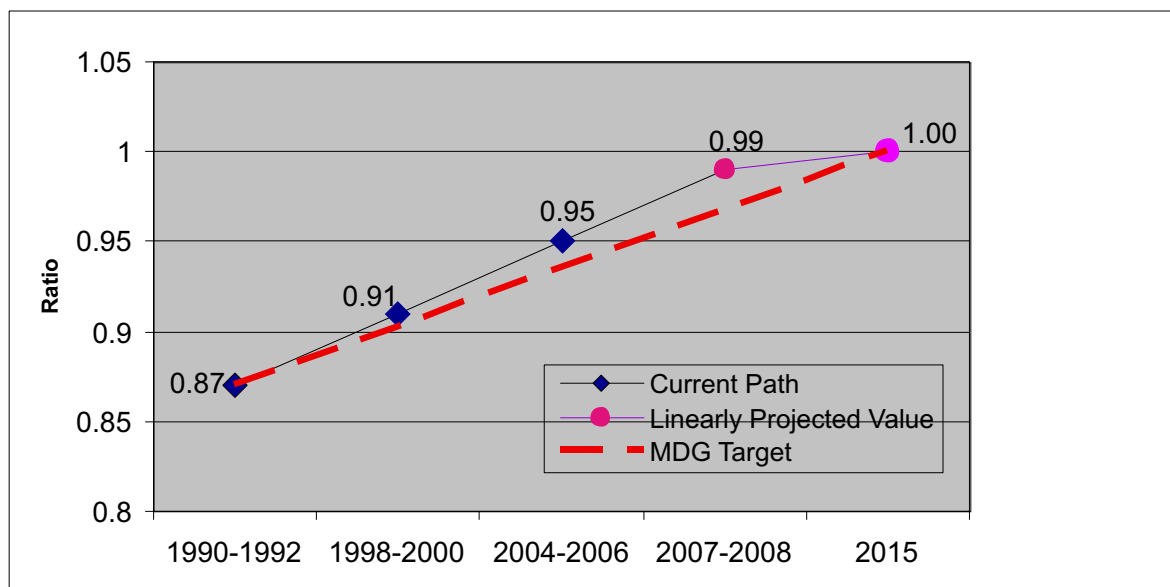
There exists gender inequality in Malawi and this inequality affects women more than their male counterparts. The MGDS clearly recognize that there is high correlation between poverty, social vulnerability and gender inequality. Gender inequalities in accessing productive resources, development opportunities and decision making negatively affect economic growth and development. Malawi has a gender development index of 0.374, which is an indication that large disparities between men and women exist. Women who constitute about 51 percent of the population are marginalized in social and economic spheres such that they are unable to effectively contribute to social, economic and political development.

Strongly related to the above scenario is the high illiteracy level among women (56 percent as compared to 28 percent for men). The high girl drop out rates from the formal schooling system exacerbates the situation and results into a trend that eventually feeds back into the vicious cycle where the resultant effect spirals into very few women in formal employment.

Target 4: Eliminate gender disparity in primary and secondary school and at all levels, preferably by 2005 and at all levels by 2015.

Indicator: Ratio of Girls to Boys in Primary education.

Chart 9: Ratio of Girls to Boys in Primary School



Source: 1992, 2000, 2004 MDHS, Ministry of Education, Science and Technology, EMIS 2007

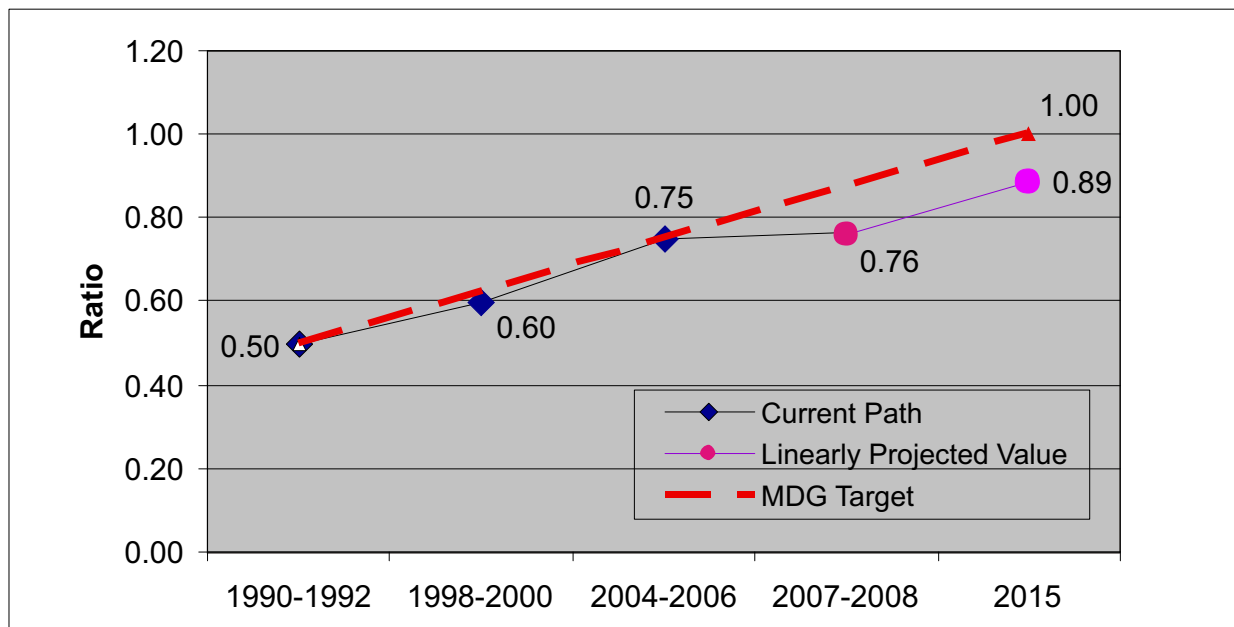
Chart 9 above shows that the ratio of girls to boys in primary school has increased from 0.87 in 1992 to 0.91 in 2000 and further to 0.995 in 2007. The projected figure shows that by 2015, a ratio of 1:1 will be reached thereby meeting the MDG target. This trend therefore shows that elimination of gender disparity, in aggregate terms, will have been achieved at primary education level.

Chart 10 below shows that the ratio of girls to boys in secondary school has moved from 0.50 in 1992 to 0.60 in 2000 and 0.75 in 2007. 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, which in turn affects the ratio of girls to boys at tertiary level.

Indicator: Ratio of Girls to Boys in Secondary education.

Chart 10: Ratio of Girls to Boys in Secondary School



Source: 1992, 2000, 2004 MDHS, EMIS

The trend reveals that the education system loses a significant number of girls with each progressive level of education because many girls drop out of school and repeat as they progress through the grades in primary education. Among the contributing factors are, taking on motherhood roles at an earlier age and caring for their seriously sick guardians due to AIDS resulting in low girl intake at secondary level and consequently at higher education level.

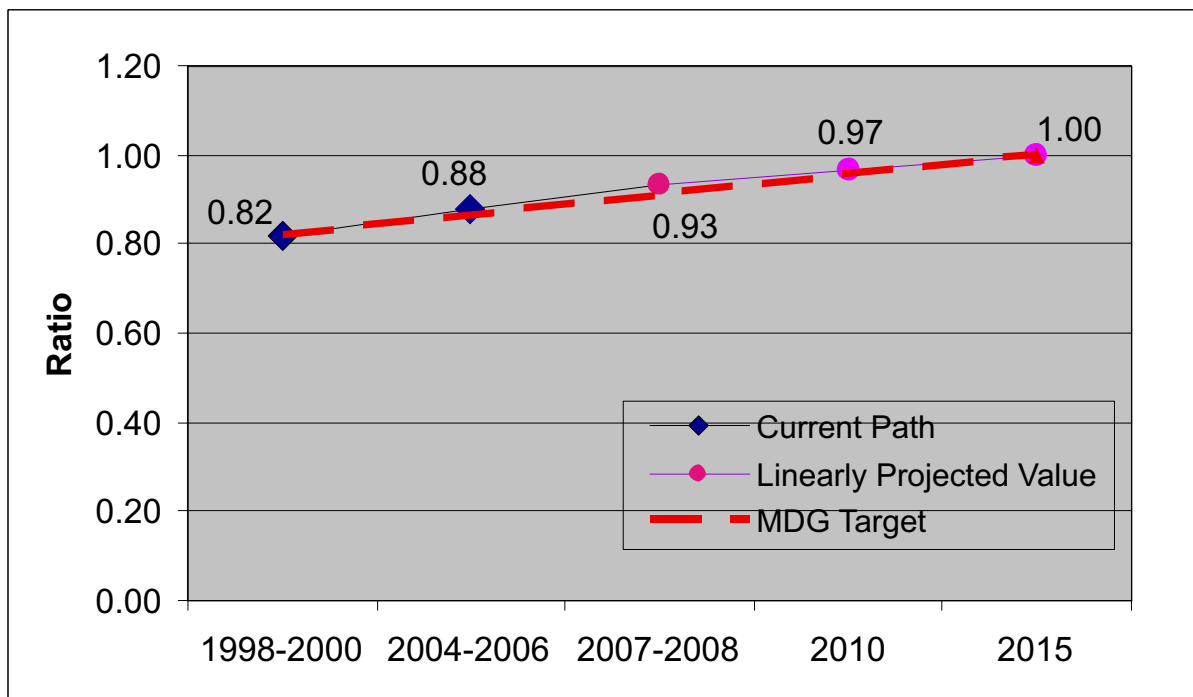
The education sector has been for a number of years implementing interventions to address the gender disparities at all levels of education some of which include: school feeding programmes, health and nutrition programmes, life skills, and direct support to schools that are targeted at primary education. However, the results shown in chart 10 reflect that the impacts of these interventions on gender disparities are yet to filter through the various levels of education. It is therefore important to implement strategies that will ensure that the targeted interventions have an impact at all levels of education.



Secondary school girls

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

Chart 11: Ratio of Literate Women to Men 15- 24 Years Old

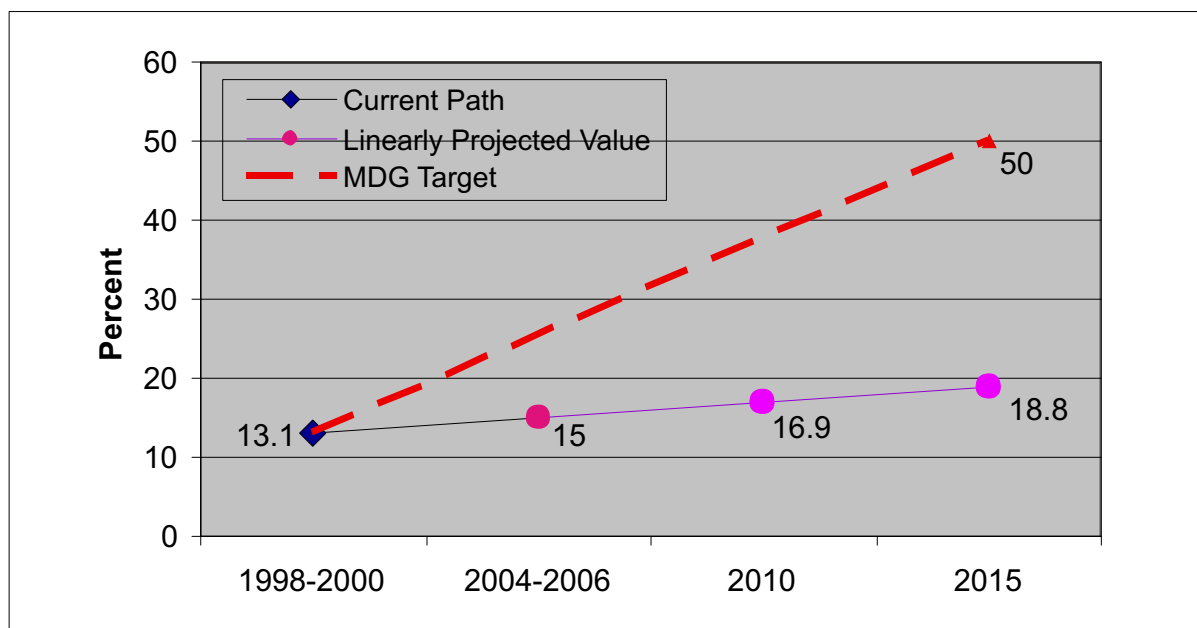


Source: 1992, 2000 and 2004 MDHS, 2007 WMS

In order to achieve gender equality, the disparities between women and men in all spheres of education need to be eliminated. The ratio of literate females to males aged 15-24 years has increased from 0.82 in 2000 to 0.93 in 2007. Assuming the same rate of improvement continues, the ratio of literate females to males would reach equality in 2015 as shown in Chart 11.

