

A YEAR OF PROGRESS



Unicef 

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FOREWORD



It is with great pleasure that I present to you the UNICEF Malawi Report for 2009. As you will see from the report, we have continued to work closely with our partners in the government, sister UN Agencies, NGOs, local communities and development partners to deliver on our commitments in the UNICEF-Government of Malawi Country Programme of Cooperation and the United Nations Development Assistance Framework (UNDAF) in furtherance of the objectives of the Malawi Growth and Development Strategy.

In 2009, we took stock of the country programme through a Mid-Term Review (MTR). One of the key recommendations was the need to ensure that children are featured more prominently in the next Malawi Growth and Development Strategy (MGDS). A separate pillar on children as a sub-theme of the social development sector was recommended as the most desired outcome.

The MTR also recommended that a fully-costed integrated package of services for children be included in the Annual Investment Plans developed by local authorities. The sum of all these plans would be the basis of a National Plan of Action for Children. This development would not only build on the progress Malawi continues to record in advancing children's rights but it would also fulfill a key recommendation made by the UN Committee on the Rights of the Child when it reviewed Malawi's Second Periodic Report on the Convention on the Rights of the Child in 2009. I am delighted to report that important foundational work is already ongoing and we pledge our continued support to ensure that the NPA for children becomes a reality.

We spent a great deal of time assisting the government to increase capacity for health service delivery at all levels within the health SWAP framework. We also continued to support the development of systems, guidelines and standards in the water and sanitation, strengthening planning and implementation capacities at district and community levels. We are delighted by the continued emphasis to decentralize the management of water supply and sanitation to the districts and communities. These efforts will continue to form a key component of our support to the sector for many years to come.

In the education sector, we continued to lead the Education Donor Group. We are pleased that Malawi was able to successfully apply for funds from the EFA-FTI Catalytic Fund and was able to complete the four-year Education Implementation Plan, which operationalises the National Education Sector Plan. The second Country Status Report was finalized in 2009 and provides important information for planners and decision makers in the education sector. A Joint Financing Arrangement and Memorandum of Understanding for the education sector SWAP was concluded in 2009.

We are proud of our efforts towards improving the capacity of the Ministry of Gender, Children and Community Development to lead a national response to the care and protection of orphans and vulnerable children. Malawi took a big step towards providing better protections for children through the enactment of the National Registration Bill by parliament in November 2009. The law, among other things, makes birth registration mandatory and universal.

The social protection policy was finalized and submitted to Cabinet for adoption. A costed roadmap for the design of a social support programme was developed and will be financed jointly by development partners, UNICEF, the UN and the government.

On behalf of UNICEF, I take the opportunity to thank our partners in the government for the spirit of cooperation UNICEF continues to enjoy. I also wish to thank our donors for their continued generosity and desire to make a difference in the lives of children. These include our National Committees who continued to work tirelessly to support our programme in Malawi in spite of the difficult economic situation. I thank our partners in the UN family for their continued support and willingness to deliver as one. Finally, I wish to thank my staff for their continued hard work and dedication to improving the lives of children of Malawi.

Carrie Auer

UNICEF Representative

THE CHILDREN

Malawi's children face a difficult future. The country is one of the poorest in the world and ranks 160th of the 182 surveyed countries in the 2009 Human Development Index. A significant portion of the population lives below the poverty line, with serious consequences for children and women.

Basic statistics

Population	13.1 million
Children under 18	6.85 million
Population living in poverty	40%
Ultra-poverty (% of the population)	15%
Income per capita	US\$250
GDP	US\$3.5 billion
Economic growth rate (2004–2009)	7.5%



Life for children and women in Malawi is characterised by poor access to healthcare and a high incidence of diarrhoea, malaria and other communicable diseases.

Malnutrition levels have remained high for over a decade and 46 per cent of children under the age of five are stunted.

Like most countries in Southern Africa, Malawi is at the epicentre of the HIV epidemic. AIDS-related illnesses are robbing the country of people in their prime – life expectancy at birth now stands at 45 years. Close to a million people are living with HIV and AIDS, including more than 100,000 children under the age of 15.

The government has demonstrated a resolve to improve social service delivery by increasing budgetary allocations. In the country's 2008/2009 budget, the health sector received the largest allocation of 14.3 per cent, followed by the education and agricultural sectors, including food security and nutrition. The health, education and agriculture sectors all have Sector-Wide Approaches (SWAs) while the SWA for the water and sanitation sector is in process. What this means is a more coherent and coordinated approach to developing, funding and implementing programmes that have a direct impact on the quality of children's lives.



Brian's Story Of Loss, Redemption And Hope

Blantyre, May 2008: His is a perfect picture of adversity, tenacity and hope, a sensational, if not disheartening, drama whose final chapter, one prays, will end in glory.

Brian Kamwendo was born an only child in 1988 in southern Malawi. He lost his father when he was only a day old and was single-handedly raised by his mother, an accounts clerk at a local security company. Well-off by the standards of his community in one of the poorest countries in the world, Brian grew up a happy child, basking in the singular attention and warmth of his mother's love.

His world however fell apart unexpectedly with the death of his mother in 1997. Brian stayed with his stepfather who also died in 1999. Aged 11, Brian was taken in by his grandmother and whisked off to the village. Life was never the same again.

He struggled his way through school and in 2002, did well enough to be selected to secondary school. Unfortunately, his grandmother could not afford the fees and Brian was forced to stay home.

"It was then that I decided to come to Blantyre to look for work," he says. "I found a job as a domestic worker in Bangwe, earning 400 Malawian Kwacha a month (US\$2.80). I was unable to save because I was getting so little."

Brian's chores were so heavy that he needed to wake up early at 4am every day. He would light the fire, prepare breakfast, and sweep and mop the house. Then he would be off to the local market to buy groceries after which he was required to cook lunch and do the dishes.

Brian's Story Of Loss, Redemption And Hope

“I had nowhere to go. As I went round looking for shelter, I met an old neighbour of ours who was good friends with my late mum and was prepared to look after me.”

His afternoon routine was hand-washing and ironing clothes for members of the family and preparing supper. As he was staying with his employers, he was expected to work seven days a week.

In 2003, Brian sought help from the local councillor who referred him to the Active Youth Initiative for Social Enhancement (AYISE), a UNICEF-supported NGO that helps child domestic workers to attend school and negotiates better working conditions.

AYISE requested Brian's employer to allow him to go to school, to raise his pay to 1,500 Malawian Kwacha (US\$10), and to limit his working hours to four a day. He refused and AYISE advised Brian to leave him.

“I had nowhere to go. As I went round looking for shelter, I met an old neighbour of ours who was good friends with my late mum and was prepared to look after me.”

In 2004, Brian enrolled at Bangwe Community Day Secondary School and in 2005 obtained his junior certificate in education, emerging as the top student. By then, AYISE was paying for his education.

“In 2006, my guardian lost his job and moved to the village. I had to stop school and follow him, as I had nowhere else to stay. In 2007, we came back to Blantyre and I was able to continue with my schooling.

THE CHILDREN

“I feel sorry for myself because I have lived through very difficult situations. I am grateful for the support I receive from AYISE because without it, I don't know where I would have been. “I sometimes fear for my future but I want to attend college and become a doctor. Only the lack of money may hinder me from realising my dream.”



Protecting The Poor

The poorest children are benefitting from a new approach to reducing the high poverty and vulnerability levels in Malawi. The government has incorporated social protection into the Malawi Growth and Development Strategy and allocated resources for its implementation.

Social protection aims to promote people out of poverty by ensuring a minimum standard of living for the very poor and protecting their livelihoods against natural disasters, climate change, economics shocks and other external risks. The Social Protection Policy was finalised in 2009 and submitted to Cabinet for endorsement.



Young Child Survival

Child survival is improving in Malawi and the country is on track to meeting the 2015 Millennium Development Goal (MDG) on reducing child mortality. The Inter-agency Group for Child Mortality Estimation put Malawi's under-five mortality at 100 per 1,000 live births in 2009. The mortality rate among children under the age of one declined from 104 deaths per 1,000 live births in 2000 to 72 in 2006.

A number of proven high-impact healthcare interventions are responsible for keeping children alive and reducing the risk of death.

Close to two-thirds of children between the ages of one and two years are immunised against the major vaccine-preventable childhood diseases.

Nearly all mothers in Malawi breastfeed their children for at least a year, though only 53 per cent exclusively breastfeed their babies for the first six months of life.

Young children and pregnant women are the most vulnerable to malaria and its effects on health. The use of insecticide-treated mosquito nets (ITNs), proven to be highly effective against malaria, is on the rise. Around 38 per cent and 26 per cent of children under the age of five and pregnant women respectively sleep under ITNs at night.

Prevention of mother-to-child transmission of HIV (PMTCT), another critical child survival intervention, is available in almost all of Malawi's public health facilities. The programme prevented HIV infection in 3,000 newborn babies between 2007 and 2008.

Care and treatment for children living with HIV and AIDS is expanding. At the end of 2008, 19,000 of the estimated 24,000 children in need of antiretroviral treatment were receiving it compared to 11,800 children the year before.





Basic Education

Despite the abolition of school fees in 1994, over 10 per cent of children of primary school age are not in school, and only 40 per cent of those who enrol in Standard 1 reach Standard 4.

