



Government of Malawi
NATIONAL STATISTICAL OFFICE



 **MICS**
Multiple Indicator Cluster Survey



The Malawi Multiple Indicator Cluster Survey (MICS) was carried out in 2019-20 by the National Statistical Office as part of the Global MICS Programme. Technical support was provided by the United Nations Children’s Fund (UNICEF), with government funding and financial support of UNICEF, the Royal Norwegian Embassy (RNE), German Agency for International Cooperation (GIZ), Global Alliance for Vaccines and Immunizations (GAVI) and the United States Agency for International Development (USAID).

The Global MICS Programme was developed by UNICEF in the 1990s as an international multi-purpose household survey programme to support countries in collecting internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the Sustainable Development Goals (SDGs) and other internationally agreed upon commitments.

The basic objective of the MICS 2019-20 is to provide information on indicators for monitoring progress of attainment of the Millennium Development Goals and Malawi Growth and Development Strategy and other development programmes. Through collection and calculation of status of indicators of the Millennium Development Goals and other key social statistics indicators, the MICS data will also be used to update the socio-economic database for policy and research.

The objective of this report is to facilitate the timely dissemination and use of results from the Malawi MICS. The report contains detailed information on the survey methodology, and all standard MICS tables. The report is accompanied by a series of Statistical Snapshots of the main findings of the survey.

For more information on the Global MICS Programme, please go to mics.unicef.org.

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Sample & Survey Characteristics

Multiple Indicator Cluster Surveys

Response Rates



Women age 15-49



Men age 15-49



Children under 5



Children age 5-17



Survey Implementation

Implementing agency:
National Statistical Office

Sampling frame:
2018 Malawi Population and Housing Census

Listing & mapping:
October 2019

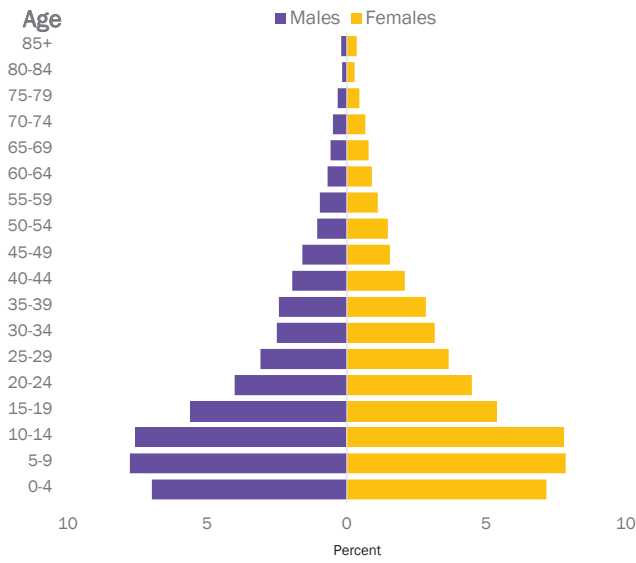
Interviewer training:
November 2019

Fieldwork:
December 2019 to August 2020

Questionnaires:
Household
Women age 15-49
Men age 15-49
Children under 5
Children age 5-17

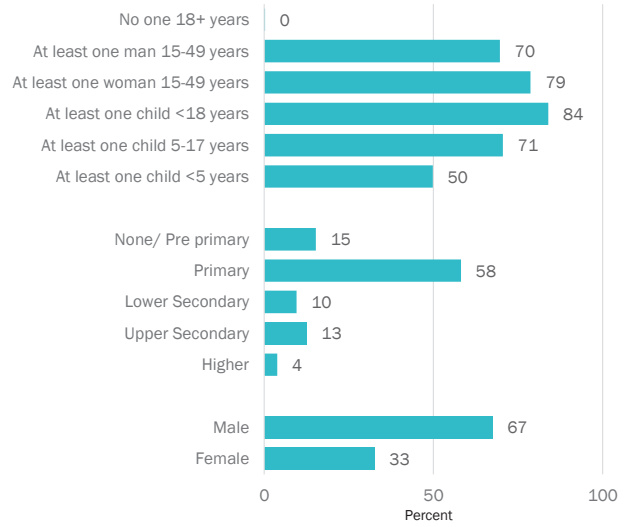
Population Characteristics

Household Population Age & Sex Distribution



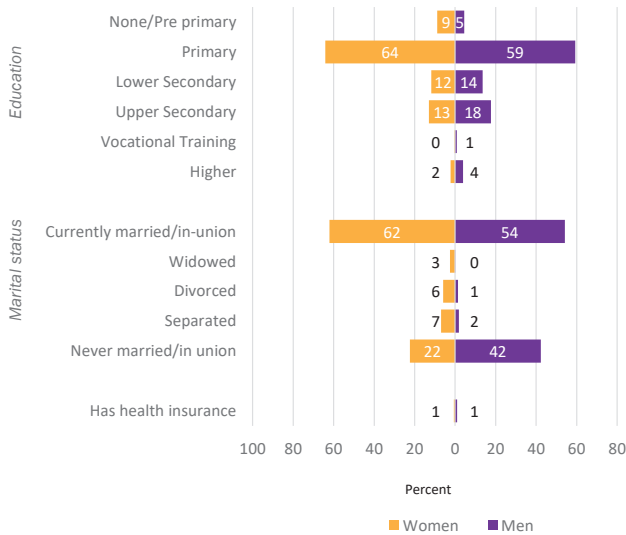
Percent distribution of household population by age group and sex

Household Composition & Characteristics of Head of household



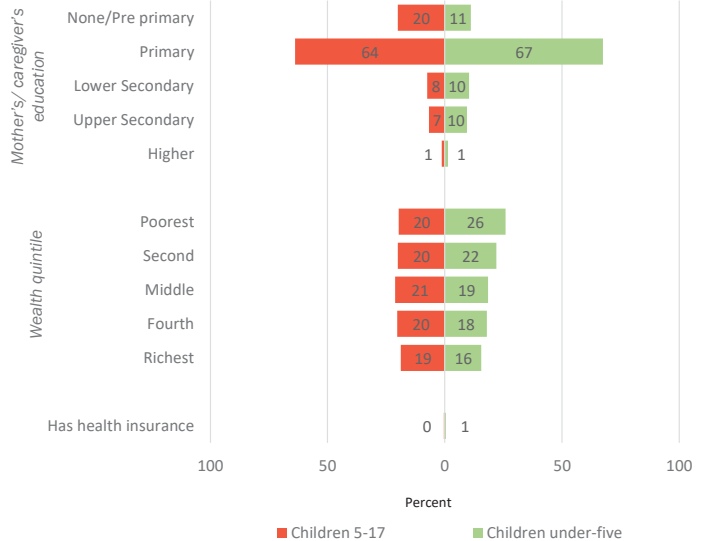
Percent of households by selected characteristics

Women & Men's Profile



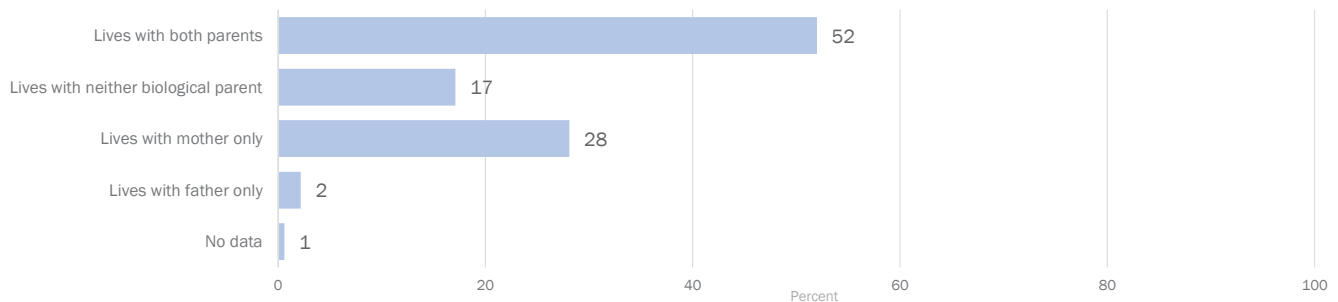
Percent distribution of women and men age 15-49 by background characteristics

Children's Profile



Percent distribution of children age 5-17 and under-five by background characteristics

Children's Living Arrangements*



Percent distribution of children age 0-17 years according to living arrangements
*Children age 0-17 years

Regional Distribution of Population

Region	Households	Women 15-49	Men 15-49	Children under 5	Children 5-17
Malawi	100	100	100	100	100
North	20	22	24	20	21
Central	33	33	34	33	33
South	47	45	41	47	47

Key Messages

- The response rates for households, eligible women, children 5-17 years and under 5 were outstanding (95% and above) while that for men was satisfactory at 88%
- The population pyramid is broad based indicating a high proportion of population was young
- Of the children under 18 years, 17% were living with neither biological parent and 28% were living with biological mother only
- Two thirds of the women (62%) were married or in union compared to 54% of men
- A third of the households were female headed

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Vaccines and Immunizations and the United States Agency for International Development provided financial support.

The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to

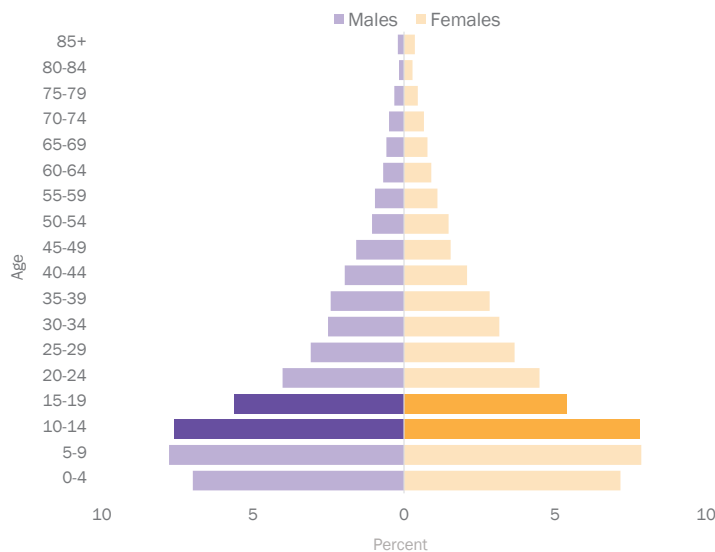
in tables SR.1.1, SR.5.1W, SR.5.1M, SR.5.2, SR.5.3 and SR.2.3 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

The Adolescent Population: Age 10-19



Age & Sex Distribution of Household Population



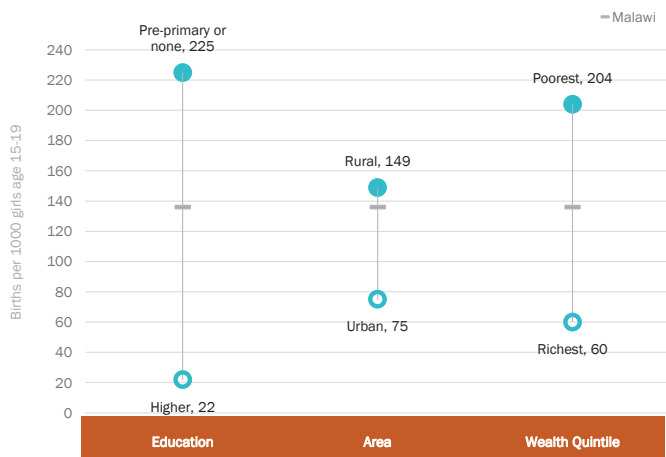
This snapshot of adolescent well-being is organized around key priority areas for adolescents:

- Every adolescent survives and thrives
- Every adolescent learns
- Every adolescent is protected from violence and exploitation
- Every adolescent lives in a safe and clean environment
- Every adolescent has an equitable chance in life

Every Adolescent Survives & Thrives

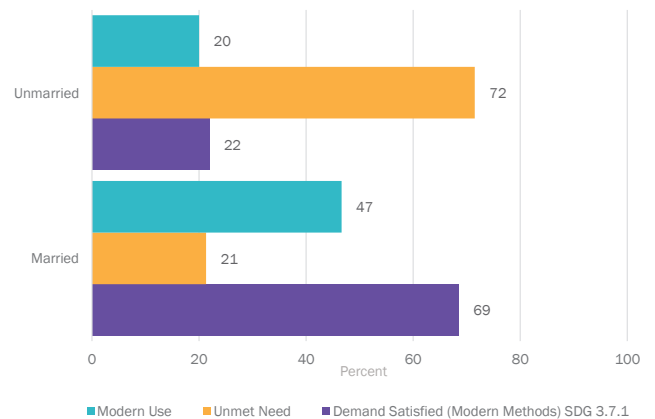
Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during this period are shown to have long-lasting effects. Access to appropriate contraceptive methods is critical to prevent adolescent pregnancy and its related consequences, allowing adolescents to transition into adulthood with the ability to plan their pregnancies and live healthy and productive lives.

Adolescent Birth Rate: SDG 3.7.2



Age-specific fertility rate for girls age 15-19 years: the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women
Data for adolescent's education, category "higher" are based on 25-49 unweighted cases

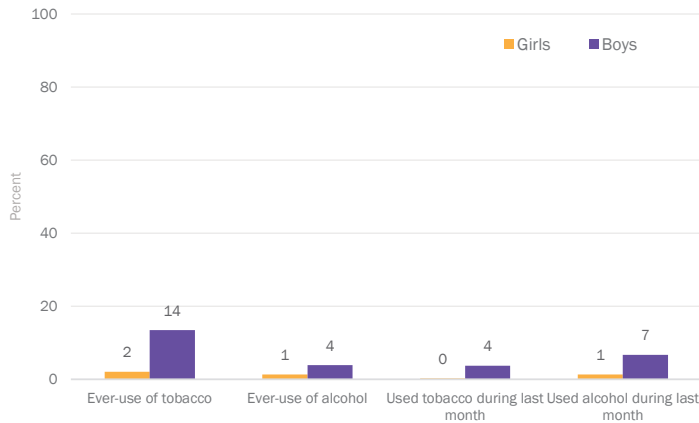
Modern Contraceptive Use, Unmet Need & Demand Satisfied for Modern Methods: SDG 3.7.1



Percentage of girls age 15-19 years who are using (or whose partner is using) a contraceptive method, percentage with an unmet need for contraception and percent of demand for modern methods of family planning satisfied, by marital status

Every Adolescent Survives & Thrives

Tobacco* & Alcohol Use

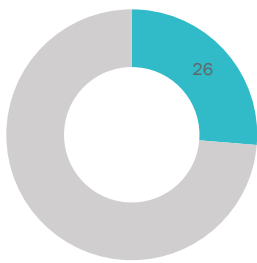


Alcohol and tobacco use typically have their onset in adolescence and are major risk factors for adverse health and social outcomes, as well as for non-communicable diseases later in life. Adolescence is a time of heightened risk-taking, independence seeking and experimentation. Adolescents are at increased risk of substance use due to social, genetic, psychological or cultural reasons. Yet adolescence is also an opportune time for education on the negative consequences of substance use, and promote healthy behaviours that will last into adulthood.

Percentage of adolescent girls and boys age 15-19 who have ever used tobacco or alcohol
 Percentage of adolescent girls and boys age 15-19 who have used tobacco or alcohol in the last 1 month
 *Tobacco use in last month among adolescents is an age disaggregate of SDG 3.a.1

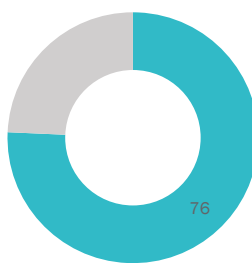
Every Adolescent Learns

Foundational Reading Skills



Percentage of children age 10-14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, and 3) Answer two inferential comprehension questions

Foundational Numeracy Skills

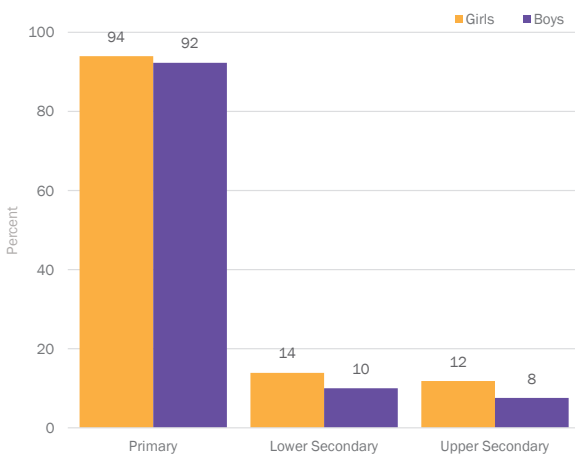


Percentage of children age 10-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and numeracy at the level of Grade 2 in primary education.

School Attendance Rates



Adjusted net attendance rate, by level of education and by gender

Information & Communications Technology (ICT) Skills*

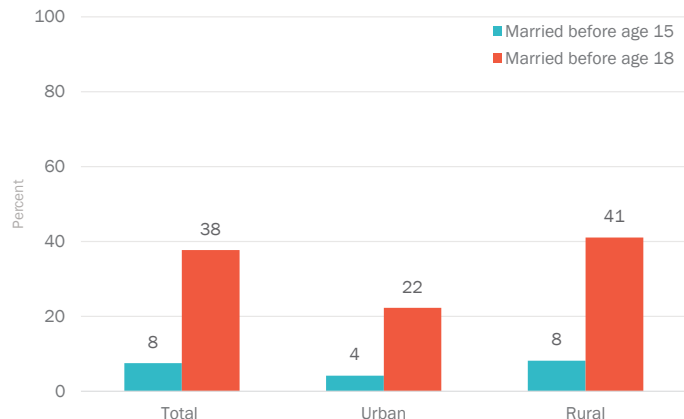


Percentage of girls age 15-19 who in the last 3 months have performed at least one of nine specific computer related activities
 *Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

Percentage of boys age 15-19 who in the last 3 months have performed at least one of nine specific computer related activities
 *Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

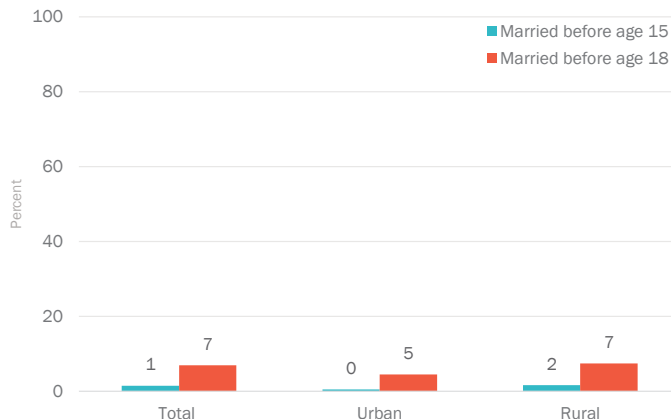
Every Adolescent is Protected from Violence & Exploitation

Child Marriage (Women): SDG 5.3.1



Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18, by area

Child Marriage (Men)

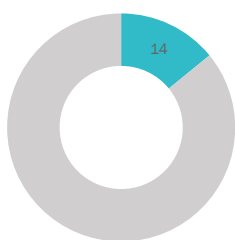


Percentage of men aged 20 to 24 years who were first married or in union before age 15 and before age 18, by area

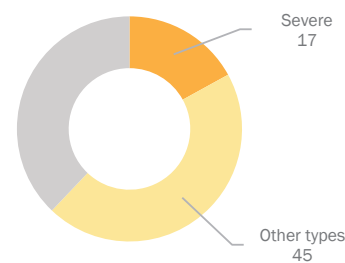
Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as female genital mutilation/cutting and child marriage, often take place at the onset of puberty. At the same time, as children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.

Child Discipline

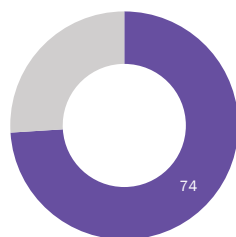
Only non-violent



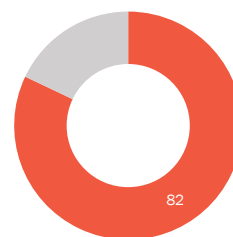
Physical punishment



Psychological aggression



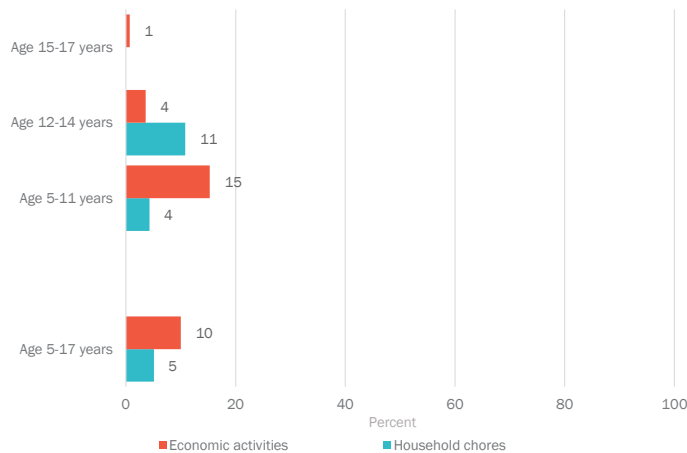
Any violent discipline*



Percentage of children age 10 to 14 years who experienced any discipline in the past month, by type
*Age disaggregate of SDG 16.2.1

Every Adolescent is Protected from Violence & Exploitation

Child Labour: SDG 8.7.1



Percentage of adolescents age 5-17 years engaged in child labour, by type of activity and by age. Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

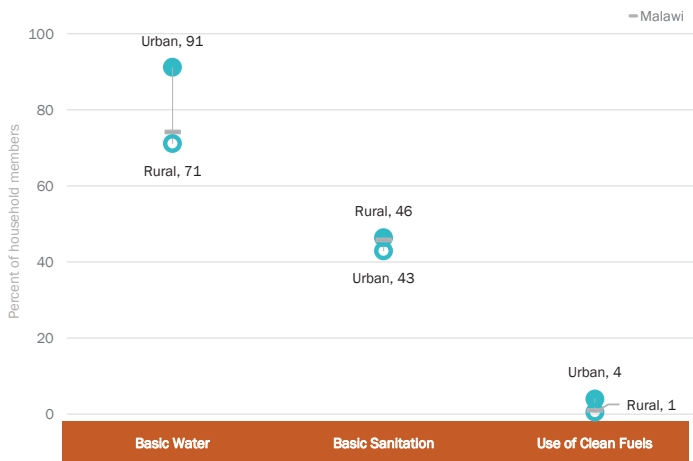
Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Every Adolescent Lives in a Safe & Clean Environment

Water, Sanitation & Clean Fuel Use



The data presented here are at the household level. Evidence suggests that adolescent access to these services are comparable to household-level data.

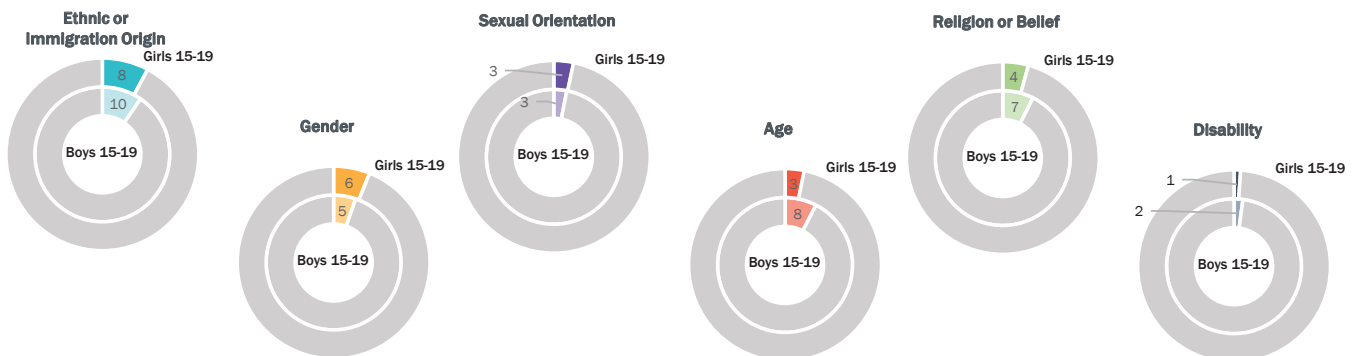
Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water

Basic Sanitation Services SDG 1.4.1/6.2.1: Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs

Clean Fuels SDG 7.1.2: Primary reliance on clean fuels and technologies for cooking, space heating and lighting

Every Adolescent has an Equitable Chance in Life

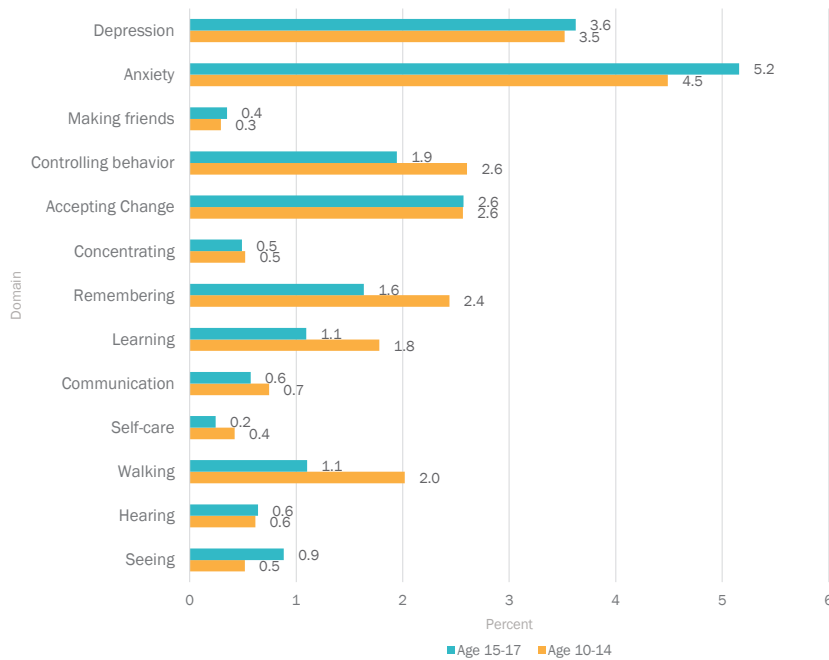
Discrimination & Harassment



Percentage of adolescent girls and boys age 15-19 years who in the last 12 months have felt discriminated against or harassed on the basis of different grounds

Every Adolescent has an Equitable Chance in Life

Functioning Difficulties in Adolescents



Percentage of adolescents who have a functioning difficulty, by domain and age

Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities. At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

Key Messages

- Males age 10-19 years constitute 28% of the male population and females 25% of the female population
- Adolescent birth rate was highest among children living in poorest households (204 births per 1 000 girls) and lowest among children from richest households (60 births per 1 000 girls). Pre - primary or none had a higher birth rate (225 births per 1 000 girls) while those with higher education had a lower birth rate (22 births per 1 000 girls)
- Differences in adolescents birth rate were also observed between urban areas (75 births per 1 000 girls) and rural areas (149 births per 1 000 girls)
- Adolescents aged 10-14yrs are more competent in numeracy (76%) than reading (26%)
- School attendance rates are higher in primary schools for both boys and girls than in secondary schools
- Tobacco and alcohol use is higher in boys aged 15-19 than girls of the same age group.

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The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Adolescents. Data from this snapshot can be found in tables SR.4.1, SR.9.4W/M, SR.10.1W/M, SR.10.3W/M, TM.2.1, TM.3.3, TM.3.4, LN.2.3, LN.2.4, LN.2.6, LN.4.1, LN.4.2, PR.2.1, PR.3.3, PR.4.1W, WS.3.6, TC.4.7, EQ.1.2 and EQ.3.1W/M in the Survey Findings Report.

Further statistical snapshots and the Summary Findings Report for this and other surveys are available on mics.unicef.org/surveys.

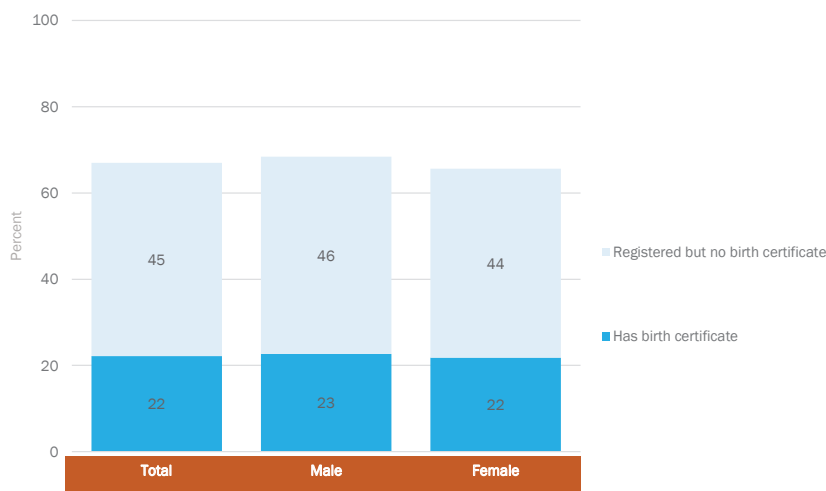
Birth Registration

Multiple Indicator Cluster Surveys

Birth Registration Levels

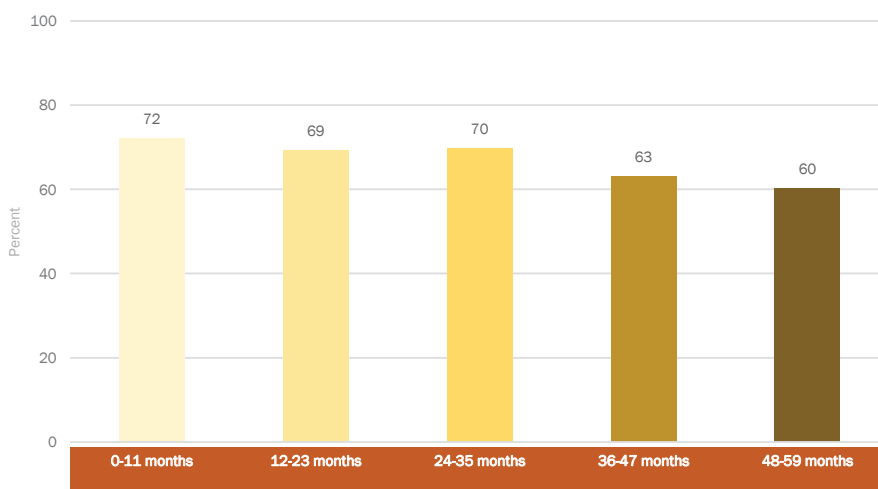


Birth registration for Children Under-Five: SDG 16.9.1



Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate and by sex

Birth registration by Age

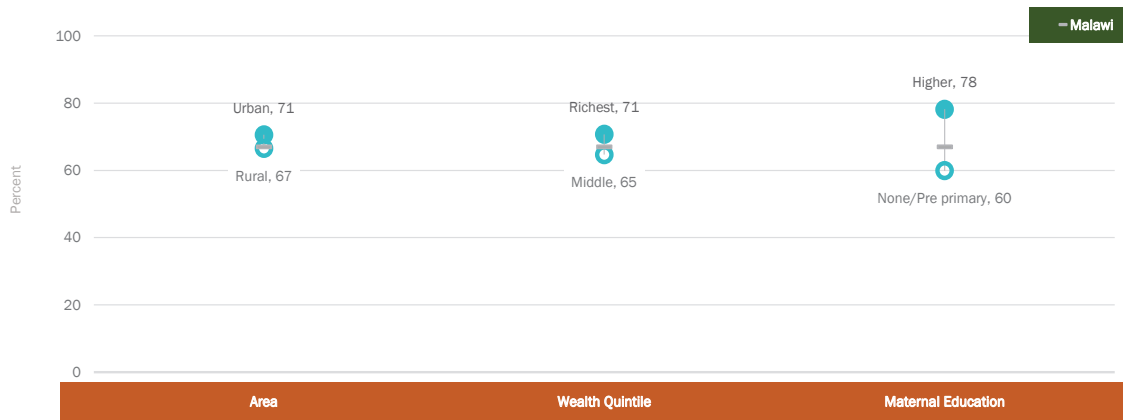


Percentage of children under age 5 whose births are registered, by age in months

Key Messages

- Among children under 5 years, 67% had their birth registered
- Of the children under 5 years, 22% had a birth certificate
- 65% of children from the middle households (lowest rate) was likely to be registered compared to 71% from richest households
- Children born to mothers/caregivers with higher education were more likely to be registered (78%) compared to those whose mothers had pre-primary or no education (60%).
- At regional level, birth registration was highest among children living in the central region (71%) and lowest in the northern region (58%)
- A large proportion (73%) of mothers/care givers with unregistered children did not know how to register their child's birth

Birth Registration: Inequalities



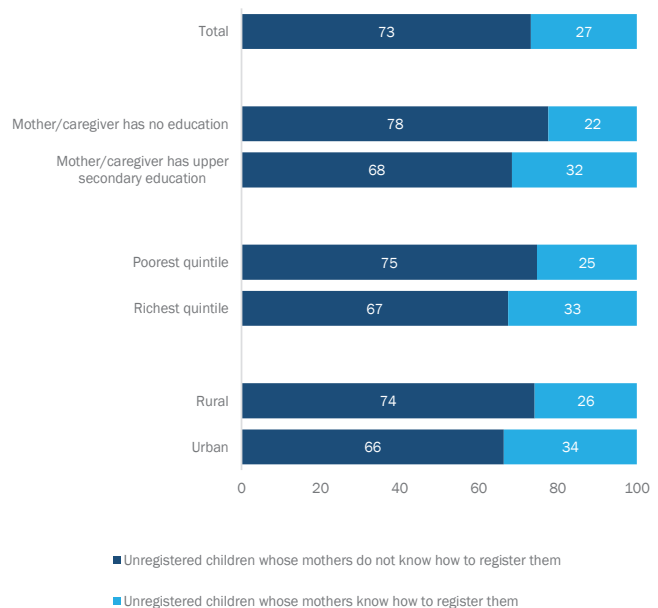
Percentage of children under age 5 whose births are registered, by background characteristics
Data for mother's education, category "higher" are based on 25-49 unweighted cases

Regional Data on Birth Registration

Region	Total registered
Malawi	67
North	58
Central	71
South	65

Percentage of children under age 5 whose births are registered, by region

Mother's (or Caregiver's) Knowledge of How to Register



Percentage of children under age 5 whose births are not registered, by mother's (or caregiver's) knowledge of how to register a child

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The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Birth Registration. Data from this snapshot can be found in table PR.1.1 in the Survey Findings Report.