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

Chart 12: Share of Women in Wage Employment in non-Agricultural Sector



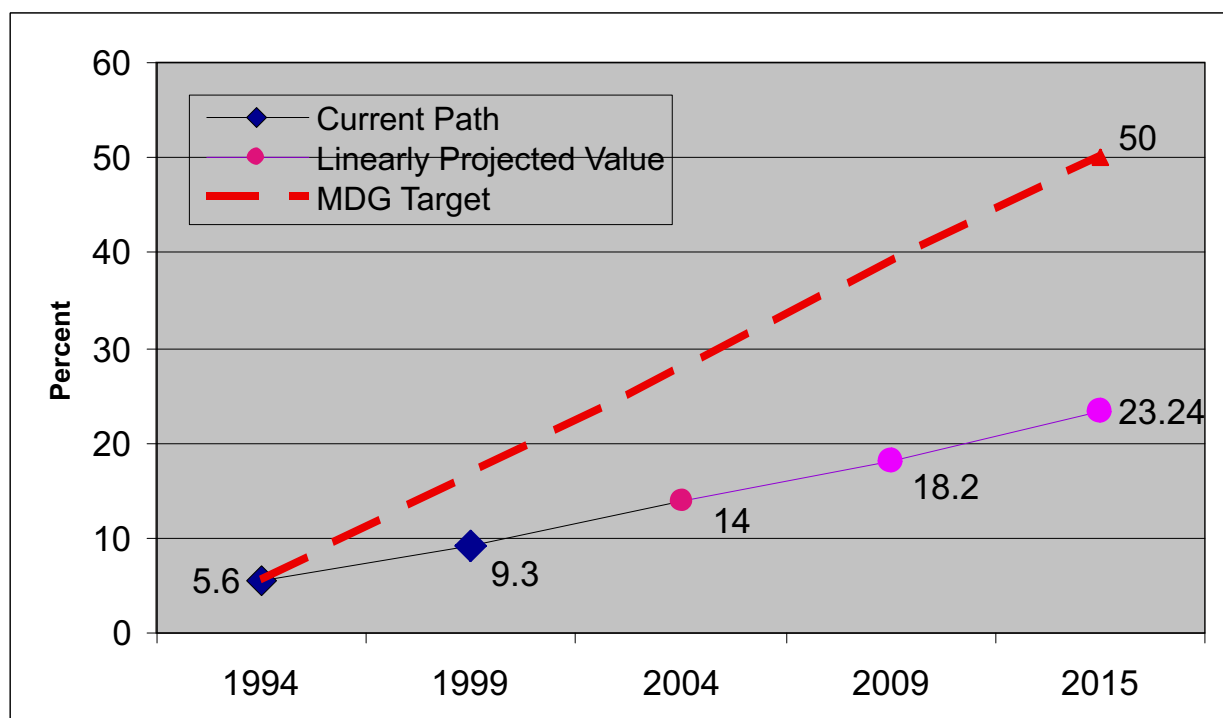
Source: 1998 and 2005 IHS

Chart 12 above shows the current status and trends in the share of women in wage employment in the non-agriculture sector as well as projections to the year 2015. Women's share in wage employment in the non-agriculture sector has moved from 13 percent in 2000 to 15 percent in 2006. This trend seems to suggest that there has been very little improvement with respect to the share of women in wage employment in the non-agriculture sector. Hence, Malawi is unlikely to reach a target of having an equal ratio of men and women in wage employment as projections show that women's share in wage employment will be just close to 19 percent by 2015.

Indicator: Proportion of seats held by women in National Parliaments

The proportion of seats held by women in Parliament has improved significantly over time. During the 1999 presidential and parliamentary elections, out of 193 elected members of parliament, only 18 were women, representing 9 percent. In the 2004 presidential and parliamentary elections, there were 193 elected members of parliament and only 27 of them were women. This represents an increase of about 50 percent. In absolute terms, the total number of women in relation to men is still regarded low as the women have only about 14 percent (2004) of the seats, far below 50 percent that may be indicative of equal representation. Additionally, there is a very low percentage of women in decision-making positions.

Chart 13: Proportion of Seats Held by Women in Parliament



Source: Malawi Electoral Commission (2006)

Chart 13 above shows that the proportion of seats held by women in Parliament has increased from 5.6 percent in 1994 to 14 percent in 2004. The results show that there has been a substantial increase in the number of women in the national assembly. However, this proportion remains far below the Southern African Development Community (SADC) target of 30 percent share of women in parliament by 2005 and 50 percent for African Union. There are many challenges that can be attributed to the slow pace in achieving fair representation of women in Parliament such as lack of adequate constitutional provisions for the effective implementation of affirmative action in relation to women and socio stereotypes in the



Girls and Boys in Primary Education

Malawian society that make people believe that men should be leaders while women are followers, among others.

Challenges

As noted above, holistic attainment of elimination of gender disparities in all sectors has been slow. Below are some of the challenges faced:

- Lack of a comprehensive policy which defines adult literacy and reflects the link between thematic monitoring and evaluation including Information Management System (IMS) and standard monitoring and evaluation tools;
- Limited capacity in terms of human and material resources to facilitate adult literacy and continuing education;
- Training and retaining sufficient number of adult literacy and continuing education instructors;
- Inadequate management which results in poor coordination and lack of incentives for instructors and poor funding;
- Limited integration of special needs;
- Poor male participation in adult education;
- Outdated curriculum;
- Misconception of adult literacy due to poor publicity and advocacy;
- High dropout rates especially among girls in primary schools due to long distances to schools that poses as a security problem in the face of sexual abuse and gender based violence;
- Poor learning environment which affects girls in primary and secondary schools (e.g. sanitary facilities) especially adolescent girls.

Policy Framework and Strategies

In an effort to eliminate gender disparity challenges as noted above, the following strategies have been put in place:

- Construction of girls boarding facilities in secondary schools so that distance to schools is reduced;

- Expansion of girls boarding facilities in teacher training institutions so that numbers of female teachers is increased specifically targeted for rural area deployment. These teachers apart from teaching are also expected to be rolemodel for girl pupils and students.
- Revision of the re-admission policy in 2006, which makes it friendly for students who withdraw on pregnancy grounds.
- Introduction of equitable selection policy at secondary schools and higher education institutions for girls and boys to share 50 percent of student places, including girls with disabilities;
- Increase access to education for out of school youth, through such modes as Interactive Radio Instructions (IRI), Complementary Basic Education (CBE) and open and distance learning;
- Enforce community based rehabilitation programmes run with special needs component by Malawi Council for the Handicapped (MACOHA);
- Female functional literacy programmes will be emphasized to at least bring it to the overall national male literacy rate. Similarly, strategies will be designed to attract male participation in adult literacy classes;
- Taking affirmative action to increase women in decision making positions in the public and private sectors;
- Strengthening the institutional capacity for effective co-ordination of gender policy implementation and advocacy;
- Breaking the cultural/traditional factors which create and perpetuate gender inequalities.



Women in Wage Employment in the Non- Agriculture Sector

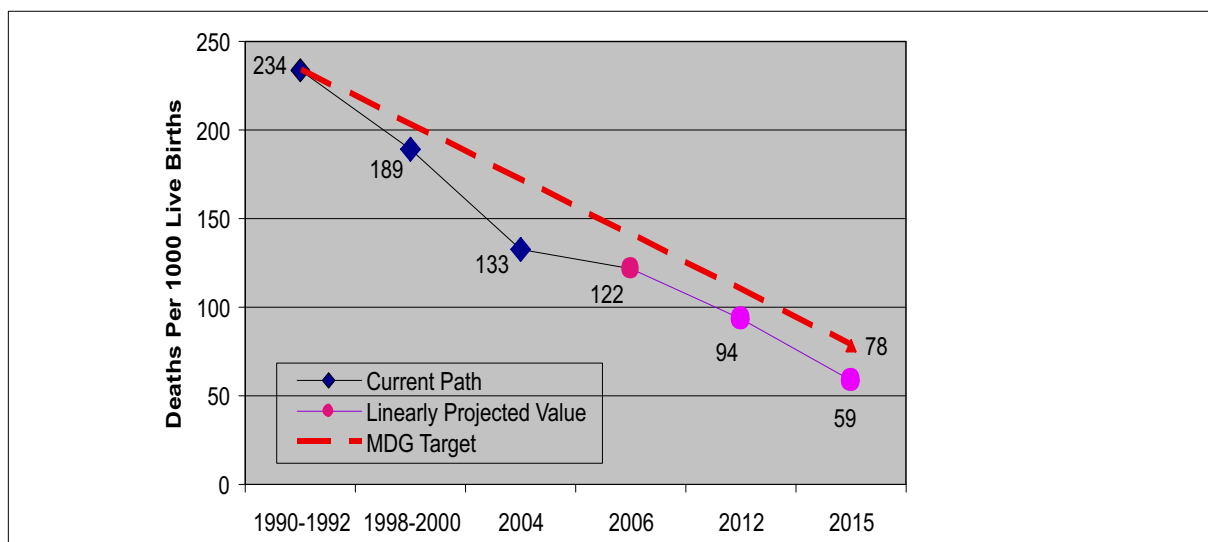
Goal 4: Reduce Child Mortality

Government's commitment to improving access to essential health care services, has been renewed through the MGDS. Government plans to intensify investment in essential health care services, with a special focus on human resources development and retention, procurement of essential basic equipment, drugs and other medical supplies, and provision of infrastructure. Implementation of the health SWAp provides an opportunity for improved collaboration between the Ministry of Health, Government counterparts, Development Partners and Non State Actors.

Target 5: Reduce by two thirds the mortality rate among children under five.

Indicator: Under-five mortality Rate

Chart 14: Under-Five Mortality Rate



Source: 1992, 2000, 2004 MDHS and 2006 MICS

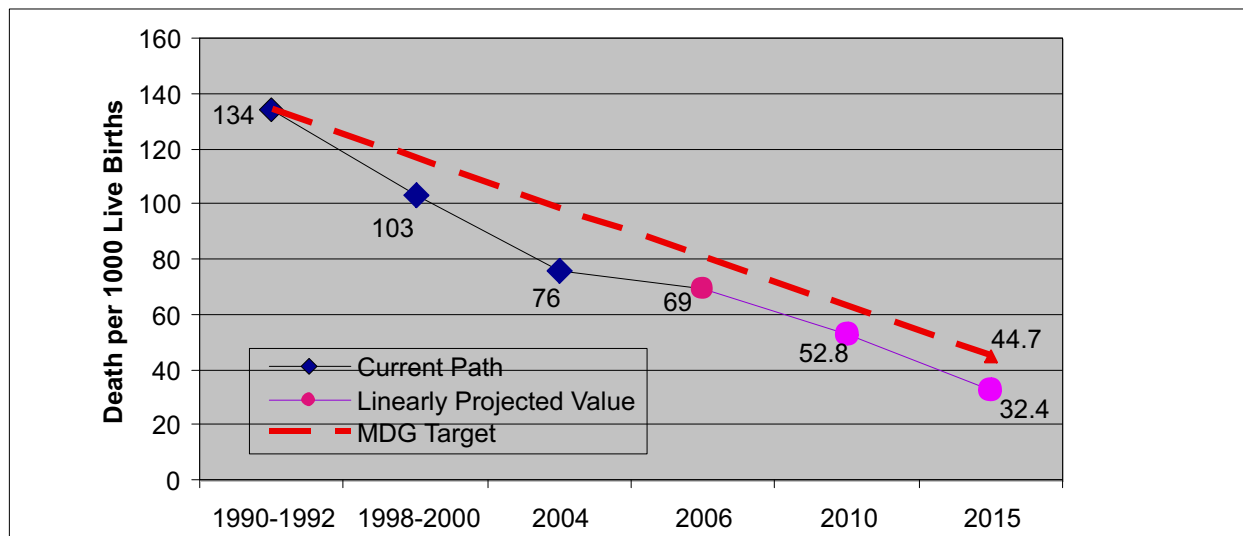
The statistics for under-five mortality have been improving since 1992 during which time the country registered an under-five mortality rate of 234 deaths per 1,000 live births. The rates declined to 189 and 122 per 1,000 live births by 1998 and 2006 respectively as shown in Chart 14 above. *Ceteris paribus*, the rate will decline to 59 deaths per 1,000 live births by 2015 implying that the country is likely to reduce under-five mortality by more than two-thirds of the 1992 level.



Under-five child

Indicator: Infant Mortality Rate

Chart 15: Infant Mortality Rate



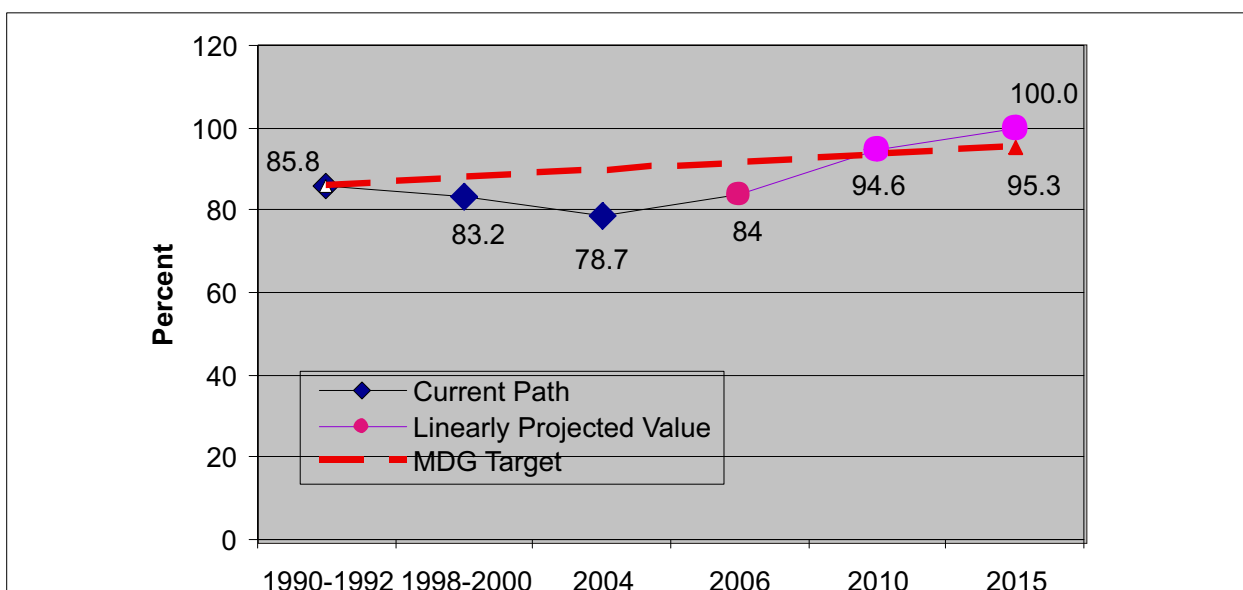
Source: 1992, 2000, 2004 MDHS and 2006 MICS

Chart 15 above indicates that infant mortality rate has been consistently declining since 1992. In 1992, the rate was at 134 deaths per 1,000 live births which declined to 76 in 2004 and further dropped to 69 in 2006. At this rate of decline, the projection shows that by 2015, infant mortality will have reduced to 32 deaths per 1,000 live births. This implies that by 2015 Malawi is likely to surpass the MDG target.