Net enrolment rates are high in grades one and two for both boys and girls, but only 26 per cent of children complete their education, with completion rates as low as 16 per cent for girls.

Class sizes are huge, with an average of 107 pupils to one teacher. Malawi's schools would need more than 30,000 new classrooms to ease overcrowding.

Many schools don't have desks and chairs, sports fields and playgrounds, libraries, and enough teaching and learning material, all which impact negatively on the quality of education.

Malawi's low completion rate points to major weaknesses in primary education and makes it unlikely that the MDG of attaining universal primary education will be reached by 2015.

The government is making efforts to address these challenges through the National Education Sector Plan.



Water and Sanitation

Malawi has made significant progress in bring safe water and sanitation to its people. According to the 2006 Multiple Indicator Cluster Survey (MICS) report, 75 per cent of the population has access to safe water and 47 per cent to improved sanitation. However, good hygiene practices are rather low with only 37 per cent of Malawians washing hands with soap at crucial moments.

Hygiene is of paramount importance to children's health and survival - young children easily succumb to diarrhoea when they live in unsanitary conditions.

Diarrhoea claims the lives of thousands of children every year and is one of the major causes of child mortality in Malawi.

To achieve the MDG targets for water and sanitation by 2015, more than half a million people need to be reached with services every year at an annual cost of US\$8.28 million.

The government has prioritised water, sanitation and hygiene in the Malawi Growth and Development Strategy alongside education, healthcare, HIV and AIDS and disaster management.

Policies already exist for water and sanitation; the challenge is to make sure that quality services are implemented at an accelerated pace.



Orphans And Vulnerable Children

The AIDS epidemic in Malawi is leaving behind a generation of parentless children. An estimated 800,000 children are orphaned and many more are vulnerable by living in families with chronically sick parents and family members.

Extended families, neighbours and family friends across the country are taking on the responsibility of caring for orphaned children.

But they too are affected by poverty and cannot always provide the best care for these vulnerable children.

Malawi is working to establish a protective environment for children. Legislative and policy frameworks are being strengthened, such as the newly enacted national Birth Registration Bill and the establishment of a national birth registration system.

A Child Care, Protection and Justice Bill and the Wills and Inheritance Act are waiting to be enacted by Parliament.



Saving lives through high impact healthcare

- One in ten children in Malawi die before the age of five
- 46 per cent of children are chronically malnourished
- More than 100,000 children under 15 are infected with HIV



Laying a solid foundation

For children and women to benefit from quality healthcare on the ground, systems need to be in place to support efficient service delivery. UNICEF spends considerable financial and technical resources 'upstream', helping the Government of Malawi to develop policies, plans and standards that build a stronger public health system.

In 2009, UNICEF's partnership with the Ministry of Health strengthened research on the efficacy of the Essential Health Package. The Essential Health Package is a central component of the Health Sector-Wide Approach (SWAp) and consists of clearly defined and costed interventions that serve as a basis for pooled funding to the health sector.

The first phase of a study of expenditure patterns in implementing the Essential Health Package at district level was completed during the year. This resulted in identifying data sources and conditions under consideration. The second phase will inform whether SWAp resources are spent according to the conditions agreed between the government and donors in the SWAP programme of work and the memorandum of understanding.

The Essential Health Package

In 1999, the Ministry of Health began a process of health sector reforms. Among other reforms, the Ministry decided to move towards a Sector-Wide Approach, a programme-based approach to developing a sector. Out of this was born the Essential Health Package, which has become the core business of the health sector in Malawi. The package is provided through health facilities across the country.

The Essential Health Package reflects the realisation that the health sector has historically attempted to provide a very broad range of services. Given limited resources, this has resulted in the lack of access for the rural poor, drug stock-outs in hospitals,

shortage of human resources, and dilapidated buildings and facilities.

The programme marks a shift in strategic thinking by explicitly rationing the range of health services to be provided by public funds - to those interventions that are proven to be cost effective and that tackle the morbidity and mortality burden of the majority of Malawians.

In explicitly rationing the range of services provided, access should be significantly boosted, with the Essential Health Package eventually available free-of-charge to all Malawians, wherever they live. Explicit rationing also helps the provision of healthcare services at a high level of competence and quality.



Policy making with children and women in mind

Investing in children also means engaging with national planning processes to ensure that children's interests are taken in account. In Malawi, UNICEF supports the Ministry of Health to develop and implement health-related legislation, policies and guidelines with a strong child and mother focus.

In 2009, the National Health Policy and the National Health Bill were drafted and the malaria policy was revised to include new malaria treatment protocols. The use of zinc was included in guidelines for the management of diarrhoea.

The Sexual and Reproductive Health and Rights policy was also finalised, paving the way for greater access to comprehensive sexual and reproductive health services. The new policy took into account emerging issues such as the support of male partners in women's reproductive health and the prevention of obstetric fistula, a severe medical condition resulting from traumatic or failed childbirth or sexual violence.



Fast tracking child survival

UNICEF, WHO and other partners have successfully advocated for a commitment to the Acceleration of Child Survival and Development (ACSD) initiative in Malawi. ACSD is an integrated programme that delivers low-cost, high-impact health and nutrition interventions that dramatically improve child survival over a short period of time.

A national policy for ACSD using the Integrated Management of Childhood Illnesses approach was adopted in 2006 and a costed national strategic plan finalised for 2007 to 2011. The plan calls for a rapid scale-up of immunisation, Vitamin A supplementation, breastfeeding, malaria prevention, use of oral rehydration for diarrhoea, treatment of severe malnutrition, prevention of mother-to-child transmission of HIV and antiretroviral drugs for children and women living with HIV and AIDS

In 2009, all of the country's 28 districts were implementing the ACSD strategy. UNICEF continued to provide technical support to 'behind-the-scenes' efforts at improving district-level coordination and implementation of this critical child survival intervention.

Strengthening nutrition

Reducing malnutrition in the context of poverty and disease requires a multi-sectoral and well-coordinated effort. To achieve this, Malawi finalised its national nutrition policy and strategic plan in 2009, with technical support from UNICEF. The plan is fully costed at US\$324 million for five years.

In order to plan for a sustainable way of fighting micronutrient deficiency disorders, a pilot to fortify 20 metric tons of sugar with Vitamin A was undertaken. The results showed that Malawian sugar could be fortified without compromising acceptability and quality. The next step will be to roll out sugar fortification to the whole of the country.





Reaching children through Child Health Days

The first round of the UNICEF-supported Child Health Days reached 2.26 million children under five years of age with Vitamin A, and 1.8 million children under five years of age with de-worming treatment. This represented a high coverage of 95 and 100 per cent respectively. Child Health Days is a bi-annual mass campaign aimed at improving child survival through the delivery of simple yet high impact health and nutrition interventions known to reduce the risk of death.

Why is it important?

Vitamin A – boosts children’s immune system and is essential for eye health. Vitamin A increases a child's chances of survival and reduces the severity of childhood illnesses.

Deworming – reduces iron-deficiency anaemia, improves children’s health, school attendance and physical and intellectual growth.

Optimal infant and young child feeding – means that mothers are empowered to initiate breastfeeding within one hour of birth, breastfeed exclusively for the first six months and continue to breastfeed for two years or more, together with nutritionally sound solids.

Insecticide-treated mosquito nets (ITNs) – insecticides greatly enhance the protective efficacy of bed nets, repelling and killing mosquitoes and other insects. ITNs provide significant protection against malaria for young children and pregnant women when they sleep at night.

The campaign also reached just over 90,000 women who had recently given birth (eight weeks post-partum) with Vitamin A. Furthermore, 1.5 million parents and caregivers were reached with key health messages on exclusive breastfeeding, feeding a sick child, Vitamin A rich foods, de-worming, hand washing with soap, and use of iodised salt and ITNs.

The second round of Child Health Days, conducted in November 2009, also achieved similar high coverage levels. Monitoring the use of iodised salt at household level was also assessed in the second round. A total of 837,850 household salt samples were tested qualitatively using Rapid Test Kits and 88.5 percent were found to have iodine. Iodine is a key mineral to prevent mental retardation in children.

High immunisation coverage

Malawi's Extended Programme for Immunisation has achieved high coverage of childhood immunisations – standing at above 80 per cent for the past five years. The number of districts with coverage of 80 per cent or more for the multi-dose pentavalent vaccine, DPT-HepB+Hib3 steadily increased.

UNICEF continues to provide technical, logistic and financial support to the Malawi government and other partners for universal immunisation. All 28 districts in the country use the Reach Every District (RED) approach to strengthen routine immunisation services. RED approaches a combination of strategies to assist district authorities with primary immunisation, including outreach services, supervision, community links with service delivery, monitoring and use of data for action, and improved planning and management of resources.



Protecting the vulnerable against malaria

In 2009, 125,000 long-last insecticide-treated bed nets were procured and distributed with UNICEF support to pregnant women and children under the age of five in health facilities all over the country. Public information campaigns on the importance and proper use of ITNs complemented the distribution of supplies

If the current pace of ITN distribution continues, supported by evidence-based behaviour change communication, substantial progress will be made toward the Abuja target of 60 per cent ITN coverage of those at risk of malaria. Research has shown that this level of coverage has clear benefits in reducing malaria-related deaths in children.

