

**2014**

**2014 MILLENNIUM  
DEVELOPMENT GOAL  
REPORT FOR MALAWI**



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## **FOREWORD**

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Malawi Government signed the Millennium Declaration in September, 2000 to reduce poverty with the view to achieve sustainable development. By signing the Millennium Declaration, the country committed itself to achieving all the eight Millennium Development goals. These goals are being implemented through the country's medium term development strategy known as the Malawi Growth and Development Strategy, which was developed to accelerate the pace of economic growth and create wealth for the citizens.

This report has highlighted progress that has been made towards achieving the millennium development goals. The report has also highlighted challenges that are being faced in the course of implementing the MDGs and ways of addressing them. As we draw closer to the end-line of the MDGs in 2015, Government in collaboration with its partners is putting all its concerted efforts to ensure that all goals are achieved by 2015.

In view of this, Government has developed an MDG Acceleration Framework (MAF) with special attention to MDGs that are lagging behind. Meanwhile, implementation of intervention areas aimed at accelerating attainment of the MDGs that are lagging behind has already started. Government is optimistic that should adequate resources be channeled towards the identified interventions, the country will be able to meet the set MDG targets.

With 2015 fast approaching and implementation of the MDGs coming to an end, Government, with the support of the United Nations Country Team (UNCT) carried out national consultations on the Post 2015 Development Agenda regarding the "Malawi we Want". Through these consultations, key issues have been identified, which are in line with the priorities as set in the Malawi Growth and Development Strategy. It is my hope that Government and all its stakeholders will continue to collaborate and channel adequate resources towards priority areas to ensure that good progress is made in the areas it is lagging behind by 2015 and beyond.

Dr. Goodall E. Gondwe

**MINISTER OF FINANCE, ECONOMIC PLANNING AND DEVELOPMENT**

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## LIST OF ACRONYMS

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

<b>STDs</b>	Sexually Transmitted Diseases
<b>SWAp</b>	Sector Wide Approach
<b>TB</b>	Tuberculosis
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nation Children’s Fund
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Fund for Population
<b>UNEP</b>	United Nations Environment Programme
<b>UPE</b>	Universal Primary Education
<b>WMS</b>	Welfare Monitoring Survey

## STATUS AT A GLANCE

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

GOAL/TARGET	INDICATOR	BASELINE (2000)	CURRENT STATUS	2015 TARGET	Feasibility of Achieving the Goal
<b>Eradicate Extreme Poverty and Hunger</b>	Proportion of population living below US\$1.00 per person per day (%)	53.9	50.7	27	<b>Unlikely to be Met</b>
	Poverty Gap Ratio (%)	18.6	18.9	0	
	Proportion of Ultra Poor (%)	10	5.5	20	
	Prevalence of Underweight Children (%)	25.4	16.7	14	
	Proportion of population below minimum level of dietary energy consumption (%)	23.6	25.7	100	
<b>Achieve Universal Primary Education</b>	Net Enrolment in Primary (%)	78	79.5	100	<b>Unlikely to be Met</b>
	Proportion of Pupils Starting Grade1 Reaching Grade 5 (%)	69	64	100	
	Literacy Rate (15-24yrs) (%)	68.1	75.2	100	
<b>Promote Gender Equity and Empower Women</b>	Ratio of Girls to Boys in Primary Education	0.91	1.01	1	<b>Unlikely to be Met</b>
	Ratio of Girls to Boys in Secondary Education	0.60	0.85	1	
	Ratio of Literate Women to Men 15 – 24 Years Old	0.82	0.93	1	
	Share of Women in Wage Employment in non-Agriculture Sector (%)	13.1	30.1	50	
	Proportion of Seats Held by Women in Parliament (%)	9.3	16.6	50	
<b>Reduce Child Mortality</b>	Under-five mortality rate (per 1,000)	189	85	78	<b>Likely to be Met</b>
	Infant Mortality rate (per 1,000)	103	53	44.7	
	Proportion of 1 year children immunized against measles (%)	83.2	85	95.3	
<b>Improve Maternal Health</b>	Maternal mortality ratio ( per 100,000)	1120	601	155	<b>Unlikely to be Met</b>
	Proportion of births attended to by skilled health personnel (%)	55.6	87.4	100	
<b>Combat HIV and AIDS, Malaria and other diseases</b>	HIV prevalence among 15 – 24 year old pregnant women (%)	24.1	8.2	0	<b>Likely to be Met</b>
	Ratio of orphans to non-orphans in school	0.121	0.149	-	
	Prevalence and deaths rates associated with Malaria (%)	3.6	3.3	0	
	Access to Malaria Treatment	8	24	-	
	Proportion of Household with at least one ITN	31	55	-	
	Death rates associated with Tuberculosis	22	7	-	
	Proportion of TB Cases under DOTS (%)	57	86	100	
<b>Ensure Environmental Sustainability reverse loss of environmental resources</b>	Proportion of land covered by forest (%)	37.9	36.2	50	<b>Likely to be Met</b>
	Proportion of area protected to maintain biological diversity (%)	0.16	0.16	0.18	
	Proportion of population using solid fuel (%)	97.9	98.3	0	
	Proportion of population with sustainable access to an improved water source	47	86.2	74	
	Proportion of population with access to improved sanitation (%)	81.4	95.2	86.2	
<b>Develop Global Partnership for Development</b>	Slum population as percentage of urban population	92	65.1	-	<b>Likely to be Met</b>
	Net ODA as a percentage of Real Gross Domestic Product	12	21.34	-	
	Unemployment of 15 – 24 year old (urban)	9	27.5	-	
	Telephone lines subscribers per 100 population	1.18	0.8	-	
	Cellular subscribers per 100 population	0.57	41.24	-	
	Internet users per 1,000 population	0.07	25.1	-	

**Note:** “-” means no target set for the indicator



## EXECUTIVE SUMMARY

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The process of managing national development relies heavily on a country's ability and commitment to monitor changes in its development while using appropriate indicators. As a signatory to the Millennium Declaration and chief steward of the public resources of Malawians, Government takes serious its responsibility of keeping Malawians and other stakeholders informed of the development changes transpiring in the country as a result of its management actions. Although it seems unlikely that all Millennium Development Goals (MDGs) will be met, with only one year remaining, there is hope that the trend could be reversed. Malawi continues implementing accelerated efforts towards achieving the MDGs through the implementation of the national development strategy, called the Malawi Growth and Development Strategy (MGDS) II (2011 to 2016) and MDGs Acceleration Framework (MAF).

This 2014 report shows progress that has been achieved in attaining the eight MDGs. Four of the goals are likely to be achieved, and significant progress has been made on the other four, where the country had a much lower starting base compared to other countries. The four MDGs that are likely to be achieved are: Reducing Child Mortality; Combating HIV and AIDS, Malaria and other diseases; Ensuring Environmental Sustainability; and Developing Global Partnership for Development. The four that are in doubt are: Eradicating Extreme Poverty and Hunger; Achieving Universal Primary Education; Promoting Gender Equality and Women Empowerment and Improving Maternal Health.

Based on current trends, Reducing Child Mortality is likely to be attained, and even surpassed on some targets. Under-five mortality rate has been reduced by almost 80 percent since 1990, with 85 deaths per 1,000 live births in 2013 compared to 234 deaths per 1,000 live births in 1990. Similarly, infant mortality has gone down from 134 deaths per 1,000 live births in 1990 to 53 deaths per 1,000 live births in 2013. These trends show evidence of marked improvements made in the provision of health services. As improvements continue to be made in the health sector, the country is on course to surpass the MDG targets.

Halting HIV and AIDS, Malaria, and other diseases is also likely to be attained. Significant declines have been registered in the incidence of HIV and AIDS, Malaria and TB since 2005. National HIV prevalence rate has been reduced by over 50 percent from about 24 percent to 10.6 percent between 1998 and 2010. If this trend is sustained, the national HIV prevalence rate will be at 8 percent in 2015, although the level of HIV infection almost stabilized at around 12 percent from 2006 to 2010. The increase in the awareness programmes on HIV prevention and behavioral change is among the factors that have led to this decline. For Malaria and TB, the trend shows that Malawi is doing well as evident by a decline in deaths related to Malaria and TB.

The goal of Ensuring Environmental Sustainability is also on course for attainment. There are six indicators for this goal, and half of them are on track. The number of households with sustainable access to improved water sources has increased significantly from 47 percent in 1990

to 86.2 percent in 2013. The target of 74 percent has been exceeded. Similarly, the proportion of population with access to basic sanitation has jumped from 72 percent in 2012 to 95 percent in 2013 exceeding the 2015 target of 86.2 percent. However, significant challenges still remain in the management of Malawi's precious forest resources. The land area covered by forest has declined steadily over the years, from 41.4 percent in 1990 to 36.2 percent in 2005 largely as a result of continued use of wood for fuel by most rural households.

The goal of Developing Global Partnership for Development is also likely to be attained. The indicators for this include the rate of youth unemployment and telephone penetration. The trend for cellular phone subscribers per 100 people indicates that there has been an increase in subscribers from 2 percent in 2004 to about 42 percent in 2013. 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, about 46 percent of the population will be subscribed. For landline subscribers, there has been slow increase from 0.6 percent in 2004 to 0.8 percent in 2013. However, data shows that youth unemployment continues increasing from 4 percent in 2008 to about 28 percent in 2013.

Regardless of these successes, the country poverty levels are still very high and according to estimates, poverty head count is registered at 50.7 percent (IHS 2012) and will be way high above the MDGs target by 2015. Income inequality as measured by the share of poorest quintile in national consumption has worsened from 10.1 percent in 2005 to 5.5 percent in 2012. The ultra poor population has also worsened from about 22 percent in 2005 to about 25 percent in 2012. It is unlikely that Malawi will meet this goal by 2015. Nevertheless, the Government with all its stakeholders will continue implementing policies and programmes that will produce sustained poverty reduction throughout the MGDS II implementation period. These initiatives include, boosting household incomes and quality of life, increasing agriculture productivity, improving access to gainful employment and strengthening physical and economic infrastructure.

Achievement of Universal Primary Education is one of the four goals unlikely to be attained. Primary school education is free, but the net enrolment rate is not yet 100 percent. It stands at about 79 percent in 2013 down from 83 percent in 2009, and the proportion of pupils starting grade one who reach grade five without repeating a grade has also reduced from 86 percent in 2006 down to 64 percent in 2013. In recognition of significant challenges still being faced to achieve this goal, Government alongside its Development Partners is committed to increasing resources towards primary education.

Promotion of Gender Equality and Women Empowerment is another goal that is unlikely to be attained. Gender inequalities exist in accessing productive resources, development opportunities and in decision making positions. Significant progress has, however, been made on the ratio of girls to boys enrolled in primary school which is at 1.01:1, already surpassing the 1:1 target. At 0.85, the ratio of girls to boys in secondary school has not moved as far as planned. The uneven ratio at secondary school level has direct effect on the ratio of girls to boys at the tertiary level. This in the long run is affecting the ratio of literate women to men and continues to perpetuate

the inequality between women and men. Malawi has formulated the MDGs Acceleration Framework with the view of empowering women and improving their welfare.

Malawi is still among the countries that have high Maternal Mortality Rate in the world and it is unlikely to achieve the goal of improved maternal health. Although the country will not be able to meet the goal, there has been a general reduction in the trend of maternal deaths over the past few years due to deliberate interventions such as presidential initiative on maternal health. Maternal mortality rate, according to MDGs Endline Survey 2013 was 601 deaths per 100,000 live births and it is projected that by 2015 the number of deaths per 100,000 live births will be 533 way above MDG target of 155. Births attended by skilled health personnel have been increasing steadily from 56 in 2000 to 87.4 percent in 2013. Even with this impressive increase, the country still faces one of the highest maternal mortality rates mainly due to poor quality of care before and at the time of giving birth.

## INTRODUCTION

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The United Nations General Assembly for Heads of States and Governments adopted the Millennium Declaration in September 2000, marking a global partnership for creating a conducive environment for promoting sustainable human development and eliminating poverty. Building on the United Nations global conferences of the 1990s, the United Nations Millennium Declaration aims at creating an enabling environment that will facilitate socio-economic development. The Declaration commits member states to achieve a set of eight Millennium Development Goals (MDGs) by 2015. These Goals are: Eradicating extreme poverty and hunger; Achieving universal primary education; Promoting gender equality and empowerment of women; Reducing child mortality; Improving maternal health; Combating HIV/AIDS, malaria and other diseases; Ensuring environmental sustainability; and Developing a global partnership for development. These MDGs were adopted as a common set of indicators against which socio-economic development and promotion of human rights in member countries can be compared and measured.

Malawi implements the Millennium Development Goals through medium term development strategies, which are translated into annual budgets. Since the introduction of Malawi Poverty Reduction Strategies (MPRS) during early 2000, Malawi has strived to reduce poverty through prioritisation of pro-poor expenditure in the national budgets. Lessons from the MPRS implementation informed the formulation of the Malawi Growth and Development Strategy (MGDS). The current MGDS (2012 to 2016) is the second generation poverty reduction strategy, which provides an improved framework for implementing MDGs. The strategy emphasises on wealth creation and sustainable economic growth as a pathway to poverty reduction and human development.

Government uses Medium Term Expenditure Framework (MTEF) and the Public Sector Investment Programme to ensure that financial resources are directed to the priorities of the MGDS. Government has also set up an implementation, monitoring and evaluation framework to provide regular feedback on progress made towards achieving MGDS and MDGs targets. However, Government realizes that achievement of MGDS and MDG targets requires enormous resources and it would be difficult for Government alone to mobilize all the required resources.

It is for this reason that Government in collaboration with cooperating partners has developed the Development Cooperation Strategy (DCS) for Malawi. The strategy advocates for inclusive partnerships, government leadership and country ownership of the national development agenda and alignment around national systems and strategies. The DCS is in line with principles encapsulated in the Paris Declaration on aid effectiveness, Accra Agenda for Action and the Busan Global Partnership for Effective Development Cooperation. Government recognizes that improved coordination of financial support from its development partners will improve the implementation and achievement of the development outcomes and ultimately result in the attainment of the MDGs. Government is optimistic that the Development Cooperation Strategy would help it mobilize adequate resources for development, including those from the Private Sector and through South- South Cooperation.

# GOAL 1



ERADICATING EXTREME POVERTY AND HUNGER

## GOAL 1: ERADICATING EXTREME POVERTY AND HUNGER

### FEASIBILITY OF ACHIEVING THE GOAL: UNLIKELY TO BE MET

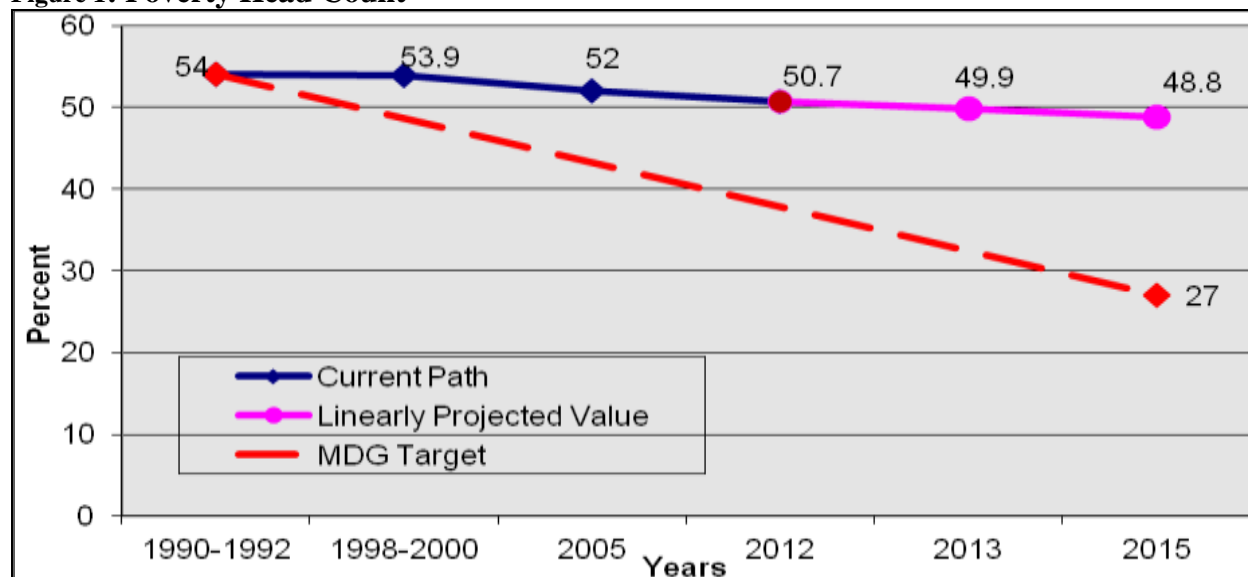
Indicator	2000	2005	Current Status	2015 Target
Poverty Head Count (%)	53.9	52	50.7	27
Poverty Gap Ratio (%)	18.6	17.8	18.9	8
Poorest Quintile Share in National Consumption (%)	10	10.1	5.5	20
Prevalence of underweight children (%)	25.4	22	16.7	14
Proportion of Ultra-poor (%)	23.6	22.2	25.7	11.8

Extreme poverty is defined as the inability to meet basic minimum food requirements based on the monthly cost of the food basket. Two main targets were set to achieve the goal of eradicating extreme poverty. The first target is to halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day while the second target is to halve, between 1990 and 2015, the proportion of people who suffer from hunger. Three indicators are used to monitor progress towards achieving the first target and these are: proportion of population below national poverty line; poverty gap ratio; and share of the poorest quintile in national consumption. On the other hand, progress on the second target is monitored using two indicators which are; prevalence of underweight children under five years of age; and the proportion of population below the minimum level of dietary energy consumption.

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

*Indicator 1: Proportion of people living on less than one US dollar a day (Poverty Head Count)*

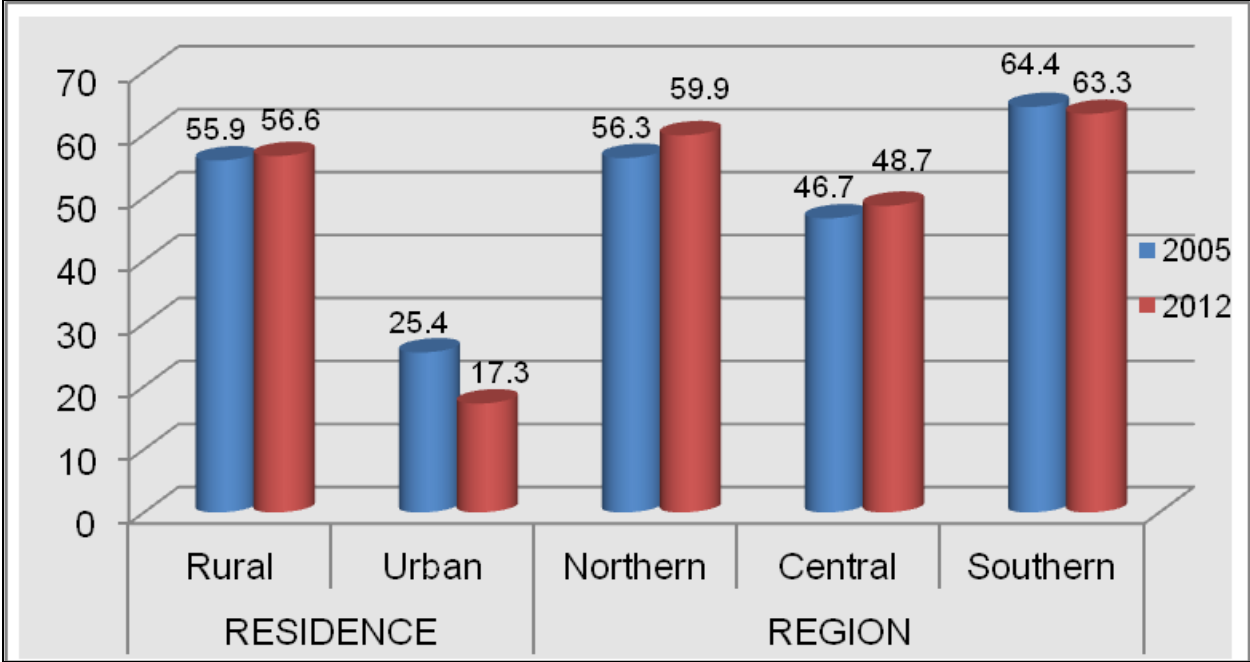
Figure 1: Poverty Head Count



Sources: HESSEA 1991, IHS, 2000, 2005 and 2012

Figure 1 shows that the proportion of people whose income is less than one dollar a day has declined slightly from 52 percent in 2005 to 50.7 percent in 2012. The high poverty rates could mainly be attributed to high inflation rates. This implies that the majority of the population is still living in poverty despite the country registering average GDP growth rates of 7 percent between 2005 and 2010 and food surpluses during the same period. This could be an indication that much as the growth rates were better during this period, it did not trickle down to the poor signifying that growth was not inclusive. In order for Government to achieve this goal, there is need to put policies in place that would ensure that the poor are not only contributing to but also benefiting from growth.

