A Situation Analysis of Children with Disabilities in Malawi

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FOREWORD

As you read this study providing a situation analysis of children with disabilities in Malawi, find key information aspects essential to facilitating and barring their development. The aspects, according to the scope of the study, stem from the prevalence rate of disability among children (below 18 years) and these children's access to social services.

As a sector, having this report is an important milestone as it indicates where we currently stand and thereby guides us as to where we ought to be heading as a service provider and coordinator. Not only does this report provide an updated situation analysis of Children with disabilities from that of 2011, but it has included other prevailing disability conditions existing among children, namely, epilepsy and albinism. In future, it would be imperative for data sets informing these situation analyses to respectively harmonize labeling of disability conditions in their works which will consequently shape the skill demand training relevant for effective intervention of those labels.

It is worth noting that according to the study, a significant proportion (48.7%) of disabilities presented by our children arises from diseases and thereby is preventable. This calls for early identification, assessment and intervention in our programming that is collaboratively integrated and multi-sectoral.

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(SIGN – Hon Minister/ PS Disability) (SIGN – Rep, UNICEF)

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Abbreviations

APAM	Association of Persons with Albinism of Malawi
APDM	Association of the Physically Disabled in Malawi
CBCC	Community Based Childcare Centre
CCI	Child Care Institution
CRC	Convention on the Rights of the Child
DIWODE	Disabled Women in Development (DIWODE).
DWOOM	Disabled Widows Orphans Organisation in Malawi
EA	Enumeration Area
ECD	Early Childhood Development
EMIS	Education management Information System
FEDOMA	Federation of Disability Organisations in Malawi
FGD	Focus Group Discussions
GoM	Government of Malawi
IDI	In-depth Interviews
HIS	Integrated Household Survey
HSSP	Health Sector Strategic Plan
KII	Key Informant Interviews
LCs	Living Conditions Study
MANAD	Malawi National Association of the Deaf
MDA	Ministries, Departments and Agencies
MEHUCA	Mental Health Users and Cares Association
MGDS	Malawi growth and Development Strategy
MHRC	Malawi Human Rights Commission
MoE	Ministry of Education
MPHC	Malawi Population and Housing Census
MDHS	Malawi Demographic and Health SurveyMoGCDSW Ministry of Gender, Community Development and Social Welfare
MoPWDE	Ministry of Persons with Disability and Elderly
MoLG	Ministry of Local Government
MUB	Malawi Union of the Blind
NACCODI	National Coordinating Committee on Disability
NDMS&IP	National Disability Mainstreaming Strategy and Implementation Plan
NEA	National Epilepsy Association
NESP	National Education Sector Plan
NGOs	Non-Governmental Organisations
NSO	National Statistics Office
PODCAM	Parents of Disabled Children Association in Malawi
PS	Principal Secretary
SCTP	Social Cash Transfer Programme
SIAM	Spinal Injuries Association of Malawi
SDGs	Sustainable Development Goals
SITAN	Situation Analysis of Children with Disabilities

SNE	Special Needs Education
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
VIHEMA	Visual and Hearing-Impaired Association of Malawi

Definitions

Impairment: Any temporary or permanent loss or abnormality of a body structure or function, whether physiological or psychological. An impairment is a disturbance affecting functions that are essentially mental (memory, consciousness) or sensory, internal organs (heart, kidney), the head, the trunk or the limbs[1].

Disability: A long-term physical, mental, intellectual or sensory impairment, which in interaction with various barriers may hinder the full and effective participation of a person on an equal basis with other persons[2].

Functioning: A dynamic interaction between a person's health condition, environmental factors and personal factors[3].

Handicap: This is the result of an impairment or disability that limits or prevents the fulfilment of one or several roles regarded as normal, depending on age, sex and social and cultural factors[4].

[1] Barbotte, E., F. Guillemin, N. Chau & the Lorhandicap Group. (2001). Prevalence of impairments, disabilities, handicaps and quality of life in the general population: a review of recent literature. 79(11): 1047-1055.
[2] GoM. 92012). Disability Act. Lilongwe: GoM
[3] WHO. (2013). A practical manual for using the international classification of functioning, disability and health (ICF). Geneva: WHO.
[4] Barbotte, E., F. Guillemin, N. Chau & the Lorhandicap Group. (2001). Prevalence of impairments, disabilities, handicaps and quality of life in the general population: a review of recent literature. 79(11): 1047-1055.

Executive summary

1. Introduction

The overall objective of this study was to conduct a comprehensive situation analysis of children with disabilities in Malawi (SITAN). The specific objectives of this SITAN were as follows: (i) Using existing datasets, estimate the national, regional and district prevalence and types of disability[5] in children aged below 18 years old; (ii) Analyse potential inequalities by demographic and socio-economic characteristics of families with children with disabilities aged below 18 years; and (iii) Analyse education, health, housing, child protection, basic socio and economic coverage of services for children with disabilities. In order to address these objectives, existing data sets on children with disabilities were used. These datasets included the 2008 and 2018 MPHC; the Education Management Information System data sets 2009-2018; the 2015/2016 MDHS and (iv) The 2016/2017 study on living conditions of persons with disability in Malawi (LCs). SPSS was used to analyse data from these data sets.

2. Legislative and policy context

Malawi is a signatory to a number of international and regional conventions including the UN CRPD, the CRC, the African Charter on the Rights of the Child and the Marrakesh Treaty which was recently ratified At national level, Malawi's Constitution promotes the rights of persons with disabilities. The 2012 Disability Act has been revised and Government has developed the Persons with Disabilities Bill (2019) which comprehensively domesticates the CRPD. The following strategic plans and policies guide the implementation of interventions to improve the welfare of persons with disabilities: the MGDS 2011-2016, the National Disability Mainstreaming Strategy and Implementation Plan (DMS&IP) 2018-2023, the National Education Sector Plan 2018-2020, and the National Special Needs Education Policy. The National Policy on the Equalisation of Persons with Disabilities expired and is currently under review.

3. Accountability and coordination structures for the disability sector

The MoGCDSW is the line ministry responsible for disability issues. The NDMS&IP guides the mainstreaming of disability in all sectors including the private sector. The National Coordinating Committee on Disability (NACCODI), chaired by the Chief Secretary, with membership from all the Principal Secretaries advises the GoM on policy, legislation and other technical issues. Issues from this committee are taken to Ministers by their respective PSs.

3. Prevalence of disability among children aged 0-17

Among children aged 5-17 years, the 2018 and the 2008 MPHCs found a disability prevalence of 5.6 percent and 2.4 percent, respectively. There was no major difference in the prevalence of disability between boys (6 percent) and girls (5.2 percent) in the 2018 MPHC. In 2008 disability prevalence was lower than in 2018 mainly because there were more types of disabilities that were included in 2018. The 2016/2017 LC study found a disability prevalence of 3.2 percent among children aged 2-4 and 3.3 percent among those aged 2–17. The overall prevalence of albinism, based on the 2018 MPHC, was 0.9 percent, with no difference between boys and girls both being at 0.9 percent. The prevalence of epilepsy was 1.6 percent (boys (1.7 percent and girls (1.4 percent) in the 2018 census. In the 2018 MPHC the most common

[5] This includes albinism.

types of disabilities among children were hearing (25 percent) and visual impairments (24 percent) followed by self-case (16 percent) and then intellectual impairments (15 percent).

5. Rights of children with disabilities

Health: The LCs study found that 40 percent (boys (39.1 percent), girls (39.9 percent)) of the children with disabilities were aware of medical rehabilitation services, 25 percent (boys (23.8 percent, girls (26 percent)) required such services but 13 percent (boys (13.1 percent), girls (13.2 percent) received these services. The study also found that 82 percent of the children (boys (79.4 percent), girls (84.3 percent) with disabilities were aware of health services, 79 percent (boys (75.2 percent), girls (82.4 percent)) required these services, only 74 percent (boys (70.2 percent), girls (77.9 percent)) received them. While boys and girls with disabilities may be aware of available health services and may require them, a lower proportion access them due to their disability.

Education: According to the EMIS, the proportion of children with special needs in both primary and secondary schools slightly increased from 2 percent to 3 percent between 2009 and 2018. Ninety one percent of the children without disabilities (boys (91 percent), girls (91 percent)) in the LCs study had ever received formal education compared to 80 percent (boys (81 percent), girls (78 percent) of the children with disabilities. A slightly higher proportion of children with (15.7 percent) than children without disabilities (13.2 percent) reported they ever dropped out of school in regular primary school mainly because of disability, lack of money and illness. Barriers to the delivery of inclusive education include the lack of transport for itinerant teachers, inadequate specialist teachers, inaccessible infrastructure for learners with special needs, inadequate SNE teaching and learning materials and lack of assistive devices,

Rehabilitation: Only 2 percent of children (boys (1.5 percent, girls (2.6 percent)) with disabilities reported using assistive devices in LCs study: of these, 64.7 percent used assistive devices for personal mobility followed by those who used assistive devices for accessing information (31.6 percent) and for personal care and protective purposes (9.1 percent percent). These assistive devices are mainly obtained from GoM health services (39.4 percent), the private sector (24.2 percent) and NGOs (24.2 percent). Very few children with disabilities access assistive devices.

Work and employment: There were no differences between children with disabilities (7.1 percent) and those without disabilities (7.4 percent) in the proportion of those who were working. Among children with disabilities, 9.3 percent of the boys and 4.1 percent of the girls were working. On the other hand, among children with disabilities, 11.9 percent of the girls and 3.2 percent of the boys were working. The Employment Act forbids anyone below the age of 14 working. This Act allows persons aged 15-18 to work but not in hazardous employment. However, the LCs study did not look into whether these children with disabilities were involved in hazardous employment or not.

Social protection: In 2019 28 percent of the beneficiary households of the social cash transfer programme were headed by persons with disability. Data from the MoGCDSW does not disaggregate the beneficiaries of the SCTP by children with disabilities. Sixty percent of the beneficiaries of the SCTP are children aged 0-17 and that 14 percent of the beneficiaries are persons with disabilities. The LCs study found that only 1.3 percent of the children with disabilities (boys (1.4 percent) and girls (1.2 percent) reported receiving social security or disability grants: of these, 65 percent received social cash transfer. This money was

mainly used for household necessities (65 percent) or education (9.5 percent). Of the beneficiaries of these social security interventions, only 15.4 percent said they made the decisions on how to use the grant.

Alternative care for children: Two percent of the children with disabilities in the LCs study reported ever staying in an institution or special home. In 2017 the Malawi Human Rights Commission found that there were 110 children with disabilities in institutions and that 1,211 children with disabilities were resident in 21 special needs schools. These special needs education institutions experience challenges such as inadequate funding. About half of these institutions are for all types of special needs, a third are specifically for those with visual impairments and about a fifth are for the deaf. Most of these institutions are in rural areas. There is a need to promote inclusive education and that all children in institutions should be reintegrated with their families.

Accessibility: The LCs study found that most children with disabilities reported that kitchens (92.3 percent), bedrooms (96.4 percent), living rooms (89.9 percent) and toilets (94.5 percent) in their homes were accessible to them with no major gender differences. However, 5.5 percent of the persons with disabilities and 3.8 percent of children with disabilities could not access kitchens and toilets, respectively

Involvement in different aspects of family, social life and society among children aged 12-17: Children without disabilities more likely (i) are consulted about making household decisions (66.8 percent), (ii) go with the family to events such as family gatherings (78.9 percent), (iii) feel involved and part of the household or family (91.4 percent), (iv) involved in family conversations (89.2 percent) and (v) participate in local meetings (42.2 percent). The corresponding proportions among children with disabilities were 51.5 percent, 74.7 percent, 87.7 percent, 85.3 percent and 25.9 percent, respectively. Boys with disabilities were more likely consulted in making family decisions or going with their families to events such as family gatherings than girls with disabilities. On the other hand, girls with disabilities were more likely involved and felt part of the household or family, in conversations, helped by family in doing daily activities/tasks and taking part in traditional practices than boys with disabilities.

Participation in political and public life: While about 24.7 percent (boys (26.3 percent, girls (22.9 percent) of the children with disabilities were aware of DPOs, 12.1 percent (boys 15.7 percent, girls (6.9 percent)) were actually members.

Respect for home and the family: In the LCs study, 6.3 percent (boys (5.6 percent, girls (7.1 percent) of the children with disabilities aged 12-17 were either married or in a relationship. None of the males reported that his spouse had a disability while 3 females reported that their spouses had a disability. For those in relationships or married, 7.3 percent (boys (3.2 percent, girls (11.3 percent)) reported they had children.

Equality and non-discrimination: Nine percent of the children with disabilities in the LCs study reported ever experiencing discrimination in public services with slightly a higher proportion of males (9.8 percent) than females (8.3 percent) reporting this.

6. Conclusions and recommendations

There have been variations in prevalence of disability among children aged 0-17 over the last 10 years due to differences in sampling and the types of disability covered. For example, while the 2018 MPHC included

intellectual disabilities, these were not included in 2008. This SITAN has also found that children with disabilities experience a wide range of challenges in accessing social services. While they may be aware of social services that are available (e.g. education, health, vocational training) and they need such services, in most cases the proportion of children with disabilities who receive the services they need is lower compared to those who required such services. The following recommendations are therefore made.

- The MoGCDSW should discuss with the NSO, other GoM ministries and departments, academic institutions and other stakeholders to mainstream disability in national surveys.
- The NSO in conjunction with academic institutions should build the capacity of researchers on the use of Washington Group on Disability Statistics screening questions for disability.
- The MoGCDSW, DPOs and other stakeholders should create awareness about the rights of children with disabilities.
- A significant proportion of children with disability are due to disease such as malaria. There is a need to promote the prevention and early treatment of disease as this would contribute significantly towards the prevention of disability.
- The MoGCDSW, the Ministry of Health and other stakeholders should improve the availability of assistive devices for persons with disabilities including children.
- Schools, health facilities and other places should be made accessible to children with various types of disabilities.
- The MoGCDSW, FEDOMA and other stakeholders should advocate for service providers to learn sign language in order to improve communication with children who have hearing impairments.
- The MoGCDSW should fast track the development of the new national disability policy.
- The Ministry of Health should work very closely with the MoGCDSW to develop a national strategy that will improve access to health services by persons with disability
- Disability should be included in the curriculum for training of all health workers.

1. Context

In 2013 a comprehensive situation analysis (SITAN) on children with disabilities was conducted in Malawi. This study was commissioned by the Ministry of Gender, Community Development and Social Welfare (MoGCDSW) and funded by UNICEF. This SITAN, among other issues, explored existing legislative and policy frameworks for children with disabilities, access to social services including education, health, sanitation and hygiene and skills development by children with disabilities and the challenges being experienced by children with disabilities and their parents and guardians. In order to collect data for this SITAN, a number of methodologies were used including (i) a comprehensive review of literature; (ii) key informant interviews (KIIs) with staff in both government and non-governmental organisations (NGOs) whose work was related to children with disabilities at national and sub-national levels; (iii) in-depth interviews (IDIs) with children with disabilities and their caretakers; (iv) IDIs with children whose parents had a disability and their parents; and (v) focus group discussions (FGDs) with children with disabilities at community level and those residing in institutions.

Since this comprehensive situation analysis was conducted in 2013, 3 surveys on disability have been conducted. The current SITAN on children with disabilities in Malawi was commissioned by UNICEF in order to inform the development of practical strategies to advance policy and programming towards realizing the rights of children with disabilities including those with albinism and epilepsy in all relevant sectors. The results of this situation analysis will be used by UNICEF, MoGCDSW and other stakeholders working with children with disabilities in Malawi.

2. Objectives of the SITAN

The overall objective of the SITAN was to conduct a comprehensive situation analysis of children with disabilities in Malawi.

The specific objectives of SITAN, as detailed in the ToRs, were as follows:

1. Using existing datasets, estimate the national, regional and district prevalence and types of disability[6] in children aged below 18 years old;
2. Analyse potential inequalities by demographic and socio-economic characteristics of families with children aged below 18 years old with disabilities;
3. Analyse education, health, housing, child protection, basic socio and economic coverage of services for children with disabilities.

3. Methodology

There were two major sources of data for this study: (i) A comprehensive review of studies that have been done in Malawi between 2011 and 2019; and (ii) Secondary analysis of existing data sets. These secondary data sets included the 2008 and 2018 Malawi Population and Housing Census (MPHC); (iii) the Education Management Information System (EMIS) data sets and annual reports for the period 2009-2018; the 2015/2016 Malawi Demographic and Health Survey (MDHS) and (iv) The 2016/2017 study on living conditions of persons with disability in Malawi (LCs).

[6] This includes albinism.

3.1 Comprehensive review of literature

At a global level there are international agreements on matters relating to people with disabilities, which have been ratified by Malawi. For example, the 2015 Sustainable Development Goals (SDGs), the 2006 Convention on the Rights of Persons with Disability (CRPD) and the 1989 UN Convention on the Rights of the Child (CRC). At national level, there are pieces of legislation that protect the rights of people with disabilities. For example, the 1994 Constitution of the Republic of Malawi (as amended); the 2012 Disability Act; the 2010 Child Care, Protection and Justice Act; and the 2013 Education Act. Both the international and national instruments were reviewed in order to, among other things, determine the extent to which global and regional treaties have been domesticated by the Government of Malawi (GoM). The Malawi Growth and Development Strategy (MGDS) 2017-2022, Health Sector Strategic Plan (HSSP) 2017-2022, the National Disability Mainstreaming Strategy and Implementation Plan (NDMS&IP) 2018-2023, Inclusive Education Strategy 2017-2021 and other sector plans were also reviewed mainly to have a better understanding of the policy context for disability in Malawi. There are also a number of studies that have been conducted in Malawi on children with disabilities. These include 2003 and 2016/17 LCs, the 2010 Equitable access to health services by vulnerable populations and the 2015/2016 MDHS. The review of legislation, policies and strategies helped to have a better understanding of the changes that have taken place regarding children living with disabilities.

3.2 Secondary analysis of existing data sets

There were three data sets that were used in this study. Other data sets such as Health Management Information System (HMIS) and Integrated Household Survey (IHS) were not used because they did not capture data on children with disabilities.

3.2.1 Education Management Information System (EMIS) data 2009-2019

The Ministry of Education (MoE) collects routine data on a number of issues including learners with special needs. Each year the MoE produces an annual report which provides data disaggregated by, among other variables, standard/form, type of need/disability, sex, district and education division. Students and learners with disability are classified into the following categories: (i) low vision, (ii) blind, (iii) hard of hearing, (iv) deaf, (v) physical impairment and (vi) learning difficulties. This classification, as will be demonstrated later, changed around 2015. The EMIS data collected over a period of 10 years between 2009 and 2018 was used to determine the trends in the number of children with different types of disabilities enrolled in both primary and secondary schools in Malawi. This data was also used to determine the proportion of children with disabilities out of the total enrolment at national, regional and district level. This data was obtained from MoE. This data was also used in order to determine the number of resource centres in Malawi over the reference period. Despite the existence of this EMIS data, children with disabilities who are not in school are not included.

3.2.2 Malawi population and housing census 2018

The National Statistical Office (NSO) conducted the last Malawi Population and Housing Census (MPHC) in 2018 Which collected data on, among other parameters, persons with various types of disability. As recommended at a global level, the NSO used some of the Washington Group on Disability Statistics

questions in order to screen for persons with various types of disability. Approval was obtained from the NSO in order to use the 2008 and 2018 MPHC data for this SITAN. The analysis focused on persons aged less than 18 years and their households.

Data from the two censuses was used to determine the prevalence of disability among persons aged less than 18 years at national, regional and district level. The data was further analysed in order to determine the prevalence of different types of disability. With regard to water and sanitation, the focus was on main sources of water for drinking for the household, the source of energy for cooking and lighting and then the availability of the toilets, kitchens and bathroom in the household with children with disabilities compared to those without children with disabilities.

Lastly, there are a number of programmes that are providing different types of assistance to vulnerable households for example the social cash transfer programmes (SCTP). The census data was further analysed to find out whether households with children with disabilities had received any form of assistance in the 12 months preceding the census and the type of assistance received. Maps of Malawi were drawn showing the prevalence of disability including albinism by region and district. Using census data, the following maps were drawn: (i) Prevalence of disability by district; (ii) Prevalence of albinism; (iii) Prevalence of Visual Impairment; (iv) Prevalence of Hearing Impairment; (v) Prevalence of Physical Impairment; (vi) Prevalence of learning difficulties; (vii) Prevalence of albinism and (vii) Prevalence of Epilepsy.

3.2.3 Living conditions among persons with disability 2016/2017

The 2016/2017 LCs, like the 2018 MPHC, used the Washington Group of Disability Statistics screening questions in order to identify persons with disability. There are 3 regions in Malawi and each region is divided into districts. Each district is further divided into Traditional Authorities (TAs) which are further divided into smaller administrative units called Enumeration Areas (EAs). Each EA has about 231 households. Two hundred thirty-three (233) EAs were randomly selected. A total number of 6,990 households were sampled from 41 EAs in the northern region, 113 EAs in the central region and 79 EAs in the southern region. In each EA, a comprehensive household listing was conducted and the screening questions for disability developed by the Washington Group on Disability Statistics were used to identify households with persons with disabilities. Using the household listing, 25 households with disabled members were randomly selected in each EA. A further 13 households were sampled in each EA and these acted as control households where no one had a disability. There were 3 questionnaires which were administered: (i) a household questionnaire administered to head of household, (ii) a questionnaire for a person with a disability in households with a person with a disability, (iii) a questionnaire for a person without a disability in control households. Fifty research assistants and 10 supervisors participated in data collection. Only one person with a disability was interviewed per sampled household.

For purposes of the SITAN on children with disabilities in Malawi, data on persons aged less than 18 years from the larger data set was extracted and used for this analysis. Using this data, the prevalence of disability among children aged less than 18 years was determined. This data was not representative at district level but at national and regional level. The major output from this data was the prevalence of disability among children. The LCs survey also looked at causes of disability, satisfaction with services (such as health, medical rehabilitation and assistive devices services), whether children with disabilities aged 5 years and above had received formal primary education or not, whether they dropped out of school or not and accessibility of rooms and toilets in the home. This data has been presented at national and regional levels.

3.3 Limitations

Some data used in this report was collected quite recently for example the 2018 MPHC and the 2016/17 LCs. Some data on children with disabilities, however, are quite old and outdated. However, such old data were still used in order to determine trends for example in the prevalence of disability and access to social services by persons with disabilities. Secondly, most data used in this report was collected by others; hence, there was no influence on data quality. The other limitation was that some important variables required to address the research questions in this particular study on situation analysis of children with disabilities may not have been collected, hence, not available for analysis. The ToRs for this study also suggested the use of Integrated Household Survey (IHS) data. The 2016/2017 IHS, however, did not include questions on disability.

4. Results

The results of this study have been presented in 5 sections namely: (1) Global and regional conventions/treaties to which Malawi is a party, (2) Malawi legislation and policies on disability, (3) Accountability and coordination structures for disability, (4) The prevalence of disability and (5) Access to services by persons with disabilities.

4.1 Global and regional conventions on disability

There are a number of conventions that have been developed at a global level to promote the rights of persons with disabilities. With regard to children with disabilities, the two main international conventions are the UN Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child (CRC). The CRPD recognizes that children should fully enjoy their rights and fundamental freedoms regardless of disability, to actively be involved in the development and implementation of policies and legislation, to express their views freely, to access all social services and the right to family life. In all actions, the best interest of children with disabilities should come first.

The Convention on the Rights of the Child ensures that the rights of the child, regardless of disability status, are respected, that the child enjoys a full and descent life, that the child has access to all social services and it further recognizes the right of the child to special care. Malawi is a signatory to the CRPD and the CRC. It is mandatory that the country reports to the UN on the status of persons with disabilities including children with disabilities. Malawi's combined initial and second state party report on the CRPD was presented to the Committee on the Rights of Persons with Disabilities in October 2016. Over the years, the country has either revised or developed new legislation and policies that have been aligned with the CRPD and the CRC. At regional level, Malawi is a signatory to the African Charter on the Rights of the Child, which, just like the CRC, emphasizes on the rights of the child to social services, special measures of protection and access to movement, public buildings and highways and other places.

The following are other international conventions and agreements on disability and related issues that Malawi has either signed and/or ratified.

- **Universal Declaration of Human Rights (1948):** The Declaration promote fundamental human rights to all. Each article applies to every individual regardless of disabilities, gender, race, color, religion or any other status of life. Any form of discrimination violates the principle of Equality.

- **The International Convention on Civil and Political Rights (1966):** It uses language similar to Universal Declaration of Human Rights to protect the right to privacy and to actual title to "UN Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment" that are major causes of disability.

- **Convention of the Elimination of all forms of Discrimination Against Women (1971):** The Convention provides the basis for realizing equality between women and men through ensuring women's equal access to, and equal opportunities in, political and public life -- including the right to vote and to stand for election -- as well as education, health and employment. States parties agree to take all appropriate measures, including legislation and temporary special measures, so that women can enjoy all their human rights and fundamental freedoms.

- **African Charter on Human and Peoples Rights (1981):** This is also known as the Banjul Charter and it is an international human rights instrument that promotes and protects human rights and basic freedoms on the African continent.

- **The World Program of Action concerning Disabled Persons (1982)**: This aims at promotion of effective measures for the prevention of disability, rehabilitation and the realization of equal opportunities for PWD.

- **The UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (1993):** This is a set of objectives implying a strong political and moral commitment by the State to take action for the equalization of opportunities for PWD.

- **UN Convention on Vocational Rehabilitation and Employment of Persons with Disabilities (1983?):** The Convention prohibits discrimination on the basis of disability in all forms of employment, and calls on states to open up opportunities in mainstream workplaces to job seekers with disabilities. The Convention further promotes the access of disabled persons to freely chosen work, general technical and vocational guidance programmes, placement services and vocational and continuing training.

The signing of these conventions and agreements demonstrates that the Government of Malawi (GoM) is committed towards improving the welfare of persons with disabilities.

4.2 The national context

There are a number of pieces of legislation that the GoM has put in place relating to persons with disability including children and these include:

> The 1994 *Constitution of the Republic of Malawi:* It recognises the rights of persons with disabilities including children, prohibits discrimination based on disability, guarantees protection for persons with disability, promotes greater access to public places, advocates for fair opportunities for employment, education and other social services. The Constitution further provides for the fullest possible participation of persons with disabilities in all spheres of the Malawi society (Government of Malawi, 1994). Malawi's Constitution is in line with international policy and legislative frameworks.

The 2012 *Disability Act:* This piece of legislation promoted the rights of persons with disabilities to accessing health care, education, rehabilitation, employment, the physical environment, economic empowerment and sporting and recreational facilities(Government of Malawi, 2012). However, the GoM has developed the Persons with Disabilities Bill, 2019. The review of the 2012 Disability Act started in 2017 due to the fact that at the time (i) there were multiple Acts dealing with disability issues, (ii) there were challenges with the implementation of the Disability Act and (iii) there was a need to incorporate emerging and modern issues into the Act. The 2019 Persons with Disabilities Bill has merged the Disability Act (2012) and the Handicapped Persons Act (1971) and comprehensively domesticate the CRPD and embraces a human rights approach. The Bill has since been submitted to the Ministry of Justice and Constitutional Affairs for review and vetting.

Child Care, Protection and Justice Act (2010): This Act provides for the protection of all children including those with disabilities. It required that local government authorities should keep registers of all children with disabilities and accord them assistance so that they can live with dignity and develop their potential and self-reliance (Government of Malawi, 2010)

Employment Act (2000): This Act prohibits the employment of children under the age of 14 while it allows those aged 14-17 to work but not in hazardous work. The Act further forbids discrimination against any employee or prospective employee based on disability. The Act also emphasises on equal pay for work of equal value, without discrimination and prohibits against dismissal of an employee because of disability, or any other form of discrimination (Government of Malawi, 2000).

Education Act (2013): It advocates that education is for all people regardless of, among other factors, disability (Government of Malawi, 2013).

In addition to legislation, there are a number of strategic plans and policies that have been developed and are being implemented to address challenges being experienced by persons with disabilities including children. Unlike the previous MGDS 2011-2016, the current one for the period 2017-2022 includes interventions for example improving access to education, employment, health services and other social services for persons with disabilities (Government of Malawi, 2017). There are some sector strategic plans for example the National Disability Mainstreaming Strategy and Implementation Plan (NDMS&IP) 2018-2023 and the National Education Strategic Plan (NESP) 2018-2020. The NDMS&IP promotes equitable access to services such as education, health, livelihoods and empowerment for persons with disability. It particularly focuses on the need to mainstream disability in all sectors (Ministry of Gender, Children, Disability and Social Welfare, 2018). The NESP details interventions that are being implemented in the education sector to improve access to education by children with disabilities (Ministry of Education, Science and Technology, 2008). The Ministry of Education, Science and Technology (MoE) also developed the National Strategy on Inclusive Education which spells out the interventions that are being implemented over the period 2017-2021 to improve or strengthen the delivery of inclusive education in Malawi (Ministry of Education, Science and Technology, 2017).

In terms of policies, the GoM adopted the *National Policy on the Equalisation of Persons with Disabilities* in 2006. However, this Policy expired and currently GoM through the Department of Disability and Elderly Affairs is developing a successor policy. There are, however, some sectoral policies: for example, the *National Special Needs Education Policy* which guides the implementation of special needs education in Malawi. The policy specifically provides guidance on issues such as the early identification and assessment

of special needs; advocacy, care and support for children with special needs; and access, quality and equity in access to education (Ministry of Education and Vocational Training, 2007). The adoption of the Persons with Disabilities Bill (2019) and the development of the national policy on disability will strengthen the legislative and policy environment for the disability sector.

4.3 Accountability and coordination structures

A number of structures have been established in Malawi for the coordination of interventions to improve the welfare of persons with disabilities. The MoGCDSW is the line GoM ministry that is responsible for disability issues. It is responsible for (i) reviewing and development of policies and legislation on disability, (ii) monitoring of the implementation of interventions to improve the welfare of persons with disabilities, and (iii) building the capacity of GoM ministries, departments and agencies (MDA) and other institutions to ensure they mainstream disability in their programming. In addition to this, the MoGCDSW is also responsible for mobilizing financial and other resources required for implementation of interventions (Ministry of Gender, Children, Disability and Social Welfare, 2018).

