ANNUAL REPORT MALAWI 2006

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

unicef

CONTENTS

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INVESTING IN CHILDREN


AIDA GIRMA Representative UNICEF Country Office in Malawi

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

CHILD SURVIVAL

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

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

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

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

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

BASIC EDUCATION AND GENDER EQUALITY

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

MALAWI AT A GLANCE

Total population: 13.2 million
(estimated)

Children under 18 years: 7.3 million
(estimated)

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

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

Life expectancy at birth: 47 years
(estimated)

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

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

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

Gender parity: 1.06
(2006, MICS)

CHILDREN AND AIDS

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

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

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

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

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

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

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

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

CHILD PROTECTION

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

SOCIAL POLICIES

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

BUDGET 2006

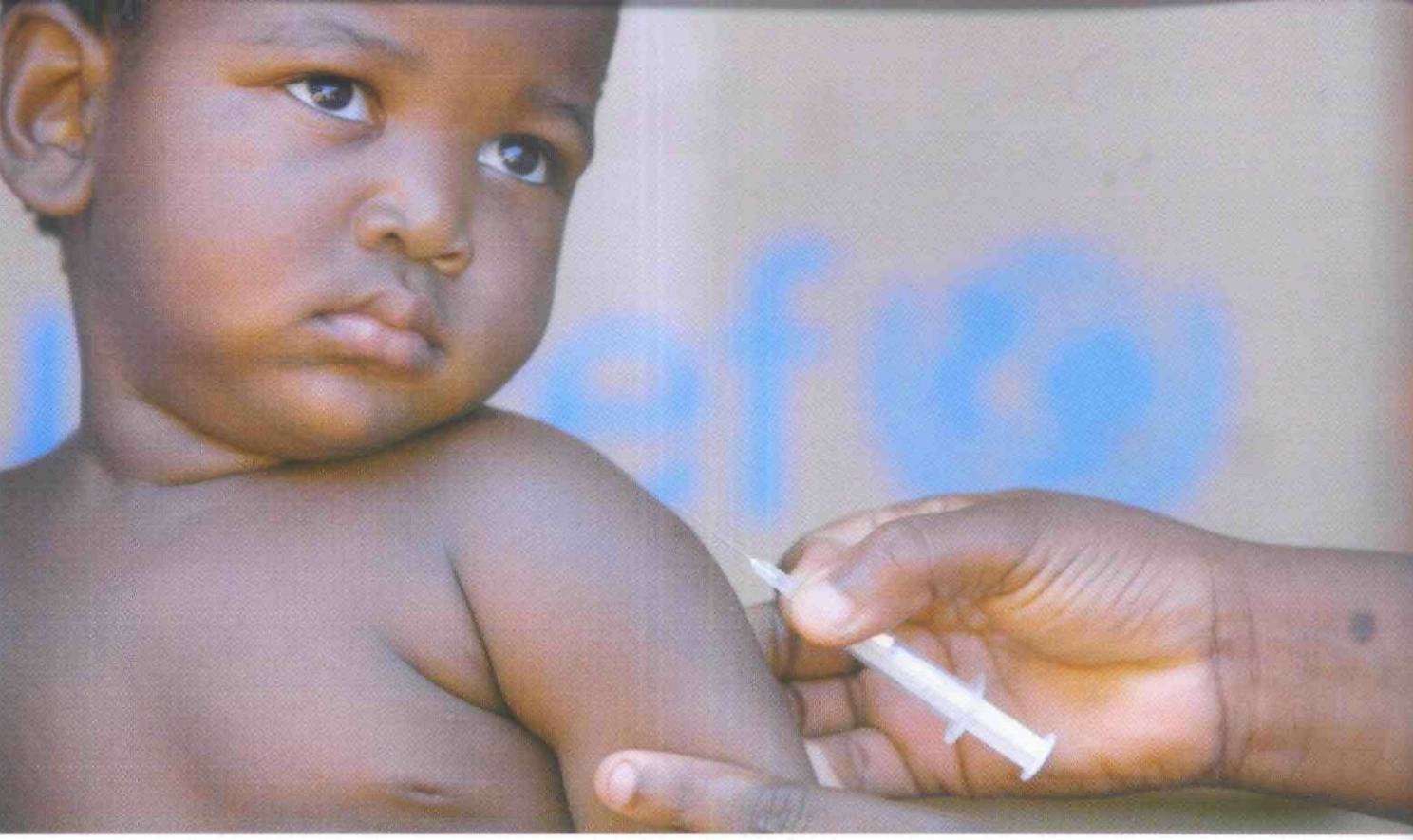
Programme	Amount (US$)
Health & Nutrition	*18,412,991
Basic Education & Youth Development	*5,734,809
Water & Environmental Sanitation	*5,177,003
OVC & Child Protection	*4,044,677
Social Policy, Advocacy & Communication	1,272,941
TOTAL	**34,642,421**