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

The proportion of 1 year old children immunized against measles has been declining over time from 85.8 percent in 1992 to 78.7 percent in 2004 as illustrated in Chart 16 below. However, the rate improved in 2006 to 84 percent largely due to the implementation of an integrated management of child illness approach. The projection shows that Malawi is likely to attain the target by 2015, if the current efforts are maintained.

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



Source: 1992, 2000, 2004 MDHS and 2006 MICS

Challenges:

The prospects for Malawi meeting the goal on reducing child mortality are encouraging as the projected figures for the attainment of the targets on all three indicators suggest that the country is likely to surpass the set targets by 2015. However, 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;
- Poor access to health services by the population resulting in high incidence of preventable diseases and conditions;
- 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;
- Capacity constraints in training institutions due to lack of adequate teaching space and hostels and shortage of tutors thereby derailing the fight against high infant mortality in Malawi.

Policy Framework and Strategies:

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

- Integrated Management of Child Illnesses (IMCI) Approach;
- Implementation of child feeding programmes in a number of health facilities;
- A successful expanded immunization programme;
- Implementation of the essential health package (EHP);
- Introduction of the 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 Surveillants Assistance (HSA);
- Implementation of baby friendly initiative and child health days campaigns where deworming, vitamin A vaccination, treated mosquito distribution and sanitation are undertaken;
- Implementation of targeted nutrition support through community based therapeutic care, positive deviants (P- HATH) initiatives and supplementary feeding at all levels.



Under five Child

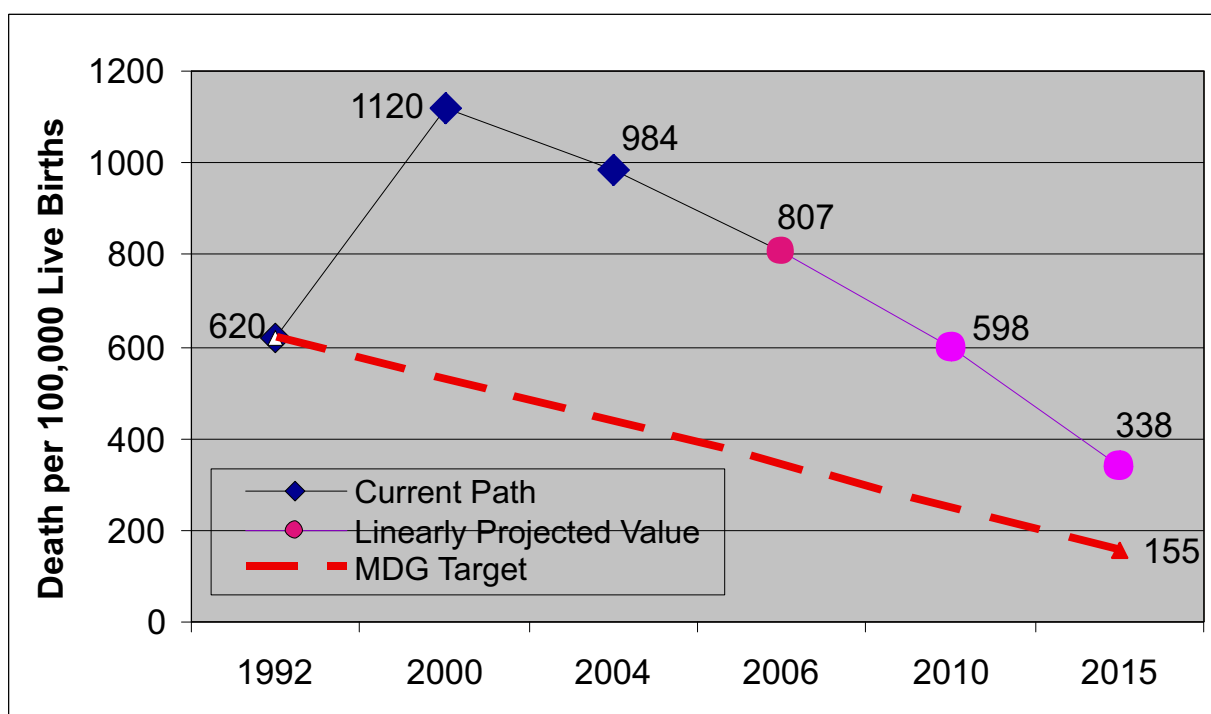
Goal 5: Improve Maternal Health

Malawi, like many developing countries, experience complications of pregnancy and childbirth as a leading cause of death and disability among women of reproductive age. The goal of improving maternal health is measured by two indicators, namely, proportion of births attended by skilled health personnel and maternal mortality ratio. Maternal mortality is defined as the death of a woman from pregnancy-related causes, when pregnant or within 42 days of termination of pregnancy.

Target 6: Reduce by three quarters the maternal mortality ratio

Indicator: Maternal Mortality Ratio

Chart 17: Maternal Mortality Ratio

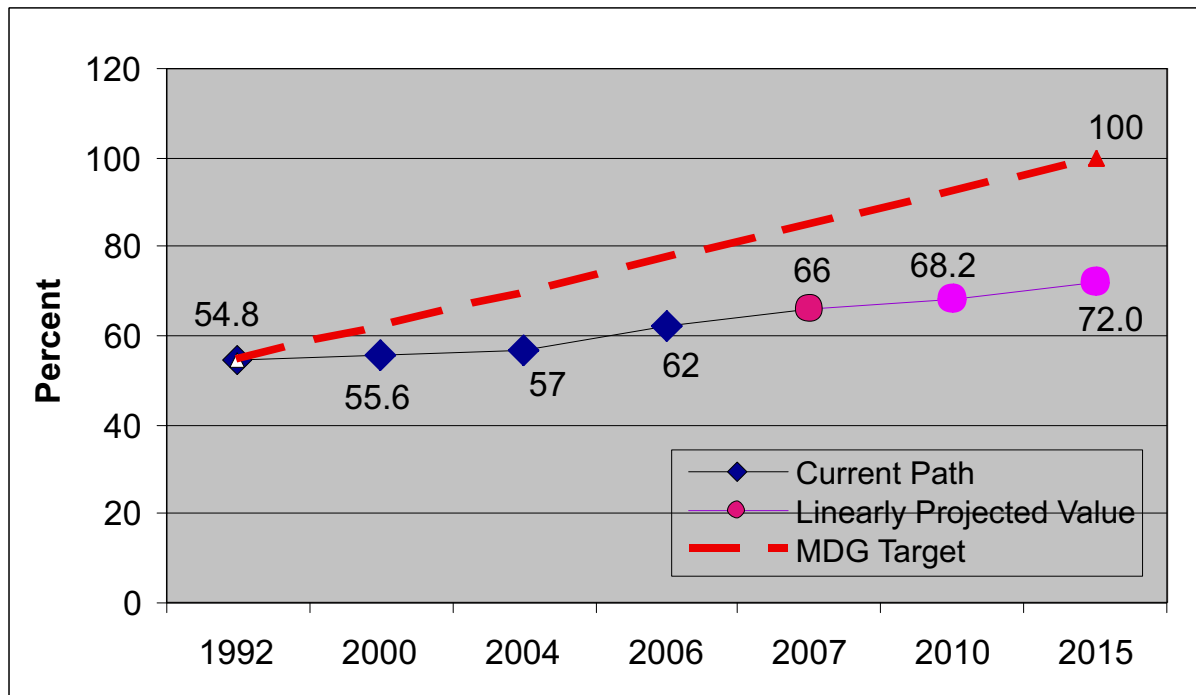


Source: 1992, 2000, 2004 MDHS and 2006 MICS

As illustrated in Chart 17 above, maternal mortality rate increased alarmingly to 1,120 deaths per 100,000 live births in 2000, from a rate of 620 deaths captured in 1992. From the year 2004, there has been a marginal decline to 984 deaths per 100,000 live births. This improvement has been maintained through the year 2006 with a recorded decrease to 807 deaths per 100,000 live births. Notwithstanding this, the graph shows that Malawi is not on track to achieving the desired target. The projection reveals that the country will achieve a maternal mortality ratio of 338 deaths per 100,000 live births if this progress is sustained. Measures will, therefore, have to be undertaken to directly tackle health-related issues on maternal mortality so that Malawi attains the aspired goal of 155 deaths per 100,000 live births.

Indicator: Proportion of Births Attended by Skilled Health Personnel

Chart 18: Proportion of births attended by skilled health personnel



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

Three quarters of all maternal deaths occur during delivery and in the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure the presence of a competent health worker with midwifery skills at every birth and that, in case of an emergency, transport is available to a referral facility for obstetric care (MICS 2006). Chart 18 indicates that around 55 percent of deliveries were conducted by trained personnel in 1992, then increased to 56 percent in 2000, and increased further to 62 percent in 2006. At this rate, delivery conducted by a skilled attendant is expected to increase to 72 percent by 2015 which falls short of the MDG target.

Challenges:

In order to attain the indicator targets, the country needs to improve antenatal care; basic emergency obstetric care; and postnatal care. Nonetheless, the sector faces, among others, the following challenges:

- Critical insufficiency of human resources;
- Poor access to essential health care services;
- Inadequate and poorly equipped health infrastructure or facilities;
- High staff attrition;
- Frequent stock-out and pilferage of basic essential drugs;
- Prevalence of diseases such as HIV and AIDS, TB, and Malaria;
- Brain drain of health personnel;
- 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 the improvement of 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 will assist the efficiency of Health Care System. Government has also developed what is known as the Road Map for accelerating the reduction of Maternal and Neonatal Mortality and Morbidity in Malawi. 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, families, communities, civil society organizations and Government to improve maternal and neonatal health;
- Implementing a six-year pre-service training plan (2002-2008) that has doubled intake of health training colleges thereby increasing number of medical personnel;
- Implementing a six year emergency human resource plan (2004- 2010) aimed at recruiting and retaining key health cadres;
- Constructing and upgrading health facilities to offer essential health services particularly focusing on rural and under served areas;
- Provision of ARVs and micronutrient during pregnancy.



Expectant Woman

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

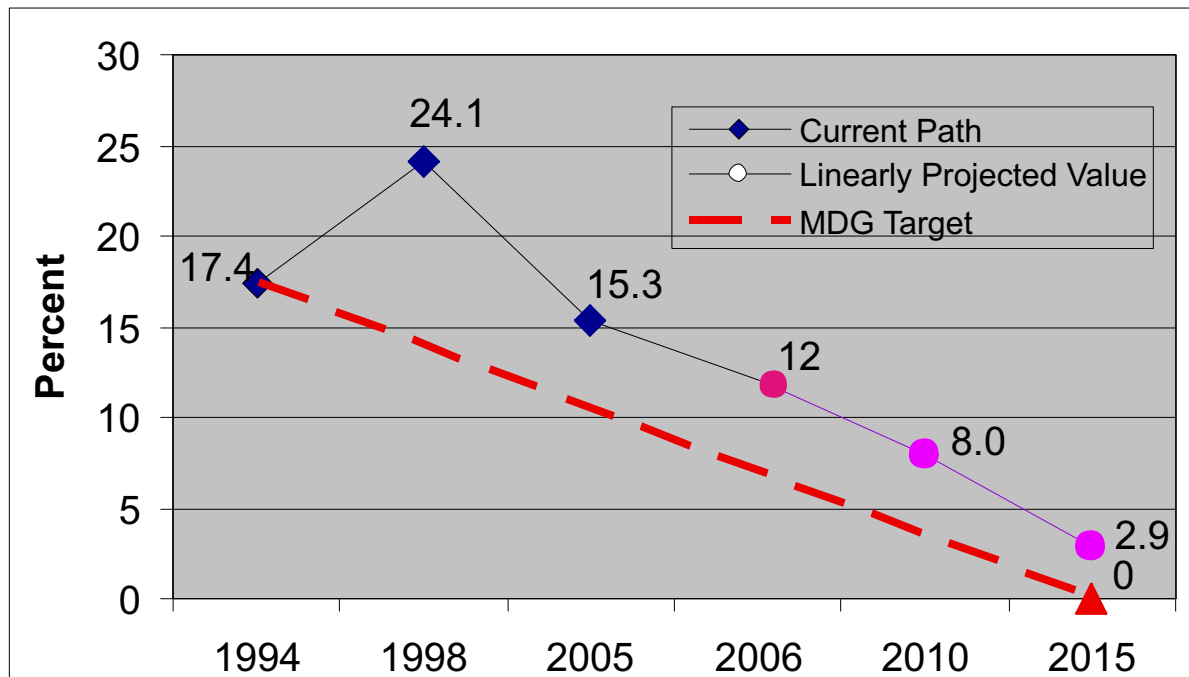
The HIV and AIDS pandemic has compounded the burden and incidence of other diseases such as malaria and Tuberculosis due to reduced body immunity for those infected. This causes a big challenge in attaining a healthy nation and seriously impedes development efforts. The high prevalence of these diseases has grossly affected the health service delivery system and subsequently the health status of the country's population.

Target 7: *Halt and Begin to reverse the spread of HIV and AIDS*

Indicator: HIV prevalence among 15 to 24 year old pregnant women¹

Malawi has been severely affected by the spread of HIV and AIDS pandemic. Its impact continues to be devastating despite so many years of coordinated national response. Nevertheless, the country is making good progress towards reducing the HIV prevalence as depicted in chart 19 below.

Chart 19: HIV prevalence among 15-24 year old pregnant women in Malawi.



Source: NAC Sentinelle Report, 1994, 1999, 2005 and 2006 MICS.