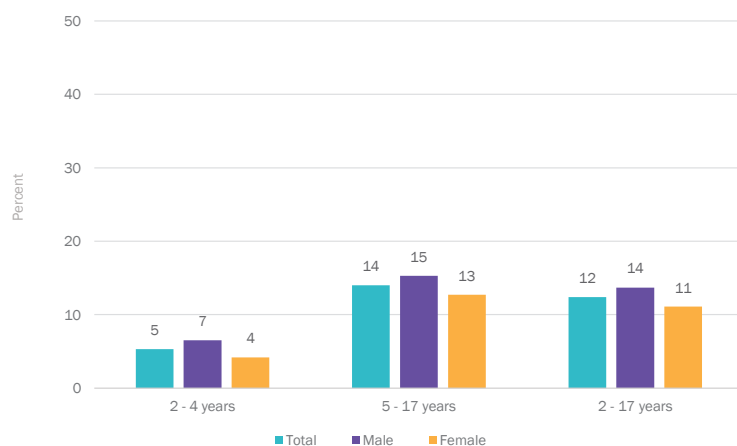
Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Child Functioning

Child Functioning: Levels & Domains



Child Functioning Levels by Age-Group



Percentage of children age 2-17 years with functional difficulty, by age-group

Children with disabilities are among the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, and lack of adequate policies and legislation, they are often likely to be among the poorest members of the population and are less likely to attend school, access medical services, or have their voices heard in society. Discrimination against and exclusion of children with disabilities also puts them at a higher risk of physical and emotional abuse or other forms of neglect, violence and exploitation.

The Convention on the Rights of the Child (UNICEF, 1989) and the Convention on the Rights of Persons with Disabilities (UN, 2006) explicitly state the rights of children with disabilities on an equal basis with other children and call for improvements in their access to services, and in their participation in all aspects of life.

In order to achieve these goals, there is a need for cross-nationally comparable, reliable data. The Child Functioning module is designed in line with the WHO's International Classification of Functioning, Disability and Health and the UN Convention on the Rights of Persons with Disabilities, to collect information on functional difficulties that children experience in different domains including hearing, vision, communication/comprehension, learning, mobility and emotions. Children with functional difficulties may be at risk of experiencing limited participation in an unaccommodating environment and limit the fulfilment of their rights.

Child Functioning Domains

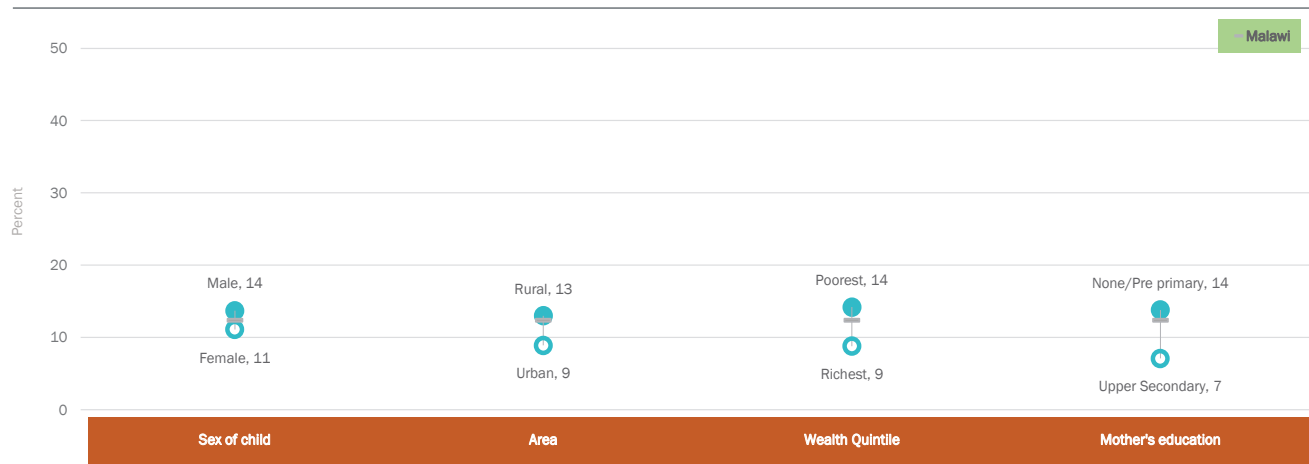
	Seeing	Hearing	Walking	Fine Motor	Communication	Learning	Playing	Controlling Behaviour	Self care	Remembering	Concentrating	Accepting Change	Making Friends	Anxiety	Depression
2-4 years	<0.5	<0.5	1	<0.5	1	1	1	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	1	1	3	N/A	1	2	N/A	2	1	2	1	3	<0.5	5	3

Percentage of children age 2-4 and 5-17 years with functional difficulty in at least one domain, by domain of difficulty
N/A- Not Applicable

Key Messages

- About 1 in 10 of children age 2-17 years were reported to have at least one functional difficulty.
- The most prevalent domain of functional difficulties among children age 2-4 years was controlling behavior (2%).
- Among children age 5-17 years, anxiety was reported as the most prevalent domain of functional difficulties at 5%
- Fourteen (14%) of children age 2-17 years living in the poorest households were reported to have a functional difficulty in at least one domain, compared to 9% of children living in the richest households. Functional difficulties are also reported more frequently among children in rural areas and those whose mothers have lower education levels. Only minor differences are noted across regions.
- The use of assistive devices for seeing, hearing and walking was low (less than 1.5%) for all the three domains of functional difficulties

Child Functioning: Inequalities



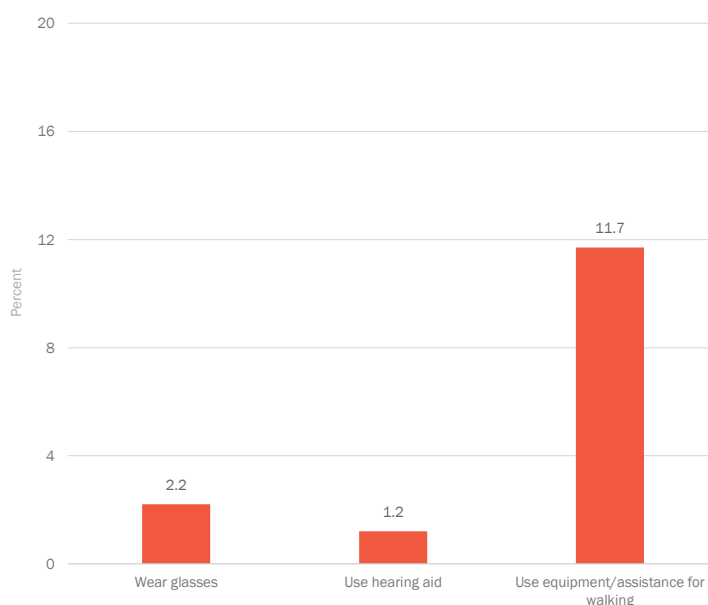
Percentage of children age 2-17 years with functional difficulty, by background characteristics

Regional Data on Child Functioning

Region	2-4 years	5-17 years	2-17 years
Malawi	5	14	12
North	4	13	11
Central	5	15	13
South	6	13	12

Percentage of children age 2-17 years with functional difficulty in at least one domain, by region

Children who use Assistive Devices & have Functional Difficulties



Percentage of children age 2-17 years with difficulties seeing when wearing glasses among those who wear glasses, percentage of children age 2-17 years with difficulties hearing when using a hearing aid among those who use a hearing aid, and percentage of children age 2-17 years with difficulties walking when using equipment or receiving assistance among those who use equipment or receive assistance walking

The Malawi Multiple Indicator Cluster Survey (MICS) was carried out in 2019-20 by the National Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, the Government of Malawi, the Royal Norwegian Embassy, German Agency for International Cooperation, Global Alliance for Vaccines and Immunizations and the United States Agency for International Development provided financial support.

The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Child Functioning. Data from this snapshot can be found in tables EQ.1.1, EQ.1.2, EQ.1.3, and EQ.1.4 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

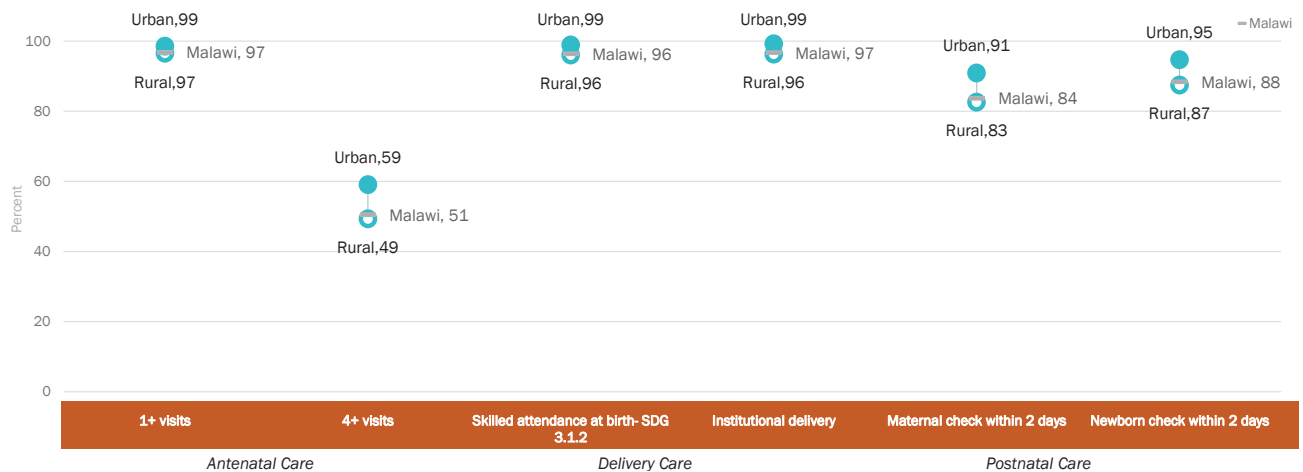
Maternal & Newborn Health

Multiple Indicator Cluster Surveys

Key Elements of Maternal & Newborn Health

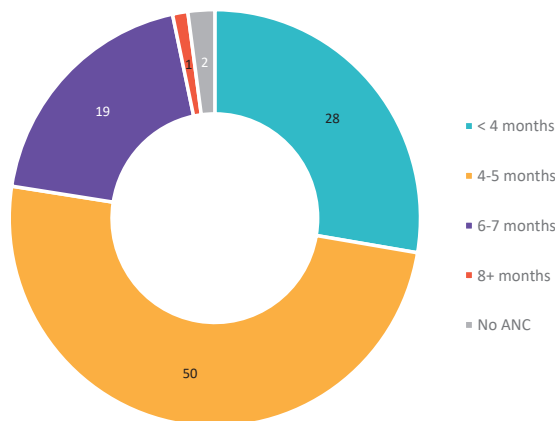


Maternal & Newborn Health Cascade by Area



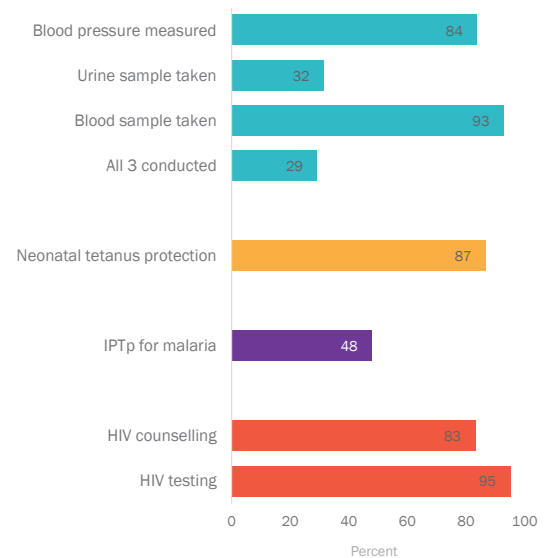
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (SDG 3.1.2), whose most recent live birth was delivered in a health facility, who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by area

Timing of First Antenatal Care Visit



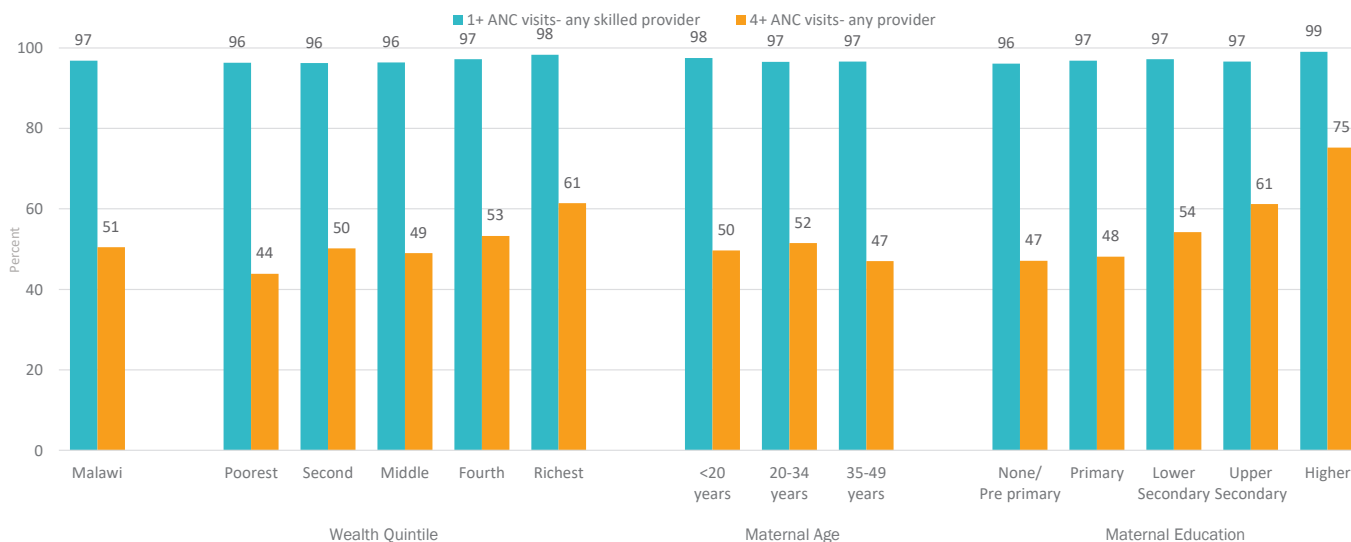
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

Content & Coverage of Antenatal Care Services



Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, were given at least two doses of tetanus toxoid vaccine within the appropriate interval, took three or more doses of SP/Fansidar to prevent malaria, reported that during an ANC visit they received information or counselling on HIV, and reported that they were offered and accepted an HIV test during antenatal care and received their results during the last pregnancy that led to a live birth

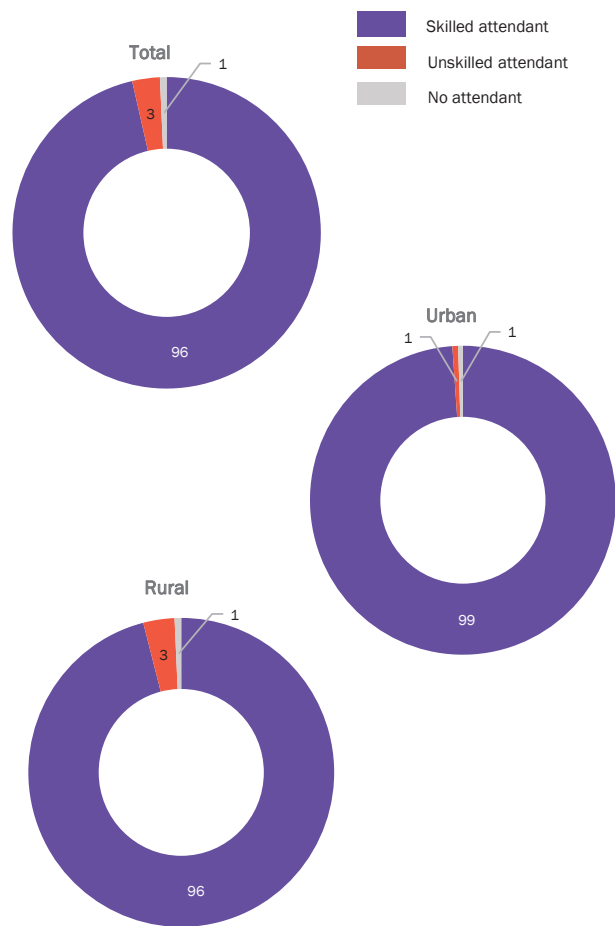
Coverage of Antenatal Care by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

Skilled Attendance at Birth

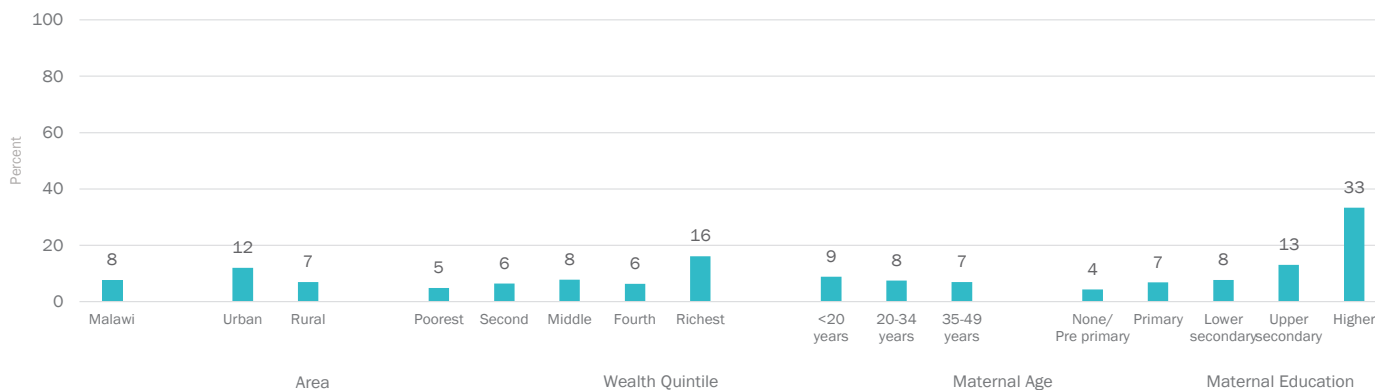


Institutional Delivery



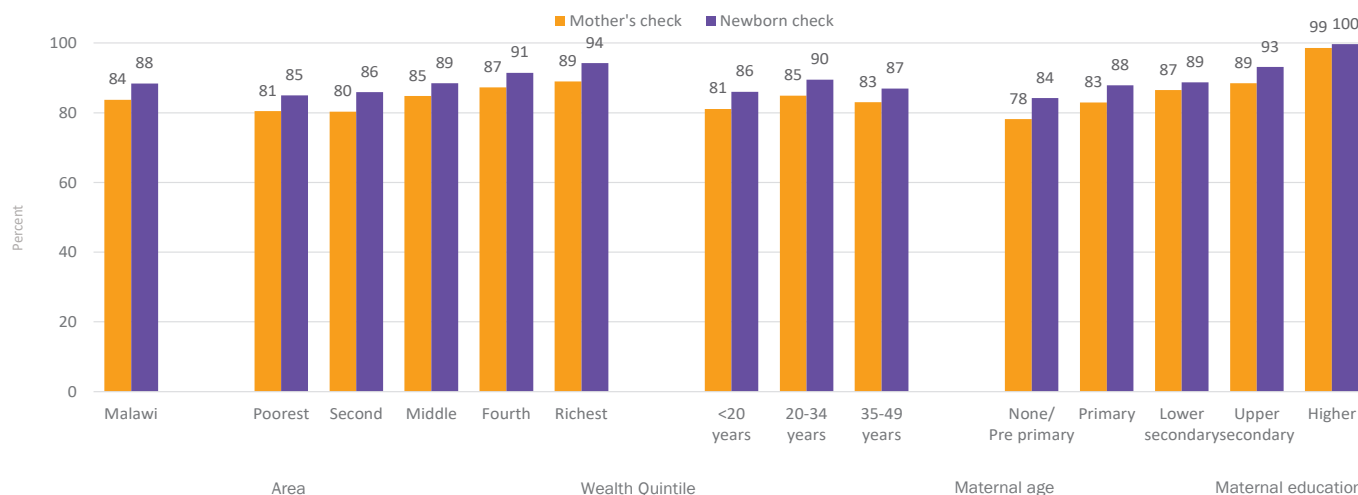
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area
Note: rounding up may cause some digits on graphical presentations not add up to 100

Caesarian Section by Various Characteristics



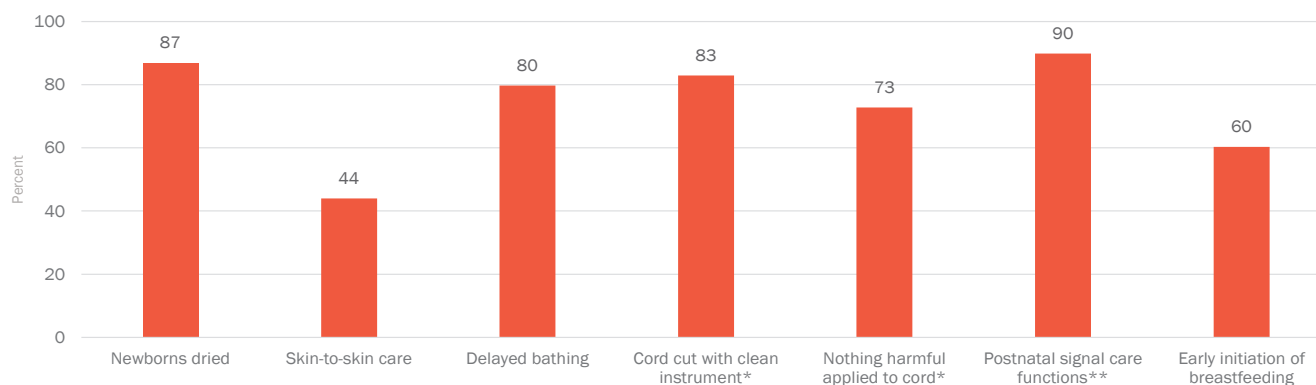
Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarian section by various characteristics

Postnatal Care within 2 Days of Birth by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by various characteristics

Coverage of Newborn Care



Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; percentage where the umbilical cord was cut with a new blade or boiled instrument*; percentage where nothing harmful was applied to the cord*; percentage where the newborn received at least 2 postnatal signal care functions within 2 days after birth**; and percentage put to the breast within one hour of birth

* Among the last live-births in the last 2 years delivered outside a facility

** At least 2 of i) umbilical cord examination, ii) temperature assessment, iii) breastfeeding counselling or observation, iv) weight assessment, and v) counselling on danger signs for newborns

Regional Data on Maternal and Newborn Cascade

Region	ANC: At least 1 visit (skilled provider)	ANC: At least 4 visits (any provider)	Skilled Attendance at Birth	Institutional Delivery	Postnatal Care for Mother <2 days	Postnatal Care for Newborn <2 days
Malawi	97	51	96	97	84	88
North	99	57	97	97	86	91
Central	96	48	96	97	86	92
South	97	51	97	97	81	84

For indicator definitions, see earlier charts

Key Messages

- Ninety seven percent of women age 15-49 years with a live birth in the last two years received antenatal care at least once from a skilled provider
- Only 28% of women had their first antenatal care visit before 4 months of pregnancy
- Among women who received antenatal care, 29% received all 3 key services, i.e. blood pressure measurement (84%), blood sample (93%) and urine testing (32%).
- Women with higher education were more likely to deliver by caesarean section (33%)
- Eighty-four percent of mothers and 88% of newborn babies received postnatal care within 2 days of delivery
- Slightly about 9 in 10 of newborn babies received at least 2 postnatal signal care functions (umbilical cord examination, temperature assessment, breastfeeding counselling or observation, weight assessment, and counselling on danger signs for newborns)
- The proportion of pregnant women with at least 4 antenatal care visits was 51%
- Ninety seven percent of live births took place in health facilities
- Ninety-six percent of women age 15-49 years with a live birth two years preceding the survey were delivered by skilled personnel (99% in urban areas and 96% in rural areas)
- Eight percent of live births were by caesarean section

The Malawi Multiple Indicator Cluster Survey (MICS) was carried out in 2019-20 by the National Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), UNICEF, the Government of Malawi, the Royal Norwegian Embassy, German Agency for International Cooperation, Global Alliance for Vaccines and

Immunizations and the United States Agency for International Development provided financial support.

The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Maternal and Newborn Health. Data from this snapshot can be found in tables TM.4.1, TM.4.2, TM.4.3, TM.5.1, TM.6.1, TM.6.2,

TM.8.2, TM.8.4, TM.8.5, TM.8.6, TM.8.7, TM.8.9, TM.11.5, TC.6.9 and TC.7.1 in the Survey Findings Report.

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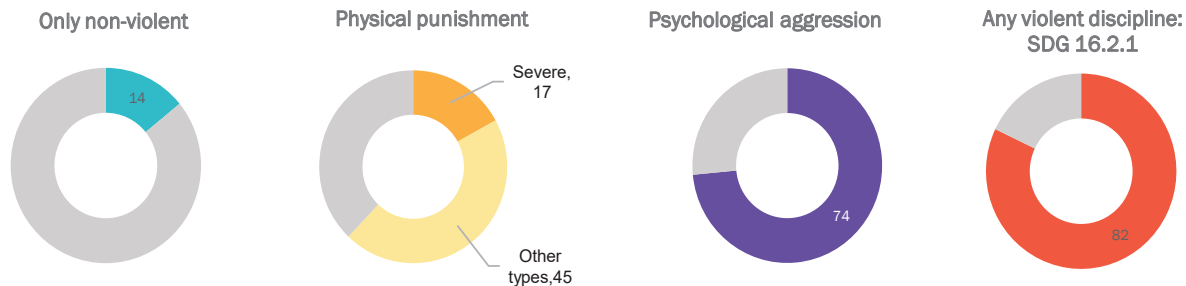
Child Discipline

Multiple Indicator Cluster Surveys

Child Discipline

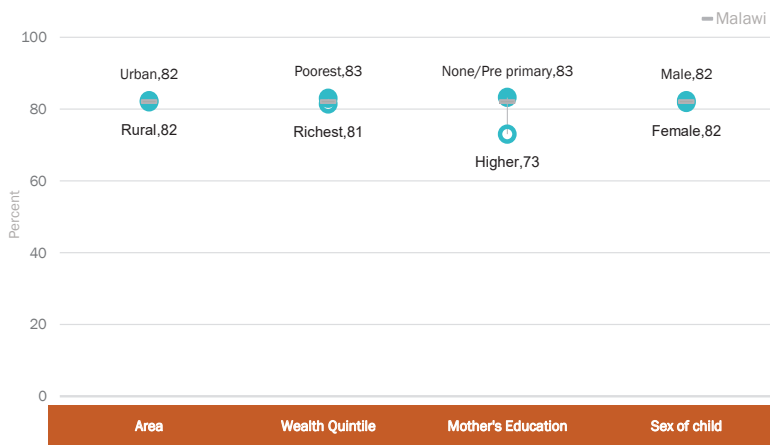


Types of Child Discipline



Percentage of children age 1 to 14 years who experienced any discipline in the past month, by type

Violent Discipline: Inequalities



Percentage of children aged 1 to 14 years who experienced any violent discipline in the past month, by background characteristics

Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

Severe physical punishment: Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.

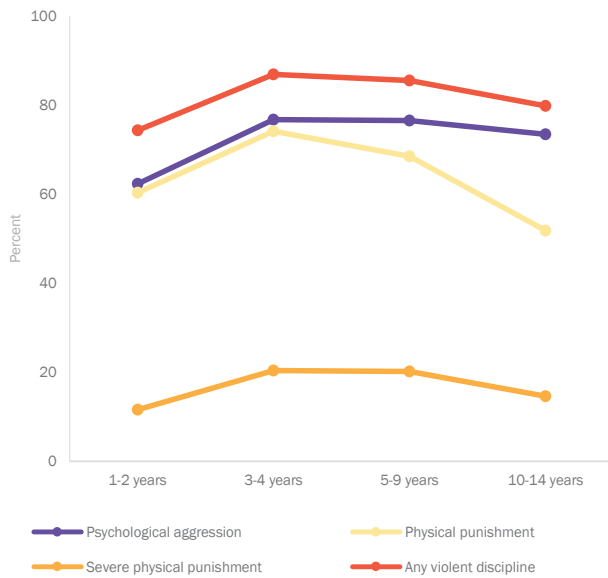
Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

Violent discipline: Any physical punishment and/or psychological aggression.