**Figure 2: Poverty Head Count by Location**

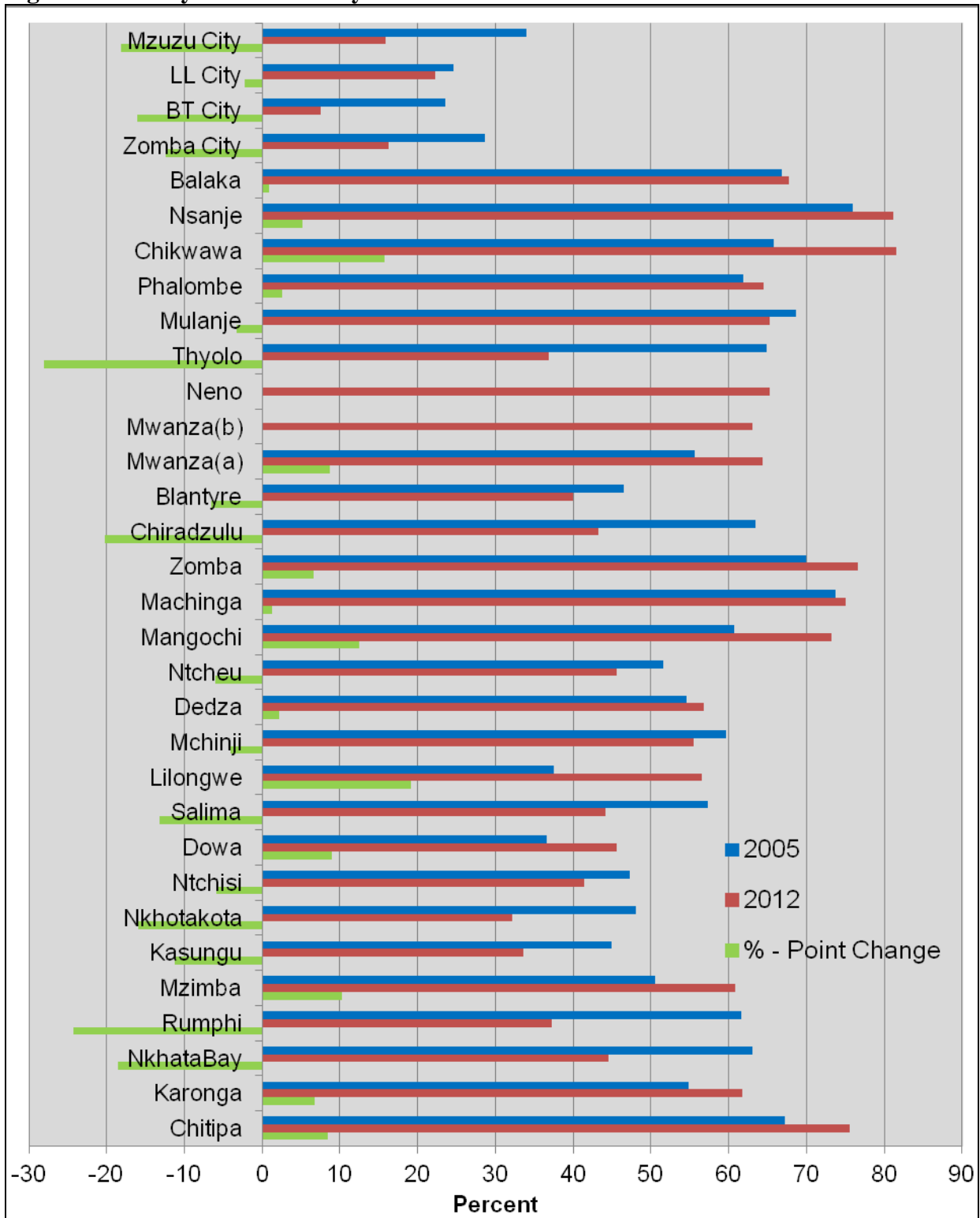


Sources: HESSEA 1991, IHS 2000, 2005 and 2012

Figure 2 shows that rural poverty has increased marginally from 55.9 percent in 2005 to 56.6 percent in 2012. On the other hand, urban poverty has declined from 25.4 percent to 17.3 percent during the same period. Taking into account that over 80 percent of the country’s population live in rural areas, it implies that overall the number of poor people in rural areas is significantly higher than in urban areas. Similarly, despite the fact that poverty has declined in urban areas, the absolute number of poor people has increased due to rapid population growth and urbanization.

Regarding poverty rates in the three regions of the country, the figure shows that among the three regions, only the Southern region has experienced reduction in poverty head count by 1.1 percentage point between 2005 and 2012. However, the Northern and Central regions have experienced increased poverty rates over the same period. With respect to rates of poverty in cities, there has been a minimal decline in poverty levels in Lilongwe city between 2005 and 2012 compared to the cities of Blantyre and Mzuzu which registered significant decline in poverty as shown in Figure 3.

**Figure 3: Poverty Head Count by District**



Sources: IHS 2005 and 2012

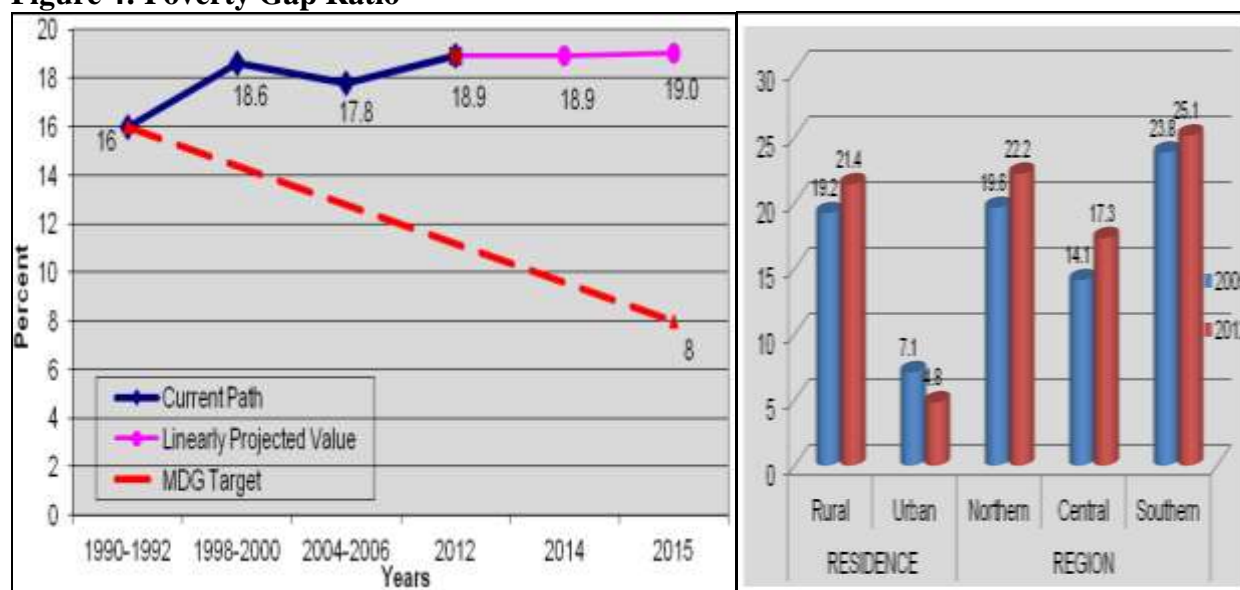


The figure also shows that poverty head count has declined in some districts and increased in others. Districts which experienced significant reduction in poverty levels include: Chiradzulu, Kasungu, Nkhatabay, Nkhotakota, Rumphu, Salima and Thyolo. However, the following districts have registered significant increase in poverty during the same period: Chikwawa, Chitipa, Dowa, Karonga, Lilongwe, Machinga, Mwanza and Mzimba.

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

The poverty gap ratio measures the average distance separating the poor from the poverty line expressed as a percentage of the poverty line.

**Figure 4: Poverty Gap Ratio**

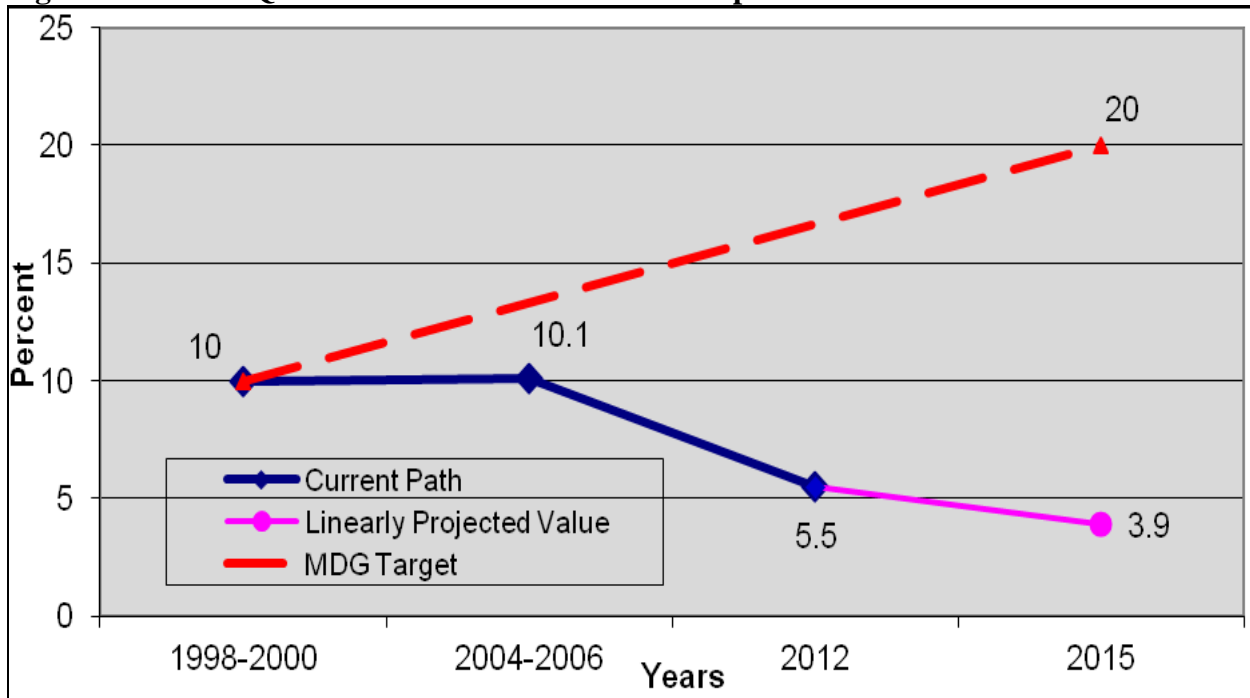


Sources: HESSEA 1991 and IHS 1998, 2005 and 2012

Figure 4 shows that there was a slight increase in the poverty gap ratio from 17.8 percent in 2005 to 18.9 in 2012. However, poverty gap ratio is higher in rural than urban areas having increased from 19.2 percent to 21.4 percent between 2005 and 2012 while that of urban areas has declined from 7.1 percent to 4.8 percent during the same period. Regarding poverty rates at regional level, the Southern Region has the highest poverty gap ratio at 25.1 percent followed by the Northern and Central Regions at 22.2 and 17.3 percent respectively as of 2012. All the three regions experienced an increase in the poverty gap ratio as shown in the figure. Should this trend continue, it is projected that by 2015, the poverty gap ratio will be around 19 percent, thereby falling short of the MDG target of 8 percent.

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

**Figure 5: Poorest Quintile Share in National Consumption**



Sources: IHS 1998, 2005 and 2012

Figure 5 shows that the share of the poorest quintile in national consumption has not improved between 2005 and 2012. As of 2012, the poorest 20 percent of the population controlled 5.5 percent of national consumption from 10.1 percent in 2005, implying that inequality is not decreasing despite improved economic growth. It is therefore indicative that at this rate, the MDG target of doubling the share of the poorest quintile will not be achieved by 2015.



*With irrigation farming, more subsistence farmers are becoming commercial*

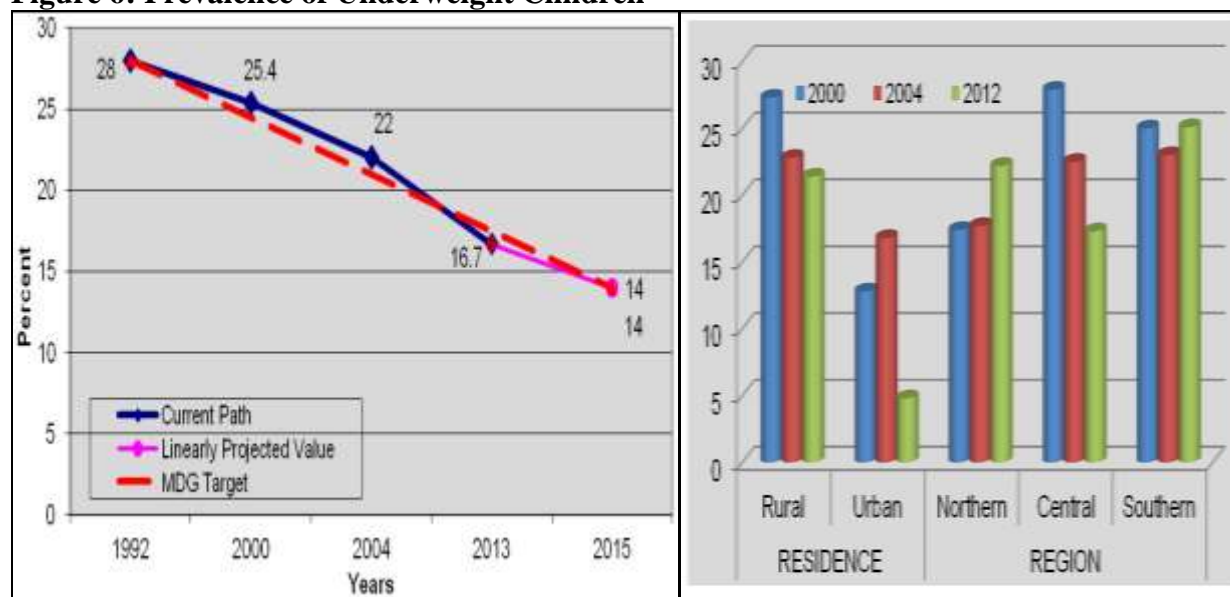
**Target 2: Halve, between 1990 and 2015, the Proportion of People who Suffer from Hunger**

Measures of income are not sufficient to understand fully the level of poverty. It is for this reason that levels of hunger are also used. The two main indicators for monitoring hunger are the prevalence of underweight children under five years of age and the proportion of the population living below the minimum level of dietary energy consumption.

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

Malawi has one of the highest prevalence of malnutrition with 47.1 percent of under five children stunted despite the country enjoying food surpluses over the recent years. Malnutrition is a single biggest contributor to child mortality because it predisposes children to different infections and diseases. Furthermore, malnutrition has impacted greatly on education outcomes, in that stunted children enroll late for school, which affects their performance in class and in turn drop out of schools. Children’s nutritional status is therefore a reflection of their overall health and development. The nutritional wellbeing of young children is a proxy indicator of the household, community and national investment in children’s health. Prevalence of underweight children is taken as a proxy indicator of proportion of population that is undernourished.

**Figure 6: Prevalence of Underweight Children**



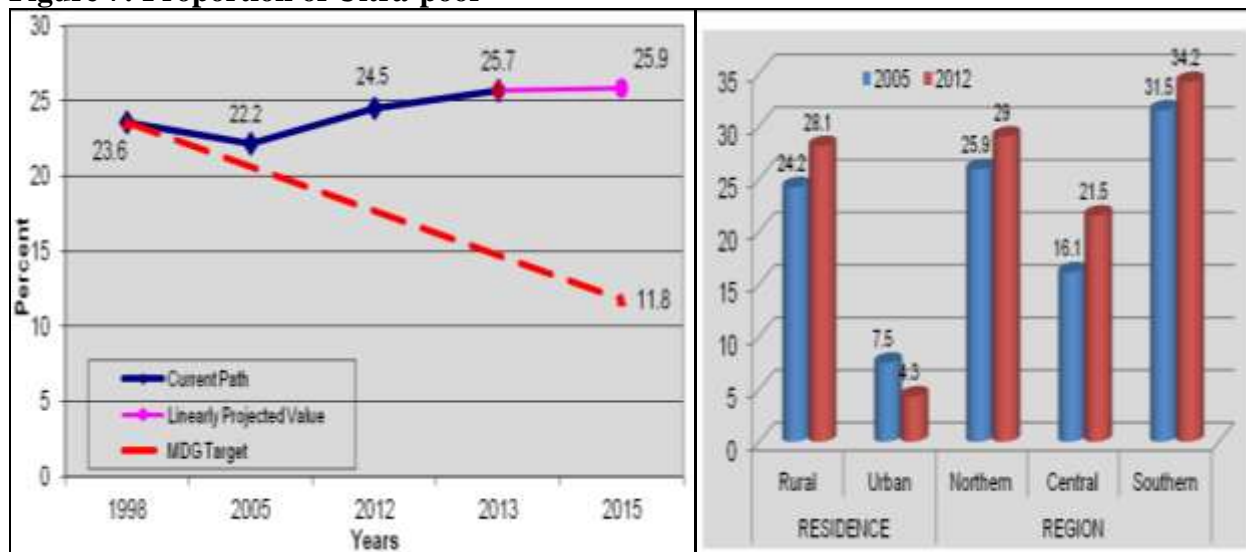
Source: MDHS 1992, 2000, 2004 and IHS 2005, 2012 and MES, 2013

Malawi has made a major stride in curbing the problem of prevalence of underweight children under five years as shown in Figure 6 . Underweight prevalence has declined from about 22 percent in 2004 to 16.7 percent in 2013. This could be attributed to improved food security at household level which has made it possible for households to diversify their diets. In terms of location, underweight prevalence in rural areas is higher than in urban areas, though with urban rates showing increasing trends over the years.

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

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

**Figure 7: Proportion of Ultra-poor**



Sources: IHS 1998, 2005, 2012 and MES 2013

Figure 7 shows that the ultra poor population has increased from about 22 percent in 2005 to 25.7 percent in 2013. In rural areas, ultra poor population has also increased from 24.2 percent in 2005 to 28.1 percent in 2012 whereas the proportion of the ultra-poor in urban areas has declined by 43.6 percent, from 7.5 in 2005 to about 4.3 percent in 2012. In terms of regions, the Southern Region has the highest proportion of ultra poor followed by Northern Region with the Central Region registering lowest rate. If the current trend continues, the proportion of ultra poor will be about 26 percent by 2015 thereby falling short of the MDG target of 11.8 percent.

## Challenges and Strategies

Government is facing a number of challenges with respect to achieving the goal of eradicating extreme poverty and hunger. These include: high illiteracy rates that limit the adoption of new skills and methods to improve productivity; inadequate marketing infrastructure in rural communities, which discourages individuals from growing cash crops and engaging in meaningful economic empowerment activities. In addition, despite surpluses in food production, post harvest losses remain high and utilization of food is low due to inadequate food storage facilities leading to hunger and malnutrition.

Government in collaboration with all its stakeholders will continue implementing policies and programmes that will likely produce sustained poverty reduction throughout the MGDS II

period. Some of these initiatives will include: improving market infrastructure, promoting irrigation to increase hectarage under irrigable land thereby boosting production and advocating for use of proper storage facilities to reduce post harvest losses. Government will also continue implementing the farm input subsidy and social support programmes. Government also plans to create more jobs by encouraging labour intensive public works programmes and encourage the private sector to improve on more value adding agricultural industries.

# GOAL 2



ACHIEVE UNIVERSAL PRIMARY EDUCATION

## GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

### FEASIBILITY OF ACHIEVING THE GOAL: UNLIKELY TO BE MET

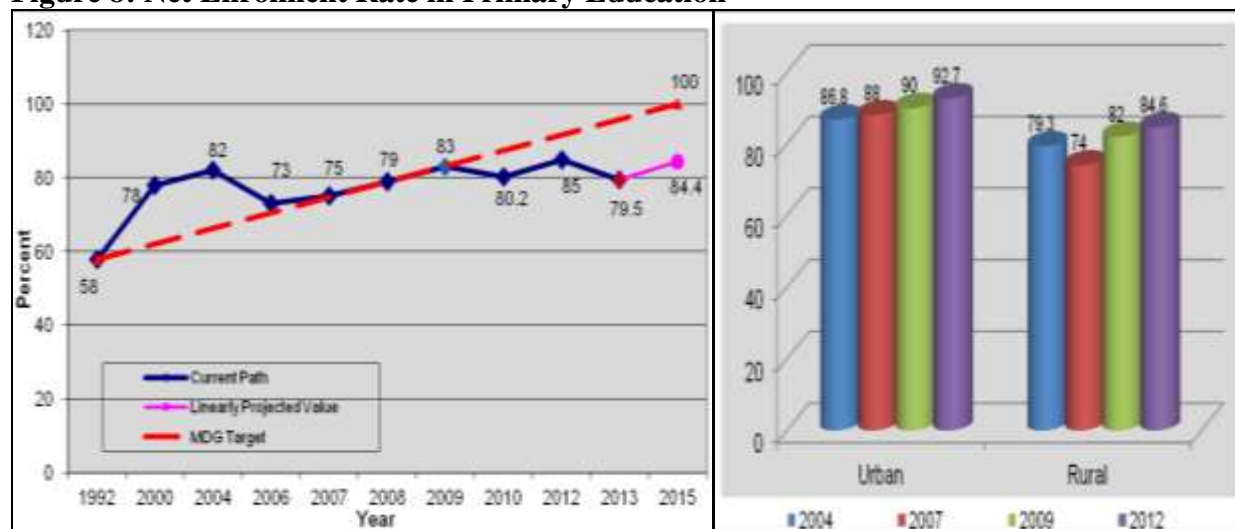
Indicator	2000	2006	Current Status	2015 Target
Net Enrolment in Primary Education (%)	78	73	79.5	100
Proportion of pupils who start grade 1 reaching 5 (%)	69	85.9	64	100
Literacy Rate of 15 – 24 year olds (%)	68.1	78	75.2	100

Malawi Government recognises that human capital development is vital in sustaining socio-economic development and industrial growth. Government has therefore included education as a priority area in the overarching national development strategy. Primary education is critical in the development process since it forms the basis for all upper levels of education. In an effort to increase access to primary education, the Government of Malawi removed tuition fees in all public schools in 1994 which led to over 50 percent increase in enrolment. In addition, teacher training has been expanded through Open Distance Learning and expansion of Teacher training Colleges (TTCs). Government has also increased funding to the sector, with more emphasis on primary education. In the 2013/2014 financial year, the primary education sub-sector was allocated 53 percent of the total education funding.