The feasibility, acceptability and cost-effectiveness of Intermittent Preventative Treatment for malaria in infants (IPTi) were tested in Lilongwe and Salima districts in 2009, with promising results. IPTi is an approach that uses the Expanded Programme of Immunisation to deliver anti-malarial drugs to infant three times during the first year of life, whether or not they have malaria. The intervention reduces malaria attacks and anemia up to 60 per cent.

The Ministry of Health and UNICEF discussed the possibility of including this intervention in the routine immunisation delivery system as a matter of policy. IPTi has the potential of becoming a major tool for malaria control.

Building capacity in the health system

The Government of Malawi, UNICEF and other partners are committed to building capacity in the public health system.

In 2009: 57 district coordinators working on Integrated Management of Childhood Illnesses, the Expanded Programme for Immunisation and malaria prevention were trained in programme management.

An ACSD Monitoring and Evaluation Officer was recruited to work at the Ministry of Health's national Secretariat for the Integrated Management of Childhood Illnesses/ACSD programme.

The officer will help to strengthen monitoring and evaluation in the context of the scale-up of high impact health care.

Monitoring tools were developed with the participation of all 28 districts authorities and used to collect data on the performance of village clinics. The data will complement and feed into the Health System Management Information system.



“I was expecting our fifth child when I learnt of my HIV status,” she says. “The doctors did several other tests and put me on antiretroviral treatment.” Lonely was on the treatment until she gave birth in April 2007. She worried about infection her baby but when the doctors tested the baby after six weeks, he was HIV-negative.

Keeping mothers and babies healthy

UNICEF supports national efforts to improve access and uptake of quality maternal and newborn healthcare, including basic emergency and obstetric care. In 2009, efforts to reduce new HIV infections, especially in children, were scaled up. The roll A more efficacious regimen of ARVs for preventing the transmission of HIV from mother to baby was rolled out, and children’s access to HIV treatment increased by improving access to early infant diagnosis of HIV. UNICEF continued to support the Ministry of Health to procure HIV drugs, equipment and supplies through Global Funds and UNITAID projects.

How one woman’s brave decision saves her baby

Kasungu, June 2008: Lonely Muyila was devastated when she learnt in 2005 that she was HIV positive. Despite several weeks of treatment, her husband’s cough had continued unabated and when his medical provider suggested an HIV test, he refused.

Lonely’s decision to test for HIV against the wishes of her husband was brave and was to later turn out a lifesaver. “I was jubilant beyond words,” she says. “My decision to test and to be on treatment had not only saved my life but that of my baby as well.”

Lonely’s husband died in March 2007, a month before his baby’s birth, unwilling to know what lay at the root of his ailments, adamant in his refusal to be tested for HIV.

For Lonely, the journey had just begun. She was counselled to exclusively breastfeed her baby for at least six months, her only means of providing healthy nutrition to the baby. Poor and jobless, she also had to look after four children with no sustainable means of income.

“Food was and still is a problem,” she says. “I receive help from relatives to pay for my children’s school needs.”

The antiretroviral treatment helped Lonely to recover her body weight and strength to the extent that she is able to grow her own food. Before the treatment, she says, she was always sick with malaria and other diseases and couldn’t work.

“I was jubilant beyond words,” she says. “My decision to test and to be on treatment had not only saved my life but that of my baby as well.” Lonely’s husband died in March 2007, a month before his baby’s birth, unwilling to know what lay at the root of his ailments, adamant in his refusal to be tested for HIV.

Lonely has continued attending the PMTCT programme where she receives counselling on infant feeding and reproductive health. Her baby continues to be monitored until he reaches 18 months when he will leave the programme.

Mrs. Angela Nkhoma, the coordinator of the PMTCT programme in Kasungu District says about 70 per cent of all babies born in the PMTCT programme turn out HIV-negative.

“Kasungu District Hospital was the only health facility offering PMTCT services in the district in 2004,” she says. “The PMTCT programme has since been extended to 18 of the 23 health centres in the district. UNICEF funded the training of health workers in PMTCT as part of the expansion programme.”

Increasing public demand

Community advocacy and participation in mother and child healthcare were increased in 2009 through innovations such as the involvement of male partners, mothers-to-mothers initiatives, and mass campaigns. The Malawi Prevention of Mother-to-Child Transmission (PMTCT) Strategic Communication Vision and Plan 2006–2010 was revised and a new PMTCT Community Communication Plan for 2010–2012 was developed and disseminated.

Improving service delivery for paediatric HIV

Revised antenatal and maternity registers were introduced in the health system and storage and distribution of supplies for early infant diagnosis of HIV were incorporated in the Central Medical Stores system. Case management guidelines were adapted for paediatric in-patient care, infant-feeding and counselling in the context of AIDS. Efforts made to accelerate progress in maternal health included a change in policy to allow nurse midwives and medical assistants to perform basic emergency obstetric maternal and newborn care. UNICEF also supported harmonisation of reproductive health training manuals.

Nutrition in the context of HIV

In order to ensure a continuum of care and integration of nutrition and HIV and AIDS interventions, infant and young child feeding counselling cards were developed with technical support from University Research Centre. These will be rolled out to over 500 PMTCT sites, health facilities and communities. The cards are part of an integrated package of job aids that help health workers to counsel mothers and other caregivers of children from birth to two years.



Treating malnutrition in communities

Community therapeutic care for the management of moderate and uncomplicated severe acute malnutrition was scaled up to 365

This represented 60 per cent coverage of health facilities nationwide, with more than 32,000 children in treatment as of December 2009.

Supplementary feeding was provided to just over 100,000 children less than five years of age and 42,000 pregnant and breastfeeding women.

More than 13,100 severely malnourished children were treated in Nutrition Rehabilitation Units.

An integrated course on the adoption of the WHO/UNICEF guidelines on infant and young child feeding was conducted for national-level trainers. The course has since been rolled out to PMTCT sites in 10 districts.

Improved district planning

Given the fact that community-based interventions now represent the new frontier for rapidly reducing child and maternal mortality, UNICEF is working with the government and civil society to develop capacity at community and household levels to promote high impact health and nutrition interventions and encourage related behaviour change.

Furthermore, UNICEF's technical support to the Ministry of Local Government and Rural Development helped towards developing village plans in the high impact intervention districts, with funding from the Catalytic Initiative and the Partnership for Maternal, Newborn and Child Health and in collaboration with WHO and UNFPA.

In an attempt to further harness community participation, a handbook for district development planning and guidelines for local authorities were updated and disseminated to key stakeholders.

The curriculum for the Health Surveillance Assistants

- key pillars in the delivery of the Essential Health Package
- was redesigned into modular format, making it more appropriate for basic, pre-and in-service training.



Tools for accelerated healthcare delivery

In addition to the dissemination of the ACSD strategic plan, UNICEF contributed to the printing and dissemination of 5,600 job aids. Job aids carry different messages on key high impact interventions and are used by health extension workers in community outreach. They were distributed to all zones of the country and 572 health extension workers were familiarised on their use.

At the forefront of community-based healthcare

In order to enhance community-based treatment of pneumonia, malaria and diarrhoea, UNICEF continued to support training of Health Surveillance Assistants on community case management.

A total of 323 Health Surveillance Assistants were trained in 2009. It is anticipated that when they establish village clinics, an estimated 110,000 children will have easy access to treatment for major childhood diseases. Community case management training manuals were reviewed, printed and distributed. Four hundred and fifty-five Health Surveillance Assistants received basic (pre-service) training and 137 assistants were trained in the management of pneumonia, malaria and diarrhoea at community level.

Working with communities

UNICEF continued to support community-based maternal and neonatal healthcare in three pilot districts. An evaluation is planned for 2010. Draft training manuals for the interventions were developed.

PMTCT social mobilisation campaigns were scaled up from 40 to 60 health facilities in 10 selected districts, reaching over one million people through door-to-door campaigns, open air performances, radios and mass campaigns. Additionally, PMTCT psychosocial peer education was scaled up from 35 facilities to 46 in seven selected districts and the capacities of rural communities to prevent the spread of HIV increased from one to two districts.

World Breastfeeding Week

As is customary every year, activities to mark World Breastfeeding Week were carried out in all 28 districts. At central level, local language radio programmes on infant and young child feeding reached about 80 per cent of Malawians.

Journalists participated in a one-day orientation on the Baby Friendly Hospital Initiative, PMCT, the prevention and treatment of malnutrition in emergencies, HIV and infant feeding, and the Code of Marketing of Breast Milk Substitutes.

Innovative use of technology

The use of SMS to delivery real-time nutrition data is now being expanded to 140 sites nationally. This follows a UNICEF and Colombia University-supported pilot in three health facilities. Research began in 2009 to identify risk factors for malnutrition in all districts and provide spatial maps using GIS software. This work is being carried out by the Biostatistics Department of the University of Malawi.

Responding to emergencies

Malawi is affected by seasonal outbreaks of cholera and other infectious diseases. In April 2009 an outbreak in Neno district claimed several lives but its cause was difficult to identify.

The Centres for Disease Control (CDC) together with local experts carried out an investigation and concluded the disease was in fact typhoid. UNICEF helped strengthen disease surveillance in Neno and surrounding districts.

Health workers in 20 districts affected by seasonal cholera were trained to effectively manage cholera cases. UNICEF provided cholera treatment supplies for distribution to selected districts.