Key Messages

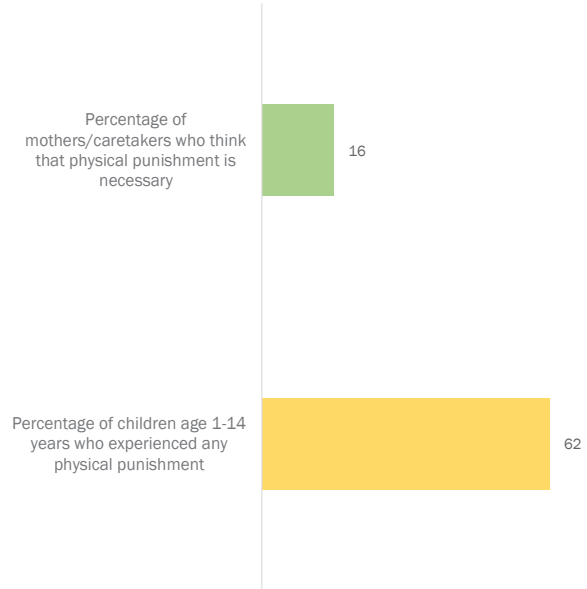
- Physical punishment on children peaked at the age cohort 3-4 years
- Eighty-two percent of all children aged 1-14 years were subjected to at least some form of violent discipline
- Sixteen percent of the mothers/caretakers thought that physical punishment is necessary for disciplining children
- There were no noticeable differences among mothers/caregivers who thought that physical punishment was necessary to raise or educate children in respect of their background characteristics (wealth, education, age group, area and sex)
- Similarly, exposure to violent discipline, is generally high and doesn't vary across areas, wealth quintile and sex of the child.
- Children whose mother has a primary education or less are more exposed (83%) to violent discipline compared to children whose mother has higher education level (73%)

Violent Discipline: Age Patterns

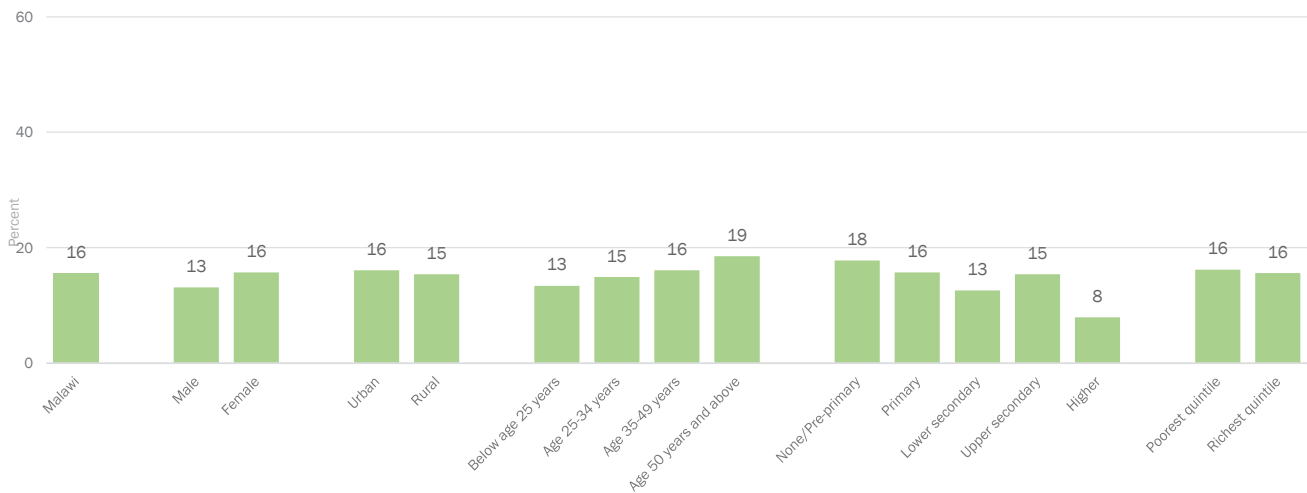


Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

Physical Punishment: Attitudes & Experiences



Attitudes to Physical Punishment



Percentage of mothers/caretakers who think that physical punishment is necessary to raise or educate children, by their background characteristics

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International Cooperation, Global Alliance for Vaccines and Immunizations and the United States Agency for International Development provided financial support.

The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Child

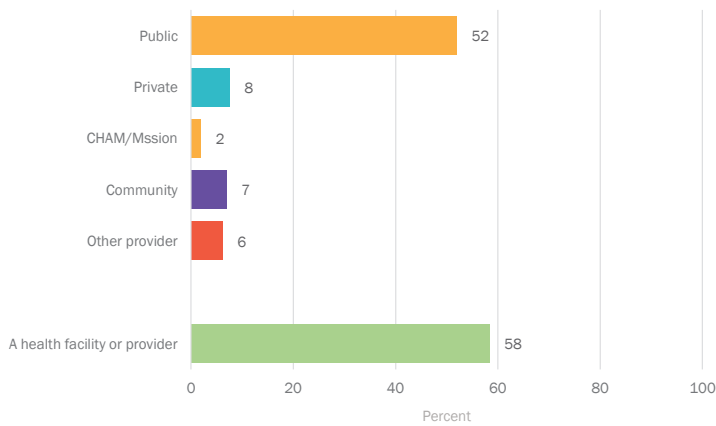
Discipline. Data from this snapshot can be found in tables PR.2.1 and PR.2.2 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Diarrhoea

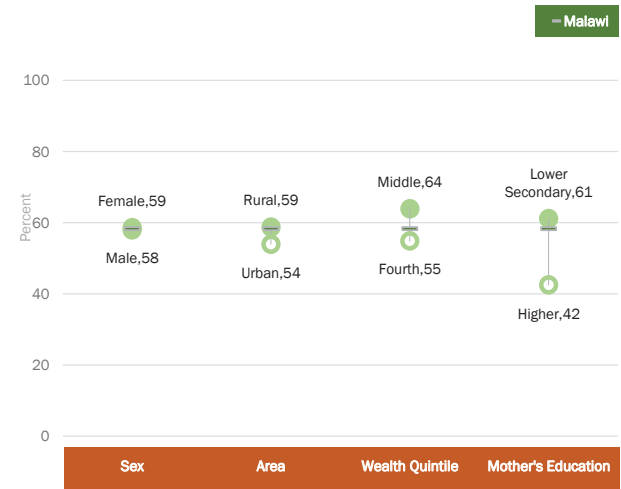


Care-seeking for Diarrhoea



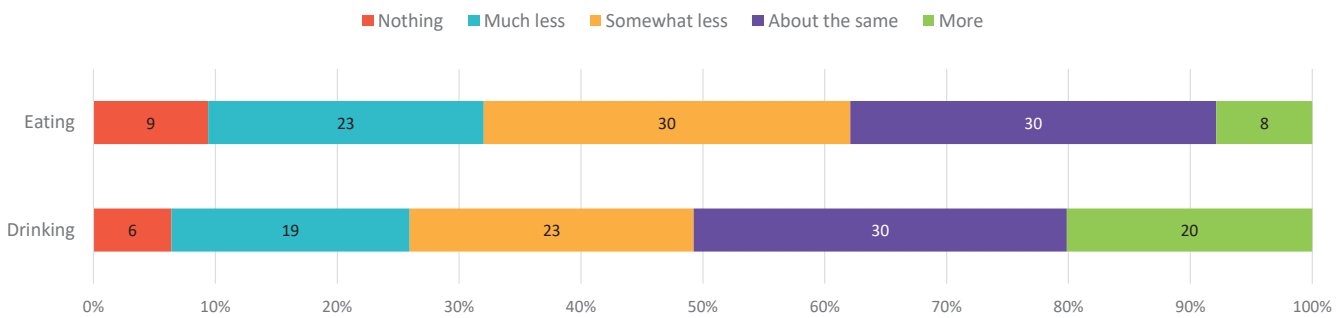
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought by source of provider

Disparities in Care-seeking for Diarrhoea



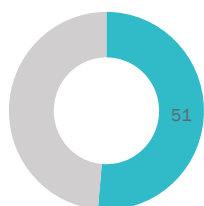
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider
Data for Mother's education "Higher" are based on 25-49 unweighted cases

Feeding during Diarrhoea



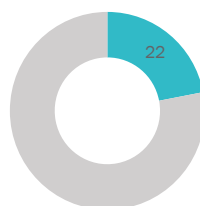
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea

ORS Treatment for Diarrhoea



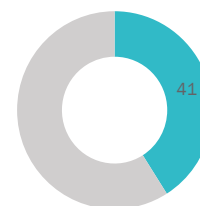
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

ORS + Zinc Treatment for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS) and zinc

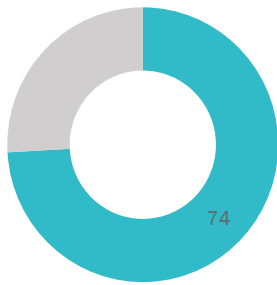
ORT + Continued Feeding for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy (ORT) with continued feeding

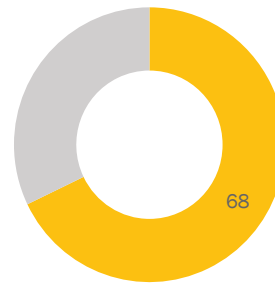
Malaria

Household Availability of Insecticide Treated Nets (ITNs)



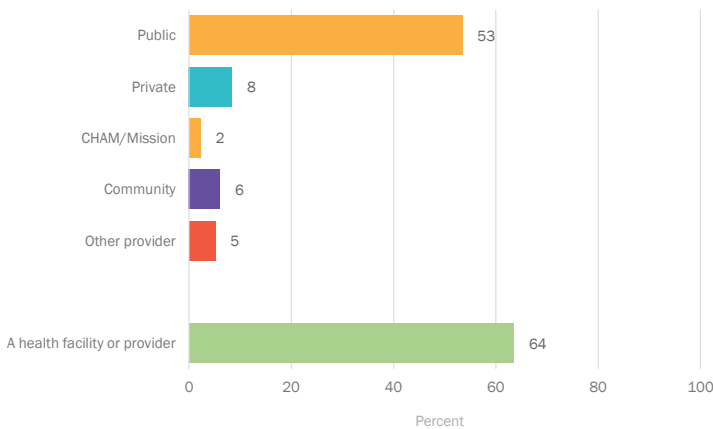
Percentage of households with at least one insecticide-treated net (ITN)

Children Under-Five who slept under an ITN



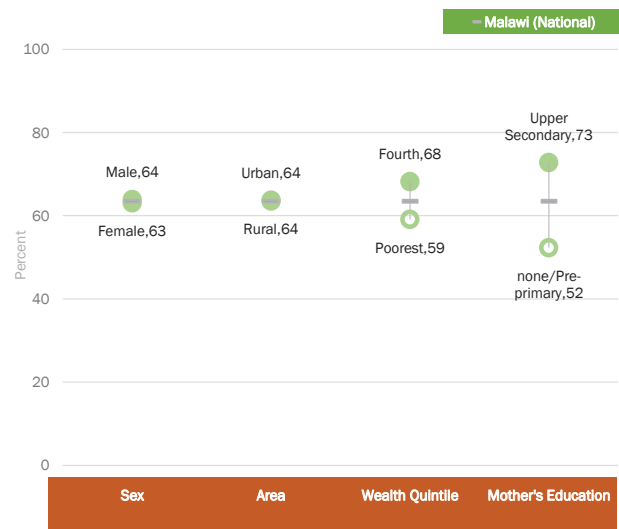
Percentage of children age 0-59 months who slept under an ITN last night

Care-seeking during Fever



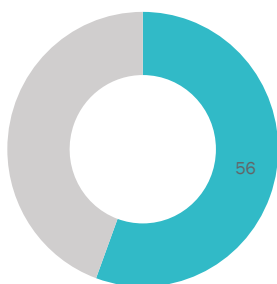
Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Disparities in Care-seeking during Fever



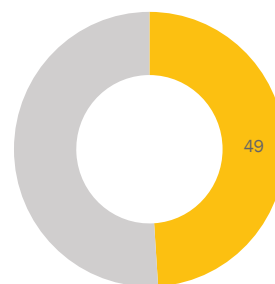
Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought at a health facility or provider

Malaria Diagnosis Usage



Percentage of children with fever who had blood taken from a finger or heel for testing

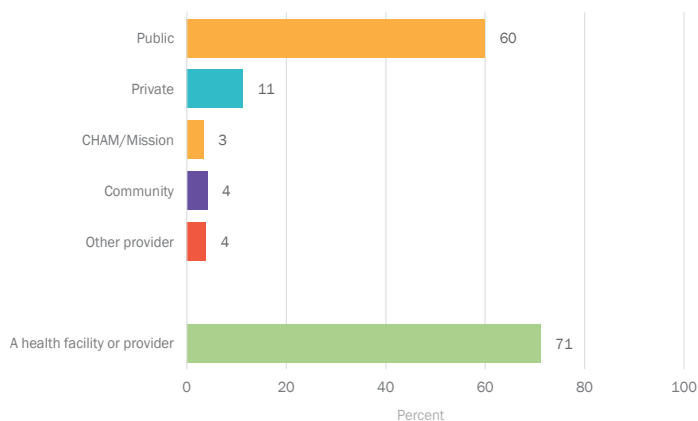
ACT Treatment among Children who Received Treatment



Among children with fever who received anti-malarial treatment, percent treated with Artemisinin-based Combination Therapy (ACT)

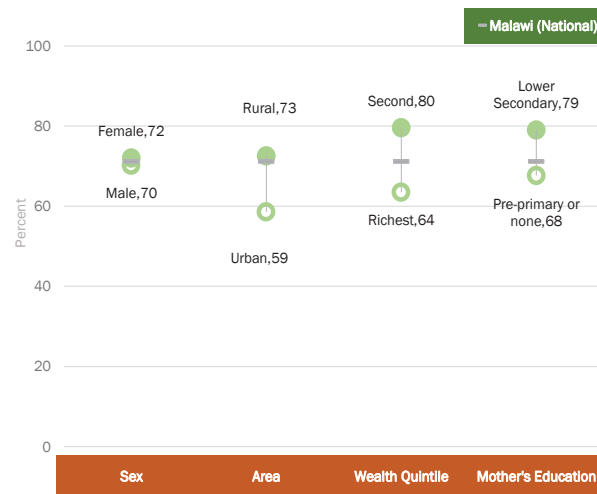
Symptoms of Acute Respiratory Infection (ARI)

Care-seeking for Symptoms of ARI



Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Disparities in Care-seeking for Symptoms of ARI



Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought at a health facility or provider

Regional Data on Care-seeking for Childhood Illness

Region	Care-Seeking at a health facility or provider for:		
	Diarrhoea	Fever	Symptoms of ARI
Malawi	58	64	71
North	62	63	76
Central	54	63	67
South	62	64	74

Key Messages

- Of children 0-59 months who had either diarrhoea or fever in the past two weeks, over half sought advice or treatment from a health facility or provider, nearly always a public health facility
- Care seeking behaviour for diarrhoea generally decreases with increases in level of education of the mother (61 % for care givers with lower secondary education and 42% for care givers with higher education)
- Forty-one percent of children with diarrhoea in the last 2 weeks were treated with ORT and continued feeding
- Fifty-three percent of children age 0-59 months with diarrhoea were eating less food during episodes of diarrhoea
- One in every five children age 0-59 months were drinking more fluids than usual during episodes of diarrhoea
- One in every two children age 0-59 months with diarrhoea in the last 2 weeks was treated with ORS, and one in every five with ORS and Zinc
- Care seeking behaviour for fever increased with increase in level of education of the mother (73% for care givers with upper secondary and 52% with pre-primary or no education)
- Of children age 0-59 months who had symptoms of ARI, 71% sought advice or treatment from a health facility or provider.

The Malawi Multiple Indicator Cluster Survey (MICS) was carried out in 2019-20 by the National Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, the Government of Malawi, the Royal Norwegian Embassy, German Agency for International Cooperation, Global Alliance for

Vaccines and Immunizations and the United States Agency for International Development provided financial support.

The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Child Health & Care of Illness. Data from this snapshot can be found in tables

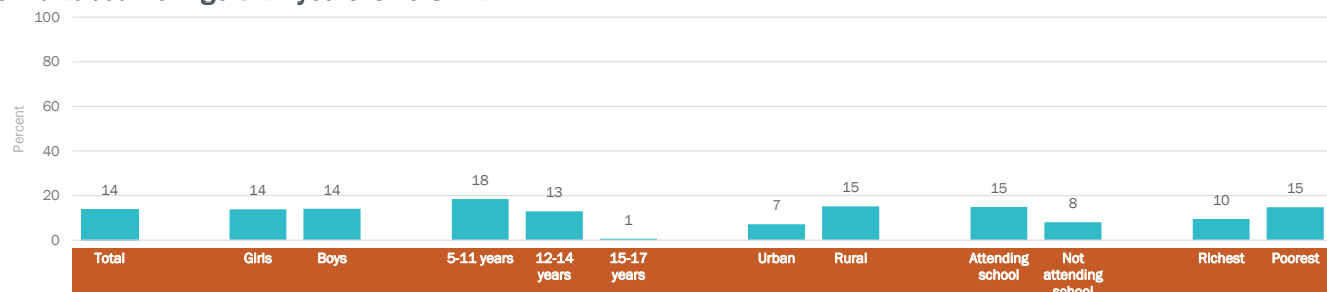
TC.3.1, TC.3.2, TC.3.3, TC.3.4, TC.5.1, TC.6.1, TC.6.7, TC.6.10 and TC.6.12 in the Survey Findings Report.

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Child Labour: Levels & Disaggregates

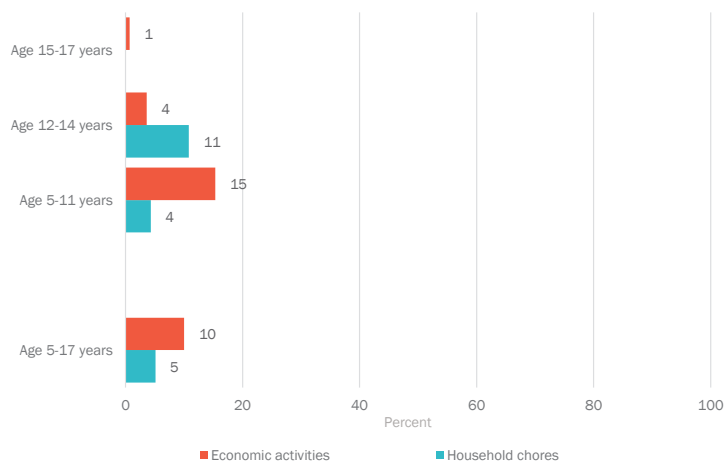


Child Labour for Age 5-17 years: SDG 8.7.1



Percentage of children age 5 to 17 years engaged in child labour, by background characteristics

Types of Child Labour



Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by age

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

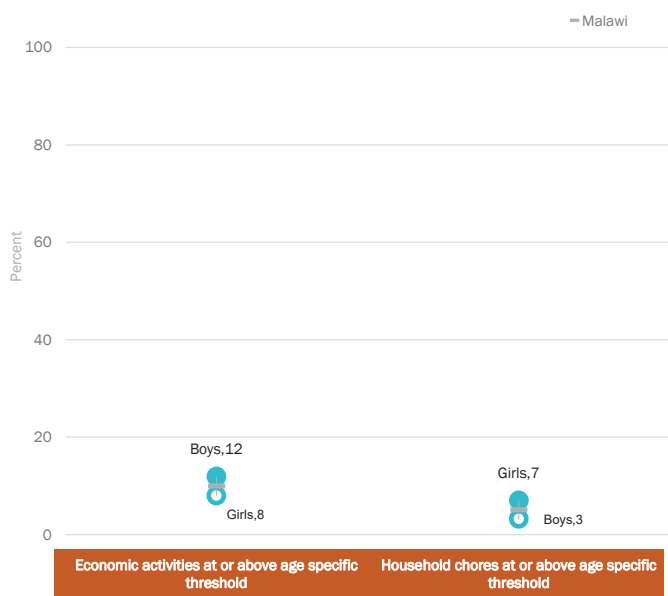
Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Key Messages

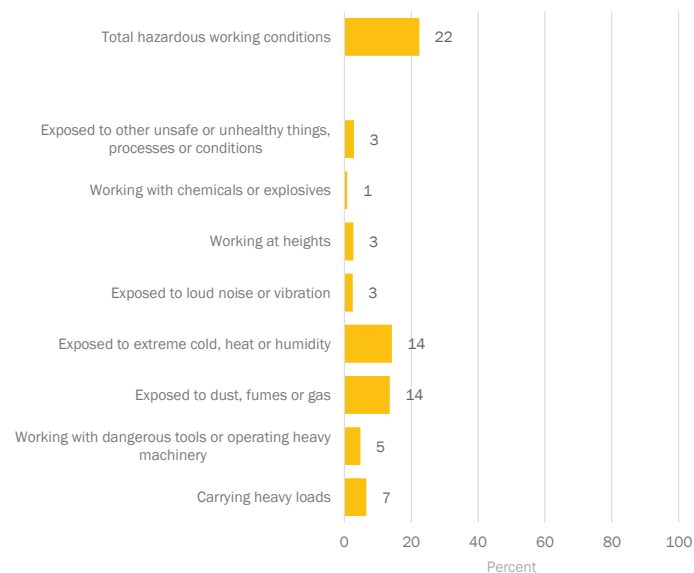
- Among children age 5-17 years, 14% were in child labour
- Twenty two percent of children age 5-17 years were working under hazardous conditions
- Children from poorest quintile were more likely to be in child labor(15%) compared to children in the richest quintile (10%)
- Children in rural areas were twice likely to be involved in child labour (15%) compared to urban areas (7%)
- Ten percent of children in the age group 5-17 were in child labour related to economic activities

Inequalities in Child Labour



Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by sex

Hazardous Working Conditions



Percentage of children age 5 to 17 years working under hazardous conditions, by background characteristics

Regional Data on Child Labour

Region	Total Child Labour
Malawi	14
North	14
Central	14
South	15

Percentage of children age 5 to 17 years engaged in child labour, by region

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Cooperation, Global Alliance for Vaccines and Immunizations and the United States Agency for International Development provided financial support.

The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Child

Labour. Data from this snapshot can be found in tables PR.3.1, PR.3.2, PR.3.3 and PR.3.4 in the Survey Findings Report.

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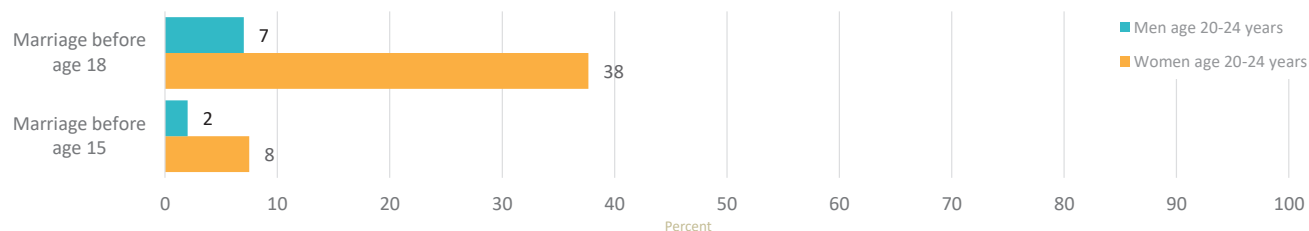
Child Marriage

Multiple Indicator Cluster Surveys

Child Marriage: Levels & Disaggregates



Marriage before Age 15 & Age 18 among women (SDG 5.3.1*) and men

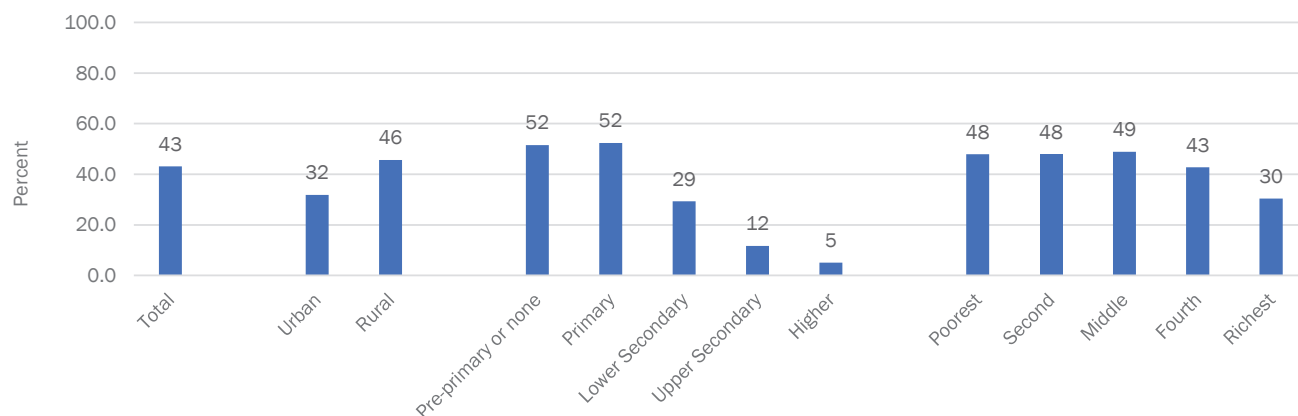


Percentage of women and men age 20-24 years who were first married or in union before age 15 and before age 18

The above chart refers to women and men aged 20 to 24 years, as this youngest cohort most recently completed exposure to the risk of marrying in childhood, thus giving a closer approximation of the current prevalence of child marriage. The following charts, which show disaggregation by background characteristics, refer to the full cohort of women aged 20 to 49 years.

* SDG indicator 5.3.1 refers only to child marriage prevalence among girls: "Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18"

Disaggregates in Marriage before Age 18 among women



Percentage of women age 20-49 years who were first married or in union before age 18, by residence, education and household wealth quintile

Key Messages

- About 1 in 3 (38%) women age 20-24 were first married or in union before age 18. Child marriage is less common among boys, 7% of young men age 20-24 were married before age 18.
- Rural urban disparities exist in Malawi. Almost half (46%) of women age 20-24 got married before age 18 in rural areas compared to (32%) in urban areas
- Education and socio-economic status are key determinants of child marriage. Women age 20-49 years with pre-primary or no education were 10 times more likely to get married by age 18 compared to those with higher education. 48% of women in poor households get married by age 18 compared to those from rich households (30%)
- Child marriage is common throughout the country, with at least 4 in 10 young women married in childhood in all regions.
- The percentage of women age 20-49 years who were first married or in union before age 15 and before age 18 has remained generally constant across all age cohorts over time (ranging between 8% and 13% for before age 15 and between 38% and 47% for before age 18)

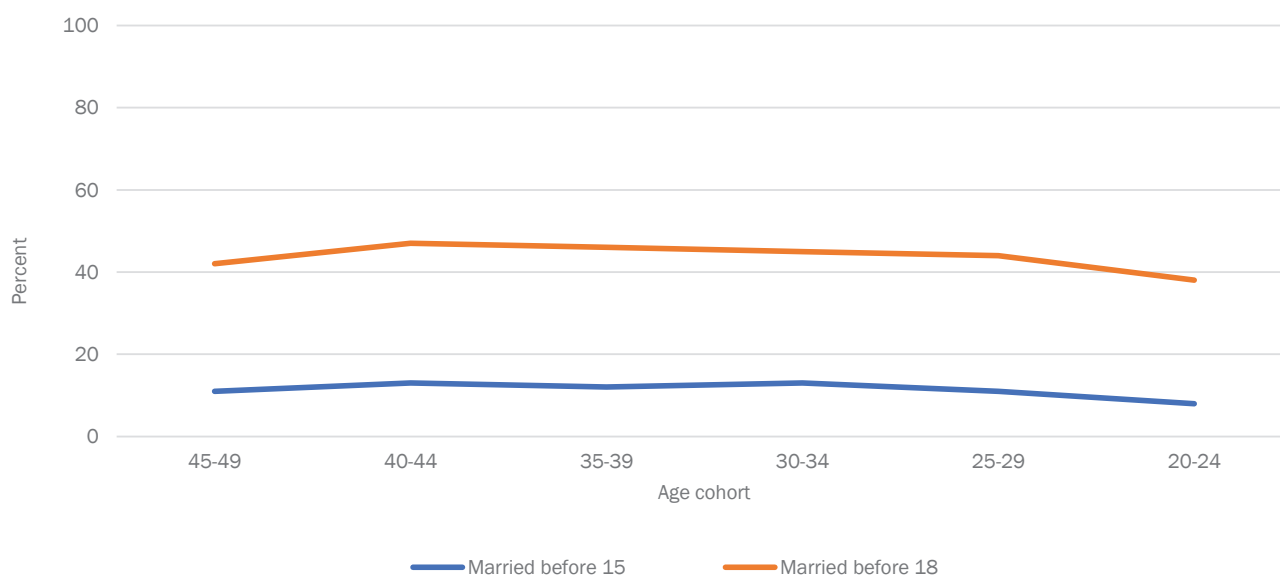
Regional Data on Child Marriage

Region	Marriage before age 18
Malawi	43
North	45
Central	40
South	46

Percentage of women aged 20 to 49 years who were first married or in union before age 18, by region

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

Trends in Child Marriage



Percentage of women age 20-49 years who were first married or in union before age 15 and before age 18, by age cohort

The Malawi Multiple Indicator Cluster Survey (MICS) was carried out in 2019-20 by the National Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), UNICEF, the Government of Malawi, the Royal Norwegian Embassy, German Agency for International Cooperation, Global Alliance for Vaccines and Immunizations and the

United States Agency for International Development provided financial support.

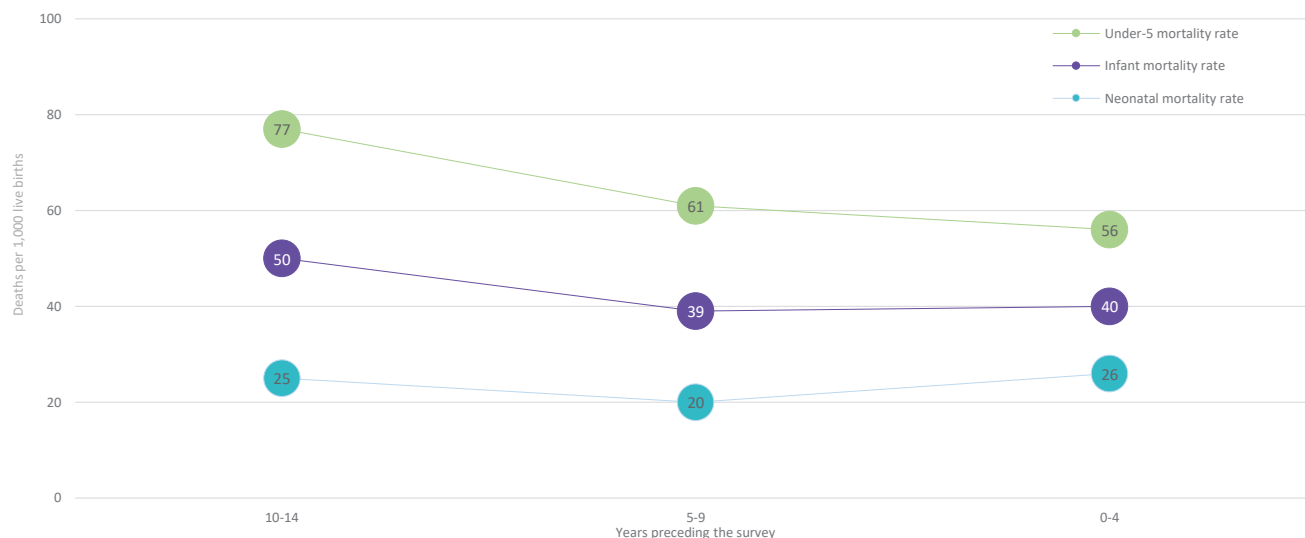
The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Child Marriage. Data from this snapshot can be found in table PR.4.1W in the Survey Findings Report..

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Child Mortality

Multiple Indicator Cluster Surveys

Mortality Rates among Children Under-5



Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-4	26	14	40	17	56
5-9	20	19	39	23	61
10-14	25	25	50	29	77

Neonatal mortality (NN): probability of dying within the first month of life
Post-neonatal mortality: calculated as the difference between infant and neonatal mortality rates
Infant mortality (${}_1q_0$): probability of dying between birth and first birthday
Child mortality (${}_4q_1$): probability of dying between the first and fifth birthday
Under-5 mortality (${}_5q_0$): probability of dying between birth and fifth birthday

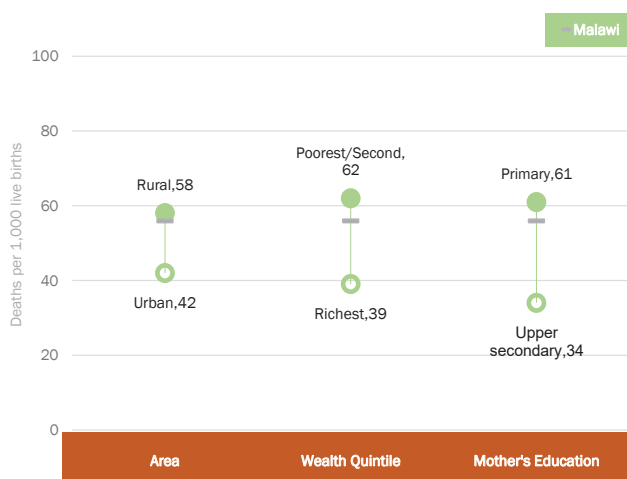
MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women aged 15-49 are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.