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

#### Indicator 1: Net Enrolment Rate (NER) in Primary Education

**Figure 8: Net Enrolment Rate in Primary Education**



Sources: MDHS 1992, 2000, 2004; WMS 2006, 2007, 2008 and 2009; and IHS 2005 and 2012, MES 2013

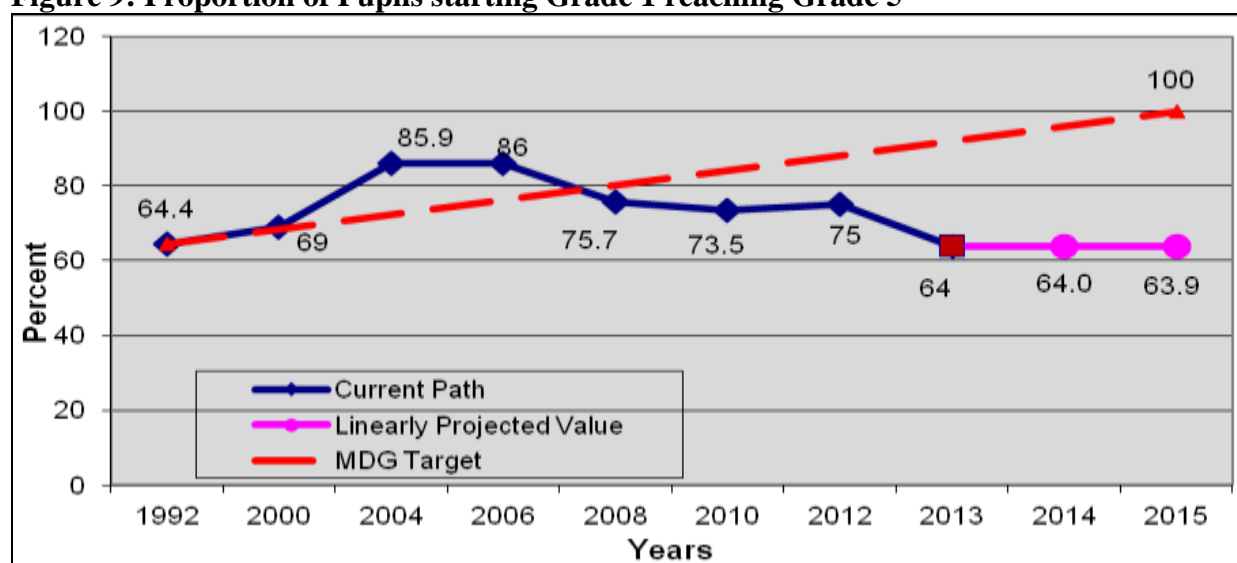
Net enrolment rate is defined as the extent to which children of school going age (6-13) are enrolled in schools. This is a percentage calculated by dividing the number of school-going age

children enrolled in schools with the total number of the same age in the population. Figure 8 shows that net enrolment in primary schools has been increasing from 73 percent in 2006 to 85 percent, in 2012 and decreasing to 79.5 in 2013. Urban areas have a higher net primary school enrolment rate than rural areas as shown in the figure. As of 2012, urban net enrolment was at 92.7 percent compared to 84.6 percent for rural areas. The differences in net enrolment between the rural and urban areas might be attributed to easy access to education facilities and lower poverty levels in urban areas as compared to rural areas. Net enrolment in primary school is also higher for girls than boys.

Assuming the current investments and provisions to education sector are maintained, the net enrolment rate will reach around 84.4 percent in 2015. Therefore, Malawi is not on track to achieve universal primary enrolment by 2015. In 2012, national net enrolment rate for girls was about 87 percent while that for boys was at 84.6 percent. The trend is the same for urban and rural areas. This could be attributed to increased campaigns for girls' education.

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

**Figure 9: Proportion of Pupils starting Grade 1 reaching Grade 5**



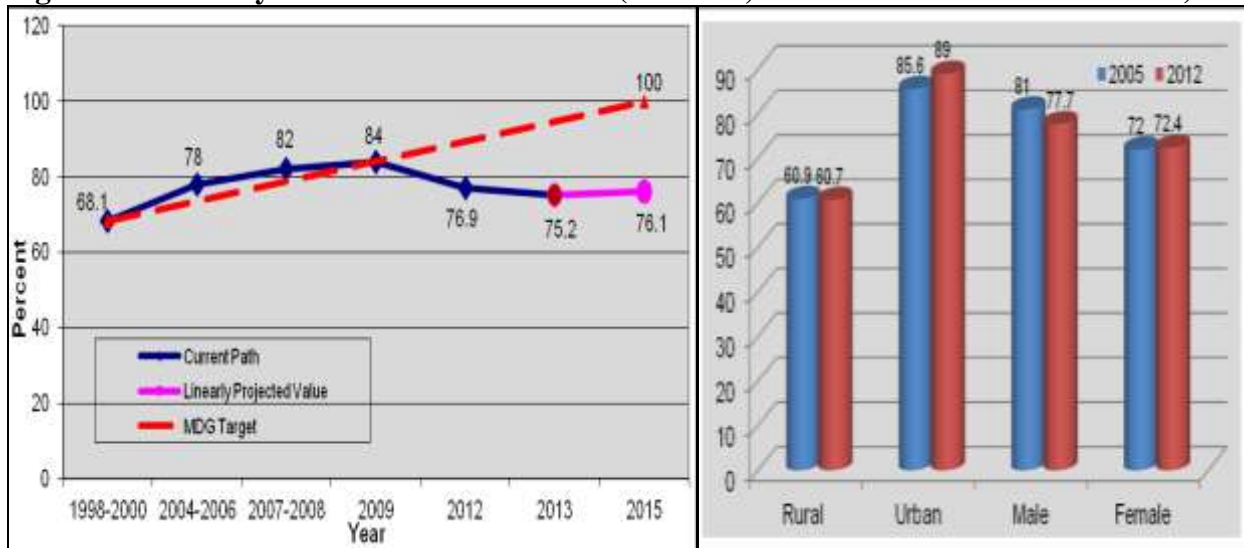
Sources: MDHS 1992, 2000, 2004, MICS 2006 and EMIS 2009, 2012 and 2013

This indicator measures the extent of drop out in primary education. Figure 9 shows that the proportion of pupils starting Grade 1 who reach Grade 5 without repeating a grade fluctuated from 69 percent in 2000 to 86 percent in 2006 before declining to 73.5 percent in 2010 and reaching 64 percent in 2013. Maintaining the current rate of investment, the proportion of pupils starting Grade 1 who reach Grade 5 is projected to reach about 64 percent in 2015, which is below the MDG target of 100 percent. However, various programmes are being implemented in order to improve on the current status. These include scaling up of the school feeding programme and child friendly initiatives.

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



**Figure 10: Literacy Rate of 15-24 Year Olds (National, Gender and Place of Residence)**



Sources: MDHS 2000, 2004; WMS 2005, 2006, 2007, 2008 and 2009; MES 2013

Figure 10 highlights the trend of literacy rate of 15 - 24 year olds. The literacy rate increased from 68.1 in the year 2000 to 75.2 percent in 2013, peaking at 84 percent in 2009. In terms of gender, literacy rate for males is higher than that for females but the gap between the two is narrowing. This could be a result of increased female participation in adult literacy programmes and increased female enrolment at primary schools in recent years. Maintaining the current levels of investment, youth literacy would reach 76.1 percent by 2015 falling short of the MDG target of 100 percent.

### Challenges and Strategies

Despite the positive developments, the education sector still faces a number of challenges undermining full realization of quality education service delivery. These include: shortage of qualified primary school teachers; inadequate physical infrastructure and provision of teaching and learning materials; inadequate classrooms and teachers' houses; access and equity issues surrounding pupils with special needs, orphans and other vulnerable children. These challenges are aggravated by the introduction of Free Primary Education which has increased pressure for the government to provide the required services.

In addressing the above challenges, the Government intends to do the following: construction of primary schools and teachers' houses; construction of additional Teachers Training Colleges; improving sanitation in schools to augment retention of girls; strengthening the School Feeding Program, and increasing admission of illiterate adults, drop out children, children with special needs and other marginalized groups in primary schools.

# GOAL 3



PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

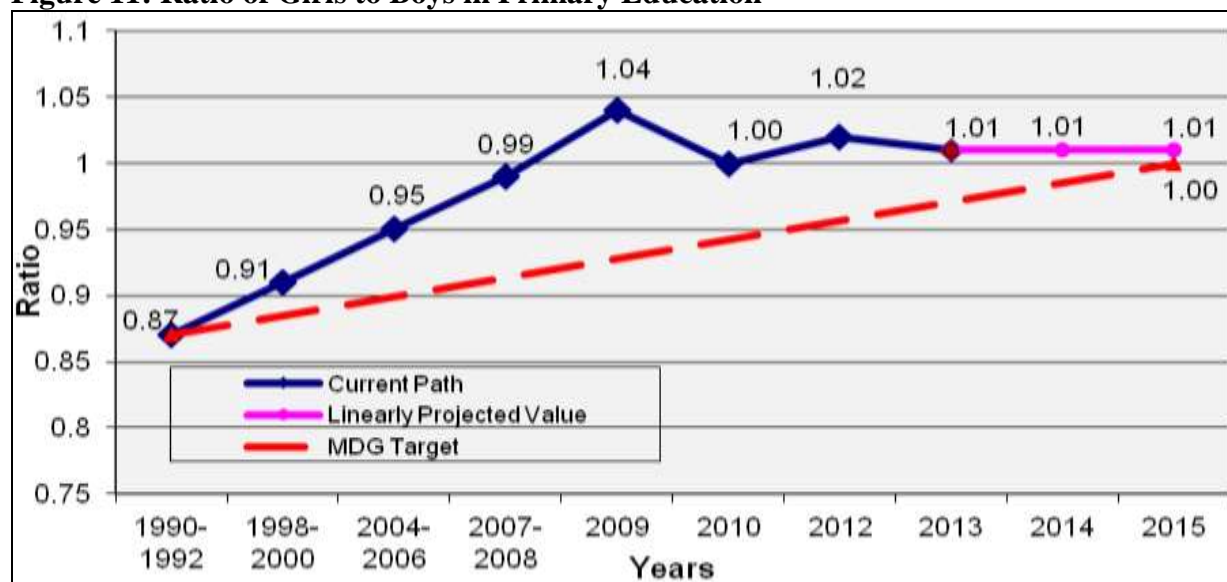
### GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

FEASIBILITY OF ACHIEVING THE GOAL: UNLIKELY TO BE MET				
Indicator	2000	2006	Current Status	2015 Target
Ratio of Girls to Boys in Primary Education	0.91	0.95	1.01	1.00
Ratio of Girls to Boys in Secondary Education	0.60	0.75	0.85	1.00
Ratio of Literate Women to Men 15 – 24 Years Old	0.82	0.88	0.93	1.00
Share of Women in Wage Employment in non-Agriculture Sector (%)	13.1	15	30.1	50
Proportion of Seats Held by Women in Parliament (%)	9.3('99)	14('04)	16.6('14)	50

The pursuit for growth and development and Gender equality are inseparable. Women who comprise about 52% of the Malawian population are, for all practical purposes, instrumental to achievement of Malawi’s development agenda. Empowering women therefore entails equipping the larger section of the population which shall result in an increase in national output. Currently, Malawi remains challenged in the spheres of gender inequality which threatens the county’s development ambitions.

#### Indicator 1: Ratio of Girls to Boys in Primary Education

Figure 11: Ratio of Girls to Boys in Primary Education

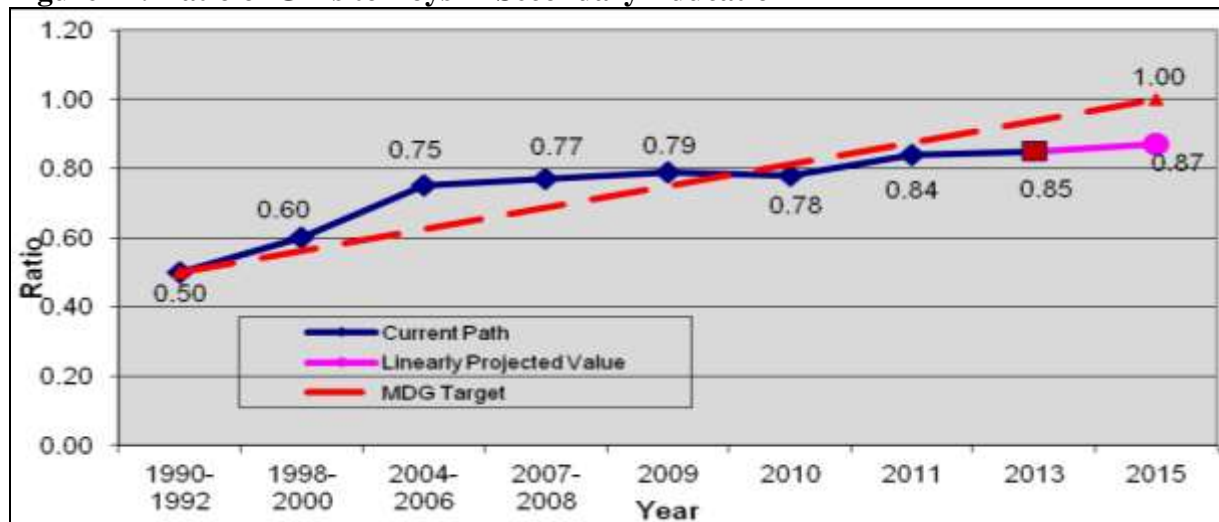


Sources: MDHS 1992,200,2004,EMIS,2006,2007,2008,2009,2010,2012, 2013

Figure 12 shows that girls to boys ratio has increased from 0.8 in 1992 through 0.99 in 2007 to 1.01 in 2013. As the projection depicts, Malawi is likely to meet the MDG target by 2015. This therefore is a pointer to elimination of gender disparities at primary education level.

**Indicator 2: Ratio of Girls to Boys in Secondary Education.**

**Figure 12: Ratio of Girls to Boys in Secondary Education**



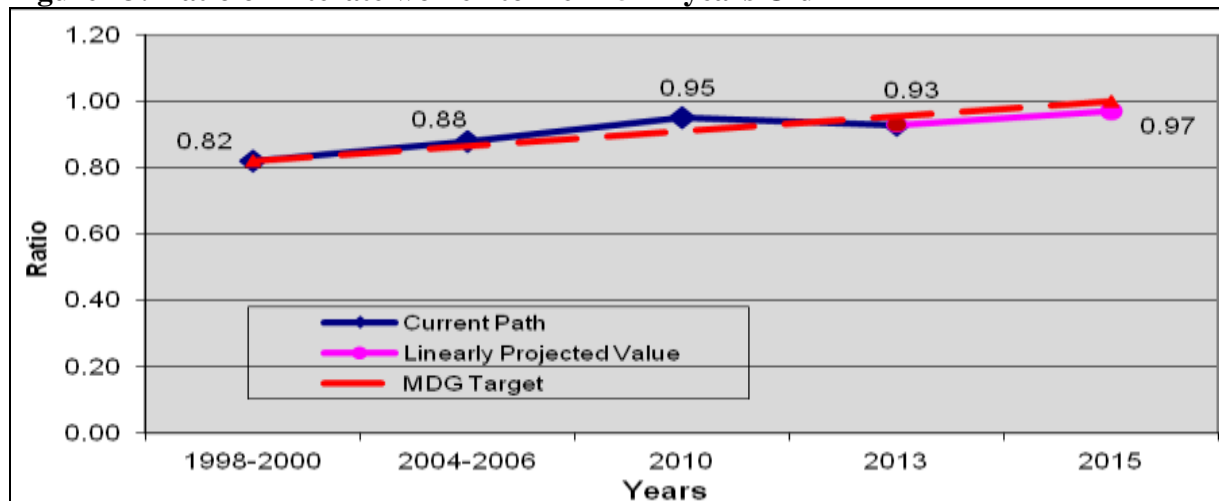
Sources: MDHS 1992,2000,2004,EMIS,2006,2007,2008,2009,2010,2012,2013

Figure 13 reveals that remarkable progress has been made in combating gender disparities at secondary school level. As it depicts, the girls to boys’ ratio in secondary schools has increased from 0.60 in the year 2000 to 0.85 in 2013. However, the increase is at a decreasing rate which may result in inability to meet the target by 2015.

The trend shows that at secondary school level more girls drop out from school or repeat than at primary school level. This may result from early girl child marriages and pregnancies. In addition, girl cultural responsibilities like providing care and support for the sick and aged members of their families should not be overlooked in their contribution to girls secondary school drop out.

**Indicator 3: Ratio of Literate Women to Men 15-24 Year Olds**

**Figure 13: Ratio of Literate women to men 15-24 years Old**

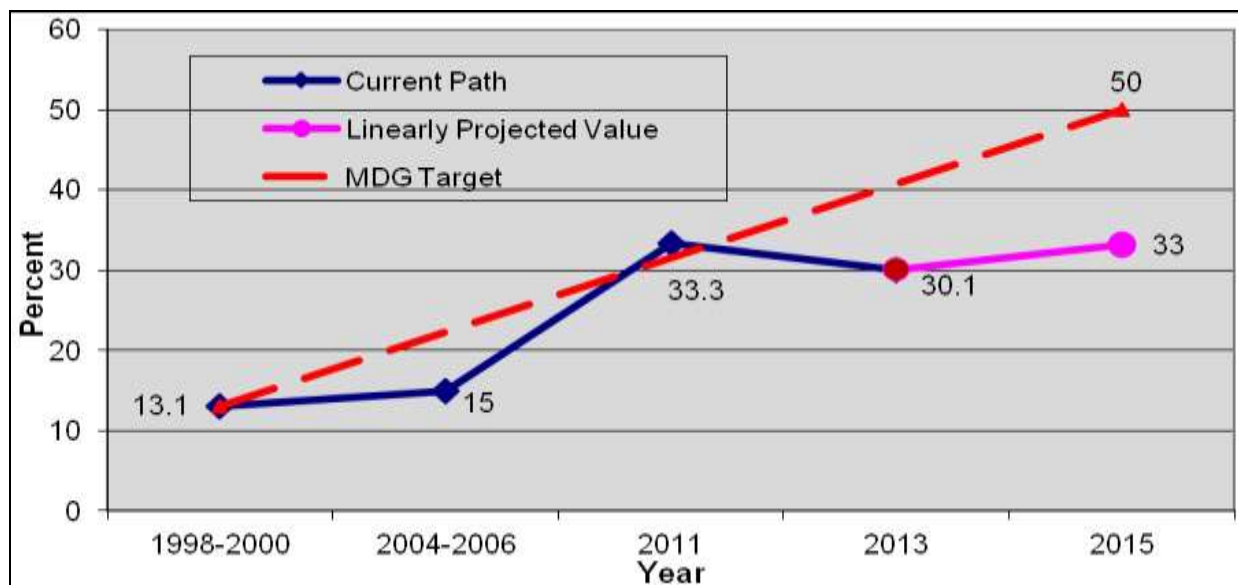


**Source:** MDHS,1992,2000,2004,EMIS,2006,2007,2008,2009,2010,2012,2013

The ratio of literate women to men of age between 15 to 24, from figure 14 , has increased from 0.82 in 2000 to 0.93 in 2013. This can be attributed to adult literacy programs that Government has established. It is projected that by 2015 it will reach 0.97.

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

**Figure 14: Share of women in Wage Employment in the Non-Agricultural Sector**



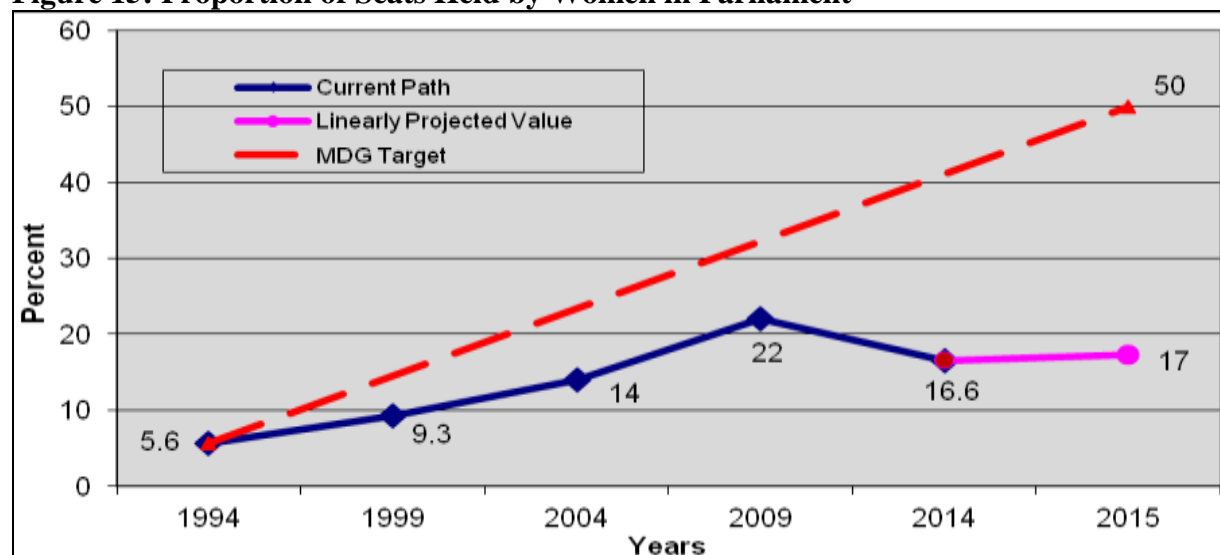
**Source:** MDHS 1992,2000,2004,EMIS,2006,2007,2008,2009,2010,2013

Share of women in wage employment in non-agricultural sector is an indicator for employment opportunities. Equal opportunities for both men and women would translate into equal proportion of men and women in the formal employment. For a remarkable number of years, Malawian women have had a difficult chance in attaining jobs that require professional qualifications.