A key to children's survival

- 24 per cent of children under five suffer from diarrhoea
- 75 per cent of Malawians have access to safe water
- 47 per cent of the population has access to improved



Meeting the MDG water and sanitation target

Malawi has made significant progress in increasing access to water, sanitation and hygiene services. The country appears to be on track in meeting the 2015 MDG target of halving the proportion of people without access to safe drinking water and basic sanitation. Around 75 per cent of the population has access to safe water and 47 per cent to improved sanitation, defined as access to a public sewer, septic tank or a pour-flush, simple or ventilated improved latrine.

People's access to basic sanitation, which includes traditional latrines, is as high as 94 per cent. However, good hygiene practices, essential to safeguarding children and women's health, are rather low. Only 37 per cent of the population washes hands with soap, a practice that can significantly reduce the incidence of diarrhoea, a major cause of death in young children in Malawi.

A stronger sector

The water, sanitation and hygiene sector is moving from a project to a more system-based approach. Governance structures, investment plans and sector information systems for the water and sanitation SWAp are being developed. The sector held its second Joint Sector Review in December 2009.

In line with the Water Policy that stipulates that the operation and maintenance of water and sanitation systems are a community responsibility, UNICEF provides support to develop community capacity to fulfil this important role. In 2009, 474 water point management committees were trained to manage their water points.

Another important activity is the strengthening of the district and national Geographical Information Management System and putting in place mechanisms to regularly update data on water and sanitation

coverage. Data for seven districts was collected by the end of the year and two district atlases completed. Atlases visually illustrate the distribution of all water points in a locality and help users, districts teams and communities to make informed decisions about their services.

Community-led sanitation

Malawi has adopted Community-Led Total Sanitation as a new strategy for promoting community sanitation. Twelve per cent of Malawi's households still practice open defecation. Community-Led Total Sanitation presents an opportunity to scale up household latrine construction and use without a hardware subsidy, and to move Malawi to an open defecation-free environment.

What is Community-Led Total Sanitation?

Pioneered in 2000 in Bangladesh, Community-Led Total Sanitation mobilises communities to completely eliminate open defecation.

Communities are assisted to conduct their own appraisal and analysis of open defecation and take their own action to end the practice.

CLTC recognises that merely providing toilets does not guarantee their use, nor results in improved sanitation and hygiene.

The initiatives focuses on the behavioural change needed to ensure real and sustainable improvements – investing in community mobilisation and supporting individual households to create “open defecation-free” villages.



The plan is to roll out the initiative to 26 districts. So far, Community-Led Total Sanitation was introduced in all 12 UNICEF-supported districts and 616 villages. This led to families building 8,100 new latrines in what are now 148 'open-defecation-free' villages. Close to 50,000 people in these locations now benefit from improved sanitation and the protective role it plays in children and women's health and well-being.

Access to rural water

UNICEF works with the government and partners such as the World Bank to develop sustainable and safe water supply systems in under-served rural and remote parts of Malawi.

In 2009: 474 boreholes were drilled and fitted with hand pumps, reaching more than 118,500 new users.

54 boreholes serving 13,254 users were rehabilitated. Three health centres with large maternity wards and PMTCT services in remote areas of Blantyre District were supported with solar powered water supplies.

Five communal and two school water connections were installed on Likoma Island, Lake Victoria. A third of the island's population now benefits from safe drinking water.

School water, hygiene and sanitation

The impact of inadequate water, sanitation and hygiene in schools keeps children, especially girls, away from school and contributes to low enrolment, drop out and poor performance.

Children's futures as productive and healthy adults are compromised by what is seemingly a minor neglect.

Yet water and sanitation are fundamental to the realisation of children's right to survival, development and protection.

UNICEF supports a school-based water, sanitation and hygiene education programme in 12 focus districts. During the year, teachers were equipped with tools to promote personal hygiene.

Teachers' booklets on the three key hygiene practices were developed, differentiated by standards/classes, revised and approved by the Ministry of Education, and printed for all primary schools.

Teacher training remains one of the strategies to accelerate hygiene promotion, in particular hand washing with soap.

Three key hygiene practices

- Wash hands with soap at critical times (after visiting the toilet, before feeding a baby or handling food, after changing a baby's nappy.)
- Proper latrine use
- Correct handling of water

In 2009, more than 41,000 school children benefited from an approach that brings a comprehensive water, sanitation and hygiene education package to schools. The three key hygiene practices programme reached more than half a million children and over 4,000 teachers in 610 schools.

Spreading the message

Malawi joined the world in commemorating Global Hand Washing Day in October 2009. Close to 4,000 school children from 70 schools were part of the events, which attracted an audience of 10,000.

The public was made aware of the critical importance of hand washing with soap through displays and demonstrations of locally made hand washing facilities, poetry, drama, a children's press conference, articles in the press, traditional dances and a teach/pupil football match.

Responding to disease outbreaks

Safe water, sanitation and the promotion of proper hygiene are among UNICEF's highest priorities in emergency situations. Unless services are quickly provided to emergency-affected children and their families, disease and death can swiftly follow.

In Malawi, UNICEF pre-positions water supply and sanitation facilities and services in Nsanje, Chikwawa, Salima, Zomba, Mulanje and Neno districts, which experience seasonal outbreaks of cholera and other diseases.

This allows the organisation to respond rapidly, contain any outbreaks and prevent the death of thousands of vulnerable children and women.

In 2009, ventilated latrines were installed in 10 health clinics in Nsanje, which manage cholera cases. Work on rehabilitating 16 water points also started.

Households in the district benefited from the construction of 39 latrines, with another 110 in progress. Construction of 26 water points in other cholera-prone areas also started.

Five new water points were installed in Neno district, which was affected by an outbreak of typhoid.

In collaboration with Communication for Development, UNICEF also started a hygiene promotion programme for more than 6,000 people to prevent further transmission of this infectious water-borne illness.

In the flood-prone Salima district, UNICEF supported improvements to sanitation and water facilities in seven evacuation points for flood victims.

The activity will benefit about 5,830 people. Twenty-five dist Experts from the UNICEF regional office for East and Southern African in Nairobi, Kenya, supported the training.

Developing Malawi's future generation

- A5 67 per cent of children of primary school age attend school
- A5 There are more boys in school than girls – the Gender Parity Index for primary education is 0.92.
- A5 9.5 per cent of adolescents between 15 and 19 are HIV



Education, a fundamental human right

The importance of education and selfdevelopment for children and young people cannot be underestimated. Education is widely regarded as the route to economic prosperity, the key to scientific and technological advancement, the means to combat poverty and unemployment, the foundation of social equity, and the spread of political socialization and cultural vitality. It is also a human right and every child is entitled to develop his or her inherent potential.

Child-Friendly Schools

The Child-Friendly School, a comprehensive and dynamic educational model aimed at helping schools achieve safe, healthy and protective environments, is a cornerstone to a quality improvement programme in Malawi, supported by UNICEF.

The Ministry of Education has taken the leadership in developing the CFS programme, and in 2009 developed a policy toolkit to support the implementation of CFS at all levels.

The toolkit consists of all the important chapters of the most relevant policies as reference material for decision makers and school managers.

In 2009, 100,000 school children stood to benefit from activities that would transform their schools into child-friendly spaces of learning. Child-friendly infrastructure and resources for 313 schools, such as classrooms, latrines and teachers' houses and teaching and learning materials, were built and provided during the year.

BASIC EDUCATION & YOUTH DEVELOPMENT

Two thousand teachers were equipped with knowledge about the principles and practices of CFS. When putting their new skills into practice, the teachers would be able to reach 180,000 pupils around Malawi.

The CFS approach goes beyond the school. The active involvement of parents and community members in how schools are run is an integral part of its vision.

Transforming educators into leaders that can inspire staff and students is also one of its core principles. 2009 saw community capacity building bear fruits. In Mulanje district every single school developed school improvement plans with support from UNICEF. The process of making sure that all schools in Malawi have a realistic and relevant school improvement plan is currently underway.





Back to school for a brand new dress

“It is nice to know that somebody cares enough to want to help me. If it wasn’t for the Mothers’ Group, I would still be at home,” says Jennifer.

Lilongwe, May 2008 – At 16, Jennifer Mailosi has experienced poverty first hand. Her parents have no income and depended on a small piece of land behind their compound. Other than her uniform, Jennifer has never owned a brand new garment, relying on hand-me-downs from her sisters or well-wishers.

Once, she fondly remembers, she was bought a dress by the mothers’ group from the second-hand clothes market. “One day when I finish school, I will be able to buy myself anything I want,” she says, smiling shyly.

This is the dream of a sixteen year-old who dropped out of school for two years because her parents could not afford new clothes, let alone soap for her clothes. In the midst of the poor, Jennifer was the poorest.

“We realised that the only way to stop the cycle of poverty in our area was to make sure that girls finish school. For them to do that, we had to meet some of their needs,” says Deputy Chairperson of the Mothers’ Group Mseka Jailosi.

The Mothers’ Group comprises a group of women from the community tasked with the responsibility of coaxing girls to return to school.

This initiative sprung from the Child-Friendly Schools for Africa Initiative, a concept that encourages community participation in school management.



The idea is that if parents participate in educating their children, they are most likely to keep their kids in school. In Jennifer's case, the Mothers' Group spoke to her parents about the importance of sending girls to school.

The parents agreed to send Jennifer back to school on condition that the women would help towards some of Jennifer's school-related expenses. Jennifer now has a pair of uniforms courtesy of the group and is in Standard Seven at Mnjolo Primary School.