In 1994, HIV prevalence among 15 to 24 year old pregnant women was at 17.4 percent. This increased to 24.1 percent in 1998. However, there has been a downward trend since 2005 from 15.3 percent to 12.3 percent in 2006. This trend shows that the country's HIV prevalence rate has been declining at 2 percentage points per annum and by 2015, the projected rate is likely to be at 2.9 percent. Although the projected rate of 2.9 shows that we are not likely to meet the MDG target of 0 percent, the rate is still an outstanding achievement considering that the rates will have been brought down from 24.1 percent in 1998. This could be attributed to the success of increased awareness programmes on HIV prevention and the actual practice of strategies for prevention such as abstinence and safe sex.

¹Indicator should focus on women age 15-24; however data by age group is not readily available

Challenges:

Government's effort in coordinating the HIV and AIDS national response dates back to 1986. One of the responses, among the many Government interventions, was the establishment of the National AIDS Commission in the early 2000 to manage a multi-sectoral response to the pandemic. In addition, communities and households have been highly involved in containing the spread of the pandemic.

However, although the prevalence has remained relatively stable over the years, new infections are still occurring such that the country is facing a number of challenges. It is worth noting that among the prerequisites for containing the spread of HIV is ensuring that accurate information on HIV transmission and strategies for prevention are disseminated among the communities. Despite almost universal awareness, one of the reasons for the increase in transmission is that people are still not putting into practice the strategies for prevention. Further, misconceptions about HIV can also confuse people thereby deterring prevention efforts.

Other challenges include:

- Incidence of hunger perpetuated by poverty which may increase peoples' vulnerability to infection;
- Increased demand for care due to high HIV and AIDS prevalence;
- Inadequate access to nutritious diet;
- Disrupted supply of anti-retroviral drugs (ARVs) and HIV test kits;
- Negative socio-cultural attitudes towards abstinence and safe sex, including condom use;
- Increase in HIV infection among the youth;
- Low levels of education; and
- Poor synchronization among the service providers.

Policy Framework and Strategies:

Government recognizes the need for adopting a multi-dimensional approach in addressing the above challenges. As such, several policy frameworks have been put in place to mitigate the impact of the pandemic on the socio-economic development of the country.

In the 90's, prominence was on primary health care stressing on reduction of infant, child and maternal mortality. In 2003, the national HIV and AIDS policy was approved by Government with principles based on past experiences of the country including adopting a public health approach to the epidemic, greater involvement of people living with HIV and AIDS, political leadership and commitment.

Strategies that have been put in place to achieve this end include:

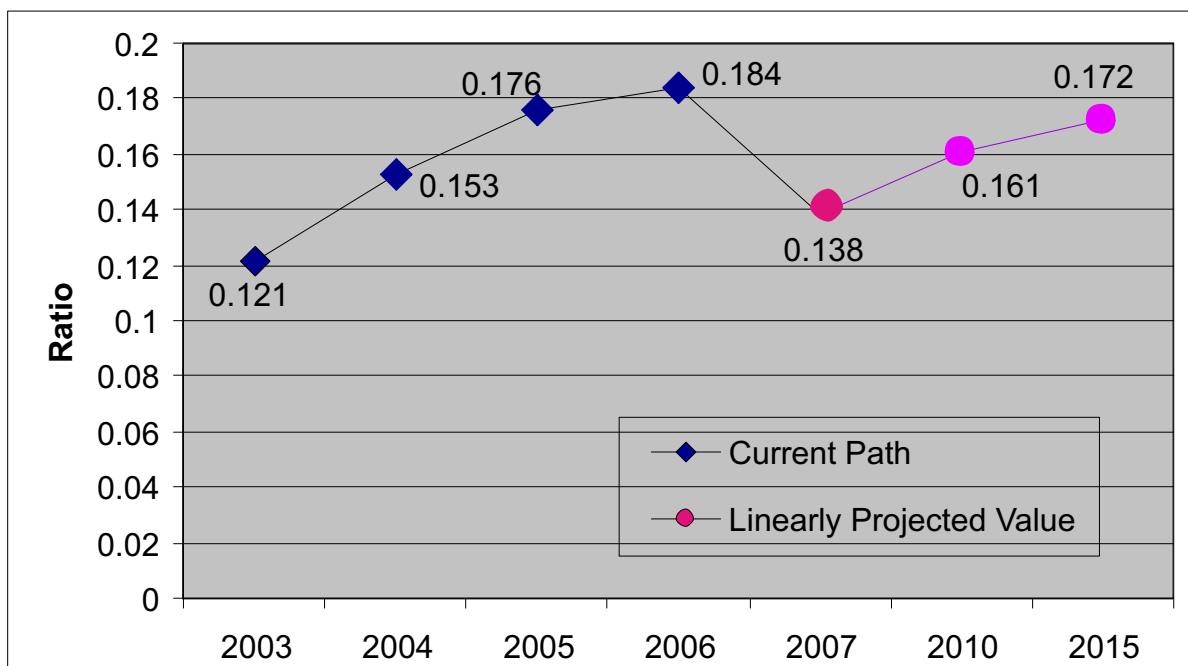
- Improving peoples' access, especially the youth and other vulnerable groups, to comprehensive and correct knowledge of HIV prevention and transmission, HIV counseling and testing and behavioral change;
- Community involvement in the promotion of high quality community home-based care services and adequate nutrition including nutrition therapy for people living with HIV and AIDS and support of the affected groups;
- Increasing equitable and sustainable access to ARVs and nutrition supplements.
- Intensifying the implementation of HIV and AIDS workplace programmes;

- Expanding provision of services for Prevention of Mother To Child Transmission (PMTCT) to reduce pediatric HIV infections;
- Increasing access to condoms, management of Sexually Transmitted Infections (STIs) as well as access to information on behavior change;
- Strengthening the capacity of Community Based Organizations (CBOs) to mainstream HIV in their activities.

Indicator: Ratio of School Attendance of Orphans to School Attendance of Non-orphans aged 10-14.

The increase in the spread of the HIV and AIDS implies that more and more children are being orphaned. This entails that there is an increase in vulnerability for such children who may be exposed to neglect and exploitation. One of the ways of assessing the status of orphaned children relative to their peers is through their level of school attendance. As illustrated in chart 20 below, number of orphans relative to non-orphans attending school for every 1,000 pupils has increased from 121 orphans in 2003 to 184 in 2006. However, there has been a decline to 138 in 2007. Hence there is need for Government to put in place interventions to ensure that more orphans of school going age are being enrolled in schools.

Chart 20: Ratio of orphans to non-orphans in schools



Source: Ministry of Education Annual school census

Challenges

Orphaned children have a right to access education, just like their peers with parents and their guardians need to ensure this. However, challenges still exist and these include:

- Discriminative behavior towards orphans in comparison with own children. For example, little importance is usually attached to encouraging and sending orphans to schools. This may result in lower levels of school attendance by orphans relative to their peers.

- Fewer services (financial, emotional, psychological and material support) are available in the country to families who are taking care of children who are orphaned or vulnerable. This poses a great challenge for those families to send the children to school despite primary education being free in terms of buying school uniform, food and other essentials. As such, some guardians would rather have the children at home and use them in income generating endeavors.
- Inadequate capacity in the community to offer psychosocial support to orphans to improve on their coping strategies after loss of a parent or both parents for the integration of orphaned pupils with the nonorphaned in school as well as in the community.

Policy Framework and Strategies

In an effort to address the above challenges, the country plans to implement a number of strategies, some of which include the following:

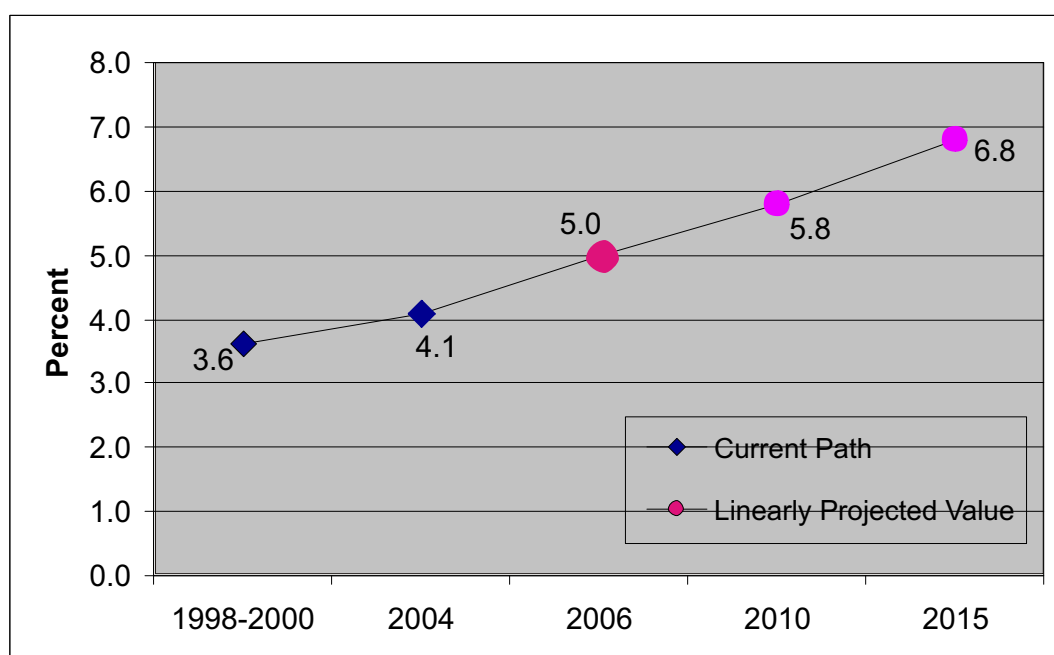
- Intensification on training of teachers in life skills education pedagogy so that they in turn inclusively and actively engage pupils on coping strategies irrespective of social and economic differences in the classroom composition.
- Introduction of Center for Guidance, Counseling and Youth Development aimed at facilitating training of trainers on psychosocial support, care giving and mental preparedness of pupils at school level.

Target 8: Halt and begin to reverse the incidence of Malaria and other major diseases.

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

Indicator: Prevalence and Death Rates associated with Malaria

Chart 21: Death rates associated with Malaria



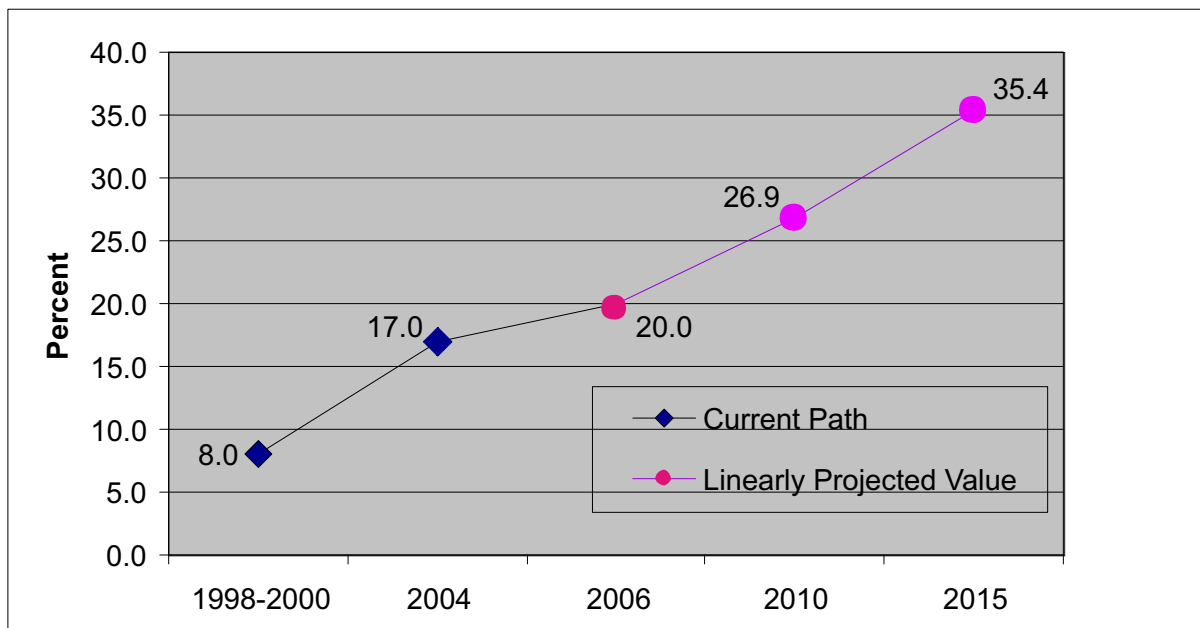
Source: Malaria Control Programme

Chart 21 above shows that between 1998 and 2000 around 3.6 percent of death rates were associated with Malaria. An upward trend continued over the succeeding years to 5 percent in 2006. This was as a result of drug failure because the malaria parasites had developed high resistant strains to Fansidar SP, a drug which was being used to treat malaria at that time. Although a linear projection seems to suggest that Malawi is unlikely to reverse the number of deaths associated with malaria by 2015, the government has introduced a new anti malaria drug known as *Artemether Lumefantrine* (LA) in an attempt to reverse the trend. Further, the government has increased distribution of ITNs and embarked on a campaign programme on ITN use.

Indicator: Access to Malaria Treatment

According to the DHS (2004), Malawi implements malaria control activities through a framework known 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 protective measures such as insecticide-treated mosquito nets (ITNs) and prompt, effective treatment for malaria within 24 hours of onset of illness.

Chart 22: Access to Malaria Treatment



Source: Malaria Control Programme

Chart 22 above illustrates that between 1998 and 2000 only 8 percent of the population had access to malaria treatment. Following interventions such as sensitization campaigns on the dangers of malaria, more people have been compelled to seek treatment from health facilities. This explains why there has been an increase in the proportion of the population with access to treatment from 17 percent in 2004 to 20 percent in 2006. If this trend is maintained, the proportion of the population accessing malaria treatment is expected to rise to 35.4 percent by 2015.