It is not only the MoGCDSW which is responsible for disability issues but that all GoM MDA including at district level as well as other stakeholders should mainstream disability in their programming. In order to strengthen coordination on disability issues, the GoM has established the National Coordinating Committee on Disability (NACCODI) which is chaired by the Chief Secretary in the Office of the president and Cabinet. The membership of this committee is drawn from key the Principal Secretaries (PSs) while the PS for MOGCDSW is secretariat. This Committee advises the GoM on policy, legislation and other technical issues. Issues from this committee are taken to Ministers by their respective PSs for decision making.

At district level the Ministry of Local Government (MoLG) is responsible for ensuring that disability is mainstreamed in all district development plans. In addition to this, district councils promote the implementation of plans, policies and strategies on disability and related issues including the development and implementation of by-laws, monitoring of the implementation of programmes and the mobilization of resources for disability and other programmes at district level.

The NDMS&IP further acknowledges that the development and implementation of interventions is not only the responsibility of GoM: there are other players such as NGOs, DPOs and academia who play important roles.

1. DPOs such as FEDOMA advocate for inclusive development as well as allocation of adequate resources for the implementation of programmes. These DPOs have also been in the forefront in the implementation of programmes to improve the welfare of persons with disabilities.
2. Universities are involved in the identification of research areas, development of proposals and looking for funding to implement the research and consequently the dissemination of the research results to inform policy and programming.
3. The private sector has potential to support the financial and social empowerment of persons with disabilities.
4. Development partners provide financial and technical resources for the implementation of the NDMS&IP.

While the MoGCDSW is the line Ministry on disability issues, the GoM is promoting mainstreaming disability in various sectors and the NACCODI is playing an important coordinating and networking role among different key stakeholders in the disability sector.

4.4 Prevalence of disability among persons aged 0-17

A number of studies have been conducted over the last 10 years aimed at, among other things, determining the prevalence of disability including among children aged 0-17. The 2018 MPHC looked at visual, hearing, physical and speech impairments and other types of disability/functioning problems including intellectual, self-care, albinism and epilepsy. Annex 1 shows the prevalence of disability among boys and girls aged 0-17 years in 2018. The overall prevalence of disability among children aged 0-17 was 6 percent without taking into account children with albinism and epilepsy. Annex 1 also shows that there were variations among the districts with Rumphi having the highest prevalence at 10 percent followed by Chitipa, Dedza and Mzimba all at 8 percent and then Nkhata Bay and Mwanza at 7 percent. Figure 1 shows the specific types of disability as a proportion of the overall number of children with disabilities.

Figure 1: Proportion of children aged 0-17 who had specific types of disability (MPHC, 2018)

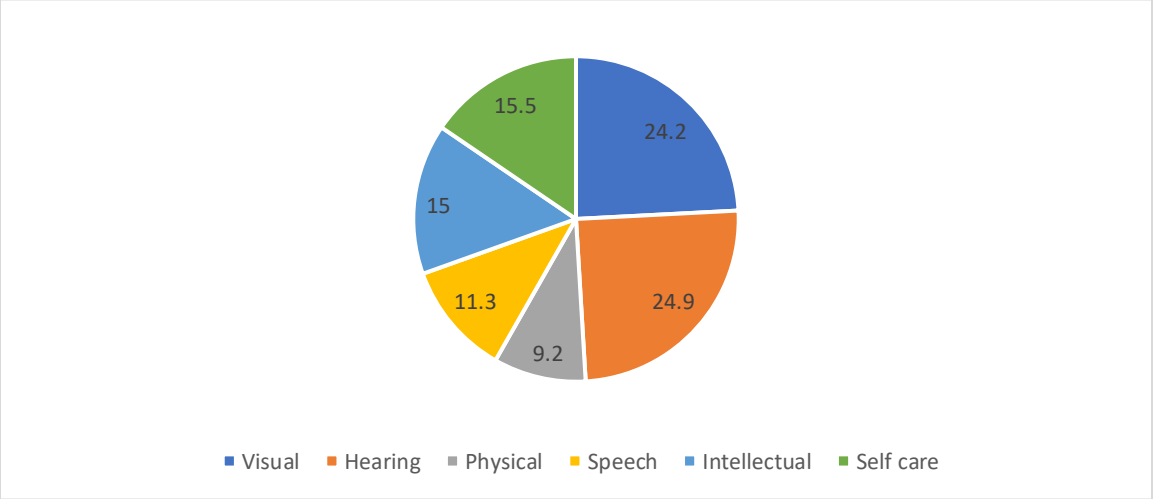


Figure 1 shows that the most common types of disabilities among children aged 0-17 were hearing (25 percent) and visual impairments (24 percent). These were followed by self-care (16 percent) and then intellectual impairments at 15 percent.

Table 1: Proportion of children aged 0-17 years old who had specific types of disability (MPHC, 2018)

Type of Disability	**Boys**	**Girls**	Total
Visual	23.1	25.4	24.2
Hearing	23.6	26.4	24.9
Physical	8.8	9.7	9.2
Speech	13.4	8.9	11.3
Intellectual	15.0	15.0	15.0
Selfcare	16.1	14.7	15.5

Table 1 shows that there the proportion of girls with visual, hearing and physical impairments was higher that among boys. On the other hand, the proportion of boys who had speech and self-care impairment was higher than among girls. There were no differences between girls and boys in the proportion of those who had intellectual impairments. Annexes 3a, 3b, 3c and 3d show the prevalence of walking, hearing, seeing and speech difficulties among children aged 0-17 by district on the map of Malawi. The 2008 MPHC looked at the prevalence of visual, hearing, physical and speech impairments. Annex 2 shows that the prevalence of disability among children aged 0-17 years was at 2.4 percent. The highest prevalence of disability was among children resident on Likoma Island at 5 percent while the lowest was in Nsanje (1.4 percent), Mulanje (1.4 percent), Zomba (1.4 percent) and Blantyre City (1.3 percent). Figure 2 below shows the prevalence of different types of disabilities among boys and girls in 2008.

Figure 2: Percentage of children aged 0-17 years with a disability in 2008 (MPHC, 2008)

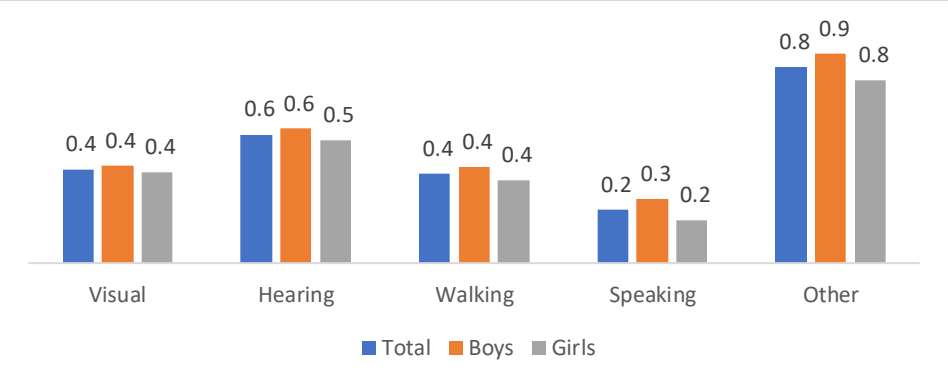


Figure 2 shows that the national prevalence of different forms of disability among children is less than one percent: 0.6 percent of the children had hearing impairments followed by those with visual and physical impairments both at 0.4 percent and then speech at 0.2 percent. Overall, Figure 2 shows that the prevalence of different types of disability was slightly higher among boys compared to girls. Figure 3 shows the proportion of different types of disability among children with disabilities during the 2008 MPHC: 35 percent of the children with disability had other forms of disability (which were not specified in this census) and this was followed by those with hearing (23 percent), visual (17 percent) and then physical (16 percent) impairments. Those with speech impairments were the lowest at 10 percent.

Figure 3: Proportions of different types of disability among children aged 0-17 years with disability in 2008 (MPHC, 2008)

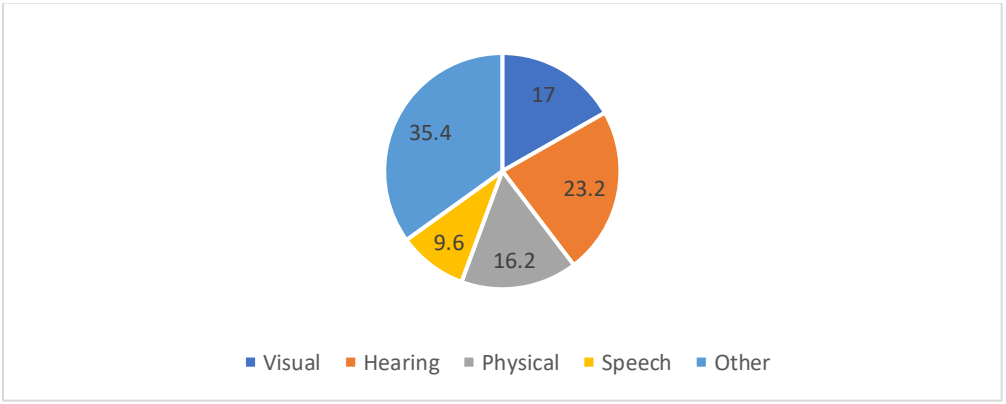


Table 2 shows the proportion of children who had different types of disability by gender during the 2008 MPHC.

Table 2:Proportion of different types of disability among children aged 0-17 (2008 MPHC)

Type of disability	Boys	Girls	Total
Visual	16.4	17.6	17.0
Hearing	22.7	23.8	23.2
Physical	16.2	16.1	16.2
Speech	10.7	8.3	9.6
Other	35.3	35.5	35.4

Table 2 shows that there were no differences between boys and girls in terms of the proportion who had physical and other types of disability. The proportion of girls who had visual and hearing impairments was slightly higher than among boys. The proportion of boys with speech impairment was slightly higher than among girls.

The prevalence of disability among persons with disability was higher in the 2018 MPHC compared to the one conducted in 2008. This was mainly because there were more types of disabilities included in 2018 for example intellectual and self-care impairments. The use of the 2018 instrument should therefore be preferred as it covers more types of disability. The 2016/2017 LC study found that 3.2 percent of the persons aged 2-4 years old and 3.3 percent among children aged 2–17 years were persons with disability. The difference between the LC study and the 2018 census was that screening questions in the LC were not administered to children aged less than 2 percent.

4.5 Child functioning and disability

The 2015/16 MDHS household questionnaire had questions on child functioning and disability among children aged 2-17. In this situation analysis, we look at child functioning and disability among children aged 5-17. Respondents were asked questions about the specific functioning problems or disability of children and these questions included on speech and language, hearing, vision, learning (cognition and intellectual development), mobility and motor skills, emotions, and behaviours[7]. Table 3 below shows that 16.5 percent of the children aged 5-17 had at least one reported functioning problem or disability with the highest being in Mchinji at 23.4 percent and the lowest in Likoma at 7.6 percent. There were no differences in the proportion of girls (16.7 percent) and boys (16.3 percent) who had disability or functioning problem. In most districts, as can be seen in Table 3, the proportion of girls with disability/functioning problems was higher than among boys. The percentage of children with functioning problems/disability is much higher in the 2015/16 MDHS than the 2018 and 2008 MPHC. This is because the MPHC does not include questions on speech and language, mobility and motor skills, emotions and behaviours.

[7] The actual questions that were asked in the survey are available in the MDHS 2015/16 report on NSO website: http://www.nsomalawi.mw/images/stories/data_on_line/demography/mdhs2015_16/MDHS%202015-16%20Final%20Report.pdf

Table 3: Prevalence of function problems or disability among children aged 5-17 by gender (MDHS, 2015-2016)

District	Children 5 - 17 years old			With disability/functioning impairments			Without Disability/functioning impairments		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	**46196**	**23218**	**22978**	**16.5**	**16.3**	**16.7**	**83.5**	**83.7**	**83.3**
Chitipa	495	250	245	16.8	17.5	16.0	83.2	82.5	84.0
Karonga	1018	517	501	8.9	8.6	9.2	91.1	91.4	90.8
Nkhatabay	739	384	355	12.8	14.0	11.5	87.2	86.0	88.5
Rumphi	568	291	277	17.0	17.2	16.8	83.0	82.8	83.2
Mzimba	2508	1230	1277	13.7	13.7	13.7	86.3	86.3	86.3
Likoma	32	15	17	7.6	6.9	8.3	92.4	93.1	91.7
Mzuzu City	450	217	233	9.8	7.2	12.1	90.2	92.8	87.9
Kasungu	1925	945	980	14.1	14.9	13.2	85.9	85.1	86.8
Nkhota kota	1056	528	527	11.8	13.2	10.4	88.2	86.8	89.6
Ntchisi	851	422	429	15.9	14.3	17.5	84.1	85.7	82.5
Dowa	1956	992	964	17.5	16.7	18.3	82.5	83.3	81.7
Salima	1478	737	741	17.0	18.7	15.4	83.0	81.3	84.6
Lilongwe Rural	4324	2107	2218	19.5	19.4	19.7	80.5	80.6	80.3
Mchinji	1379	694	684	23.4	23.5	23.4	76.6	76.5	76.6
Dedza	2064	1060	1004	16.3	15.8	16.7	83.7	84.2	83.3
Ntcheu	1651	836	815	14.8	16.5	13.0	85.2	83.5	87.0
Lilongwe City	1709	811	898	13.0	9.8	16.0	87.0	90.2	84.0
Mangochi	3296	1679	1617	15.9	16.7	15.0	84.1	83.3	85.0
Machinga	1881	952	929	21.0	21.5	20.4	79.0	78.5	79.6
Zomba Rural	2210	1143	1067	19.2	18.9	19.5	80.8	81.1	80.5
Chradzulu	989	526	462	19.1	18.6	19.6	80.9	81.4	80.4
Blantyre rural	1146	578	568	21.6	20.8	22.4	78.4	79.2	77.6
Mwanza	340	175	165	11.7	11.4	12.1	88.3	88.6	87.9
Thyolo	2186	1092	1094	18.8	18.0	19.7	81.2	82.0	80.3
Mulanje	2344	1143	1201	17.4	15.4	19.2	82.6	84.6	80.8
Phalombe	1371	694	677	14.9	13.2	16.7	85.1	86.8	83.3
Chikwawa	1511	788	723	13.6	12.1	15.3	86.4	87.9	84.7
Nsanje	797	401	396	15.4	14.5	16.4	84.6	85.5	83.6

Balaka	1259	634	625	14.2	14.5	13.8	85.8	85.5	86.2
Neno	463	237	227	17.4	18.9	15.7	82.6	81.1	84.3
Zomba City	347	159	188	11.1	11.8	10.5	88.9	88.2	89.5
Blantyre City	1851	977	874	15.3	15.6	15.0	84.7	84.4	85.0

As can be seen in Table 1, most of the children aged 0-17 (84 percent) had no disability/functional impairments.

4.6 Prevalence of epilepsy and albinism

WHO recognises epilepsy as a disability (WHO, 2001; Leonardi & Ustum, 2002). Albinism has also been classified as a disability because persons with albinism have both visual and skin impairments (Under the Same Sun, 2014). Table 4 shows the number and percentage of children with albinism and epilepsy in Malawi by sex and district based on the 2018 MPHC. In 2018, the total population of children aged 0-17 years in Malawi was 8,894,534, of whom 79,032 were children with albinism and 138,712 had epilepsy. The overall prevalence of albinism was 0.9 percent and that of epilepsy was 1.6 percent. The prevalence of albinism by district ranged from 0.4 percent for Blantyre and Likoma Island to 1.2 percent for Dedza. Ntchisi had the highest prevalence of epilepsy at 3.6 percent followed by Mchinji at 3.5 percent while Blantyre City had the lowest at 0.4 percent. There were no differences in the proportion of boys (0.9 percent) and girls (0.9 percent) who had albinism. The corresponding proportions for boys and girls with epilepsy were 1.7 percent and 1.4 percent, respectively. There were no major variations in the proportion of boys and girls who had albinism and epilepsy by district.

Table 4: Number and prevalence of epilepsy and albinism among children aged 0-17 by gender (MPHC, 2018)

District	Population 0-17 Years			Albinism			Epilepsy		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	**8,894,534**	**4,401,352**	**4,493,182**	**0.9**	**0.9**	**0.9**	**1.6**	**1.7**	**1.4**
Chitipa	120,208	59,466	60,742	1.0	0.9	1.0	1.3	1.4	1.2
Karonga	188,492	92,628	95,864	0.8	0.8	0.8	1.5	1.5	1.5
Nkhata Bay	146,530	73,107	73,423	0.7	0.7	0.7	1.1	1.2	1.1
Rumphi	116,880	57,969	58,911	0.8	0.7	0.8	1.2	1.3	1.1
Mzimba	483,307	238,923	244,384	1.0	1.0	1.0	1.4	1.5	1.2
Likoma	6,471	3,176	3,295	0.4	0.4	0.5	0.6	0.9	0.4
Mzuzu City	98,177	47,445	50,732	0.5	0.6	0.5	0.5	0.5	0.4
Kasungu	434,161	214,519	219,642	1.0	1.0	0.9	2.0	2.2	1.8
Nkhotakota	207,446	102,702	104,744	0.9	0.9	0.9	1.4	1.5	1.3
Ntchisi	162,636	80,394	82,242	0.8	0.8	0.7	3.6	4.0	3.3
Dowa	381,637	188,754	192,883	1.0	1.0	1.0	2.8	3.1	2.5
Salima	253,777	126,114	127,663	0.8	0.9	0.8	1.4	1.5	1.2
Lilongwe Rural	825,005	407,564	417,441	0.9	0.9	0.9	2.7	3.0	2.4
Mchinji	309,854	153,572	156,282	1.0	1.0	1.0	3.5	3.8	3.3
Dedza	418,881	206,652	212,229	1.2	1.2	1.2	2.7	2.9	2.4
Ntcheu	332,734	166,170	166,564	0.9	0.9	0.9	1.4	1.5	1.2
Lilongwe City	436,514	212,954	223,560	0.7	0.7	0.7	0.7	0.8	0.6
Mangochi	631,635	313,648	317,987	0.9	0.9	0.9	1.1	1.2	1.0
Machinga	407,243	201,444	205,799	0.9	0.9	0.9	1.5	1.6	1.3
Zomba	386,502	191,751	194,751	0.9	0.9	0.9	1.1	1.1	1.0
Chiradzulu	172,870	86,249	86,621	0.8	0.8	0.8	0.9	1.0	0.9
Blantyre Rural	220,710	109,498	111,212	0.8	0.8	0.8	1.0	1.1	0.9
Mwanza	65,966	32,611	33,355	0.8	0.8	0.8	1.8	2.0	1.6
Thyolo	361,868	179,396	182,472	0.9	0.9	0.9	0.9	0.9	0.9

Mulanje	346,782	172,654	174,128	0.8	0.7	0.8	1.0	1.1	0.9
Phalombe	228,492	113,398	115,094	0.8	0.8	0.8	1.1	1.2	1.0
Chikwawa	289,745	144,029	145,716	0.9	0.9	0.9	0.9	0.9	0.8
Nsanje	158,094	78,174	79,920	1.0	1.0	1.0	0.7	0.8	0.6
Balaka	232,958	116,323	116,635	0.8	0.8	0.8	1.1	1.2	0.9
Neno	71,679	35,766	35,913	1.1	1.1	1.1	1.1	1.3	1.0
Zomba City	46,637	22,716	23,921	0.4	0.4	0.4	0.6	0.6	0.5
Blantyre City	350,643	171,586	179,057	0.7	0.7	0.7	0.4	0.5	0.4

4.7 Categories of impairments to which respondents belonged.

The above sections have shown the prevalence of disability among children aged 0-17 years during the 2008 and 2018 MPHCs and the 2016/17 LCs study. The 2016/2017 LCs of persons with disabilities in Malawi, among other things, looked at categories of impairments that respondents had. Table 5 below shows the proportion of respondents who had specific types of disabilities/impairments.

Table 5: Categories of impairments that children aged 0-17 years had (LCs, 2016/17, N=1536)

Category of impairment	Male	Female	Respondents with disability (N=1536)
Visual	5.5	6.8	12.4
Hearing	12.8	11.0	23.8
Albinism	1.3	1.2	2.5
Epilepsy	11.7	10.9	22.5
Physical	12.1	10.2	22.3
Intellectual	5.7	4.8	10.4
Autism	1.3	1.1	2.4
Mental (Illness)	2.3	1.3	3.6
Total	**52.7**	**47.3**	**100**

Table 5 shows that among respondents aged 0-17 in the LCs study, the three most common impairments that respondents had were hearing (24 percent), epilepsy (23 percent) and physical impairments (22 percent). This was then followed by those with visual impairments (12 percent) and those with intellectual impairments (10 percent). Both the 2008 and 2018 MPHC found that hearing impairments were the most common type of disability just as it was found in the 2016/17 LCs. Table 5 further shows that the proportion of boys with different forms of impairment was higher than among girls with an exception of visual impairment.

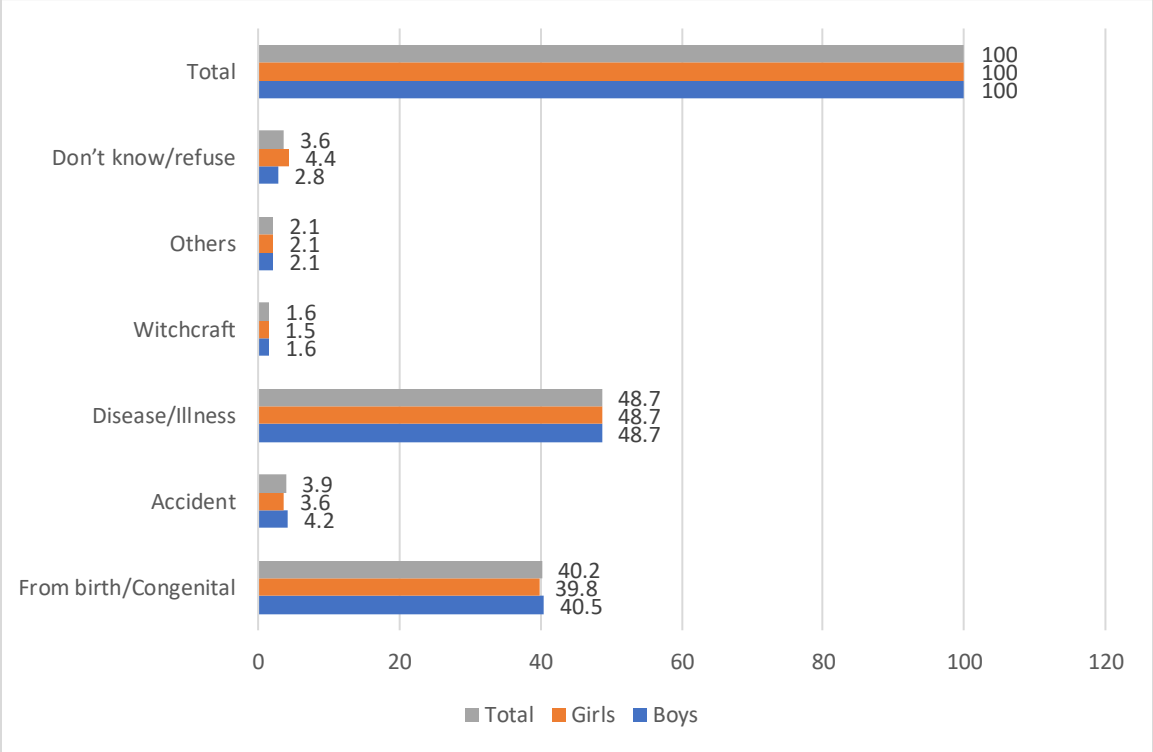
Table 5 also shows that 2.5 percent of the children aged 0-17 years in the LCs survey were children with albinism. This percentage was actually higher than that found during the 2018 MPHC which was 0.9 percent. The proportion of children with epilepsy was also higher in the LCs than in the 2018 MPHC. Before 2018 MHPC, it was estimated that there were between 7,000 and 10,000 persons with albinism in Malawi representing 1 in every 1,800 persons (Amnesty International, 2018) giving a prevalence of 0.06 percent. The 2018 MPHC, however, demonstrates that the prevalence of albinism is actually higher than initially estimated.

4.8 Causes of disability

Figure 4 shows that the major causes of disability as found in the LCs study were diseases/illnesses (49 percent) and birth injuries or congenital (40 percent) with no differences between boys and girls. Four percent (4 percent) and 2 percent of the respondents attributed their disability to accidents/falls and witchcraft, respectively. An earlier study found that insufficient initiatives to effectively prevent and treat malaria and a general lack of attention, especially among community members, to the long-term disabling

effects of a malaria attack significantly contribute to occurrence of disability in rural communities (Ingstad et. al., 2012).

Figure 4: Causes of impairments (N=1536; LCs, 2016/17)



Lynch & Lund (2011) found that people perceive that albinism is a hereditary condition and that a baby can be born with this condition if the mother had an infection when she was pregnant There were other informants in this study who attributed the condition to God namely that God had wanted the child to be white. People also believe that albinism is contagious and that a baby can be born with albinism if its mother comes close to or looks at a person with albinism during pregnancy (Lynch & Lund, 2011). The belief that the will of God can cause albinism and other forms of disabilities has also been found in other studies (Barlindhaug,et. Al., 2016 & Chimwaza, 2015).

4.9 Rights of children with disabilities

Children including those with disabilities have rights as enshrined in the Constitution of the Republic of Malawi as well as other pieces of national legislation. The rights include the right to health, education, access to information and infrastructure, rehabilitation, work and employment, social protection, alternative care, family life and freedom from exploitation, violence and abuse. These children's rights are also detailed in international conventions to which Malawi is a signatory. This section explores the extent

to which children with disabilities enjoy these rights using the 2008 and 2018 MPHC, the EMIS data and the LCs study for persons with disabilities.

4.9.1 Health

Respondents in the LCs study were asked about the health conditions that they were experiencing at the time of the study. In cases where the children would not be able to talk themselves, their parents and guardians responded to the questions. Table 6 shows the health problems that respondents had.

Table 6: Health problems experienced by respondents at the time of the interview (N=674; LCs, 2016/17)

Health condition	Children with disabilities			Children without disabilities		
	Boys (809)	Girls (727)	Total (1536)	Boys (328)	Girls (339)	Total (674)
Heart problem	3.5	5.5	4.4	1.2	2.0	1.6
Acute respiratory infection	4.7	4.0	4.4	2.1	1.7	1.9
Asthma	3.3	3.1	6.4	4.9	2.6	3.7
Epilepsy	28.1	27.0	27.5	1.5	0.9	1.2
Cancer	0.1	0.1	0.1	0.3	0.0	0.1
Diabetes	0.0	0.3	0.1	0.3	0.0	0.1
Malfunction of the kidneys	0.1	0.1	0.1	0.3	0.3	0.3
Cirrhosis of liver	0.0	0.0	0.0	0.0	0.0	0.0
High or low blood pressure	0.6	1.8	1.2	0.6	0.0	0.3
HIV/AIDS	1.2	1.2	1.2	0.6	0.6	0.6
Malaria	21.5	24.3	22.9	16.8	17.3	17.1
Tuberculosis	0.4	0.4	0.4	0.3	0.0	0.1
Mental Illness	6.4	4.4	5.5	0.6	0.3	0.4
Others	2.0	1.2	1.6	2.4	0.6	1.5

Table 6 shows that 27.5 percent of the children with disabilities had epilepsy while 22.9 percent had malaria. The corresponding proportions among children without disabilities were 1.2 percent and 17.1 percent. Malaria is a major public health problem in Malawi with an estimated 6 million cases occurring annually. This disease accounts for over 30 percent of outpatient visits and 34 percent of in-patients in the country (Government of Malawi (National Malaria Control Programme), 2020). Malaria is a common illness and if it is not treated properly it can lead to disability (Ingstad, Munthali, & Braathen, 2012). National surveys looking at the prevalence of epilepsy have been scarce in Malawi. It can, however, be observed above that the 2018 MPHC also looked at persons (including children) with epilepsy and among the children the prevalence was at nearly 2 percent. A 2010 study found that 2.8 percent of the people in Malawi had epilepsy (Amos & Wapling, 2010). Table 6 shows that more children with disabilities suffered from various diseases than those without disabilities.

The LCs study just asked respondents the conditions they were suffering from. It did not explore how they seek care or indeed if they sought health care during these illness episodes. However, in this study

respondents were also asked whether they were aware of a wide range of services including health services and medical rehabilitation, whether they needed these services and whether they received these services. Annex 4a shows that while a higher proportion of children with disabilities, both boys and girls, were aware of a wide range of services and they needed the services, a lower proportion of children with disabilities, regardless of gender, actually received the services. For example, Annex 4a shows that 40 percent of the children with disabilities were aware of medical rehabilitation services, 25 percent required such services but only 13 percent received the services. With regard to medical rehabilitation, the MoGCDSW reports that there are insufficient numbers of specialist staff in the field of medical rehabilitation to effectively provide interventions (MoGCDSW, 2018).

In terms of access to health services, Annex 4a shows that while 82 percent of the children with disabilities were aware of the health services and 79 percent required these services, 74 percent received the services they required. The corresponding proportion of children without disabilities were 82 percent, 79 percent and 74 percent, respectively (Annex 4b). This demonstrates that there were no differences between children with disabilities and those without disabilities in terms of accessing health services. For traditional and faith healers, 67 percent and 54 percent were aware of these services, 27 percent and 20 percent required these services and only 11 percent and 14 percent, respectively, received these services. Among children without disabilities, Annex 4b shows that 67 percent were aware of the services provided by traditional healers, 27 percent required these services and 23 percent received these services. While there were no differences between children with disabilities (67 percent) and children without disabilities (67 percent) who were aware of traditional healers and those who needed their services, respectively, a higher proportion of children without disabilities (23 percent) accessed these services than those with disabilities (11 percent). Children with disabilities were also asked: “In the past 12 months, how often has the availability of health services and medical care been a problem for you?”. Most children with disabilities (66.9 percent) reported that the availability of health services and medical care had not been a problem for them. Annex 9 shows that for the rest of the children with disabilities availability of health services and medical care had been a problem for them with varying frequencies.