Key Messages

- Neonatal Mortality Rate was 26 deaths per 1,000 live births for the 5 years preceding the survey
- Infant Mortality Rate was 40 deaths per 1,000 live births for the 5 years preceding the survey while the under-5 mortality rate was 56
- Notably, Under-5 mortality rate was highest among the poorest and second wealth quintile (62 deaths per 1,000 live children) compared to the richest quintile (39 deaths per 1,000 live children)
- Under-5 mortality rate was highest in children whose care givers had primary education (61 deaths per 1,000 live deaths) compared to those with upper secondary education (34 deaths per 1,000 live children)
- Under-5 mortality rate ranged from 39 deaths per 1,000 live births in Northern Region to 59 deaths per 1,000 live births in Southern Region, for the 5 years preceding the survey
- Under-5 mortality rate was highest among women in rural areas (58 deaths per 1,000 live births compared to 42 deaths per 1,000 live births in urban areas)

Differentials in Child Mortality

Under-5 mortality rate by socio-economic characteristics & area



Under-5 mortality rate by demographic risk factors



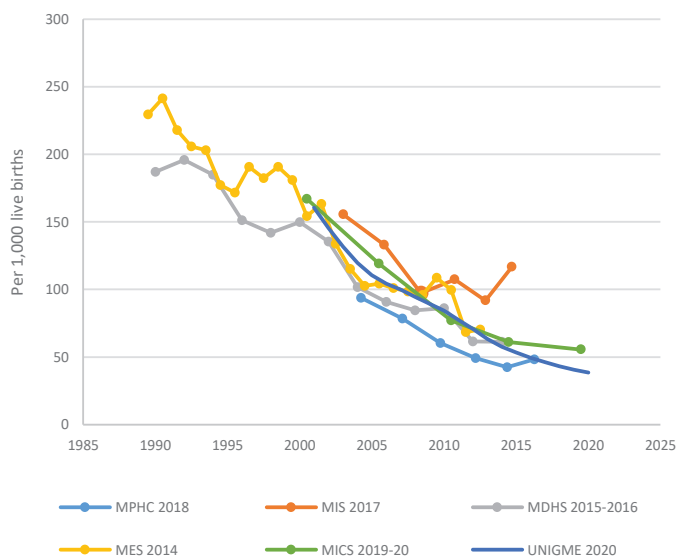
Under-five mortality rates for the five-year period preceding the survey, by socio-economic characteristics, area and demographic risk factors

Neonatal & under-5 mortality rates by region

Region	Neonatal mortality	Under-5 mortality
Malawi	26	56
North	23	39
Central	26	57
South	26	59

Neonatal mortality and under-5 mortality rates (deaths per 1,000 live births) for the five-year period preceding the survey, by region

Trends in under-5 mortality rates



The source data used in the above graph is taken from the final reports of MICS 2019-20. Data from UNIGME 2020, MPHIC 2018, MDHS 2015-16, MIS 2017 and MES 2014 was downloaded from the UN IGME web portal.

Child mortality source data are published on www.childmortality.org, the web portal of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). UN IGME data points may differ from the published estimates of a survey, census or vital registration system since UN IGME recalculates estimates using smaller intervals, longer reference periods and/or calendar years (if data are available).

The Malawi Multiple Indicator Cluster Survey (MICS) was carried out in 2019-20 by the National Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, the Government of Malawi, the Royal Norwegian Embassy, German Agency for International

Cooperation, Global Alliance for Vaccines and Immunizations and the United States Agency for International Development provided financial support.

The objective of this snapshot is to disseminate selected findings from the Country MICS 2018 related to Child

Mortality. Data from this snapshot can be found in tables CS.1, CS.2, and CS.3 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

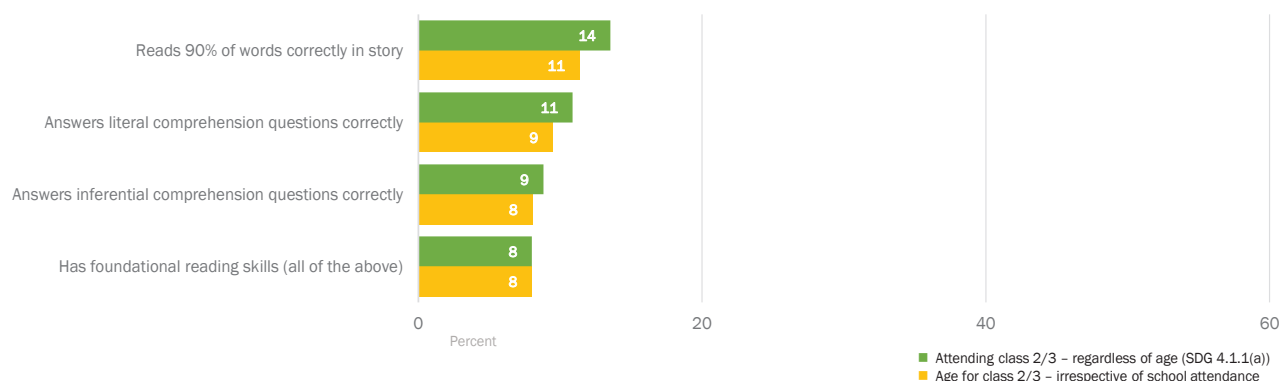
Early class Learning & Parental Involvement

Multiple Indicator Cluster Surveys

Early class Learning: **SDG 4.1.1(a)**

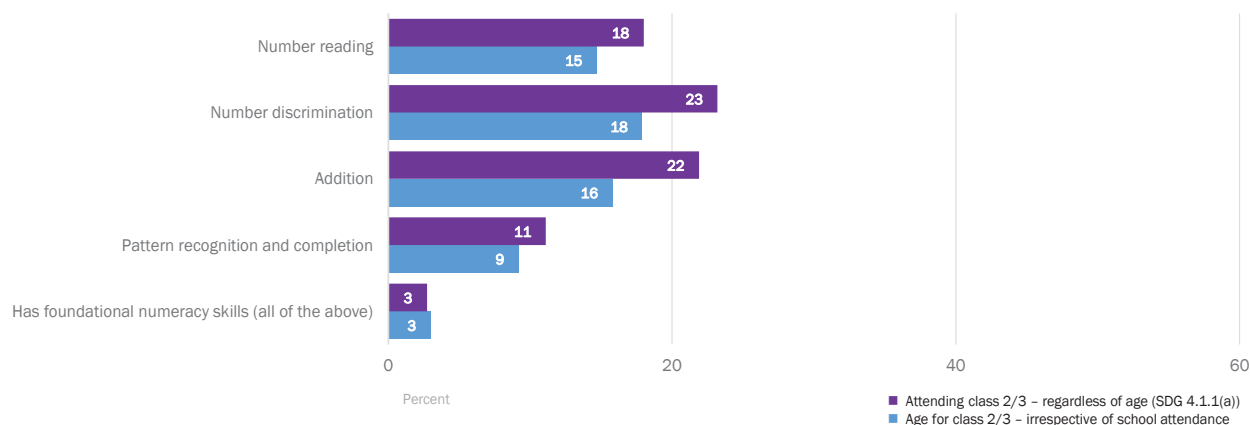


Foundational Reading Skills: SDG 4.1.1(a) (i: reading)



Percentage of children attending class 2/3 and at age for class 2/3 who can 1) read at least 90% of words in a story correctly, 2) answer three literal comprehension questions, 3) answer two inferential comprehension questions

Foundational Numeracy Skills: SDG 4.1.1(a) (ii: numeracy)



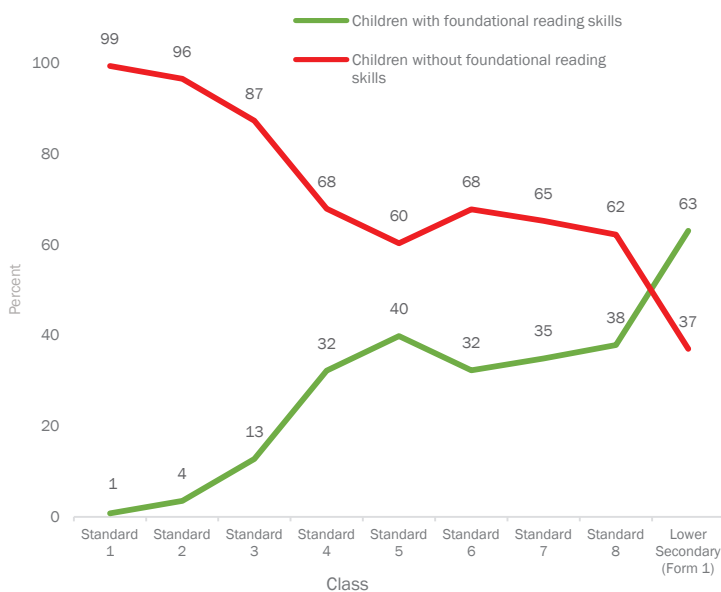
Percentage of children attending class 2/3 and at age for class 2/3 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Key Messages

- Only 19% of children aged 7-14 years have foundational reading skills in either Chichewa or English. This means that they are able to correctly read a short story of class 2/3 level and answer five comprehension questions related to the story.
- While 14% of children attending class 2/3 were able to read a short story at that class level, 11% were able to correctly answer literal comprehension questions related to the story, and 9% were able to correctly answer inferential comprehension questions related to the story.
- Thirteen percent of the children aged 7-14 have foundational numeracy skills, which means that they could correctly perform all four listed numeracy tasks. The main issue was on pattern recognition and completion in which about 1 in every 4 children were able to respond correctly.
- For 74% of the children, an adult household member in the last year received a report card for the child.
- For 32% of the children, an adult household member met with teachers to discuss the child's progress, 47% attended meeting called by governing body and 43% attended meetings to discuss education and financial issues.

Early class Learning: Disaggregates (age 7-14 years)

Foundational Reading Skills, by class of attendance



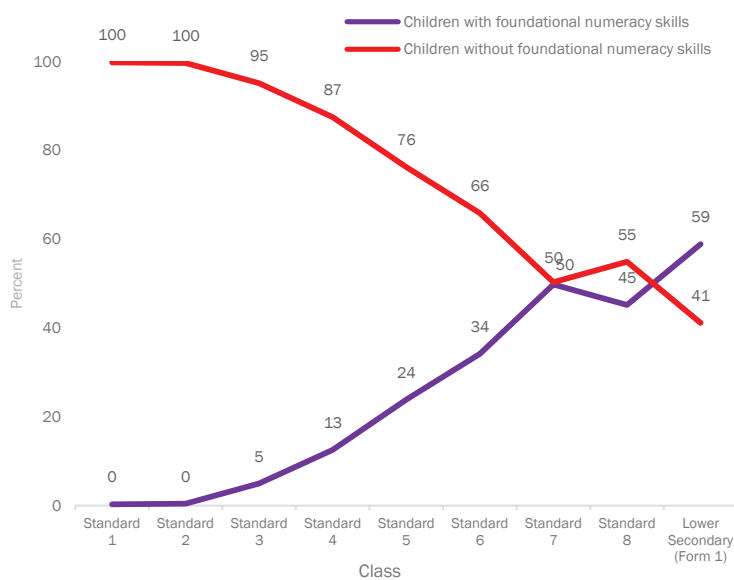
Percentage of children age 7-14 years attending primary or lower secondary school by foundational reading skills, by class of attendance.

Note that the chart excludes children out of school or attending higher levels of education.

The percentage of children without foundational reading skills is calculated by subtracting the children with foundational reading skills from the total number of children.

Not assessed series have been dropped because all children attending Standard 1-8 and Form 1 have been assessed in English or Chichewa.

Foundational Numeracy Skills, by class of attendance

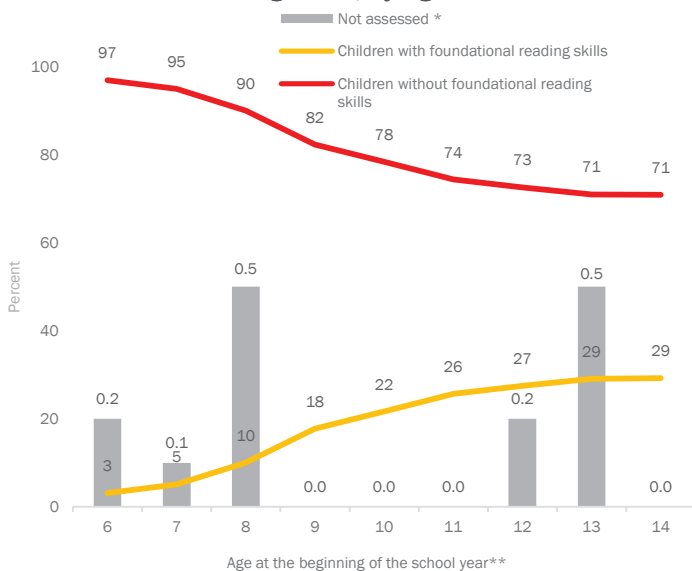


Percentage of children age 7-14 years attending primary or lower secondary school by foundational numeracy skills, by class of attendance.

Note that the chart excludes children out of school or attending higher level of education.

The percentage of children without foundational numeracy skills is calculated by subtracting the children with foundational reading skills from the total number of children.

Foundational Reading Skills, by age

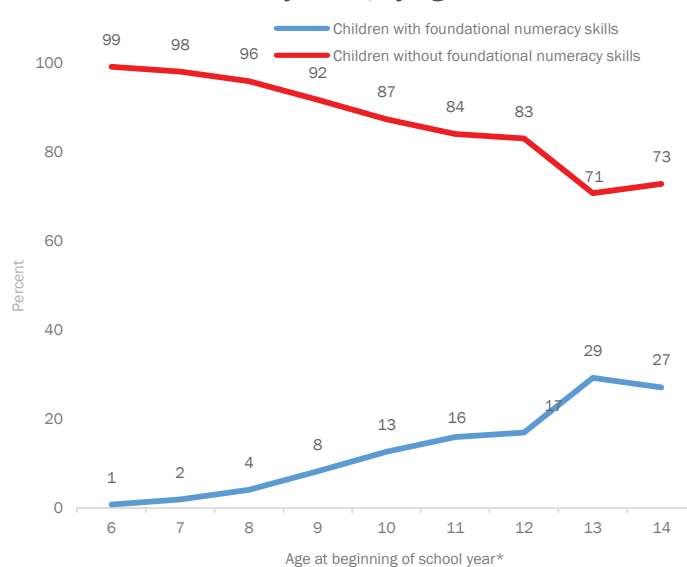


Percentage of children age 7-14 years by foundational reading skills, by age at beginning of school year**

The percentage of children without the foundational reading skills is calculated by subtracting the children with foundational reading skills from the total number of children.

- * The reading tasks were available in English and Chichewa. Children were assessed in the main language used by teachers
- ** As eligibility for the Parental Involvement and Foundational Learning Skills modules was determined based on age at time of interview (age 7-14 years), Age at beginning of school year inevitably presents children who were age 6 years at the beginning of the school year.

Foundational Numeracy Skills, by age



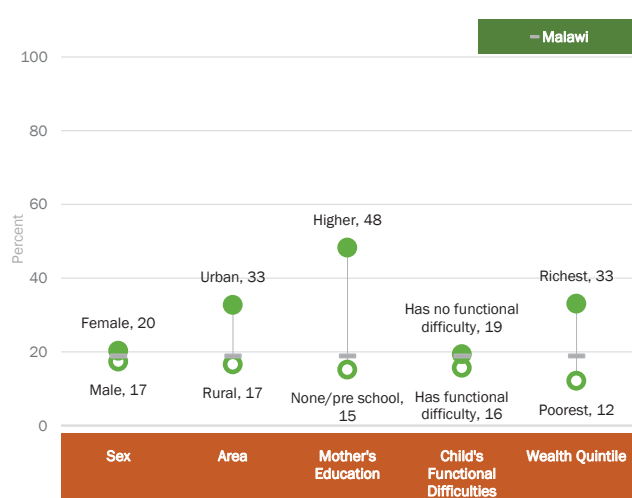
Percentage of children age 7-14 years by foundational numeracy skills, by age at beginning of school year*

The percentage of children without foundational numeracy skills is calculated by subtracting children with foundational reading skills from the total number of children.

* As eligibility for the Parental Involvement and Foundational Learning Skills modules was determined based on age at time of interview (age 7-14 years), Age at beginning of school year inevitably presents children who were age 6 years at the beginning of the school year.

Early class Learning: Disaggregates (age 7-14 years)

Disaggregates in Foundational Reading Skills

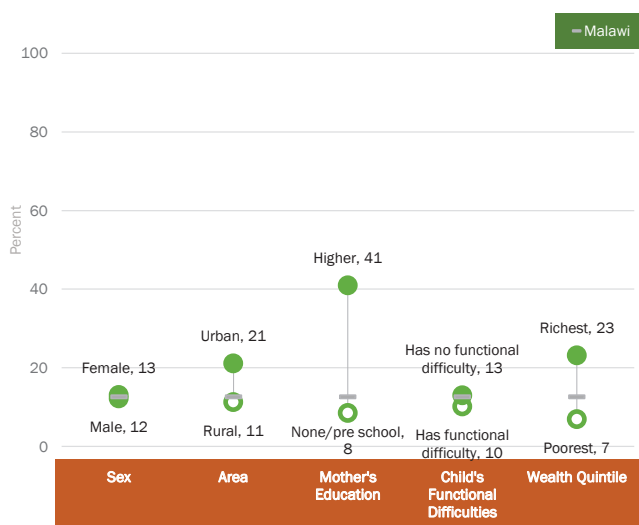


Percentage of children age 7-14 years who demonstrate foundational reading skills by successfully completing three foundational reading tasks, by background characteristics

Regional Data on Foundational Reading Skills

Region	Boys	Girls	Total
Malawi	17	20	19
North	16	18	17
Central	17	22	19
South	19	19	19

Disaggregates in Foundational Numeracy Skills



Percentage of children age 7-14 years who demonstrate foundational numeracy skills by successfully completing four foundational numeracy tasks, by background characteristics

Regional Data on Numeracy Skills

Region	Boys	Girls	Total
Malawi	12	13	13
North	15	12	14
Central	12	13	12
South	12	14	13

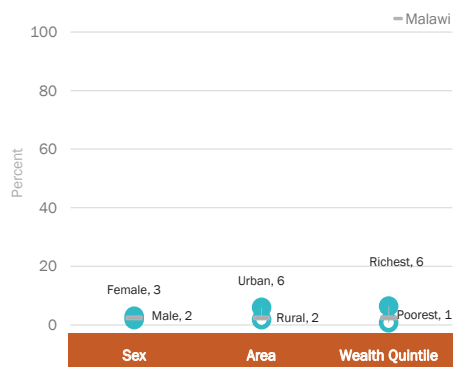
Measuring Reading & Numeracy Skills in MICS

- The Foundational Learning Skills (FL) module is a direct assessment of children's reading and numeracy competencies. It is designed to assess foundational learning skills expected upon completion of 2nd class of primary education, thus contributing to SDG indicator 4.1.1(a).
- The FL module is part of the Questionnaire for Children Age 5-17 administered to one randomly selected child in each household. Children age 7-14 years are eligible for module.
- The reading assessment in the FL module consists of a reading passage and a set of comprehension questions related to the story. The assessment is customised in each country to ensure vocabulary and cultural references are relevant and appropriate. The numeracy assessment consists of four number tasks based on universal math skills expected at 2nd class level.
- The reading assessment of Malawi MICS 2019-20 was conducted in English, and

Chichewa. As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalized sub-populations of children can be identified for support to improve learning outcomes.

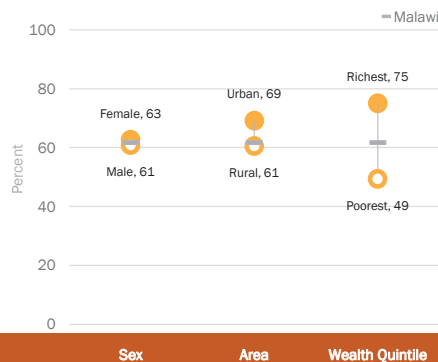
Parental Involvement: Learning Environment at Home

Children with 3 or more books to read at home



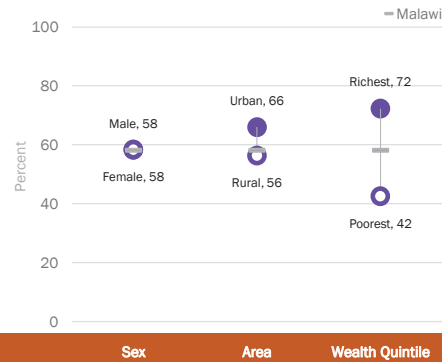
Percentage of children age 7-14 years with 3 or more books at home, by background characteristics

Children who read books or are read to at home



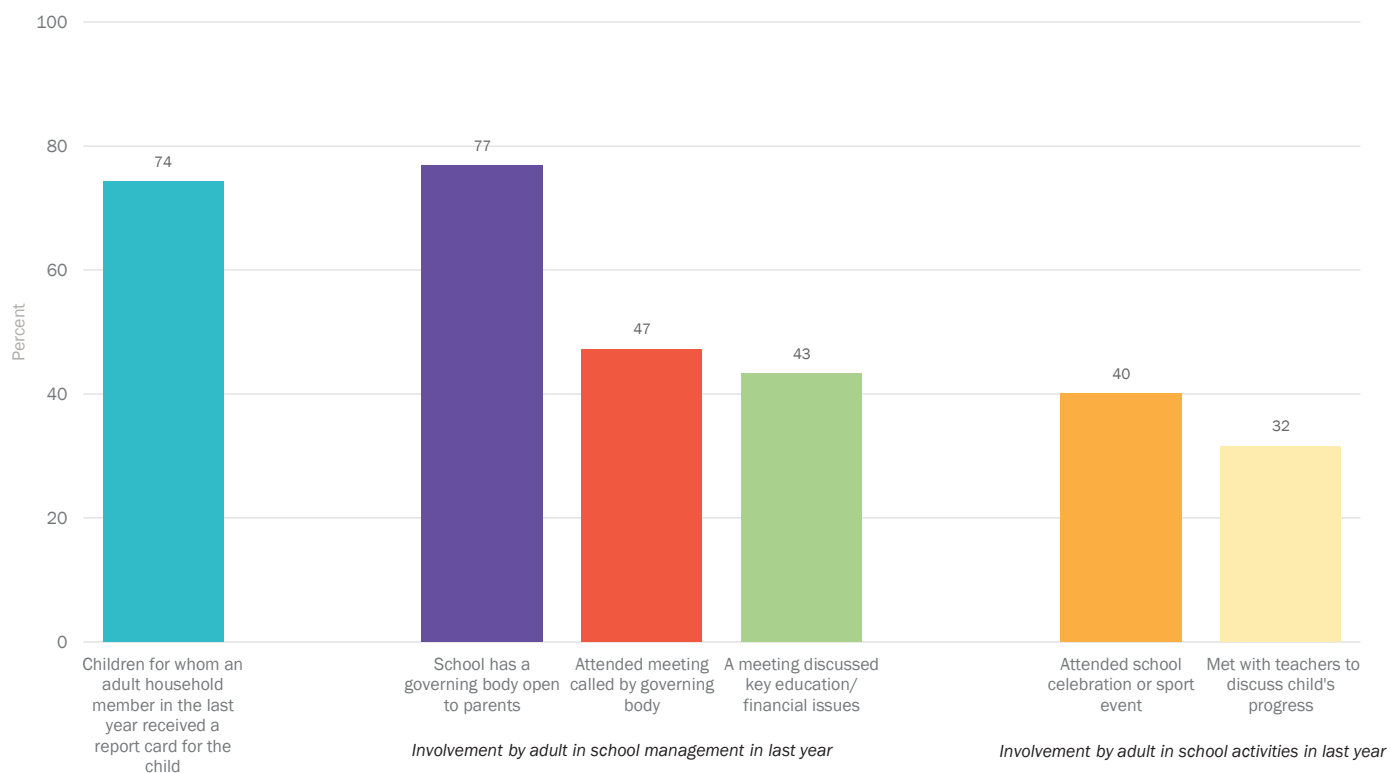
Percentage of children age 7-14 years who read books or are read to at home, by background characteristics

Children who receive help with homework



Percentage of children age 7-14 years attending school and having homework who receive help with homework, by background characteristics

Parental Involvement in school



Percentage of children age 7-14 years attending school, by indicators of parental support

The Malawi Multiple Indicator Cluster Survey (MICS) was carried out in 2019-20 by the National Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, the Government of Malawi, the Royal Norwegian Embassy, German Agency for International Cooperation, Global Alliance for Vaccines and Immunizations and the United States Agency for International Development provided financial support.

The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Early class Learning & Parental Involvement. Data from this snapshot can be found in table LN.3.1, LN.3.3, LN.4.1 and LN.4.2 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

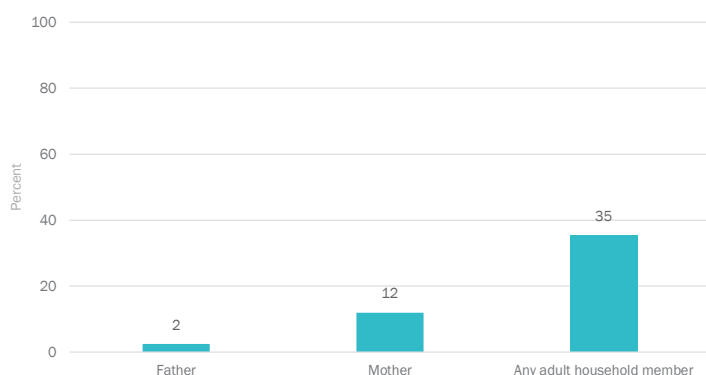
Early Childhood Development (ECD)

Multiple Indicator Cluster Surveys

Support for Learning



Early Stimulation & Responsive Care



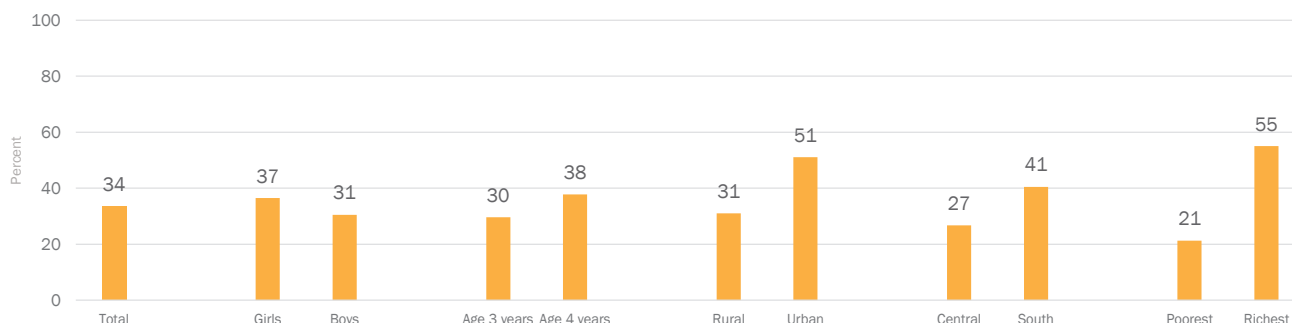
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

Children facing a broad range of risk factors including poverty; poor health; high levels of family and environmental stress and exposure to violence, abuse, neglect and exploitation; and inadequate care and learning opportunities face inequalities and may fail to reach their developmental potential. Investing in the early years is one of the most critical and cost-effective ways countries can reduce gaps that often place children with low social and economic status at a disadvantage.

Attendance at Early Childhood Education Programmes



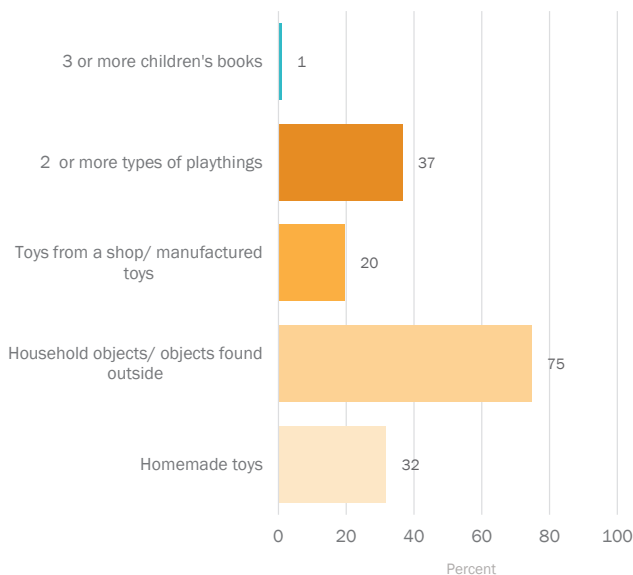
Percentage of children age 3-4 years attending an early childhood education programme, by background characteristics

Key Messages

- Support for learning was very low from both fathers (2%) and mothers (12%)
- Attendance at early childhood education programmes was low (34%). Attendance to ECE was much more likely among children living in urban areas (51%) than rural (31%) and high from the richest (51%) than the poorest households (21%)
- Only 1% of children had access to three or more children's books
- Almost half of children age under 5 years were left at home with inadequate supervision in the previous week (44%)
- Fifty nine percent of children age 3-4 years were developmentally on track in at least three of the four domains {physical (89%), social-emotional (78%), and learning domains(74%), literacy-numeracy (17%)}
- Only 17% of children age 3-4 years were developmentally on track in literacy-numeracy

Learning Materials & Child Supervision

Access to Play & Learning Materials



Percentage of children under age five according to their access to play and learning materials

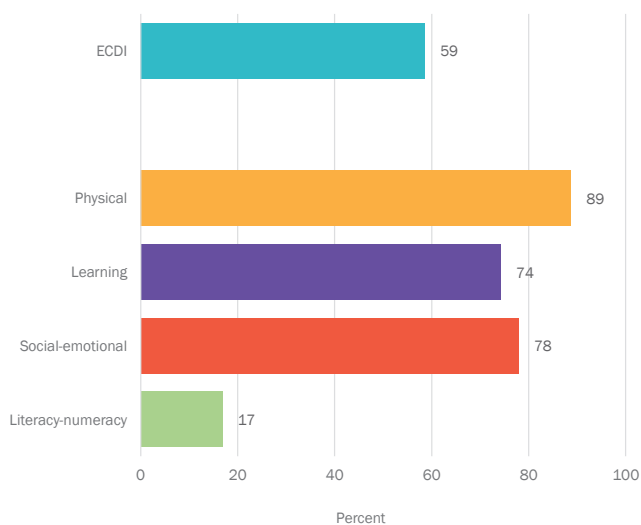
Inadequate supervision of children

Region	Left in Inadequate supervision
Malawi	44
North	43
Central	44
South	44

Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by region

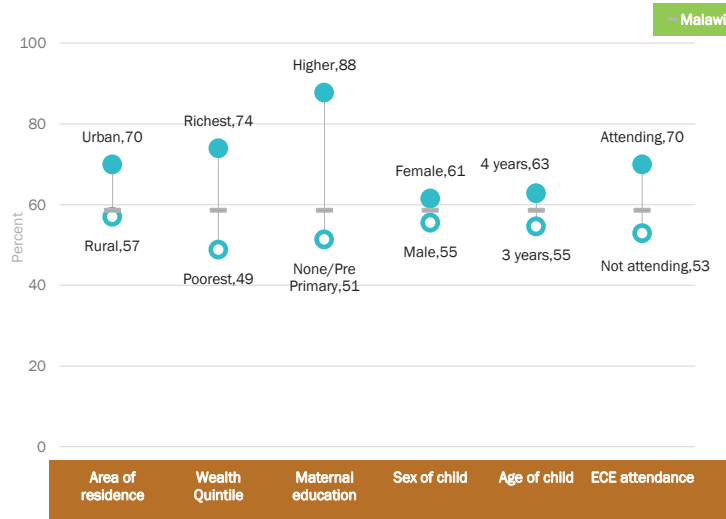
Early Childhood Development Index (ECDI)

ECDI: Total Score & Domains, SDG 4.2.1



ECDI: Early Childhood Development Index; percentage of children age 3-4 years who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains

ECDI: Disaggregates



ECDI by various characteristics
ECE = early childhood education
Note: Data for children whose mother has no education are based on 25-49 unweighted cases.

The Malawi Multiple Indicator Cluster Survey (MICS) was carried out in 2019-20 by the National Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), the Government of Malawi, the Royal Norwegian Embassy, German Agency for International

Vaccines and Immunizations and the United States Agency for International Development provided financial support.