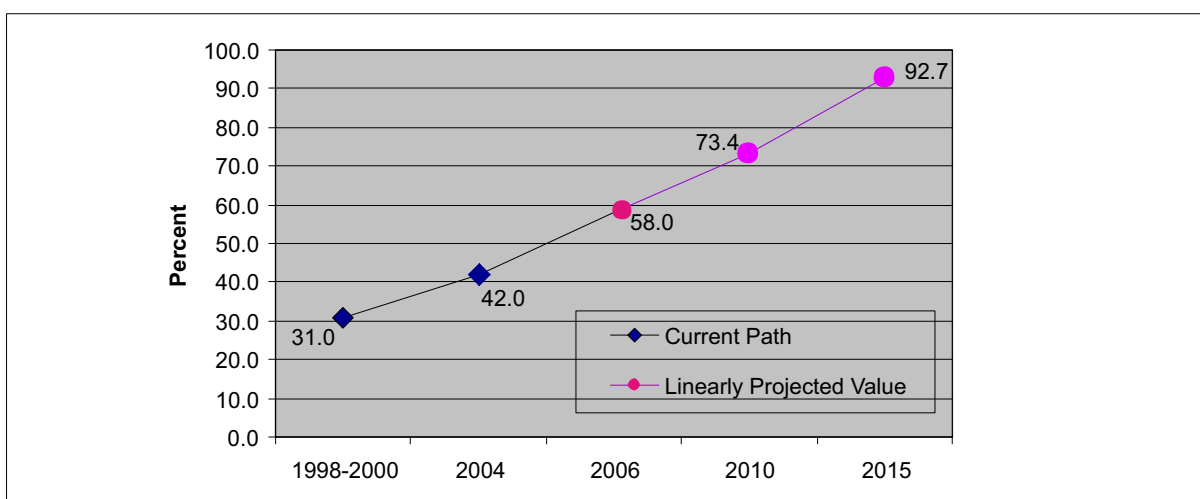
Indicator: Proportion of Households with at least One ITN

The Government of Malawi has adopted the use of ITNs, especially by under five children and pregnant women, as one of the key strategies to control malaria in the country.



Mother and child sleeping under ITN

Chart 23: proportion of Household with at least One ITN



Source: Malaria Control Programme

Chart 23 above illustrates that between 1998 and 2000, 31 percent of households had at least one ITN. From 2004 to 2006 the proportion increased from 42 percent to 58 percent respectively. This is attributable to cumulative number of ITNs distributed through out the country. Furthermore, the outlets for ITN distribution have been expanded. Should the current national stock-out of ITNs continue, the trend depicted above is expected to result in 92.7 percent of households with at least one ITN by 2015. This implies that Malawi is on track in reversing the incidence of malaria through use of ITNs.

Challenges:

- Human resource crisis;
- Shortages and pilferage of essential commodities e.g. ITNs, drugs and supplies;
- Poor access to drugs and ITNs;
- Mosquito nets are being used for other things such as fishing in the rural communities;

- Poor water sanitation and floods leading to water logging thereby increasing malaria incidences.

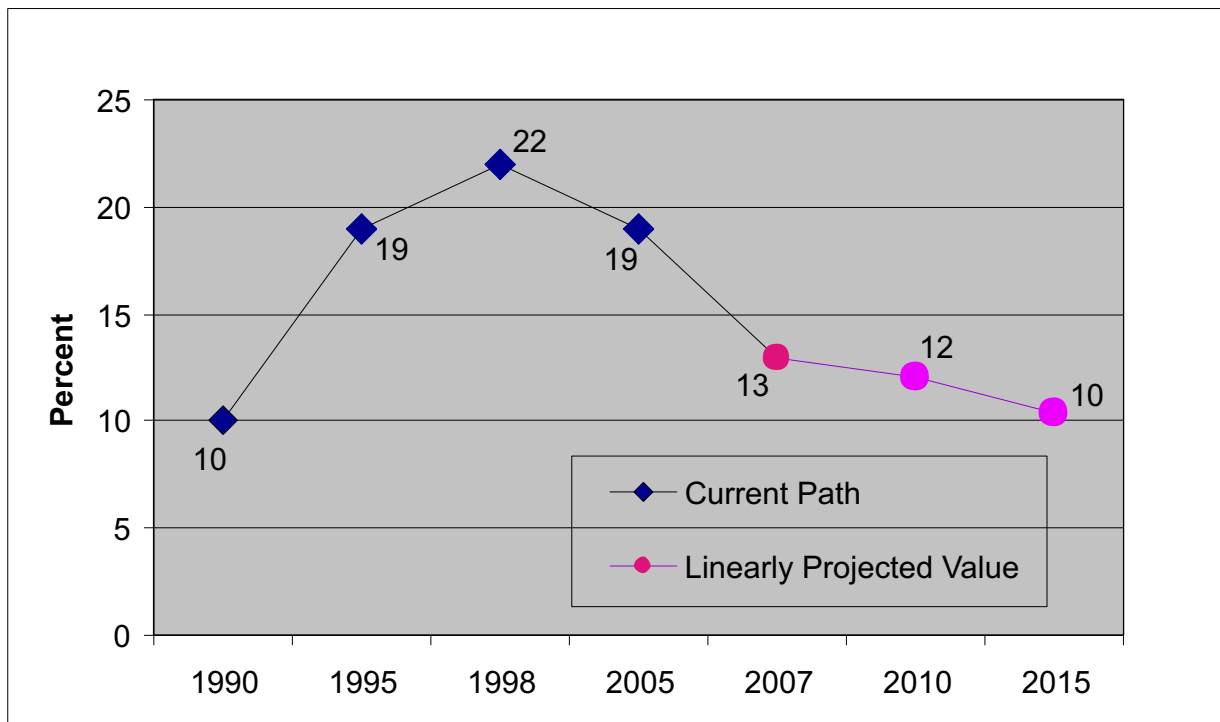
Policy Framework and Strategies

- The MGDS is tackling malaria through improvement of essential health care services, and realizing efficiency gains. Successful achievement of the intended goals and expected outcomes is anticipated to improve treatment of malaria whilst reducing incidence of malaria;
- The introduction of Health SWAp will assist in the efficiency and effectiveness of Health Care System;
- Intensified Programmes for combating malaria;
- Introduced subsidies on mosquito nets to the poor;
- Distribution and use of ITNs to high risk groups, particularly the poor.

Indicator: Prevalence and Death Rates Associated with Tuberculosis

Tuberculosis is the biggest single cause of adult illness and death from a communicable disease in Malawi. Its greatest impact is on the poor, with crowding and poor nutrition favoring transmission and development of active disease from latent infection. The advent of HIV infection accelerates the progression from infection with the bacterium to TB disease thereby resulting in an increase in the number of TB cases. For example, TB cases doubled from 12,333 in 1990 to 27,672 in 2001. However, TB cases seem to have slightly gone down as of 2007, where only 26,299 new cases were detected. It is estimated that about 77 percent of TB patients are also infected with HIV. As long as HIV infection in the community remains high, TB cases will also remain high.

Chart 24: Death rates associated with Tuberculosis



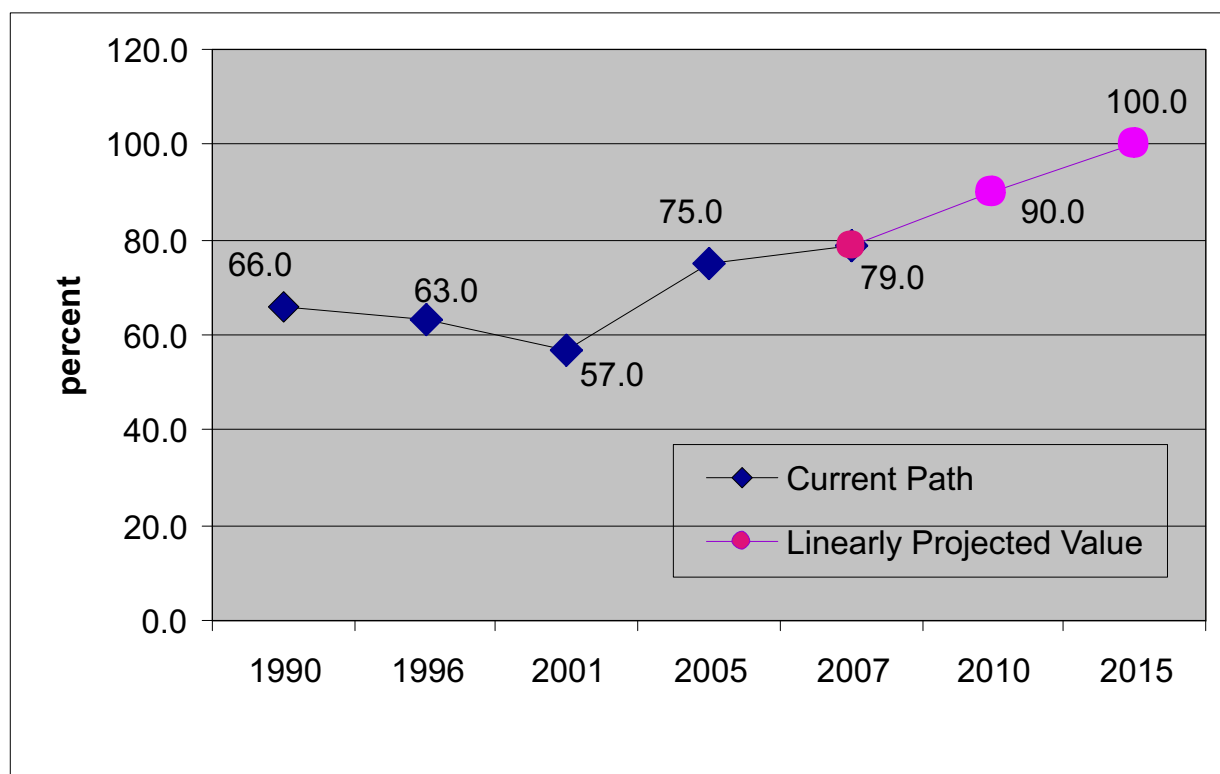
Source: Ministry of Health

Chart 24 above shows that death rates of TB smear positive patients continues to

decline from 19 percent in 2005 to 13 percent in 2007. Previously, co-infection with HIV and AIDS led to the sharp increase between 1990 and 1998 as can be observed from the chart. However, the drop in the death rates in recent years may be attributed to the success of the Direct Observed Treatment Short-course (DOTS). The projection shows that by 2015, death rates associated with TB is likely to reduce to 10 percent.

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

Chart 25: Proportion of TB Cases cured under DOTS



Source: Ministry of Health

Chart 25 above shows that the proportion of TB cases cured under DOTS has been steadily increasing since 1996, rising from 63 percent to 79 percent in 2007. The projection shows that by 2015, all TB cases are likely to be cured under DOTS. 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.

Challenges

As can be seen, there has been a remarkable decline in the death rate among all forms of TB. This is a remarkable achievement for TB control programmes being implemented in the country. Despite such achievements, much still needs to be done as obstacles still persist such as:

- High TB/HIV co-infection among TB patients;
- Low TB case detection rate;
- Most patients report late for diagnosis;
- Some patients do not complete the course of treatment resulting in reoccurrence of

the disease which may be difficult to cure;

- Negative impact of hunger and poverty on TB cure rate;
- The compounded effect of HIV and AIDS on TB treatment.

Strategies

As already indicated, TB is the biggest single cause of adult illness and death in the country. Such being the case, there are a number of strategies that are currently being implemented in line with global plan to accelerate the universal access to TB diagnosis service and treatment. Some of these strategies include:

- Expansion of community-based sputum collection points;
- Establishment of walk-in programme in all health facilities;
- Intensification of contact tracing;
- Active case finding in high-risk groups;
- Expansion of microscopy network;
- Involvement of other stakeholders in the provision of universal access to TB diagnosis;
- Strengthening monitoring and evaluation of TB trends on deaths and cure rates over time;
- Strengthen collaboration of the national TB control programme and HIV and AIDS programme to ensure better screening of TB and HIV;
- Improve logistics and supply systems to ensure that there is always an uninterrupted supply of drugs.



HIV & Aids Awareness campaign

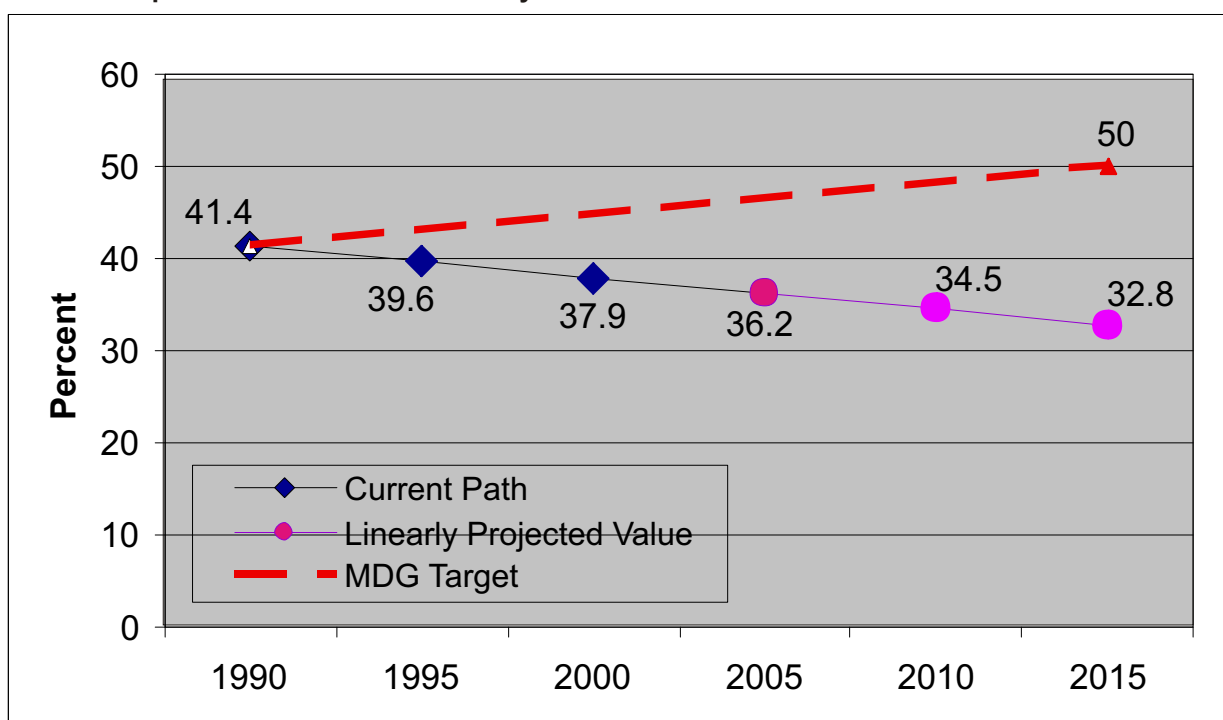
Goal 7: Ensure Environmental Sustainability

Target 9: Integrate the principles of sustainable development into country policies and programmes; reverse loss of environmental resources

Indicator: Proportion of land area covered by forest

Malawi continues to experience various forms of environmental degradation which include soil erosion, siltation of rivers and lakes, over-growth of water weeds, deforestation, over-fishing, decline in wildlife, air and water pollution. This environmental degradation is caused by increasing population growth, poverty as well as inadequate alternative livelihoods and affordable energy technologies.