These results from the LCs study demonstrate that while children with disabilities and their guardians may be aware of the health services available and may require these services, a lower proportion of children with disabilities will access such services mainly because of their disability. As mentioned above, children without disabilities also experienced challenges in terms of accessing health services. An earlier study conducted in 2013 found that accessing treatment for epilepsy was a challenge due to lack of medicines, lack of knowledge about epilepsy, misdiagnosis by health workers and the belief that epilepsy caused by witchcraft cannot be treated by western medicine (Munthali, Braathen, Grut, Kamaleri, & Ingstad, 2013). Another study also found that there is a significant treatment gap for epilepsy: 50 percent of the children with epilepsy reported receiving treatment (Tataryn, et al., 2015). Other problems that persons with disabilities, including children, experience include inaccessible health facilities for persons with mobility and visual challenges, communication challenges between children with visual, speech, intellectual and hearing impairments and the lack of rehabilitation services especially in rural areas (Government of Malawi, 2016).

4.9.2 Accessibility

In order to live independently and participate fully in all aspects of life, children with disabilities, just like other children, are supposed to have access to the physical environment, transportation, information and communications and to other facilities and services.

Annex 4a shows that in terms of health information (such as from the media, schools and health facilities), 65 percent of the respondents were aware of the services, 56 percent required these services but only 49 percent of the respondents who required these services received the services. In terms of gender, the proportion of girls (67 percent) who were aware of health information was higher than boys (64 percent). A higher proportion of girls (59 percent) needed this service compared to boys (53 percent). Again, a higher proportion of girls (53 percent) actually reported receiving the service compared to boys (46 percent).

Among children without disabilities, as can be seen in Annex 4b, 61 percent were aware of health information, 52 percent required this information and 47 percent received information. This generally demonstrates that while children with disabilities may want to have access to health and other information, they may not have access. Children without disabilities also have challenges in accessing health information. The Malawi Human Rights Commission (MHRC) conducted public enquiries on disability and it noted that public health education campaigns were often visual in nature, hence, not useful to persons who are blind and radio campaigns do not reach persons that are deaf (Government of Malawi, 2016). There are also other studies which have shown that since health workers lack knowledge about sign languages, there exist communication barriers with people who have hearing impairments (Mji, Gcasa, Wazakili, & Skinner, 2008). In addition to this, health workers also fail to effectively communicate health messages to persons with visual impairments because of lack of Braille information materials (Munthali, Mvula, & Ali, 2004).

Children with disabilities were also asked "Over the last 12 months, how often has information you wanted or needed not been available in a format you can use or understand?". Seventy seven percent of the children with disabilities reported that this never happened to them. Annex 9 shows that 7.4 percent, 1.6 percent, 4.3 percent and 4.7 percent of the children with disabilities reported that this had been a problem for them daily, weekly, monthly and less than monthly, respectively. These results demonstrate that 23 percent of the children with disabilities over this period the information that they had wanted or needed had not been available in a format they could use or understand.

In addition to having access to information, it is also important that children with disabilities should have access to all infrastructure including toilets and bathrooms just like other children. The 2017 MHRC's report on monitoring of CCIs has shown that in some CCIs including special needs education institutions some children with disabilities have challenges in accessing infrastructure (see section 3.9). The LCs study asked respondents whether they had access to kitchens, toilets and other rooms in the house. Table 7 shows that the kitchens (92.3 percent), bedrooms (96.4 percent), living rooms (89.9 percent) and toilets (94.5 percent) were accessible to children with disabilities.

Table 7: Accessibility of rooms and toilets by children with disabilities (LCs, 2016/2017, N=1283)

Room/Toilet	Boys			Girls			Total		
	Yes	No	Have none	Yes	No	Have none	Yes	No	Have none
Kitchen	92.0	5.2	2.8	92.6	5.8	1.7	92.3	5.5	2.3
Bedroom	96.6	3.1	0.3	96.2	3.6	0.2	96.4	3.4	0.2
Living room	89.8	2.7	7.5	90.1	3.0	6.9	89.9	2.8	7.2
Dining room	43.0	2.2	54.8	44.9	2.1	53.9	43.9	2.2	53.9
Rooms/Toilet	94.1	3.2	2.7	94.9	4.5	0.7	94.5	3.8	1.7

Table 7 further shows that while most of the rooms and toilets are accessible, there were some children with disabilities who could not access these rooms and toilets. For example, 5.5 percent of the persons with disabilities and 43.8 percent of children with disabilities reported that they could not access kitchens and toilets, respectively; hence, there is a need to ensure that all persons including children with disabilities have access to these rooms and toilets. During the 2018 MPHC, respondents were asked about the type of toilets that they had. There were no major differences in the proportion of boys and girls in terms of accessibility of rooms and toilets. Table 8 below shows the type of toilet facilities that households with children with disabilities and those without children with disabilities were using.

Table 8: Types of toilet facilities that household had (MPHC, 2018)

Type of toilet facility	Households with children with disabilities	Households without children with disabilities
Flush toilet	1.6	2.2
VIP toilet	1.1	1.3
Pit latrine with concrete slab	7.3	8.6
Pit latrine with earth/sand slab	48.6	47.1
Pit latrine without slab/open pit	28.5	28.8
Compost toilet	4.0	3.9
No facility/bush/field	6.6	6.0
Other	2.3	2.1
Total	100.0	100.0

Among both households with (48.6 percent) and without (47.1 percent), pit latrines with sand/earth slabs were the most popular followed by pit latrines without slab/open pits at 28.5 percent and 28.8 percent, respectively. Among households with children with disabilities, flush toilets were mostly found in urban areas of Mzuzu City (14.9 percent), Lilongwe City 911.8 percent), Zomba City 921.4 percent) and Blantyre City (12.6 percent). The corresponding proportion for households without children with disabilities were 15 percent, 12.9 percent, 25.2 percent and 12.8 percent, respectively. The rest of the districts less than 4 percent of the households with and without children with disabilities had flush toilets as can be seen in Annexes 10a and 10b. Respondents aged 12 years and above were also asked the following question:

Think of getting in and out of the places and tell me for each place whether it is generally accessible to you or not. Responses to this question are presented in Table 9 below.

Table 9: Accessibility of other places (LCs, 2016/2017, N=1283)

Place	Boys			Girls			Total		
	Yes	No	Not available	Yes	No	Not available	Yes	No	Not available
The place where you work	18.5	3.2	78.3	18.3	3.0	78.7	18.4	3.1	78.5
The school you go to	76.4	2.8	2.8	71.8	4.1	4.1	74.2	3.4	3.4
The shops you do to most	84.5	6.8	8.7	84.5	7.4	8.1	84.5	7.1	8.4
Place of worship	91.6	4.3	4.1	92.2	5.3	3.4	91.9	4.8	3.4
Recreation facilities	67.8	7.5	24.7	63.0	10.1	26.9	65.5	8.7	25.7
Sports facilities	81.7	6.6	11.7	79.5	8.7	11.7	80.7	7.6	11.7
Police station	49.0	13.4	37.5	47.4	17.3	35.3	48.2	15.3	36.5
Magistrates court/Traditional court	48.4	12.2	39.4	46.5	15.5	38.0	47.5	13.7	38.7
Post office	44.2	13.4	42.4	44.1	16.5	39.4	44.1	14.9	41.0
Bank	30.9	12.6	56.6	33.3	15.7	51.0	32.0	14.0	53.9
Hospital	75.3	10.0	14.6	74.6	11.2	14.2	75.0	10.6	14.4
Primary health care clinic	87.0	6.6	6.4	87.3	8.6	4.1	87.1	7.6	5.3
Public transportation	82.0	7.8	10.2	81.5	9.1	9.4	81.8	8.4	9.8
Hotels	26.7	11.2	62.0	27.2	13.0	59.7	27.0	12.2	61.0

There were some places which were either not available or the question was not really applicable to the respondents regardless as can be seen in Table 9. These places were principally the following: workplaces, hotels, banks, post office, magistrate courts, police stations and recreational services and hospitals. As can be seen in Table 9 most of the places were, however, accessible to boys and girls with disabilities including schools, shops, places of worship, sports facilities, health facilities and the public transportation system.

During the LCs study respondents were also asked “In the past 12 months, how often has transportation been a problem to you?” Most respondents (71.4 percent) reported that transportation had not been a problem for them over this period. Annex 9 shows that 8.7 percent, 3.3 percent, 5.9 percent and 8.9 percent of the children with disability reported that availability or accessibility of transportation had been a problem for them daily, weekly, monthly and less than monthly, respectively. These results demonstrate that about a third of the children experienced transportation problems. In addition to transportation, respondents were also asked if over the past 12 months they had needed someone else’s (family member only or other person also) help in their homes and they could not get it easily: Annex 9 shows that 73.6 percent reported they did not need someone else’s help. However, the rest of the children with disabilities needed someone else’s help but could not get it easily.

4.9.3 Access to education

Just like all other children, children with disabilities have the right to education. There are a number of interventions that are currently being implemented in Malawi in order to have an inclusive education system at all levels.

4.9.3.1 Number of learners/students with special needs

The MoE collects routine data on enrolment in both primary and secondary schools including on the number of children with special needs. Table 8 shows the total primary school enrolment of children between 2009 and 2018 and the proportion of learners with special needs by type of disability. Over this period, the numbers of learners with special needs in primary school increased from 83,666 in 2009 to 173,651 in 2018. The total enrolment in primary schools also increased from about 3,671,481 to 5,187,634 in 2018. Table 10 further shows that the proportion of children with special needs attending school remained at about 2 percent between 2009 and 2015 and it slightly increased to 3 percent over the period 2016-2019. In primary school the three most common types of disabilities over the 2009-2018 period were learning difficulties, low vision and hard of hearing.

Table 11 shows the trends in enrolment in secondary school between 2009-2018. The total enrolment of students in secondary school increased from 243,838 in 2009 to 387,569 in 2018. As can be seen in Table 8, the number of students with special needs in secondary school tripled from around 2,780 in 2009 to 8,656 in 2018. The proportion of students with special needs in secondary school doubled from an average of 1 percent between 2009 and 2015 to 2 percent between 2016 and 2018. As is the case with primary schools, in secondary school the highest numbers of students with special needs are among those with hard of hearing, learning difficulties and low vision. While the number of children with special needs in primary school is higher than those in secondary school, the proportion of these children in both primary and secondary school is the same.

Table 10: Total number of learners with special needs enrolled in primary school 2009-2018 (EMIS reports, 2008-2018)

Type of disability	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
Blind	355	339	339	440	18,773	474	507	18,475	496	554
Deaf	2,276	2,433	2,587	2,616	466	3,085	3,537	21,810	3,414	3,240
Hard of hearing	18,999	18,619	20,170	19,522	19,007	22,231	26,403	34,325	31,434	33,104
Learning difficulties	34,946	36,668	38,918	43,717	2,932	47,639	50,200	14,143	62,767	82,354
Low vision	19,076	17,756	18,119	18,547	8,230	20,884	25,435	19,734	35,234	39,262
Physical impairment	8,014	7,812	8,394	8,814	40,681	8,729	10,200	11,530	12,891	13,119
No. of children with special needs	**83,666**	**83,627**	**88,527**	**93,656**	**90,089**	**103,042**	**115,284**	**122,033**	**148,253**	**173,651**
Total Enrolment	3,671,481	3,868,643	4,034,220	4,188,677	4,497,541	4,670,279	4,804,196	4,901,009	5,073,721	5,187,634
Percent of learners with disability	**2.3**	**2.2**	**2.2**	**2.2**	**2.0**	**2.2**	**2.4**	**2.5**	**2.9**	**3.3**

Table 11: Total number of students with special needs enrolled in secondary schools 2009-2018 (EMIS reports, 2009-2018)

Type of disability	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Blind	79	36	110	79	106	90	80	73	112	846
Deaf	107	52	133	136	113	170	145	158	188	-
Hard of hearing	442	332	653	468	600	717	822	1,067	1,084	1,424
Learning difficulties	647	394	762	547	877	893	846	1,045	996	3,367
Low vision	1,115	943	1,812	1,254	1,259	1,908	2,228	2,454	3,214	348
Physical impairment	390	173	415	427	403	520	605	492	524	653
Total	**2,780**	**1,930**	**3,885**	**2,911**	**3,358**	**4,298**	**4,726**	**7,305**	**8,135**	**8,656**
Total Enrolment	243,838	240,918	256,343	260,081	307,216	346,604	358,033	351,651	372,885	387,569
Percent of learners with disability	**1.1**	**0.8**	**1.5**	**1.1**	**1.1**	**1.2**	**1.3**	**2.1**	**2.2**	**2.2**

There are a number of other studies that have also looked at educational attainment among children with disabilities. The LCs study, for example, found that 80 percent of the children with disabilities aged 5-17 (1284) reported that they had ever received formal education: the proportion of males with disability (81 percent) who had received formal education was slightly higher than females (78 percent). Among children without disabilities 91 percent reported they had ever received formal education and there were no differences between males (91 percent) and females (91 percent). A higher proportion of children without disabilities (91 percent) than those with disabilities (80 percent) reported they had ever received formal education. Among children with disabilities who never attended formal education, only 5 percent reported attending classes to learn to read and write with no differences between males (5 percent) and females (5 percent). Eleven percent of the children without disabilities reported attending classes to learn how to read and write: the proportion of males without disabilities who reported this (17 percent) was higher than females (4 percent. It can also be seen that the proportion of children without disabilities (11 percent) who reported attending classes to read and write was higher than among those with disabilities (5 percent).

Children with disabilities or their parents/guardians in the LCs study who attended school were further asked the type of school they attended. Table 12shows that most of the learners with disabilities (65 percent) did not attend preschool/early childhood and development (ECD) services. The proportion of girls (36 percent) who reported attending preschool/early childhood and development was slightly higher than boys (33 percent).

Table 12: Types of schools attended by children with disabilities (LCs, 2016/2017, N=1038))

Level	Mainstream/regular school			Special school (8)			Special class in mainstream/ regular school (3)			Did not go to school (671)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Preschool/early childhood development services	32.9	35.6	34.2	0.	0.6	0.8	0.2	0.4	0.3	66.0	63.4	64.8
Primary school	94.8	91.5	93.2	1.3	2.1	1.6	0.7	0.6	0.7	3.3	5.8	4.4
Secondary school	3.6	4.1	3.9	0.2	0.2	0.2	0.0	0.2	0.1	96.2	95.4	95.8
Tertiary education	0.2	0.6	0.4	0.0	0.2	0.1	0.0	0.2	0.1	99.8	99.0	99.4
Vocational training	0.2	0.6	0.4	0.0	0.0	0.0	0.0	0.6	0.3	99.8	98.6	99.2

While the majority of the respondents (94 percent) attended mainstream or regular primary school, some of the children with disability never went to primary school (4 percent), with the proportion of girls (6 percent) who never went to school being higher than boys (3 percent). Table 12 further shows that the majority of the respondents did not go to secondary school, tertiary institutions and vocational training schools.

Annex 5a and 5b show that in 2018, 5 percent of the children with disabilities had not gone to school compared to 3 percent among those without disabilities. There were no differences between children with disabilities (91 percent) and children without disabilities who had gone to primary school (91 percent). Annexes 6a and 6b, based on the 2008 MPHC show that slightly more children without disabilities (11 percent) compared to those with disabilities (9 percent) did not go to school despite the fact that normally children start going to school at age 5. It can also be seen that 88 percent of the children with disabilities reported they had gone to primary school and this was slightly more than those without disabilities (86 percent). There were also no major differences between children without disabilities (3 percent) and those with disabilities (2 percent) who reported having gone to secondary school.

The 2015/2016 MDHS asked respondents including children aged 5-17 the highest level of education they had attained. Annex 7 shows that most children with disabilities (86.2 percent) and without disabilities (87.2 percent) went as far as primary school with only 3.1 percent and 4 percent reporting that they went to secondary school, respectively. The proportion of children with disabilities who had not gone to school (10.8 percent) was slightly higher than among children without disabilities (8.9 percent). Annex 7 further shows that Chikwawa (22.9 percent) had the highest proportion of children with disabilities who had not gone to school while Lilongwe City had the lowest proportion at 2.7 percent. Among children without disabilities, Chikwawa (16.2 percent) again had the highest proportion of respondents who had not gone to school with Chitipa (4.4 percent), Rumphi (4.5 percent) and Zomba (4.7 percent) having the lowest.

4.9.3.2 Dropping out of school

During the LCs study children with and those without disabilities were asked whether they had to drop out from a pre-school, primary school, secondary school or university any time in the past. Table 13 below shows the proportion of respondents who had ever dropped out of school as determined by the LCs survey.

Table 13: Proportion of respondents who dropped out of school by level and gender (LCs, 2016/2017)

Level	Children with disabilities			Children without disabilities		
	Boys	Girls	Total	Boys	Girls	Total
Regular preschool	2.7	2.3	2.5	5.3	8.5	6.9
Regular primary school	14.5	18.1	16.2	13.4	13.0	13.2
Regular secondary school	0.7	0.8	0.8	0.4	1.5	0.9
Special school (Any level)	0.4	0.0	0.2	0.4	0.4	0.4
Special class (remedial)	0.0	0.0	0.0	0.0	0.4	0.2
University	0.2	0.0	0.1	0.0	0.2	0.2

Table 13 shows that the dropout rate for children with and without disabilities is quite low, and actually less than 1 percent, in regular secondary school, special schools, special classes and university. However, the dropout rate for children with disabilities (16.2 percent) is slightly higher than among children without disabilities (13.2 percent). In regular pre-school, the dropout rate for those without disabilities (6.9 percent) is higher than among children with disabilities (2.4 percent). While there is no difference between the proportion of girls and boys without disabilities in the regular primary school dropout rate, among children with disabilities the dropout rate for girls (18.1 percent) is slightly higher than boys (14.5 percent). Table 14 shows the reasons why these children dropped out of school.

Table 14: Reasons for dropping out of school (LCs, 2016/2017)

Reasons for dropping out of school	Children with disabilities			Children without disabilities		
	Boys	Girls	Total	Boys	Girls	Total
Lack of money	4.2	6.4	5.2	4.2	4.9	4.5
Failure in class	0.4	1.0	0.7	0.8	0.4	0.6
Sickness	3.3	2.7	3.0	0.4	0.7	0.6
Lack of interest	2.4	1.7	2.0	4.6	1.9	3.2
Because of disability	8.5	8.3	8.4	-	-	-
School is inaccessible	0.4	0.2	0.3	0.4	0.0	0.2
Pregnancy	0.2	0.8	0.5	0.0	2.6	1.3
Others	11.8	11.4	11.6	89.7	89.6	89.6

Nearly a tenth of the children with disability (8.4 percent) reported that they dropped out of school because of their disability. The proportion of children with disabilities (5.2 percent) who dropped out of school because of lack of money was higher than those with no disabilities (4.5 percent). As can be seen in Table 14, the proportion of respondents who dropped out of school because of failure in class, sickness and lack of interest was also higher than among children with disabilities. While a large proportion of children with and without disabilities mentioned other reasons for dropping out of school, these were, however, not recorded.

4.9.3.3 Approaches to educating children with disabilities

Learners with special needs are taught together with their colleagues without disabilities in mainstream schools. The MoE has also established (i) resource centres where children with disabilities receive additional support; and (ii) special schools for children with special needs such as Chilanga School for the Blind in Kasungu. The MoE also deploys itinerant specialist teachers who are trained at Montfort Special Needs Education College (Braathen & Munthali, 2015). Itinerant programmes are those where SNE teachers travel to schools within the district or the school zone to provide SNE support services to students identified with disabilities (Itimu & Kopetz, 2008). These teachers also visit the children with special needs in their communities/homes. These itinerant teachers are qualified teachers with some training in education of children with disabilities: they have several responsibilities including the identification, assessment, referral and sensitization of communities about the importance of sending children with disabilities to school (Lynch, 2011).

It has been argued that the introduction of resource centres led to an increase in the number of learners with special needs in schools (Chataika et. al., 2019). Resource centres are rooms or classes within mainstream schools where children with disabilities receive specialized instructions and extra teaching and learning resources to support their learning and these are managed by specialist teachers (Ishida et. al., 2017). The MoE reports the number of completed permanent and temporary structures that are being used as resource centres as well as number of incomplete[8] permanent and temporary structures that are not being used. Figure 5 shows the trends in the number of complete permanent and temporary structures that are being used as resource centres over the period 2009 and 2018.

Figure 5: Number of resource centres in primary schools in Malawi 2009-2018 (EMIS reports)

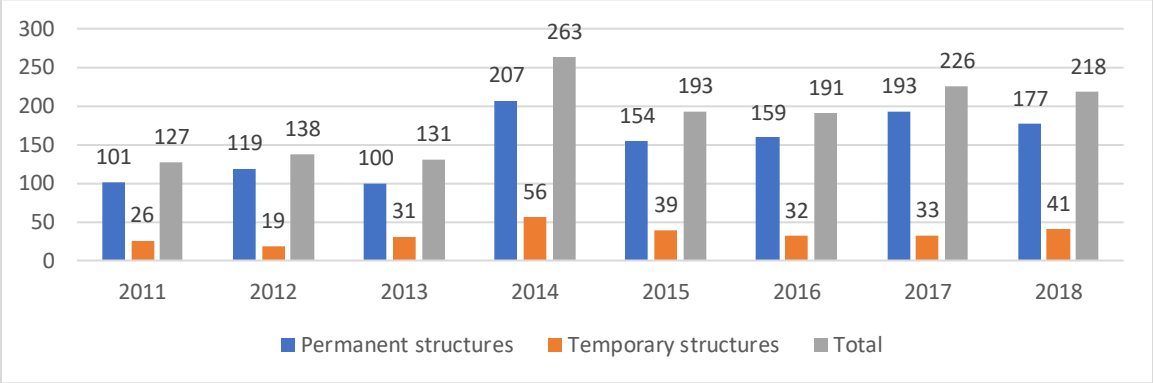
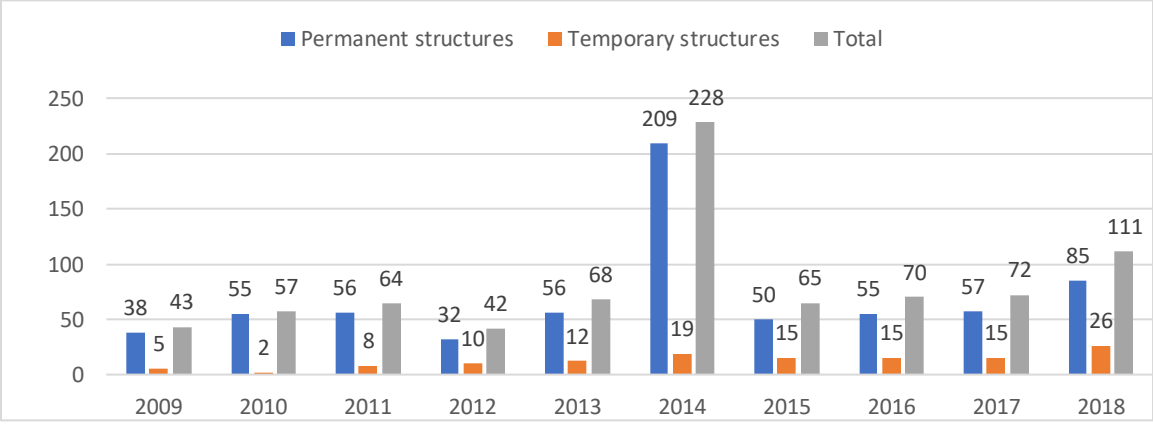


Figure 7 shows that the number of resource centres fluctuated over the period 2009 and 2018. The MoE recorded the highest number of functional resource centres in 2014 when there were 263 resource centres followed by 226 in 2017 and then 218 in 2018. The lowest number of resource centres was in 2011 when there were 127 resource centres. Figure 8 shows the number of permanent and temporary resource centres in secondary schools in Malawi between 2009 and 2018.

Figure 6: Trends in the number of permanent and temporary resource centres in secondary schools 2009-2028 (EMIS reports)



[8] These structures are permanent in nature but they are incomplete.

Figure 8 shows that the highest number of resource centres in secondary school was 228 in 2014 followed by 2018 when there were 111 resource centres.

4.9.4 Challenges in the implementation of inclusive education

As can be seen in Annex 4a, the LCs study found that 47.7 percent of the children with disabilities were aware of the educational services available. These educational services included remedial therapists, special schools, early childhood stimulation and regular schools. Thirty five percent (34.8 percent) of the respondents who were aware of the services reported that they needed these educational services but only 18 percent received the services. In terms of vocational training, 34.8 percent of the respondents were aware of the service, 15.6 percent required this service and only 0.8 percent of those who required these services actually received the service. The proportion children without disabilities who were aware of vocational training and needed such services was similar to those with disabilities. However, the proportion of children without disabilities who received the service was slightly higher at 1.6 percent. These results demonstrate that while more children were aware and required educational services and vocational trainings, very few children with and without disabilities received the services. Persons with disabilities experiences barriers in attending vocational trainings and these include: lack of money to pay training fees; no opportunities to take time off due to family responsibilities; transport challenges of getting to and from training centres; unwillingness of trainers to train persons with disabilities; and the lack of training materials in Braille (International Labour Organisation, 2007).

In the LCs study respondents were also asked whether they studied as far as they had wanted. Table 15 below shows the proportion of respondents who reported they studied as far as they had wanted.

Table 15: Whether respondents studied as far as they wanted (LCs, 2016/2017)

Disability status	Sex	Yes	No	Still studying	N/A or DK	Total
Children with disabilities	Boys	0.2	17.2	76.1	0.4	100.0
	Girls	0.6	18.5	75.7	0.4	100.0
	Total	0.4	17.8	7775.9	0.4	100.0
Children without disabilities	Boys	1.1	13.8	83.1	1.9	100.0
	Girls	0.4	11.9	87.3	0.4	100.0
	Total	0.8	12.9	85.3	1.1	100.0

The proportion of children without disabilities who were still studying (85.3 percent) was higher than among children with disabilities (75.9 percent). While there were no differences between boys (76.1 percent) and girls (75.7 percent) with disabilities who were still in school, among children without disabilities the proportion of girls who were still in school was higher at 87.3 percent compared to females at 83.1 percent. Table 15 further shows that the proportion of children with disabilities (17.8 percent) who said that they did not study as far as they had wanted was higher than among children without disabilities (12.9 percent). This section details some of the challenges to the implementation of inclusive education in Malawi.

4.9.4.1 Transportation for itinerant teachers

Itinerant teachers play an important role in educating children with special needs. They travel to a number of schools and communities located in their catchment areas. Some studies have found that these teachers in general lack transport to enable them visit children with special needs in the different schools and communities they are responsible for (Lynch & Lund, 2011 and Braathen & Munthali, 2015).

4.9.4.2 Inadequate specialist teachers

Currently, there are an inadequate number of specialist teachers in Malawi who can effectively handle children with disabilities (Chimwaza, 2015, Banks and Zuurmond, 2015 & Government of Malawi, 2016). Most teachers in mainstream schools generally lack knowledge and skills to adequately teach learners with special needs mainly because they have not been trained in inclusive education during the time, they were undergoing initial teacher training (Chataika et. al., 2017). In addition to this, mainstream teachers as well as most community members do not have the requisite knowledge and skills to identify and assist learners with special education needs (Government of Malawi, 2016). With time this challenge will be addressed as the MoE has embarked on a programme to train teachers in training colleges so that when they graduate, they have the necessary skills and knowledge in inclusive education (Chataika et. al., 2019).

4.9.4.3 Inaccessible infrastructure

One of the challenges being experienced by children with disabilities in accessing education is inaccessible and poor school infrastructure to accommodate students with disabilities (MoGCDSW, 2018 & Banks and Zuurmond, 2015). Some studies have also found that, while community based child care centres (CBCCs) provide children aged 3-5 with early education and development, 55 percent of the eligible children in Malawi do not access CBCCs and this is especially the case with children with special needs. McLinden, et al. (2018) reports that most of the CBCCs are not child and disability friendly.

4.9.4.4 Inadequate material resources

McLinden, et al. (2018) also found that while CBCCs play an important role in exposing children including those with disabilities to ECD, there is a general lack of material resources to effectively educate children with special needs. The lack of instructional materials is a common problem in primary schools as well (Chataika et. al., 2017; Government of Malawi, 2016 & Banks & Zuurmond, 2015.

4.9.4.5 Reluctance to enroll children with special needs

The LCs study also looked at the proportion of children with disabilities who reported that they had ever been refused entry into school because of disability and the results are in Table 16 below.

Table 16: Proportion of respondents who have ever been refused entry into school because of disability (LCs, 2016/2017)

Level	Boys	Girls	Total
Regular pre-school	3.0	1.5	2.3
Regular primary school	9.1	8.8	9.0
Regular secondary school	0.1	0.2	0.2
Special school (Any level)	0.1	0.0	0.1
Special class (remedial)	0.0	0.0	0.0
University	0.0	0.0	0.0

The proportion of children with disabilities who reported they had ever been refused entry into school because of disability was almost zero for regular secondary school, special schools, special class (remedial) and university. However, 9 percent and 2.3 percent of the children with disabilities reported they had ever been refused entry into regular primary schools and regular pre-schools, respectively, because of disability. In addition to disability, respondents were also asked whether they had ever been refused entry into school because of money and the results are shown in Table 17.

Table 17: Proportion of respondents who reported they had ever dropped out of school because of money (LCs, 2016/2017)

Level	Boys	Girls	Total
Regular pre-school	2.1	2.5	2.3
Regular primary school	6.8	4.9	5.9
Regular secondary school	0.1	0.5	0.3
Special school (Any level)	19.8	18.9	19.3
Special class (remedial)	0.0	0.0	0.0
University	0.0	0.2	0.1

The proportion of children with disabilities who reported ever dropping out of regular secondary school (0.3 percent) and university (0.1 percent) because of money was very small as can be seen in Table 17. However, 19.3 percent of the children with disabilities reported that they dropped out of special schools (any level). Only 5.9 percent and 2.3 percent of the children with disabilities reported dropping out of regular primary school and regular preschool due to lack of money, respectively. The proportion of boys (6.8 percent) who dropped out of regular primary school was slightly higher than girls (4.9 percent).