Mnjolo Primary School is one of the pioneers of the Multi-Country Child Friendly Schools for Africa Initiative. Under the Initiative, a new school block was constructed, teachers were trained in life-skills, students received learning materials and additional pit latrines were constructed. As a spring-off of this initiative, the Mothers' Group has been instrumental in getting girls back to school in a country where just 16 per cent of girls finish primary school.

So far, at least fifteen girls from Mnjolo area have gone back to school. They are now role models and assist the Mothers' Group in their efforts to get as many girls as possible back to the classroom.

Girls' Education

Society's deeply rooted beliefs and practices can condemn thousands of children, especially girls, to a life without quality education. UNICEF works with partners, communities and parents to make sure that girls do not miss out on education.

The year culminated with key advances made in strengthening girls' education. A gender audit of the National Education Sector Plan was finalised and used to support Malawi's application for EFA-FTI Catalytic funding. The funds will be used to finance the National Education Sector Plan, which has as one of its priorities to ensure that there is equitable access to education for both boys and girls.

A communication campaign to promote girls' education in communities is being rolled out nationally. The Mother's Group Initiative, where mothers are mobilised to send their daughter to school and to encourage other community members to do the same, was expanded to 348 schools in 12 districts. The Girls Education Movement grew to another 164 schools in 2009 and so far 314 schools in 12 districts have active Girls' Education Movements. Girls Education Movement Handbooks were distributed to all primary schools in the country to mobilise more schools to adopt the initiative. In response to the serious shortage of female teachers, particularly in rural areas where less than 20 per cent are female, UNICEF partnered with pre-service teacher training colleges to train 549 female teachers. The teachers have committed to teaching in rural areas for at least three years and to provide leadership in many aspects of community development.

Protecting young people from HIV infection

Recognising the role that schools can play in keeping children safe and healthy, UNICEF supports a life skills education programme for students between the ages of 6 and 13 in primary schools.

The programme's aim is to empower children with knowledge and skills so that they can make informed choices and decisions about preventing HIV infection before they become sexually active.

Since the introduction of life skills education in schools, 86 per cent of teachers from public and privately registered schools were trained in life skills education. In the context of the new outcomes-based primary schools curriculum, life skills is a core learning area from grade 1 through to grade 8.

This therefore means that as a core learning area, teachers and learners will give it due priority. 2009 also saw the revival of the school guidance and counselling programme.

The Ministry of Education developed a guidance and counselling framework and guidelines. At least two teachers per school have been trained as counsellors in the Shire Highlands, Northern and Central Eastern Education Divisions.

Guidance and counselling services support student learning in areas of personal, social, education and career development. In 2010 and beyond, teachers in the remaining education divisions (Central West, South East and South West) will be trained.

The Ministry of Education will provide leadership and direction to ensure that the programme is fully functional and provides the required support to teachers and learners.



Youth development and participation

With young people between the ages of 15 and 24 as both the window of hope in halting the spread of HIV, and as a potentially high-risk group, Malawi has prioritised this group in its fight against the epidemic.

The National Plan of Action for HIV Prevention for 2008–2012 calls for greatly expanded HIV services for young people. In response to this urgent call for action, UNICEF supports the scale up of youth development programmes that focus on reducing the risks faced by out-of-school youth. Preventing HIV infection is a programme priority.

To date more than half a million out-of-school youths have been reached with key messages on the root causes of HIV and AIDS in Malawi. This includes multiple concurrent partnerships, low and inconsistent use of condoms, inter-generational sex, and age disparate sex. Understanding the key drivers of the epidemic will ensure that young people have the requisite skills to make informed decisions about their sexual lives.

A Youth Management Information System was developed as a tool for data management and Ministry of Youth's strategic plan was reviewed to align it with the Malawi Growth and Development Strategy.

Livelihood and vocational skills were provided to more than 500 young people in Malawi. Skills such as carpentry, tailoring, construction and welding will greatly enhance young people employability. The government recently launched a MWK three billion youth Enterprise Development Fund to provide loans and training to young people.

School Supplies

Access to educational supplies is essential to the realization of children's right to education. UNICEF works with governments, NGOs and communities to assess needs and procure these supplies where appropriate.

In 2009, UNICEF provided the following school supplies to Malawi:

- 2,000 sports-in-a-box kits for extra-curricular school club activities
- More than 133,000 Standard 4 Life Skills pupils' books
- Close to 16,000 Life Skills Education source books for primary schools
- Over 5,000 Life Skills pupils' books
- 100,000 life skills Sara Communication Initiative materials
- Teaching and learning material for 200 schools
- Classroom furniture and safe water points in 56 schools
- School latrines and washrooms in 23 schools



Developing the education sector

UNICEF's effective leadership of the Education Donor Group led to a number of achievements during the year. Among the most important ones were:

Malawi's successful application for EFA-FTI Catalytic Funding, which will lead to increased funding for implementation of National Education Sector Plan.

The finalisation of the four-year Education Implementation Plan, which operationalises the National Education Sector Plan, The completion of several sector analytical reports that include the Country Status Report; the Capacity Analysis of the Primary and Secondary Sectors; and the Education Donor Group appraisal of the Education Sector Plan.

Two other milestones were the conclusion of the Joint Financing Arrangement and the Memorandum of Understanding to facilitate multi-donor funding to the education sector.

In its efforts to strengthen capacity in the education sector, the Development Partners Group has put in place an Education SWAp Secretariat focusing on financial management, procurement, monitoring and evaluation and institutional development. Two posts in the secretariat are already functional.

UNICEF also supported the training of 150 senior personnel from the government on results-based management. The Education Management Information System was consolidated to make it more responsive to stakeholder expectations.

UNICEF lent its technical expertise to the government to implement the recommendations of the Committee on the Rights of the Child and facilitated the training of senior personnel in gender and child rights.

Building a safe, protective and nurturing environment for children

- An estimated 800,000 children in Malawi are orphaned.
- Thousands of children are considered to be vulnerable to abuse, violence and exploitation.
- 26 per cent of children



Many children in Malawi experience great hardship. Deep rooted poverty, crippling hunger, natural disasters that strike without warning, and the heavy toll of HIV and AIDS all contribute to high levels of stress and vulnerability among families and children. Children are left parentless by HIV and AIDS or take on the responsibility of looking after chronically sick family members.

They lose the love and protection of caring adults and become vulnerable to abuse, violence and exploitation. Many drop out of school to supplement meagre family incomes.

Orphaned and vulnerable children have the right to grow up in a loving, protective and nurturing environment, free from stigma and discrimination. Supportive care and basic social services are critical for these children who live on the edge.

Creating leadership

In 2009, UNICEF in Malawi made tremendous strides to improve the capacity of the Ministry of Gender, Children and Community Development to lead a national response to protect and care for vulnerable children.

The Ministry started a human resources capacity building process in collaboration with the US government and UNICEF.

This included team-building exercises, leadership training, change management and the development of a training plan to upgrade skills and qualifications of government officers.

A plan of action was developed to enable the Magomero Training College to offer advanced diplomas and degrees in social work. UNICEF also provided support for an assessment of the national monitoring and evaluation system with the aim of making improvements to the system. The Ministry has developed quality improvement standards, which define a minimum package of support for programming in the area of orphans and vulnerable children.

Alternative care for vulnerable children

Children who do not live with their biological parents or in families where they cannot be cared for properly face numerous risks. Sexual abuse and exploitation, child labour and human trafficking are particular threats to their welfare. It is the State's duty to ensure that these children receive protection and care. UNICEF works with the government to put into place alternative care for orphans and vulnerable children, focusing on foster care, adoption and institutional care.

In 2009, UNICEF continued to advocate for an improved policy and legal environment to protect children and supported the Law Commission to review the 1949 Adoption Act. Regulations for foster care and institutional care of children were also drafted.

Investing in the early years

The early years of a child's life are a stage of incredible physical, intellectual and social growth. With proper care, love and stimulation, young children can flourish and reach school-going age with the readiness needed to succeed academically and socially. Early childhood development, with its vast potential

Early childhood development, with its vast potential in developing human capital, is significant priority for both UNICEF and the Government of Malawi. During the year, UNICEF continued to play a key role in strengthening national systems to implement policy and improve service delivery in communities.

UNICEF helped raise the profile of early childhood development through support for a communication and advocacy campaign. The Vice-President, Honourable Joyce Banda, gave the campaign high public visibility when she officially launched it on 4 September 2009. She also was installed as an Eminent Advocate on early childhood development.

Trained practitioners are greatly needed in Malawi to improve the quality of early childhood teaching and learning. Efforts are underway to develop a national training programme and a comprehensive curriculum. UNICEF is already supporting the professional development of three government officials from the Ministries of Gender and Education and a staff member of the NGO, Association of Preschool Playgroup in Malawi at the Virtual University based in Canada.

Support was also given to develop early childhood development standards for service delivery. The national early childhood development network, with UNICEF supports, continues to identify best practices, disseminates state-of-the art information and defines the research agenda.



Community-based childcare forums

Despite the daily battle for survival, communities in Malawi have opened their arms to young orphans and vulnerable children. Around 6,000 community-based childcare centres (CBCCs) have sprung up all over the country, providing a frontline response to the increasing vulnerability of children in the face of poverty and HIV and AIDS.