* Inclusive of emergency funds

WAY FORWARD

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

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



HEALTH & NUTRITION

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

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

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

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

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

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

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

THE NUMBERS

69
Infant mortality rate
(per 1,000 live births)

118
Under-five mortality rate
(per 1,000 live births)

984
Maternal mortality ratio
(per 1,000 live births)

46%
Children under five who are chronically malnourished

83,000
Children living with HIV and AIDS

24,000
HIV+ children who need ARV treatment

BUDGET IN 2006

TOTAL: US$ 18,412,991

US$ 2,597,077
Regular Resources

US$ 15,815,914
Other Resources

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

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

ACTION

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

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

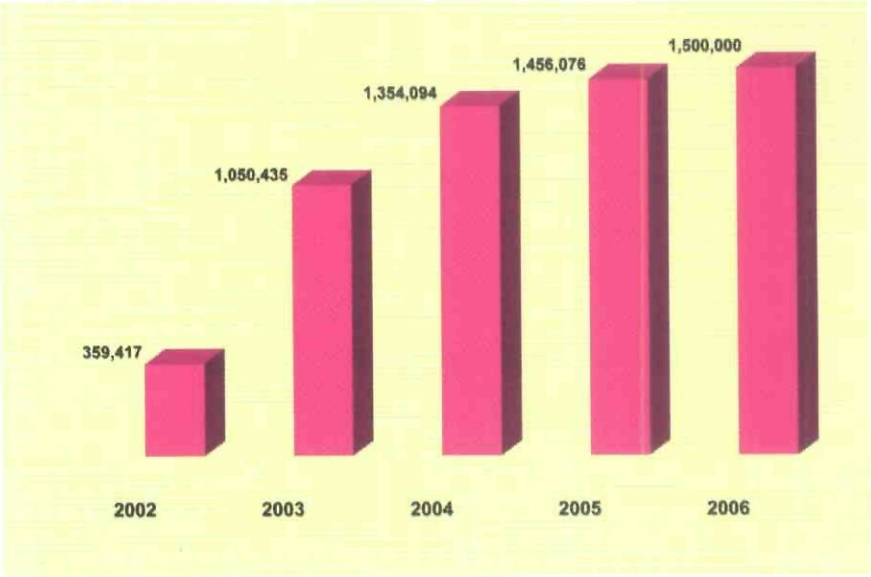
CHILD HEALTH

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

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

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

No. of ITNs distributed, 2002 – 2006

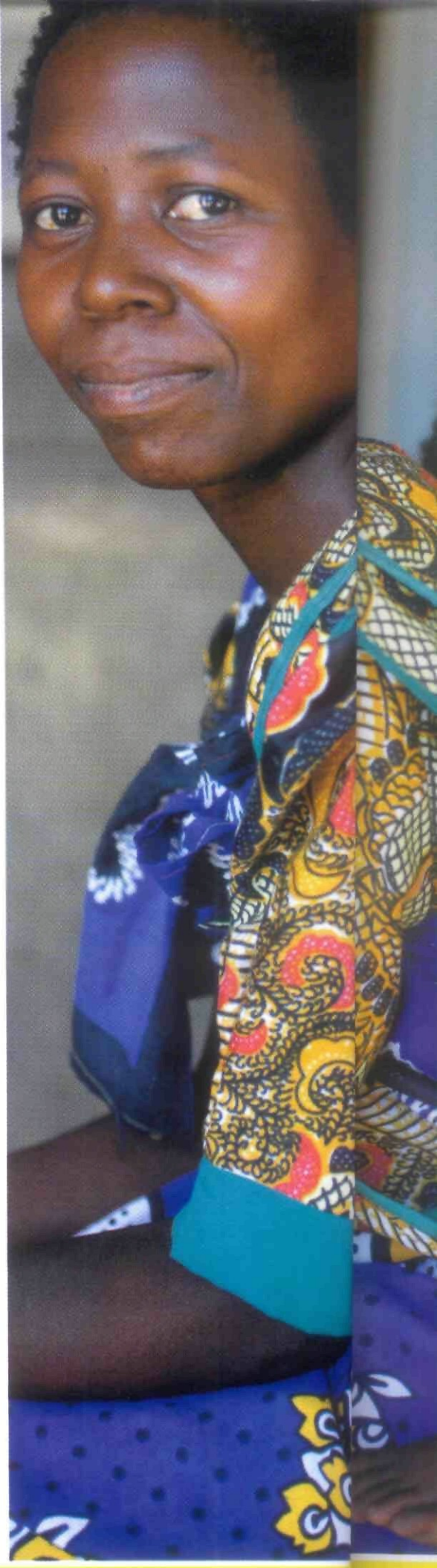


UNICEF supported the Ministry of Health to hold the country's first-ever Child Health Days, a cost-effective health strategy that delivers an integrated package of services and health information to children and women. In June 2006, more than 2 million children aged 6–59 months, or 97.7 percent of the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

NUTRITION

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

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



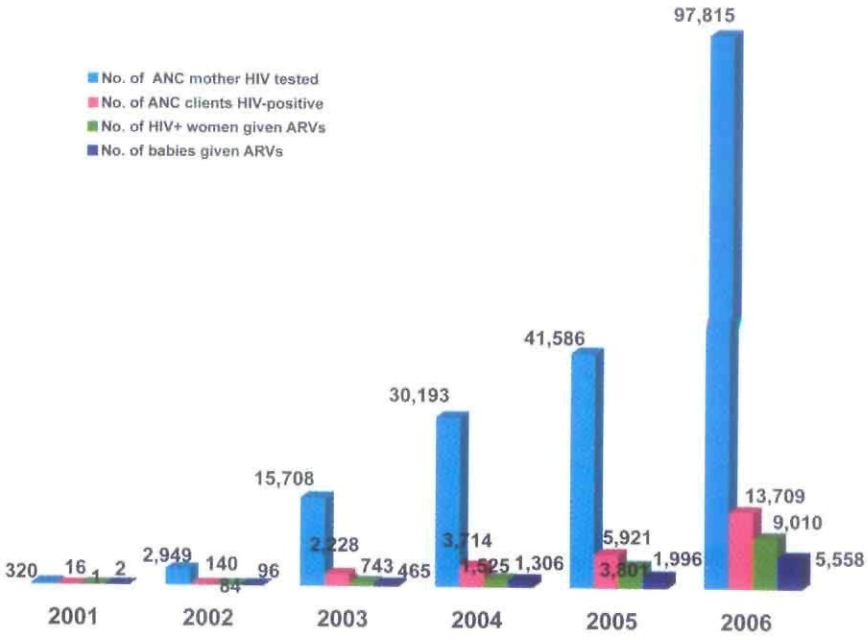
in 2002 and was scaled up to 119 centres in 50 percent of all districts by 2006.

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

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION AND PEDIATRIC AIDS

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

Trends in Prevention of Mother-to-Child Transmission services



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

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

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

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

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

MATERNAL HEALTH & YOUTH REPRODUCTIVE HEALTH

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

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

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

HIV-POSITIVE CHILDREN GET LIFE-SAVING HELP

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

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

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

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

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

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

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

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

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

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

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

FUTURE PRIORITIES

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

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

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

WATER & SANITATION

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

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

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

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

ACTION

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

SCHOOL WATER AND SANITATION

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

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

COMMUNITY WATER AND SANITATION

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

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

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

THE NUMBERS

73%
Malawians who use safe sources of drinking water

88%
People with access to improved sanitat

35%
People that wash their hands after using a toilet

25%
Primary schools without a supply of clean water

50%
Rural healthcare clinics that do not have a proper water supply and sanitation facilities

1 in 3
Water points that are not functionin

BUDGET IN 2006

TOTAL: US$ 5,177,003

US$ 850,933
Regular Resources

US$ 4,326,070
Other Resources

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

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

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

Approximately 837,500 people in 22 districts had their water supply restored in 2006 thanks to the repair of 3,350 hand pumps and dug wells.