The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Early Childhood Development (ECD). Data

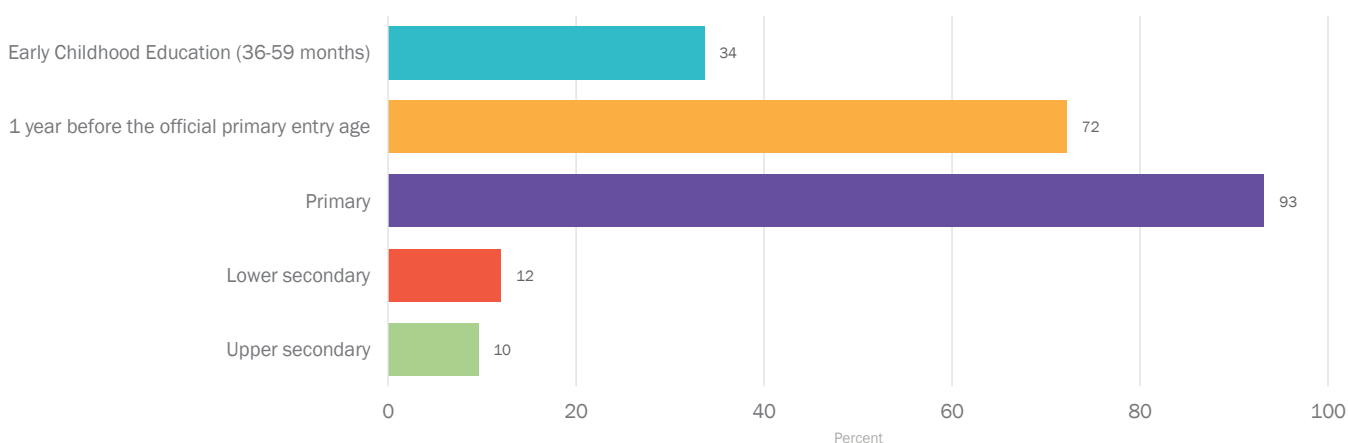
tables TC.10.1, LN.1.1, TC.10.2, TC.10.3 and TC.11.1 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Attendance Rates & Inequalities



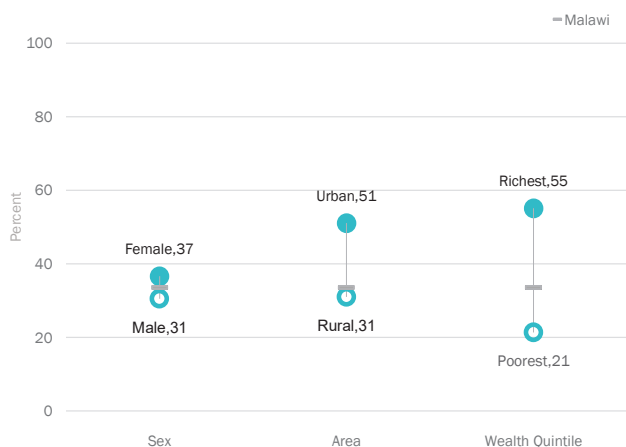
School Net Attendance Rates (adjusted)



Percentage of children of intended age for level of education attending level of education for age or higher, by level of education

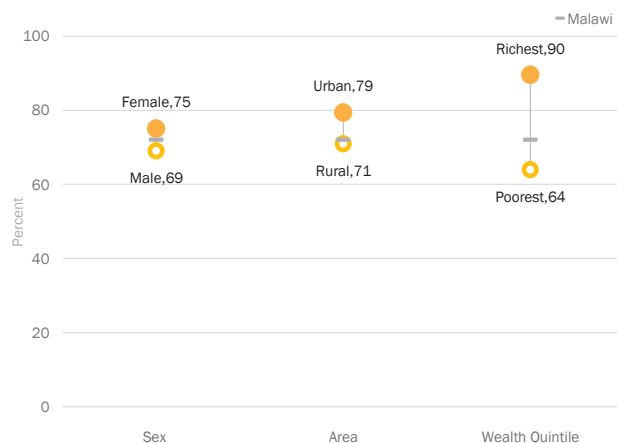
Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Early Childhood Education Attendance Rate (age 3-4)



Percentage of children age 36-59 months who are attending early childhood education

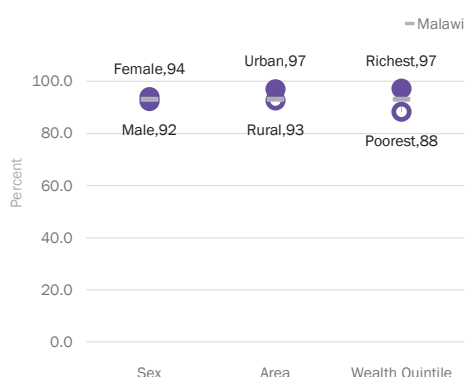
Participation Rate in Organised Learning (1 Year Before the Official Primary Entry Age): SDG 4.2.2



Percentage of children age one year younger than the official primary school entry age at the beginning of the school year who are attending an early childhood education programme or primary school (adjusted net attendance rate)

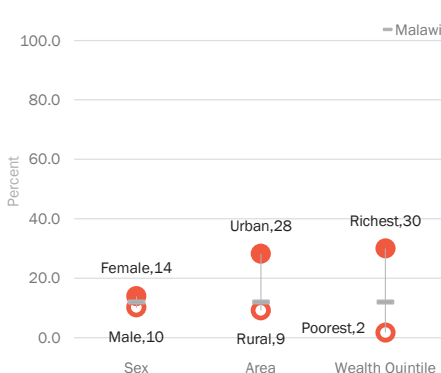
Inequalities in Attendance Rates

Primary School Net Attendance Rate (adjusted)



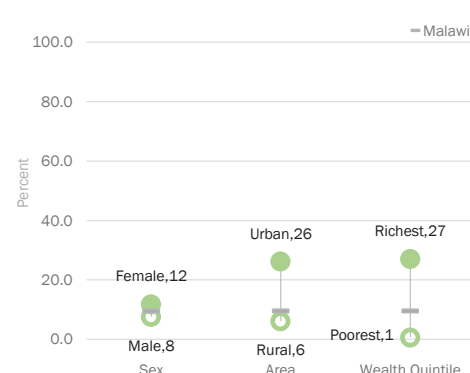
Percentage of children of primary school age (as of the beginning of school year) who are attending primary, lower or upper secondary school

Lower Secondary School Net Attendance Rate (adjusted)



Percentage of children of lower secondary school age (as of the beginning of school year) who are attending lower secondary school or higher

Upper Secondary School Net Attendance Rate (adjusted)

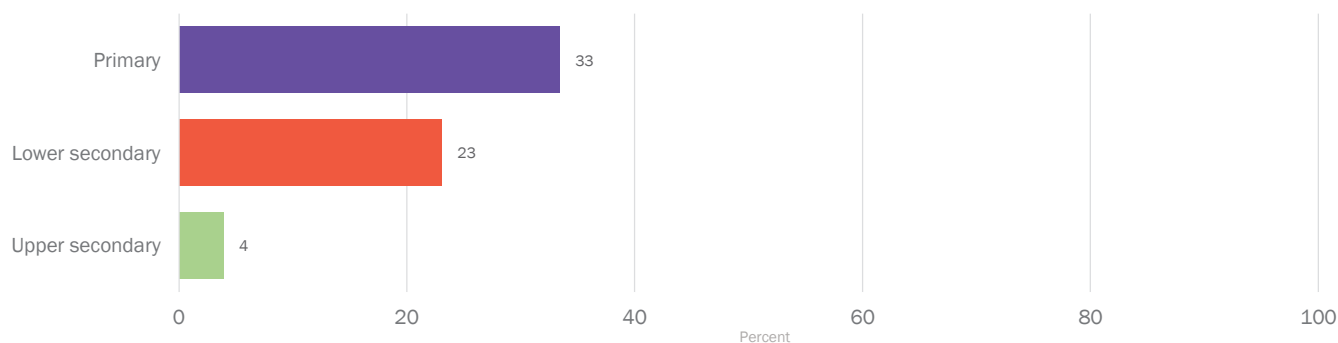


Percentage of children of upper secondary school age (as of the beginning of school year) who are attending upper secondary school or higher

Regional Data for Net Attendance Rates (adjusted)

Region	Early Childhood Education (age 3-4)	Participation rate in organized learning (age 5)	Primary (age 6-13)	Lower Secondary (age 14-15)	Upper Secondary (age 16-17)
Malawi	34	72	93	12	10
North	35	78	97	17	12
Central	27	69	92	10	7
South	41	75	93	13	12

Completion Rates: SDG 4.1.2



Percentage of children age 3 to 5 years above the intended age for the last grade who have completed that grade, by level of education

Inequalities in Completion Rates



Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

Percentage of children age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education

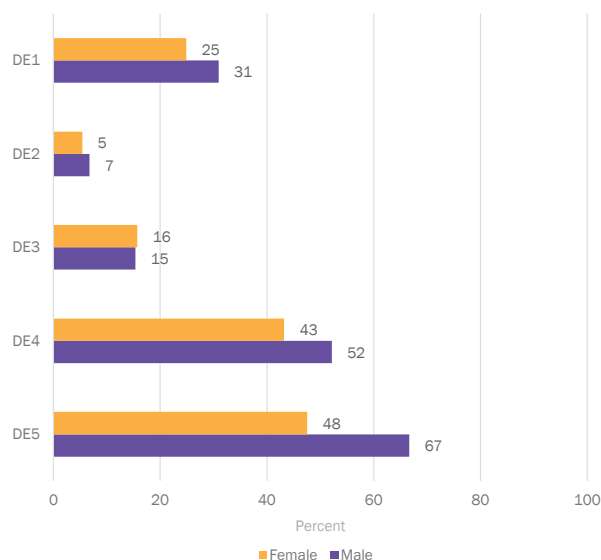
Percentage of children or youth age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education

Regional Data in Completion Rates

Region	Primary (age 6-13)	Lower Secondary (age 14-15)	Upper Secondary (age 16-17)
Malawi	33	23	4
North	43	32	5
Central	30	21	3
South	34	23	5

Out of School Rates

Out of School Dimensions for Levels of Education



Dimension 1: Children age one year younger than primary entry age not attending an early childhood education programme or primary school

Dimension 2: Children of primary school age who are not attending any level of education

Dimension 3: Children of lower secondary school age who are not attending any level of education

Dimension 4: Children who are in primary school but at risk of dropping out (over-age for grade by 2 or more years)

Dimension 5: Children who are in lower secondary school but at risk of dropping out (over-age for grade by 2 or more years)

Key Messages

- Nationally, attendance to Early Childhood Programme (ECE) Education is at 34%. Attendance is highest among; females (37%) as compared to males (31%), urban (51%) as compared to rural (31%), richest (55%) as compared to poorest (21%)
- Attendance to pre-primary school (1 year prior to primary school entry age) was 72%
- 93% of children of primary school age attend primary school or a higher level. On regional level, northern region has the highest primary school adjusted net attendance rate (97%) seconded by southern region (93%) and central region having the lowest net attendance (92%).
- Boys of primary school age have higher risk to be out of school (7%) than girls (5%).
- Completion rate for primary is 33%. Girls (38%), children living in urban area (65%) and richest households (67%) have a higher chance of completing primary school than males (29%), children in rural area (27%) and children in poorest households (11%).
- 12% of children of lower secondary school age attend lower secondary school or a higher level. Lower secondary school adjusted net attendance rate is higher among girls (14%) than boys (10%), in urban (28%) than rural area (9%).
- Lower secondary school completion rate is low (23%), especially for children living in poorest households (3%).
- Only 10% of children of upper secondary school age attend upper secondary school or a higher level.
- Girls of upper secondary school age have higher risk to be out of school (37%) compared to boys (31%).
- Upper secondary completion rate is very low (4%), especially for poor households (less than 1% for children living in households in the first three quintile)

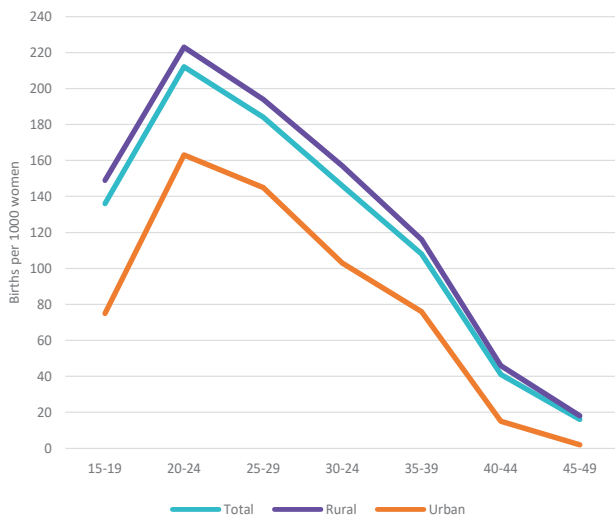
The Malawi Multiple Indicator Cluster Survey (MICS) was carried out in 2019-20 by the National Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF and , the Government of Malawi, the Royal Norwegian Embassy, German Agency for International Cooperation, Global Alliance for Vaccines and Immunizations and the United States Agency for International Development (USAID) provided financial support.

The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Education. Data from this snapshot can be found in table LN.1.1, LN.1.2, LN.2.3, LN.2.4, LN.2.5 , LN.2.6, and LN.2.7 in the Survey Findings Report. Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Fertility

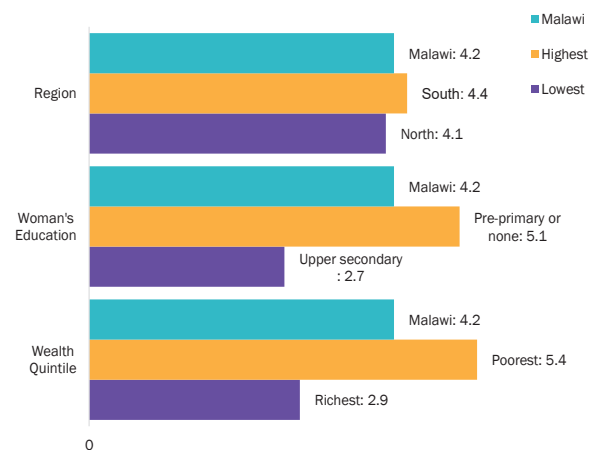


Age Specific Fertility Rates



Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49

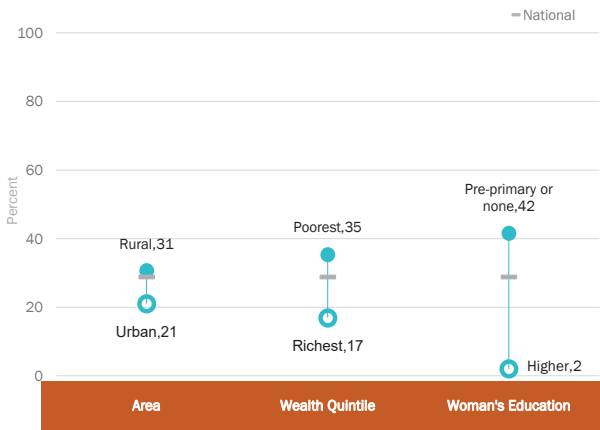
Adolescent Birth Rate: SDG indicator 3.7.2



Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey
Data for Woman's education "Higher" are based on 125-249 unweighted cases

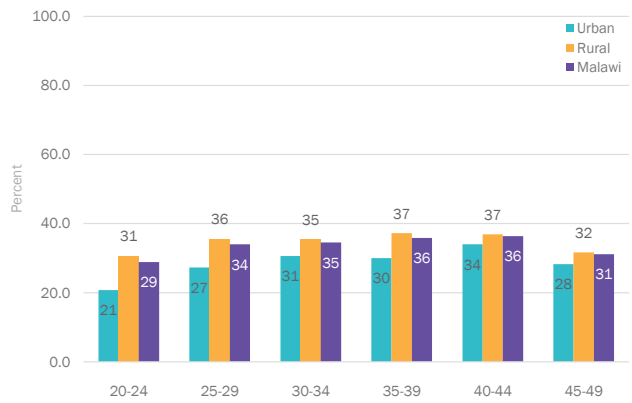
Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Early Child Bearing - by Age 18



Percentage of women age 20-24 years who have had a live birth before age 18, by background characteristics
Mother's education "Higher" are based on 25-49 unweighted cases

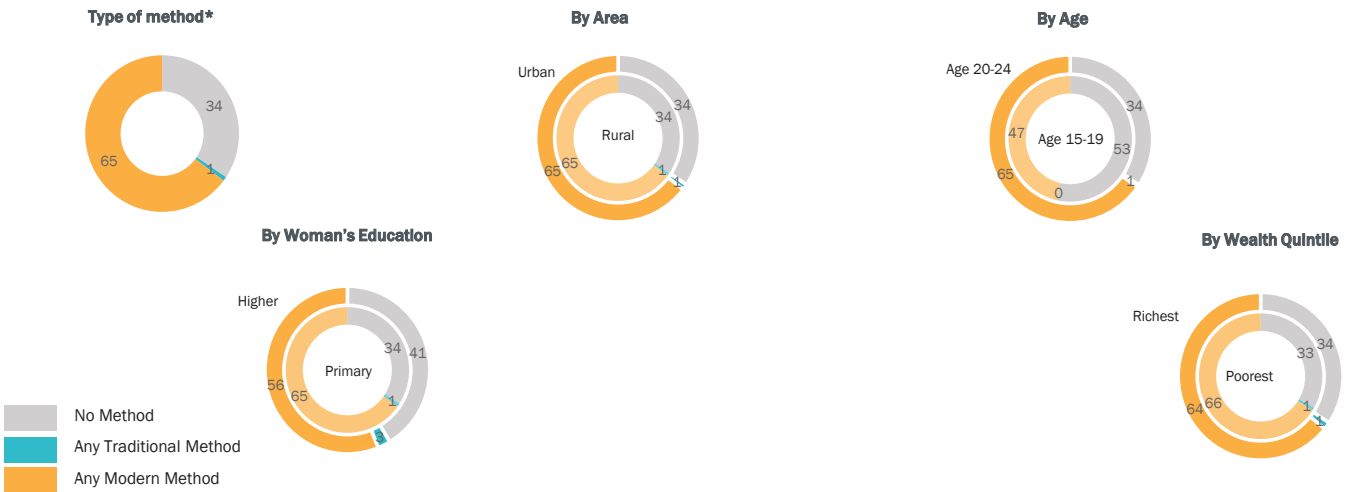
Trends in Early Child Bearing - by Age 18



Percentage of women age 20-49 years who have had a live birth before age 18

Family Planning

Method of Family Planning by Various Characteristics

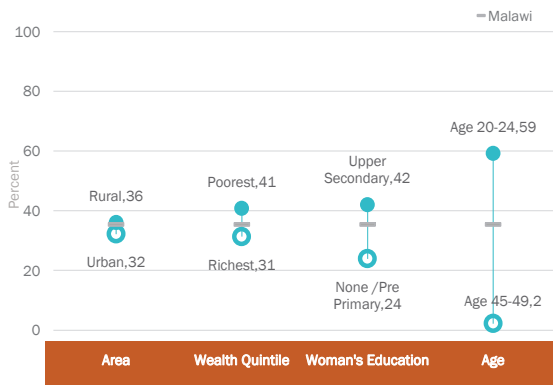


Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method

*Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, Female condom, diaphragm, foam, jelly and LAM. Traditional methods refer to periodic abstinence and withdrawal

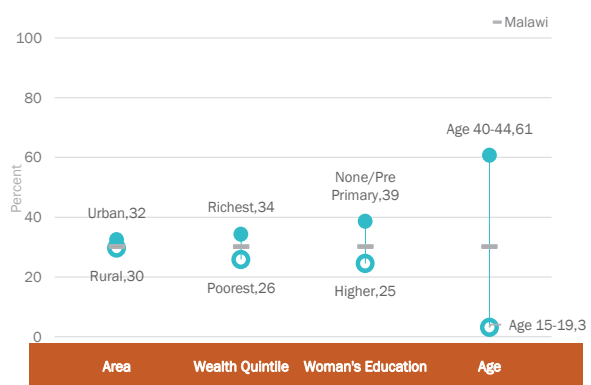
Met Need for Family Planning

Met Need for Family Planning - Spacing



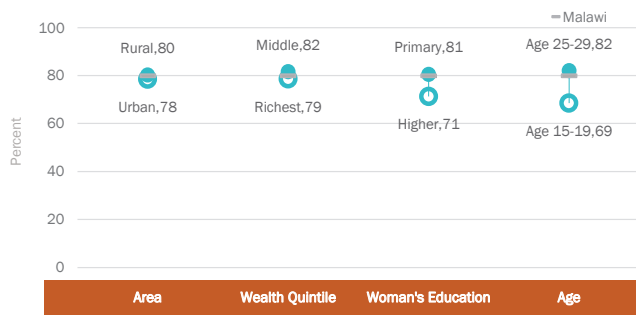
Percentage of women age 15-49 years currently married or in union with met need for family planning for spacing, by background characteristics

Met Need for Family Planning - Limiting



Percentage of women age 15-49 years currently married or in union with met need for family planning for limiting, by background characteristics

Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG Indicator 3.7.1



The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk for poor obstetrical outcomes.

Regional Data on Fertility & Family Planning

Region	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 15*	Child bearing before 18	Contraception Use of modern method among married / In-union women	Contraception Use of any method among married / In-union women	Demand for family planning satisfied with modern methods among married / In-union women
Malawi	136	4.2	1.4	28.9	64.7	65.6	79.9
North	119	4.1	1.3	27.9	59.7	60.9	75.3
Central	137	4.1	1.0	23.8	68.8	69.6	82.8
South	139	4.4	1.8	34.8	61.5	62.3	77.6

*Percentage of women age 20-24 years who have had a live birth before age 15

Key Messages

- The Total Fertility Rate (TFR) per woman age 15-49 years is 4.2
- TFR is high in the Southern Region (4.4)
- TFR was highest among women with pre-primary or no education (5.1) and lowest among women with higher education
- TFR was highest among women in the Poorest quintile (5.4) and lowest among women in the Richest quintile (2.9)
- Adolescent Birth Rate ranged from 119 births per 1,000 women in Northern region to 139 births per 1,000 women in Southern region
- Twenty nine percent of women age 20-24 years had a live birth before age 18
- Age Specific Fertility Rate (ASFR) peaks at age 20-24 years for women in both rural and urban
- Adolescent Birth Rate was 5 times higher in women with None/Pre-primary than those with upper secondary education, and over 3 times higher in women from the poorest than those from the richest households

The Malawi Multiple Indicator Cluster Survey (MICS) was carried out in 2019-20 by the National Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), the Government of Malawi, the Royal Norwegian Embassy, German Agency for International Cooperation, Global Alliance for

Vaccines and Immunizations and the United States Agency for International Development provided financial support.

The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Fertility and Family Planning. Data from this snapshot can be found in tables

TM.1.1, TM.2.1, TM.2.2W, TM.2.3W, TM.3.1 and TM.3.3 in the Survey Findings Report.

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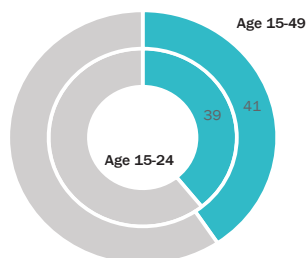
HIV indicators



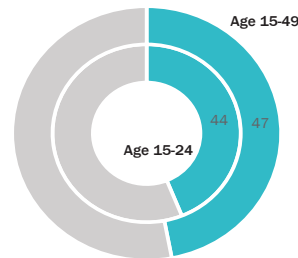
Knowledge

Percent who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions

Women

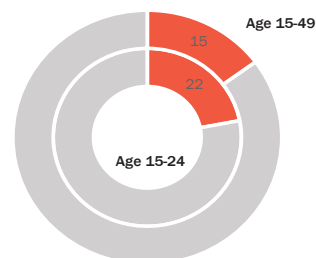
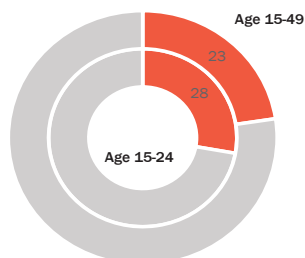


Men



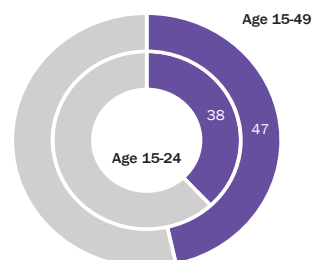
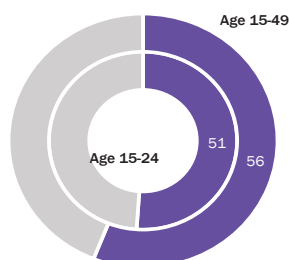
Stigma

Percent of those who report discriminatory attitudes towards people living with HIV, including 1) would not buy fresh vegetables from a shopkeeper or vendor who is HIV-positive and 2) think children living with HIV should not be allowed to attend school with children who do not have HIV



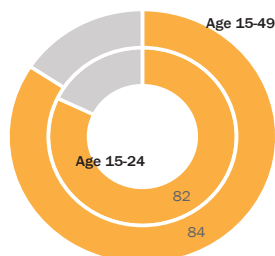
Testing

Percent who have been tested for HIV in the last 12 months and know the result



Testing during Antenatal Care

Percent of women who during their antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV



HIV Indicators by Key Characteristics

Knowledge among Adolescent Girls & Young Women (15-24)*



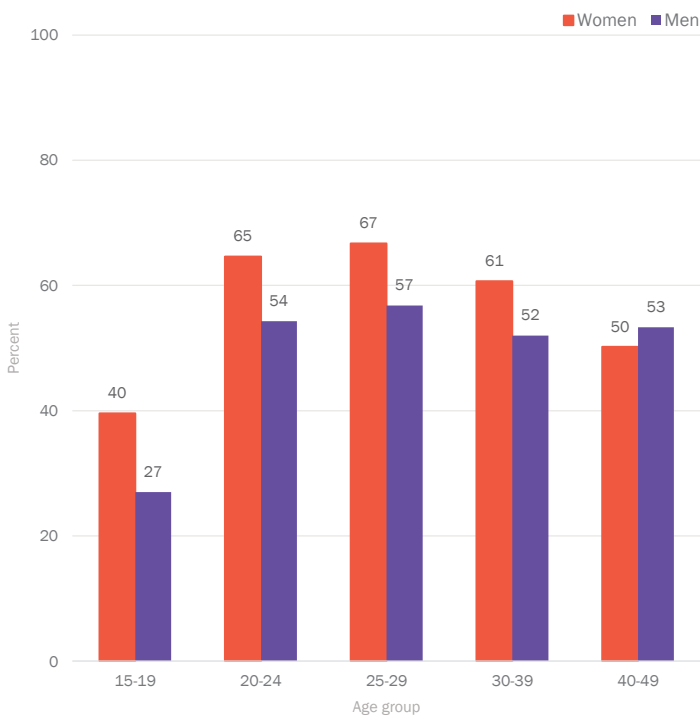
Knowledge among Adolescent Boys & Young Men (15-24)*



*Percent age 15-24 who know two ways of HIV prevention, who know that a healthy-looking person can be HIV-positive, and who reject two most common misconceptions.

Note: Data for Mother's education "Higher" are based on 25-49 unweighted cases.

Tested for HIV in last 12 months



Percent age 15-49 who have been tested for HIV in the last 12 months and know the result, by age group

Regional Data on HIV Testing

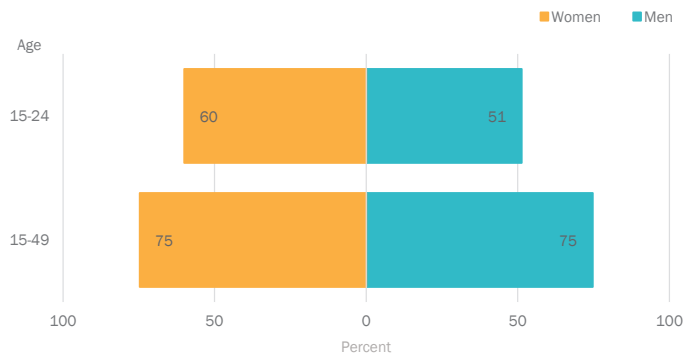
	Men who tested in last 12 months	Women who tested in last 12 months	Women testing at ANC
Malawi	47	56	84
North	42	50	88
Central	42	53	82
South	53	61	86

Tested in last 12 months: percent age 15-49 who have been tested in the last 12 months and know the result

HIV testing during ANC: percent of women age 15-49 who during antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

Sexual Behaviour by Key Characteristics

Sexually Active

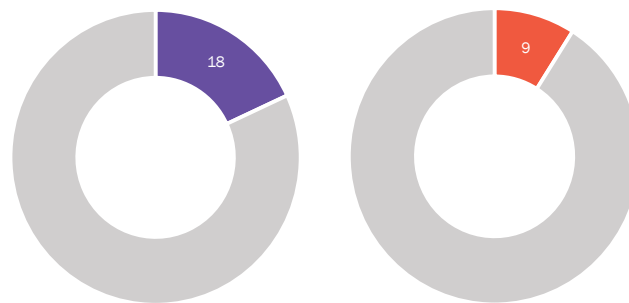


In many settings, sexual behavior can be considered a risk factor for health and social issues. These include reproductive health, HIV and other sexually transmitted infections, and gender equality and empowerment. An understanding of the population's sexual behavior patterns can inform both disease prevention and health promotion programmes.

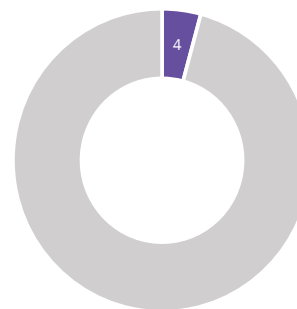
Young People who had Sex Before Age 15

Adolescent boys & young men 15-24

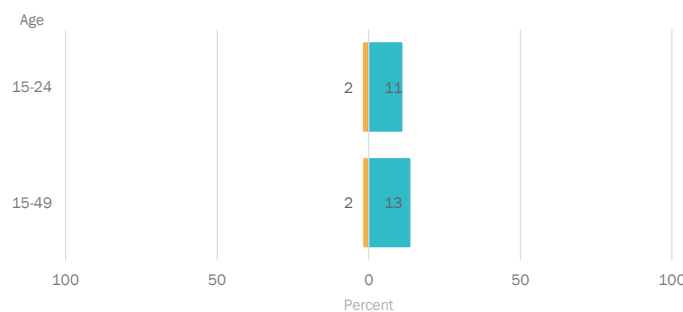
Adolescent girls & young women 15-24



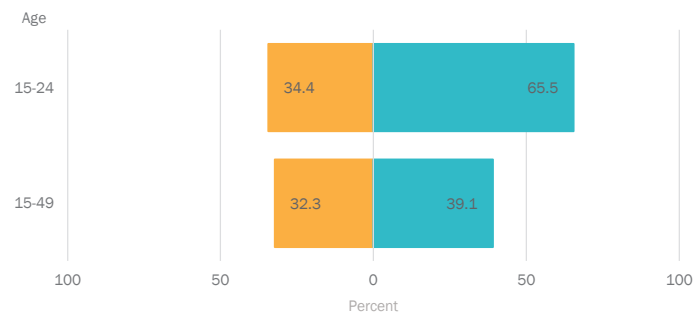
Girls age 15-19 Years who Report Sex with Partner 10 or more years older



Multiple Partners



Condom Use



Sexually active: Percent of women and men age 15-24 and 15-49 who had sexual intercourse within the last 12 months

Multiple partners: Percent of women and men age 15-24 and 15-49 of those who had sex with more than 1 partner in the last 12 months

Condom use: Percent of women and men age 15-24 and 15-49 who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex

Sex before age 15: Percent of women and men age 15-24 who had sex before age 15

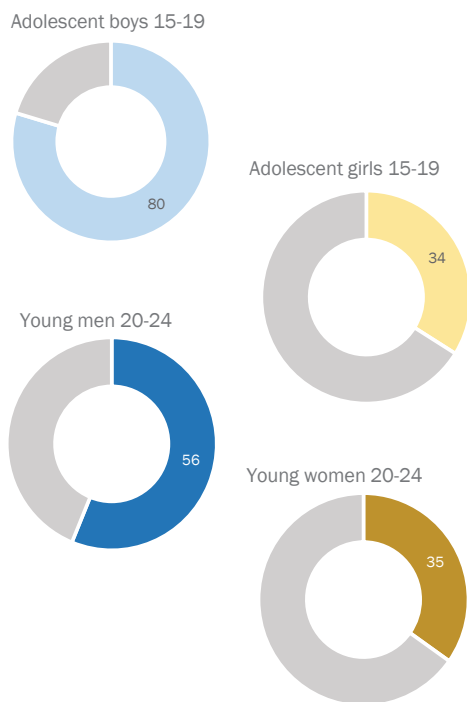
Sex with man 10 years or older: Percent of adolescent girls age 15-19 who had sex in the last 12 months who report having had sex with a man 10 or more years older in the last 12 months

Key Messages

- A higher proportion of discriminatory attitudes towards people living with HIV was reported amongst the age groups of 15-24 years: among men (22%) and among women (28%)
- Eighty four percent of women were tested for HIV and received post testing counselling during ANC
- In the age group 15-24 years, the proportion of sexually active women was 60% and that of men was 51%
- The proportion of individuals 15-49 years of age tested for HIV in the 12 months preceding the survey and knew their results was 56% among women and 47% among men
- The pattern was similar among the 15-24 years of age with women being 51% and men at 38%
- Condom use among men is lower in the age group 15-49 (39%) compared to age group 15-24 (66%)

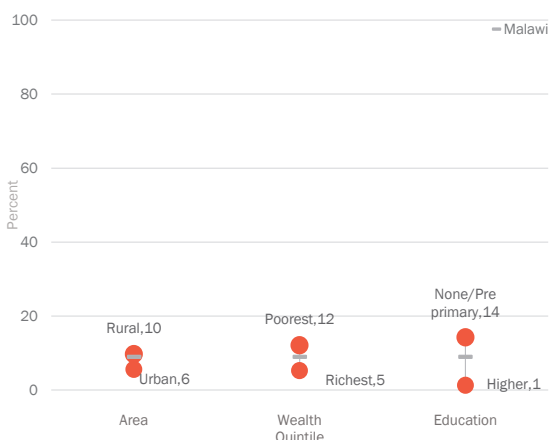
Sexual Behavior by Key Characteristics

Condom Use among Young People



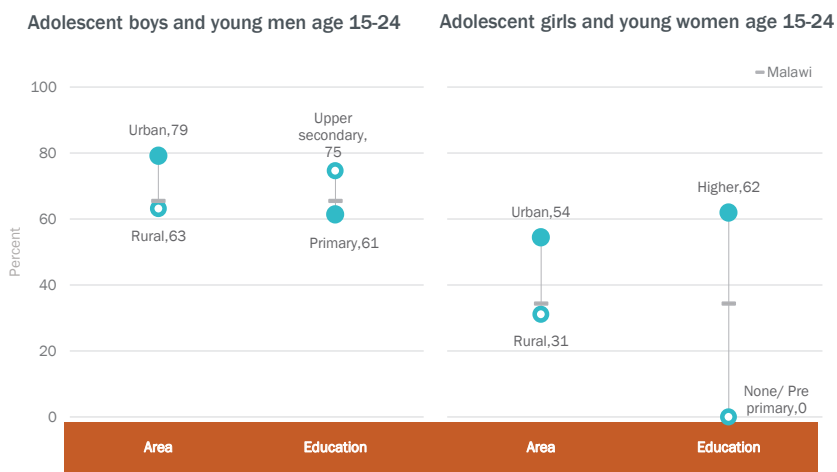
Percent of adolescents and young people age 15-24 who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex

Sex before Age 15 among Adolescent Girls & Young Women 15-24



Percent of adolescent girls and young women age 15-24 who had sex before age 15

Condom use among Young People



Percent of adolescents and young people age 15-24 who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex

Data for area "Urban" are based on 25-49 unweighted cases

Regional Data on Sexual Behaviour

Adolescent boys and young men age 15-24

Adolescent girls and young women age 15-24

	Sex before 15	Condom use	Sex before 15	Condom use
Malawi	18	66	9	34
North	12	(73)	9	(54)
Central	20	73	8	33
South	18	55	10	32

Sex before 15: percent of adolescents and young people age 15-24 who had sexual intercourse before age 15

Condom use: percent of adolescents and young people age 15-24 who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex

() Based on 25-49 unweighted cases

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Vaccines and Immunizations and the United States Agency for International Development provided financial support.