These community initiatives need support to provide consistent and quality early childhood care and stimulation. In collaboration with UNICEF, the government has been able to develop systems and a national training programme for CBCC workers. So far, 180,000 children in 2,000 CBCCs have directly benefited from UNICEF support.

A number of partners working with UNICEF have introduced innovative methodologies to improve school readiness of the children who attend these centres. The early childhood development network is documenting these innovations and sharing the lessons learnt.

Though CBCCs generally cater for children between the ages of 3 and 5, some partners are working with parents and guardians with babies and younger toddlers (from birth to two years). UNICEF is supporting these initiatives with the aim of linking early childhood development with child survival to make sure that the very young get the best care and protection.



Psychosocial Care and Support

UNICEF is at the forefront of advancing psychosocial care and support in Malawi. Children affected by HIV and AIDS face unique emotional challenges revolving mostly around issues of coping with loss, grief, instability and separation of siblings. Such children need psychosocial care and support and have to be equipped with skills and knowledge to deal with the daily challenges of life.

UNICEF is supporting the government of Malawi to scale up the provision of psychosocial support to children. Currently psychosocial support is largely provided to children using two tools, namely the Journey of Life workshops and Children's Corners.

The tools complement each other as the Journey of Life mobilises communities to support children and their families while the corners give children aged 6–18 opportunities to meet and share their experiences under the guidance of trained volunteers and adults. More than 500 volunteers have been trained with UNICEF support to provide psychosocial care and support to the vulnerable children.

Child protection legislation

The protection of children from human rights violations hinges on the implementation of a progressive and child-friendly legal framework. Malawi has drafted key legislation that, once put into effect, has the potential of tremendously enhancing children's rights. This includes the Child Care Protection and Justice Bill, the Wills and Inheritance Act and the Birth Registration Bill.

The Birth Registration Bill has been enacted and UNICEF is working with the national registration bureau on its implementation. The Child Care Protection and Justice Bill was presented to the Legal Affairs Committee in preparation for parliament's passing. UNICEF supported the development of regulations on alternative care, which once the Act is enacted will be quickly implemented.

Working with other UN agencies, UNICEF continued to strengthen the partnership between the government and civil society groups through the Child Protection Technical Working Group and the affiliated networks. UNICEF also helped to prepare the government to appear before the Committee on the Rights of the Child, and supported the drafting of a Child Labour Policy and a National Plan of Action on Child Labour.

Justice and support for victims of abuse and violence

Services to prevent and respond to domestic violence and child abuse stand to greatly improve with the injection of three-year US\$ three million grant from the UK's Department for International Development.

UNICEF, working under the one UN framework, was able to successfully leverage these funds, which will be used to support the government in improving access to justice for women and children.

Just over 100 existing Victim Support Units, based in police stations, continued to receive technical and material support from UNICEF.

UNICEF-procured supplies such as beds, bicycles and office furniture were distributed to all sub-station Victim Support Units (VSU). Sixty-seven police child protection officers received training in play therapy for abused children.

Each police formation has a VSU coordinator trained in records keeping, first aid, rape management, interviewing skills, and referral systems and linkages. Another 150 Community Victim Support Units were established at Traditional Authority level to help expand services beyond urban areas.

UNICEF continued to support the government transit centre in Lilongwe where children and women victims can receive counselling and seek temporary refuge.

A one-stop service centre was established in Blantyre to provide victim support services in one location, helping to reduce the additional trauma that victims of sexual assault suffer in trying to access dispersed services.

Justice and support for victims of abuse and violence

Malawi has 800 volunteer community child protection workers who are the bridge between the police, schools, social welfare services, justice services and community welfare services.

Together with the staff from Victim Support Units, community child protection workers are also key change agents at community level, helping to raise public awareness of child abuse, identify cases and refer children to support services, and assist in the rehabilitation and community reintegration of survivors.

The government recognises the vital role the workers play in the strengthening child protection and is working to include them on the government's payroll.

A UNICEF-funded refresher course saw 400 community child protection workers update their skills in 2009.

Building child-friendly programmes, policies and budgets

- 40 per cent of Malawi's population lives on less than one US\$ dollar a day.
- 3.5 million children are poor.
- 20 per cent of children are orphaned and vulnerable.



UNICEF in action

The UNICEF Social Policy, Planning, Advocacy and Communications programmes works on several fronts with one aim – to help Malawi achieve the MDGs within the framework of the Malawi Growth and Development Strategy and the United Nations Development Assistance Framework. From contributing to policy analysis, dialogue and planning to strengthening social protection, promoting children’s participation and building alliances around children’s rights, UNICEF takes a comprehensive approach to helping build a country that is fit for all children.

Social policy

In recent years, social protection has emerged as a major focus in efforts to reduce poverty around the world. Social protection can be understood as a set of public actions, which address not only income poverty and economic shocks, but also social vulnerability, thus taking into account the inter-relationship between exclusion and poverty.

Malawi has joined the rest of the world in using social protection as key strategy to combat pervasive and chronic poverty and vulnerability, and also as a platform for reaching the MDGs. The process of developing a social protection policy framework was launched in 2006. Three years later, the Ministry of Development Planning and Cooperation, with support from UNICEF and other partners (DFID, the World Bank, the European Union, Irish AID, other government line ministries, academia and civil society) finalised the Social Protection Policy.

The aim of the policy is to ensure a strategic coordination of new and existing social protection initiatives within a common institutional and funding framework. A costed roadmap for the design of a social support programme was developed and is being financed jointly by development partners, UNICEF, the UN and the government.

The UN and development partners stepped up their advocacy with the government to commit financial resources to social protection and the social cash transfer scheme. In the 2009/2010 budget, 0.4 per cent was allocated to social protection. With the Agriculture Input Subsidy Programme included, the government's allocation to the social protection sector jumps to 9.4 per cent of GDP.



UNICEF supports government capacity building to plan, manage and implement social protection interventions. In 2009, results were achieved in a number of areas: More effective coordination of the design and implementation of social protection interventions. Stronger management of the national social cash transfer secretariat and more effective oversight of the quality of the social cash transfer scheme in seven districts. Two senior technical advisors seconded to the Ministry of Development Planning and Cooperation and the Ministry of Gender, Children and Community Development. A Monitoring and Evaluation Officer and two Administrative Assistants seconded to the Ministry of Development Planning and Cooperation. The Ministries of Elderly and Persons with Disabilities, and Local Government and Rural Development supported to design and implement the social cash transfer scheme. Sponsorship of various government representatives to attend international meetings on social protection.

The social cash transfer scheme

As part of developing a social protection programme, the government is implementing a social cash transfer scheme at district assembly level in seven districts. The scheme reaches just over 24,000 extremely poor households with a monthly cash grant sufficient to lift families above the poverty line and improve children's access to healthcare, education and other basic social services.

The project receives technical assistance from the Ministry of Women and Child Development, the Ministry of Economic Planning and Development and UNICEF, and funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Various operational aspects of the scheme underwent improvements in 2009, which will make the scheme more efficient in the way it identifies and registers eligible households and how it disburses the cash transfers.

Work also continued to showcase the Malawi social cash transfer scheme as a model of best practice. During the year, Cabinet ministers and new Members of Parliament were oriented on social protection, in particular the social cash transfer scheme.

Ministers from the Gender, Development Planning and Finance ministries were taken on a field visit to the Mchinji social cash transfer scheme to understand the methodology and impact of future government decisions on the programme.

High-level ministerial delegations from Australia and Liberia were also hosted with a view to establishing a similar programme in Liberia.

Malawi's decentralisation programme brings opportunities to place children at the heart of governance and service delivery.

As a children's advocate, UNICEF is working with local government to ensure that decentralisation yields services that better address children and women's needs at local level.

In 2009, UNICEF became a member of the technical working group on decentralisation and sensitised all 28 district commissioners and planning directors on child rights and social and child protection. The aim is to create and integrate a holistic package of services for children in district development plans. Ninety UN volunteers were trained on child rights and child protection to improve their work on child protection in the districts.

Financing the social cash transfer scheme

UNICEF plays a key role in helping the government to leverage resources for the social cash transfer scheme.

Intensive advocacy efforts in 2009 led to:

- A 13 million Pounds contribution from the German government
- 128,000 Pounds from Irish Aid
- Up to US\$2.7 million will be allocated to social protection by the One UN Fund between the end of 2009 and mid- 2010

Planning, monitoring and evaluation

UNICEF's planning, monitoring and evaluation unit plays a critical role in ensuring that UNICEF-supported programmes are on track, that partners and donors are informed of the progress of programme interventions and that programmes are evaluated for their impact and sustainability.

UNICEF also participates in the joint UN monitoring and evaluation programme. The initiative has been effective in bringing together all UN agencies and the government to coordinate monitoring and evaluation and to strengthen national capacity to monitor and report on progress towards targets and expected results in the Malawi Growth and Development Strategy, the United Nations Development Assistance Framework (UNDAF) and the MDGs.

Twenty-six district Multiple Indicator Cluster Survey reports for 2006 were published during the year, providing, for the first time, decision-makers and programme planners with more than 100 district-level indicators.

The Malawi Socio-Economic Database was updated with data from the 2008 Census. Production of Census 2008 analytical reports is in progress.

UNICEF supported data collection of the Malawi Demographic Health Survey and the results are expected in November 2010.