EMPOWERING COMMUNITIES

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

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

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

POLICY DEVELOPMENT

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

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

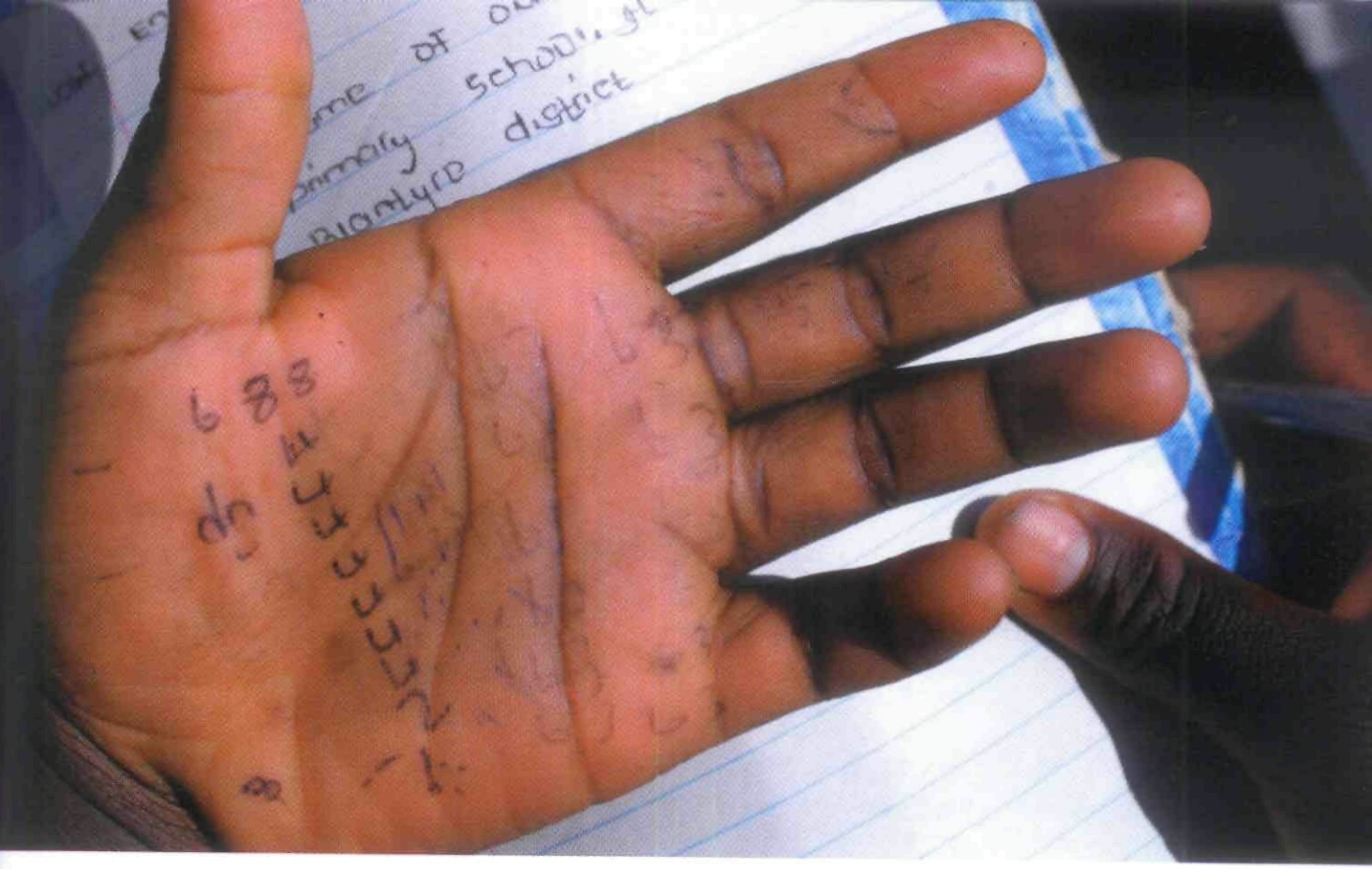
and is the lead UN agency in designing an implementation plan for the sanitation policy and developing a communications strategy for hygiene and sanitation promotion.

FUTURE PRIORITES

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

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

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



BASIC EDUCATION & YOUTH DEVELOPMENT

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

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

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

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