Figure 15 above shows that women’s share in wage employment in the non agricultural sector has increased from 15percent in 2006 to 30.1 percent in 2013.The projiectons show that Malawi is unlikely to meet the target of 50 percent as it points to 33 percent. This may be as a result of low women literacy levels and increased school drop out for women at secondary and tertialy levels.

## Indicator 5: Proportion of seats held by women in National Parliament

Figure 15: Proportion of Seats Held by Women in Parliament



Source: Malawi Electoral Commission 1994, 1999, 2004, 2009, 2014

The indicator on proportion of seats held by women in parliament aims at depicting number of women in the national assembly in comparison to number of men. Malawi has been registering increases in this indicator from 14 percent in 2004 to 22 percent in 2009.

Figure 16 shows that the percentage has slightly declined in 2014 general elections to 16.6. Projections depict that it can only go as far as 17 percent which is way below the MDG target of 50 percent. The trend clearly points out that there is lack of public appreciation of women participation in political decision making as well as limited political skills among women MPs who often face high turnover in parliament.

### Challenges and Strategies

The general trend shows that Malawi is unlikely to meet equal chances for men and women by 2015. Initiatives like free primary education and girl child education awareness campaigns have helped government to improve girl child education at primary school level. At secondary school level such efforts still accrue to positive results. However, at the same secondary school level drop out for girls is on an increase. This is a result of early marriages and pregnancies for girls accompanied by increased household responsibilities. This in turn negatively affects the number of girls progressing to tertiary levels and acquiring professional training for wage employment. The marginalised nature of women is as well manifesting in low numbers of women in the national assembly.

Government realizes 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.

Government has therefore taken strides in trying to equate opportunities for both sexes by initiatives that are aimed at reducing gender disparities.

Some of the interventions include: construction of girls' hostels in secondary schools to make the schools girl friendly so as to increase attendance rate for girls, building capacity of women in business and financial skills and provision of incentives for women to participate in leadership elections. For instance, women candidates were specially supported during the 2014 general elections. Under MAF Action plan Government would like to undertake a legal reform on penal code and legislation of gender related bills.

# GOAL 4



**REDUCE CHILD MORTALITY**



## GOAL 4: REDUCE CHILD MORTALITY

### FEASIBILITY OF ACHIEVING THE GOAL: LIKELY TO BE MET

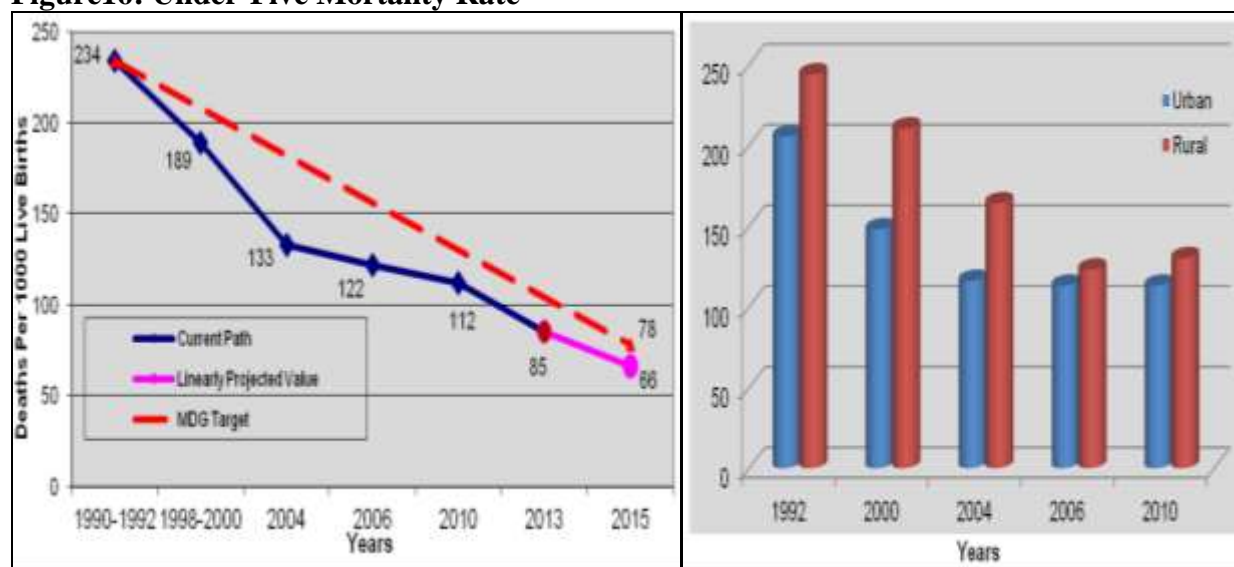
Indicator	2000	2004	Current Status	2015 Target
Under-five mortality rate (per 1000 live births)	189	133	85	78
Infant Mortality rate (per 1000 live births)	103	76	53	44.7
Proportion of 1 year children immunized against measles (%)	83.2	78.7	85	100

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

Reducing child mortality is a major challenge in Malawi. However, the Government remains highly committed to curbing the problem. As a manifestation of this commitment, government has recently intensified investment in child survival interventions. Special focus has been put on scaling up immunization and Integrated Management of Child Illness (IMCI) programs; prevention of mother to child transmission of HIV; Malaria prevention; as well as improving availability of health personnel, community health workers and improving geographical access through infrastructure development. There has also been improved collaboration between Ministry of Health, Development Partners and non-state actors through the implementation of the Malawi Health Sector Strategic Plan.

#### Indicator 1: Under-five mortality rate

Figure16: Under-Five Mortality Rate



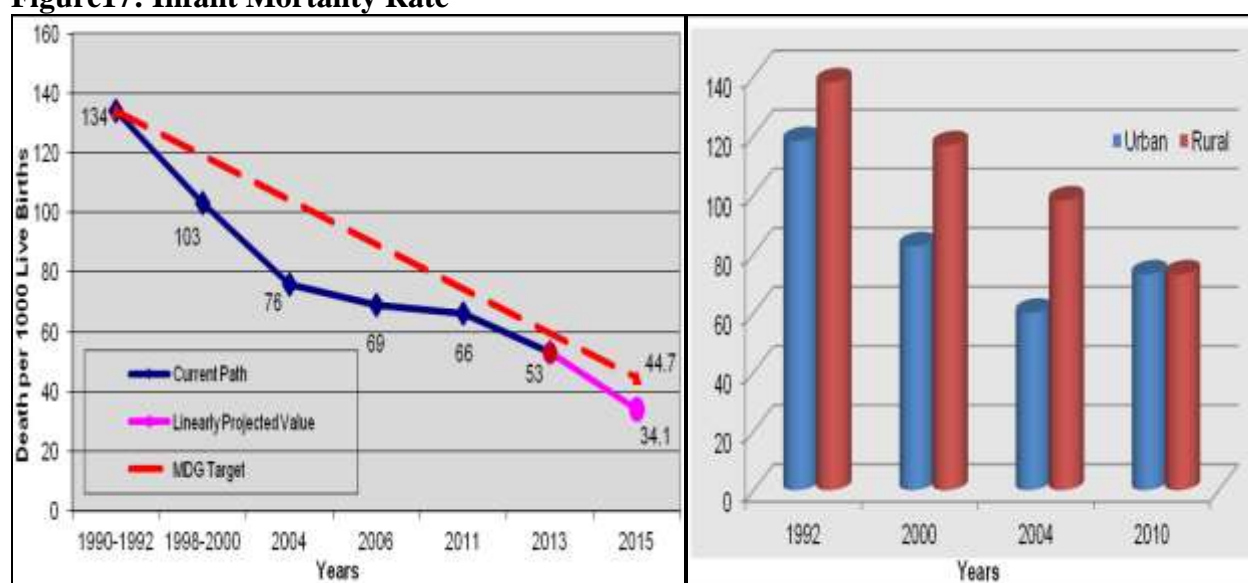
Sources: MDHS 1992, 2000, 2004, 2010, MICS 2006 and MES 2013

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 112 deaths per 1,000 live births in 2010 and declined further to 85 deaths per 1,000

live births in 2013. If this trend continues, it is expected that by 2015, there will be 66 deaths of under-five children out of 1000 live births. This implies that the country is likely to reduce under-five mortality by over 70 percent of the 1992 rate. In terms of residential disparity, under-five mortality is higher in rural areas (130 deaths per 1,000 live births) compared to urban areas (113 deaths per 1,000 live births) in 2010. The country has, however, made significant progress in reducing both rural and urban under-five mortality between 1992 and 2010. This improvement is largely attributed to, among others, significant investments in child survival interventions such as vaccines for various preventable diseases, effective treatment of pneumonia at community level, effective prevention and treatment of malaria and diarrhea diseases, Vitamin A supplementation, PMTCT promotion, and exclusive breast feeding for the first six months.

**Indicator 2: Infant Mortality Rate (IMR)**

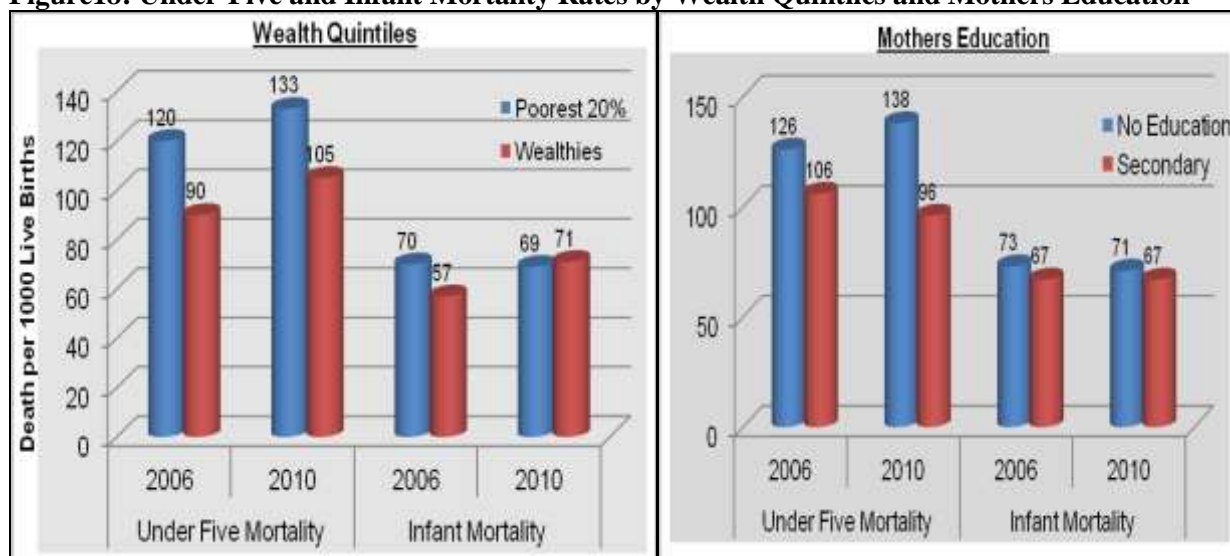
**Figure17: Infant Mortality Rate**



Sources: MDHS 1992, 2000, 2004, 2010 and MICS 2006, and MES 2013

Figure 18 shows that infant mortality rate has been consistently declining since 1992, the rate was at 134 deaths per 1,000 live births which declined to 69 deaths per 1,000 live births in 2006 and dropped further to 53 in 2013. Similar trends can be observed in rural and urban areas except for years between 2004 and 2010 where urban infant mortality rate increased from 60 deaths per 1000 live births to 73 deaths. The overall decline could be attributed to various interventions that Government is implementing, among them are: Extended Programme of Immunization, de-worming and distribution of insecticide treated mosquito nets. It is projected that by 2015, IMR will reduce to 34.1 deaths per 1000 live births. This implies that by 2015 Malawi is likely to surpass the MDG target.

**Figure18: Under-Five and Infant Mortality Rates by Wealth Quintiles and Mothers Education**

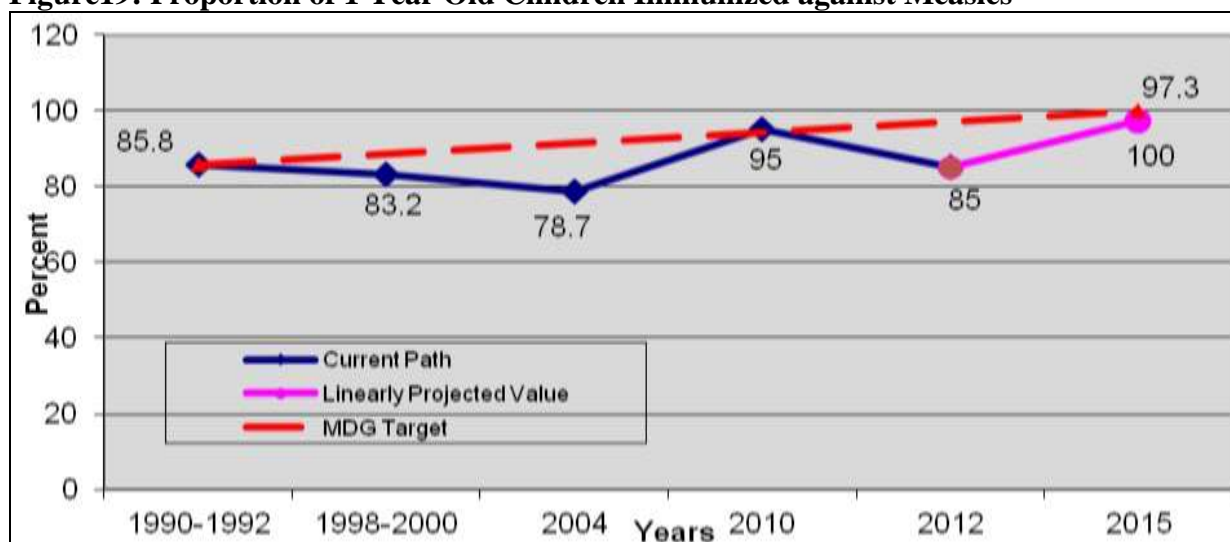


Sources: MICS 2006, MDHS 2010 and MES 2013

Figure 19 shows child mortality by socioeconomic differentials. Children in households in the lowest wealth quintile have the highest under-five and infant mortality rates. In 2010 under-five mortality rates are lowest for children in households in the highest wealth quintile (105 deaths per 1,000 live births) as compared to 133 deaths per 1,000 live births in the lowest wealth quintiles. Higher levels of educational attainment are generally associated with lower mortality rates. In 2010, Children born to mothers with no education have the highest under-5 mortality rate (138 deaths per 1,000 live births). Mortality rates decline sharply as mother’s level of education increases. Under-5 mortality is 96 deaths per 1,000 live births for children whose mothers have a secondary education.

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

**Figure19: Proportion of 1 Year Old Children Immunized against Measles**



Sources: MDHS 1992, 2000, 2004, 2010, MICS 2006 and MES 2013

Figure 20 show that overall the proportion of 1 year old children immunized against measles has increased from 83.2 percent to 95 percent between 2000 and 2010. This improvement is largely due to the adoption of the Extended Programme on Immunization with support from Global Alliance for Vaccine and Immunization (GAVI), WHO and UNICEF among other partners. The projection shows that Malawi is likely to attain the target by 2015, if the current efforts are maintained.

### **Challenges and Strategies:**

To maintain the current pace of progress the government will have to increase resource allocation for essential health interventions, improve inter-sectoral collaboration to deal with other determinants of poor child health, such as water, sanitation and malnutrition. There will be more intensification of key initiatives such as improving perinatal care to reduce neonatal deaths, (IMCI) approach to reduce childhood morbidity, mortality and disability and implementation of the Essential Health Package (EHP); continue training more health workers, increase immunization of under five children and pregnant women, distribute more free insecticide treated nets and vitamin A.

# GOAL 5



**IMPROVE MATERNAL HEALTH**

## GOAL 5: IMPROVE MATERNAL HEALTH

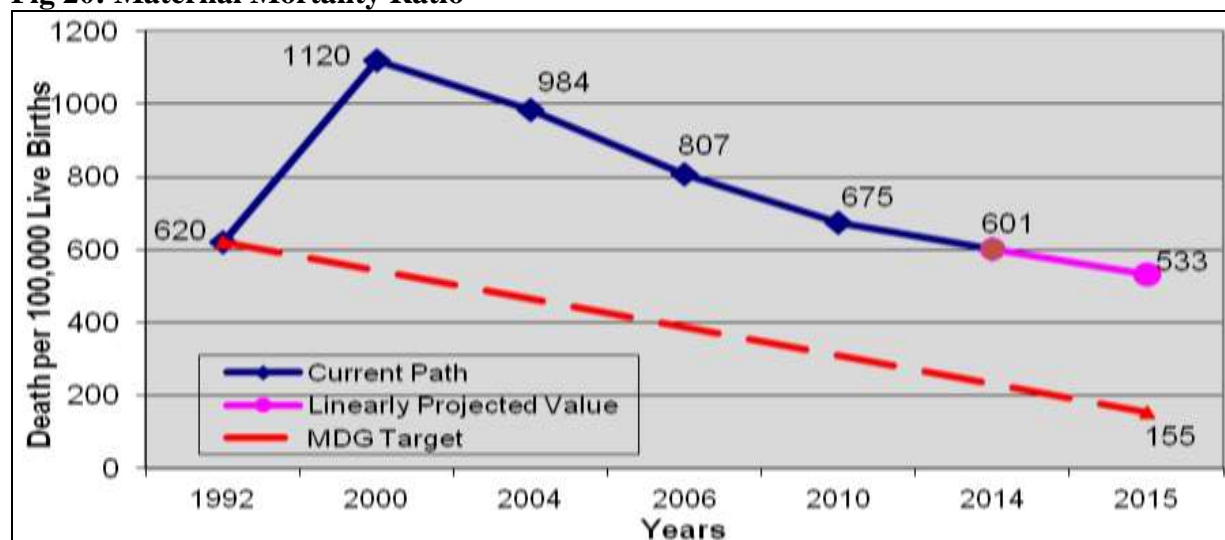
### FEASIBILITY OF ACHIEVING THE GOAL: UNLIKELY TO BE MET

Indicator	2000	2004	Current Status	2015 Target
Maternal mortality ratio (per 100,000 live births)	1120	984	601	155
Proportion of births attended to by skilled health personnel (%)	55.6	57	87.4	100

Sustainable growth and development for the economy of every nation depends on the health status of its population. Malawian population is dominated by women to an amount of about 52 percent which makes their contribution to development crucial. Unfortunately, Malawi still faces more deaths and disability among women of reproduction age. The country requires improvement on antenatal care; basic emergency obstetric care; and postnatal care in order to achieve targets with respect to improved maternal health. Progress under improved maternal health is measured by two indicators which are; proportion of births attended by skilled health personnel and maternal mortality ratio.

#### *Indicator 1: Maternal Mortality Ratio*

**Fig 20: Maternal Mortality Ratio**

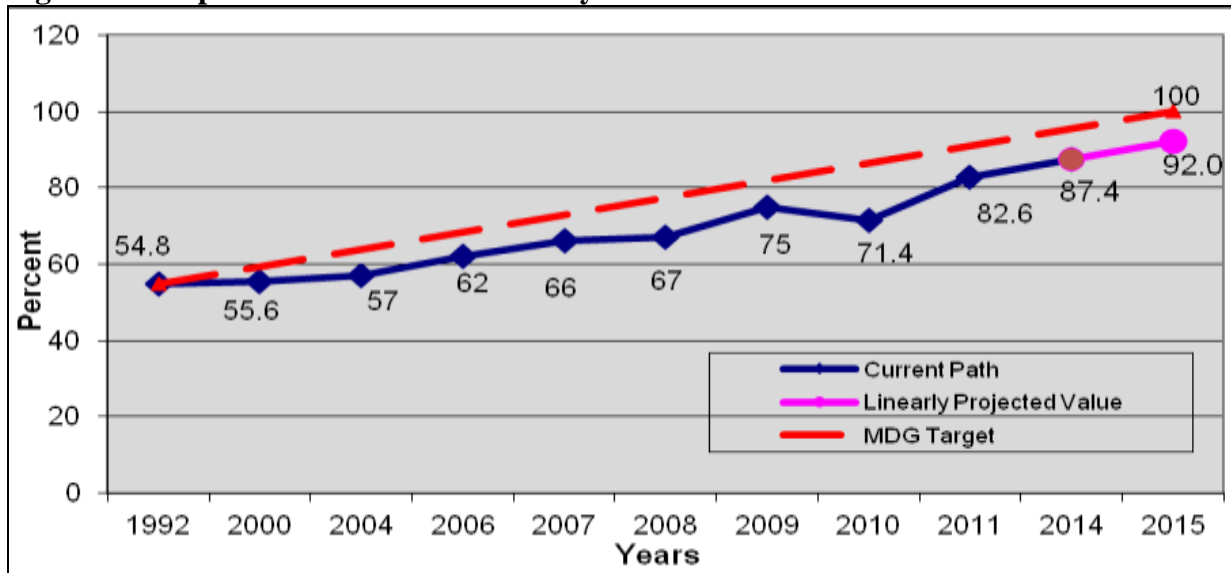


Sources: MDHS 1992,2000,2004,2006,2010,MICS,2006 MES 2013

Figure 20 shows that the maternal mortality rate continues to decrease from 984 deaths per 100 000 live births in 2004 through 807 in 2006 to 601 in 2013. The trend is desirable as the rate continues to decline. Nonetheless, the decline is not adequate to meet the MDG target of 155 as the projected decline points to halt at 533 by 2015.