There are other studies that have also found that children with disabilities have been refused entry into school: for example, Lynch & Lund (2011) found that some children with albinism have been refused to go to school; hence, they stay at home. This has been attributed to their friends laughing at them. Some do not go to school even though these schools might be located very close to them. Another factor that has affected school attendance among children and young people with albinism is that in recent years there have been reports that people with albinism have been kidnapped and killed in Malawi. This is because of the belief that their body parts can be used in charms to bring good luck. Women and children have been targeted and because of this families of children with albinism have refused to send their children to school in order to protect them (Lund, Massah, & Lynch, 2015). There are also beliefs that if an HIV positive person has sex with someone with albinism they will be cured. Some community members with daughters with albinism have made a decision not to send their children to school for fear they may be raped (Chimwaza, 2015). In addition to this, there are some caregivers who do not send their children

to school because they fear that their children would not be adequately cared for (Banks & Zuurmond, 2015). Lastly, McLinden, et al. (2018) also found that there are some CBCCs that are reluctant to register children who are unable to communicate mainly because they fail to communicate or interact well with their friends and caregivers.

4.9.4.6 Lack of assistive devices

This challenge will be discussed in details later but the MoGCDSW acknowledges that the limited access to assistive devices constitutes one of the barriers for children with disabilities to access education (MoGCDSW, 2018 & Government of Malawi, 2016).

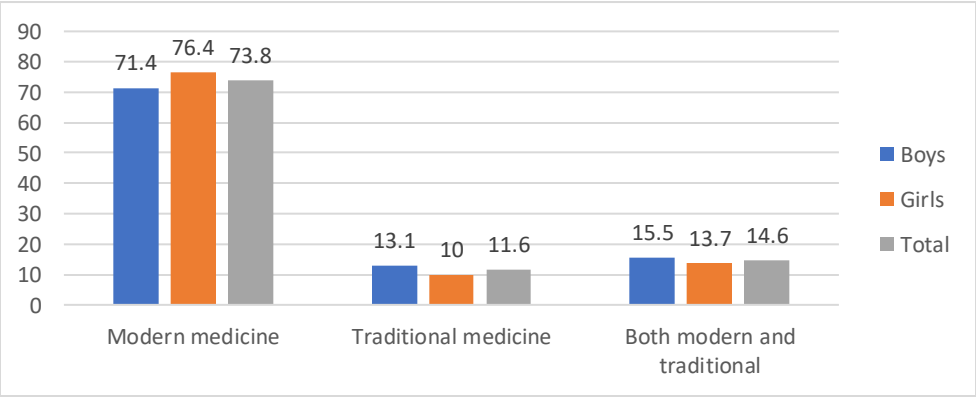
4.9.4.7 Poor attitudes of teachers and parents towards learners with disabilities

There are also some teachers who stigmatize or discriminate against learners with disabilities. This has made some children to drop out of school. In addition to teachers, there are also some parents who lock up their children with disabilities in their houses and do not send them to school. Among other reasons, such parents have the perception that such children cannot excel in school. Some parents and guardians are just ashamed of their children with disabilities (Chimwaza, 2015 & Government of Malawi, 2016).

4.10 Rehabilitation

Malawi, as is the case with all other countries, is supposed to prioritise the implementation of interventions that enable persons with disabilities to attain and maintain maximum independence and ensure that they participate fully in all aspects of life. One intervention to achieve this is to ensure the availability, knowledge and use of assistive devices for all persons with disabilities who require these devices. Respondents in the LCs study were asked whether they have used any medication or traditional medicine for pain caused by their disability: Of the total number of respondents (N=1536), 35.7 percent (N=557) reported that they used medication or traditional medicine for pain caused by their disability. Figure 8 shows the type of medication that respondents who reported using any medication or traditional medicine utilized.

Figure 7: Type of medication taken by respondents to relive pain caused by their disability (N=557, LCs, 2016/2017)



Most of the respondents (73.8 percent) who reported they took medicines for the pain caused by their disability took modern medicine, 14.6 percent took both modern and traditional medicines while 11.6 percent took traditional medicine. In addition to medication, children with disabilities were also asked if they used any form of assistive devices. Only 2 percent of the respondents reported that they used assistive devices and the proportion of girls who used the devices (2.6 percent) was slightly higher than boys (1.5 percent). Those who used assistive devices were requested to specify the type of assistive devices that they used (Table 18).

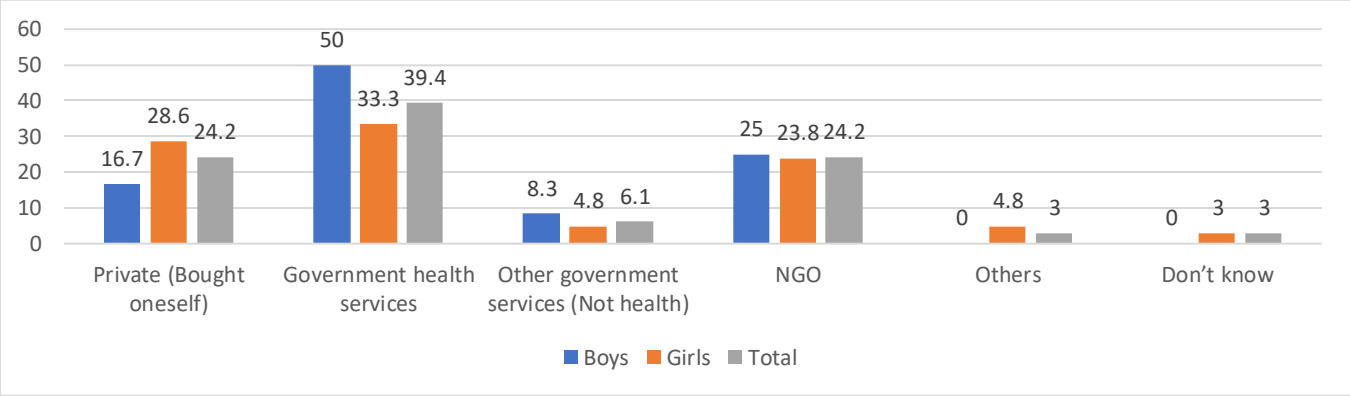
Table 18: Types of assistive devices used by children with disabilities (LCs, 2016/2017; N=31)

Type of device	Yes			No			NA[9]			Total
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
Information (e.g. glasses, hearing aids, magnifying glasses, telescopic lenses/glasses, enlarge print, braille)	30.8	32.0	31.6	38.5	40.0	39.5	30.8	28.0	28.9	100.0
Communication (sign language interpreter, fax, portable writer and computer)	0.0	4.3	2.8	69.2	52.2	58.3	30.8	43.5	38.9	100.0
Personal mobility (Wheel chairs, crutches, walking sticks, white cane, standing frame)	69.2	61.9	64.7	23.1	28.6	26.5	7.7	9.5	8.8	100.0
Household items (Flashing light on doorbell, amplified telephone, vibrating alarm clock0	0.0	4.8	3.0	58.3	52.4	54.5	41.7	42.9	42.4	100.0
Personal care and protection (special fasteners, bath and shower seats, toilet seat raiser, commode chairs, safety rails and eating aids).	8.3	9.5	9.1	58.3	47.6	51.5	33.3	42.9	39.4	100.0
For handling (gripping tongs, aids for opening containers, tools for gardening).	0.0	0.0	0.0	58.3	55.0	56.3	41.7	45.0	43.8	100.0
Computer assistive technology (Key board for the blind)	0.0	0.0	0.0	58.3	55.0	56.3	41.7	45.0	43.8	100.0
Others	16.7	15.0	15.6	50.0	35.0	40.6	33.3	50.0	43.8	100.0

[9] Do not need.

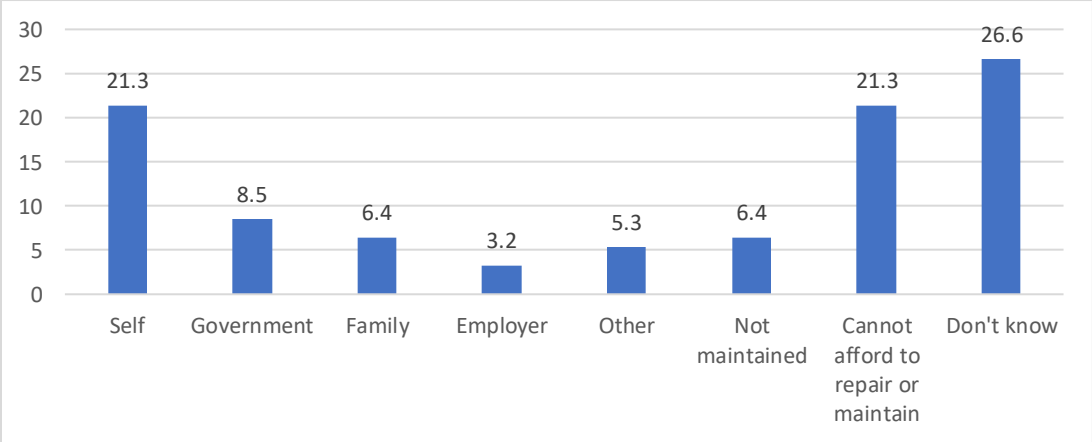
Most respondents (64.7 percent) used assistive devices for personal mobility with the proportion using these being higher among boys (69.2 percent) than girls (61.9 percent). This was followed by those who used assistive devices for accessing information for example, glasses and hearing aids. There were nearly 1 in 10 respondents (9.1 percent percent) who used assistive devices for personal care and protection. The other assistive devices that were mentioned included protective boots and shoes. Figure 8 below shows the sources of assistive devices.

Figure 8: Sources of assistive devices (LCs, 2016/17)



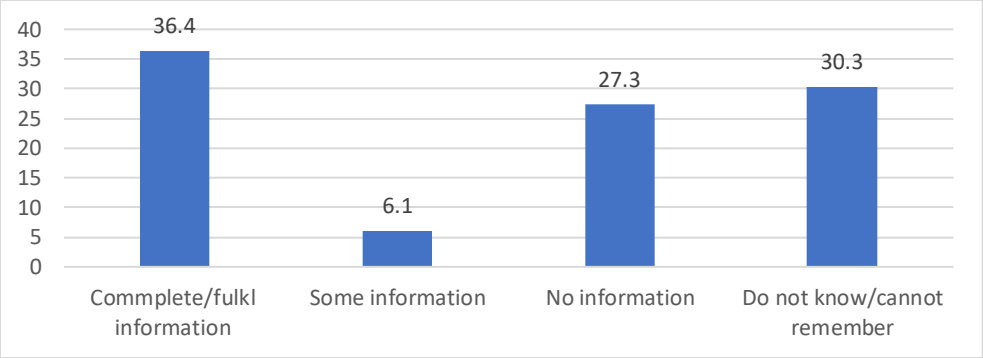
About forty percent (39.4 percent) of the respondents got the assistive devices from Government health services and the other two sources were the private sector (24.2 percent) and NGOs (24.2 percent). There are also other non-health ministries and departments that provide assistive devices. The proportion of boys (50 percent) who obtained their assistive devices from government health services was higher than girls (33.3 percent). On the other hand, the proportion of girls who bought the assistive device they were using was higher than boys (16.7 percent). Seventy eight percent of the respondents (78 percent) reported that the main assistive device was in good working order with more boys (83 percent) reporting this than girls (75 percent). Figure 9 below shows the persons/organisations that are responsible for maintaining the assistive devices which were being used by respondents.

Figure 9: Person or institution responsible for maintenance of assistive devices (LCs, 2016/17)



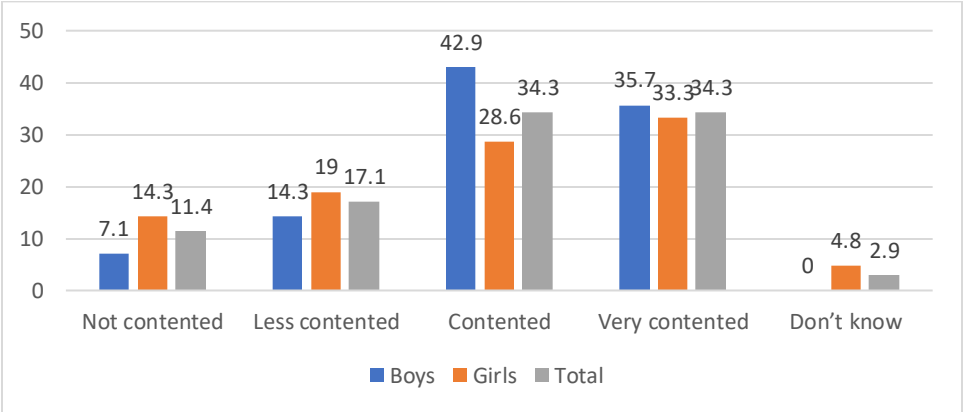
About a third of the respondents (26.6 percent) reported that they did not know the ones who were responsible for maintaining the assistive devices, 21.3 percent reported that they could not afford to repair or maintain the assistive device and 6.4 percent reported that the assistive devices were not maintained. Figure 9 shows that 21.3 percent of the respondents reported that they maintained the devices on their own. Some respondents also mentioned Government (8.5 percent), family (6.4 percent) and employers (3.2 percent) as being responsible for maintaining their assistive devices. While children with disabilities are supposed to be given adequate information about how they can use the assistive devices, it can be seen from in Figure 10 that some children with disabilities either they were not given any information (27.3 percent) or they did not know/could not remember (30.3 percent) whether they were given any information on the assistive devices they were using.

Figure 10: Were you given enough information or help/training on how to use your main assistive device (LCs, 2016/17)



Just more than a third (36.4 percent) reported that the were given complete/full information on the assistive device they were using while 6.1 percent were just given some information. Most respondents who were using assistive devices were actually contended with the main assistive device they were using as can be seen in Figure 11 below.

Figure 11: Level of content/satisfaction with main assistive device (N=35; LCs, 2016/17)



Annex 4a that 46.1 percent of children with disabilities in the LC study indicated that they were aware of the assistive technology services available, 23.5 percent needed these services but only 3.3 percent of the respondents received this service. Another study also found that access to assistive devices was a problem: even if one has money, he or she may not find tricycles in the shops (Barlindhaug et. al., 2016).

Another study found that the critical shortage of human and financial resources for the production of assistive devices within the government delivery structures: only Queen Elizabeth Central Hospital in Blantyre produces assistive devices and 500 Miles will produce assistive devices at Kamuzu Central Hospital in Lilongwe and Mzuzu Central Hospital (MoGCDSW, 2018). While many children require assistive devices, these results generally demonstrate that very few of them access this service.

4.11 Work and employment

Persons with disabilities have the right to work. No person should be discriminated on the basis of disability with regard to all matters concerning all forms of employment. Malawi's Employment Act (2000) forbids anyone below the age of 14 working and outlaws discrimination based on, among other factors, disability. In the LCs study children with or without disabilities were asked whether they were working at the time when data was being collected. This question was only asked to respondents who were aged 15-17. Most respondents (76 percent) reported that they had never been employed as can be seen in Table 19 below.

Table 19: Working status of children with and without disabilities (LCs, 2016/17)

Are you currently working?	**Children with disabilities**			**Children without disabilities**		
	Boys	Girls	Total	Boys	Girls	Total
Yes, currently working.	9.3	4.1	6.8	3.2	11.9	7.4
No, but have been employed before.	6.7	4.1	5.4	7.9	5.1	6.6
No, never been employed.	70.0	83.6	76.7	84.1	76.3	80.3
I am a housewife/homemaker	2.7	4.1	3.4	4.8	6.8	5.7
Not applicable	11.3	4.1	7.8	0.0	0.0	0.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 19 shows that there was no difference between proportion of children without disabilities (7.1 percent) children with disabilities (6.8 percent) who were working at the time of data collection. However, a higher proportion of children without disabilities (80.3 percent) than those with disabilities (76.7 percent) reported that they have never worked. In terms of gender, the proportion of boys with disabilities (9.3 percent) who were working was higher than girls (4.1 percent). Among children with disabilities the proportion of girls (11.9 percent) who were working was higher than boys (3.2 percent). A 2013 study found that 28 percent of the children and young people with disabilities aged 15-29 were employed (UNESCO, 2013). The Employment Act allows persons aged 15-18 to work but not in hazardous employment. However, the LCs study did not look into whether these children with disabilities were involved in hazardous employment or not.

4.12 Adequate standard of living and social protection

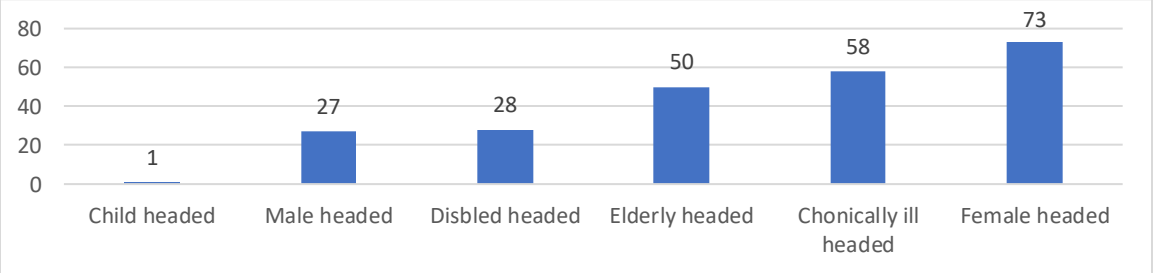
Persons with disabilities have the right to an adequate standard of living including social protection for them to take care of themselves as well as their families. The 2018 MPHC asked heads of households their main sources of income. The results are in Table 20 below.

Table 20: Sources of income for households with children with and without children with disabilities (MPHC, 2018)

Sources of income	Households with children with disabilities	Households without children with disabilities
Entrepreneurship	13.3	14.5
Employment	9.1	11.7
Ganyu (Piece work)	38.7	37.9
Petty trading	1.3	1.3
Remittances	1.4	1.3
Pension	0.3	0.3
Insurance	0.0	0.0
Public works	0.4	0.4
Fishing	1.0	1.1
Food crop sales	13.7	12.7
Cash crop sales	12.5	11.1
Social cash transfer	0.5	0.4
Forest products	1.1	0.9
Begging	0.7	0.5
Other	6.1	6.0
Total	100.0	100.0

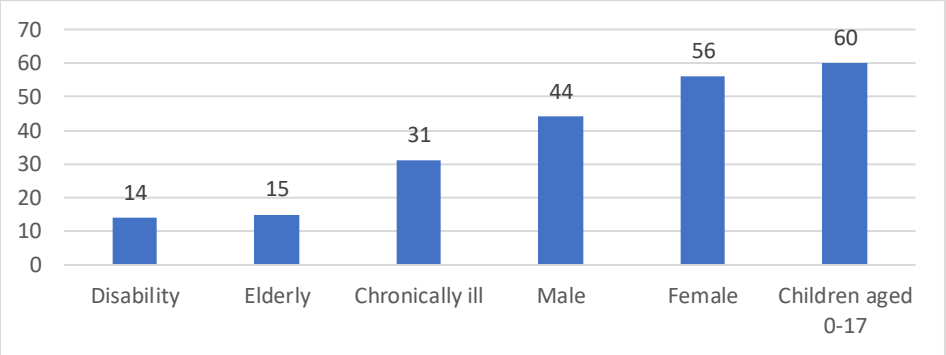
The main source of energy for both households with children with disabilities (38.7 percent) and those without disabilities (37.9 percent) was ganyu (piece work). The proportion of households with children without disabilities (14.5 percent) which mentioned entrepreneurship as a source of income was slightly higher than households with children with disabilities (13.3 percent). Other important sources of income for both households with and without children with disabilities were cash crop and food crop sales as can be seen in Table 14. Only 0.5 percent and 0.4 percent of households with and without children with disabilities mentioned social cash transfers as a source of income. Malawi introduced the SCTP in 2006 as a pilot programme in Mchinji with support from the Global Fund. The programme targets 10 percent of the ultra-poor and labor constrained households and is currently being implemented in 18 districts. It is being funded by the GoM, KfW, Irish Aid, European Union and the World Bank. UNICEF provides technical support to the SCTP. As of 2019 there were 706,086 beneficiary members. Figure 12 shows the characteristics of the head of households of beneficiaries of the social cash transfer programme.

Figure 12: Characteristics of heads of households receiving cash transfers (MoGCDSW, 2019)



Most beneficiary households are headed by women (73 percent) and this is seconded by those who are chronically ill at 58 percent and then elderly headed households at 50 percent. Nearly a third (28 percent) of the households are headed by persons with disability. Figure 13 shows the characteristics of the beneficiary members of the households for the SCTP.

Figure 13: Characteristics of beneficiary members of the households for the SCTP (MoGCDSW, 2019)



Data from the MoGCDSW does not disaggregate the beneficiaries of the SCTP by children with disabilities: The Ministry looks at beneficiaries with disabilities as well as beneficiary children. Figure 17 shows that 60 percent of the beneficiaries of the SCTP are children aged 0-17. It also shows that 14 percent of the beneficiaries are persons with disabilities (MoGCDSW, 2019).

Respondents in the LCs study were also asked whether they were receiving social security, disability grants or any other form of pension or grant. Only 1.3 percent of the respondent aged less than 18 reported receiving some form of social security. There were no differences between boys (1.4 percent) and girls (1.2 percent) in the proportion of respondents who reported receiving social security or disability grants. Among those who received social security, 65 percent (15) received social cash transfer and 13 percent (3) reported receiving a disability grant. This money was mainly used for household necessities (65 percent) or education (9.5 percent). Among those who received social security or disability grants, most of the decisions were made by others (77 percent) and only 15.4 percent said they made the decisions on how to use the grant while 7.7 percent did not know how this was spent.

The 2018 MPHC asked households if they received any assistance of money, food or agricultural inputs. Annex 8 shows that overall 9 percent of the households during the 2018 MPHC reported receiving some assistance: the proportion of households with children with disabilities (10.7 percent) which reported receiving some assistance was slightly higher than households without children with disabilities (9 percent). Balaka (21 percent) had the highest proportion of households with children with disabilities that received assistance followed by Phalombe at 19 percent. NkhotaKota (5 percent) and Lilongwe rural (5 percent) had the lowest proportion of households with children with disabilities who received assistance.

4.13 Alternative care of children with disabilities

The policy on orphans and other vulnerable children recommends that the institutionalisation of children should be the last resort. Efforts should be made to provide alternative care within the wider extended

family and within the community in a family setting where they can socialize with fellow children (Ministry of Gender and Community Services, 2003). This is in line with the 1989 CRC, the 2006 CRPD and the 2010 UN Guidelines for Alternative Care of Children (United Nations, 2010). There are, however, situations when children, including those with disabilities are placed under institutional care.

Children with disabilities in the LCs study were asked if they, themselves, have ever stayed in an institution or special home. Most children with disabilities (97.8 percent) reported they have never stayed in an institution. There was no difference between males (2 percent) and females (2.4 percent) in the proportion of children who reported ever staying in an institution. While in the LCs study very few children with disabilities reported they had ever lived in institution, a 2017 monitoring exercise on children in child care institutions (CCI) found that there were 110 children with disabilities in institutions in Malawi. These children had different types of disabilities including cerebral palsy, other physical disabilities, learning difficulties and developmental challenges. While these CCIs made efforts to cater for the welfare of the children with disabilities, (i) caregivers lacked technical knowledge on how to effectively handle children with various types of disabilities, and (ii) some infrastructure (such as toilets and bathrooms) was inaccessible to children with physical and other disabilities (Malawi Human Rights Commission, 2017).

As mentioned earlier, the MoE has established special needs schools for children with disabilities. In 2017, there were 1,211 children with various types of disabilities registered in 21 special education institutions in Malawi. Table 21 shows the number of children with disabilities who were resident in the 21 institutions in 2017 (Malawi Human Rights Commission, 2017).

Table 21: Special needs schools in Malawi (Malawi Human Rights Commission, 2017)

No.	Name of Institution	No. of learners	No. of teachers (qualified in SNE)
1.	Embangweni School for the Deaf	187	16
2.	Ekwendeni Resource Centre	88	5
3.	Karonga School for the Deaf	60	5
4.	St. Maria Goleta Resource Centre	49	3
5.	Nyungwe Resource Centre	38	9
6.	Bandawe School for the Hearing Impaired	88	5
7.	Nkhota Kota Resource Centre for the Visually Impaired	23	2
8.	Chisombezi school for Deaf-Blind	18	4
9.	Mary View School for the Deaf	154	16
10.	Mua School for the Blind	173	20
11.	Mpatsa Resource Centre	5	0
12.	Chilanga School for the Blind	52	7
13.	Malingunde School for the Blind	31	2
14.	Nkope School for the Blind	28	3
15.	Matundu Resource Centre	9	0
16.	Msiyaludzu Resource Centre	35	4
17.	Montfort Demonstration	47	5
18.	Migowi Resource Centre	45	2

19.	Gumbu Special Needs Resource Centre	9	4
20.	Lurwe School for the Blind	21	1
21.	John Paul XXXIII Centre for the Handicapped	32	5

These 21 schools were established in order to provide Special Needs Education (SNE) for children with various types of disabilities including those who are visually impaired, with hearing impairments and those with learning difficulties. These special needs education institutions experience a wide range of challenges including inadequate funding which among other things leads into lack of SNE materials such as Braille, books and computers (Malawi Human Rights Commission, 2017). About half of these institutions are for all types of special needs, a third are specifically for those with visual impairments and about a fifth are for the deaf. Most of these institutions are in rural areas.

It is evident that the institutionalization of children, including those with disabilities, is quite common. The GoM recommends that where institutionalization of children occurs, it should be temporary and that such children should be reintegrated with their families including extended families. The MoGCDSW has since developed guidelines for the reintegration of children including children with disabilities (Government of Malawi & UNICEF, 2019).

4.14 Involvement in different aspects of family, social life and society among children aged 12-17

It is important that children including those with disabilities should be involved in different aspects of family, social life and society. Table 22 below shows that proportion of children with disabilities who reported being involved in different aspects of family, social life and society.

Table 22: Involvement in family, social life and society (N=495; LCs, 2016/17)

Aspects of family, social life and society	**Children with disabilities**			**Children without disabilities**		
	Boys	Girls	Total	Boys	Girls	Total
Are you consulted about making household decisions?	51.8	48.2	52.8	61.0	72.8	66.8
Do you go with the family to events such as family gatherings, social events etc.?	76.8	73.5	75.3	78.0	79.8	78.9
Do you feel involved and part of the household or family?	86.7	89.8	88.1	89.8	93.0	91.4
Does your family involve you in conversations?	81.4	91.0	85.8	87.3	91.2	89.2
Does the family help you with daily activities/tasks?	92.3	95.5	93.8	-	-	-
Do/did you take part in your own traditional practices (e.g. initiation ceremonies?	46.3	49.0	47.5	-	-	-
Do you participate in local community meetings?	27.0	27.3	27.2	40.7	43.9	42.2

It can be seen in Table 22 that most children with disabilities (93.8 percent) reported that the family in general helps them with daily activities or tasks, 88.1 percent felt involved and part of the household or family, 85.8 percent reported that their family involved them in conversations and that 75.3 percent reported that they went with their families to events such as family gatherings and social events. On these issues, there was a general agreement that children with disabilities are heavily involved in activities. There were however gender differences: the proportion of boys who reported that they were consulted in making family decisions or going with their families to events such as family gatherings was slightly higher than girls. Table 22 further shows that the proportion of girls with disabilities who reported being involved and part of the household or family, being involved in conversations, being helped by the family in doing daily activities/tasks and taking part in traditional practices was higher than the boys with disabilities. table 22 also shows that the proportion of children without disabilities who were involved in different aspects of family, social life and society was higher than children with disabilities in general.

While this is the case only 51.5 percent of the respondents reported being consulted in making household decisions and just less than half of the respondents (47 percent) reported taking part in their own traditional practices such as initiation ceremonies. Lastly, only 26 percent of the respondents participated in local community meetings.

4.15 Participation in political and public life

Persons with disabilities, just like all other persons, have the right to participate in political and public life including forming and joining organizations of persons with disabilities to represent persons with disabilities at international, national, regional and local levels. The Federation of Disability Organisation in Malawi (FEDOMA) is an umbrella organization of Disabled People's Organisation (DPOs) in Malawi which provides a unified voice for persons with disabilities. There are currently 12 DPOs in Malawi and these are as follows: Malawi Union of the Blind (MUB), Disabled Women in Development (DIWODE), Malawi National Association of the Deaf (MANAD), Spinal Injuries Association of Malawi (SIAM), Parents of Disabled Children Association in Malawi (PODCAM), Association of persons with Albinism of Malawi (APAM), Association of the Physically Disabled in Malawi (APDM), Disabled Widows Orphans Organisation in Malawi (DWOOM), National Epilepsy Association (NEA), Disability Rights Movement, Visual and Hearing Impaired Association of Malawi(VIHEMA) and Mental Health Users and Cares Association (MEHUCA) [10]. The 2013/14 edition of the Malawi Disability Directory lists 10 DPOs including the Malawi Disability Sports Association (MADISA). This directory ensures the coordination of service delivery and networking among disability service organisations to facilitate referral of persons with disabilities to appropriate services (Ministry of Gender, Children, Disability and Social Welfare, 2014).

Persons with disabilities are supposed to be aware of the various DPOs and be members of their respective DPOs. The LCs study found that 24.7 percent of the children with disabilities aged 12 years and above were aware of organisations for people with disabilities (Disabled People's Organisation). The proportion of boys (26.3 percent) who aware of DPOs was slightly higher than girls (22.9 percent). Of these people who were aware of the DPOs, 12.1 percent of them were members of the DPOs. A higher proportion of boys (15.7 percent) were members of the DPOs compared to girls (6.9 percent).

[10] https://www.fedoma.org/about/

4.16 Decision making

Respondents aged 12+ in the LCs study were asked whether they made any important decisions about their own life. As can be seen in Table 23 below a higher proportion of females (33.3 percent) than males (28.4 percent) reported that they made important decisions about their life all the time. There were no differences between males (51.9 percent) and females (52.2 percent) who reported that they sometimes made their own decisions. A slightly higher proportion of male (18.2 percent) than female (13.7 percent) respondents reported that they never made important decisions about their own life.

Table 23: Proportion of respondents aged 12+ who made their own decisions about their own life (LCs study, 2016/17)

Do you make important decisions about your own life?	Children with disabilities			Children without disabilities		
	Boys	Girls	Total	Boys	Girls	Total
All the time	28.4	33.3	30.7	45.5	42.6	44.1
Sometimes	51.9	52.2	52.0	48.2	49.1	48.6
Never	18.2	13.7	16.1	6.3	7.4	6.8
Do not know	1.4	0.8	1.1	0.0	0.9	0.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

As can be seen in Table 23 a higher proportion of children with disabilities (44.1 percent) reported they made important decision on their own all the time compared to children with disabilities (30.7 percent).