Chart 26: Proportion of land area covered by forest



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

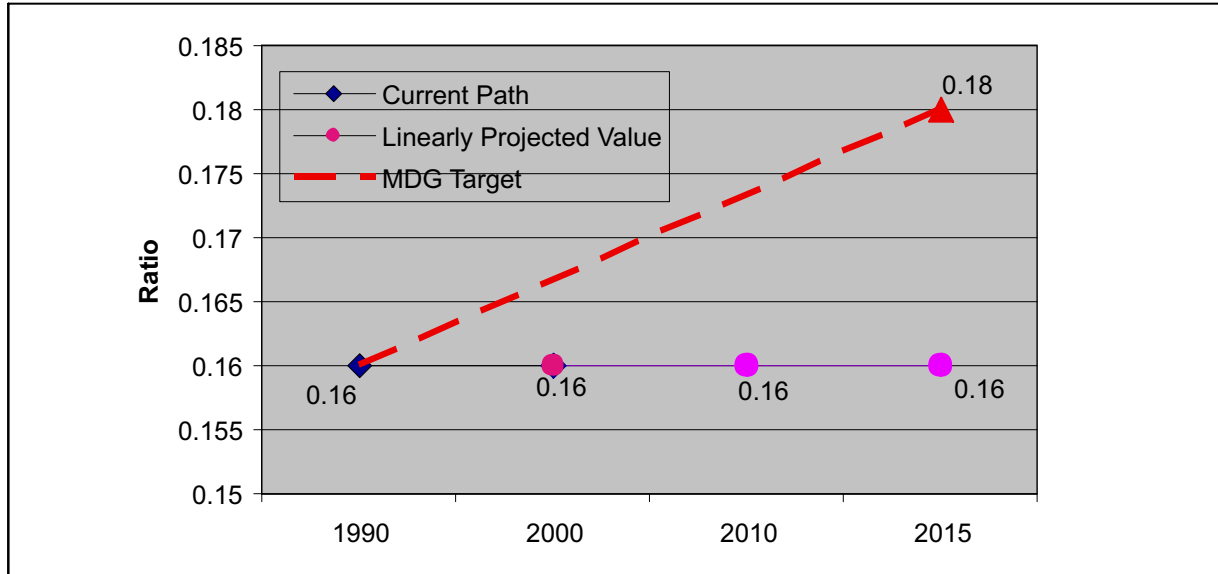
Chart 26 above shows that between 1990 and 2005, proportion of land area covered by forest has declined from about 41 percent to about 36 percent. Projection shows that if this rate of deforestation continues, the country is likely to have failed to maintain or increase the area under forest by 2015 since only about a third of land area is expected to be covered by forest



Land Area Covered by Forest

Indicator: Proportion of area protected to maintain biological diversity

Chart 27: Ratio of Area to Surface Area Protected to Maintain Biological Diversity



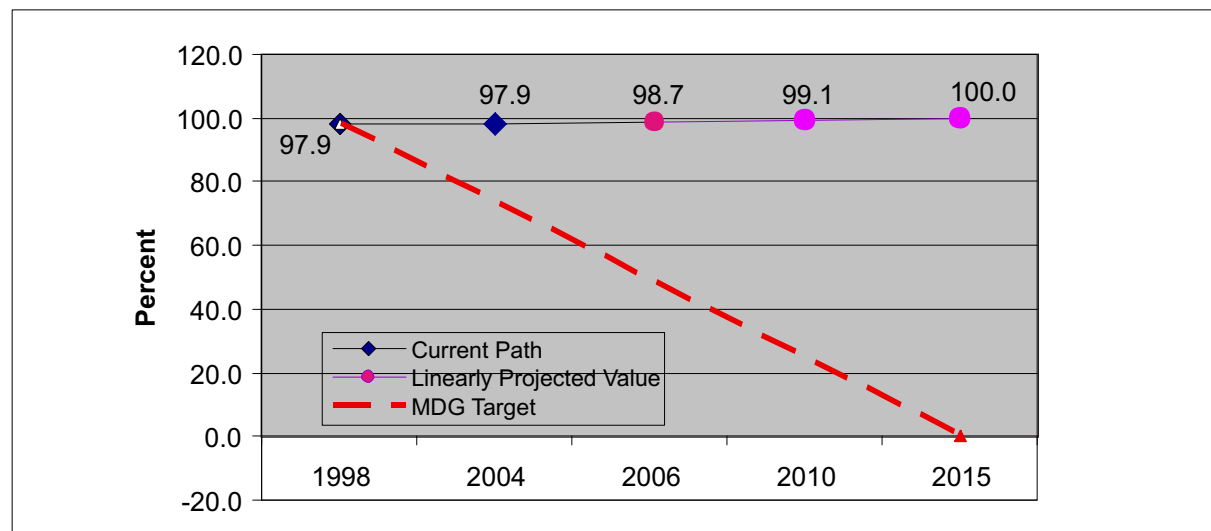
Source: UNEP, online databank: http://unstats.un.org/unsd/mi/mi_series_results.asp?rowed=616

Chart 27 above shows that since 1990, the ratio of protected area to maintain biological diversity has remained constant. Projection also shows that by 2015, there will neither be an increase nor a decrease in the proportion of protected area. This implies that the country is on the right track on attaining this MDG target of either increasing the proportion of protected area or keeping it constant.

Indicator: Proportion of population using solid fuels

Malawi is relatively well endowed with a wide variety of energy resources such as solar and hydro power. However, a full potential of the energy sub sector remains far from being realized 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, it is not affordable by most households especially in rural areas. Additionally, most households which have electricity mostly use it for lighting and not cooking.

Chart 28: Proportion of Population Using Solid Fuels



Source: 1998 Census, 2004 MDHS and 2006 MICS

Chart 28 shows above that the proportion of population using solid fuel has almost remained constant from 1998 to 2006. Data from surveys has shown that the proportion of population using solid fuels has risen from 88.7 percent to 92.5 percent from 2004 to 2006 in urban areas while that of rural areas has remained constant at 99.7 percent during the same period. This explains why the country has for the past years been experiencing environmental degradation. Projection shows that almost the whole population is likely to be using solid fuels by 2015. This could be attributed to frequent blackouts and high electricity tariffs. The implication of this is that the country is unlikely to achieve the MDG target of zero usage of solid fuels by 2015.

Challenges

While some progress has been made with respect to maintaining proportion of protected area, there are a number of challenges that the sector is facing some of which include:

- Increased deforestation due to unreliable power sources;
- High electricity tariffs which makes it unaffordable to most households;
- Lack of community participation in environment and natural resources management;
- Low enforcement measures to curb problems of deforestation;
- Slow pace in implementation of the rural electrification programme that has led to continued over reliance on biomass energy especially in rural areas;
- High price of electrical appliances such as electrical cookers and pressing iron. As a result, most households are not able to use electricity for household chores such as cooking, and ironing among others.

Policy Framework and Strategies

In order to address these problems, several initiatives have been put in place some of which include:

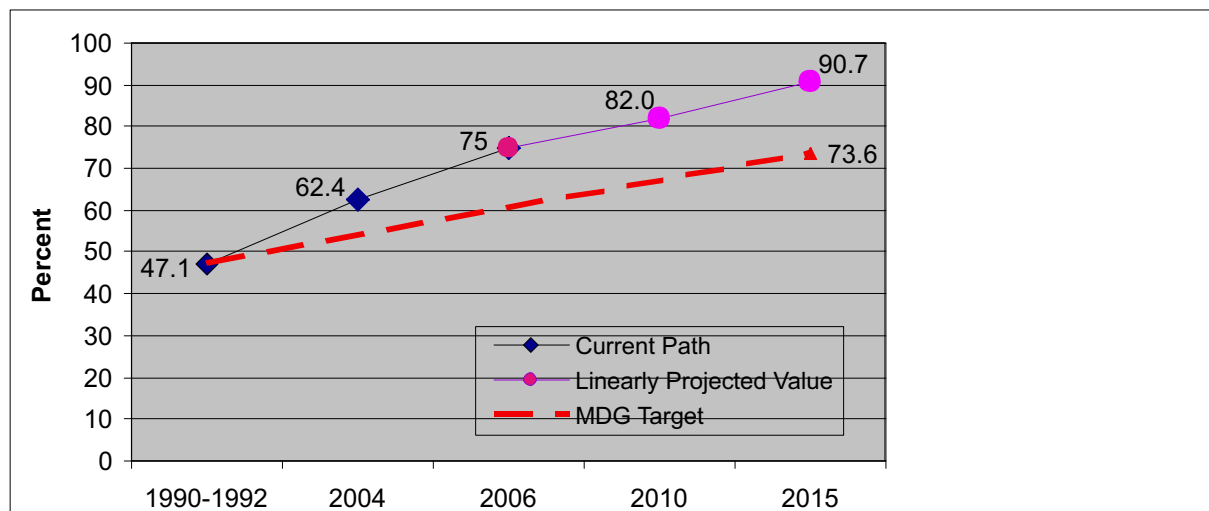
- Revision of the Natural Resources and National Environmental Policies including the Environmental Management Act with an aim of halting the rate of environmental degradation;
- Development of regulations on the management of waste disposal, toxic substances and chemicals;
- Promotion of community participation in environment and natural resources management;
- Promoting the use of energy conserving stoves as well as alternative energy sources such as briquettes and solar energy;
- Importation of hydro power from Mozambique to beef up on local supply;
- Implementation of a tree planting season to address deforestation;
- Developing measures for mitigating the negative impacts of climate change by reducing green house gas emissions and promoting the use of clean energy technologies such as wind and solar powered energy;
- Implementing the Malawi Rural Electrification Programme to bring electricity to rural areas with an aim of minimizing recourse to biomass energy.

Target 10: Reduce by half the proportion of people without sustainable access to safe drinking water

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

Malawi has made great strides in the recent years to increase access to safe, portable water to a large proportion of its population. The access to portable water is through piped water, boreholes, protected wells and springs.

Chart 29: Household with sustainable access to improved water source



Source: 1992, 2000, 2004 MDHS and 2006 MICS

Chart 29 above shows that between the period 1990 and 2006, access to water resources had significantly improved from about 47 percent to 75 percent. At this rate of change, the projection shows that by 2015, about 91 percent of population is likely to have sustainable access to improved water source. This implies that Malawi will have exceeded the MDG target of about 74 percent.

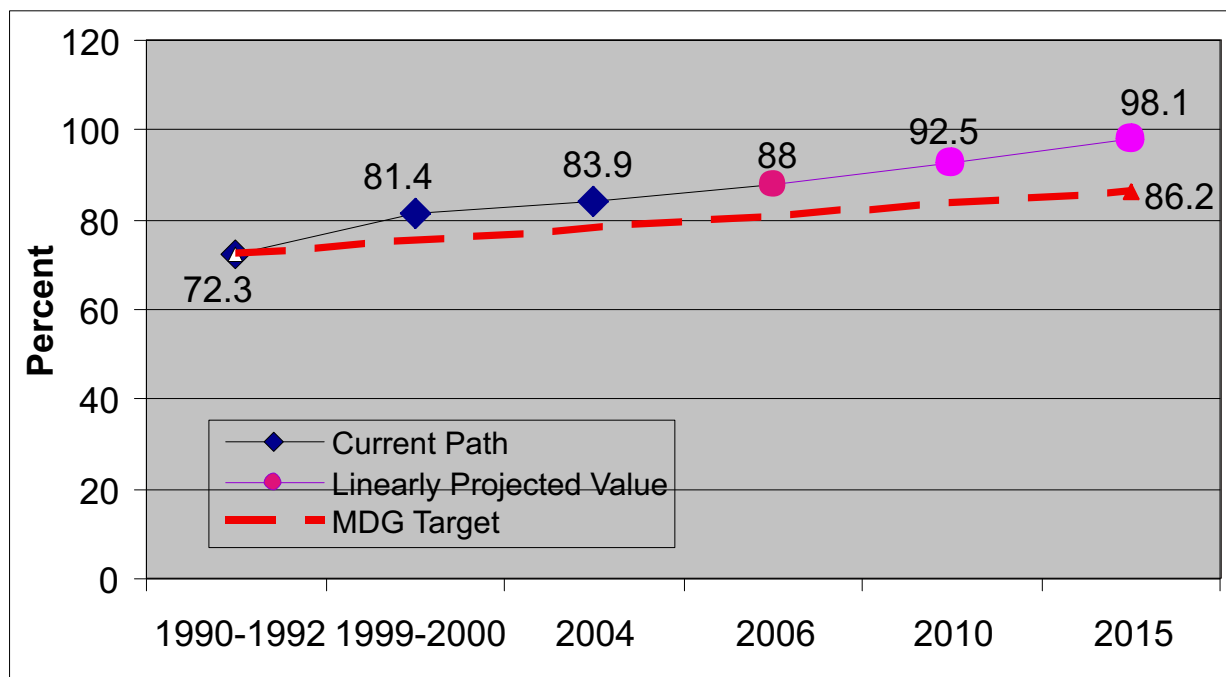


Access to safe water

Indicator: Proportion of population with access to improved sanitation

Malawi, relative to many other Sub Saharan countries has a high level of access to some form of basic excreta disposal facilities. However, disparities in latrine coverage exist throughout the country ranging from 40 percent in some rural villages to as high as 95 percent in areas where some sanitation projects have been active in promoting sanitation and hygiene in an integrated manner. Hence, there is great need that the standard of latrines should be improved.