Global crisis, local impact

While the global downturn started to stabilise in Europe and Asia, the effects of the crisis are likely to reverberate for some time, especially in many poorer countries and regions; and with considerable impact on poor families and children. Malawi is no exception.

To better understand how children living in poor households are coping with high poverty levels, the impacts of external shocks and increasing vulnerability, UNICEF supported three studies in 2009.

These included an assessment of the social impact of the global financial crisis on poor families, a vulnerability assessment of child-headed households, and a child poverty study.

Though the outcome of these studies is yet to be known, it is clear nevertheless that children and child-headed households in particular live extremely precarious lives. In 2009, UNICEF was asked to be the convener of the UN cluster on social protection and disaster risk reduction.

The cluster develops preparedness and response capacity in event of a disaster and builds sustainable resilience and livelihoods programmes of the poorest and most vulnerable households. Substantial resources for the cluster were mobilised from the One UN Fund.

Communications and external relations

Raising awareness of children's rights and building partnerships around their promotion is one of UNICEF's priorities in Malawi. 2009 saw a number of developments in this area.

The spotlight was turned on the rights of young children following the launch of a campaign on early childhood development and the installation of Malawi's Vice-President as the Eminent Advocate for early childhood development. She is expected to be a powerful voice in support of funding for the five-year Strategic Plan for Early Childhood Development, launched in September 2009.

A five-day orientation of 22 journalists on early childhood development followed by field trips to CBCCs and early childhood development centres preceded the launch.

A 'Call for Action' was signed by aspiring candidates in the May presidential and parliamentary elections as a pledge to support child-friendly legislation in parliament. Of the candidates who signed, 66 made it to parliament, 11 were subsequently appointed cabinet ministers and seven as deputy ministers. UNICEF supported five civil society networks to campaign for the pledge.

The twentieth anniversary of the Convention on the Rights of the Child (CRC) in 2009 served as an opportunity to highlight the Concluding Observations of the CRC Committee on Malawi's Second Periodic Report and lobby for accelerated action, especially on child-friendly legislation.

The Ministry of Gender, Children and Community Development, with support from UNICEF, hosted a highprofile event for this occasion. In attendance were the Speaker of Parliament, ministers, Members of Parliament, the diplomatic corps, and representatives of civil society. The UNICEF Representative used the occasion to call on the government to adopt a comprehensive child policy and plan of action, which will provide an overall framework for programming for children and bring into one all the different policies.

In the run-up to the commemoration, UNICEF supported the Media Council of Malawi to conduct an advanced training of 20 news and feature reporters on topics such as children's rights and the media, codes of conduct and editorial guidelines, reporting children in conflict with the law and interviewing children. This is the first of three training sessions that the Media Council of Malawi will organise as part of a three-year capacity-building partnership with UNICEF.

Corporate advocacy strategy to position UNICEF in Malawi as the convener and partner of choice for children's rights was developed for implementation in 2010. Fundraising efforts were boosted by visits from 14 UNICEF National Committee in 2009. UNICEF hosted the ABC and the New York Times, and national media were assisted to report on the social cash transfer scheme and early childhood development.

To promote child participation, UNICEF supported the Ministry of Gender, Children and Community Development to hold the 9th Malawi Children's Parliament in December 2009. Efforts are ongoing to move the Children's Parliament secretariat from the Ministry to the National Assembly to ensure that resolutions find their way into parliamentary business.





Communication for Development

UNICEF uses Communication for Development to support implementation of key UNICEF interventions in health, nutrition, education, water and sanitation and child protection. Various media are used to communicate key messages that promote positive attitudes, behaviours and social change to better children and women's lives.

UNICEF has developed communications strategies around key programme priorities – ACSD, girls' education, PMTCT and integrated water, sanitation and hygiene services. Communications campaigns – using the media, theatre, printed material and community mobilisation – continue to reach thousands of ordinary Malawians with key messages on how to keep children alive, healthy, at school and safe from harm.

Communicating what matters

More than 55,000 people reached with messages on hand washing with soap and 40,000 people in Blantyre, Lilongwe, Mwanza and Dowa mobilised to adopt the three key hygiene practices.

Radio programmes, newspaper articles, flyers and posters distributed in communities and community mobilisation supported the effectiveness of Child Health Days, World Breastfeeding Week, and Global Hand-Washing Day.

Fifteen radio programmes on high impact interventions for ACSD aired on national radio.

Communication materials on ACSD, water, sanitation and hygiene and cholera prevention disseminated to all 28 districts.

Thirty community filming sessions on cholera prevention and 50 live performances sensitised community members on how to prevent cholera through hand washing with soap, drinking safe water and practising hygiene in Lilongwe, Blantyre, Chikwawa and Nsanje districts.

Nineteen drama groups trained to use theatre to raise awareness of cholera prevention, and approximately two million people in four districts reached with messages on cholera control and prevention through community radio.

Community leaders and activists mobilised to create momentum for scaling up messages on ACSD and change in social norms that prevent people from seeking healthcare.

A 56-member network of district communicators established and oriented on communications for development.

Twenty-one senior traditional leaders commit to supporting child survival through a signed communiqué.

During the year, UNICEF refocused its strategic partnerships in line with the decentralisation process. The Ministry of Local Government and Rural Development was brought together with the Ministries of Information and Health to coordinate communication efforts at district and community levels through district assemblies. Ministry of Local Government and Rural Development will help to strengthen the role of traditional leaders through proper linkages with District Assemblies.

UNICEF procured two audio-visual vans to support the Ministry of Information and Civic Education and the Health Education Unit of the Ministry of Health to carry out communications activities.

Capacity building of grassroots communicators, including religious leaders, continued. Forty-five members of the network of district communicators were trained in cholera and H1N1 prevention.

Eighteen master trainers from various community-based faith groups participated in a communications course on ACSD, PMTCT and social sanitation.

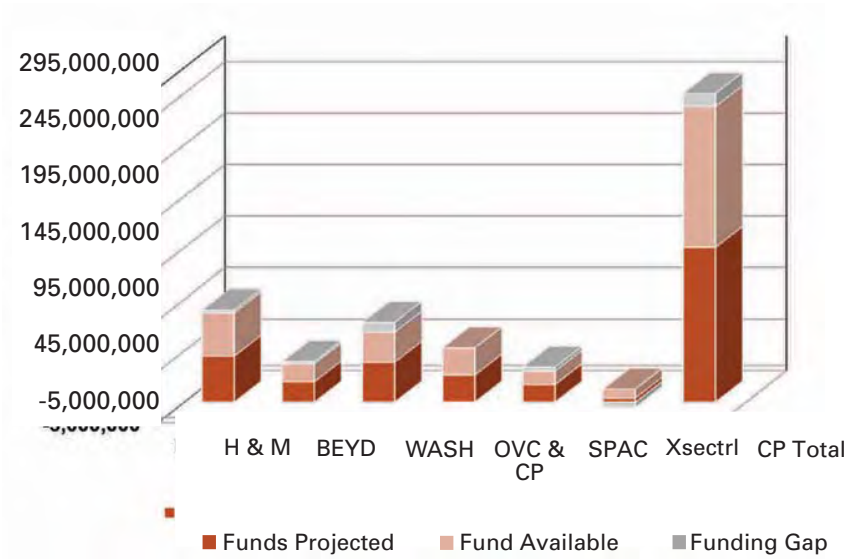
The training programme is cascading to a further 200 religious leaders across the country.