4.17 Respect for home and the family

Persons with disabilities who are of marriageable age have the right to marry and found a family. The Marriage, Divorce and Family Relations Act (2015) forbids any marriage below the age of 18. In the LCs study, participants aged 12 years and above were asked whether they were married or in a relationship at the time of the interview. Among respondents with disabilities aged 12-17, 6.3 percent reported that they were either married or in a relationship. The proportion of females (7.1 percent) who reported being married was slightly higher than males (5.6 percent). Among males who were married or in a relationship 2 reported that their spouses had a disability; among females' 4 reported that their spouses had a disability. Among those who were in a relation or married, 7.3 percent reported they had children; the proportion of females who reported having children at 11.8 percent was higher than among males at 3.2 percent. In Malawi child marriage, i.e. getting married before the age of 18, is quite common. A 2018 traditional practices survey found that 42 percent of the women got married before age 18 years while 9 percent got married before age 15 (National Statistical Office, Centre for Social Research, UNICEF and University of Zurich, 2019). Bearing in mind differences in survey designs between the LCs study and 2018 traditional practices survey, it seems however that the prevalence of child marriage among persons with disabilities is lower than in the general population.

4.18 Freedom from exploitation, violence and abuse

Persons with disabilities are supposed to be protected against all forms of exploitation, violence and abuse. While persons with disabilities including children have the right to freedom from exploitation,

violence and abuse, cases of violence are quite common. Table 18 shows that 23 percent of the children with disabilities in the LCs study reported that they had ever been beaten or scolded because of their disability. The proportion of boys with disabilities (25 percent) who reported ever being beaten or scolded because of their disability was slightly higher that among female children (22 percent).

Table 24: Experience of violence against children with disabilities (LCs, 2016/17)

Experience of violence	Children with disabilities (N=1536)		Total
	Males	Females	
Have you ever been beaten or scolded because of your disability? (N=1536)	24.5	21.7	23.2
Have you ever been beaten or scolded by a family member because of your disability?*	45.7	41.3	43.7

*Among those who have ever been beaten or scolded because of their disability

Among those who had ever experienced been scolded or beaten because of their disability, 44 percent reported this violence was perpetrated by a family member. Again, the proportion of respondents who experienced this was slightly higher among boys (45.7 percent) than girls (41.3 percent) respondents. Other studies have also found that the majority of children with disabilities reported experiencing some form of violence (n=20/22) including experiencing physical and emotional abuse such as bullying, abusive name calling, stigma and discrimination. Peers were common perpetrators of violence and caregivers. These children with disabilities suggested that the violence and abuse they were experiencing was due to their disability (Banks et. al., 2017& Chimwaza, 2015)).

4.19 Equality and non-discrimination

The Constitution of the Republic of Malawi prohibits all forms of discrimination on the basis of disability. However, while persons with disabilities are guaranteed the right to equality and non-discrimination, they still experience discrimination and stigma. In the LCs study children with various types of disabilities were asked if they had ever experienced being discriminated in any public services: 9 percent of the respondents reported that they had ever experienced this with slightly a higher proportion of males at 9.8 percent reporting this compared to females at 8.3 percent. Other studies have also found that children with disabilities including those with albinism experience stigma and discrimination. For example, children with albinism are called names such as Napweli or *mzungu wadala* namely pretending to be white while not (Lynch & Lund, 2011). A 2015 study also found that some families with children with albinism have the perception that these are not real people; hence, they are excluded from development programmes. For example, girls with albinism are not even allowed to participate in cooking meals during funerals (Lund, Massah, & Lynch, 2015). It is not only children with albinism who experience stigma and

discrimination but their mothers as well: husbands may accuse mothers of children with albinism of infidelity and abandon even them (Under the Same Sun, 2015).

4.20 Main sources of energy for cooking

Table 19 below shows the sources of energy for cooking for households with and without children with disabilities.

Table 25: Sources of energy for cooking (MPHC, 2018)

Source of energy	Households with children with disabilities	Households without children with disabilities
Electricity	0.9	1.3
Solar	0.5	0.5
Paraffin	0.2	0.1
Charcoal	12.0	15.9
Firewood	84.4	80.5
Straw/shrubs/grass	1.3	1.0
Gas	0.0	0.0
Other	0.7	0.6
Total	100.0	100.0

The major sources of energy for cooking for households with children with disabilities was 84.4 percent and this was slightly higher compared to households without children with disabilities at 80.5 percent. A slightly higher proportion of households with children without disabilities used charcoal for cooking (15.9 percent) compared to households with children with disabilities (12 percent). Overall, only 0.9 percent of the households with children with disabilities and 1.3 percent of households without children with disabilities used electricity as a source of energy for cooking. Among households with children with disabilities, the proportion of households using electricity was higher in urban areas namely Mzuzu (6 percent), Lilongwe (7 percent), Zomba (7.7 percent0 and Blantyre (7.7 percent). The corresponding proportions for households without children with disabilities were as follows: 5.9 percent, 8.2 percent, 10.9 percent and 8.2 percent, respectively as can be seen in Annexes 11a and 11b. Charcoal, as can be seen in Annexes 11a and 11b is an important source of energy for cooking in urban areas.

5. Conclusions and recommendations

5.1 Conclusions

This study was aimed at determining the prevalence of disability among children below 18 years, their access to social services and analysing potential inequalities by demographic and socio-economic characteristics of their families. The 2008 MPHC found that the prevalence of disability among persons aged 0-17 increased from was 2.4 percent in 2008 to 6 percent in 2018. However, these rates are not really comparable as the 2018 MPHC included forms of disability such as intellectual challenges that were not included in 2008. In 2018 Amnesty International estimated that there are between 7,000 and 10,000 persons with albinism in Malawi. However, the 2018 MPHC found that there were 79,000 children with albinism in Malawi. This implies that earlier estimates of the number of persons with albinisms in malawi

were incorrect. The LCs study found that a significant proportion of disabilities are due to disease; hence, they are preventable.

This study has also found that in general children with disabilities experience a wide range of challenges in accessing social services. While they may be aware of social services that are available (e.g. education, health, vocational training) and they need such services, in most cases the proportion of children with disabilities who receive the services they need is lower compared to those who required such services. For example, as reported in this study only 2 percent of the children who require assistive devices had these devices. As far as education is concerned, the shortage of specialist education teachers, the lack of teaching and learning materials, lack of assistive devices, inaccessible school infrastructure, large classes and poor attitudes of teachers and parents make it difficult for them to access education. Other conclusions that can be made include the following:

- While the LCs study found that only 2 percent of the children with disabilities were in institutions, the 2017 MHRC monitoring of CCIs found that a significant number of children with disabilities were in institutions.
- In terms of accessibility, this SITAN has found that there are some infrastructure (e.g. schools and recreational facilities) that are not accessible to children with disabilities. Children with disabilities also have difficulties in accessing information because it is in formats that they cannot use or understand.
- Children including those with disabilities aged less than 14 years are not supposed to work. For those aged 14-17 they can work but not in hazardous work.
- While some households with children with disabilities have access to social protection, data is not comprehensively disaggregated in order to know the proportion of children with disabilities who are beneficiaries of cash transfer programmes.
- A good proportion of children with disabilities do not take part in household decision making, family gatherings, family conversations or community meetings compared to children without disabilities.
- Most children with disabilities are not aware of DPOs and among those who are aware very few are members of DPOs.

5.2 Recommendations

Based on the results of this study, the following recommendations are therefore made:

- There are a number of national surveys that are conducted by the NSO, other government institutions academic institutions and other agencies. The MoGCDSW should discuss with the NSO, other GoM ministries and departments, academic institutions and other stakeholders to mainstream disability in national surveys in order to ensure availability of data on disability. In all these surveys the screening questions developed by the Washington Group on Disability Statistics should be used to screen for persons with disabilities.

- The NSO in conjunction with academic institutions should build the capacity of researchers on the use of Washington Group on Disability Statistics screening questions for disability.

- A significant proportion of children with disability are due to disease such as malaria. There is a need to promote the prevention and early treatment of disease as this would contribute significantly towards the prevention of disability.

- There is a need for various stakeholders to create awareness about the challenges being experienced by children with disabilities and the need to effectively address such problems so that these children should fully enjoy their rights just like any other child. The creation of awareness should also focus on the need for households to effectively involve children with disabilities in making household decisions and promoting their participation in community and household activities.

- Children fail to access social services because of, among other factors, the lack of assistive devices. The MoGCDSW, the Ministry of Health and other stakeholders should work together and improve the availability of assistive devices for persons with disabilities including children.

- Schools, health facilities and other places should be made accessible to children with various types of disabilities.

- The MoGCDSW and DPOs should create awareness about the various DPOs that are in Malawi among persons with disabilities and their families and the importance of joining these organisations.

- Children with disabilities experience challenges in communicating with teachers, health workers and other service providers. This is especially the case with children who are visually impaired and those who have hearing impairment. There is an urgent need for the MoGCDSW, FEDOMA and other stakeholders to advocate for service providers to learn sign language in order to improve communication with children who have hearing impairments. In addition to this, there is a need to advocate for use of braille for children with visual impairment.

- There is a need for the MoGCDSW to fast track the development of the new national disability policy which would guide the priority interventions that should be implemented to address the challenges being experienced by persons with disabilities.

- The Ministry of Health should work very closely with the MoGCDSW to develop a national strategy that will ensure that persons with disabilities including children have access to health services just like all other persons.

- The MoE is in the process of mainstreaming inclusive education in Teachers' Training Colleges (TTCs). This will ensure that when teachers graduate from TTCs they have skills for delivering inclusive

education. It is recommended therefore that disability and health should be included in the curriculum for training of all health workers.

Annex 1: Prevalence of disability among children aged 0-17 (MPHC, 2018)

District	Boys	Girls	Total
Chitipa	8.4	7.1	7.7
Karonga	6.0	5.1	5.6
Nkhata Bay	7.3	6.2	6.7
Rumphi	10.9	9.3	10.1
Mzimba	8.1	6.9	7.5
Likoma	5.2	4.4	4.8
Mzuzu City	4.5	4.1	4.3
Kasungu	6.0	5.1	5.6
Nkhotakota	5.0	4.4	4.7
Ntchisi	7.4	6.3	6.8
Dowa	6.9	6.1	6.5
Salima	5.4	4.9	5.1
Lilongwe Rural	6.2	5.5	5.8
Mchinji	6.0	5.4	5.7
Dedza	8.5	7.0	7.7
Ntcheu	6.2	5.5	5.9
Lilongwe City	4.4	4.0	4.2
Mangochi	4.7	4.2	4.4
Machinga	5.6	4.8	5.2
Zomba	6.1	5.4	5.7
Chiradzulu	6.1	5.2	5.7
Blantyre Rural	7.2	6.1	6.6
Mwanza	7.3	6.2	6.7
Thyolo	6.6	5.6	6.1
Mulanje	5.6	4.7	5.1
Phalombe	5.5	4.7	5.1
Chikwawa	4.2	3.8	4.0
Nsanje	3.9	3.3	3.6
Balaka	5.7	4.8	5.2
Neno	5.6	4.9	5.3
Zomba City	5.5	5.3	5.4

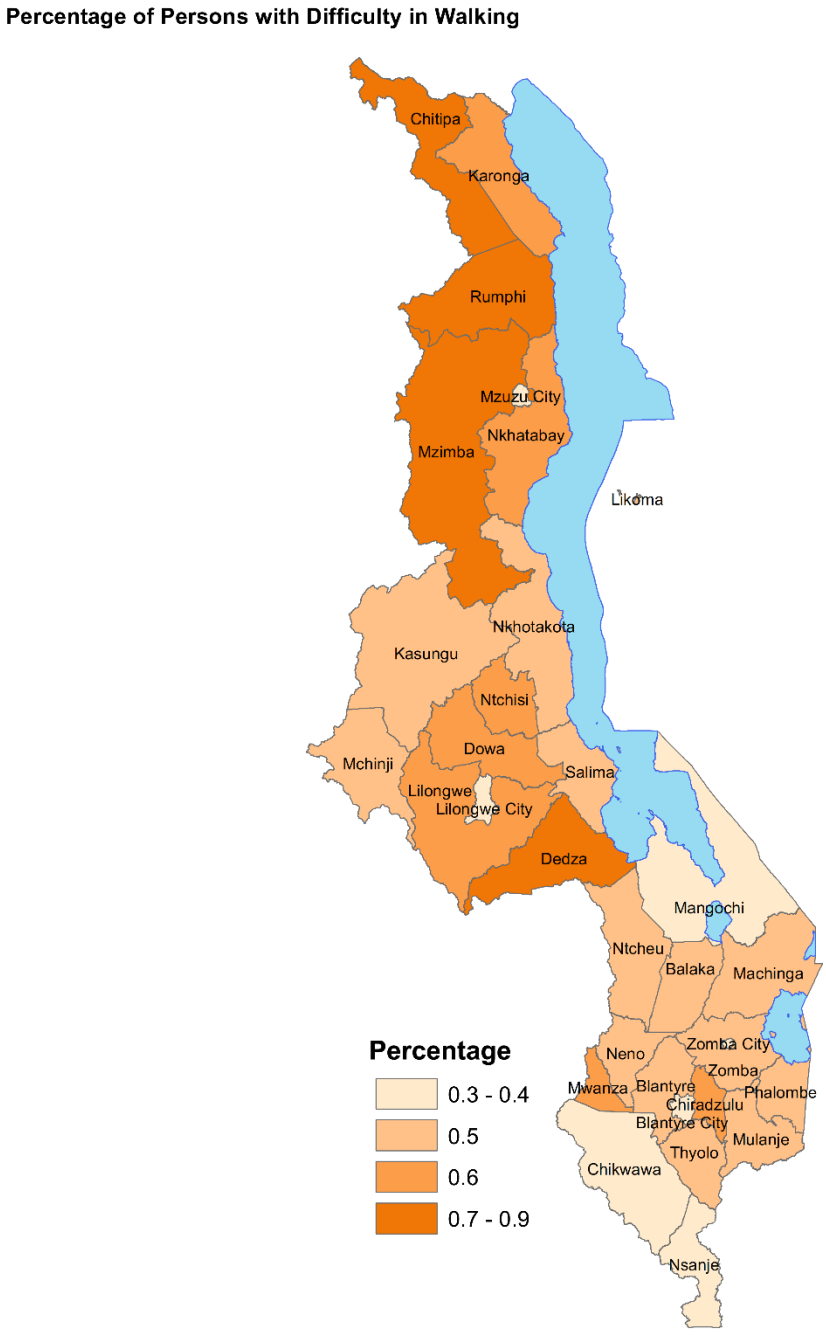
Blantyre City	4.0	3.5	3.8
Total	**6.0**	**5.2**	**5.6**

Annex 2: Disability prevalence among children aged 0-17 (MPHC, 2008)

	seeing			hearing			walking			Speaking			other			disability		
District	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	0.4	0.4	0.4	0.6	0.6	0.5	0.4	0.4	0.4	0.2	0.3	0.2	0.8	0.9	0.8	2.4	2.5	2.2
Chitipa	0.4	0.5	0.4	0.5	0.6	0.4	0.6	0.6	0.5	0.3	0.3	0.2	1.3	1.4	1.3	3.1	3.3	2.8
Karonga	0.4	0.4	0.4	0.5	0.5	0.5	0.7	0.7	0.7	0.3	0.4	0.2	1.4	1.4	1.4	3.3	3.4	3.2
Nkhata Bay	0.4	0.5	0.4	0.5	0.5	0.4	0.8	0.9	0.7	0.2	0.2	0.2	1.6	1.7	1.5	3.5	3.8	3.3
Rumphi	0.6	0.6	0.6	0.4	0.5	0.4	0.8	0.8	0.8	0.2	0.3	0.2	1.0	1.0	0.9	3.0	3.2	2.9
Mzimba	0.5	0.5	0.5	0.5	0.6	0.5	0.5	0.6	0.5	0.2	0.3	0.2	1.6	1.7	1.5	3.3	3.6	3.1
Likoma	0.7	0.8	0.6	0.8	0.7	0.9	0.5	0.6	0.5	0.4	0.6	0.3	2.3	2.5	2.2	4.8	5.2	4.3
Mzuzu City	0.9	0.9	0.9	0.5	0.6	0.5	0.3	0.3	0.3	0.2	0.4	0.1	0.9	1.0	0.8	2.8	3.1	2.5
Kasungu	0.4	0.5	0.4	0.5	0.5	0.5	0.3	0.3	0.3	0.2	0.2	0.2	0.9	0.9	0.8	2.3	2.4	2.1
Nkhotakota	0.4	0.4	0.3	0.6	0.7	0.5	0.6	0.6	0.6	0.2	0.3	0.2	0.7	0.8	0.7	2.5	2.7	2.2
Ntchisi	0.5	0.6	0.5	0.7	0.8	0.7	0.4	0.4	0.4	0.3	0.4	0.2	1.4	1.5	1.3	3.3	3.6	3.0
Dowa	0.5	0.5	0.5	0.8	0.8	0.8	0.6	0.6	0.5	0.3	0.3	0.2	1.6	1.6	1.5	3.6	3.8	3.5
Salima	0.5	0.5	0.4	0.7	0.8	0.7	0.8	0.8	0.7	0.2	0.3	0.2	1.6	1.6	1.5	3.7	3.9	3.5
Lilongwe Rural	0.4	0.4	0.4	0.7	0.8	0.7	0.3	0.4	0.3	0.2	0.3	0.2	0.9	0.9	0.8	2.5	2.7	2.4
Mchinji	0.4	0.5	0.4	0.8	0.8	0.7	0.4	0.4	0.3	0.2	0.2	0.2	1.4	1.5	1.3	3.1	3.4	2.9
Dedza	0.4	0.4	0.4	0.5	0.5	0.4	0.3	0.3	0.2	0.2	0.3	0.2	0.6	0.6	0.5	1.9	2.0	1.7
Ntcheu	0.3	0.3	0.3	0.3	0.3	0.3	0.5	0.5	0.4	0.2	0.3	0.2	0.5	0.6	0.5	1.8	2.0	1.6
Lilongwe City	0.4	0.4	0.4	0.4	0.4	0.4	0.3	0.3	0.3	0.2	0.2	0.2	0.4	0.5	0.4	1.7	1.8	1.6
Mangochi	0.3	0.3	0.3	0.4	0.4	0.4	0.3	0.3	0.3	0.2	0.2	0.1	0.7	0.7	0.6	1.8	2.0	1.7
Machinga	0.4	0.5	0.4	0.6	0.6	0.6	0.3	0.4	0.3	0.2	0.3	0.2	0.6	0.7	0.6	2.2	2.4	2.1
Zomba	0.2	0.2	0.2	0.4	0.4	0.4	0.2	0.2	0.2	0.2	0.2	0.1	0.4	0.4	0.4	1.4	1.5	1.2
Chiradzulu	0.6	0.6	0.6	1.1	1.1	1.1	0.4	0.5	0.4	0.4	0.4	0.3	1.0	1.0	0.9	3.4	3.6	3.2
Blantyre Rural	0.4	0.4	0.4	0.6	0.7	0.6	0.4	0.4	0.4	0.3	0.4	0.3	0.6	0.7	0.5	2.3	2.4	2.1
Mwanza	0.4	0.4	0.3	0.9	0.9	0.9	0.3	0.3	0.3	0.3	0.4	0.3	0.6	0.7	0.6	2.5	2.7	2.4

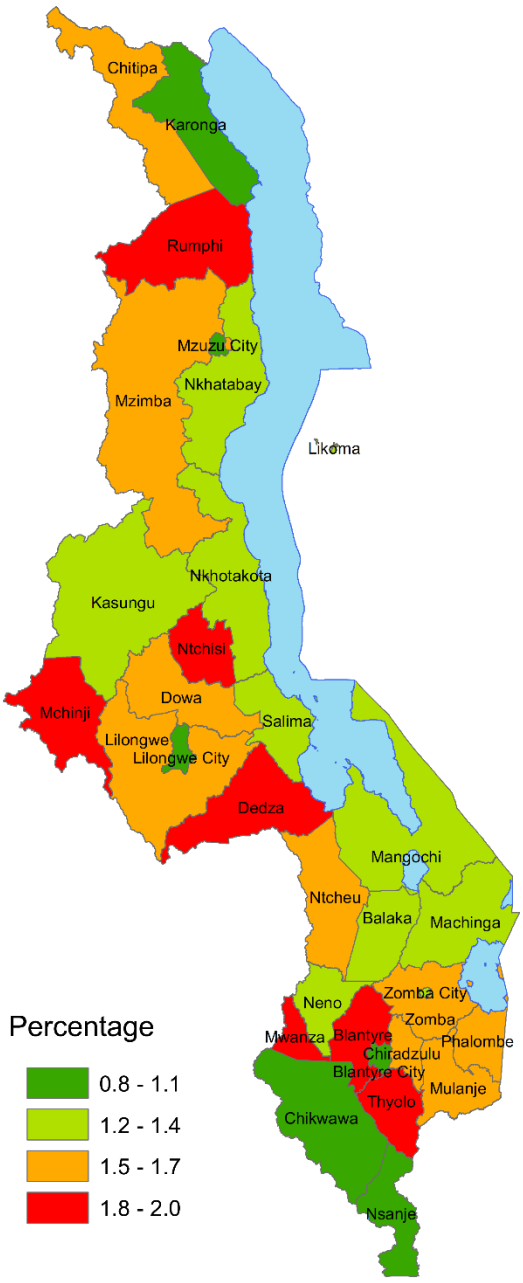
Thyolo	0.5	0.5	0.5	0.7	0.7	0.7	0.3	0.4	0.3	0.2	0.3	0.2	0.8	0.8	0.7	2.5	2.7	2.4
Mulanje	0.2	0.2	0.2	0.4	0.4	0.4	0.3	0.3	0.2	0.2	0.2	0.2	0.4	0.4	0.3	1.4	1.5	1.3
Phalombe	0.6	0.6	0.5	0.4	0.4	0.4	0.3	0.3	0.3	0.2	0.2	0.2	0.4	0.5	0.4	1.9	2.0	1.8
Chikwawa	0.3	0.3	0.3	0.5	0.5	0.4	0.4	0.4	0.3	0.2	0.3	0.2	0.8	0.9	0.7	2.1	2.4	1.9
Nsanje	0.3	0.3	0.3	0.4	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.1	0.5	0.5	0.4	1.4	1.5	1.3
Balaka	0.4	0.4	0.3	0.5	0.5	0.5	0.4	0.4	0.3	0.3	0.4	0.2	0.6	0.7	0.5	2.1	2.3	1.8
Neno	0.4	0.4	0.3	0.7	0.8	0.7	0.4	0.4	0.4	0.3	0.5	0.2	0.9	0.9	0.9	2.6	2.8	2.4
Zomba City	0.3	0.2	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.2	0.2	0.1	0.4	0.4	0.4	1.6	1.6	1.6
Blantyre City	0.3	0.3	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.1	0.4	0.4	0.3	1.3	1.4	1.2

Annex 3a: Prevalence walking difficulties among children aged 0-17 (MPHC, 2018)

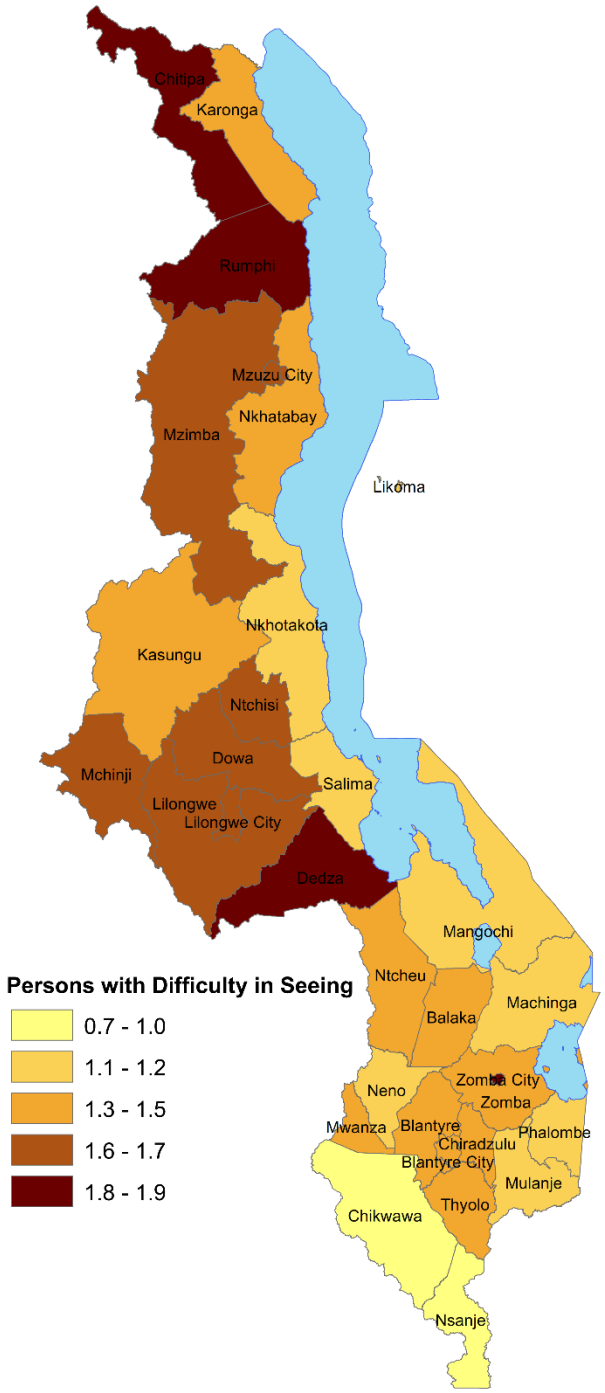


Annex 3b: Prevalence of hearing difficulties (MPHC, 2018)

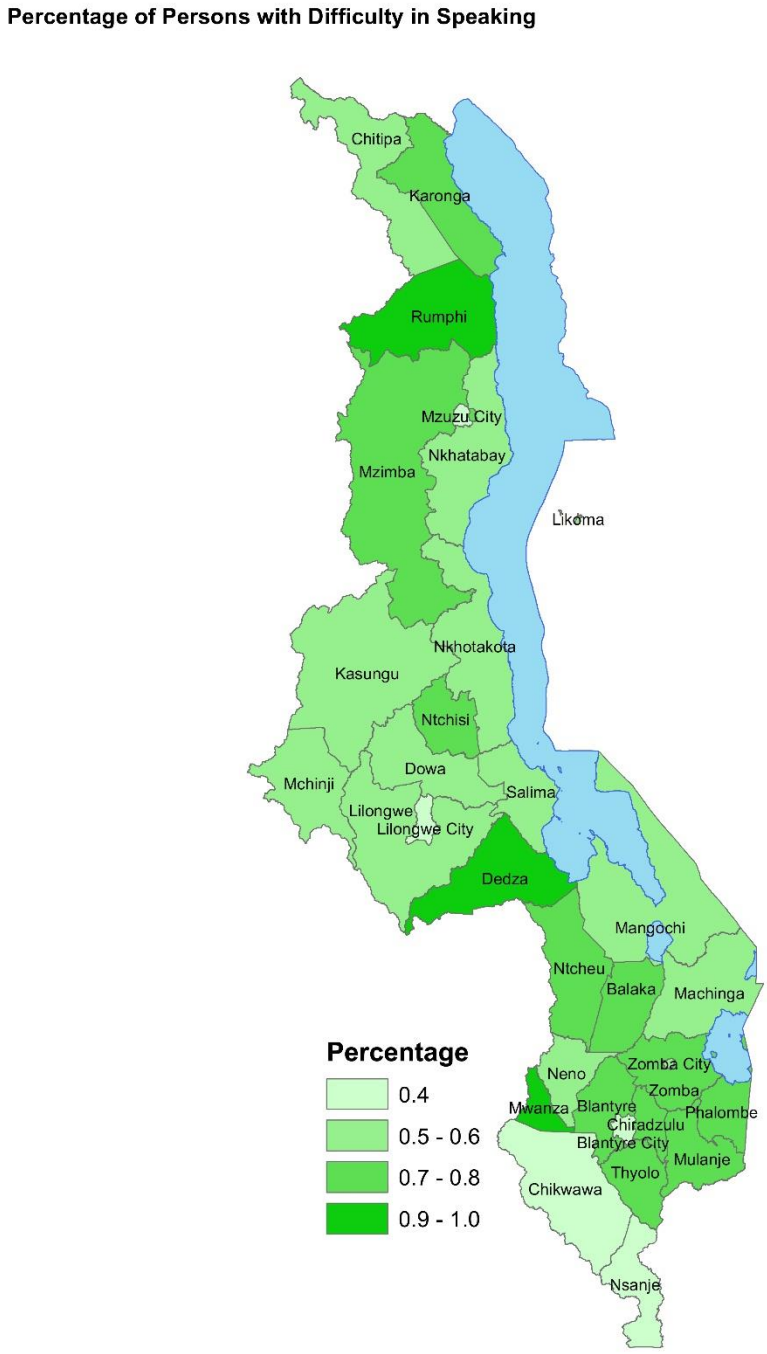
Percentage of Persons with Difficulty in Hearing



Annex 3c: Prevalence of seeing difficulties (MPHC, 2018)



Annex 3d: Prevalence of speaking difficulties (MPHC, 2018)