The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to HIV & Sexual Behaviour. Data from this snapshot can be found in tables

TM.10.1M, TM.10.1W, TM.10.2M, TM.10.2W, TM.11.1M, TM.11.1W, TM.11.3M, TM.11.3W, TM.11.4M, TM.11.4W, TM.11.5, TM.11.6M and TM.11.6W in the Survey Findings Report.

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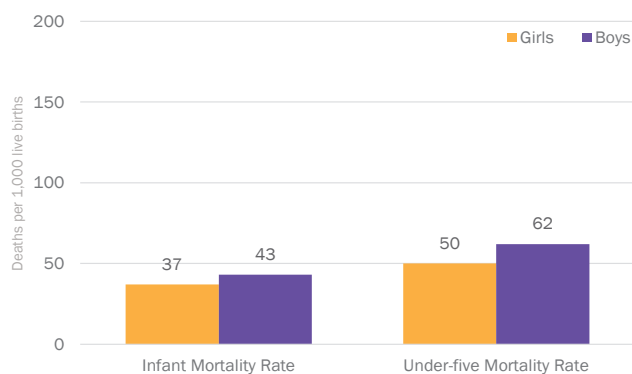


Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children's rights and well-being often depend on women's rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.

Every Girl & Boy Survives & Thrives: The First Decade of Life

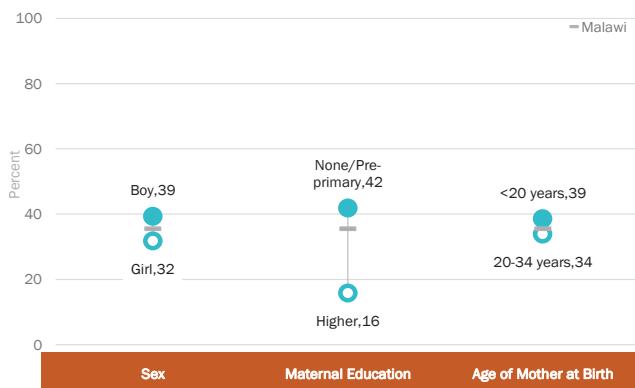
Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances. However, gender discrimination against girls can affect survival, resulting in higher-than-expected female mortality. Similarly, stunting rates are typically lower among girls than boys, potentially due to the higher risk for preterm birth among boys, which is inextricably linked with lower birth weight. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood. This is also the period of development when gender socialization, or the process of learning cultural roles according to one's sex, manifests. Caregivers, particularly fathers, may respond to, and interact with, sons and daughters differently.

Mortality Rates among Children Under-5, SDG 3.2.1 Sex Disaggregate



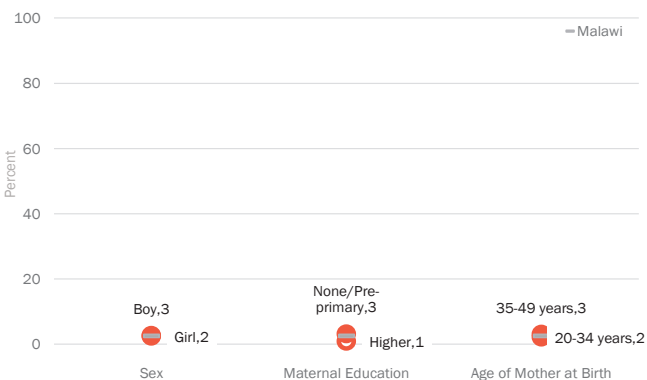
Infant mortality: the probability of dying between birth and the first birthday
Under-five mortality: the probability of dying between birth and the fifth birthday

Malnutrition: Stunting (Moderate & Severe) among Children Under-5, SDG 2.2.1



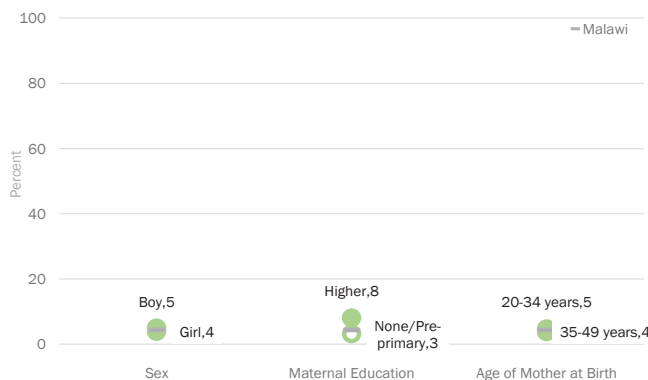
Stunting refers to a child too short for his or her age

Malnutrition: Wasting (Moderate & Severe) among Children Under-5, SDG 2.2.2



Wasting refers to a child who is too thin for his or her height

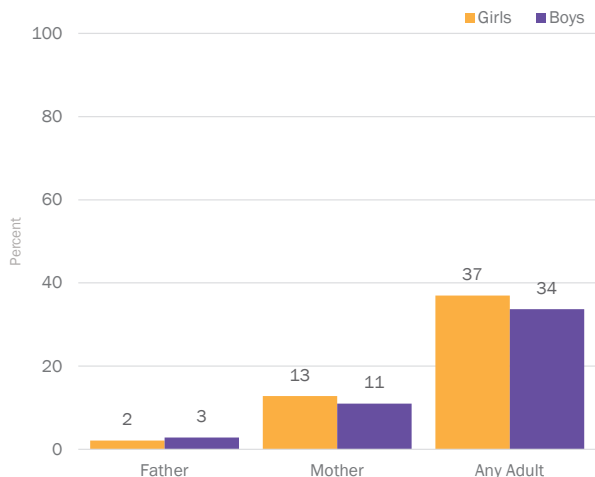
Malnutrition: Overweight (Moderate & Severe) among Children Under-5, SDG 2.2.2



Overweight refers to a child who is too heavy for his or her height

Every Girl & Boy Survives & Thrives: The First Decade of Life

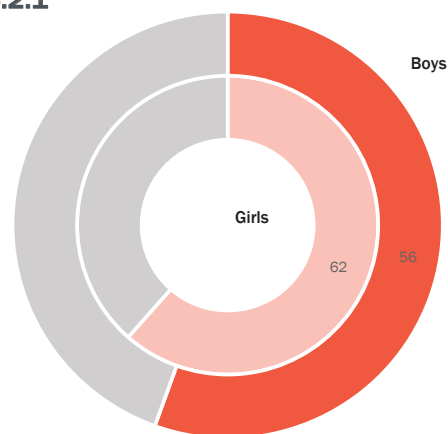
Early Stimulation & Responsive Care by Adults



Percentage of children age 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early Childhood Development Index, SDG 4.2.1



Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains, by sex

Every Girl & Boy Is Protected From Violence & Exploitation: The First Decade of Life

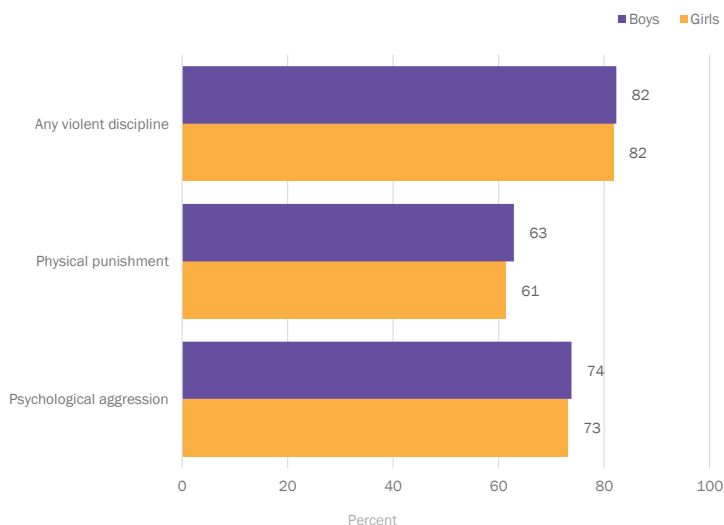
Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are significant, rendering them more vulnerable to certain forms of exploitation they are at greater risk of, including child marriage and international trafficking. Although average birth registration rates are similar for girls and boys, children with mothers who have no education may be less likely to have their births registered. While girls and boys face similar risks of experiencing violent discipline -which includes physical punishment and psychological aggression- by caregivers in the home, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against both girls and boys.

Birth Registration, SDG 16.9.1 Sex Disaggregate



Percentage of children under age 5 whose births are registered, by sex and maternal education level

Violent Discipline, SDG 16.2.1 Sex Disaggregate

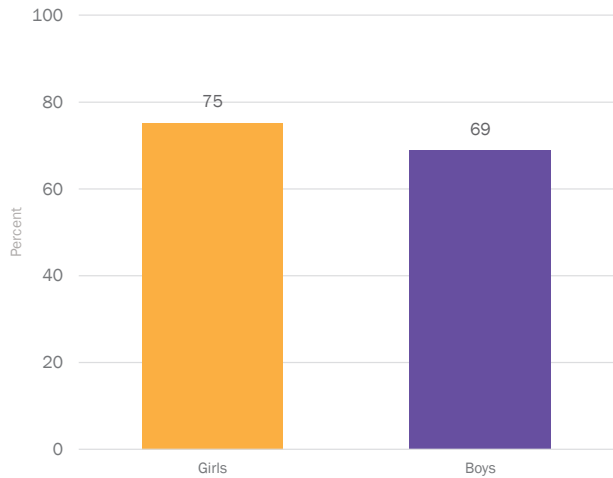


Percentage of children age 1-14 years who experienced violent discipline in the past month, by sex
Note: The age group 1-14 spans the first and second decades of life.

Every Girl & Boy Learns: The First Decade of Life

Investment in good quality early childhood education services prior to entering school improves learning outcomes for children. It also enhances the efficiency of the school system by reducing repetition and drop-out and improving achievement, especially among girls and marginalized groups. Primary education provides the foundation for a lifetime of learning. Considerable progress has been made in achieving universal primary education and closing the gender gap but gender disparities to the disadvantage of girls still exist in some countries. Further, girls still comprise the majority of the world's out-of-school population. **Note:** Because children of primary school age range from 6-13 years, these indicators include some children in their second decade of life.

Participation Rate in Organized Learning, SDG 4.2.2



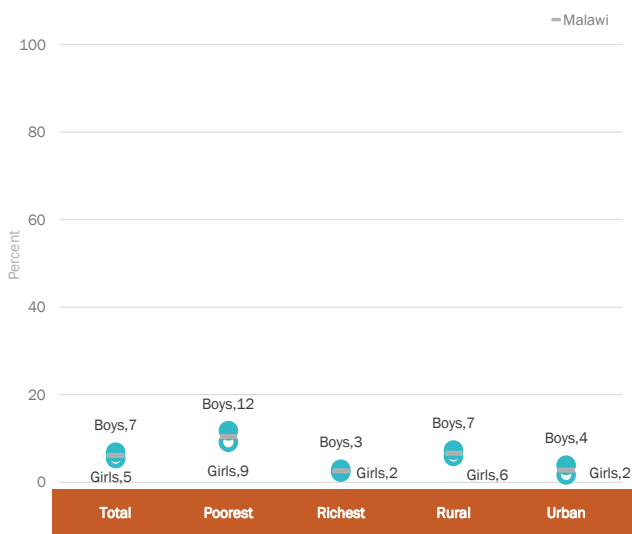
Percentage of children age one year younger than the official primary school entry age at the beginning of the school year who are attending an early childhood education programme or primary school (adjusted net attendance rate), by sex

Primary School Attendance



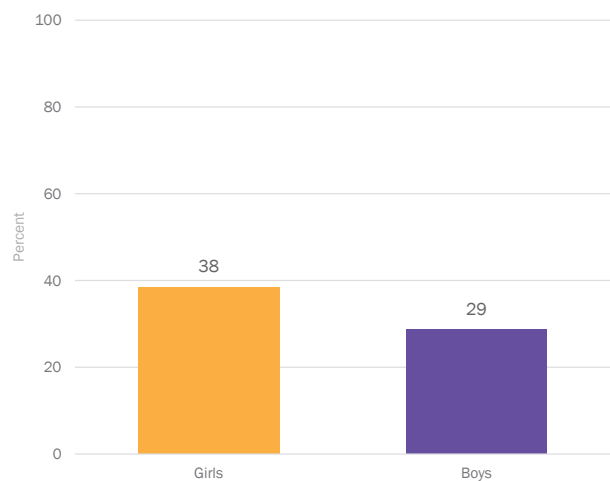
Percentage of children of primary school age attending primary, lower or upper secondary school (adjusted net attendance rate), by wealth quintile and urban/rural residence

Children of Primary School Age Out of School



Percentage of children of primary school age who are not attending any level of education, by wealth quintile and area

Primary Completion, SDG 4.1.2



Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education, by sex

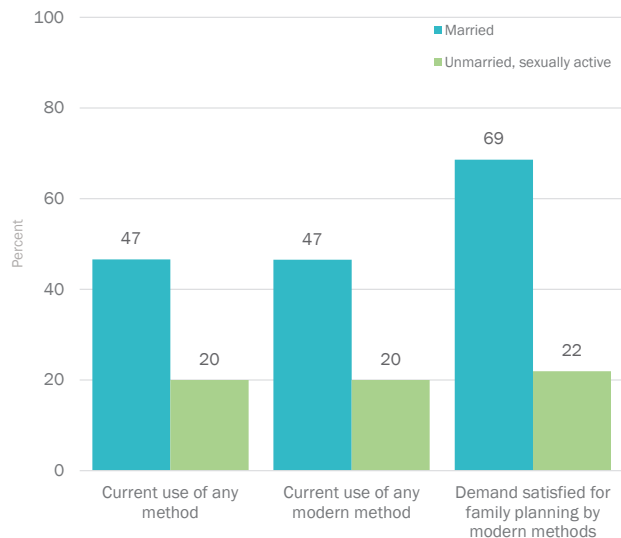
Key Messages

- Boys have a higher probability of dying before their fifth birthday than girls (62 deaths per 1,000 live births compared to 50).
- Stunting was higher in boys (39%) than girls (32%); in children of mothers with None/Pre-primary education (42%) compared to mothers with higher education (16%)
- Fathers were more than four times less likely to be engaged in activities that promote early stimulation and responsive care activities than mothers
- For age 3-4 years, 62% of girls were developmentally on track compared to 56% of boys
- Two in three children under age 5 had their births registered. Birth registration increased with mother's level of education
- Four children in five are subjected to some form of violent discipline
- Primary completion for girls was higher (38%) in comparison to that of boys (29%)

Every Adolescent Girl & Boy Survives & Thrives: The Second Decade of Life

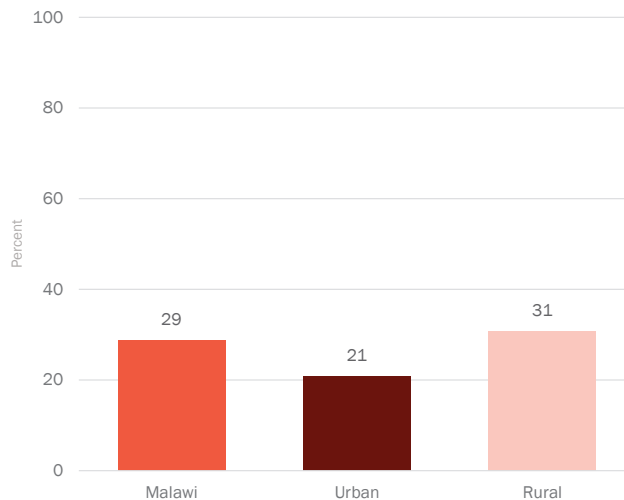
While adolescence carries new health risks for both girls and boys, girls often face gender-specific vulnerabilities, with lifelong consequences. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent pregnancy not only improves the health of adolescent girls, but also provides them with opportunities to continue their education, preparing them for jobs and livelihoods, increasing their self-esteem and giving them more say in decisions that affect their lives. Yet, too often, adolescent girls lack access to appropriate sexual and reproductive health services, including modern methods of contraception. Additionally, despite having a higher risk of contracting HIV due to both greater physiological vulnerabilities and gender inequalities, adolescent girls are often less knowledgeable than adolescent boys about how HIV is transmitted. However, gender norms adversely impact adolescent boys as well. For example, norms around masculinity that encourage risk taking may heighten adolescent boys' use of alcohol and tobacco, increasing their likelihood of developing noncommunicable diseases later in life.

Contraceptive Use & Demand Satisfied



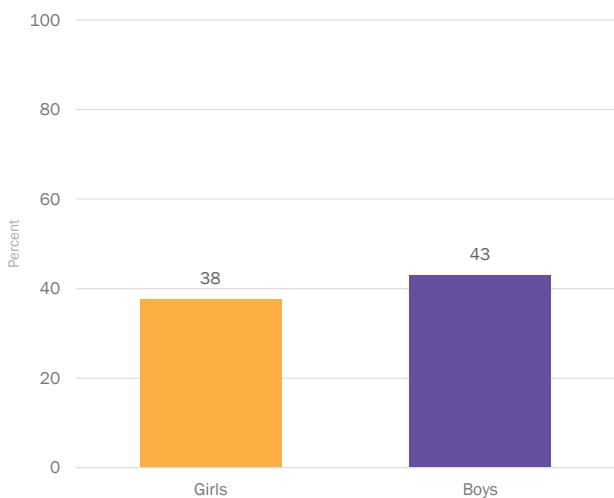
Contraceptive use and demand for family planning satisfied by modern methods among adolescent girls age 15-19, by marital status

Early Childbearing - by Age 18



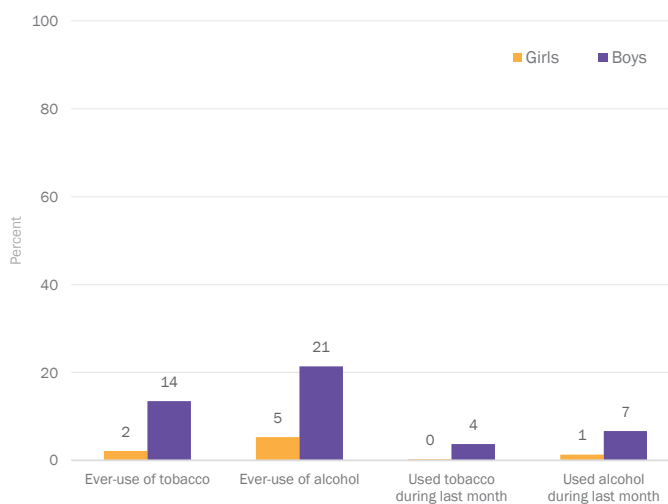
Percentage of women age 20-24 years who had a live birth by age 18, by urban/rural residence

Comprehensive Knowledge of HIV



Percent of girls and boys age 15-19 who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions, and any other local misconception.

Tobacco* & Alcohol Use

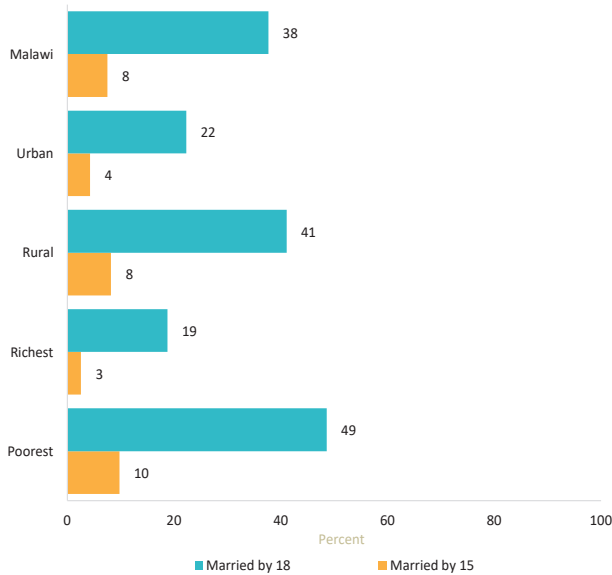


Tobacco and alcohol use among adolescents age 15-19, by sex
*Includes an age and sex disaggregate of SDG 3.a.1: use of tobacco

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

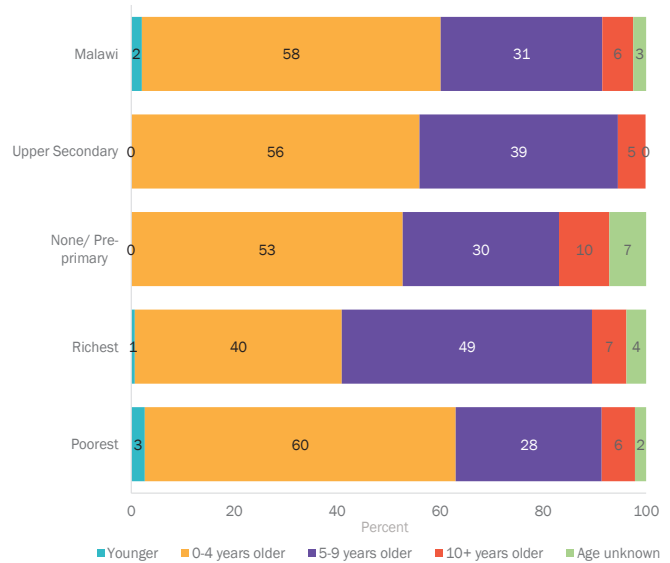
Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country's civil registration system. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and lack of agency. Attitudes about wife beating serve as a marker for the social acceptability of intimate partner violence. Acceptance of wife beating among adolescent girls and boys suggests that it can be difficult for married girls who experience violence to seek assistance and for unmarried girls to identify and negotiate healthy and equitable relationships. Female genital mutilation is a human rights issue that also affects girls and women. Adolescence, in particular, is a vulnerable period for girls who have undergone FGM because they may experience heightened consequences of the procedure as they become sexually active and begin childbearing. Gender-based discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

Child Marriage, SDG 5.3.1



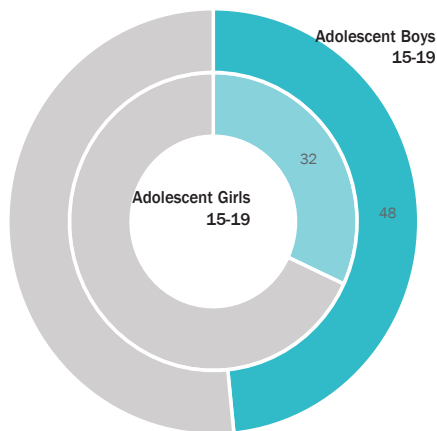
Percentage of women aged 20-24 years who were first married or in union before age 15 and before age 18*, by area and wealth quintile

Spousal Age Difference



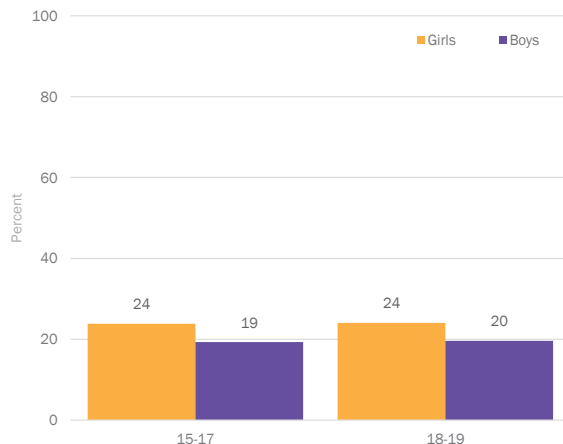
Percent distribution of adolescent girls age 15-19 currently married or in union by age of their partner, by education level and wealth quintile
Data for Mother's education "None/pre primary" are based on 25-49 unweighted cases

Feelings of Safety, SDG 16.1.4 Age & Sex Disaggregate



Percentage of adolescents age 15-19 who feel safe walking alone in their neighbourhood after dark, by sex

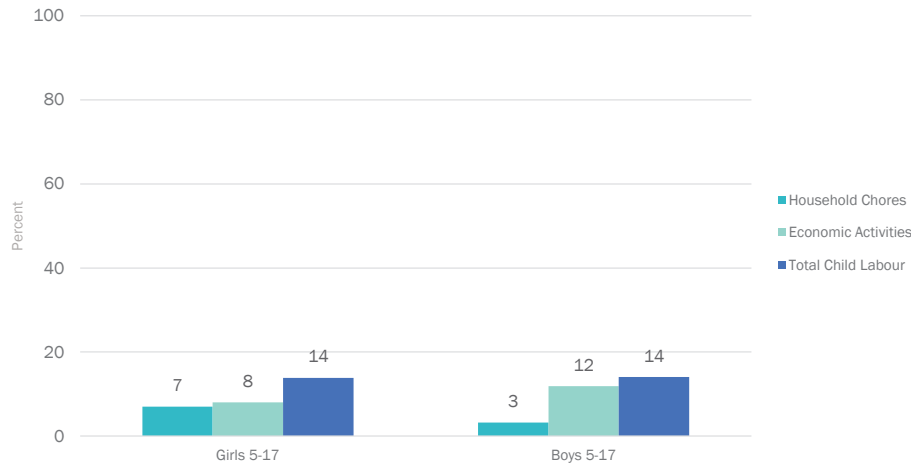
Attitudes toward Domestic Violence



Percentage of adolescents age 15-19 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex and age group

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

Child Labour, SDG 8.7.1



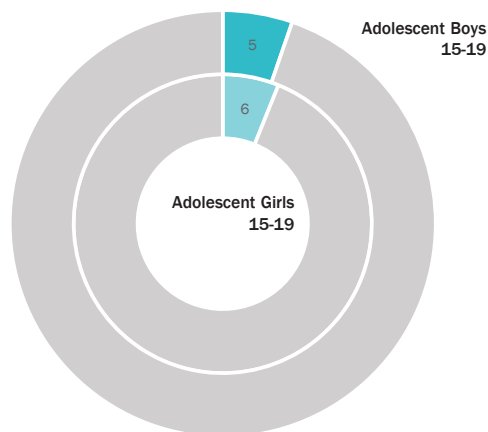
Percentage of children age 5 to 17 years engaged in child labour, by sex, age group and type of activity

* Note: Indicator includes children in the first & second decade of life

Every Adolescent Girl & Boy has an Equitable Chance in Life: The Second Decade of Life

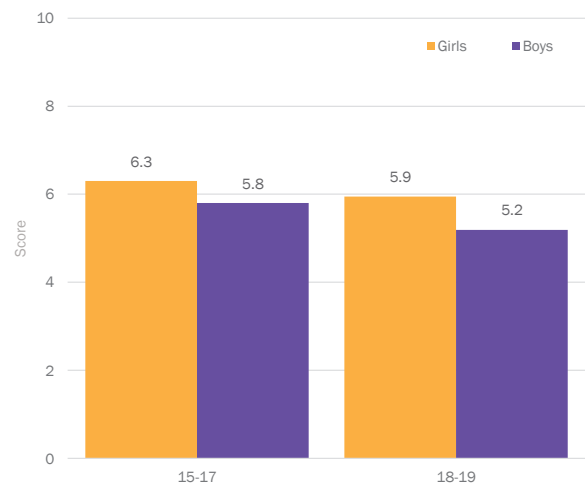
To become empowered, adolescent girls and boys need to be engaged as civic participants in the decisions affecting their lives and communities. People's sense of security and freedom from the fear of crime influences how they move about those communities, access services and economic opportunities and participate in public life. Adolescent girls and boys are likely to have different perceptions of personal safety due to different gender-based vulnerabilities to sexual violence and other crimes. Life satisfaction measures an individual's perceived level of well-being or how an individual feels about their life as a whole. Measuring adolescent girls' and boy's satisfaction with their lives can provide important insights into their mental health during a stage of life when gender norms consolidate and girls and boys experience different risk factors for mental health disorders.

Discrimination & Harassment



Percentage of adolescent girls and boys age 15-19 years who have ever felt discriminated or harassed based on their gender

Life Satisfaction

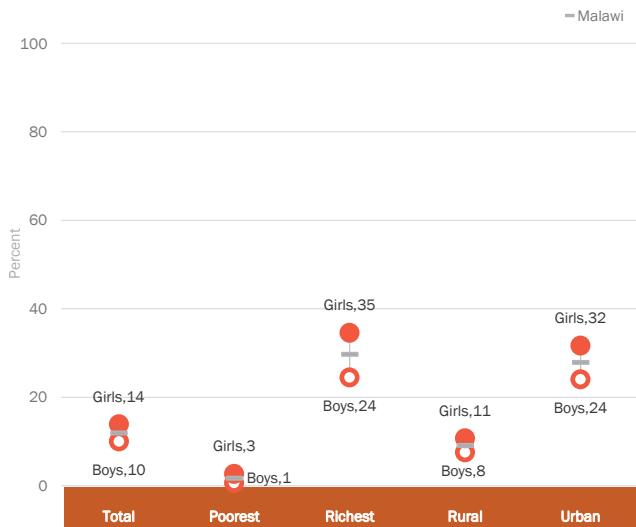


Among adolescents age 15-19, average life satisfaction score on a scale of 0 to 10, by sex and age group

Every Adolescent Girl & Boy Learns: The Second Decade of Life

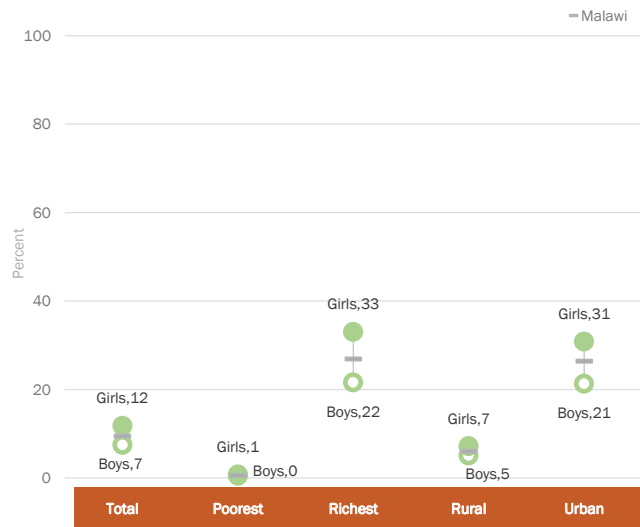
Globally, participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative development strategies countries can invest in. Completion of secondary education brings significant positive benefits to girls and societies – from increased lifetime earnings and national growth rates, to reductions in child marriage, stunting, and child and maternal mortality.