#### *Indicator 2: proportion of births attended by skilled health personnel*

**Figure 21: Proportion of Births attended by Skilled Health Personnel**

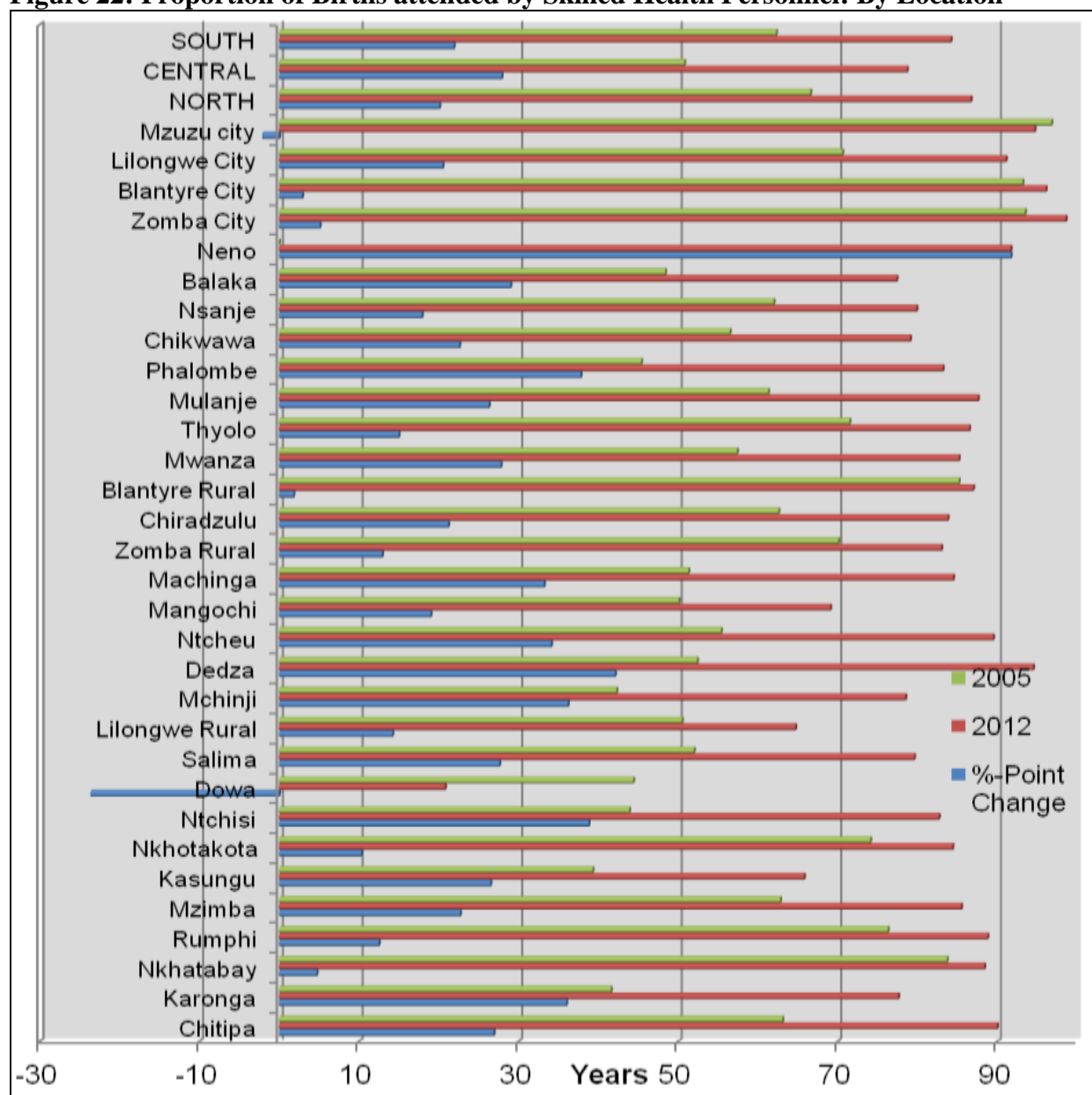


**Source:** MDHS 1992,2000,2004,2010; WMS 2006,2007,2008,2009 ;IHS2012; MES 2013

Figure 21 shows that there has been a steady increase in the proportion of births attended by skilled health personnel from 55.6 percent in 2000 to 87.4 percent in 2013. The increase can be attributed to Government policy of promoting institutional deliveries by changing the role of traditional birth attendants from delivering children to referring expectant mothers to health centers and hospitals. On the other hand, the introduction of service level agreement between the Government and private sector health service providers through elimination of user fees has been of great relevance in increasing access to health care. Trends depict that by 2015, at the current pulse, the proportion of births attended by skilled health personnel shall come to 92 percent which falls below the MDG target of 100 percent.

Figure 22 shows that there is a significant difference with respect to proportion of births attended by skilled health personnel between rural and urban areas. All the cities of the country have proportions above 90 percent while all districts except Dedza have proportions below 90 percent. The difference can be attributed to good access to more improved health facilities and services in the cities than districts. In addition, lack of better transport systems in some rural areas makes it difficult for people to access health facilities.

**Figure 22: Proportion of Births attended by Skilled Health Personnel: By Location**



Sources: IHS,2005 and 2012

### Challenges and Strategies

Malawi is unlikely to meet the goal of improving maternal health by 2015 due to a number of challenges that the health sector is facing such as inadequate skilled health personnel and high employee turn over in the health sector. Government has put up considerable effort to construct and renovate health training institutions to increase the number of skilled health personnel. However, current training facilities cannot cope with ever increasing demand for healthy services. On the other hand, provision of health services alone is not enough since some people do not seek the services due to cultural practices.



Government has, therefore, set aside a number of strategies in trying to address some of the problems which include: Improving the availability of quality Maternal and Neonatal Health(MNH) care; Strengthening the referral system; Strengthening national and district planning and management of MNH care; Advocating for increased commitment and resources for MNH; Increasing enrolment in health training institutions; Introduction of incentives to retain staff such as provision of salary top up and Strengthening services that address adolescents' sexual and reproductive health (SRH) issues and improving access to family planning services.

# GOAL 6



COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

## GOAL 6: COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

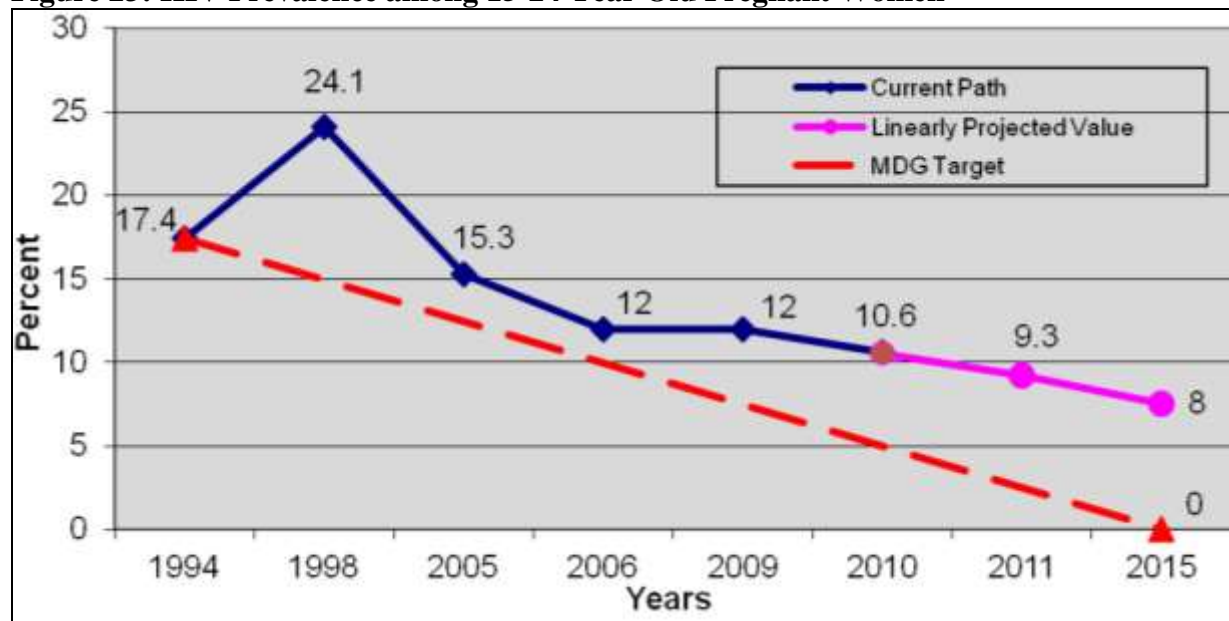
FEASIBILITY OF ACHIEVING THE GOAL: LIKELY TO BE MET				
Indicator	2000	2005	Current Status	2015 Target
HIV prevalence among 15 – 24 year old pregnant women	24.1	14.3	8.2	0
Ratio of orphans to non-orphans in school	0.121	0.176	0.149	-
Prevalence and deaths rates associated with Malaria	3.6	5.0	3.3	-
Access to Malaria Treatment (%)	8	21	24	-
Proportion of Household with at least one ITN	31	42	55	-
Death rates associated with Tuberculosis (%)	22	19	7	-
Proportion of TB Cases Cured under DOTS (%)	57	75	86	-

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

HIV and AIDS pandemic has aggravated the burden and incidence of other diseases such as Malaria, Tuberculosis (TB) and other opportunistic infections due to compromised immunity for those infected. High disease burden slows down development efforts as most resources are diverted to healthy sector leaving other sectors inadequately supported. The high prevalence of these diseases has grossly affected the human capital development, welfare and health care service delivery system. 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.

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

Figure 23: HIV Prevalence among 15-24 Year Old Pregnant Women



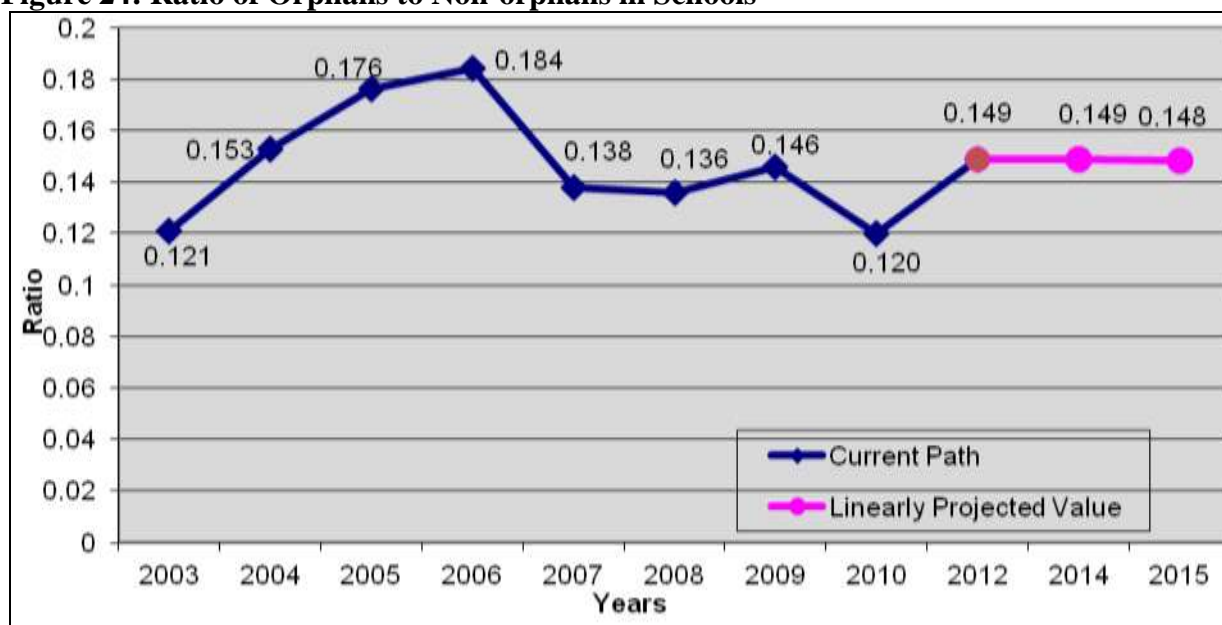
Sources: 2010 HIV and Syphilis Sero-Survey and National HIV Prevalence and AIDS Estimates Report

The Malawi Government has been making strides to reduce the prevalence of HIV and AIDS among pregnant women since 1998. Figure 23 indicates HIV prevalence among pregnant women aged 15 to 24 years. It shows that HIV prevalence has declined to 8.2 percent in 2010 from 12.3 percent in 2007 and is projected to continue declining. The increase in the awareness on HIV prevention and intensification of behavioral change interventions such as abstinence, safer sex and sexual reproductive health (SRH) are some of the factors that have led to this decline in prevalence. By 2015 it is projected that HIV prevalence among pregnant women aged 15 – 24 will be at 8 percent which is still above the MDGs target of zero percent.

Despite remarkable progress made in reducing new HIV infections, negative social and cultural issues continue to be a major challenge as they increase risk to HIV exposure. The government continues to improve access to Anti-Retroviral Treatment (free ARVs) and HIV Testing and Counseling (HTC) as an entry point to both HIV prevention and access to treatment. This has consequently increased pressure on the budget. In addition, inadequate knowledge, skills, and shortages and pilferage of essential commodities negatively affect government efforts.

**Indicator 2: Ratio of School Attendance of Orphans to School Attendance of Non-orphans aged 10-14<sup>1</sup>**

**Figure 24: Ratio of Orphans to Non-orphans in Schools**



Sources: Ministry of Education Annual School Census

The ratio of orphans to non orphans attending school has decreased from 0.184 in 2006 to 0.149 in 2012, oscillating at 0.120 in 2010 and projected to be at 0.148 in 2015. This calls for government intervention to ensure that more orphans of school going age are being enrolled in schools.

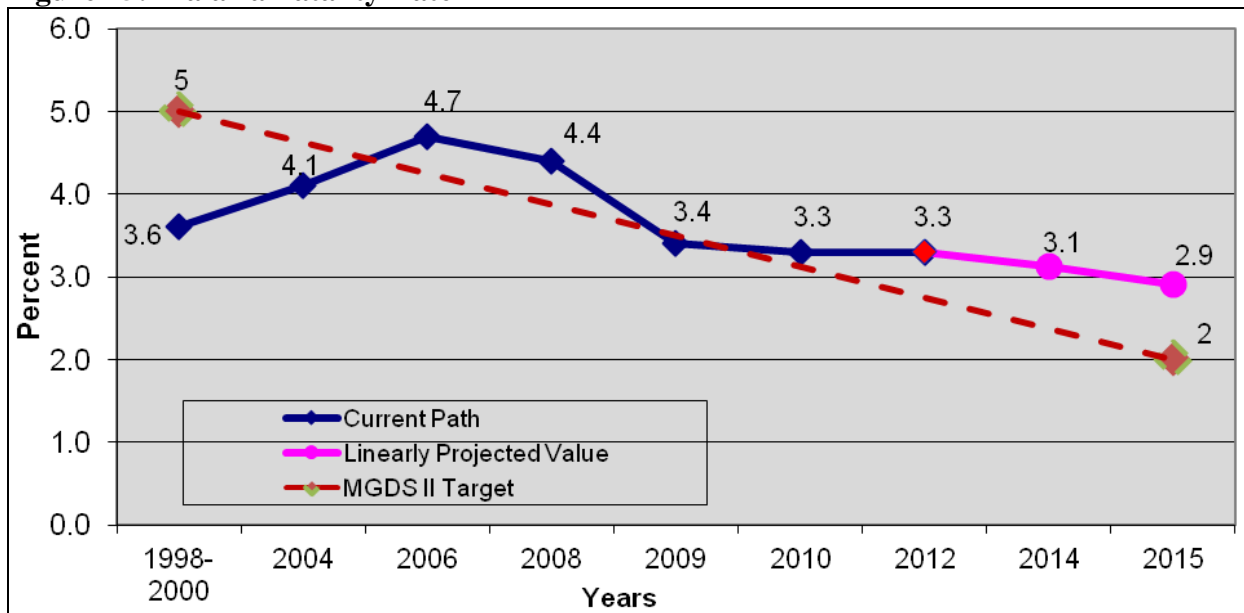
**Target 8: Halt and begin to Reverse the Incidence of Malaria and other Major Diseases.**

<sup>1</sup> Ratio used is on total number of orphans to non orphans of school going age at primary school level.

Malaria remains a major cause of morbidity and mortality in Malawi, especially among children under the age of five years and pregnant women. . About 30 percent of Out-Patient Department (OPD) consultations in many health facilities in the country are diagnosed with Malaria. Fifty two percent of all children under five in the in-patient department (IPD) are due to both Malaria and Anaemia.

The Government of Malawi through the health sector has been implementing a number of key strategies and programmes in an effort to improve access to malaria treatment and combat the disease. For correct diagnosis and treatment of malaria cases according to the existing guidelines, the main strategic areas that are implemented include: Malaria case management, Intermittent Preventive Treatment (IPT) of pregnant women with SP, use of Insecticide Treated Nets (ITN) and Indoor Residual Spraying in selected districts. The Behavioral Change and Communication/Information Education and Communication (BCC/IEC) approach addresses areas of advocacy for change, creating demand for Malaria services and giving information that is necessary for changing people’s behaviour.

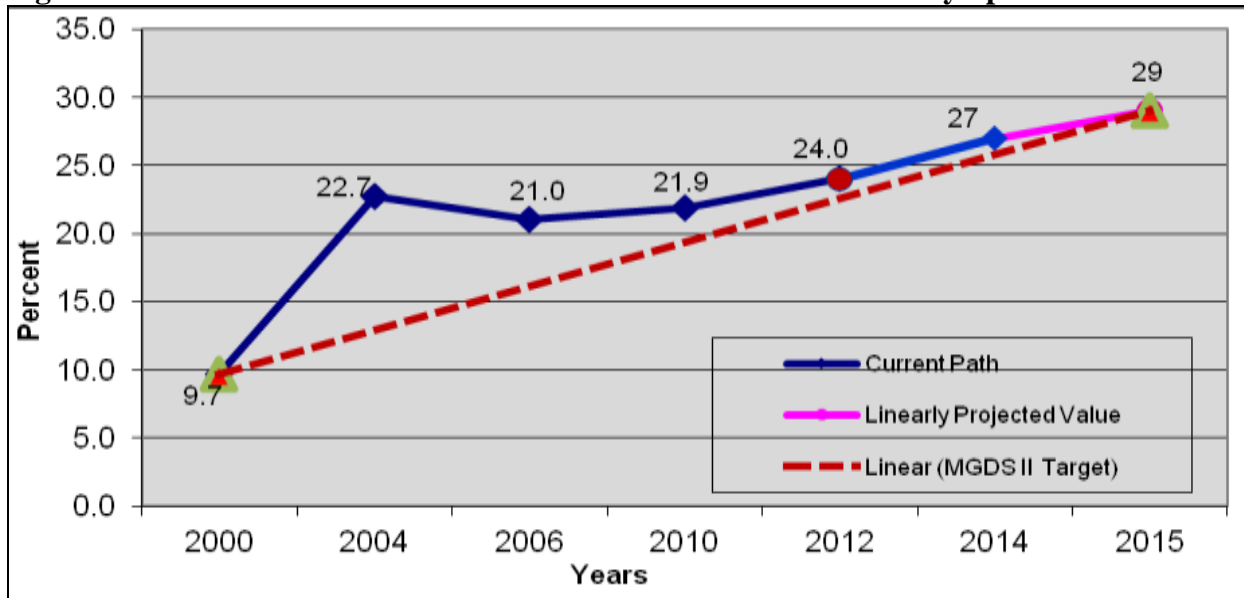
**Figure 25: Malaria Fatality Rate**



**Sources:** National Malaria Control Programme

As Figure 25 shows, deaths associated with Malaria continue to decrease from 4.7 percent in 2006 to 3.3 percent in 2012 and projected at 2.9 percent in 2015 which is below a target of 2. The continued use of the *Lumefantrine Artemether* (LA), an anti malaria drug, indoor residual spraying, and increased distribution and use of (ITNs) has contributed to the decline in deaths associated with malaria, especially among the under-five children and pregnant women.