Chart 30: Proportion of the population with access to improved sanitation



Source: 1992, 2000 and 2004 MDHS

Chart 30 above shows that households with improved access to sanitation have increased from about 72 percent in 1990 to 88 percent in 2006. This is an indication that the country is making good progress towards achieving improved access to good sanitation. By 2015, it has been projected that access to improved sanitation is likely to increase to about 98 percent, which is above the MDG target of 86 percent.

Challenges

There are a number of challenges that the sector is facing, some of which include:

- Inadequate service coverage;
- Increasing water demand as a result of increasing population;
- Poor quality of surface and ground water;
- Inadequate promotion of hygiene and sanitation;
- Negative impact of climate change and lack of mitigation measures for water-related disasters.

Policy Framework and Strategies

These challenges are being addressed through a number of strategies, some of which include:

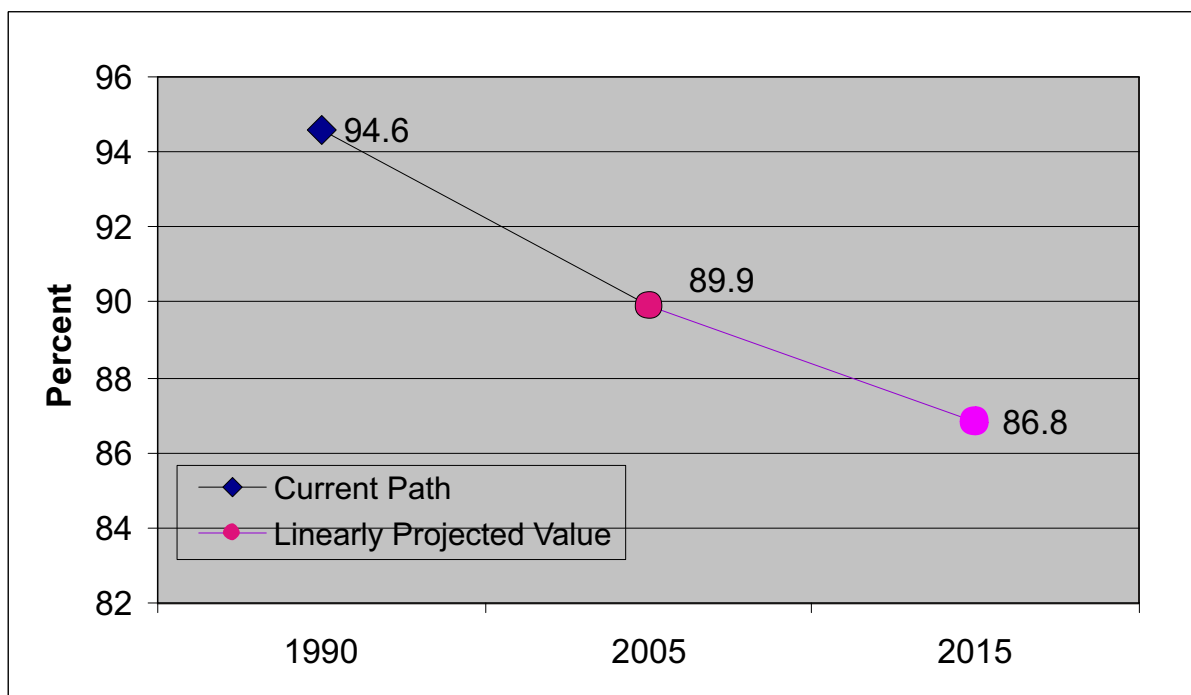
- Improvement of the quality of surface and ground water by developing a system for pollution control;
- Improvement of sustainable access to water supply and sanitation in urban, peri urban and rural areas by establishing water supply and sanitation systems using demand responsive and demand driven approaches;
- Strengthening and building capacity for Common Water Resources Management including transboundary water resources;
- Integration of rural water supply with participatory hygiene and sanitation transformation;
- Strengthening of the Water Resources Monitoring Systems, flood forecasting and early warning systems;
- Rehabilitation and construction of small community earth dams.

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

Indicator: Slum population as a percentage of urban population

Malawi has for the past years been experiencing high urbanization rate of 6.3 percent, which has in turn compounded the problem of slum formation. A slum household refers to a group of individuals living under the same roof in an urban area who lack one or more of the following five conditions: durable housing, sufficient living area, access to improved water, access to sanitation and secure tenure. Currently, 70 percent of the urban population live in slums. As a result, there are problems of poor sanitation resulting in sickness and deaths, increased infectious excreta related diseases such as cholera and lack of excreta management which poses a fundamental threat to health through water contamination.

Chart 31: Percentage of Slum Households



Source: UN-HABITANT State of the World Critics Report 2006/2007

Chart 31 above shows that slum percentage has declined from about 95 percent in 1990 to 90 percent in 2005. However, absolute numbers of slum dwellers in urban areas have almost doubled between 1990 (1.03 million) and 2005 (1.9 million) as reported in the 2006 UN Habitant State of the World Report. The implication of this is that even though it has been projected that by 2015, slum percentage is likely to drop to 86.8 percent, absolute numbers of slum dwellers may have risen due to the increase in population. This implies that the country has to ensure that interventions are put in place to address this problem. If not, the country may not be in a position to reduce slum population by 2015.

Challenges

Some of the challenges that the country is facing include:

- Inequitable access to land especially that which is serviced with basic facilities including water and sanitation by the urban poor;
- Low priority is placed on shelter and urban development;
- Inadequate access to affordable housing finance;
- High cost of building materials;
- Lack of appropriate building standards and regulations;
- Inadequate capacity of urban assemblies to formulate pro-poor policies and city development strategies that would support inclusive cities and accelerate local economic development.

Policy Framework and Strategies

To address the above challenges, government has embarked on a number of programmes some of which include:

- Review of the National Housing Policy to help upgrade slums and reduce slum formation in the cities;
- Introduction of “Cities without Slums” initiative with the support from UN-HABITAT to help mobilize resources for slum upgrading in the cities;
- Development of the national slum upgrading programme to improve the conditions of life in slums in the country's major cities of Blantyre, Lilongwe, Mzuzu and Zomba;
- Initiation of the Water and Sanitation project with support from the World Bank in the cities of Blantyre and Lilongwe targeting the urban poor to enable them to access portable and safe drinking water.



Low Cost Housing

Goal 8: Develop Global Partnership for Development

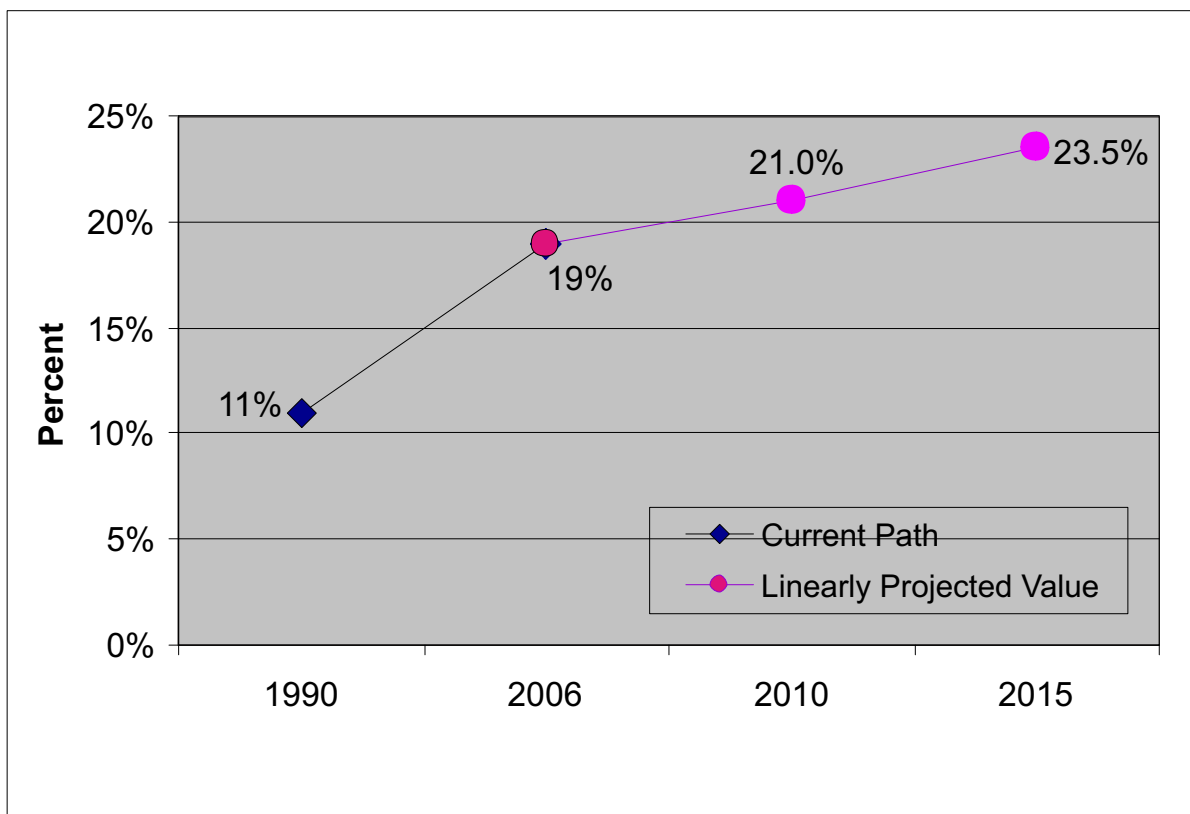
Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

Malawi remains a highly aid-dependent country since attaining independence in July, 1964. This is being used to finance about 80 percent of the development budget and about 20 percent of the recurrent budget. This financing is in the form of grants and concessional loans.

Trends in Aid Flows to Malawi

The trends in Official Development Assistance (ODA) indicate that most of the foreign Aid is provided towards social development activities such as health, education and nutrition. The proportion of ODA to basic social services was 21 percent in 2006 while the ODA funding for the transport sector was 7.61 percent.

Chart 32: Net ODA as a percentage of Gross National Income



Source: Ministry of Finance

Chart 32 above shows that the net ODA has increased from 11 percent of Gross National Income in 1990 to 19 percent in 2006. In nominal terms, net ODA increased from US\$ 216 million in 1990 to US\$ 409 million in 2006. If this trend continues, net ODA is expected to increase to about 24 percent by 2015.

Challenges

Challenges in ensuring the effectiveness of aid continue to exist. The major challenge remains the level of alignment of donor support towards Government processes. According to the Paris Declaration on aid effectiveness, donors are expected to align their support to a partner country's national strategies, institutions and procedures.

However, a significant proportion of the donor aid in Malawi by-passes the Government's budgeting process. A survey conducted in 2006 indicated that only 55 percent of the ODA makes use of Malawi's budget, financial reporting and auditing systems.

Progress on Debt Relief in Malawi

Debt relief was recognized by the international community as one of the avenues for providing resources to Highly Indebted Poor Countries (HIPC) in order to meet the MDGs. Malawi attained the Completion Point under the Enhanced HIPC Initiative in August 2006 having reaching the Decision Point in December 2000.

Through this, the country's outstanding debt stock was reduced significantly from US\$2.97 billion as of end 2005 to US\$488.00 million as of end 2006. Multilateral creditors provided US\$2.1 billion while bilateral creditors provided US\$292 million. Most of the bilateral debt relief was provided by the Paris Club creditors. With 84 percent of the external debt stock cancelled, the country's annual debt service has been reduced from about US\$125 million to US\$15 million, thereby saving an average of US\$110 million for spending on priority programmes for meeting the MDGs.

The country's external debt is expected to be highly sustainable after receiving all the debt relief from its creditors under the HIPC and Multilateral Debt Relief Initiative (MDRI). The results of the Debt Sustainability Analysis (DSA) conducted in March 2007 indicated that the ratio of the Net Present Value (NPV) of external debt to exports of goods and services was significantly reduced from an unsustainable position of 229.0 percent as of end-2005 to 34.5 percent as of end-2006, which is below the HIPC acceptable threshold of 150 percent. The ratio of debt service to exports was also reduced from an unsustainable position of 24 percent as of end-2005 to 8.9 percent as of end 2006 and still remains below the acceptable level of 15 percent beyond 2015 provided that new loans are contracted on highly concessional terms.