Lower Secondary Attendance Net Attendance Rate



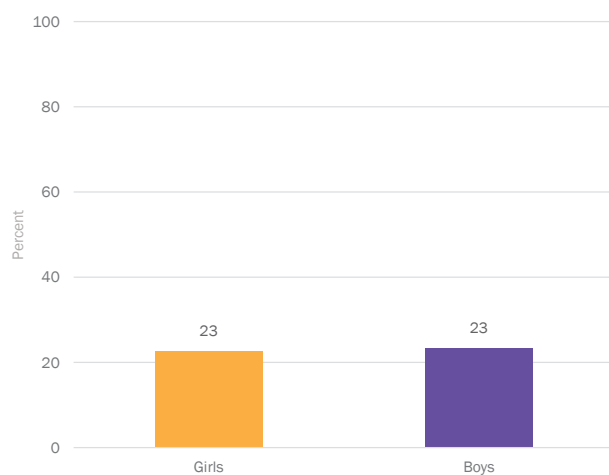
Percentage of children of lower secondary school age attending lower secondary school or higher (adjusted net attendance rate), by sex, wealth quintile and area

Upper Secondary Attendance Net Attendance Rate



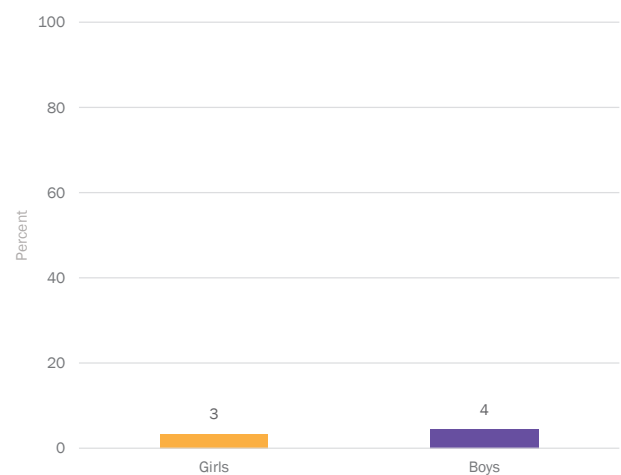
Percentage of children of upper secondary school age attending upper secondary school or higher (adjusted net attendance rate), by sex, wealth quintile and area

Lower Secondary Completion, SDG 4.1.2



Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education, by sex

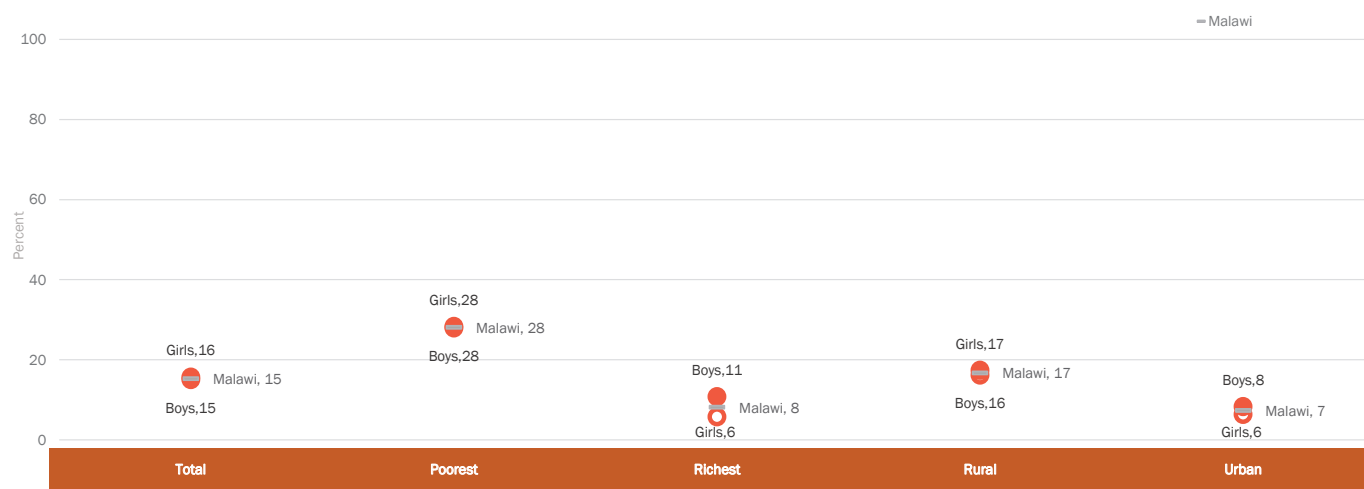
Upper Secondary Completion, SDG 4.1.2



Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education, by sex

Every Adolescent Girl & Boy Learns: The Second Decade of Life

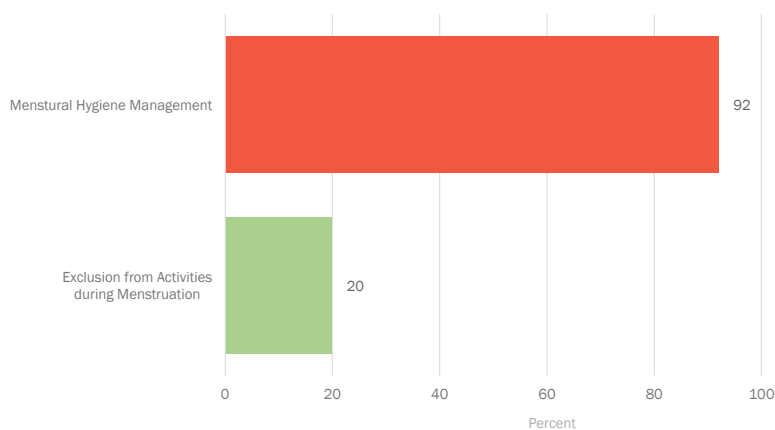
Children of Lower Secondary School Age Out of School



Percentage of children of lower secondary school age who are not attending any level of education, by wealth quintile and area

Every Adolescent Girl & Boy Lives in a Safe & Clean Environment: The Second Decade of Life

Menstrual Hygiene Management



The ability of adolescent girls to safely manage their monthly menstrual cycle in privacy and with dignity is fundamental to their health, psychosocial well-being and mobility. Girls in low-resource and emergency contexts without access to adequate menstrual hygiene management facilities and supplies experience stigma and social exclusion while also forgoing important educational, social and economic opportunities.

Menstrual Hygiene Management: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage using appropriate menstrual hygiene materials with a private place to wash and change while at home

Exclusion from Activities during Menstruation: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months

Key Messages

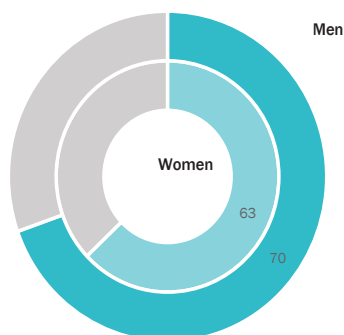
- Twenty nine percent women age 20-24 years had a live birth by age 18 with a higher proportion in rural areas (31%) compared to urban areas (21%)
- Thirty-eight percent of women age 20-24 years were married/ in a union before age 18 with 7% before age 15
- Women are twice as likely to marry before the age of 18 in rural (41%) than in urban (22%) area; for marriages before the age of 15, it is 8% for rural and 4% for urban
- Among married adolescent girls aged 15-19 years, 6% have a partner who is at least ten years older.
- Fourteen percent of children age 5-17 years were engaged in child labour
- Twenty percent of adolescent girls age 15-19 years reported having been excluded from activities (social activities, school or work) due to their last menstruation in the last 12 months
- Men and boys are more likely to feel safe walking alone in their neighbourhood after dark, as well as when at home alone, as compared to women and girls in the same circumstances.

Gender Equality in Adulthood

To survive and thrive, all children require care and support from women and men. Care and support can be substantively improved by fostering gender equality, an important goal in its own right, and by reducing the gender-related barriers. Gender-related barriers include women's and girls' disproportionate lack of information, knowledge and technology, resources, and safety and mobility, as well as the gender division of labour and gender norms. For example, a mother's lack of mobility, due to prohibitive norms or lack of transportation, may impede birth registration, nutrition, and other child outcomes. The internalization of gender norms around masculine and feminine expectations and behaviours may influence women's and men's attitudes toward intimate partner violence and physical punishment of children as well as self-perceptions of well-being, including life satisfaction and expectations for the future.

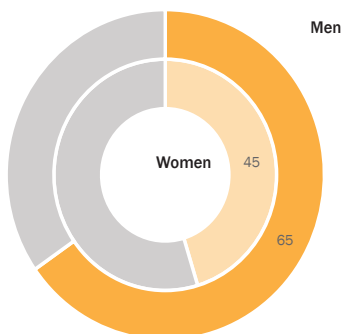
Access to Knowledge, Information & Technology

Literacy



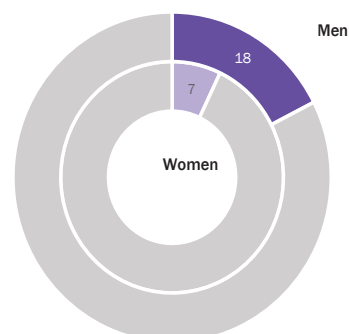
Percentage of adults age 15-49 who are literate, by sex

Media Access



Percentage of adults age 15-49 who read a newspaper, listen to the radio, or watch television at least once a week

Internet Use: SDG17.8.1



Percentage of adults age 15-49 using the internet at least once in the past 3 months, by sex

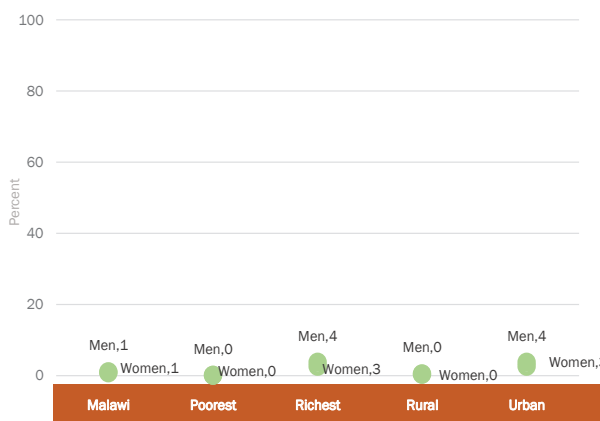
Access to Resources

Mobile Phone Ownership, SDG 5.b.1



Percentage of adults age 15-49 who own a mobile phone, by sex, wealth quintile and area

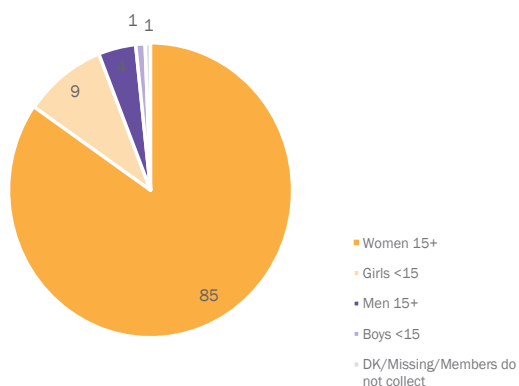
Health Insurance Coverage



Percentage of adults age 15-49 with health insurance, by sex, wealth quintile and area

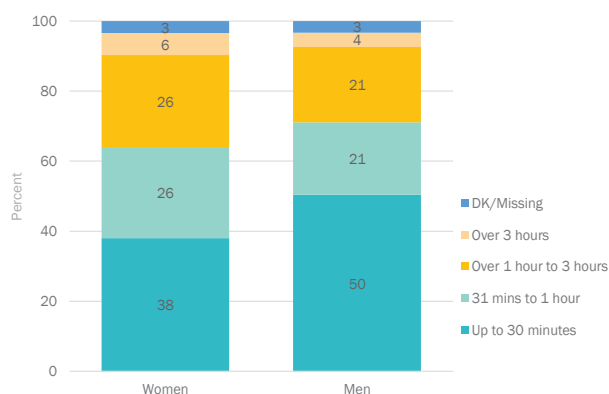
Time on Household Chores: Water Collection

Who collects water?



Percent distribution of household members without drinking water on premises by person usually collecting drinking water used in the household

Time spent on water collection

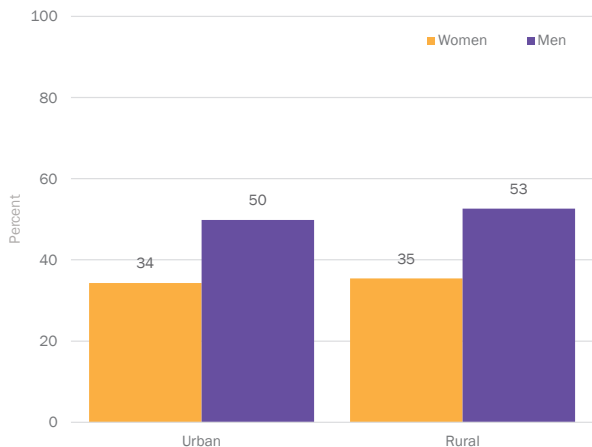


Percent distribution of average amount of time spent collecting water per day by sex of person primarily responsible for water collection in households without drinking water on premises

Gender Equality in Adulthood

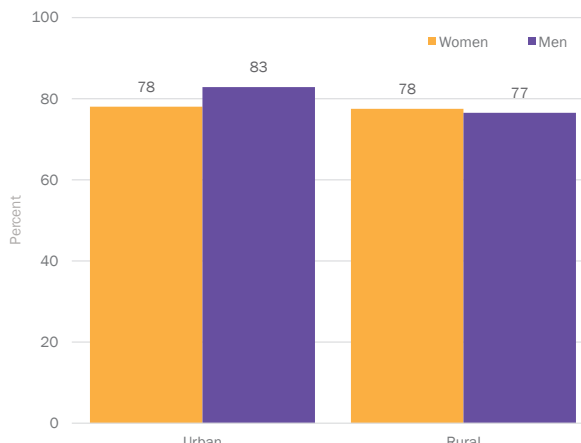
Safety & Security

Feeling safe while walking alone, SDG 16.1.4 sex disaggregate



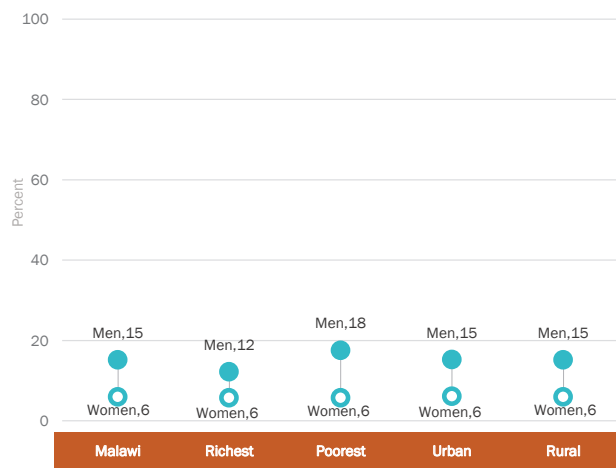
Percentage of adults who feel safe walking alone in their neighbourhood after dark, by sex and area

Feeling safety while being at home alone



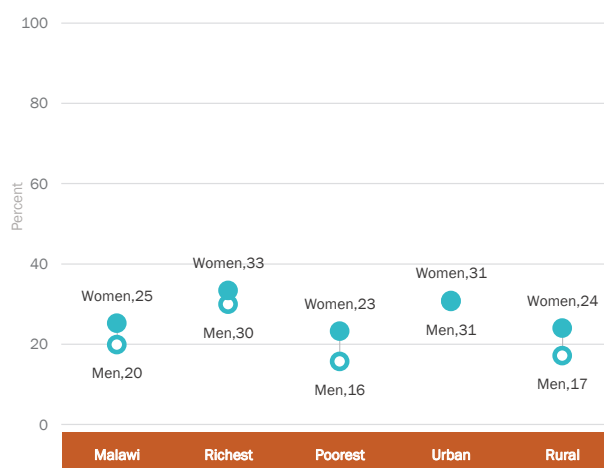
Percentage of adults (age 15-49) who feel safe being home alone after dark, by sex and area

Victimisation



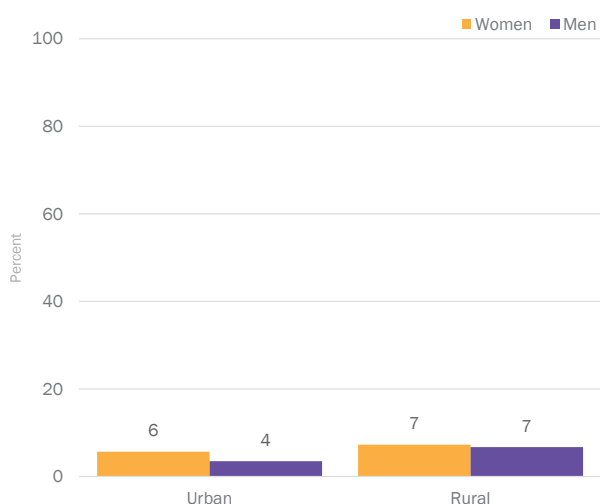
Percentage of adults age 15-49 who experienced physical violence of robbery or assault in the last year, by sex, wealth quintile and area

Reporting of victimisation to police, SDG 16.3.1



Percentage of adults age 15-49 for whom the last incident of physical violence of robbery and/or assault in the last year was reported to the police, by sex, wealth quintile and area

Discrimination & harassment



Percentage of adults age 15-49 who have ever personally felt discriminated or harassed based on their gender, by sex and area

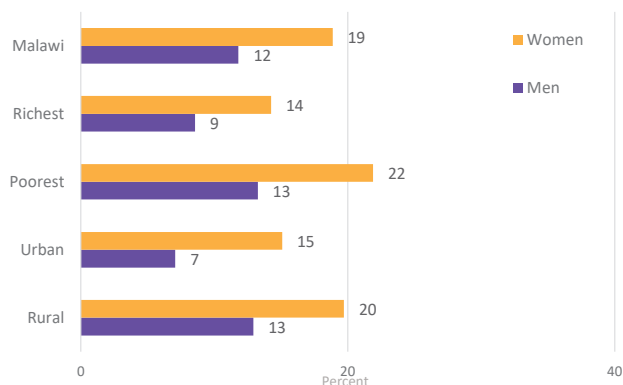
Key Messages

- Few people ever reported their last incidence of victimization to the police with 20% representing men and 25% women
- Women and girls in both urban and rural areas felt discriminated or harassed compared to their male counterparts
- On a scale of 0-10, there were no differences between women and men in terms of their perception towards life satisfaction

Gender Equality in Adulthood

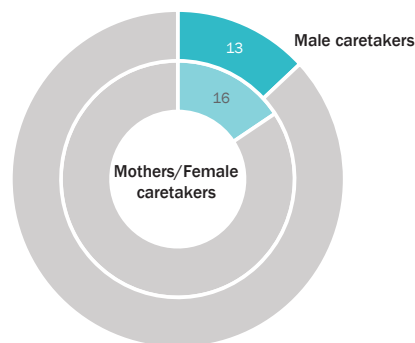
Feminine & masculine attitudes & expectations

Attitudes toward domestic violence



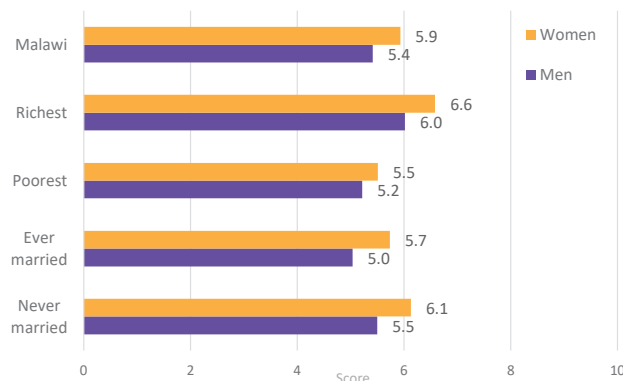
Percentage of adults age 15-49 who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth quintile and area

Attitudes toward physical punishment



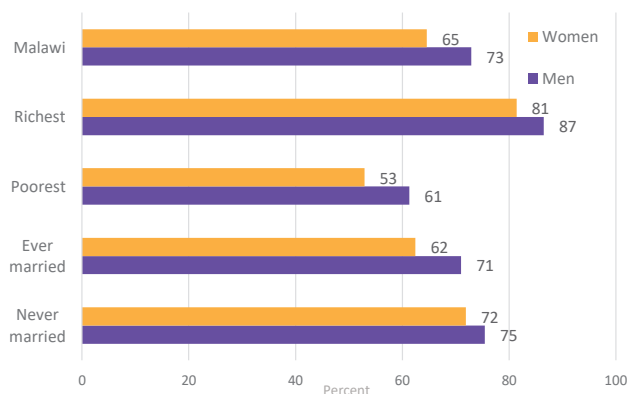
Percentage of mothers/caretakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker

Life satisfaction



Among adults age 15-49, average life satisfaction score on a scale of 0 to 10, by sex, wealth quintile and marital status. Higher scores indicate higher satisfaction levels.

Perceptions of a better life



Percentage of adults age 15-49 who expect that their lives will get better in one year, by sex, wealth quintile and marital status

Key Messages

- More women (19%) believed that it is justified to wife beating for the following reasons; she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food compared to 12% of men
- On a scale of 0-10, women had a better life satisfaction (5.9) than men (5.4) in terms of their perception towards life
- More men (73%) age 15-49 years expected their lives to get better in one year following the study than women (65%)

The Malawi Multiple Indicator Cluster Survey (MICS) was carried out in 2019-20 by the National Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), the Government of Malawi, the Royal Norwegian Embassy, German Agency for International Cooperation, Global Alliance for Vaccines and Immunizations and the United States Agency for International Development

provided financial support. The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Early Childhood Development (ECD). Data from this snapshot can be found in tables TC.10.1 CS.3, TC.8.1, TC.10.1, TC.11.1, PR.1.1, PR.2.1, LN.1.2, LN.2.3, LN.2.4, LN.2.6, LN.2.7, TM.3.1, TM.3.2, TM.3.3, TM.3.4, TM.2.3W, TM.11.1W, TM.11.1M, SR.10.1W, SR.10.1M, SR.4.1W, SR.4.3, SR.6.1W,

SR.6.1M, PR.8.1W, PR.8.1M, PR.2.2, PR.5.1, PR.5.3, EQ.3.1W, EQ.3.1M, PR.7.1W, PR.7.1M, EQ.5.1W, EQ.5.1M, SR.9.3W, SR.9.3M, EQ.2.1W, EQ.2.1M, WS.4.1, WS.4.2, WS.1.3 and WS.1.4 in the Survey Findings Report.

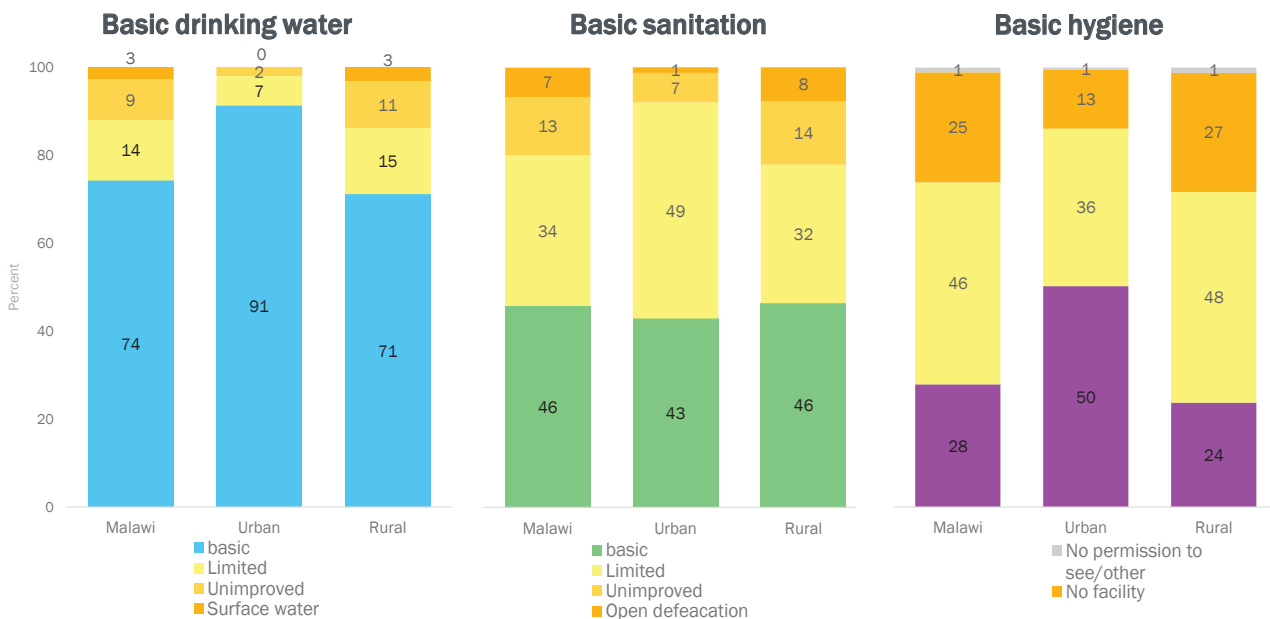
Further statistical snapshots and the Summary Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Drinking Water, Sanitation & Hygiene (WASH)

Multiple Indicator Cluster Surveys



Basic Drinking Water, Sanitation & Hygiene Services



Percent of population by drinking water, sanitation and hygiene coverage

Drinking water ladder: At least basic drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. **Limited** refers to an improved source more than 30 minutes roundtrip. **Unimproved** sources include unprotected dug wells and unprotected springs. **No service** refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

Sanitation ladder: At least basic sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **No service** refers to the practice of open defecation.

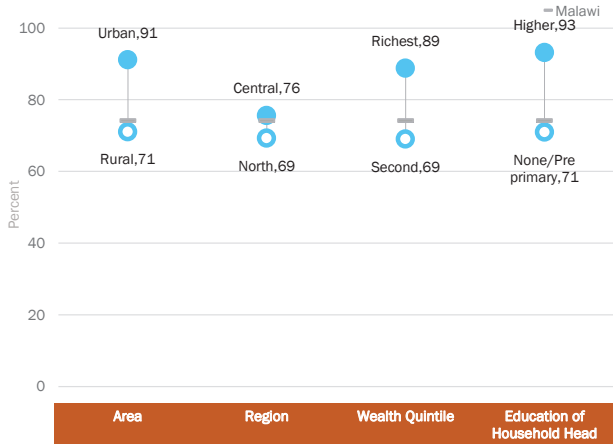
Hygiene ladder: A basic hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

Key Messages

- Three in every four of the household population had basic drinking water services: 91% in urban areas and 71% in rural areas
- Forty six percent of the household population used basic sanitation facilities
- The proportion of the urban population using limited sanitation services was 49%
- Of the households without water on premises, 26% in urban areas, spent over 30 minutes fetching water per day compared to almost half (48%) in the rural areas.
- Twenty eight percent of the population had basic hygiene services: slightly above 1 in 2 urban and 1 in 4 in rural areas
- Over half of the urban population (53%) used shared sanitation facilities and 37 percent in the rural areas.