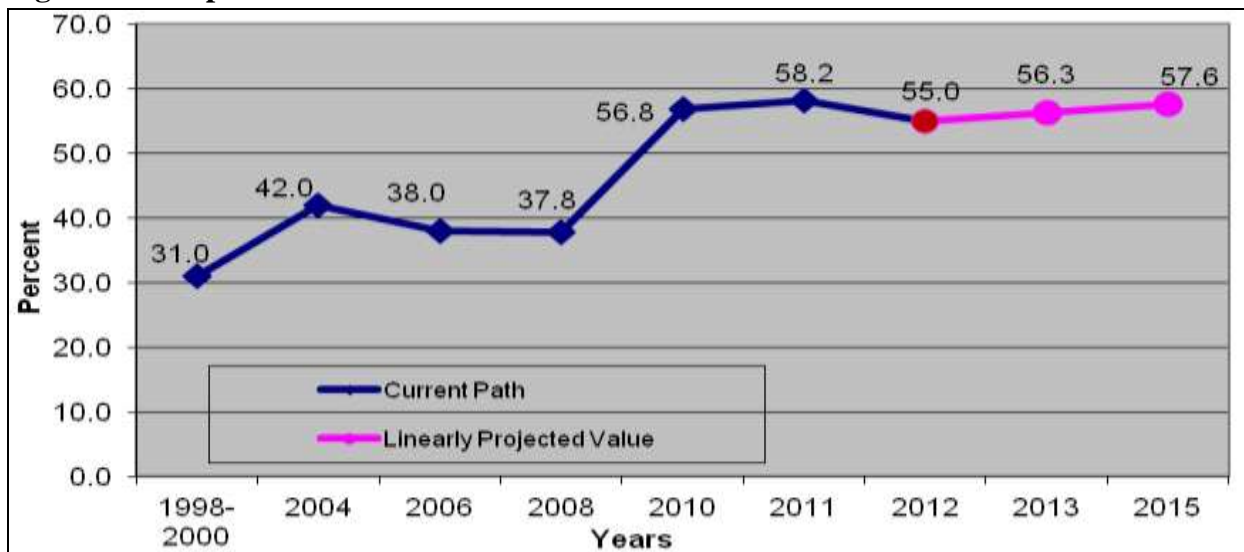
**Figure 26: Access to Malaria Treatment within 24 hours of onset of symptoms**



**Sources:** National Malaria Control Programme

Percentage of under-five children with access to Malaria treatment within 24 hours of onset of symptoms has increased from 21.9 percent in 2010 to about 24 percent in 2012 and projected at 29 percent in 2015. The increase can be attributed to government’s commitment to increase access to Malaria treatment through intensive sensitization campaigns on the dangers of Malaria to improve knowledge.

**Figure 27: Proportion of HH with at least one ITN**



**Sources:** National Malaria Control Programme

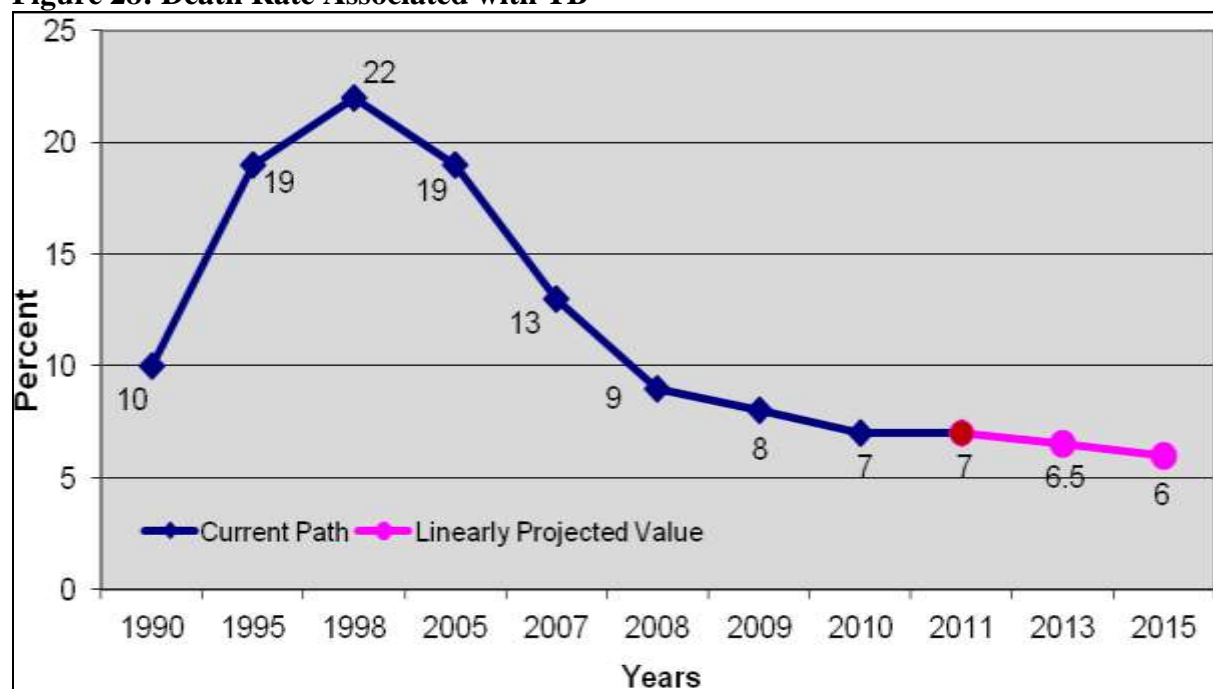
The Government of Malawi has emphasized on reducing Malaria incidences through the promotion of preventive measures, though curative efforts are also employed. The use of (ITNs) has been one of the priority strategies to control Malaria especially among under-five children and pregnant women. Household with at least one ITN has increased from 37.8 percent in 2008

to about 55 percent in 2012, peaking at 58.2 percent in 2011. Between 2008 and 2010, the proportion of households with at least one ITN has risen significantly from about 38 percent to 60 percent. It is projected that by 2015, the proportion of households with at least one ITN will rise to about 81.5 percent. The significant increase is due to sensitization campaigns and mass distribution of ITNs. Government has also adopted a policy of universal access to Long Lasting Insecticide Nets (LLINs) from 2012 replacing the use of ITNs which had to be periodically treated.

**Indicator 4: Death Rates Associated with Tuberculosis**

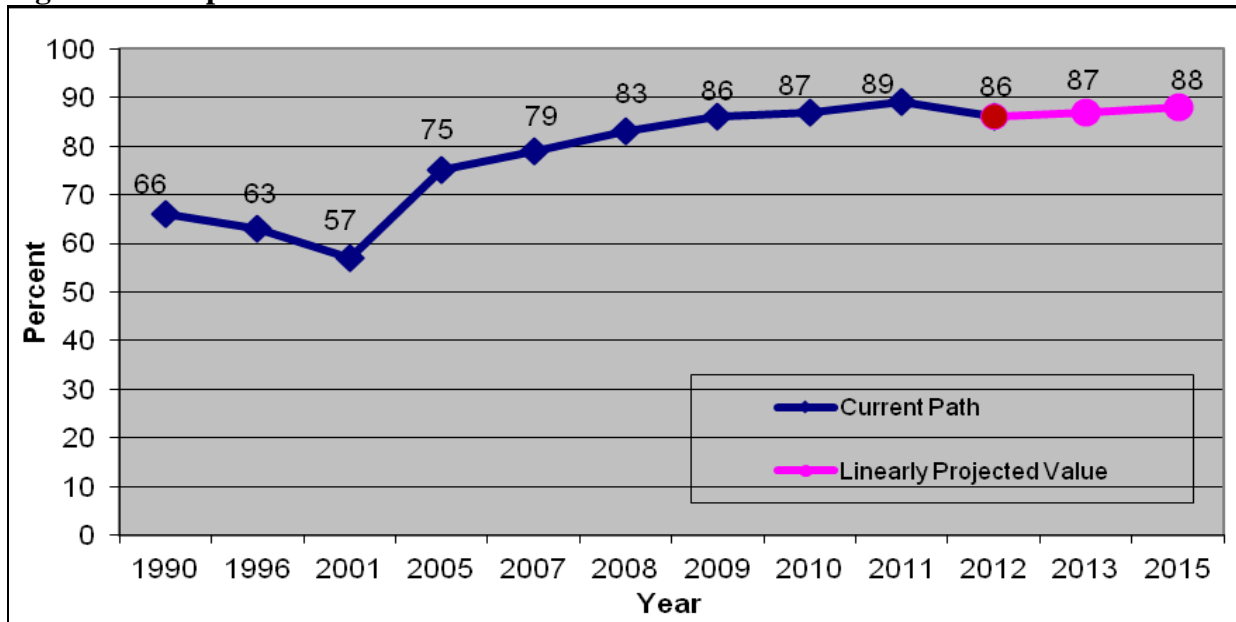
Tuberculosis is one of the major causes of morbidity and mortality in Malawi, impacting more on the poor due to overcrowding and poor nutrition favouring transmission and development of active disease from latent infection. The coming in of HIV infection, which has worsened the death rates associated with TB, accelerates the progression from infection with the bacterium to active TB disease. Thus, unless HIV infection in the community is reduced, TB cases as an opportunistic disease will remain high. This therefore calls for strong efforts in integrating TB/HIV management especially given the high co-infection rates for Malawi.

**Figure 28: Death Rate Associated with TB**



Sources: National TB Control Programme

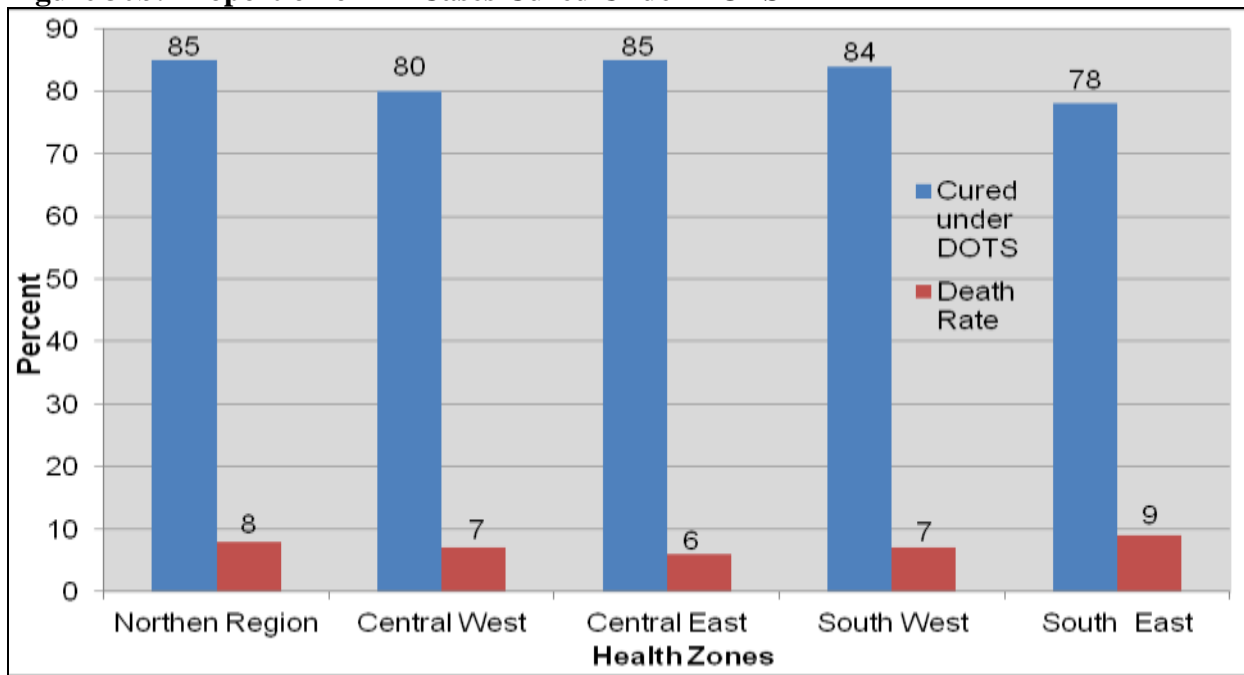
**Figure 29: Proportion of TB cases cured under DOTS**



Sources: National TB Control Programme

Over the years, deaths associated with TB have declined from a peak of 22 percent to 7 percent in 2011. This success in reduction of TB case fatality is attributed to government’s effort in the implementation of the Directly Observed Treatment Short-course (DOTS) and integration of TB and HIV services especially for the co-infected population. Maintaining the current investments in TB associated mortality is projected to decline to 6 percent in 2015.

**Figure 30b: Proportion of TB Cases Cured Under DOTS**



Sources: National TB Control Programme



Since 2001 cases of TB cured under DOTS have been increasing, consistently from 57 percent to 89 percent in 2011 there after declined to 86 percent in 2012. Clear policy on TB control, improved case detection, standardized TB treatment, adequate effective drugs, and universal access to treatment has made TB cases cured under DOTS a success in Malawi.

One of the challenges of TB is the high TB/HIV infection rate resulting in high TB associated case fatality rate. Other challenges include declining and uncertain funding to TB fight, emerging drug resistant to TB strains, diagnostic challenges in the changing environment and relatively low investment in new effective anti-TB drugs. The Government of Malawi is addressing the TB control efforts through several strategies including; empower TB patients, ex-TB patients and civil societies through partnerships. Pursuing DOTS expansion and enhancement through huge political commitment; increase funding, improved infrastructure, improved case detection through smear microscopy and culture, regular and uninterrupted drug supply. These efforts has made the battle against tuberculosis in Malawi to be successful.. As the country continues to increase funding to health sector, more returns are expected in the fight against TB. Other strategies include addressing TB/HIV co-infection, MDRTB and the needs of the poor and vulnerable populations.

# GOAL 7



**ENSURE ENVIRONMENTAL SUSTAINABILITY**

## GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

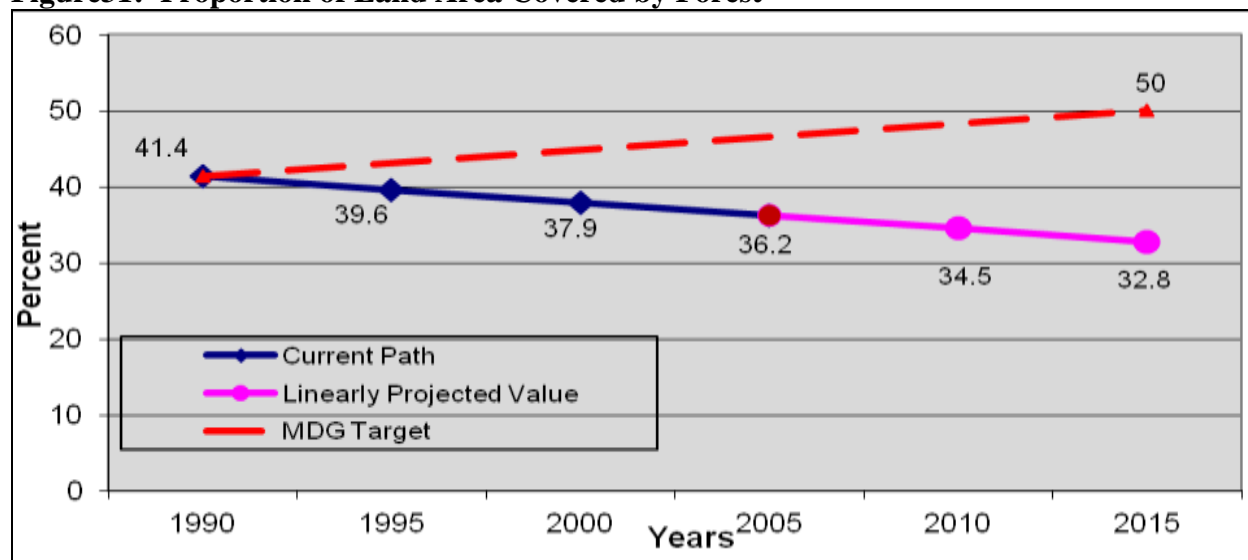
FEASIBILITY OF ACHIEVING THE GOAL: LIKELY TO BE MET				
Indicator	2000	2005	Current Status	2015 Target
Proportion of land area covered by forest (%)	37.9	36.2	36.2	50
Proportion of area protected to maintain biological diversity (%)	0.16	0.16	0.16	0.18
Proportion of population using solid fuel (%)	97.9	98.7	98.3	0
Proportion of population with sustainable access to an improved water source (%)	47	62	86.2	74
Proportion of population with access to basic sanitation (%)	81.4	83.9	95.1	86.2
Slum population as percentage of urban population (%)	94.6	89.9	65.1	-

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

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

Malawi is well endowed with environmental resources. However, degradation of these natural resources has been on the increase. Environmental degradation is caused by poverty, increasing population growth, inadequate alternative livelihoods and affordable energy technologies. It is estimated that between 1990 and 2005, the country lost around 494,000 hectares of forest. This deforestation has contributed to the Green House Gas (GHG) emissions into the atmosphere causing global warming that affects climate change. As a result of this, the country has recently experienced increased climate variation in the form of prolonged dry spells, droughts, intense rainfall, floods and temperature variability. Consequently, the performance of sectors such as agriculture, natural resources, forestry, water and irrigation, energy, infrastructure, manufacturing, transport, tourism, and trade, among others have negatively been affected.

**Figure31: Proportion of Land Area Covered by Forest**

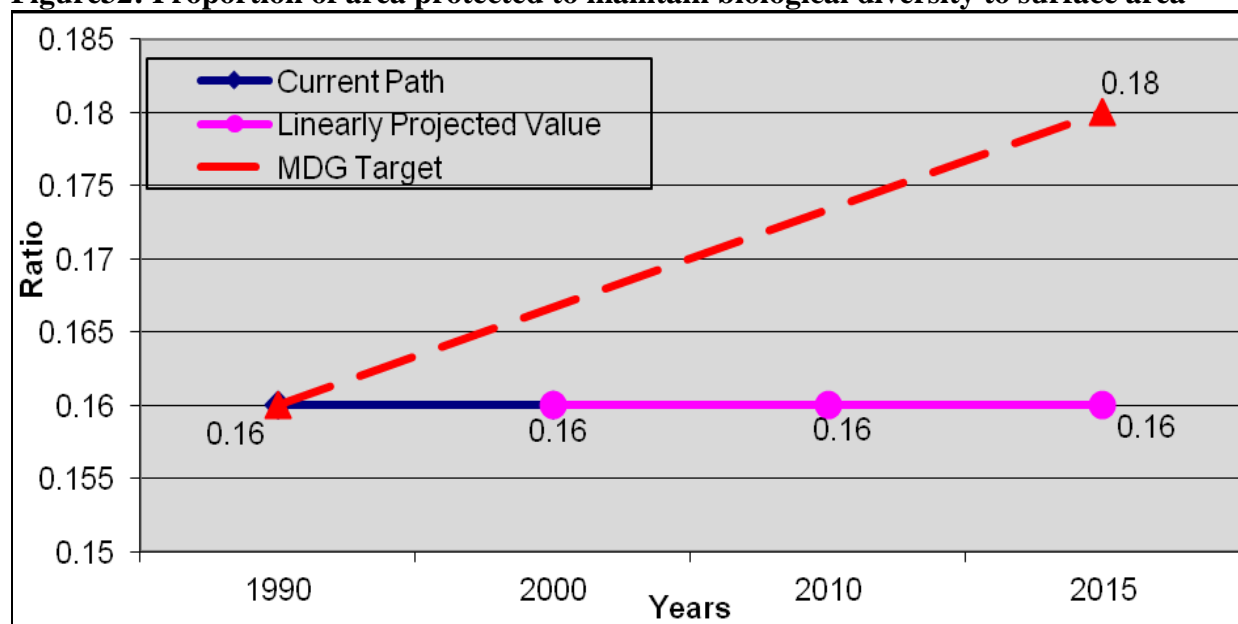


Sources: FAO Global Forest Resources Assessment, 1990, 2000 and 2005

Figure 31 shows that proportion of land area covered by forest declined to 36.2 percent from 39.6 percent in 1995. Should the current rate of deforestation continue, it is projected that by 2015, the forest cover will be 32.8 percent. The country continues to face challenges of deforestation because of heavy reliance on timber as a source of fuel in particular among the rural poor. Government is nevertheless implementing a number of initiatives to reverse the situation. Some of these initiatives include: intensifying reforestation, afforestation, promotion of natural regeneration as well as forest protection and management programmes.

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

**Figure32: Proportion of area protected to maintain biological diversity to surface area**



Source: UNEP (Online Databank)

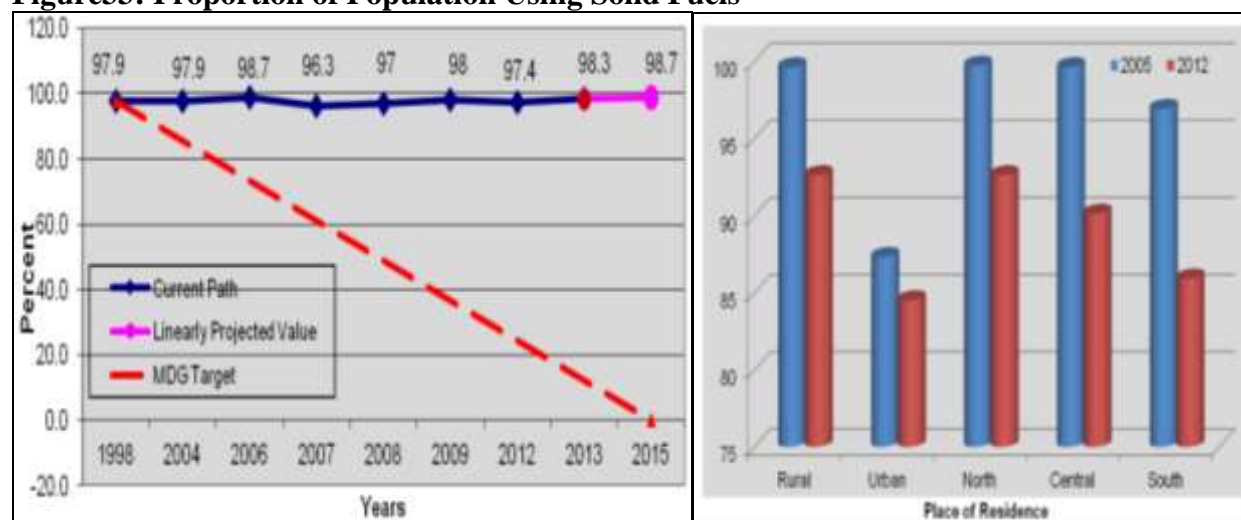
The ratio of surface area protected to maintain biological diversity has been constant since 1990 as shown in the Figure 32 . However, the country has experienced biodiversity loss over the years because of loss of habitats, increased poaching and expansion of agriculture. The proportion of protected area will continue to remain constant up to 2015 as projected in the figure . This implies that the country is on the right track on attaining this MDG target.