Country Programme Budget

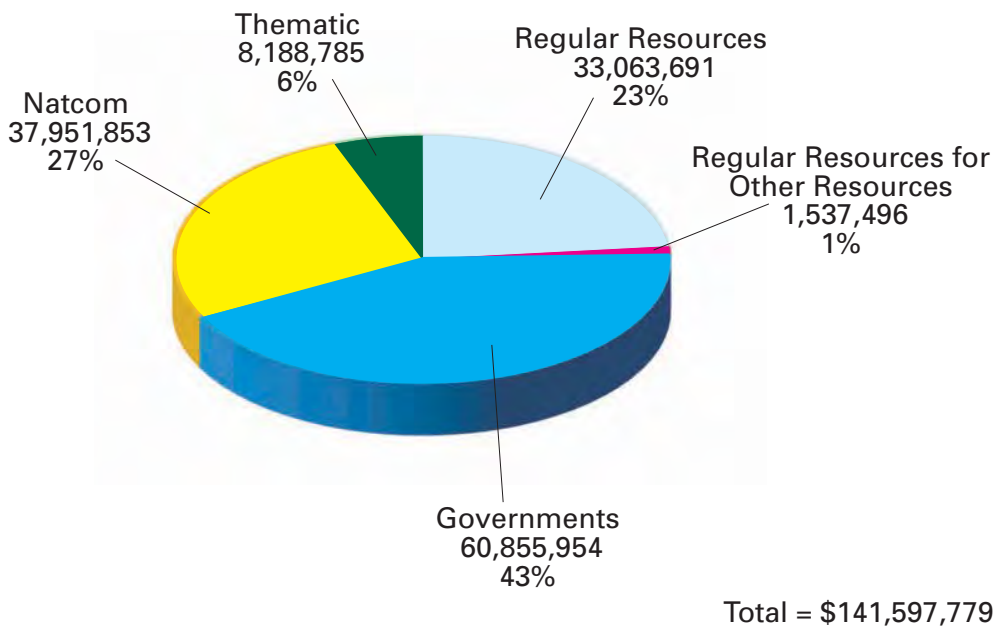
- Programme Funding



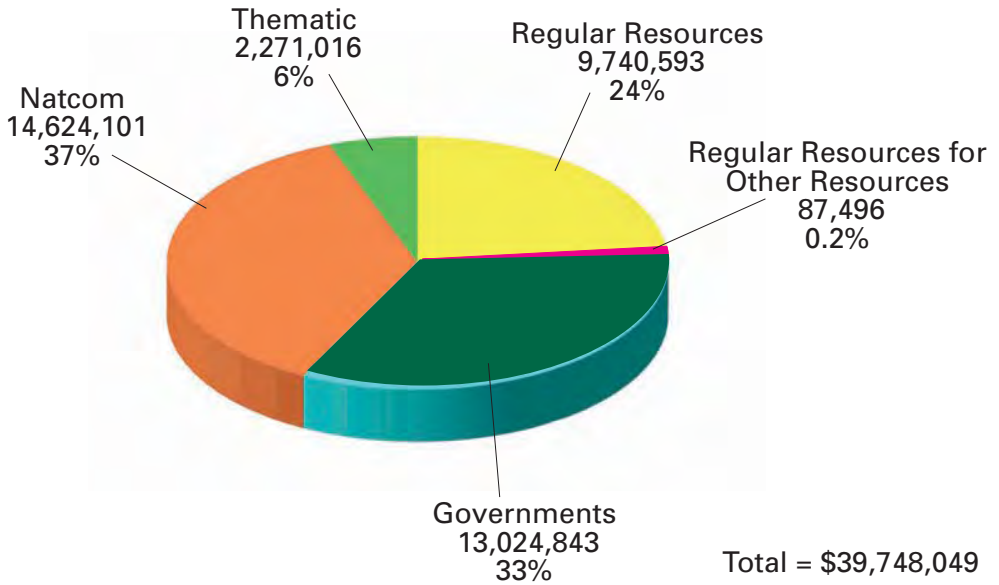
Funding Status For 2008 - 2011 (US\$)



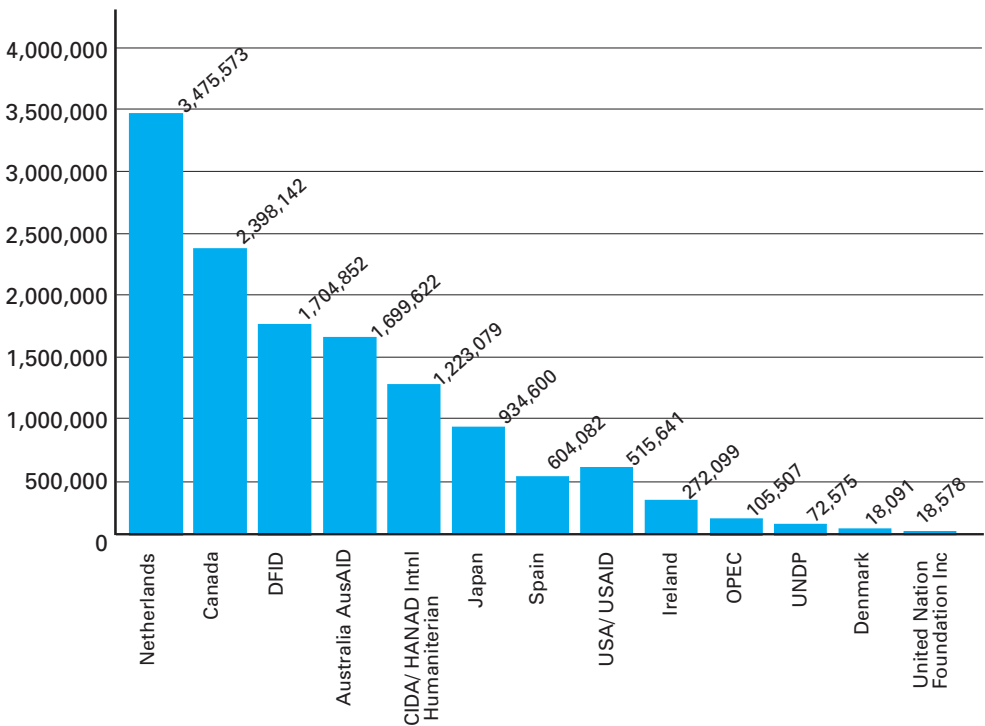
Funding By Donor Type 2008 - 2011



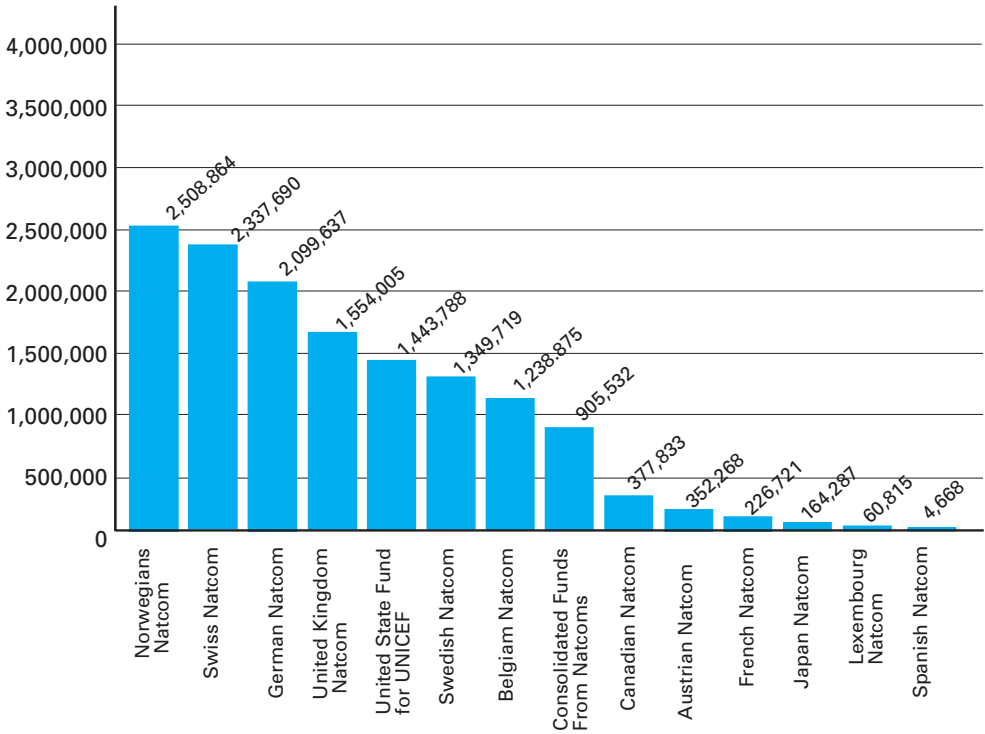
Funding By Donor Type 2009



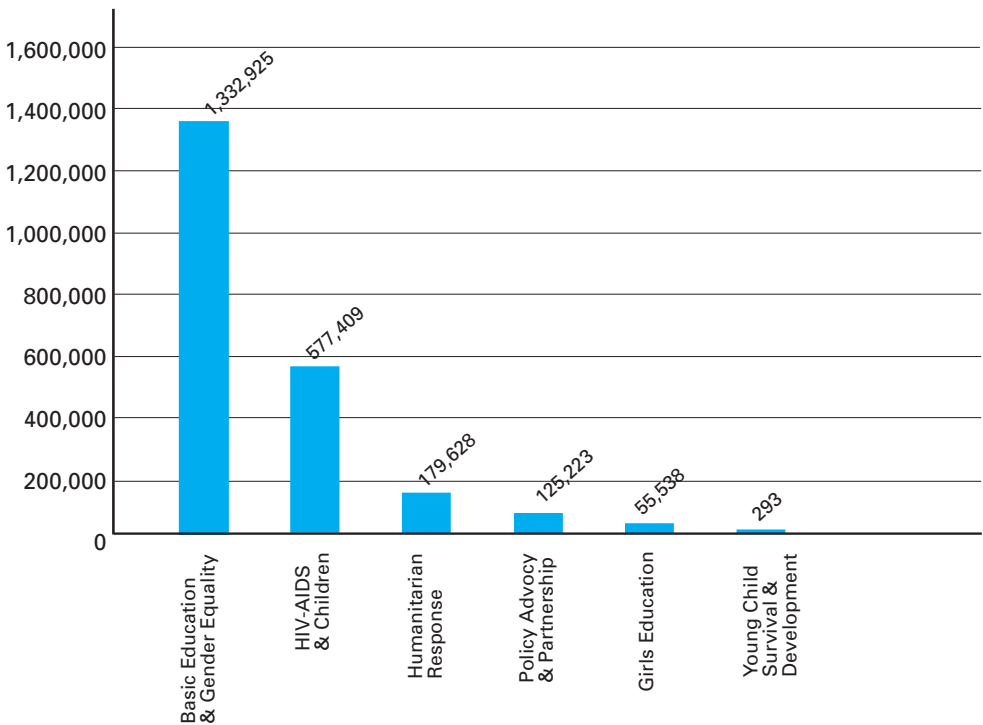
Governments Contributions 2009



NatComs Contributions 2009



Thematic Contributions 2009



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