Annex 4a: Access to services by persons with disabilities

Type of services	Aware of services			Needed services			Received services			Level of satisfaction with services received						
										Very satisfied with services	Satisfied with services	Neutral	Somewhat satisfied	Very dissatisfied	Don't Know	Total
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total							
Medical rehabilitation (e.g. sign language, occupational therapy, speech and hearing therapy)	39.1	39.9	39.5	26.0	23.8	24.9	13.2	13.1	13.2	24.8	40.3	13.1	11.1	9.2	1.5	100.0
Assistive device service (sign language interpreter, wheel chair, hearing/visual aids, braille)	44.2	48.1	46.1	24.5	22.3	23.5	3.3	3.3	3.3	40.0	30.9	7.3	7.3	12.7	1.8	100.0
Educational services (remedial therapist, special school, early childhood stimulation, regular school)	45.7	49.9	47.7	35.2	34.3	34.8	16.9	18.2	17.5	27.5	39.2	22.7	4.4	5.1	1.1	100.0
Vocational training (e.g. employment skills training)	33.6	35.5	34.5	17.1	14.0	15.6	0.9	0.7	0.8	37.5	37.5	6.3	0.0	12.5	6.3	100.0
Counselling for persons with disabilities (e.g. psychologist, psychiatrist, social worker, school counsellor)	28.2	32.2	30.1	18.9	21.0	19.9	9.4	10.2	9.8	30.2	39.0	20.1	5.0	3.8	1.9	100.0
Counselling for parent/family	38.4	41.0	39.6	31.0	32.7	31.8	26.6	29.6	28.0	45.2	38.1	12.3	2.3	2.1	0.0	100.0
Welfare services (e.g. social welfare, disability grant)	40.8	46.8	43.6	32.1	33.0	32.6	5.2	8.7	6.8	32.7	43.6	18.2	2.7	2.7	0.0	100.0
Health services e.g. at a primary health care clinic, hospital, home health care services)	79.4	84.3	81.7	75.2	82.4	78.6	70.2	77.9	73.8	28.1	46.6	15.5	6.8	2.9	0.1	100.0
Health information (e.g. from media, at schools, clinics, hospitals)	63.9	67.0	65.4	52.7	58.6	55.5	46.2	52.5	49.2	28.3	45.1	19.8	4.1	2.4	0.4	100.0
Traditional healer	67.4	67.1	67.3	29.3	27.8	28.6	23.4	23.0	23.2	11.1	24.0	17.0	25.6	22.0	0.3	100.0
Faith healer	54.0	53.0	53.5	19.4	19.5	19.5	14.1	14.7	14.4	23.0	34.2	16.2	13.5	12.5	0.5	100.0
Legal advice	22.5	22.0	22.3	6.9	4.4	5.7	3.2	1.2	2.3	26.3	44.7	10.5	2.6	10.5	5.3	100.0

Annex 4b: Access to services by children without disabilities

Type of services	Aware of services	Needed services	Received services	Level of satisfaction with services received						
				Very satisfied with services	Satisfied with services	Neutral	Somewhat satisfied	Very dissatisfied	Don't Know	Total
Vocational training (e.g. employment skills training)	35.5	16.5	1.6	45.5	27.3	27.3	0.0	0.0	0.0	100.0
Counselling for parent/family	40.9	29.1	26.6	51.4	31.3	15.1	1.1	1.1	0.0	100.0
Welfare services (e.g. social welfare, disability grant)	40.7	23.1	2.8	57.9	31.6	5.3	5.3	0.0	0.0	100.0
Health services e.g. at a primary health care clinic, hospital, home health care services)	74.8	70.5	68.2	36.4	46.9	11.9	3.7	0.9	0.1	100.0
Health information (e.g. from media, at schools, clinics, hospitals)	60.7	51.5	47.2	35.8	46.2	16.4	1.3	0.3	0.0	100.0
Traditional healer	59.6	13.8	10.4	14.3	38.6	25.7	7.1	14.3	0.0	100.0
Faith healer	44.7	10.8	8.0	40.4	40.4	12.3	5.3	0.0	1.8	100.0
Legal advice	21.4	5.2	2.2	33.3	55.6	0.0	0.0	11.1	0.0	100.0

Annex 5a: Persons aged 5-17 years by district and educational level 2018 Census

District	Total						Male						Female					
	With Disability			Without Disability			With Disability			Without Disability			With Disability			Without Disability		
	Education level						Education level						Education level					
	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+
Total	4.8	89.9	5.3	3.2	90.6	6.2	5.0	90.8	4.2	8.3	86.5	5.2	4.6	88.9	6.5	8.3	85.3	6.4
Chitipa	7.9	87.6	4.5	4.9	88.9	6.2	8.2	87.7	4.1	12.1	83.0	4.9	7.7	87.4	4.9	12.1	81.4	6.5
Karonga	8	85.7	6.3	4.4	88.6	7	8.0	86.8	5.2	11.6	82.8	5.5	8.0	84.5	7.5	11.4	81.3	7.3
Nkhata Bay	6.2	88.5	5.2	3.8	89.3	6.9	6.8	88.5	4.7	9.2	84.9	5.9	5.6	88.6	5.9	9.2	83.7	7.1
Rumphi	6	88.3	5.8	3.2	88.5	8.4	6.1	89.4	4.5	8.9	84.2	6.9	5.9	87.0	7.2	9.0	82.3	8.7
Mzimba	4	91.1	4.9	2.5	91.4	6.2	3.8	92.6	3.6	6.0	89.2	4.8	4.3	89.5	6.2	6.0	87.1	6.9
Likoma	9.3	82.8	7.9	8.1	80.4	11.5	6.9	81.9	11.2	17.1	72.1	10.8	11.7	83.8	4.5	15.8	74.1	10.1
Mzuzu City	4.6	77.9	17.5	2.8	80.1	17.1	5.7	81.3	13.0	10.0	76.3	13.7	3.6	74.5	21.9	9.0	73.3	17.6
Kasungu	2.8	93.5	3.7	1.8	93.6	4.6	3.1	94.2	2.8	4.6	91.8	3.6	2.5	92.8	4.6	4.6	90.3	5.1
Nkhota Kota	3.4	92.2	4.3	3	92.3	4.7	3.3	92.9	3.8	6.5	89.3	4.2	3.6	91.5	4.9	6.7	88.5	4.9
Ntchisi	3.3	94.1	2.6	2.4	94.3	3.3	3.4	94.6	2.0	6.1	91.2	2.7	3.1	93.5	3.4	6.2	90.2	3.6
Dowa	4.2	92	3.7	2.8	92.8	4.5	4.4	92.4	3.1	6.8	89.6	3.6	4.1	91.6	4.3	6.8	88.4	4.8
Salima	4.2	92.5	3.2	2.9	92.9	4.2	4.2	93.6	2.2	7.0	89.5	3.5	4.3	91.4	4.4	7.2	88.4	4.4
Lilongwe Rural	4.5	91.9	3.7	3	92.9	4	4.6	92.4	3.0	7.4	89.2	3.4	4.3	91.3	4.4	7.4	88.3	4.2
Mchinji	4.8	90.9	4.3	3.5	92	4.6	5.1	91.6	3.3	8.8	87.3	3.8	4.4	90.2	5.4	8.7	86.7	4.7

Dedza	6	90.8	3.3	2.7	93.6	3.8	6.8	90.4	2.8	6.4	90.3	3.3	5.1	91.1	3.8	6.9	89.3	3.8
Ntcheu	3.1	92.1	4.9	2.3	91.6	6.1	3.1	93.3	3.5	5.6	89.2	5.2	3.0	90.7	6.3	5.7	87.9	6.4
Lilongwe City	4.5	80.3	15.2	3.5	82.3	14.2	5.0	83.7	11.3	12.2	76.2	11.6	4.0	76.9	19.1	11.4	74.7	13.9
Mangochi	6.1	90.1	3.9	4.3	92.3	3.5	6.3	90.7	3.0	10.3	86.9	2.9	5.8	89.4	4.8	10.4	86.1	3.5
Machinga	6	90.7	3.2	3.8	93	3.2	5.9	91.4	2.8	8.6	88.8	2.7	6.2	90.1	3.7	8.8	87.9	3.3
Zomba	7.4	88.5	4.1	4.9	90	5.1	7.6	89.1	3.3	12.1	83.7	4.2	7.1	87.9	5.0	12.1	82.8	5.1
Chiradzulu	5	90.4	4.6	3.2	90.9	5.9	5.2	90.9	3.9	8.5	86.5	5.0	4.9	89.8	5.3	8.8	85.2	6.0
Blantyre Rural	4.9	89	6.2	3.2	88.3	8.5	5.1	89.5	5.4	9.4	83.6	7.1	4.6	88.3	7.1	9.4	82.0	8.6
Mwanza	1.6	93.8	4.6	1.5	92.7	5.8	1.9	94.2	3.9	4.3	90.9	4.9	1.3	93.3	5.4	4.0	89.7	6.3
Thyolo	4.5	90.8	4.7	3	91.4	5.6	4.5	91.7	3.9	7.4	87.8	4.8	4.6	89.8	5.7	7.8	86.5	5.8
Mulanje	4.3	91.7	4.1	2.7	92.6	4.7	4.3	92.3	3.4	7.2	88.6	4.2	4.3	91.0	4.7	7.7	87.6	4.8
Phalombe	4.8	91.5	3.7	3.4	92.9	3.7	4.9	92.2	2.9	8.4	88.4	3.3	4.7	90.8	4.5	8.5	87.9	3.6
Chikwawa	4.9	90.7	4.4	3	91.9	5	4.8	91.4	3.8	6.7	88.8	4.4	5.1	90.0	4.9	7.0	87.9	5.1
Nsanje	5.7	90.8	3.5	3.6	92	4.4	5.7	91.4	2.9	8.4	87.5	4.0	5.7	90.1	4.1	8.8	87.0	4.3
Balaka	3.3	91.4	5.3	2.2	92.3	5.5	3.2	92.2	4.6	5.8	89.5	4.7	3.4	90.5	6.1	6.1	88.1	5.9
Neno	3	92	5	1.9	91.9	6.1	3.3	92.0	4.7	4.9	89.7	5.4	2.7	91.8	5.5	5.0	88.6	6.4
Zomba City	3.7	80.7	15.7	3.2	80	16.8	4.4	83.0	12.6	12.7	73.9	13.5	3.1	78.5	18.4	11.1	72.4	16.5
Blantyre City	4.9	78.6	16.5	3.8	79.3	16.9	5.3	82.3	12.4	12.3	73.9	13.8	4.5	74.7	20.8	11.5	71.9	16.6

Annex 5b: Persons aged 5-17 years by educational level and age 2018MPHC

District	Age group	Total						Male						Female					
		With Disability			Without Disability			With Disability			Without Disability			With Disability			Without Disability		
		Education level			Education level			Education level			Education level			Education level			Education level		
		None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+
Total	Total	4.8	89.9	5.3	3.2	90.6	6.2	5.0	90.8	4.2	3.3	91.2	5.5	4.6	88.9	6.5	3.1	90.0	6.8
	5-9	11.5	88.5	0.0	8.3	91.7	0.0	11.7	88.3	0.0	8.5	91.5	0.0	11.3	88.7	0.0	8.0	92.0	0.0
	10-14	.5	97.1	2.4	.2	96.9	2.9	.5	97.7	1.7	.2	97.4	2.4	.4	96.4	3.1	.2	96.4	3.5
	15-17	.3	77.7	22.0	.1	74.9	25.0	.3	81.6	18.1	.1	77.6	22.3	.3	73.7	26.0	.1	72.2	27.7
Chitipa	Total	7.9	87.6	4.5	4.9	88.9	6.2	8.2	87.7	4.1	5.0	89.7	5.3	7.7	87.4	4.9	4.9	88.0	7.1
	5-9	17.3	82.7	0.0	12.8	87.2	0.0	17.8	82.2	0.0	13.0	87.0	0.0	16.7	83.3	0.0	12.6	87.4	0.0
	10-14	.4	97.9	1.7	.2	97.5	2.4	.2	98.1	1.7	.2	97.9	1.9	.6	97.6	1.8	.1	97.1	2.8
	15-17	.2	77.2	22.6	.1	73.3	26.6	.4	78.9	20.7	.1	77.1	22.7	0.0	75.5	24.5	.1	69.4	30.5
Karonga	Total	8.0	85.7	6.3	4.4	88.6	7.0	8.0	86.8	5.2	4.5	89.4	6.0	8.0	84.5	7.5	4.2	87.8	8.0
	5-9	18.3	81.7	0.0	11.6	88.4	0.0	18.2	81.8	0.0	12.0	88.0	0.0	18.3	81.7	0.0	11.1	88.9	0.0
	10-14	.7	96.6	2.7	.2	96.8	3.0	1.0	97.0	2.1	.2	97.5	2.2	.5	96.2	3.4	.1	96.1	3.7
	15-17	.3	73.8	26.0	.1	71.1	28.9	.3	77.9	21.8	.1	75.0	24.9	.3	69.2	30.5	.1	67.2	32.8
Nkhata Bay	Total	6.2	88.5	5.2	3.8	89.3	6.9	6.8	88.5	4.7	3.8	89.9	6.3	5.6	88.6	5.9	3.7	88.7	7.5
	5-9	14.2	85.8	0.0	10.7	89.3	0.0	15.2	84.8	0.0	11.0	89.0	0.0	12.9	87.1	0.0	10.4	89.6	0.0
	10-14	.6	97.5	1.9	.2	97.3	2.5	.6	97.9	1.5	.2	97.7	2.1	.6	97.0	2.4	.2	96.9	2.9
	15-17	.2	75.5	24.2	.1	72.7	27.2	.3	77.4	22.3	.1	75.3	24.6	.2	73.3	26.5	.1	70.1	29.9
Rumphi	Total	6.0	88.3	5.8	3.2	88.5	8.4	6.1	89.4	4.5	3.2	89.4	7.4	5.9	87.0	7.2	3.2	87.5	9.3
	5-9	12.8	87.2	0.0	8.7	91.3	0.0	13.1	86.9	0.0	8.9	91.1	0.0	12.5	87.5	0.0	8.6	91.4	0.0
	10-14	.2	97.0	2.8	.1	96.3	3.5	.2	97.8	2.0	.1	97.2	2.7	.1	96.2	3.7	.1	95.5	4.3
	15-17	.1	72.9	27.0	.0	66.8	33.2	0.0	78.3	21.7	.0	70.6	29.4	.3	67.0	32.7	.0	62.8	37.1
Mzimba	Total	4.0	91.1	4.9	2.5	91.4	6.2	3.8	92.6	3.6	2.5	92.5	5.0	4.3	89.5	6.2	2.4	90.4	7.2
	5-9	9.5	90.5	0.0	6.4	93.6	0.0	8.9	91.1	0.0	6.6	93.4	0.0	10.1	89.9	0.0	6.2	93.8	0.0
	10-14	.5	97.5	2.0	.2	97.4	2.5	.4	98.2	1.4	.2	98.0	1.8	.6	96.8	2.6	.2	96.7	3.1

	15-17	.6	79.0	20.4	.3	74.5	25.2	.5	84.1	15.4	.2	79.0	20.8	.6	73.8	25.5	.3	70.1	29.6
Likoma	Total	9.3	82.8	7.9	8.1	80.4	11.5	6.9	81.9	11.2	8.7	79.4	11.9	11.7	83.8	4.5	7.5	81.4	11.1
	5-9	23.6	76.4	0.0	21.5	78.5	0.0	17.4	82.6	0.0	22.8	77.2	0.0	30.2	69.8	0.0	20.1	79.9	0.0
	10-14	0.0	98.7	1.3	.3	95.3	4.5	0.0	97.1	2.9	.1	95.5	4.4	0.0	100.0	0.0	.4	95.1	4.5
	15-17	0.0	72.6	27.4	0.0	54.9	45.1	0.0	65.7	34.3	0.0	55.6	44.4	0.0	81.5	18.5	0.0	54.1	45.9
Mzuzu City	Total	4.6	77.9	17.5	2.8	80.1	17.1	5.7	81.3	13.0	3.0	82.1	14.9	3.6	74.5	21.9	2.7	78.3	19.0
	5-9	12.1	87.9	0.0	7.7	92.3	0.0	13.5	86.5	0.0	7.9	92.1	0.0	10.4	89.6	0.0	7.6	92.4	0.0
	10-14	.9	89.6	9.5	.1	90.0	9.9	1.4	91.7	6.9	.1	91.7	8.2	.4	87.8	11.8	.1	88.4	11.5
	15-17	.4	42.2	57.4	.0	41.6	58.3	0.0	53.0	47.0	0.0	47.2	52.8	.8	33.1	66.2	.0	36.7	63.2
Kasungu	Total	2.8	93.5	3.7	1.8	93.6	4.6	3.1	94.2	2.8	1.9	94.3	3.8	2.5	92.8	4.6	1.8	92.9	5.3
	5-9	6.4	93.6	0.0	4.8	95.2	0.0	7.0	93.0	0.0	5.0	95.0	0.0	5.7	94.3	0.0	4.6	95.4	0.0
	10-14	.3	98.4	1.4	.2	98.2	1.7	.2	98.8	1.1	.2	98.6	1.2	.4	97.9	1.7	.1	97.8	2.1
	15-17	.1	83.4	16.5	.1	80.4	19.4	.1	87.6	12.3	.1	83.8	16.1	.1	78.8	21.1	.1	77.2	22.7
Nkhotakota	Total	3.4	92.2	4.3	3.0	92.3	4.7	3.3	92.9	3.8	2.9	92.7	4.4	3.6	91.5	4.9	3.0	91.9	5.1
	5-9	8.7	91.3	0.0	7.8	92.2	0.0	8.2	91.8	0.0	7.7	92.3	0.0	9.4	90.6	0.0	7.8	92.2	0.0
	10-14	.2	98.1	1.6	.2	98.0	1.8	.2	98.8	1.0	.2	98.3	1.4	.2	97.4	2.3	.2	97.7	2.1
	15-17	.3	82.0	17.7	.1	80.0	19.8	.5	82.9	16.6	.1	81.5	18.4	.2	81.0	18.9	.1	78.6	21.3
Ntchisi	Total	3.3	94.1	2.6	2.4	94.3	3.3	3.4	94.6	2.0	2.5	94.7	2.8	3.1	93.5	3.4	2.4	93.9	3.8
	5-9	7.8	92.2	0.0	6.3	93.7	0.0	8.0	92.0	0.0	6.5	93.5	0.0	7.5	92.5	0.0	6.2	93.8	0.0
	10-14	.2	98.8	1.0	.2	98.6	1.2	.3	99.1	.6	.2	98.9	.9	.1	98.4	1.4	.1	98.4	1.5
	15-17	.1	88.0	11.8	.1	85.4	14.6	.3	90.6	9.1	.1	87.5	12.5	0.0	85.3	14.7	.0	83.4	16.6
Dowa	Total	4.2	92.0	3.7	2.8	92.8	4.5	4.4	92.4	3.1	2.9	93.3	3.8	4.1	91.6	4.3	2.7	92.2	5.1
	5-9	10.1	89.9	0.0	7.4	92.6	0.0	10.2	89.8	0.0	7.7	92.3	0.0	9.9	90.1	0.0	7.2	92.8	0.0
	10-14	.4	98.3	1.3	.2	98.2	1.6	.5	98.5	1.0	.2	98.6	1.2	.3	98.1	1.6	.1	97.8	2.0
	15-17	.3	83.2	16.5	.1	80.9	19.0	.3	85.4	14.3	.1	83.6	16.2	.3	80.9	18.7	.1	78.3	21.7
Salima	Total	4.2	92.5	3.2	2.9	92.9	4.2	4.2	93.6	2.2	2.9	93.4	3.7	4.3	91.4	4.4	2.9	92.4	4.7
	5-9	9.3	90.7	0.0	6.9	93.1	0.0	9.4	90.6	0.0	7.1	92.9	0.0	9.2	90.8	0.0	6.8	93.2	0.0

	10-14	.6	98.3	1.1	.6	97.5	1.8	.4	99.0	.6	.6	97.9	1.4	.7	97.6	1.7	.6	97.2	2.2
	15-17	.6	84.0	15.4	.4	81.8	17.7	.6	87.8	11.6	.4	84.1	15.5	.7	80.4	18.9	.4	79.6	20.0
Lilongwe Rural	Total	4.5	91.9	3.7	3.0	92.9	4.0	4.6	92.4	3.0	3.1	93.3	3.6	4.3	91.3	4.4	3.0	92.6	4.5
	5-9	11.1	88.9	0.0	7.8	92.2	0.0	11.4	88.6	0.0	8.1	91.9	0.0	10.8	89.2	0.0	7.6	92.4	0.0
	10-14	.4	98.5	1.1	.3	98.2	1.6	.4	98.9	.7	.3	98.5	1.2	.4	98.1	1.5	.2	97.9	1.9
	15-17	.2	83.7	16.1	.1	82.4	17.5	.2	86.1	13.7	.1	84.3	15.6	.3	81.3	18.5	.1	80.5	19.4
Mchinji	Total	4.8	90.9	4.3	3.5	92.0	4.6	5.1	91.6	3.3	3.6	92.3	4.1	4.4	90.2	5.4	3.4	91.6	5.0
	5-9	11.2	88.8	0.0	8.5	91.5	0.0	11.6	88.4	0.0	8.9	91.1	0.0	10.8	89.2	0.0	8.2	91.8	0.0
	10-14	.7	97.8	1.6	.4	97.8	1.8	1.0	97.9	1.1	.4	98.2	1.4	.3	97.6	2.0	.4	97.3	2.2
	15-17	.5	81.3	18.2	.2	79.6	20.2	.5	85.5	14.0	.2	81.6	18.1	.4	77.2	22.4	.1	77.6	22.3
Dedza	Total	6.0	90.8	3.3	2.7	93.6	3.8	6.8	90.4	2.8	2.6	93.9	3.5	5.1	91.1	3.8	2.7	93.3	4.0
	5-9	13.7	86.3	0.0	6.9	93.1	0.0	15.5	84.5	0.0	6.9	93.1	0.0	11.7	88.3	0.0	6.9	93.1	0.0
	10-14	.8	98.1	1.1	.3	98.3	1.4	.9	98.3	.7	.3	98.5	1.2	.7	97.9	1.4	.3	98.2	1.6
	15-17	.7	84.4	14.8	.3	83.6	16.1	.8	86.0	13.2	.3	85.0	14.7	.7	82.8	16.5	.3	82.2	17.4
Ntcheu	Total	3.1	92.1	4.9	2.3	91.6	6.1	3.1	93.3	3.5	2.3	92.2	5.5	3.0	90.7	6.3	2.2	91.1	6.7
	5-9	7.6	92.4	0.0	6.1	93.9	0.0	7.6	92.4	0.0	6.3	93.7	0.0	7.7	92.3	0.0	6.0	94.0	0.0
	10-14	.4	97.6	2.0	.2	97.2	2.6	.4	98.3	1.2	.2	97.6	2.2	.4	96.9	2.7	.1	96.8	3.1
	15-17	.2	79.8	20.1	.1	76.0	23.9	.1	84.5	15.4	.1	78.5	21.3	.2	74.9	24.8	.1	73.5	26.5
Lilongwe City	Total	4.5	80.3	15.2	3.5	82.3	14.2	5.0	83.7	11.3	3.7	83.4	12.9	4.0	76.9	19.1	3.2	81.4	15.4
	5-9	12.2	87.8	0.0	8.8	91.2	0.0	12.4	87.6	0.0	9.4	90.6	0.0	12.0	88.0	0.0	8.3	91.7	0.0
	10-14	.3	90.5	9.2	.1	90.3	9.6	.5	93.1	6.3	.2	91.7	8.2	.1	88.1	11.8	.1	89.1	10.8
	15-17	.1	51.5	48.4	.1	50.2	49.7	.1	60.0	39.9	.1	54.2	45.8	.1	44.1	55.8	.0	46.5	53.4
Mangochi	Total	6.1	90.1	3.9	4.3	92.3	3.5	6.3	90.7	3.0	4.3	92.6	3.1	5.8	89.4	4.8	4.2	92.0	3.8
	5-9	13.9	86.1	0.0	10.4	89.6	0.0	14.1	85.9	0.0	10.6	89.4	0.0	13.8	86.2	0.0	10.2	89.8	0.0
	10-14	.5	98.1	1.4	.3	98.2	1.5	.7	98.1	1.2	.3	98.5	1.2	.4	98.1	1.6	.3	98.0	1.8
	15-17	.3	82.0	17.8	.1	84.3	15.5	.3	86.0	13.8	.1	86.1	13.8	.3	78.0	21.8	.1	82.5	17.4
Machinga	Total	6.0	90.7	3.2	3.8	93.0	3.2	5.9	91.4	2.8	3.8	93.3	2.9	6.2	90.1	3.7	3.8	92.7	3.5

	5-9	13.6	86.4	0.0	9.4	90.6	0.0	13.1	86.9	0.0	9.5	90.5	0.0	14.1	85.9	0.0	9.2	90.8	0.0
	10-14	.6	98.1	1.3	.4	98.4	1.2	.5	98.6	.9	.4	98.7	.9	.8	97.6	1.7	.3	98.2	1.4
	15-17	.3	83.8	15.8	.2	85.0	14.8	.4	85.5	14.2	.2	86.7	13.1	.3	82.1	17.6	.2	83.3	16.5
Zomba	Total	7.4	88.5	4.1	4.9	90.0	5.1	7.6	89.1	3.3	5.1	90.4	4.5	7.1	87.9	5.0	4.8	89.6	5.6
	5-9	16.5	83.5	0.0	12.6	87.4	0.0	17.1	82.9	0.0	13.0	87.0	0.0	15.9	84.1	0.0	12.3	87.7	0.0
	10-14	.5	97.9	1.5	.2	97.8	2.0	.6	98.4	1.0	.2	98.1	1.7	.5	97.4	2.1	.1	97.5	2.3
	15-17	.3	80.6	19.2	.1	77.8	22.2	.2	83.9	15.9	.1	80.3	19.7	.3	77.1	22.6	.1	75.3	24.6
Chiradzulu	Total	5.0	90.4	4.6	3.2	90.9	5.9	5.2	90.9	3.9	3.2	91.5	5.3	4.9	89.8	5.3	3.3	90.3	6.4
	5-9	12.3	87.7	0.0	8.7	91.3	0.0	12.6	87.4	0.0	8.7	91.3	0.0	12.0	88.0	0.0	8.8	91.2	0.0
	10-14	.5	97.5	1.9	.1	97.6	2.3	.4	97.8	1.8	.1	98.1	1.8	.6	97.2	2.1	.1	97.1	2.8
	15-17	.2	81.1	18.7	.0	75.9	24.1	.3	83.8	15.9	.0	78.0	22.0	0.0	78.3	21.7	.1	73.8	26.2
Blantyre Rural	Total	4.9	89.0	6.2	3.2	88.3	8.5	5.1	89.5	5.4	3.3	89.0	7.6	4.6	88.3	7.1	3.1	87.6	9.3
	5-9	11.5	88.5	0.0	8.6	91.4	0.0	12.1	87.9	0.0	9.0	91.0	0.0	10.9	89.1	0.0	8.2	91.8	0.0
	10-14	.4	96.4	3.2	.2	95.5	4.4	.5	97.2	2.3	.2	96.3	3.5	.3	95.4	4.3	.2	94.6	5.2
	15-17	.1	73.8	26.1	.1	68.1	31.8	.1	76.9	23.0	.0	70.9	29.1	.1	70.0	29.9	.1	65.4	34.5
Mwanza	Total	1.6	93.8	4.6	1.5	92.7	5.8	1.9	94.2	3.9	1.6	93.3	5.0	1.3	93.3	5.4	1.4	92.1	6.5
	5-9	4.2	95.8	0.0	4.1	95.9	0.0	5.1	94.9	0.0	4.4	95.6	0.0	3.2	96.8	0.0	3.8	96.2	0.0
	10-14	.2	97.9	1.9	.1	97.0	2.9	.1	97.9	1.9	.2	97.5	2.3	.2	97.9	1.9	.1	96.5	3.4
	15-17	0.0	81.3	18.8	.1	77.7	22.3	0.0	85.2	14.8	.1	80.8	19.1	0.0	76.4	23.6	.1	74.5	25.5
Thyolo	Total	4.5	90.8	4.7	3.0	91.4	5.6	4.5	91.7	3.9	3.0	91.9	5.1	4.6	89.8	5.7	3.0	90.9	6.1
	5-9	11.3	88.7	0.0	8.1	91.9	0.0	11.0	89.0	0.0	8.1	91.9	0.0	11.7	88.3	0.0	8.0	92.0	0.0
	10-14	.4	97.6	2.0	.2	97.6	2.2	.4	98.1	1.5	.2	98.0	1.9	.4	97.0	2.6	.2	97.2	2.6
	15-17	.3	79.4	20.3	.1	76.9	23.1	.5	82.3	17.2	.1	78.9	21.0	.2	76.2	23.6	.1	74.8	25.1
Mulanje	Total	4.3	91.7	4.1	2.7	92.6	4.7	4.3	92.3	3.4	2.7	92.9	4.4	4.3	91.0	4.7	2.6	92.3	5.1
	5-9	10.7	89.3	0.0	7.3	92.7	0.0	10.5	89.5	0.0	7.5	92.5	0.0	10.9	89.1	0.0	7.1	92.9	0.0
	10-14	.3	97.9	1.7	.1	98.1	1.8	.3	98.3	1.4	.1	98.3	1.6	.3	97.6	2.2	.1	98.0	1.9
	15-17	.1	82.7	17.2	.0	79.9	20.0	.2	85.1	14.6	.0	81.6	18.4	0.0	80.0	20.0	.0	78.3	21.7