Challenges

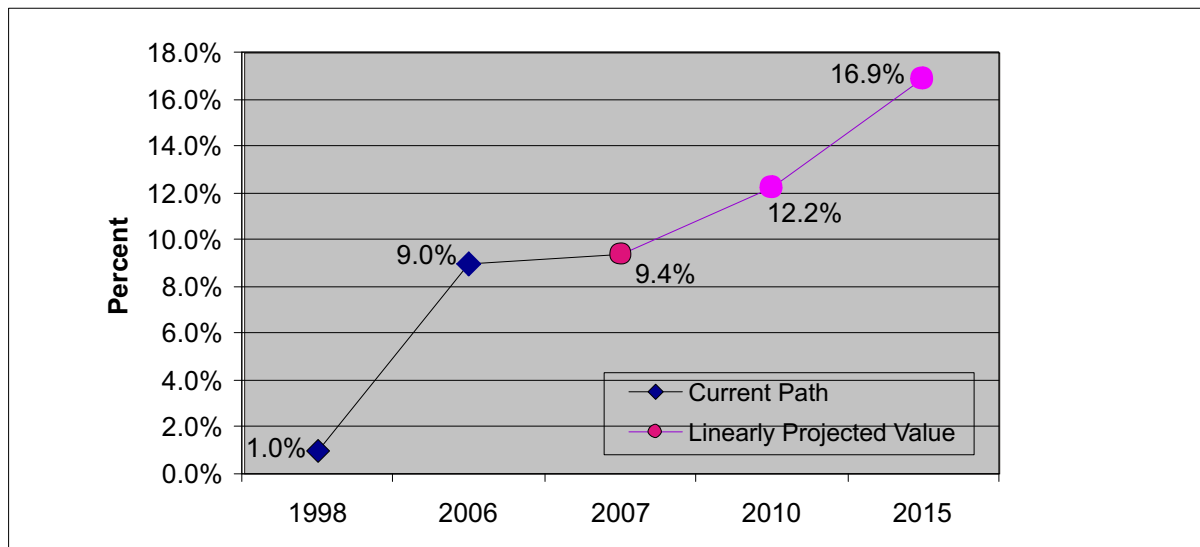
The MDRI presents an opportunity for the country to attain long term debt sustainability. However, there is a risk of reverting back to a state of indebtedness should the country continue contracting loans to unsustainable levels. Additionally narrow export base, lack of market access and other trade barriers as well periodic shocks to the economy may affect debt sustainability levels.

Policy Framework and Strategies

Long term debt sustainability in post HIPCs such as Malawi can be attained if the international community goes beyond provision of debt relief and address critical issues of trade access to ensure there is no new accumulation of a heavy debt burden. On its part, the 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: Unemployment of 15-24 Year olds

Chart 33: Unemployment of 15-24 Year Old (Urban)



Source: 1998 Malawi Population & Housing Census and 2007 WMS

Between 1998 and 2006, the urban unemployment rose from 1 percent to 9 percent. According to the Welfare Monitoring Survey of 2007, the rate has slightly increased to 9.4 percent in 2007 as shown in Chart 33 above. The projection shows that by 2015, the urban unemployment rate is likely to increase to about 16.9 percent. This could be attributed to factors such as: closure and downsizing of some companies; increase in rural-urban migration, which is currently estimated at 6.3 percent; and restructuring of the civil service.

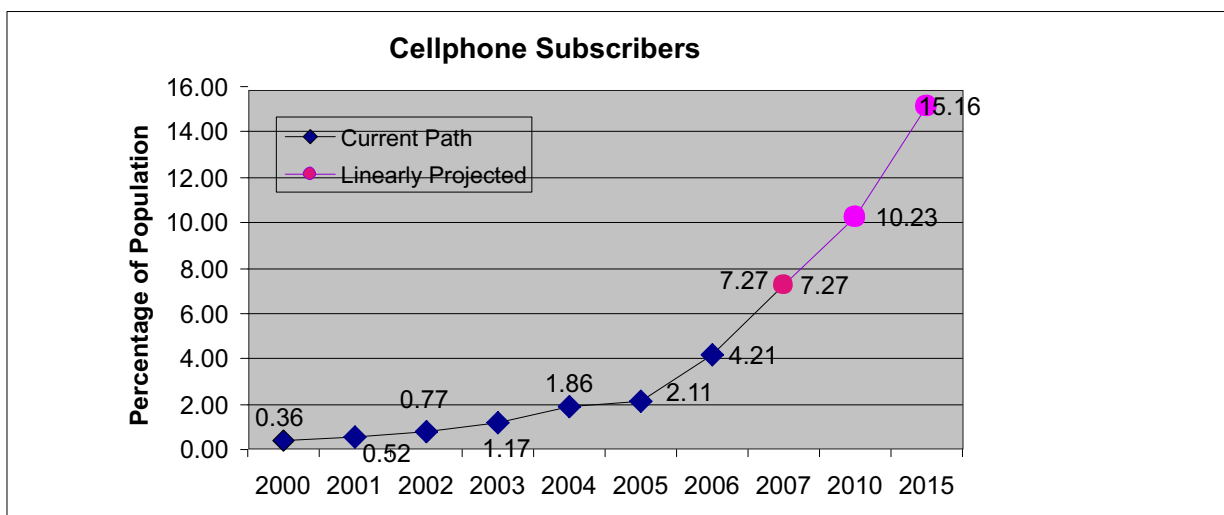
Policy framework and strategies

- Establishment of Rural Growth Centres, which are expected to make rural areas attractive thereby reducing rural-urban migration;
- Introduction of the fertilizer subsidy programme targeting smallholder farmers which has in turn resulted in an increased agriculture productivity and more income for the rural people through sales of their agriculture produce;
- Establishment and rehabilitation of abandoned irrigation schemes, which have enabled people in rural areas to engage in agriculture production throughout the year which is expected to help curb problems of rural-urban migration as a result of increased income in the long run;
- Maintaining a stable macroeconomic framework with low inflation, low interest rates and stable exchange rates thereby making it possible for the business community to access loans for expanding their businesses with an aim of creating more employment;
- Establishment of loan schemes such as Malawi Rural Development Fund (MARDEF) which provides capital to people in rural areas to engage in gainful employment;
- Implementation of the One Village One Product programme (OVOP) which is promoting value adding processes thereby creating employment;
- Implementation of the Public Works Programme (PWP), which is creating more employment.

Indicator: 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.

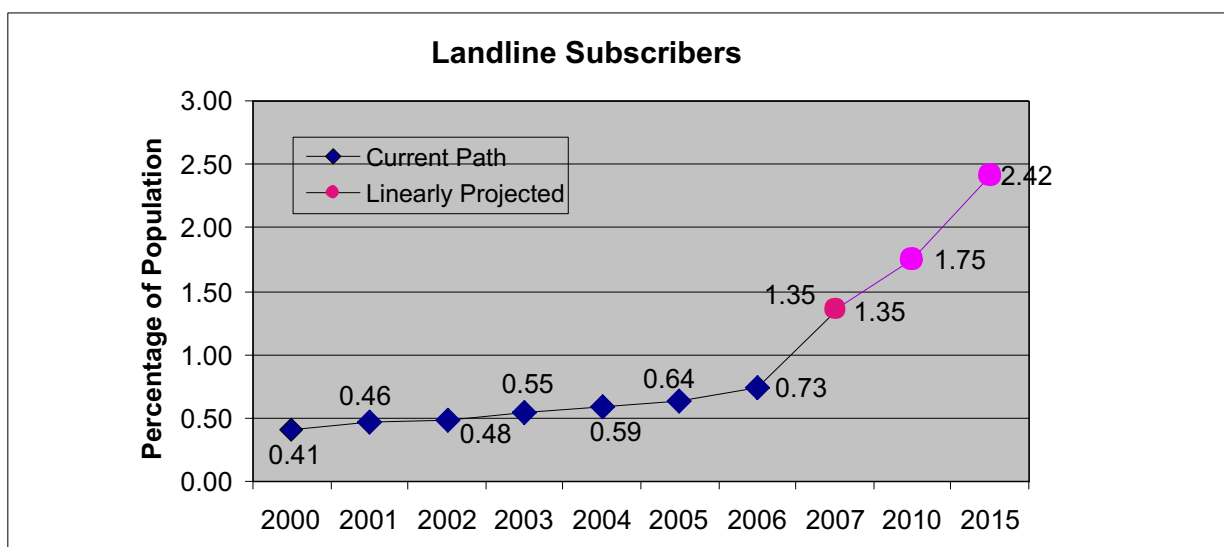
Chart 34: Cell phone Subscribers



Source: Malawi Communication Regulation Authority and NSO's Projected Population

Chart 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 doubled between 2006 and 2007 from about 4 to 7 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 is likely to double from the 2007 figure.

Chart 35: Landline Subscribers



Source: Malawi Communication Regulation Authority and NSO's Projected Population

Chart 35 shows that there has been a minimal increase in the number of subscribers for fixed landlines from about 0.4 percent in 2000 to around 0.7 percent in 2006. However, the number of landline subscribers almost doubled between 2006 and 2007. This could be attributed to cheaper landline rates relative to cell phone tariffs. If this trend continues, the number of landline subscribers is expected to increase to about 2.4 percent by 2015.



Telephone Bureau

Challenges

Telecommunication sector is facing a number of challenges including:

- Lack of competition;
- Lack of technical know how in respect to Information Communication and Technology (ICT);
- Underdeveloped regulatory framework in the telecommunication sector;
- High tariff rates;
- Inadequate distribution of ICT services and infrastructure; and
- Slow adaptation to global regulatory challenges.

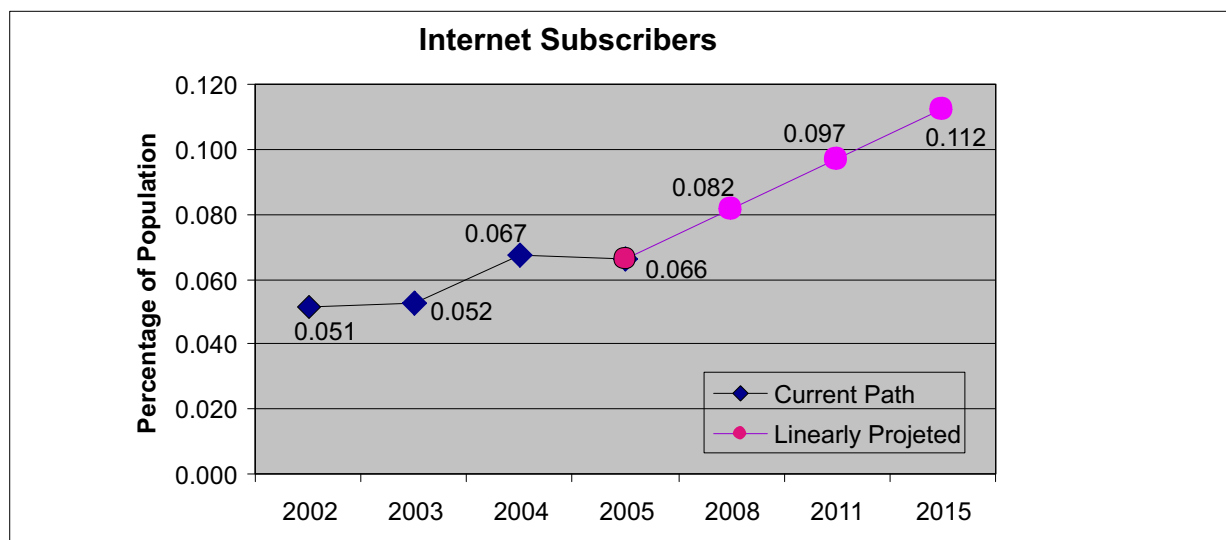
Policy Framework and Strategies

The MGDS recognizes that the creation of a conducive environment to attract investment in telecommunication 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:

- 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, monitoring and periodically receiving regulations that will play a vital role in ensuring that the standards of better telecommunication services are achieved.

Indicator: Personal Computers in Use and Internet Users per 1000 Population

Chart 36: Internet Subscribers



Source: Malawi Communication Regulation Authority and NSO's Projected Population

Chart 36 above shows that there has been an increase in the number of internet subscribers from about 0.05 percent in 2002 to about 0.07 percent in 2005. This growth is crucial for the acceleration of economic growth and development.

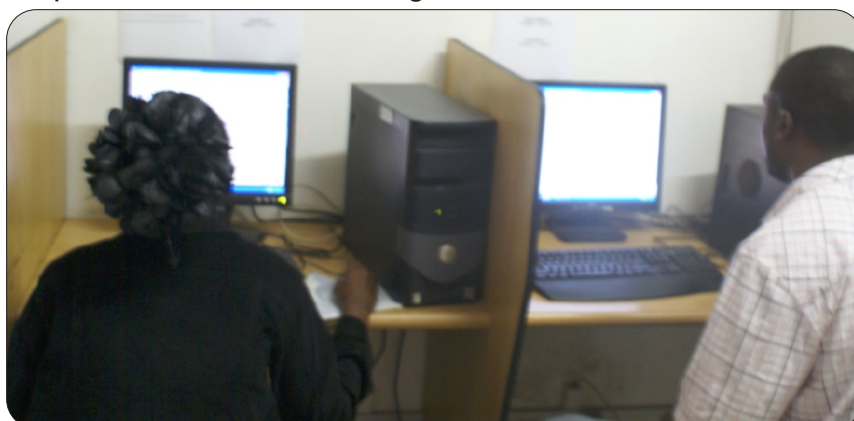
Challenges

The challenges include:

- High cost of accessing the internet;
- High cost of Information Technology (IT) equipment;
- Poor internet connections;
- Inadequate IT support infrastructure.

Policy Framework and Strategies

- Development of a reliable, fast, adaptive and robust national IT infrastructure;
- Improvement of IT and internet access by all communities;
- Enactment of an appropriate legislation that will facilitate and promote the country's participation in the information age.



Internet Subscriber

Conclusion

The Government of Malawi, being a signatory to the UN Declaration is committed to attaining the MDGs. As such, a number of initiatives are being implemented which are aimed at reducing poverty affecting the majority of its population, which is one of the core objectives of the UN Declaration. Government has localized implementation of MDGs through the MGDS, which is the medium term development strategy being implemented over a period of five years from 2006 to 2011. The Strategy has six key priority areas and five thematic components. Government believes that progress in both key priority and thematic areas will assist in the achievement of the MDGs.

The 2008 MDG report has revealed that remarkable progress has been made in some MDGs more than others. Tremendous progress has been made in the areas of eradicating extreme poverty, reducing child mortality, combating HIV and AIDS, malaria and other diseases ensuring environmental sustainability and developing a global partnership for development which show that we are likely to attain these MDGs by 2015. On the other hand, challenges still remain impeding on progress made with respect to improving maternal health, achieving universal primary education and promoting gender equality and empowerment of women. It must be noted, however, that should there adequate resources, proper policies and strategies in place, the Government is likely to attain each of the MDGs by 2015.

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