WASH: Inequalities in Basic Services

Basic Drinking Water



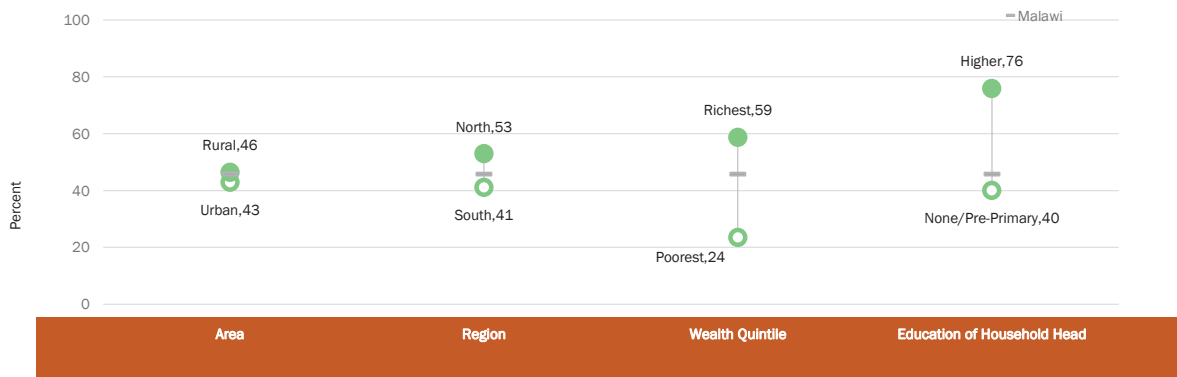
Percent of population using basic drinking water services by background characteristics

Regional Data on Basic Services

Region	Basic Drinking Water	Basic Sanitation	Basic Hygiene
Malawi	74	46	28
North	69	53	36
Central	76	49	27
South	74	41	27

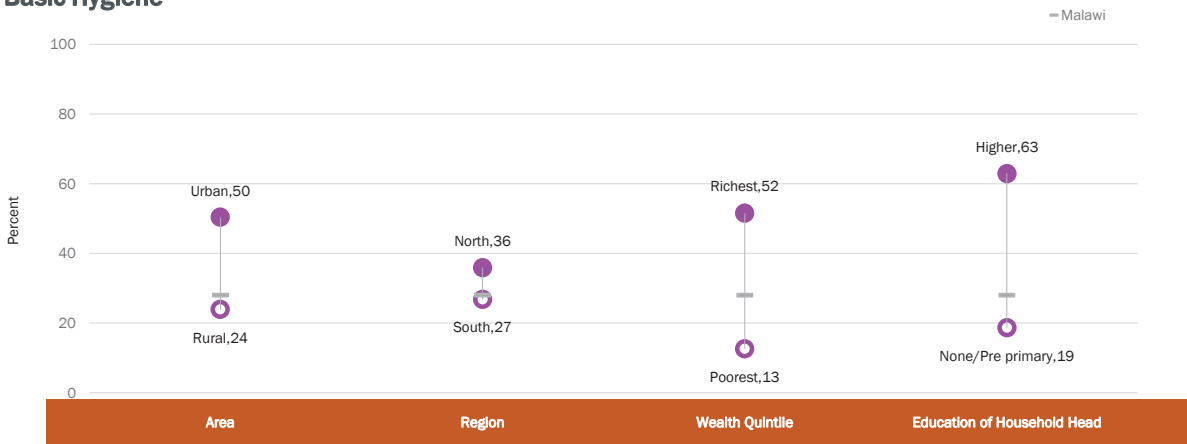
Percent of population using basic drinking water, sanitation and hygiene services by region

Basic Sanitation



Percent of population using basic sanitation services by background characteristics

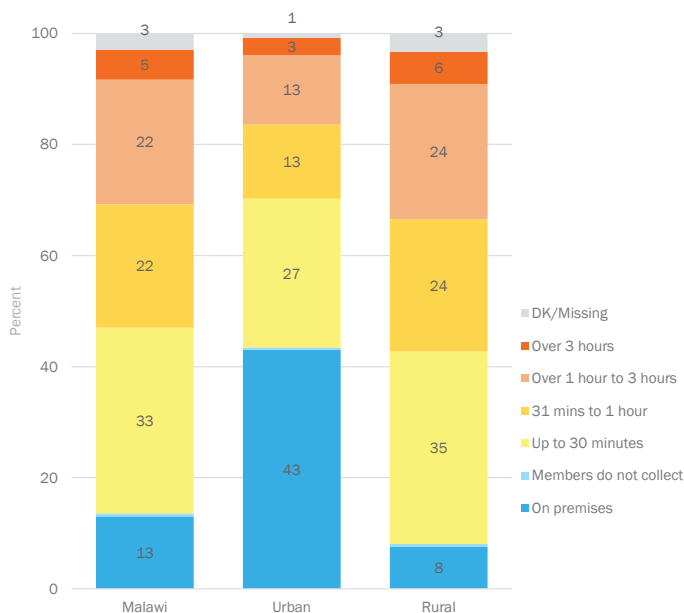
Basic Hygiene



Percent of population using basic hygiene services by background characteristics

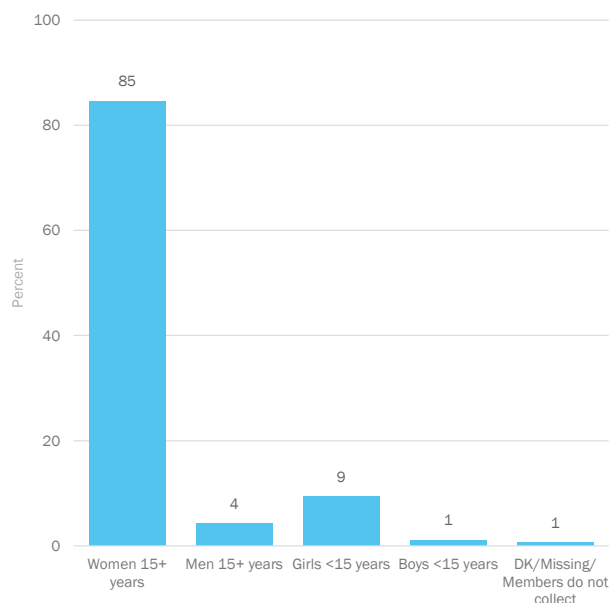
Accessibility of Drinking Water & Sanitation Facilities

Accessibility of drinking water



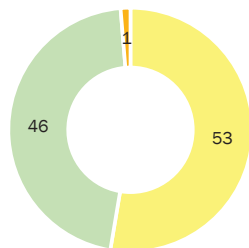
Percent of population by average time spent per day by household members collecting drinking water

Who Primarily Collects Drinking Water for the Household



Percent of population in households without drinking water on premises, by gender and age of person primarily responsible for collecting drinking water

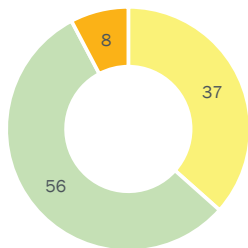
Shared sanitation



Shared sanitation in urban areas

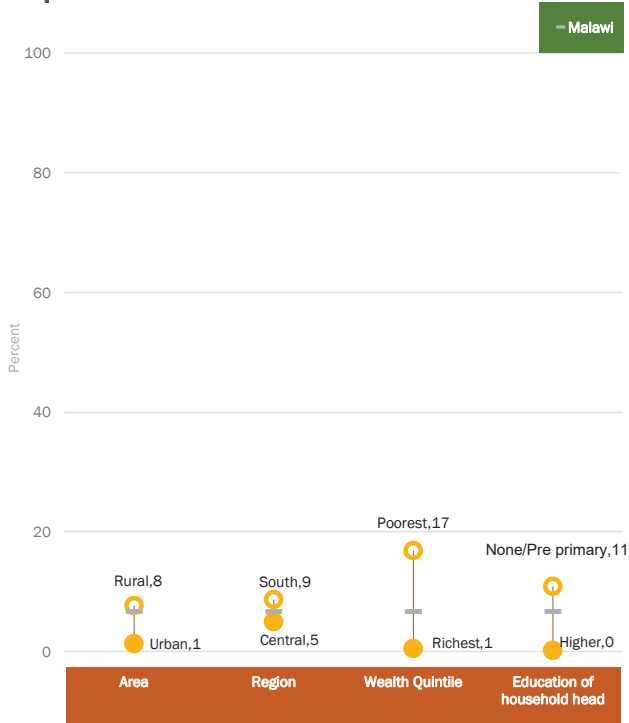
- Shared (improved and unimproved)
- Not shared (improved and unimproved)
- Open defecation

Shared sanitation in rural areas



Percent of the population sharing sanitation facilities, by residence

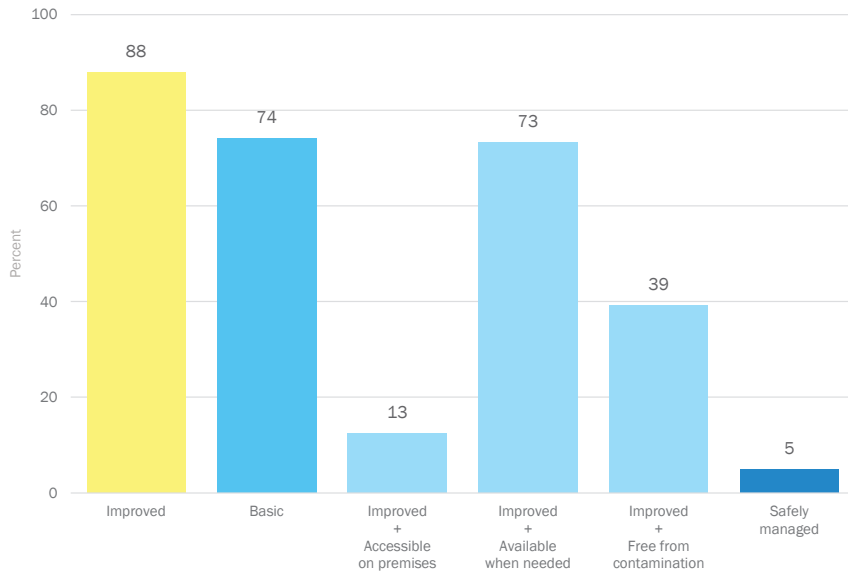
Open Defecation



Percent of the population practicing open defecation, by background characteristics

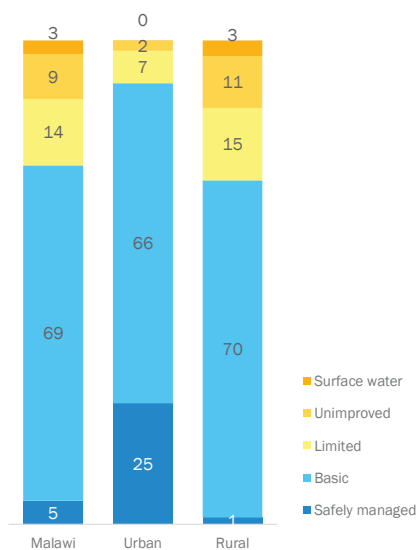
Safely Managed Drinking Water Services: SDG 6.1.1

Improved, basic & safely managed drinking water



Percent of population using improved, basic and safely managed drinking water services

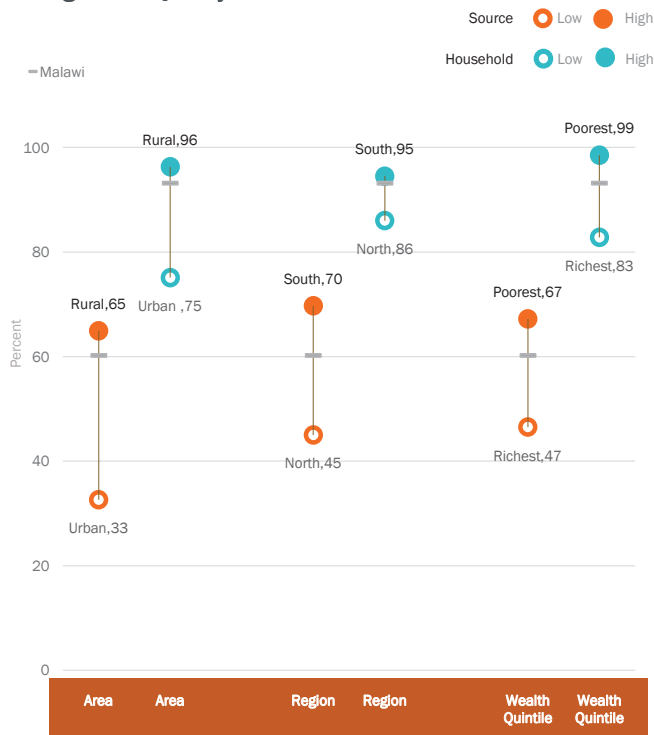
Drinking water coverage: National, urban & rural



Percent of population by drinking water coverage

Safely managed (SDG 6.1) are improved sources: accessible on premises, available when needed, free from contamination

Drinking Water Quality at Source & Home



Percent of population using drinking water sources with *E. coli* (orange) and proportion with *E. coli* in glass of drinking water in household drinking water (teal) Water Quality Testing response rates for Household and Source testing are 98.3% and 96.0% respectively

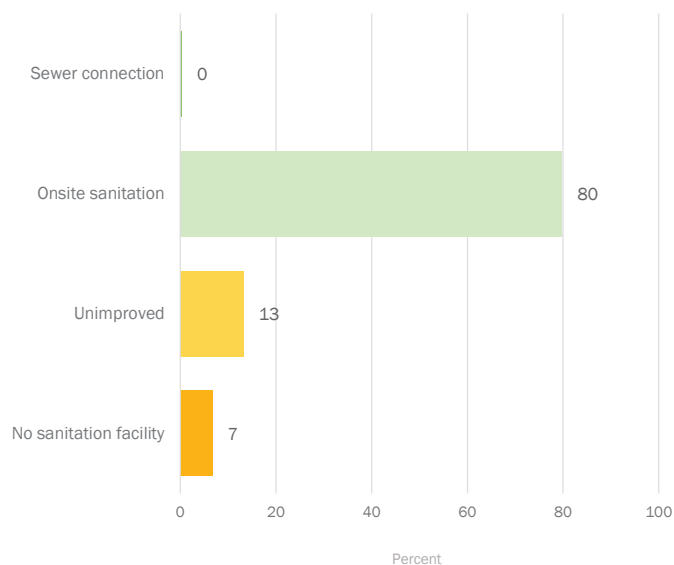
Availability of Drinking Water



Percent of population using drinking water sources with sufficient drinking water in the last month

Safely Managed Sanitation Services: SDG 6.2.1

Types of Sanitation Facility



Percent of population by type of sanitation facility, grouped by type of disposal

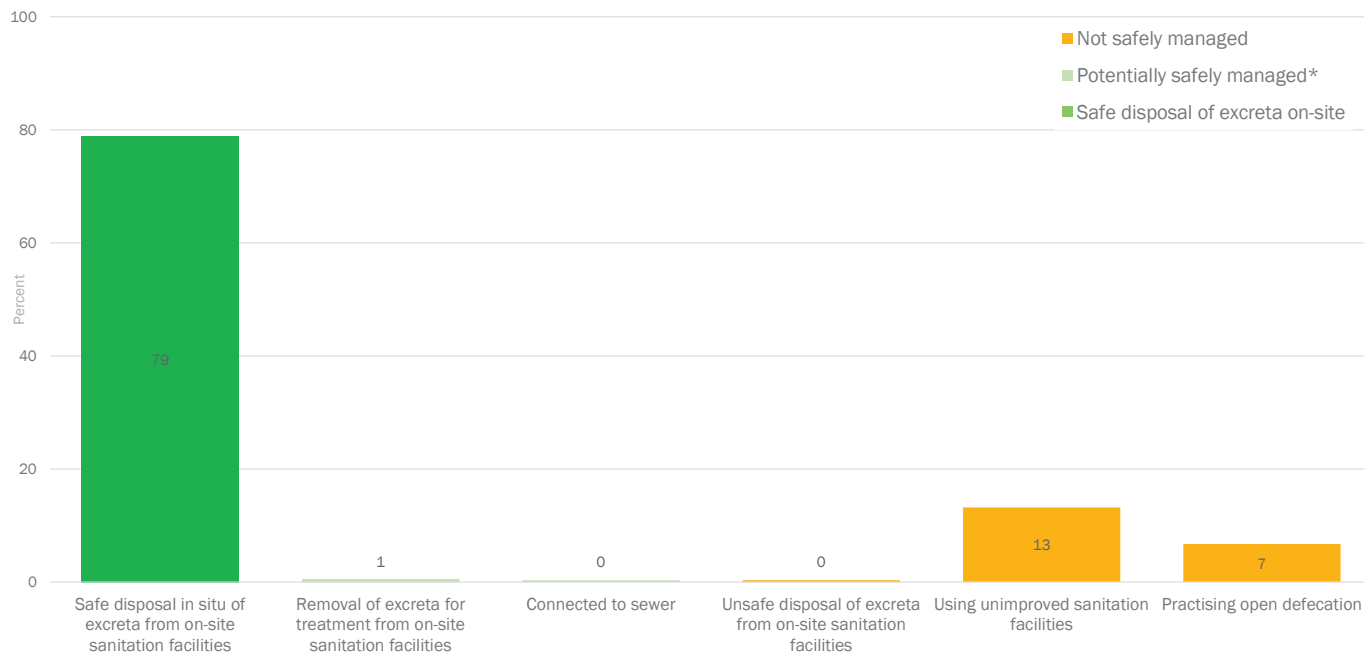
Sewer connections include "Flush/pour flush to piped sewer system" and "Flush to DK where"
Onsite sanitation facilities include "Flush/pour flush to septic", "Flush/pour flush to latrine", "Ventilated improved pit latrine", "Pit latrine with slab" and "Composting toilet"

Types of Sanitation Facility by Region

Region	Sewer connection	Onsite sanitation
Malawi	0	80
North	0	87
Central	0	87
South	0	71

Percent of population using sewer connections and onsite sanitation, by region

Management of excreta from household sanitation facilities

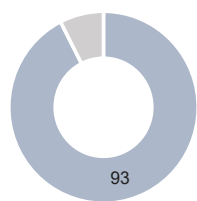


Percent of population by management of excreta from household sanitation facilities

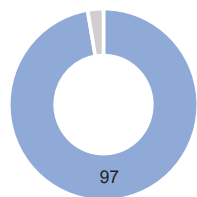
*Additional information required to determine whether faecal sludge and wastewater is safely treated.

Safely managed sanitation services represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS survey collected information on the management of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.

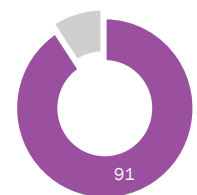
Menstrual Hygiene Management



Women with a private place to wash & change at home



Women with appropriate materials



Women with appropriate materials & a private place to wash & change at home

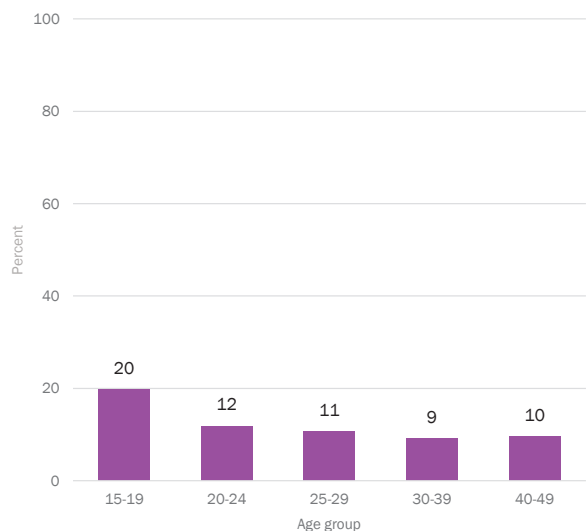
Denominator for all 3 indicators: women age 15-49 who reported menstruating in the last 12 months

Inequities in Access to Appropriate Materials & Private Place to Wash & Change at Home



Percent of women age 15-49 using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation



Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation by Various Characteristics



Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by residence, wealth quintile, education and region, among women reporting menstruating in the last 12 months

The Malawi Multiple Indicator Cluster Survey (MICS) was carried out in 2019-20 by the National Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, the Government of Malawi, the Royal Norwegian Embassy, German Agency for International Cooperation, Global Alliance for Vaccines and Immunizations and the United States

Agency for International Development provided financial support.

The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Drinking Water, Sanitation & Hygiene (WASH). Data from this snapshot can be found in tables WS.1.1 to WS.4.2 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

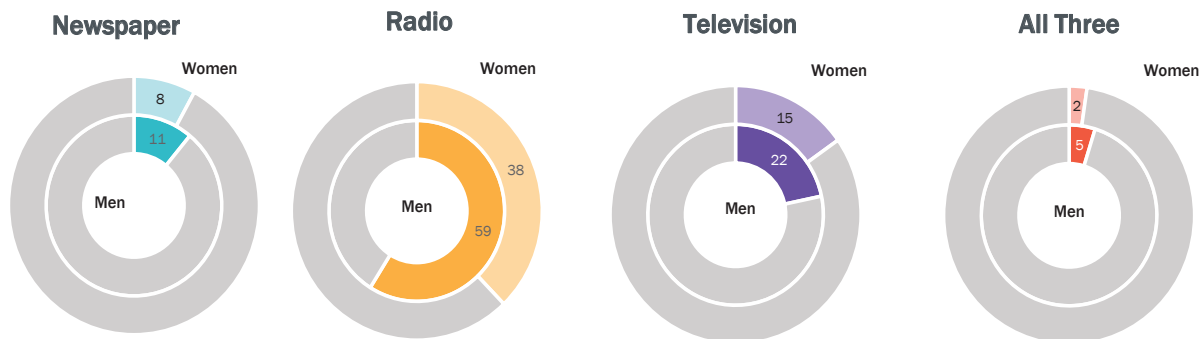
For further information on the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene indicator definitions and methods please visit washdata.org.

Mass Media, Communications & Internet

Multiple Indicator Cluster Surveys



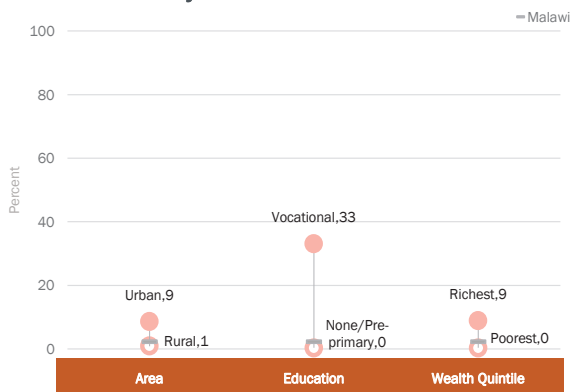
Exposure to Mass Media



Percentage of women & men age 15-49 years who are exposed to specific mass media (newspaper, radio, television) on a weekly basis and percentage of women & men age 15-49 who are exposed to all three on a weekly basis

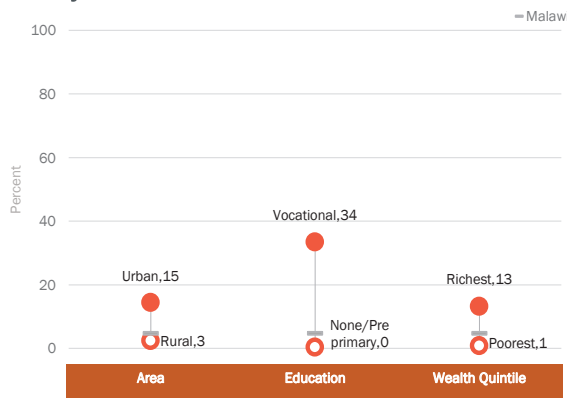
Inequalities in Exposure to Mass Media

Women Exposed to Newspaper, Radio & Television Weekly



Percentage of women age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

Men Exposed to Radio, Newspapers & Television Weekly



Percentage of men age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

Key Messages

- Fifty eight percent households owned a mobile phone; while 31% owned a radio; 11% owned a television set, 4% owned a computer and a mere 1% owned a fixed telephone line
- Twelve percent of the households had access to internet at home
- More men (18%) used the internet compared to women (7%)
- Women and men in Malawi had low access to all three forms of mass media (radio, television and newspaper) of mass media, 2% and 5% respectively
- Eleven percent of men read a newspaper weekly compared to 8% of women. 59% men and 38% women listened to a radio weekly, while 22% men and 15% women watched television weekly
- Mobile phone usage was high for men (71%) than women (53%). Mobile phone use was high for those with higher education for both men (100%) and women (98%) and lower for those with none or pre-primary education; men (47%), women(31%)
- Men were three times more likely to possess computer skills than women, 7% and 2%, respectively. Internet use was high for those with higher education for both men (82%) and women (77%) and lower for those with none or pre-primary education; men (3%), women(1%).

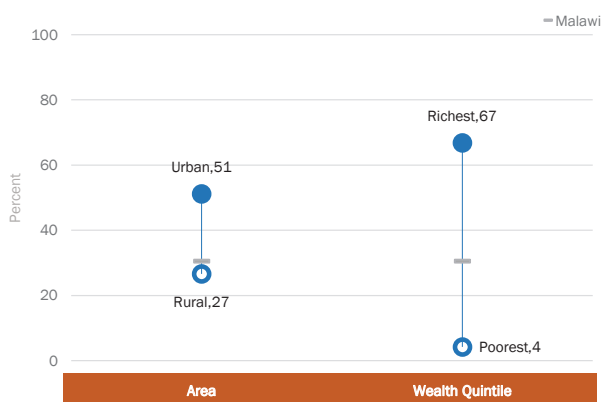
Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

Region	Radio	Television	Telephone-Fixed line	Telephone-Mobile	Computer	Internet at Home
Malawi	31	11	1	58	4	12
North	36	16	1	73	4	13
Central	29	9	0	54	4	11
South	31	12	1	58	5	12

Percentage of households which own a radio, television-fixed line, telephone- mobile, computer and that have access to the internet at home

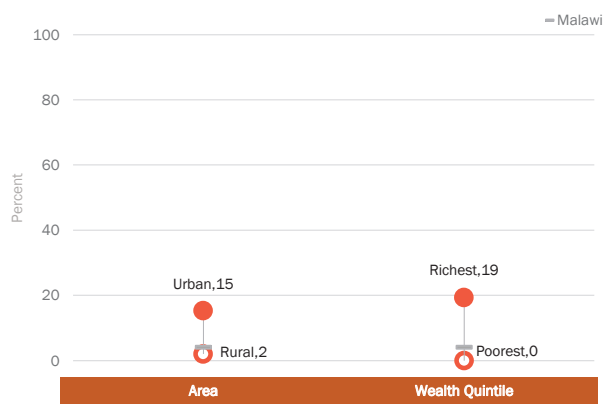
Inequalities in Household Ownership of ICT Equipment & Internet at Home

Household Ownership of a Radio



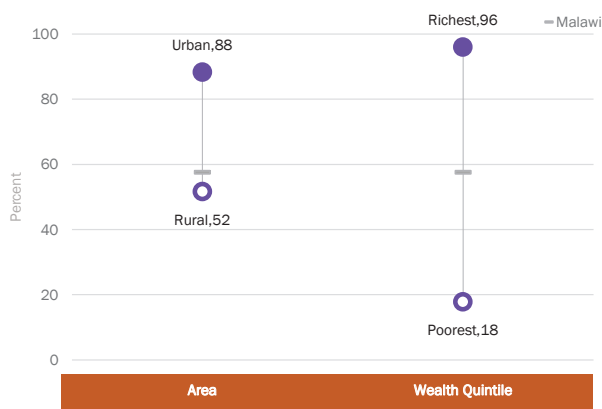
Percentage of households with a radio at home

Household Ownership of a Computer



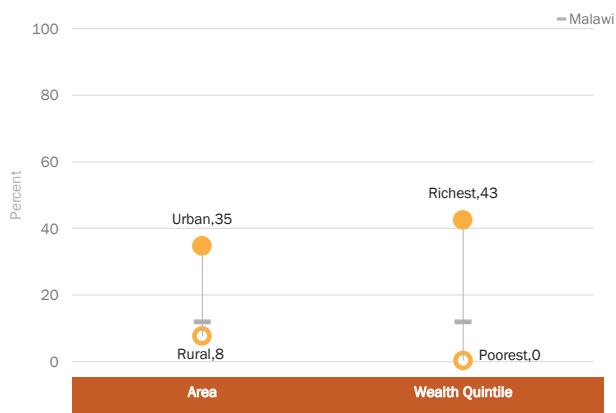
Percentage of households with a computer at home

Household Ownership of a Mobile Telephone



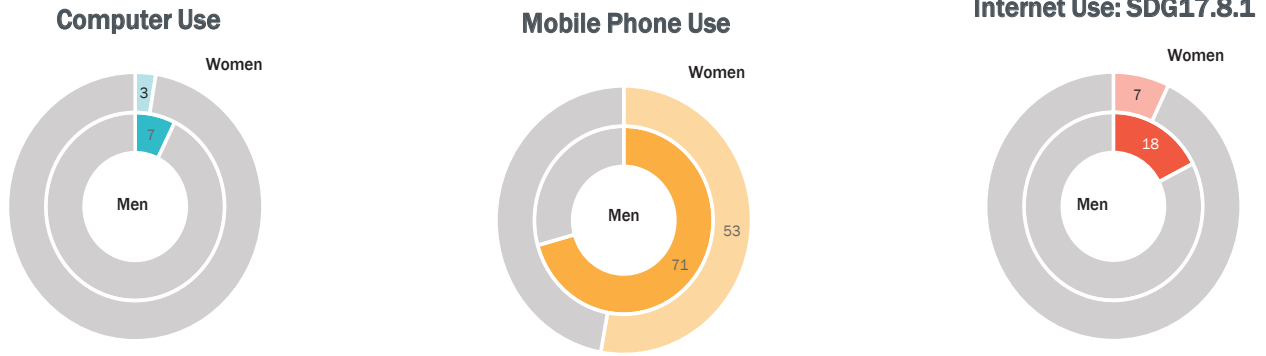
Percentage of households with mobile telephone

Households with Internet



Percentage of households with access to the internet at home

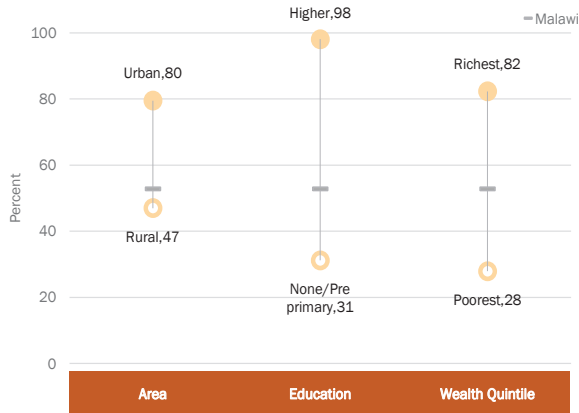
Use of Information & Communication Technology



Percentage of women and men age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet

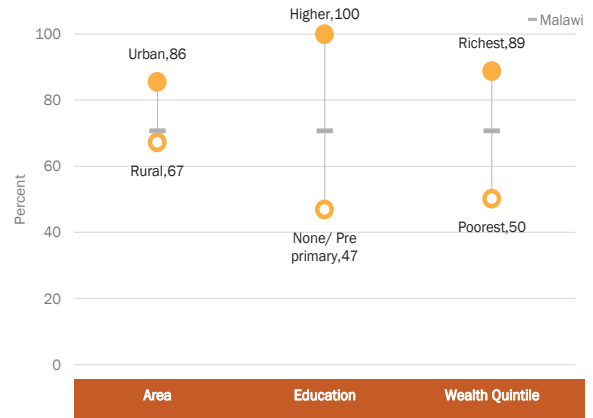
Disparities in Use of Information & Communication Technology

Disparities in Mobile Phone Use among Women



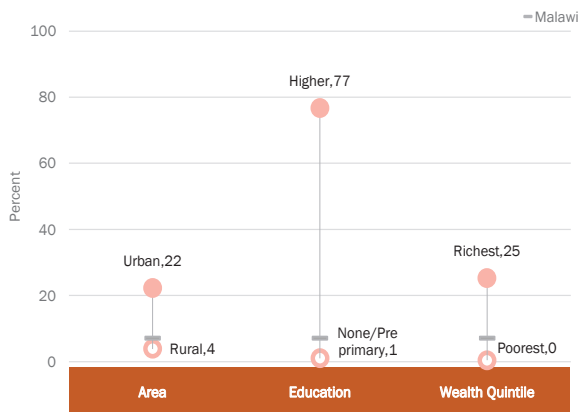
Percentage of women age 15-49 years who during the last 3 months used a mobile phone

Disparities in Mobile Phone Use among Men



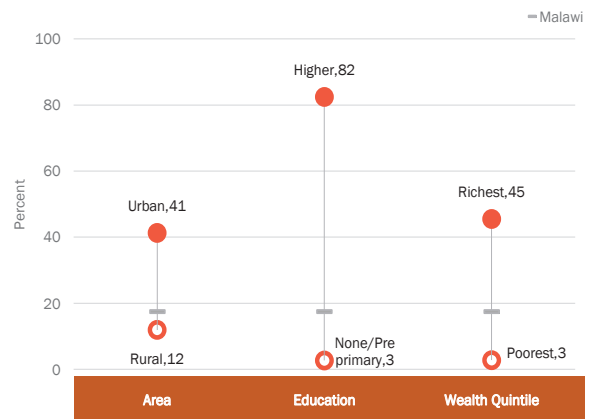
Percentage of men age 15-49 years who during the last 3 months used a mobile phone

Disparities in Internet Use among Women: SDG17.8.1



Percentage of women age 15-49 years who used the internet in the last 3 months

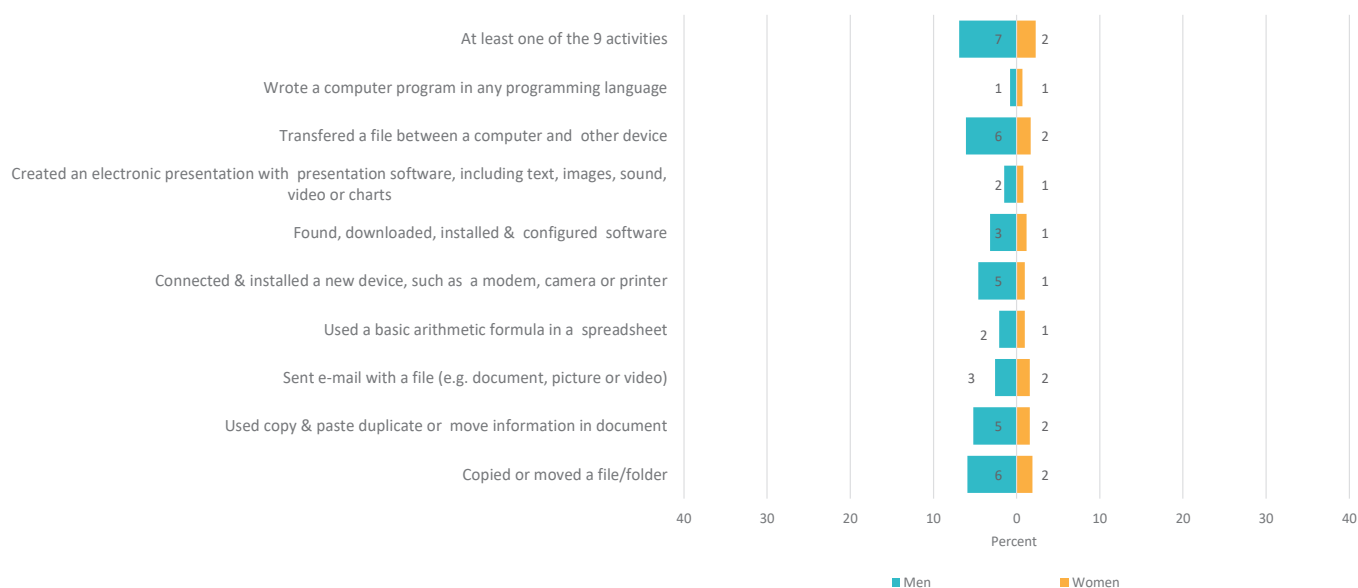
Disparities in Internet Use among Men: SDG17.8.1



Percentage of men age 15-49 years who used the internet in the last 3 months

Information & Communication Technology (ICT) Skills

Specific Computer Skills



Percentage of women and men age 15-49 years who in the last 3 months have carried out specific computer related activities and the percentage who have carried out at least one of these activities

Regional Data on ICT Use & Skills among Women

Region	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 computer-related activity
Malawi	3	53	7	2
North	3	71	8	2
Central	2	48	6	2
South	3	53	8	2

Percentage of women age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet and percentage who performed at least 1 computer-related activity

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The objective of this snapshot is to disseminate selected findings from the Malawi MICS 2019-20 related to Mass Media, Communications & Internet. Data from this snapshot can be found in tables SR.9.1W, SR.9.1M, SR.9.2, SR.9.3W, SR.9.3M, SR.9.4W and SR.9.4M in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.



Government of Malawi
NATIONAL STATISTICAL OFFICE

MICS

Multiple Indicator Cluster Survey