In the case of Climate change Malawi emitted an annual average of 22,708 Ggs of carbon dioxide equivalent for the greenhouse gas inventory conducted in the time series 1995 to 2000. This shows a reduction from the 1990 and 1994 inventories which were 33,093.89 Ggs and 29,229.64 Ggs respectively. This is negligible at the world scale. This reduction is as a result of afforestation in the country. Furthermore, the country has made substantial achievements in areas of early warning and improved weather information systems, as well as reduction in tonnage of ozone depleting substances such as chlorofluorocarbons (CFCs) from 5.9 tonnes in 2005 to almost zero in 2009 as a result of increased public awareness on environment and natural resources management.

### Indicator 3: Proportion of population using solid fuels

A well-developed and efficient energy system is vital for socio-economic development. In Malawi just like many developing countries, the energy sub-sector has not fully reached its potential owing to a number of structural, operational and institutional challenges. These challenges have affected energy generation capacity in Malawi, which has in turn greatly constrained the development of the industry sector. In this respect, increasing generation capacity, improving transmission, distribution and supply of electricity will contribute to an efficient energy system in the economy. Recognizing the importance of energy in the economic development of the country, Government has designated the energy sector as one of the key priority areas in the MGDS.

**Figure33: Proportion of Population Using Solid Fuels**



**Sources:** PHC 1998, MDHS 2004, WMS 2005, 2006, 2007, 2008, 2009, IHS 2012 and MES 2013

The proportion of the population using solid fuel has almost remained constant since 1998. According to the 2012 Integrated Household Survey (IHS), the proportion of population using solid fuel in rural areas and urban areas is estimated at 92 percent and 84 percent respectively. This could be as a result of lack of alternative sources of energy in rural areas and intermittent power failure and high electricity tariffs in urban areas. The projection shows that it is unlikely to meet the MDG target by 2015.

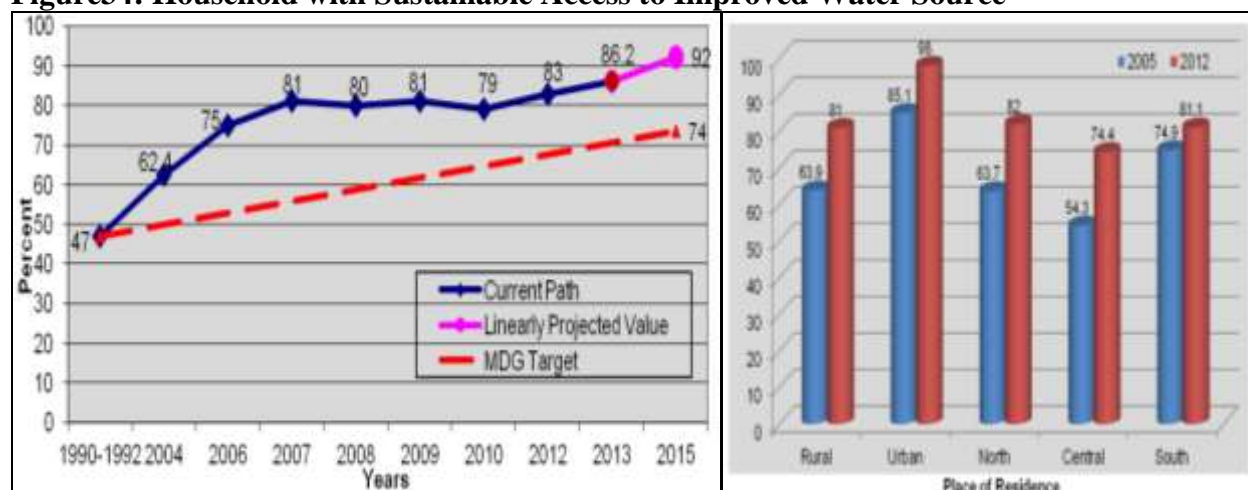
Government will, therefore, continue to emphasize on improvement and expansion of electricity generation, supply and distribution systems with more on rural electrification. In addition, government will increase liquid fuels stock holding and distribution capacity to meet the increasing demand. These will be achieved by a number of strategies including: developing additional power stations; promoting the use of renewable sources of energy and enhancing urban and rural electrification.

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

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

Malawi is one of the countries in the Sub-Saharan Africa that have performed above the regional average in terms of the proportion of the population that have gained access to improved water source. This is because Government has put high priority in water resources management and development considering that it is an important resource for life, agriculture and industrial development. Government has also prioritized water resources management due to increased demand for water in both rural and urban areas which has come about as a result of increased population and recent economic developments.

**Figure34: Household with Sustainable Access to Improved Water Source**



Sources: MDHS 1992, 2004, 2010 MICS 2006 and WMS 2007, 2008 and 2009, 2012 and MES 2013

Figure 34 shows that the percentage of population with access to safe water has increased from 79 percent in 2010 to 86.2 percent in 2013. Effective provision of safe water is compromised by frequent breakdowns of water points as a result of aging infrastructure, lack of maintenance of infrastructure by the community and vandalism. Despite these challenges, it is projected that by 2015, the proportion of population with access to improved water source will reach 92 percent, surpassing the MDGs target of 74 percent.

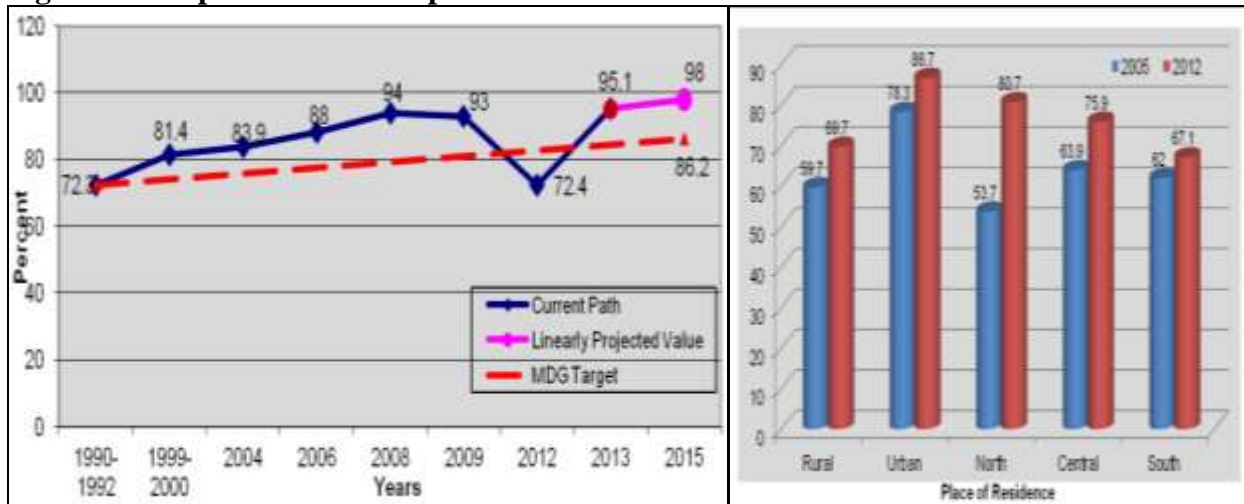
Despite these achievements, there are considerable challenges facing the country in the water sector. These include: dwindling of water resources due to climate change, aging infrastructure, theft and vandalism resulting in about 30 percent non-functionality of the infrastructure. Government will therefore continue implementing a number of strategies to increase access to improved water sources in rural, peri-urban and urban areas. Some of these strategies include: promoting development of multi-purpose dams and ground water resources; promoting Public Private Partnership (PPP) in delivery of water and sanitation services; and empowering national water resources authorities to manage water resources using integrated water resources management approaches.

Government recognizes that with the growing population demand for water will increase. In this respect, Water Boards in cities have planned to build new dams to cater for the growing population. To maintain quality supply of water, government has also strengthened security to curb vandalism of water facilities.

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

Malawi, relative to many other Sub Saharan countries has a high level of access to some form of basic excreta disposal facilities. However, there are disparities in latrine coverage within the country, especially in rural areas ranging from 40 percent to as high as 95 percent in areas where some sanitation projects have been active in promoting sanitation and hygiene in an integrated manner. Nonetheless there is need for the standards of latrines to improve.

**Figure35: Proportion of the Population with Access to Basic Sanitation**



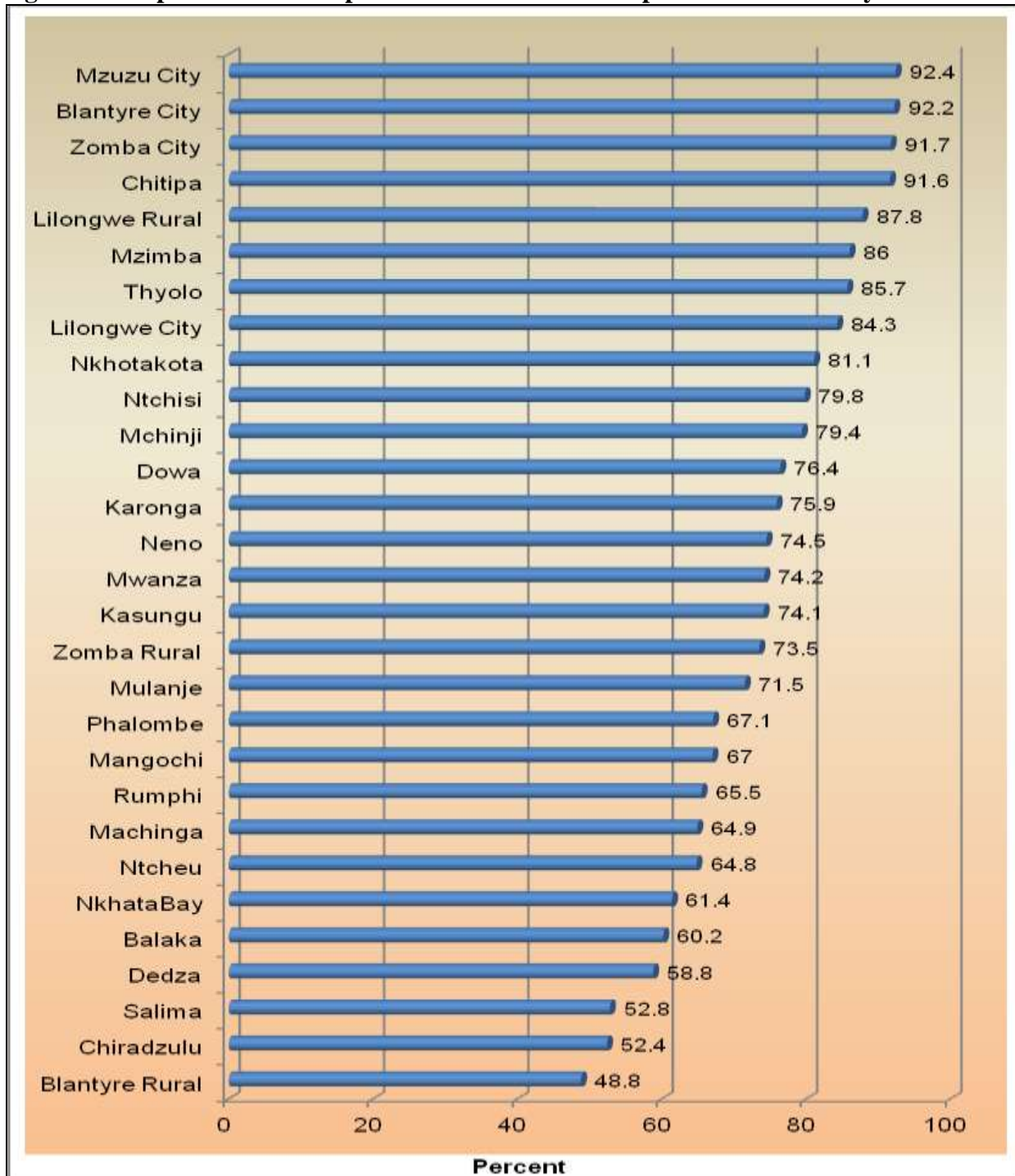
Sources: MDHS 1992, 2000, 2004, MICS 2006 and WMS 2007, 2008, 2009 and IHS 2012

There has been an increase in access to basic sanitation from 72.4 percent in 2012 to 95.1 percent in 2013 as shown in the Figure 35. Both rural and urban areas have also registered an increase in proportion of population with access to basic sanitation. This increase in the access to basic sanitation is attributed to interventions in the Water Sanitation and Hygiene (WASH) among them: construction of sanitation facilities in schools and communities as well as sensitization campaigns by various stakeholders on the importance of basic sanitation. It is projected that the MDG target will be met by 2015.

In terms of geographical disaggregation, most districts in the southern region have lower rates of sanitation coverage at 67.1 percent than districts in the northern (80.7 percent) and central regions (75.9 percent) as shown in figure 35. All city/urban districts have higher proportion of the population with access to basic sanitation. More than half of the population in Blantyre rural have no access to improved sanitation yet over 90 percent of Blantyre City population have access to improved sanitation. Karonga district which had lowest percentage of population with access to improved sanitation in 2005 (16.3 percent), improved to about 76 percent in 2011. This is attributed to intensified campaigns. Over the same period the percentage of people with

improved sanitation facilities in Lilongwe city declined from about 91 percent (2005) to 84 percent (2011). This could be attributed to high population growth and urbanization which has made land to become a scarce resource hence encouraging people to rather share a toilet facility.

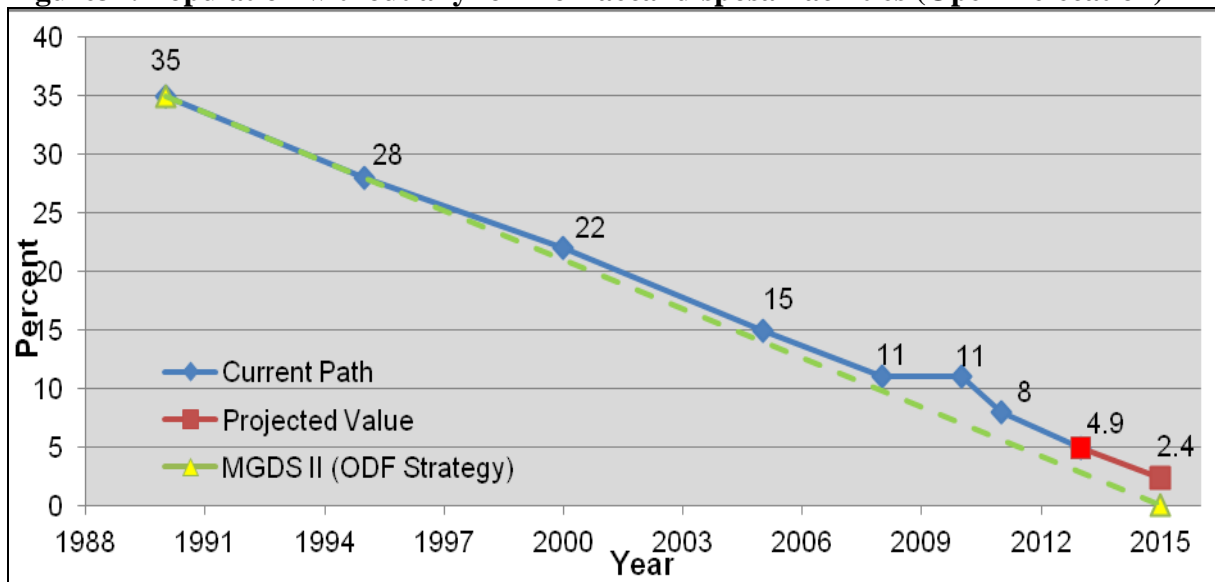
**Figure36: Proportion of the Population with Access to Improved Sanitation by Location**



Source: IHS 2011



**Figure37: Population without any form of faecal disposal facilities (Open Defecation)**



**Source:** 2012 Wash Sector Performance Report

Figure 37 shows the performance trends on Open Defecation Free (ODF) from 2006 to 2011. The figure shows that there is a decline in open defecation over the years. This can be attributed to various measures that the government and its stakeholders have put in place in trying to combat open defecation like Community Led Total Sanitation (CLTS) and National Sanitation Policy. Open Defecation has decreased from 35% in 1990 to 8% in 2012. At current pace, it is projected that OD will be at 5 percent by 2015. However it should be noted that government's target to be ODF by 2015 as projected in the figure below. If the country is to meet this target, there is great need for the sector to start rolling out the Sanitation Investment Master Plan which outlines the strategies and activities that have to be implemented in order for the country to be ODF by 2015.

The government has put strategies in place to make Malawi ODF by 2015. These efforts include approaches like CLTS and Sanitation Marketing among others which if properly implemented will help a greater population move up the sanitation ladder thereby helping the Government of Malawi achieve its goals as stipulated in MGDS II.

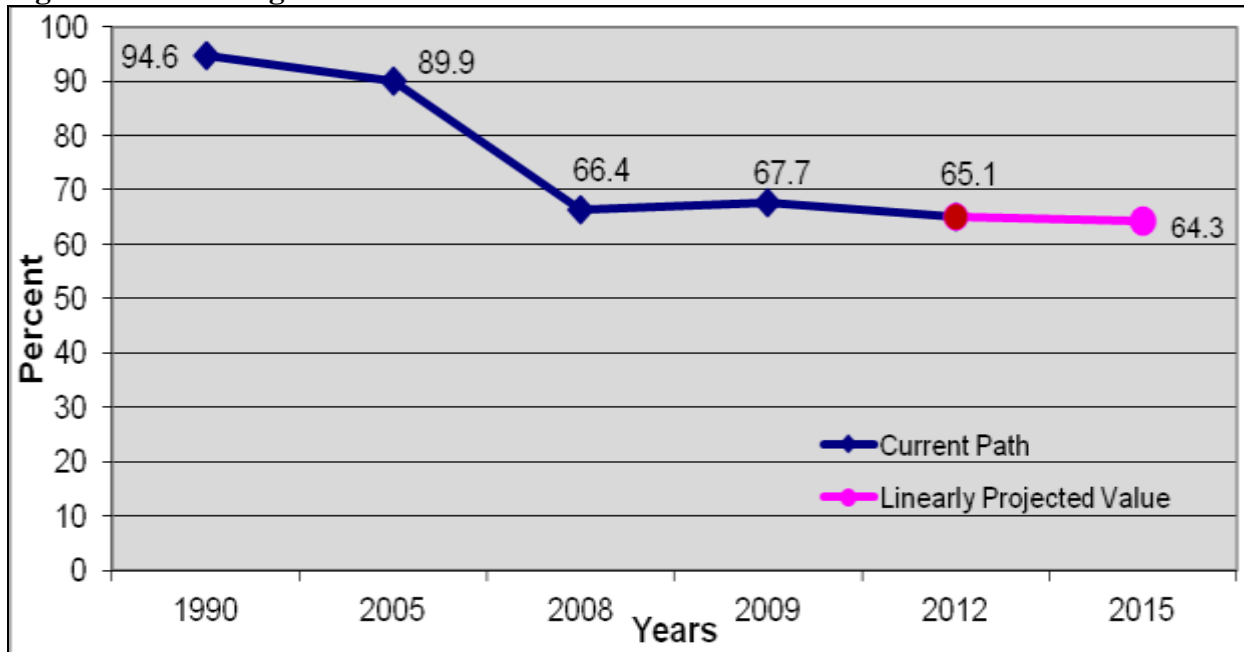
**Target 11: Achieve significant improvement in the lives of at least 100 million slum dwellers**

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

Malawi's urbanization is growing at 6.3 percent per annum. The growth of urbanization in Malawi is exacerbated by high rural-urban migration and population growth. The result is increasing urban poverty whose most visible manifestations are the slums which continue to develop in and around the cities and towns in Malawi. These settlements are characterized by poor access to physical infrastructure such as roads, electricity and poor access to social services for instance education, health, insecure tenure and poor housing conditions. Government is

focusing on providing proper plans for urban areas and emerging towns to improve and sustain urbanization system with the view of reducing slums.

**Figure38: Percentage of Slum Houses**



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

Low cost housing initiative that has enabled a number of people to afford modest accommodation has resulted in slum population percentage to reduce from nearly 90 percent in 2005 to about 68 percent in 2009. It is expected that at this rate of change, the proportion of slum population will reduce to 64.57 percent by 2015.

Government has put in place a number of strategies to curb the problem of slum population in cities. Some of these strategies include: reviewing the National Housing Policy to help upgrade slums and reduce slum formation in 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 as well as implementing the “Cities without Slums” initiative with the support from Cooperating Partners to mobilize resources for slum upgrading, which include reviewing.