Phalombe	Total	4.8	91.5	3.7	3.4	92.9	3.7	4.9	92.2	2.9	3.5	93.0	3.5	4.7	90.8	4.5	3.3	92.8	3.8
	5-9	11.4	88.6	0.0	8.6	91.4	0.0	11.3	88.7	0.0	8.9	91.1	0.0	11.6	88.4	0.0	8.3	91.7	0.0
	10-14	.5	98.1	1.4	.2	98.4	1.4	.6	98.4	1.0	.2	98.6	1.2	.4	97.8	1.8	.2	98.2	1.6
	15-17	.2	83.8	16.0	.1	83.1	16.8	0.0	87.2	12.8	.1	84.1	15.8	.4	79.9	19.7	.1	82.0	17.9
Chikwawa	Total	4.9	90.7	4.4	3.0	91.9	5.0	4.8	91.4	3.8	3.0	92.4	4.7	5.1	90.0	4.9	3.1	91.5	5.4
	5-9	11.5	88.5	0.0	8.0	92.0	0.0	11.2	88.8	0.0	8.0	92.0	0.0	11.7	88.3	0.0	7.9	92.1	0.0
	10-14	.5	97.6	1.8	.3	97.8	1.9	.5	97.8	1.6	.3	98.2	1.5	.6	97.4	2.0	.3	97.5	2.3
	15-17	.7	79.8	19.5	.1	78.9	21.0	1.0	82.4	16.6	.1	80.7	19.2	.4	77.0	22.7	.1	77.0	22.9
Nsanje	Total	5.7	90.8	3.5	3.6	92.0	4.4	5.7	91.4	2.9	3.6	92.1	4.3	5.7	90.1	4.1	3.6	91.9	4.6
	5-9	12.8	87.2	0.0	8.9	91.1	0.0	12.8	87.2	0.0	9.1	90.9	0.0	12.8	87.2	0.0	8.8	91.2	0.0
	10-14	.5	98.3	1.2	.3	98.1	1.7	.6	98.3	1.1	.3	98.3	1.5	.3	98.3	1.3	.3	97.9	1.9
	15-17	.5	83.5	16.0	.1	80.4	19.5	.6	85.5	13.8	.1	81.6	18.3	.3	81.5	18.2	.1	79.2	20.7
Balaka	Total	3.3	91.4	5.3	2.2	92.3	5.5	3.2	92.2	4.6	2.3	92.9	4.9	3.4	90.5	6.1	2.2	91.7	6.2
	5-9	8.0	92.0	0.0	5.8	94.2	0.0	7.7	92.3	0.0	5.9	94.1	0.0	8.4	91.6	0.0	5.7	94.3	0.0
	10-14	.3	97.5	2.2	.1	97.6	2.3	.3	98.3	1.4	.2	98.1	1.8	.4	96.6	3.0	.1	97.1	2.7
	15-17	.2	77.6	22.1	.1	76.9	23.0	.4	79.1	20.5	.1	79.5	20.4	.1	76.0	23.9	.1	74.3	25.6
Neno	Total	3.0	92.0	5.0	1.9	91.9	6.1	3.3	92.0	4.7	1.9	92.5	5.6	2.7	91.8	5.5	1.9	91.4	6.7
	5-9	7.2	92.8	0.0	5.1	94.9	0.0	7.8	92.2	0.0	5.2	94.8	0.0	6.5	93.5	0.0	5.0	95.0	0.0
	10-14	.2	97.2	2.6	.2	97.2	2.6	.2	98.0	1.8	.2	97.8	2.0	.2	96.5	3.3	.2	96.7	3.1
	15-17	.2	80.0	19.8	.1	75.1	24.8	0.0	80.1	19.9	.1	77.1	22.7	.4	80.0	19.6	.0	73.1	26.9
Zomba City	Total	3.7	80.7	15.7	3.2	80.0	16.8	4.4	83.0	12.6	3.7	81.3	15.0	3.1	78.5	18.4	2.8	78.8	18.3
	5-9	10.8	89.2	0.0	8.6	91.4	0.0	11.9	88.1	0.0	9.6	90.4	0.0	9.6	90.4	0.0	7.7	92.3	0.0
	10-14	.2	89.9	9.8	.1	88.2	11.7	.3	90.8	9.0	.1	90.1	9.8	.2	89.2	10.6	.1	86.5	13.4
	15-17	.2	52.1	47.7	.0	46.0	53.9	0.0	60.6	39.4	.1	50.1	49.9	.4	45.0	54.6	0.0	42.3	57.7
Blantyre City	Total	4.9	78.6	16.5	3.8	79.3	16.9	5.3	82.3	12.4	4.0	80.7	15.3	4.5	74.7	20.8	3.5	78.1	18.4
	5-9	12.6	87.4	0.0	9.8	90.2	0.0	12.7	87.3	0.0	10.4	89.6	0.0	12.4	87.6	0.0	9.3	90.7	0.0
	10-14	.9	87.6	11.5	.1	88.0	11.8	1.1	90.3	8.6	.2	89.8	10.1	.6	84.7	14.6	.1	86.4	13.5

	15-17	.5	48.2	51.4	.0	43.7	56.3	.5	56.8	42.7	.0	47.9	52.1	.5	40.6	58.9	.0	39.8	60.2

Annex 6a: Persons aged 5-17 years by educational level attended 2008 Census

District	Total						Male						Female					
	With Disability			Without Disability			With Disability			Without Disability			With Disability			Without Disability		
	Education level						Education level						Education level					
	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+
Total	**4.4**	**92.6**	**3.0**	**4.4**	**91.7**	**3.9**	**4.4**	**92.9**	**2.6**	**4.3**	**92.0**	**3.6**	**4.3**	**92.2**	**3.5**	**4.4**	**91.4**	**4.2**
Chitipa	5.5	91.4	3.1	4.8	91.5	3.7	5.2	92.5	2.3	4.6	92.1	3.3	5.8	90.2	4.0	5.0	90.9	4.1
Karonga	5.5	90.8	3.7	6.2	90.2	3.6	4.9	92.9	2.2	6.2	90.7	3.1	6.1	88.6	5.2	6.2	89.7	4.1
Nkhata Bay	5.9	91.2	2.9	5.0	90.7	4.3	6.6	90.6	2.8	4.8	91.0	4.2	5.3	91.8	2.9	5.2	90.4	4.4
Rumphi	2.5	92.9	4.6	3.3	91.5	5.2	2.2	94.8	3.0	3.4	92.1	4.5	2.7	90.9	6.4	3.3	90.8	5.9
Mzimba	4.5	92.4	3.2	4.0	92.2	3.8	4.5	93.0	2.5	3.9	92.9	3.2	4.4	91.7	3.9	4.0	91.7	4.3
Likoma	7.3	84.3	8.4	6.9	87.5	5.5	6.7	83.7	9.6	6.5	88.3	5.2	8.0	85.1	6.9	7.3	86.8	5.9
Mzuzu City	4.4	82.0	13.6	4.6	82.5	12.9	5.0	82.4	12.5	4.5	84.0	11.4	3.7	81.5	14.8	4.7	81.1	14.3
Kasungu	3.9	94.2	1.9	3.6	93.6	2.8	4.3	93.9	1.8	3.6	93.9	2.6	3.5	94.5	2.0	3.7	93.3	3.0
Nkhota Kota	4.7	93.1	2.2	4.4	92.3	3.3	4.1	93.9	2.0	4.3	92.6	3.1	5.3	92.2	2.5	4.6	92.0	3.4
Ntchisi	5.4	91.9	2.7	5.9	92.0	2.1	5.9	92.0	2.1	5.9	92.2	1.9	4.7	91.8	3.5	5.9	91.8	2.3
Dowa	2.8	95.2	2.1	3.4	94.0	2.5	2.9	94.9	2.2	3.4	94.3	2.3	2.6	95.5	1.9	3.4	93.8	2.8
Salima	4.1	94.4	1.5	4.7	92.7	2.6	4.2	94.3	1.6	4.6	92.7	2.6	4.1	94.6	1.3	4.8	92.6	2.7
Lilongwe Rural	3.8	94.6	1.6	3.7	94.2	2.1	3.8	95.0	1.2	3.7	94.3	2.0	3.8	94.3	1.9	3.8	94.0	2.2
Mchinji	4.5	93.8	1.7	3.9	93.4	2.6	4.3	94.0	1.8	3.8	93.7	2.5	4.8	93.6	1.7	4.0	93.2	2.8
Dedza	4.1	94.4	1.6	4.2	93.8	2.0	3.7	94.7	1.6	4.2	93.9	1.9	4.4	93.9	1.6	4.2	93.6	2.2
Ntcheu	2.8	94.3	2.8	2.9	94.0	3.1	2.4	94.7	2.9	2.8	94.3	2.9	3.3	93.9	2.8	3.0	93.7	3.3
Lilongwe City	5.2	85.8	9.0	5.3	84.5	10.2	5.3	87.3	7.4	5.3	85.0	9.7	5.1	84.3	10.5	5.3	84.1	10.6
Mangochi	5.4	92.6	2.1	5.3	92.4	2.2	5.4	92.3	2.2	5.2	92.7	2.2	5.3	92.8	1.9	5.5	92.2	2.3
Machinga	4.5	94.2	1.3	4.7	92.8	2.5	4.9	94.0	1.1	4.6	92.9	2.5	4.1	94.5	1.5	4.8	92.7	2.5

Zomba	4.1	94.0	1.9	4.5	92.8	2.7	3.4	94.7	1.9	4.4	93.1	2.6	4.9	93.1	2.0	4.6	92.6	2.8
Chiradzulu	6.2	90.3	3.4	5.6	90.9	3.5	7.0	90.0	3.0	5.6	91.3	3.1	5.4	90.7	3.9	5.6	90.4	3.9
Blantyre Rural	5.8	91.0	3.2	5.8	89.8	4.5	6.0	90.9	3.1	5.8	90.1	4.1	5.6	91.1	3.3	5.8	89.4	4.8
Mwanza	4.0	93.7	2.3	3.5	92.8	3.6	4.0	94.4	1.6	3.6	92.9	3.5	4.0	92.9	3.1	3.5	92.7	3.8
Thyolo	4.1	93.2	2.7	4.0	93.0	3.0	4.5	92.8	2.6	3.9	93.3	2.8	3.7	93.5	2.8	4.1	92.7	3.2
Mulanje	4.6	93.6	1.8	4.3	92.9	2.8	4.5	93.4	2.1	4.3	93.1	2.6	4.8	93.8	1.4	4.3	92.7	2.9
Phalombe	3.9	93.8	2.2	4.0	94.0	2.0	4.0	94.0	2.0	4.1	94.0	1.9	3.8	93.7	2.5	4.0	93.9	2.1
Chikwawa	3.7	94.0	2.4	4.1	93.2	2.8	3.7	94.7	1.7	4.0	93.3	2.7	3.7	93.0	3.3	4.2	93.0	2.8
Nsanje	3.8	93.8	2.4	3.2	94.0	2.8	3.1	94.1	2.9	3.2	93.9	2.9	4.6	93.5	1.9	3.3	94.0	2.7
Balaka	3.5	94.1	2.5	3.3	93.0	3.7	2.9	95.1	2.0	3.2	93.4	3.3	4.2	92.8	3.0	3.4	92.5	4.0
Neno	6.2	91.4	2.4	4.7	91.7	3.7	7.5	90.5	2.0	4.8	91.6	3.7	4.8	92.4	2.8	4.5	91.8	3.7
Zomba City	3.2	87.2	9.6	5.5	81.8	12.8	3.9	88.7	7.4	5.7	82.1	12.3	2.6	85.8	11.6	5.3	81.5	13.2
Blantyre City	5.2	84.2	10.6	5.2	82.7	12.1	5.7	85.8	8.5	5.2	83.6	11.2	4.7	82.5	12.9	5.2	82.0	12.9

Annex 6b: Educational level by age group and district 2008 MPHC

District	Age group	Total						Male						Female					
		With Disability			Without Disability			With Disability			Without Disability			With Disability			Without Disability		
		Education level			Education level			Education level			Education level			Education level			Education level		
		None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+
Total	Total	4.4	92.6	3.0	4.4	91.7	3.9	4.4	92.9	2.6	4.3	92.0	3.6	4.3	92.2	3.5	4.4	91.4	4.2
	5-9	10.4	89.6	0.0	10.3	89.7	0.0	10.4	89.6	0.0	10.3	89.7	0.0	10.2	89.8	0.0	10.4	89.6	0.0
	10-14	0.8	98.3	0.9	0.5	98.2	1.3	0.9	98.5	0.7	0.5	98.4	1.1	.8	98.1	1.0	.5	98.1	1.5
	15-17	0.5	85.7	13.7	0.3	81.7	18.0	0.5	87.5	11.9	0.3	83.3	16.4	.5	83.7	15.8	.3	80.2	19.5
Chitipa	Total	5.5	91.4	3.1	4.8	91.5	3.7	5.2	92.5	2.3	4.6	92.1	3.3	5.8	90.2	4.0	5.0	90.9	4.1
	5-9	13.4	86.6	0.0	11.4	88.6	0.0	12.4	87.6	0.0	11.1	88.9	0.0	14.5	85.5	0.0	11.7	88.3	0.0
	10-14	0.6	98.8	0.6	0.3	98.6	1.0	0.9	98.5	0.6	0.3	99.0	0.7	.3	99.2	.5	.4	98.3	1.3
	15-17	0.5	85.7	13.8	0.2	82.5	17.4	0.5	89.2	10.4	0.2	84.1	15.7	.5	82.1	17.4	.1	80.9	19.0
Karonga	Total	5.5	90.8	3.7	6.2	90.2	3.6	4.9	92.9	2.2	6.2	90.7	3.1	6.1	88.6	5.2	6.2	89.7	4.1
	5-9	13.0	87.0	0.0	13.8	86.2	0.0	11.3	88.7	0.0	13.7	86.3	0.0	14.7	85.3	0.0	13.8	86.2	0.0
	10-14	0.7	98.0	1.3	0.6	98.3	1.1	0.6	98.7	0.6	0.6	98.6	0.8	.8	97.1	2.0	.6	98.1	1.3
	15-17	0.5	83.6	15.9	0.4	81.9	17.7	1.0	89.0	10.0	0.5	84.1	15.4	0.0	78.2	21.8	.3	79.7	19.9
Nkhata Bay	Total	6.0	91.2	2.9	5.0	90.7	4.3	6.6	90.6	2.8	4.8	90.9	4.2	5.3	91.8	2.9	5.2	90.4	4.4
	5-9	14.7	85.3	0.0	12.3	87.7	0.0	16.5	83.5	0.0	11.7	88.3	0.0	12.6	87.4	0.0	12.8	87.2	0.0
	10-14	0.5	99.0	0.6	0.3	98.4	1.3	0.2	99.3	0.5	0.3	98.4	1.3	.8	98.6	.6	.4	98.3	1.4
	15-17	0.4	86.8	12.8	0.3	80.5	19.1	0.0	87.2	12.8	0.4	80.9	18.7	.8	86.3	12.9	.3	80.1	19.6
Rumphi	Total	2.5	92.9	4.6	3.4	91.4	5.2	2.2	94.8	3.0	3.4	92.1	4.5	2.7	90.9	6.4	3.3	90.8	5.9
	5-9	6.7	93.3	0.0	7.8	92.2	0.0	6.1	93.9	0.0	7.8	92.2	0.0	7.5	92.5	0.0	7.7	92.3	0.0
	10-14	0.1	99.3	0.5	0.3	98.0	1.8	0.0	99.2	0.8	0.3	98.5	1.3	.3	99.4	.3	.3	97.5	2.2
	15-17	0.0	80.0	20.0	0.2	75.9	23.9	0.0	87.0	13.0	0.1	78.8	21.1	0.0	73.6	26.4	.2	73.1	26.6
Mzimba	Total	4.5	92.4	3.2	4.0	92.2	3.8	4.5	93.0	2.5	3.9	92.9	3.2	4.4	91.7	3.9	4.0	91.7	4.3

	5-9	9.4	90.6	0.0	9.2	90.8	0.0	9.6	90.4	0.0	9.2	90.8	0.0	9.1	90.9	0.0	9.2	90.8	0.0
	10-14	1.9	97.5	0.6	0.5	98.5	1.0	2.0	97.5	0.5	0.5	98.7	0.7	1.8	97.5	.6	.5	98.2	1.3
	15-17	0.7	84.7	14.6	0.4	82.2	17.4	0.6	88.5	10.9	0.3	84.7	14.9	.8	79.9	19.2	.4	79.7	19.9
Likoma	Total	7.3	84.3	8.4	6.9	87.5	5.5	6.7	83.7	9.6	6.5	88.3	5.2	8.0	85.1	6.9	7.3	86.8	5.9
	5-9	23.3	76.7	0.0	17.4	82.6	0.0	18.9	81.1	0.0	16.5	83.5	0.0	30.4	69.6	0.0	18.2	81.8	0.0
	10-14	0.0	98.8	1.2	0.2	98.3	1.5	0.0	97.5	2.5	0.2	98.4	1.4	0.0	100.0	0.0	.3	98.1	1.6
	15-17	0.0	66.7	33.3	0.0	76.4	23.6	0.0	66.7	33.3	0.0	77.9	22.1	0.0	66.7	33.3	0.0	74.9	25.1
Mzuzu City	Total	4.4	82.0	13.6	4.6	82.5	12.9	5.0	82.4	12.5	4.5	84.0	11.4	3.7	81.5	14.8	4.7	81.1	14.3
	5-9	10.1	89.9	0.0	11.0	89.0	0.0	11.2	88.8	0.0	10.7	89.3	0.0	8.7	91.3	0.0	11.3	88.7	0.0
	10-14	0.8	93.7	5.6	0.2	94.0	5.8	1.1	92.7	6.1	0.2	95.1	4.7	.4	94.6	5.0	.2	93.1	6.8
	15-17	2.0	50.0	48.0	0.1	47.2	52.7	1.8	56.6	41.6	0.1	51.0	48.9	2.2	41.9	55.9	.1	43.9	56.0
Kasungu	Total	3.9	94.2	1.9	3.6	93.6	2.8	4.3	93.9	1.8	3.6	93.9	2.6	3.5	94.5	2.0	3.7	93.3	3.0
	5-9	9.3	90.7	0.0	8.3	91.7	0.0	10.3	89.7	0.0	8.3	91.7	0.0	8.2	91.8	0.0	8.4	91.6	0.0
	10-14	0.4	98.7	0.9	0.5	98.6	0.9	0.4	99.0	0.6	0.5	98.7	0.8	.4	98.4	1.2	.5	98.6	1.0
	15-17	0.5	91.5	7.9	0.4	86.6	13.0	0.6	91.4	8.0	0.4	88.0	11.6	.5	91.6	7.9	.4	85.1	14.5
Nkhotakota	Total	4.7	93.1	2.2	4.4	92.3	3.3	4.1	93.9	2.0	4.3	92.6	3.1	5.3	92.2	2.5	4.6	92.0	3.4
	5-9	10.3	89.7	0.0	10.4	89.6	0.0	8.9	91.1	0.0	10.4	89.6	0.0	11.8	88.2	0.0	10.5	89.5	0.0
	10-14	1.2	97.7	1.1	0.5	98.6	0.9	1.4	97.9	0.8	0.5	98.8	0.7	1.0	97.5	1.5	.5	98.5	1.0
	15-17	0.5	90.3	9.3	0.3	84.2	15.5	0.8	90.8	8.3	0.2	85.1	14.7	0.0	89.5	10.5	.4	83.2	16.4
Ntchisi	Total	5.4	91.9	2.7	5.9	92.0	2.1	5.9	92.0	2.1	5.9	92.2	1.9	4.7	91.8	3.5	5.9	91.8	2.3
	5-9	13.6	86.4	0.0	14.4	85.6	0.0	14.8	85.2	0.0	14.6	85.4	0.0	12.1	87.9	0.0	14.1	85.9	0.0
	10-14	0.3	99.2	0.5	0.4	98.9	0.6	0.2	99.8	0.0	0.5	99.0	0.5	.4	98.5	1.0	.4	98.9	.7
	15-17	0.4	87.0	12.6	0.3	90.2	9.6	0.8	89.0	10.2	0.2	91.3	8.5	0.0	84.8	15.2	.4	89.0	10.6
Dowa	Total	2.8	95.2	2.1	3.4	94.0	2.5	2.9	94.9	2.2	3.4	94.3	2.3	2.6	95.5	1.9	3.4	93.8	2.8
	5-9	6.7	93.3	0.0	8.1	91.9	0.0	6.9	93.1	0.0	8.1	91.9	0.0	6.4	93.6	0.0	8.0	92.0	0.0
	10-14	0.4	99.2	0.5	0.6	98.8	0.6	0.5	99.0	0.5	0.5	98.9	0.6	.3	99.3	.4	.6	98.7	.7
	15-17	0.6	90.1	9.3	0.5	88.3	11.2	0.7	89.3	10.0	0.6	89.4	10.0	.5	90.9	8.7	.4	87.2	12.4
Salima	Total	4.1	94.4	1.5	4.7	92.7	2.6	4.2	94.3	1.6	4.6	92.7	2.6	4.1	94.6	1.3	4.8	92.6	2.7

	5-9	9.7	90.3	0.0	11.0	89.0	0.0	9.7	90.3	0.0	11.2	88.8	0.0	9.6	90.4	0.0	10.8	89.2	0.0
	10-14	1.0	98.7	0.3	0.6	98.4	0.9	0.9	98.9	0.1	0.5	98.6	0.9	1.0	98.5	.5	.7	98.3	1.0
	15-17	0.0	92.6	7.4	0.5	87.3	12.2	0.0	91.6	8.4	0.5	87.7	11.8	0.0	93.7	6.3	.4	86.9	12.6
Lilongwe Rural	Total	3.8	94.6	1.6	3.7	94.2	2.1	3.8	95.0	1.2	3.7	94.3	2.0	3.8	94.2	1.9	3.8	94.0	2.2
	5-9	8.6	91.4	0.0	8.8	91.2	0.0	8.9	91.1	0.0	8.8	91.2	0.0	8.3	91.7	0.0	8.9	91.1	0.0
	10-14	1.0	98.7	0.3	0.6	98.8	0.5	1.0	98.8	0.2	0.7	98.8	0.5	1.0	98.6	.4	.6	98.8	.6
	15-17	0.7	91.8	7.5	0.4	90.0	9.6	0.3	93.7	5.9	0.3	90.7	8.9	1.2	89.7	9.2	.4	89.2	10.4
Mchinji	Total	4.5	93.8	1.7	3.9	93.4	2.6	4.3	94.0	1.8	3.8	93.7	2.5	4.8	93.6	1.7	4.0	93.2	2.8
	5-9	10.9	89.1	0.0	9.3	90.7	0.0	10.3	89.7	0.0	9.3	90.7	0.0	11.6	88.4	0.0	9.2	90.8	0.0
	10-14	0.7	99.0	0.3	0.6	98.8	0.6	0.7	99.1	0.2	0.6	98.9	0.5	.8	98.8	.4	.6	98.8	.7
	15-17	0.6	91.3	8.1	0.4	87.6	12.0	0.6	91.0	8.4	0.4	88.7	10.9	.5	91.7	7.8	.4	86.4	13.2
Dedza	Total	4.1	94.4	1.6	4.2	93.8	2.0	3.7	94.7	1.6	4.2	93.9	1.9	4.4	93.9	1.6	4.2	93.6	2.2
	5-9	9.7	90.3	0.0	10.7	89.3	0.0	9.0	91.0	0.0	10.8	89.2	0.0	10.6	89.4	0.0	10.5	89.5	0.0
	10-14	0.9	98.8	0.3	0.5	99.0	0.5	0.8	98.8	0.4	0.5	99.1	0.4	1.1	98.8	.2	.5	98.8	.7
	15-17	0.7	91.9	7.5	0.2	90.5	9.2	0.7	92.1	7.3	0.2	91.1	8.7	.7	91.7	7.7	.3	89.9	9.8
Ntcheu	Total	2.8	94.3	2.8	2.9	94.0	3.1	2.4	94.7	2.9	2.8	94.3	2.9	3.3	93.9	2.8	3.0	93.7	3.3
	5-9	7.2	92.8	0.0	7.0	93.0	0.0	6.1	93.9	0.0	6.8	93.2	0.0	8.6	91.4	0.0	7.2	92.8	0.0
	10-14	0.7	98.7	0.6	0.3	98.8	0.9	0.7	99.0	0.3	0.3	99.0	0.7	.8	98.3	1.0	.3	98.6	1.0
	15-17	0.0	87.6	12.4	0.2	85.4	14.4	0.0	87.2	12.8	0.2	86.4	13.5	0.0	88.1	11.9	.2	84.5	15.3
Lilongwe City	Total	5.2	85.8	9.0	5.3	84.5	10.2	5.3	87.3	7.4	5.3	84.9	9.7	5.1	84.3	10.5	5.3	84.1	10.6
	5-9	12.6	87.4	0.0	12.4	87.6	0.0	11.8	88.2	0.0	12.3	87.7	0.0	13.5	86.5	0.0	12.4	87.6	0.0
	10-14	0.8	95.4	3.8	0.4	94.9	4.7	1.1	96.1	2.9	0.4	95.2	4.4	.5	94.7	4.7	.5	94.6	4.9
	15-17	0.9	64.9	34.2	0.3	57.8	41.9	1.6	68.1	30.3	0.2	59.7	40.0	.3	61.8	38.0	.3	56.1	43.6
Mangochi	Total	5.4	92.6	2.1	5.3	92.4	2.2	5.4	92.3	2.2	5.2	92.7	2.2	5.3	92.8	1.9	5.5	92.2	2.3
	5-9	12.9	87.1	0.0	12.6	87.4	0.0	13.4	86.6	0.0	12.3	87.7	0.0	12.4	87.6	0.0	12.8	87.2	0.0
	10-14	0.6	99.0	0.5	0.5	98.8	0.7	0.6	99.1	0.3	0.6	98.8	0.6	.6	98.8	.6	.5	98.8	.7
	15-17	0.1	89.5	10.4	0.3	88.6	11.1	0.0	89.1	10.9	0.3	89.3	10.3	.3	89.9	9.7	.3	87.8	11.9
Machinga	Total	4.5	94.2	1.3	4.7	92.8	2.5	4.9	94.0	1.1	4.6	92.9	2.5	4.1	94.5	1.5	4.8	92.7	2.5

	5-9	11.2	88.8	0.0	11.0	89.0	0.0	12.9	87.1	0.0	11.0	89.0	0.0	9.4	90.6	0.0	11.0	89.0	0.0
	10-14	0.5	99.3	0.2	0.5	98.8	0.7	0.3	99.6	0.1	0.5	98.9	0.7	.7	99.0	.3	.5	98.7	.8
	15-17	0.3	92.8	6.9	0.3	87.1	12.6	0.0	94.1	5.9	0.3	87.6	12.1	.8	91.3	8.0	.3	86.6	13.0
Zomba	Total	4.1	94.0	1.9	4.5	92.8	2.7	3.4	94.7	1.9	4.4	93.1	2.6	4.9	93.1	2.0	4.6	92.6	2.8
	5-9	10.5	89.5	0.0	10.7	89.3	0.0	8.8	91.3	0.0	10.6	89.4	0.0	12.3	87.7	0.0	10.8	89.2	0.0
	10-14	0.5	98.8	0.7	0.3	99.0	0.7	0.5	98.8	0.7	0.3	99.0	0.7	.4	98.8	.8	.3	99.0	.7
	15-17	0.0	91.6	8.4	0.2	86.2	13.6	0.0	92.1	7.9	0.2	87.5	12.4	0.0	90.9	9.1	.2	84.9	14.9
Chiradzulu	Total	6.2	90.3	3.4	5.6	90.9	3.5	7.0	90.0	3.0	5.6	91.3	3.1	5.4	90.7	3.9	5.6	90.4	3.9
	5-9	14.0	86.0	0.0	12.9	87.1	0.0	15.2	84.8	0.0	12.9	87.1	0.0	12.6	87.4	0.0	12.9	87.1	0.0
	10-14	0.4	98.7	0.9	0.5	98.4	1.1	0.6	98.8	0.6	0.6	98.6	0.8	.3	98.6	1.2	.4	98.2	1.4
	15-17	0.7	81.8	17.5	0.2	82.8	17.0	0.3	83.5	16.2	0.2	84.7	15.0	1.0	80.0	19.0	.1	80.9	19.0
Blantyre Rural	Total	5.8	91.0	3.2	5.8	89.8	4.5	6.0	90.9	3.1	5.8	90.1	4.1	5.6	91.1	3.3	5.8	89.4	4.8
	5-9	12.7	87.3	0.0	14.0	86.0	0.0	13.9	86.1	0.0	14.0	86.0	0.0	11.5	88.5	0.0	13.9	86.1	0.0
	10-14	1.5	97.3	1.2	0.4	98.1	1.5	1.2	97.7	1.0	0.4	98.3	1.3	1.8	96.9	1.4	.3	98.0	1.7
	15-17	0.4	84.9	14.7	0.2	79.2	20.6	0.0	85.7	14.3	0.2	81.1	18.7	.9	84.1	15.0	.2	77.2	22.6
Mwanza	Total	4.0	93.7	2.3	3.5	92.8	3.6	4.0	94.4	1.6	3.6	92.9	3.5	4.0	92.9	3.1	3.5	92.7	3.8
	5-9	8.8	91.2	0.0	9.0	91.0	0.0	9.4	90.6	0.0	9.0	91.0	0.0	8.1	91.9	0.0	8.9	91.1	0.0
	10-14	1.0	98.7	0.3	0.2	98.7	1.1	0.7	98.7	0.7	0.2	98.9	1.0	1.4	98.6	0.0	.2	98.5	1.3
	15-17	0.7	88.2	11.1	0.1	83.4	16.5	0.0	93.3	6.7	0.1	83.9	16.0	1.4	82.6	15.9	.0	83.0	17.0
Thyolo	Total	4.1	93.2	2.7	4.0	93.0	3.0	4.5	92.8	2.6	3.9	93.3	2.8	3.7	93.5	2.8	4.1	92.7	3.2
	5-9	9.5	90.5	0.0	9.2	90.8	0.0	10.3	89.7	0.0	9.1	90.9	0.0	8.7	91.3	0.0	9.3	90.7	0.0
	10-14	0.9	98.4	0.8	0.6	98.6	0.8	1.0	98.5	0.6	0.5	98.8	0.7	.8	98.3	1.0	.6	98.4	1.0
	15-17	0.5	86.9	12.6	0.4	84.7	15.0	1.0	86.9	12.0	0.4	85.9	13.8	0.0	86.9	13.1	.4	83.5	16.2
Mulanje	Total	4.6	93.6	1.8	4.3	92.9	2.8	4.5	93.4	2.1	4.3	93.1	2.6	4.8	93.7	1.4	4.3	92.7	2.9
	5-9	10.6	89.4	0.0	10.2	89.8	0.0	10.6	89.4	0.0	10.3	89.7	0.0	10.6	89.4	0.0	10.2	89.8	0.0
	10-14	0.6	98.4	1.0	0.2	99.0	0.8	0.4	98.4	1.2	0.3	99.0	0.7	.9	98.4	.7	.2	98.9	.9
	15-17	0.5	91.1	8.4	0.1	85.9	14.0	0.5	89.9	9.5	0.1	87.1	12.8	.6	92.4	7.1	.1	84.7	15.2
Phalombe	Total	3.9	93.8	2.2	4.1	94.0	2.0	4.0	94.0	2.0	4.1	94.0	1.9	3.8	93.7	2.5	4.0	93.9	2.1

	5-9	8.8	91.2	0.0	8.8	91.2	0.0	8.6	91.4	0.0	9.0	91.0	0.0	9.0	91.0	0.0	8.6	91.4	0.0
	10-14	0.7	98.8	0.5	0.5	98.9	0.6	1.1	98.7	0.3	0.6	98.9	0.5	.3	98.9	.8	.5	98.9	.6
	15-17	0.3	87.8	11.8	0.3	88.8	10.9	0.6	88.5	10.9	0.3	89.8	10.0	0.0	87.2	12.8	.3	87.8	11.9
Chikwawa	Total	3.7	94.0	2.4	4.1	93.2	2.8	3.7	94.7	1.7	4.0	93.3	2.7	3.7	93.0	3.3	4.2	93.0	2.8
	5-9	8.2	91.8	0.0	9.4	90.6	0.0	7.5	92.5	0.0	9.3	90.7	0.0	9.0	91.0	0.0	9.5	90.5	0.0
	10-14	1.1	98.6	0.3	0.7	98.7	0.6	1.5	98.1	0.4	0.7	98.7	0.6	.6	99.2	.2	.6	98.7	.7
	15-17	0.6	87.2	12.2	0.5	86.2	13.3	1.1	91.0	7.9	0.4	87.0	12.6	0.0	82.2	17.8	.6	85.3	14.2
Nsanje	Total	3.8	93.8	2.4	3.2	94.0	2.8	3.1	94.1	2.9	3.2	93.9	2.9	4.6	93.5	1.9	3.3	94.0	2.7
	5-9	9.0	91.0	0.0	7.9	92.1	0.0	7.1	92.9	0.0	8.0	92.0	0.0	11.3	88.7	0.0	7.8	92.2	0.0
	10-14	1.4	98.1	0.5	0.5	98.8	0.7	1.4	98.6	0.0	0.4	98.9	0.6	1.4	97.6	1.0	.5	98.7	.8
	15-17	0.0	89.0	11.0	0.2	86.9	12.8	0.0	87.6	12.4	0.3	86.9	12.7	0.0	91.4	8.6	.1	86.9	13.0
Balaka	Total	3.5	94.1	2.5	3.3	93.0	3.7	2.9	95.1	2.0	3.2	93.4	3.3	4.2	92.8	3.0	3.4	92.5	4.0
	5-9	8.4	91.6	0.0	8.1	91.9	0.0	7.0	93.0	0.0	7.9	92.1	0.0	9.9	90.1	0.0	8.3	91.7	0.0
	10-14	0.9	98.5	0.6	0.3	98.7	1.0	0.7	98.7	0.6	0.3	99.0	0.8	1.1	98.2	.7	.3	98.5	1.2
	15-17	0.0	87.9	12.1	0.2	82.3	17.5	0.0	90.3	9.7	0.2	83.9	15.9	0.0	85.1	14.9	.1	80.7	19.2
Neno	Total	6.2	91.4	2.4	4.7	91.7	3.7	7.5	90.4	2.0	4.8	91.6	3.7	4.8	92.4	2.8	4.5	91.8	3.7
	5-9	14.8	85.2	0.0	11.2	88.8	0.0	15.5	84.5	0.0	11.6	88.4	0.0	13.8	86.2	0.0	10.8	89.2	0.0
	10-14	0.9	98.3	0.7	0.5	98.7	0.8	2.0	97.1	1.0	0.5	98.7	0.7	0.0	99.5	.5	.5	98.6	.9
	15-17	1.7	86.9	11.4	0.5	81.5	18.0	3.2	88.4	8.4	0.5	81.8	17.7	0.0	85.2	14.8	.6	81.2	18.3
Zomba City	Total	3.2	87.2	9.6	5.5	81.7	12.8	3.9	88.7	7.4	5.7	82.0	12.3	2.6	85.8	11.6	5.3	81.5	13.2
	5-9	9.3	90.7	0.0	13.7	86.3	0.0	11.3	88.7	0.0	14.0	86.0	0.0	7.5	92.5	0.0	13.5	86.5	0.0
	10-14	0.0	95.1	4.9	0.2	94.0	5.8	0.0	100.0	0.0	0.2	94.7	5.1	0.0	90.9	9.1	.2	93.4	6.4
	15-17	0.0	67.6	32.4	0.2	51.2	48.6	0.0	69.4	30.6	0.3	52.4	47.3	0.0	66.0	34.0	.2	50.1	49.7
Blantyre City	Total	5.2	84.1	10.6	5.2	82.7	12.1	5.7	85.7	8.5	5.2	83.6	11.2	4.7	82.4	12.9	5.2	81.9	12.9
	5-9	12.4	87.6	0.0	12.5	87.5	0.0	12.4	87.6	0.0	12.4	87.6	0.0	12.4	87.6	0.0	12.6	87.4	0.0
	10-14	1.1	95.4	3.5	0.2	94.3	5.5	1.5	95.5	3.0	0.2	94.8	5.0	.8	95.2	3.9	.2	93.8	6.0
	15-17	1.1	58.8	40.1	0.1	52.5	47.3	0.9	66.6	32.5	0.1	55.1	44.8	1.3	50.8	48.0	.2	50.2	49.7

Annex 7: Highest education level attained for persons aged 5-17 years (2016 MDHS)

District	Total						Male						Female					
	With Disability			Without Disability			With Disability			Without Disability			With Disability			Without Disability		
	Education level						Education level						Education level					
	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+	None	Primary	Secondary+
Total	10.8	86.2	3.1	8.9	87.2	4.0	11.8	86.0	2.3	9.0	86.8	4.2	9.7	86.4	3.9	8.7	87.5	3.8
Chitipa	10.6	87.9	1.5	4.4	90.8	4.8	12.7	87.0	.3	2.5	92.8	4.7	8.2	88.9	2.9	6.3	88.9	4.9
Karonga	9.0	86.1	4.9	6.6	89.6	3.8	6.2	89.3	4.5	6.2	90.0	3.8	11.7	82.9	5.3	7.0	89.2	3.8
Nkhata Bay	8.9	87.4	3.7	8.2	88.0	3.8	7.8	87.6	4.6	8.0	88.3	3.7	10.3	87.3	2.5	8.3	87.7	4.0
Rumphi	9.2	82.1	8.8	4.5	89.1	6.4	7.7	86.5	5.9	4.5	89.0	6.5	10.8	77.3	11.9	4.4	89.3	6.3
Mzimba	12.8	83.8	3.4	11.0	86.1	2.9	13.5	84.4	2.2	11.3	85.6	3.1	12.2	83.2	4.6	10.7	86.5	2.8
Likoma	6.9	90.3	2.7	6.3	88.3	5.4	8.2	89.6	2.2	5.8	89.1	5.1	5.9	90.9	3.2	6.8	87.5	5.7
Mzuzu City	7.7	86.6	5.7	9.1	81.1	9.8	16.7	83.3	0.0	11.8	76.9	11.3	2.8	88.4	8.8	6.4	85.2	8.4
Kasungu	8.9	87.1	4.0	8.1	88.9	3.0	10.4	88.4	1.2	7.3	90.0	2.7	7.2	85.6	7.2	8.9	87.9	3.2
Nkhota Kota	13.9	83.3	2.8	10.3	85.7	4.0	13.1	82.5	4.3	10.5	85.7	3.8	14.9	84.3	.8	10.1	85.8	4.1
Ntchisi	11.7	86.3	2.0	11.9	86.3	1.9	12.2	86.4	1.4	13.3	85.0	1.7	11.2	86.3	2.5	10.4	87.5	2.1
Dowa	11.6	86.5	2.0	8.7	88.8	2.5	16.3	80.7	3.0	8.0	88.8	3.2	7.1	91.9	1.0	9.4	88.8	1.8
Salima	15.9	81.8	2.3	15.8	82.8	1.3	12.3	85.1	2.6	15.3	83.1	1.6	20.2	77.8	2.0	16.4	82.5	1.1
Lilongwe Rural	9.4	90.2	.5	6.5	91.1	2.4	13.7	86.3	0.0	6.3	92.1	1.7	5.4	93.8	.9	6.8	90.1	3.1
Mchinji	9.8	87.8	2.4	6.3	91.8	1.9	10.2	86.3	3.5	7.3	90.5	2.2	9.4	89.3	1.4	5.3	93.1	1.6
Dedza	11.4	87.3	1.3	10.1	88.8	1.1	12.7	85.6	1.7	11.1	87.6	1.3	10.1	89.0	1.0	9.1	90.0	.9
Ntcheu	9.2	86.1	4.7	6.5	88.2	5.3	9.0	84.5	6.5	6.9	87.8	5.2	9.4	88.1	2.5	6.0	88.6	5.4
Lilongwe City	2.7	84.9	12.4	6.3	79.3	14.4	3.8	91.6	4.6	5.3	78.1	16.6	2.1	81.2	16.7	7.4	80.4	12.2
Mangochi	11.0	87.7	1.3	13.2	84.8	2.0	11.3	87.7	1.0	12.2	85.7	2.2	10.7	87.7	1.6	14.3	83.8	1.9
Machinga	13.2	86.1	.7	12.6	85.9	1.5	15.1	84.7	.2	13.0	85.5	1.5	11.0	87.7	1.3	12.3	86.3	1.4

Zomba	11.7	87.4	.8	8.4	88.1	3.5	8.9	90.6	.6	9.5	86.9	3.6	14.7	84.1	1.1	7.1	89.4	3.5
Chiradzulu	11.5	87.7	.8	6.2	87.7	6.1	8.4	91.5	.1	6.1	87.7	6.2	14.9	83.6	1.5	6.4	87.6	6.0
Blantyre Rural	14.2	82.0	3.8	8.5	84.9	6.6	15.0	79.3	5.7	9.2	85.7	5.0	13.4	84.5	2.1	7.7	84.0	8.3
Mwanza	14.6	81.7	3.7	9.7	85.1	5.1	18.1	80.3	1.6	9.4	85.0	5.6	11.1	83.1	5.8	10.0	85.3	4.6
Thyolo	8.8	87.2	3.9	8.4	87.2	4.5	10.6	88.2	1.2	8.4	86.2	5.3	7.3	86.3	6.4	8.3	88.1	3.5
Mulanje	5.6	91.2	3.2	5.4	91.6	3.0	7.2	90.1	2.7	6.0	90.0	4.0	4.4	92.0	3.6	4.7	93.3	2.0
Phalombe	8.9	89.6	1.5	6.1	90.7	3.2	10.9	85.9	3.1	6.5	90.4	3.1	7.2	92.5	.2	5.7	91.0	3.3
Chikwawa	22.9	75.2	1.9	16.2	81.2	2.7	21.7	76.5	1.9	15.5	81.5	3.0	23.9	74.2	1.9	16.9	80.8	2.3
Nsanje	10.9	85.7	3.4	9.6	87.7	2.6	8.6	88.9	2.5	10.2	88.0	1.9	13.0	82.8	4.2	9.1	87.5	3.4
Balaka	10.1	87.0	2.9	9.0	87.8	3.2	13.3	84.0	2.7	10.6	85.4	4.0	6.8	90.1	3.1	7.4	90.3	2.3
Neno	14.1	83.4	2.5	9.7	86.8	3.4	14.5	82.3	3.2	10.7	85.4	3.9	13.5	84.7	1.8	8.8	88.3	3.0
Zomba City	10.8	82.3	6.9	4.7	83.5	11.7	13.6	83.2	3.2	6.2	81.2	12.6	8.1	81.5	10.4	3.5	85.5	11.0
Blantyre City	9.9	76.1	14.0	5.3	83.8	10.9	10.7	83.2	6.1	6.7	82.0	11.3	8.8	67.9	23.3	3.7	85.8	10.5

Annex 8: Household members received any assistance, 2018 MPHC

District	Disability status								
	Children with disabilities			Children without disability			Total		
	Did the household receive assistance?			Did the household receive assistance?			Did the household receive assistance?		
	Yes	No	Total	Yes	No	Total	Yes	No	Total
Chitipa	9	91.5	100.0	7	93.2	100.0	7	93.1	100.0
Karonga	8	92.4	100.0	5	94.6	100.0	5	94.5	100.0
Nkhata Bay	16	83.6	100.0	14	86.3	100.0	14	86.1	100.0
Rumphi	14	86.1	100.0	12	88.2	100.0	12	88.1	100.0
Mzimba	12	87.7	100.0	10	90.0	100.0	10	89.9	100.0
Likoma	10	90.2	100.0	9	90.6	100.0	9	90.6	100.0
Mzuzu City	11	89.3	100.0	9	91.5	100.0	9	91.4	100.0
Kasungu	8	92.4	100.0	7	93.0	100.0	7	92.9	100.0
Nkhota Kota	5	94.8	100.0	4	95.8	100.0	4	95.7	100.0
Ntchisi	7	92.7	100.0	5	94.7	100.0	5	94.5	100.0
Dowa	7	93.2	100.0	6	93.5	100.0	6	93.5	100.0
Salima	11	89.3	100.0	8	91.7	100.0	8	91.6	100.0
Lilongwe Rural	5	94.6	100.0	4	95.5	100.0	5	95.5	100.0
Mchinji	7	93.0	100.0	6	94.3	100.0	6	94.2	100.0
Dedza	6	93.6	100.0	6	94.3	100.0	6	94.2	100.0
Ntcheu	8	92.0	100.0	7	93.2	100.0	7	93.2	100.0
Lilongwe City	7	93.3	100.0	5	95.1	100.0	5	95.0	100.0
Mangochi	10	89.8	100.0	9	91.1	100.0	9	91.1	100.0
Machinga	15	84.5	100.0	12	88.1	100.0	12	87.9	100.0
Zomba	17	83.3	100.0	14	85.9	100.0	14	85.8	100.0
Chiradzulu	15	85.3	100.0	11	88.9	100.0	11	88.7	100.0
Blantyre Rural	13	86.8	100.0	11	88.8	100.0	11	88.7	100.0
Mwanza	12	87.5	100.0	10	90.5	100.0	10	90.3	100.0
Thyolo	17	83.4	100.0	13	86.9	100.0	13	86.8	100.0
Mulanje	16	83.7	100.0	13	86.7	100.0	13	86.6	100.0
Phalombe	19	80.9	100.0	16	83.7	100.0	16	83.6	100.0
Chikwawa	14	86.0	100.0	12	88.1	100.0	12	88.1	100.0
Nsanje	13	86.8	100.0	12	88.1	100.0	12	88.1	100.0
Balaka	21	78.7	100.0	19	81.1	100.0	19	81.0	100.0
Neno	8	91.5	100.0	7	93.4	100.0	7	93.3	100.0

Zomba City	10	90.1	100.0	7	93.1	100.0	7	92.9	100.0
Blantyre City	7	92.6	100.0	5	94.7	100.0	5	94.7	100.0
Total	**10.7**	**89.3**	**100.0**	**9**	**91.1**	**100.0**	**9.0**	**91.0**	**100.0**

Annex 9: Challenges experienced by children with disabilities

In the past 12 months, how often …	Children with disabilities					
	Daily	Weekly	Monthly	< Monthly	Never	NA
Has availability or accessibility of transport been a problem for you?	8.7	3.3	5.5	8.9	71.4	2.3
Has information you wanted or needed not been available in a format you can use or understand?	7.4	1.6	4.3	4.7	77.0	5.0
The availability of health services and medical care been a problem for you?	3.8	4.0	10.0	14.8	66.9	0.5
Did you need someone else's (family member only or other person also) help in your home and could not get it easily?	5.1	3.7	5.9	10.6	73.6	1.1
Did you need someone else's help at school or work and could not get t easily?	3.6	2.3	4.9	8.6	64.1	16.4
Have other people's attitudes towards you been a problem at home?	5.5	4.6	5.5	8.1	75.1	1.1
Have other people's attitudes towards you been a problem at school or work?	4.3	4.8	4.2	7.0	63.8	15.9
Did you experience prejudice or discrimination?	5.9	5.7	6.1	10.3	70.8	1.4

Annex 10a: Ownership of toilets by district and type of facility among households with children with disabilities (MPHC, 2018)

District	Type of toilet facilities								Total
	Flush toilet	Ventilated improved pit (VIP) latrine	Pit latrine with concrete slab	Pit latrine with earth/sand slab	Pit latrine without slab or open pit	Compost toilet	No facility/Bush/Field	Other	
Chitipa	0.6	1.7	4.2	54.3	33.9	3.0	0.9	1.5	100.0
Karonga	1.6	2.1	9.3	51.3	22.1	4.7	6.4	2.4	100.0
Nkhata Bay	0.8	1.5	5.3	50.6	30.5	1.6	6.6	2.9	100.0
Rumphi	0.6	1.1	4.1	65.6	22.8	1.2	3.4	1.2	100.0
Mzimba	0.3	1.2	3.8	46.0	29.9	4.6	10.3	3.8	100.0
Likoma	1.6	0.0	5.5	53.7	34.1	0.4	3.1	1.6	100.0
Mzuzu City	14.9	2.0	28.5	37.2	14.1	0.9	1.0	1.4	100.0
Kasungu	0.4	1.9	4.0	50.7	29.3	5.7	5.6	2.5	100.0
Nkhota Kota	2.6	1.6	4.1	44.8	32.7	2.3	10.0	2.0	100.0
Ntchisi	0.3	0.7	2.7	55.2	30.7	3.9	4.5	2.0	100.0
Dowa	0.4	0.6	4.7	52.1	29.3	4.2	5.8	2.8	100.0
Salima	0.9	0.6	6.0	56.4	24.7	4.5	5.1	1.8	100.0
Lilongwe Rural	0.2	1.0	5.2	47.3	32.1	3.2	8.7	2.3	100.0
Mchinji	0.4	0.9	5.6	44.4	28.9	4.6	12.8	2.4	100.0
Dedza	0.4	0.8	3.1	39.1	38.7	6.3	7.3	4.4	100.0
Ntcheu	0.3	1.7	4.2	51.5	28.4	4.9	6.2	2.7	100.0
Lilongwe City	11.8	1.9	40.9	31.1	10.9	1.4	1.3	0.9	100.0
Mangochi	1.0	1.5	6.2	51.5	30.4	3.9	3.6	2.0	100.0
Machinga	0.6	0.6	3.6	50.6	30.1	5.1	6.7	2.6	100.0
Zomba	0.5	0.8	6.5	51.3	29.8	3.8	5.5	1.9	100.0
Chiradzulu	0.5	1.1	2.6	48.9	32.6	5.2	7.0	2.1	100.0
Blantyre Rural	1.3	0.3	6.2	53.9	26.4	3.5	6.6	1.9	100.0
Mwanza	0.6	0.4	5.2	59.7	25.0	2.4	5.0	1.6	100.0
Thyolo	0.7	1.2	4.1	46.0	31.9	5.6	8.0	2.4	100.0
Mulanje	0.6	0.4	3.9	58.3	23.2	3.6	8.1	1.9	100.0
Phalombe	0.2	0.7	3.9	51.1	33.1	4.9	5.1	1.0	100.0
Chikwawa	1.1	0.9	2.8	50.5	27.0	4.1	10.5	3.1	100.0

Nsanje	0.3	1.0	3.9	42.1	32.6	3.9	14.3	1.8	100.0
Balaka	1.0	0.4	6.1	55.0	28.1	4.2	4.0	1.3	100.0
Neno	0.5	1.2	4.6	54.4	24.4	4.9	7.4	2.6	100.0
Zomba City	21.4	2.2	32.1	32.3	9.5	0.7	0.8	1.0	100.0
Blantyre City	12.6	2.1	37.9	32.1	12.8	0.9	0.6	0.8	100.0
Total	1.6	1.1	7.3	48.6	28.5	4.0	6.6	2.3	100.0

Annex 10b: Ownership of toilets by district and type of facility among households with children without disabilities (MPHC, 2018)

District	Type of toilet facilities								
	Flush toilet	Ventilated improved pit (VIP) latrine	Pit latrine with concrete slab	Pit latrine with earth/sand slab	Pit latrine without slab or open pit	Compost toilet	No facility/Bush/Field	Other	Total
Chitipa	0.6	1.0	4.8	54.6	32.7	2.4	0.8	3.1	100
Karonga	2.1	3.1	11.0	45.9	25.3	4.4	6.2	1.9	100
Nkhata Bay	1.2	1.4	6.2	48.1	32.0	2.1	6.2	2.7	100
Rumphi	1.2	1.4	5.4	60.8	25.5	1.3	2.9	1.7	100
Mzimba	0.6	1.5	4.6	45.8	32.0	4.2	8.2	3.1	100
Likoma	2.5	0.2	8.4	44.9	35.7	0.0	6.7	1.6	100
Mzuzu City	15.0	2.1	27.3	38.7	13.5	0.9	0.8	1.7	100
Kasungu	0.9	1.7	5.1	52.6	28.0	4.3	4.9	2.7	100
Nkhota Kota	3.6	1.5	4.5	43.6	33.1	1.8	9.8	2.0	100
Ntchisi	0.4	0.8	3.5	52.1	34.1	3.5	4.1	1.5	100
Dowa	0.6	0.7	4.6	51.7	30.7	4.5	5.0	2.1	100
Salima	1.5	0.6	6.5	51.2	27.3	5.6	5.3	1.9	100
Lilongwe Rural	0.4	1.3	5.6	46.7	32.5	3.2	8.5	1.9	100
Mchinji	0.6	0.8	5.8	46.8	28.0	4.3	11.7	1.9	100
Dedza	0.6	1.2	3.7	42.4	37.3	4.9	6.8	3.1	100
Ntcheu	0.5	2.0	4.3	49.0	30.5	4.9	6.5	2.4	100
Lilongwe City	12.9	1.8	41.6	29.4	11.5	1.3	0.8	0.7	100
Mangochi	1.0	1.7	5.2	51.4	31.4	4.0	3.2	2.0	100
Machinga	0.6	0.7	3.0	48.8	32.7	5.4	6.6	2.3	100
Zomba	0.8	0.5	6.4	50.3	31.6	3.4	5.4	1.5	100
Chiradzulu	0.5	0.8	2.6	50.1	32.7	4.6	6.4	2.3	100
Blantyre Rural	2.0	0.3	8.3	49.8	28.2	3.3	6.3	1.8	100
Mwanza	1.4	0.9	7.5	53.5	26.4	3.2	4.9	2.2	100
Thyolo	0.8	1.4	4.4	47.0	30.8	4.9	8.0	2.7	100
Mulanje	0.7	0.6	4.7	54.7	25.4	4.6	7.2	2.1	100
Phalombe	0.2	1.0	3.6	47.5	35.8	5.4	5.3	1.2	100
Chikwawa	1.4	0.8	3.2	48.8	28.8	5.0	9.3	2.6	100

Nsanje	0.5	1.4	3.3	44.5	27.4	5.8	14.5	2.6	100
Balaka	1.2	0.4	6.2	51.2	30.7	4.7	4.1	1.5	100
Neno	0.6	2.0	4.2	49.6	26.8	6.0	7.9	2.9	100
Zomba City	25.2	1.8	34.4	28.1	9.0	0.8	0.3	0.4	100
Blantyre City	12.8	2.4	39.9	30.7	11.9	1.1	0.3	0.8	100
Total	**2.2**	**1.3**	**8.6**	**47.1**	**28.8**	**3.9**	**6.0**	**2.1**	**100**

Annex 11a: Sources of energy for cooking for households with children with disabilities (MPHC, 2018)

District	Electricity	Solar	Paraffin	Charcoal	Firewood	Straw/ Shrubs/ Grass	Gas	Other	Total
Chitipa	0.3	1.0	0.0	4.8	93.2	0.2	0.0	0.6	100.0
Karonga	0.5	0.8	0.1	10.5	87.2	0.5	0.0	0.5	100.0
Nkhata Bay	0.3	0.5	0.0	4.1	93.9	0.1	0.0	1.0	100.0
Rumphi	0.3	0.4	0.1	5.8	92.9	0.2	0.0	0.5	100.0
Mzimba	0.2	1.1	0.1	3.5	94.1	0.2	0.0	0.9	100.0
Likoma	2.4	0.0	0.0	16.9	80.4	0.4	0.0	0.0	100.0
Mzuzu City	6.0	0.1	0.1	63.2	30.1	0.0	0.1	0.4	100.0
Kasungu	0.2	0.5	0.1	5.5	92.7	0.4	0.0	0.7	100.0
Nkhota Kota	0.8	0.4	0.1	9.8	86.0	0.9	0.0	2.0	100.0
Ntchisi	0.2	1.0	0.1	2.7	95.3	0.5	0.0	0.3	100.0
Dowa	0.5	0.8	0.1	4.8	91.9	0.9	0.1	0.9	100.0
Salima	0.4	0.4	0.2	10.2	87.9	0.3	0.0	0.6	100.0
Lilongwe Rural	0.3	0.4	0.2	5.5	90.1	2.6	0.0	0.8	100.0
Mchinji	0.3	1.3	0.5	6.1	90.9	0.3	0.1	0.7	100.0
Dedza	0.2	0.4	0.1	3.7	89.9	4.5	0.0	1.0	100.0
Ntcheu	0.2	0.5	0.1	5.9	92.2	0.3	0.0	0.7	100.0
Lilongwe City	7.0	0.2	0.1	71.3	19.2	1.3	0.3	0.7	100.0
Mangochi	0.3	0.5	0.2	14.4	83.7	0.2	0.0	0.7	100.0
Machinga	0.2	0.4	0.1	8.8	89.0	0.7	0.0	0.7	100.0
Zomba	0.3	0.4	0.2	5.3	91.7	1.5	0.0	0.5	100.0
Chiradzulu	0.2	1.8	0.5	4.5	87.3	4.6	0.0	0.9	100.0
Blantyre Rural	0.9	0.4	0.2	13.0	84.5	0.7	0.0	0.4	100.0
Mwanza	0.1	0.2	0.1	14.4	84.7	0.1	0.0	0.3	100.0
Thyolo	0.5	0.2	0.3	4.2	93.3	1.1	0.0	0.4	100.0
Mulanje	0.3	0.2	0.2	4.6	89.8	4.4	0.0	0.5	100.0
Phalombe	0.4	0.1	0.2	4.8	90.5	3.7	0.0	0.3	100.0
Chikwawa	0.6	0.5	0.2	10.9	85.8	0.7	0.0	1.2	100.0
Nsanje	0.4	1.0	0.1	14.7	83.2	0.3	0.0	0.3	100.0
Balaka	0.3	0.3	0.2	12.8	85.8	0.2	0.0	0.2	100.0
Neno	0.5	0.9	0.1	8.7	89.3	0.1	0.0	0.4	100.0
Zomba City	7.7	0.0	0.1	65.7	26.3	0.0	0.0	0.2	100.0
Blantyre City	7.7	0.1	0.1	80.0	11.4	0.3	0.2	0.3	100.0
Total	0.9	0.5	0.2	12.0	84.4	1.3	0.0	0.7	100.0

Annex 11b: Sources of energy for cooking for households without children with disabilities (MPHC, 2018)

District	Electricity	Solar	Paraffin	Charcoal	Firewood	Straw/ Shrubs/ Grass	Gas	Other	Total
Chitipa	0.3	1.2	0.1	7.3	90.4	0.1	0.0	0.6	100.0
Karonga	0.9	0.7	0.1	14.1	83.4	0.2	0.0	0.6	100.0
Nkhata Bay	0.5	0.5	0.0	5.6	92.2	0.1	0.0	1.0	100.0
Rumphi	0.5	0.5	0.1	10.0	88.4	0.1	0.0	0.5	100.0
Mzimba	0.4	1.6	0.1	5.5	91.4	0.2	0.0	0.8	100.0
Likoma	3.0	0.1	0.0	19.9	76.9	0.0	0.0	0.0	100.0
Mzuzu City	5.9	0.1	0.0	65.9	27.6	0.0	0.0	0.3	100.0
Kasungu	0.5	0.5	0.1	7.2	90.7	0.4	0.0	0.7	100.0
Nkhota Kota	0.8	0.3	0.1	11.7	85.2	0.9	0.0	1.0	100.0
Ntchisi	0.3	0.8	0.1	4.2	93.7	0.5	0.0	0.4	100.0
Dowa	0.6	0.4	0.1	6.8	90.5	0.8	0.0	0.8	100.0
Salima	0.8	0.5	0.1	12.7	85.0	0.3	0.0	0.6	100.0
Lilongwe Rural	0.4	0.4	0.1	7.6	88.9	1.8	0.0	0.7	100.0
Mchinji	0.3	0.5	0.2	8.0	90.2	0.2	0.0	0.6	100.0
Dedza	0.3	0.4	0.1	5.1	89.6	3.3	0.0	1.1	100.0
Ntcheu	0.3	0.5	0.2	7.5	90.1	0.3	0.0	1.0	100.0
Lilongwe City	8.2	0.2	0.1	75.2	14.7	0.9	0.2	0.5	100.0
Mangochi	0.3	0.4	0.2	14.3	83.9	0.2	0.0	0.7	100.0
Machinga	0.2	0.3	0.1	8.2	90.3	0.4	0.0	0.5	100.0
Zomba	0.4	0.3	0.1	6.8	90.6	1.3	0.0	0.6	100.0
Chiradzulu	0.4	0.8	0.3	5.1	88.3	4.4	0.0	0.7	100.0
Blantyre Rural	1.5	0.2	0.2	18.2	79.1	0.5	0.0	0.3	100.0
Mwanza	0.4	0.3	0.1	19.5	79.1	0.1	0.0	0.5	100.0
Thyolo	0.6	0.3	0.4	5.3	92.1	0.8	0.0	0.5	100.0
Mulanje	0.5	0.3	0.2	5.9	88.9	3.6	0.0	0.6	100.0
Phalombe	0.4	0.3	0.1	5.3	90.0	3.6	0.0	0.3	100.0
Chikwawa	0.9	0.4	0.1	11.6	85.4	0.5	0.0	1.1	100.0
Nsanje	0.2	0.8	0.1	10.2	87.0	1.2	0.0	0.5	100.0
Balaka	0.4	0.3	0.1	14.4	84.4	0.1	0.0	0.3	100.0
Neno	0.6	1.0	0.1	8.9	88.9	0.1	0.0	0.4	100.0
Zomba City	10.9	0.1	0.1	67.8	20.7	0.0	0.1	0.4	100.0
Blantyre City	8.2	0.1	0.1	83.4	7.7	0.1	0.1	0.2	100.0
Total	1.3	0.5	0.1	15.9	80.5	1.0	0.0	0.6	100.0

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