# GOAL 8



**DEVELOP GLOBAL PARTNERSHIP FOR DEVELOPMENT**

## GOAL 8: DEVELOP GLOBAL PARTNERSHIP FOR DEVELOPMENT

### FEASIBILITY OF ACHIEVING THE GOAL: LIKELY TO BE MET

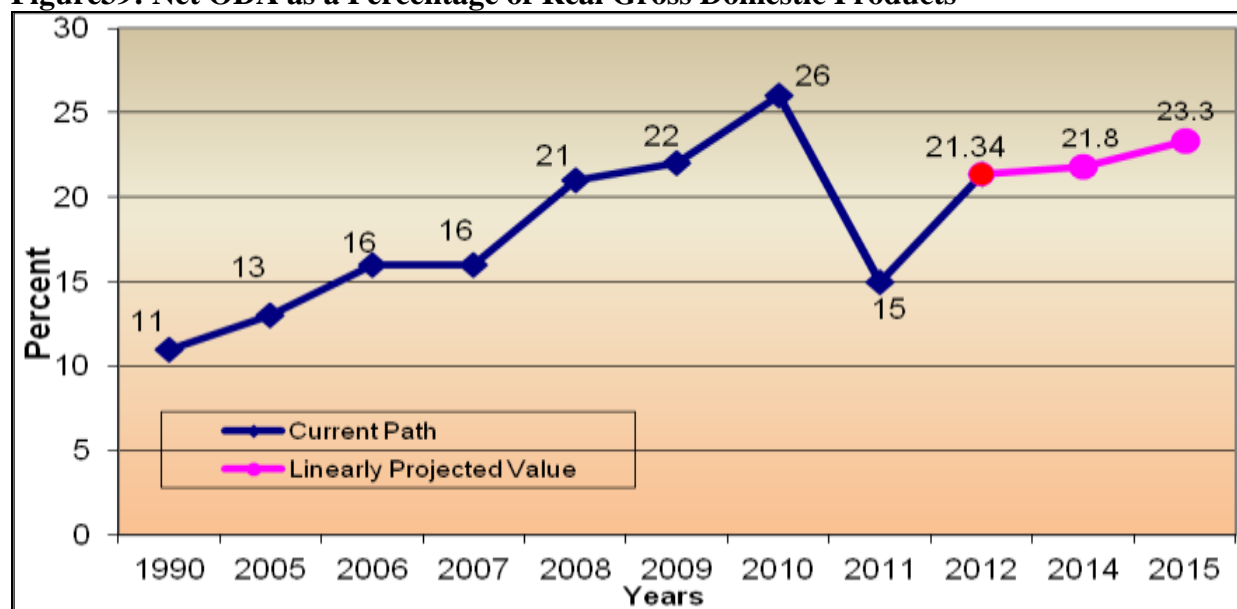
Indicator	2000	2005	Current Status	2015 Target
Net ODA as a percentage of Real Gross Domestic Product (%)	11	13	21.3	-
Unemployment of 15 – 24 year old (urban) (%)	1	9	27.5	-
Telephone lines subscribers per 100 population	0.57	0.63	0.8	-
Cellular subscribers per 100 population	1.81	2.01	41.24	46
Internet users per 1,000 population	0.01	0.07	25.1	-

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

In 2012, the Government of Malawi took bold steps to implement key economic and structural policy reforms through the Economic Recovery Plan (ERP). The ERP identified areas of intervention in the immediate, short and medium term which, among others, included the devaluation of the Malawi Kwacha, setting of market determined exchange rate, and restoration of bilateral and multilateral relations. The fiscal and monetary reforms, for all practical purposes, contributed to the increased flow of development assistance in 2012.

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

**Figure39: Net ODA as a Percentage of Real Gross Domestic Products**



Source: Ministry of Finance

Figure 39 shows that net ODA as a percentage of GDP has increased from 22 percent in 2009 to 26 percent in 2010. The trend has been increasing steadily over the years since the 90's due to donor confidence in the sound macroeconomic performance the Malawi Government has been

registering. Besides the traditional (Western) development partners, new South-South cooperating partners like China and India also began to play an increasingly important role in the development process.

However, there was a sharp decline in aid flows between 2010 and 2011 as noted by the decline in ODA as a percentage of real GDP. This was due to the fact that many development partners withheld their support, especially budget support, in reaction to political and economic situation then. The trend was reversed in 2012 when the percentage ODA to real GDP increased to 21.34 percent from 10 percent in 2011. This resulted from restoration of donor confidence following the signing of Extended Credit Facility (EFC) Program with IMF which is a proxy for sound macroeconomic management. In addition, Government made efforts to adhere to human rights principles and improve democratic governance and public financial management. These developments were in line with development partner's aid requirements, hence unlocking of their support to Malawi in 2012.

### ***Challenges and Strategies***

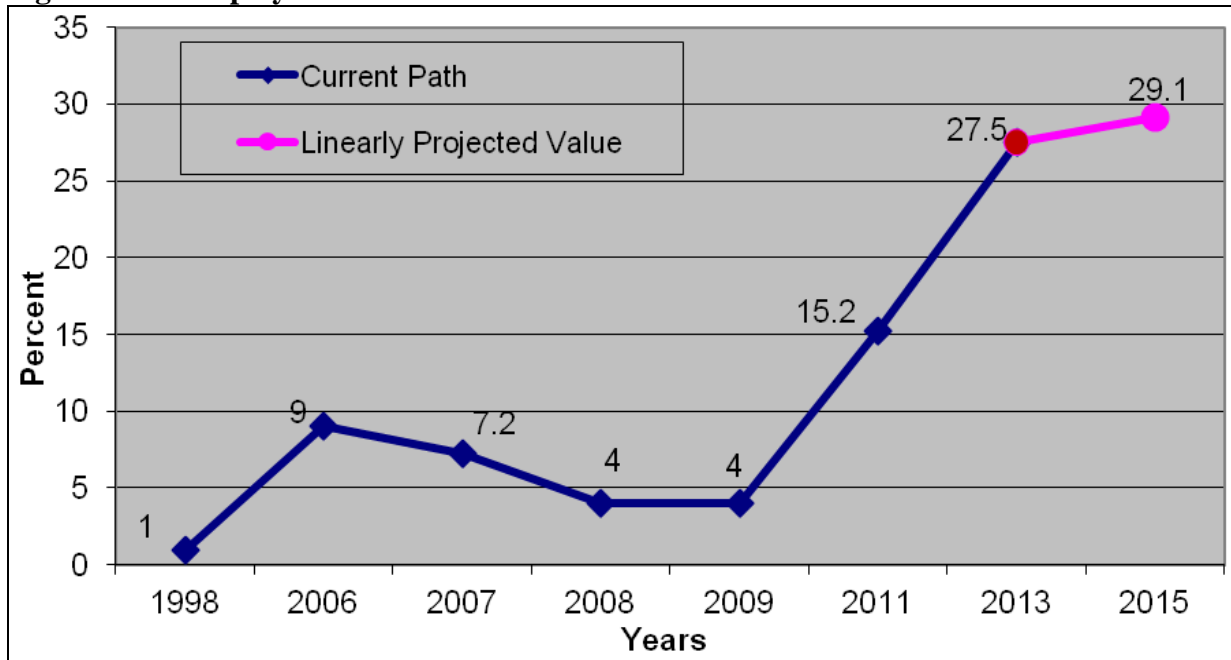
Despite the increase in aid flows from development partners, the Government is faced with the challenge of low absorption capacity by sectors implementing donor funded projects which in turn slows down disbursement of funds. To address this, Government has put in place monitoring mechanisms to ensure speedy implementation of donor funded projects for more resource inflows.

Government is also developing a Development Cooperation Strategy in line with the Global Partnership for Effective Development Cooperation which was agreed at the High Level Forum held in Busan, South Korea in 2011. The aim is to ensure that development assistance is aligned to the MGDS, national institutions, systems and procedures; that development partners harmonize their approaches; and that there are functional mechanisms for dialogue to enhance mutual accountability for development results. In general, Government seeks to collaborate with its cooperating partners to ensure effective development cooperation for achievement of development results stipulated in MGDS II and the MDGs.

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

The youth constitute a large percentage of the total population in Malawi. Malawi recognizes youth unemployment as the most serious unemployment challenge in the country. It should be noted that among all age categories of the labour force, youth employment has the highest unemployment rate.

**Figure40: Unemployment of 15-24 Year Old**



**Sources:** PHC 2008, IHS 2004, 2012, WMS 2006, 2007, 2008 and LFS

Figure 40 shows that between 2009 and 2013 Malawi experienced a sharp increase in youth unemployment rate, from 4 to 27.5, this is largely as a result of economic downturn that forced employers to reduce recruitments in a quest of cost minimization. Youth unemployment is projected that by 2015 the unemployment rate will go as high as 29.1 percent. Comparatively, youth unemployment is higher in the urban areas mainly as the result of rural urban migration which is over 8 percent. .

The relationship between youth unemployment and economic phenomena underlying a country like Malawi should not be overemphasized. As the larger share of the population comprises the youth, macroeconomic hardships hitting the country are directly and negatively affecting the youth through unemployment.

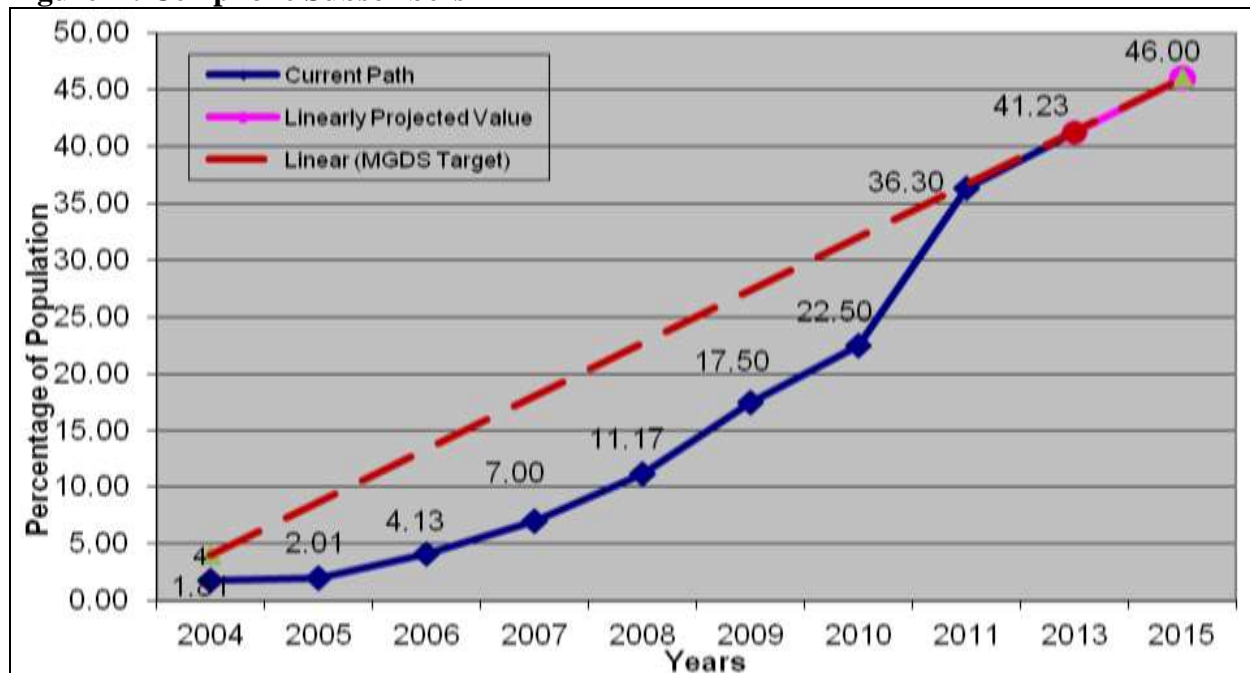
### ***Challenges and Strategies***

Malawi is currently facing a problem of employment creation especially for the youth. Government has put up an effort to reduce it through increased access to capital through the establishment of the Youth Enterprise Development Fund (YEDEF) in the short term. On the other hand Government is trying to address sustainably youth unemployment through improvement in technical and vocational training facilities, construction of secondary school boarding facilities for girls as well as expansion of university student intake. Other notable strategies are establishment of rural growth centres to reduce rural-urban migration, implementation of One Village One Product which is promoting value addition processes thereby creating jobs and implementation of public works programmes.

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

Telecommunication has continued to play an important role in economic development and poverty reduction. Malawi governments' policy regarding telecommunication is to ensure universal access to connectivity and affordable information and communications technology. In view of this, government is ensuring that there is competition in the communication sector by awarding licenses to many companies. The country in collaboration with the private sector has in recent years made good progress with respect to provision of telecommunication services such as mobile phones, landlines and internet.

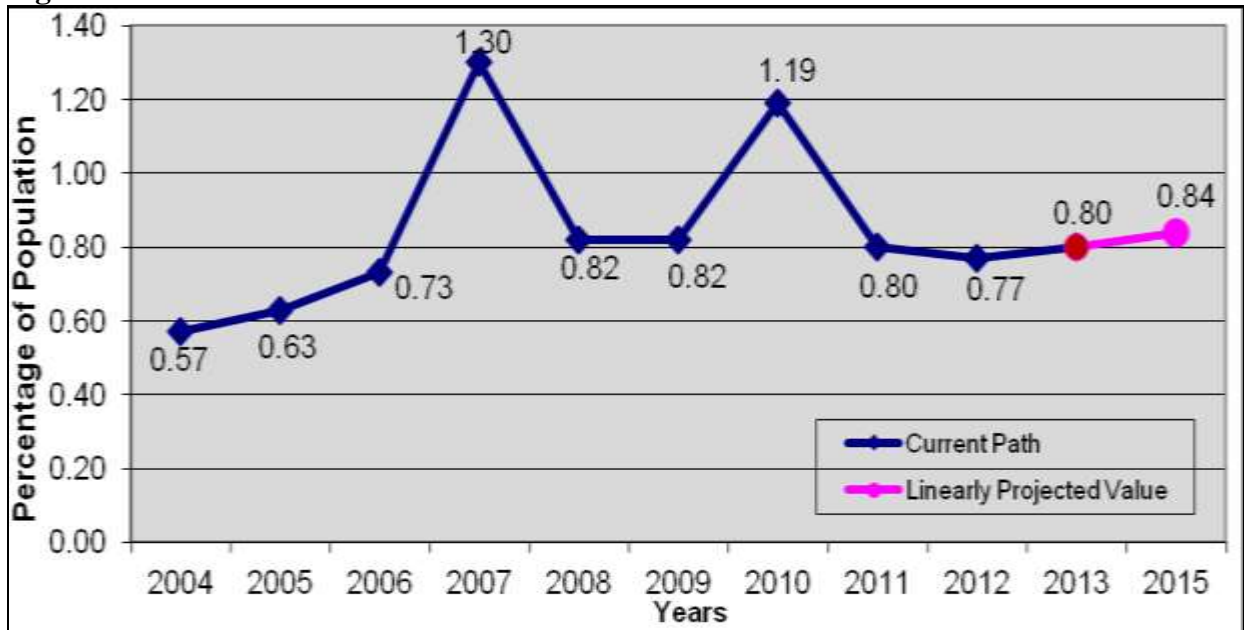
**Figure41: Cell phone Subscribers**



Sources: MACRA and NSO

With the coming of different companies in the industries there has been an increase in the subscribers of mobile phones in the country. In less than three years, cell phone subscribers have increased from 22.5 percent in 2010 to about 41.23 percent in 2013. This increase is attributed to conducive environment for effective market penetration by service providers in the telecommunication industry. Provision of new services and products in the industry by the service providers has also contributed to an increase in subscriptions. It is projected that by 2015 about 46 percent of the population will have subscribed to mobile phones hence attaining the Government target as outline in MGDS II .

**Figure42: Landline Subscribers**

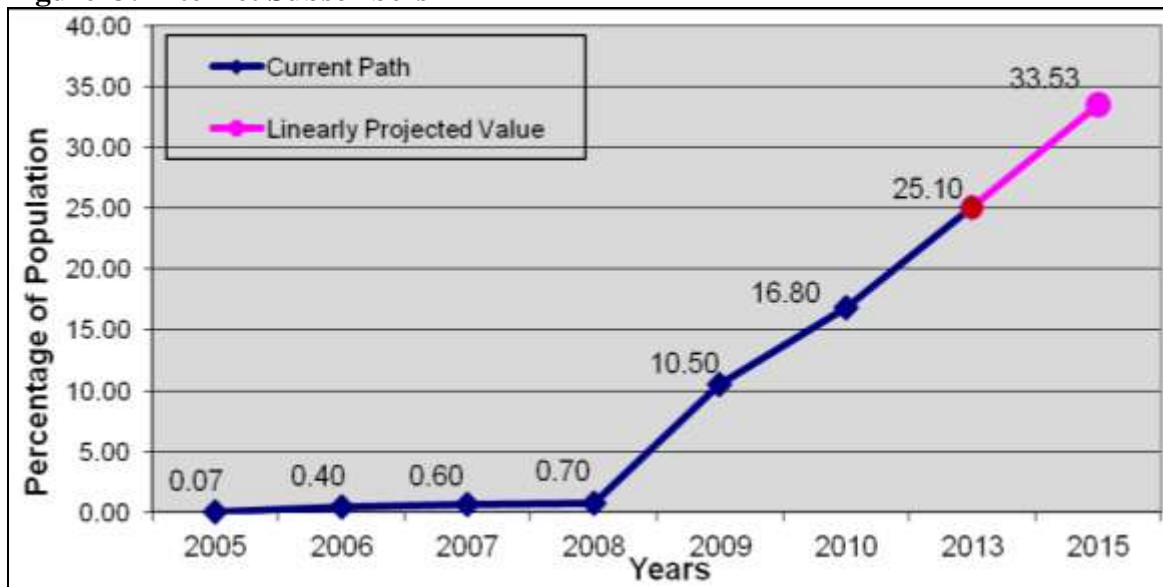


Sources: MACRA and NSO

Figure 42 shows that there was a drop in the percentage of subscribers for fixed landlines from 1.19 percent in 2010 to 0.80 percent in 2013. This decrease is a result of vandalism of telecommunication equipment and a greater preference for more flexible and more versatile technologies like cellular phones. It is projected that the number of landline subscribers will decrease further to about 0.84 percent by 2015. This is as a result of expected increase in cell phone usage.

**Indicator 4: Personal computers in use and internet users per 1,000 population**

**Figure43: Internet Subscribers**



Source: MACRA



Figure 43 shows that internet usage is on an increase, from 16.8 percent in 2008 to 25.1 percent in 2013. It is projected that in 2015 internet usage will be 37 percent. This increase is attributed to increase in participation of private ICT Service providers and opening of village internet centers. Furthermore, establishment of Telecenters in the rural areas has given opportunity to the rural population to use the internet.

### *Challenges and Strategies*

ICT has become the fundamental component of development. To do most business transactions, health service provision, learning at school as well as office work needs one to have a computer. However ICT is facing a number of challenges such as increased purchase cost of ICT gadgets, their maintenance costs as well as operational cost and accessibility limitations.

The MGDS II recognizes that economic development in the current era and ICT are inseparable as such it proposes improvement of ICT service access by rural and underserved communities to counter accessibility limitations. The MGDS II also recognizes that the creation of a conducive environment to attract investment depends on improvement in ICT in order to enhance economic growth which will accelerate the process of attaining MDGs. Government through the ERP is focusing on establishing more e-communications services to increase accessibility of ICT services.

## CONCLUSION

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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 aim at reducing poverty affecting the majority of its population, which is one of the core objectives of the UN Declaration. Government localized implementation of MDGs through the MGDS I, which was the medium term strategy implemented over a period of 5 years, from 2006 to 2011. MGDS II took over from MGDS I and runs from 2011 to 2016. The MGDS II is an overarching medium term strategy, with nine key priority areas and six thematic areas, which has been articulated to continue reducing poverty through sustainable economic growth and infrastructure development. Government believes that progress in MGDS II will assist in the achievement of the MDGs.

The 2014 MDG report reveals that remarkable progress has been made with respect to goals of reducing child mortality, combating HIV/AIDS, Malaria and other diseases, ensuring environmental sustainability and developing global partnership for development, which shows that we are likely to attain these MGDs by 2015. On the other hand, MDG targets may not be achieved in the areas of eradicating extreme hunger and poverty, achieving universal primary education, promoting gender equity and women empowerment and improvement of maternal health.

Government formulated the MDG Acceleration Framework with the view of expediting progress on the four MDGs that are lagging behind, having noted that all of them have a gender connotation. The MAF has identified four intervention areas namely: improving girl child school attendance, especially on secondary and tertiary education, improving the economic status of women including young women, promoting participation of women in decision making positions, and reducing gender based violence. Government has mobilized resources towards implementation of some of the interventions in the identified areas. However, more resources are required to enable the country accelerate progress in the four MDGs that are lagging behind.

In 2012, the Government of Malawi with support from the United Nations Country Team carried out consultations on the post 2015 Development Agenda. The aim of these consultations was to stimulate an inclusive bottom up and participatory debate on a successor strategy to the MDGs. From the national and district consultations key issues were identified which amongst them included those that will assist in acceleration of the four MDGs which are lagging behind. The issues included: Agriculture development and food security; Access to and quality of education; Health service delivery; Gender equality and women's empowerment.

Achievement of the MDGs and implementation of Malawi's national development agenda through MGDS II requires financial resources. Ultimately, we need to harness efforts of the Malawi Government, the private sector, Development Partners, and civil society if all MDGs are to be attained.