

# For every child

## Survive and Thrive



New-born baby Eletina Felix from Chikwawa District Hospital supported by the UN Programme on Health Systems Strengthening. © UNICEF Malawi/2022/HD Plus

### Background

Malawi is one of the world's poorest countries, ranked 172 out of 189 countries listed on the Human Development Index in 2019.<sup>1</sup> Some 71 per cent of the population live on less than US\$1.90 per day,<sup>2</sup> and most people in rural communities are subsistence farmers. An estimated 61 per cent of children aged 0–17 years are now considered multi-dimensionally poor (deprived of two or more essential services) compared to 63 per cent in 2012-13.<sup>3</sup>

UNICEF works to deliver a lifecycle approach, providing quality services for children across three pillars including:

1. **Early Childhood**, for children aged 0–5, with a focus on the first 1,000 days.
2. **School-aged Children**, for children aged 6–18, with a focus on young adolescents, aged 10–14.
3. **Child-friendly, Inclusive, Resilient Communities** that help realize the Early Childhood and School-aged Children goals, encompassing the full lifecycle of childhood.

1 <http://hdr.undp.org/en/content/2019-human-development-index-ranking>  
2 World Bank, 2016. The completion of the IHS5 in December 2020 will provide new poverty metrics in the course of 2021.  
3 UNICEF, 2018. The completion of the IHS5 in December 2020 will provide new multidimensional poverty metrics in the course of 2021.

**Through this approach, UNICEF can make the greatest possible impact during key moments in the lives of children in Malawi.**

**Under Early Childhood, survival, growth, development, protection and early learning are addressed. Positive parenting and early stimulation through responsive caregiving are key to holistic development and ensuring that children receive the best possible care.**



Janet Banda, 37, holds her child and listens to a nurse at Nkhata Bay District Hospital encouraging her to wash hands regularly to avoid COVID-19. © UNICEF Malawi/2022/Edson Chagara

## The Situation of Children<sup>4</sup>



### Health

Some 40,000 children under 5 die every year from preventable or easily treatable diseases. The causes of under-5 mortalities include pneumonia (14 per cent), diarrhea (8 per cent) and malaria (7 per cent). Malnutrition contributes to almost a quarter of all under-5 deaths.

About 40 per cent of the under-5 deaths occur during the first 28 days of life. These neonatal deaths are largely attributed to premature births, infection and asphyxia, all of which have low-cost solutions. The under-5 mortality rate is highest among the poorest and second wealth quantile countries (62 deaths per 1,000 live children) compared to the richest quantile (39 deaths per 1,000 live children).

Maternal mortality is among the highest in the world. This is in part the result of particularly high rates of early sexual debut, child marriage (9 per cent of women marry before they turn 15, and 21 per cent between 15 and 19 years), and adolescent birth rates with adverse maternal and neonatal outcomes.

Only 28 per cent of women have their first antenatal care visit in their first trimester of pregnancy. Some 84 per cent of mothers and 88 per cent of newborn babies receive postnatal care within two days of delivery. The proportion of children who were first breastfed within one hour after birth (early initiation) declined from 76 per cent between 2015 and 2016 to 60 per cent between 2019 and 2020. Skilled birth attendants and institutional delivery coverages are 95 per cent and 97 per cent respectively.



### Vaccination

The WHO and UNICEF estimate infant pentavalent vaccination coverage was above 90 per cent nationally for five consecutive years (2008–2012), with every district achieving at least 80 per cent coverage. But from 2016 to 2020, vaccinations declined. Some 7 per cent of children aged 12–35 months are not vaccinated for any preventable childhood diseases by their first birthday and as per latest Polio Outbreak Response Microplan, Malawi has more than 41,000 zero-dose under-five children.



### Nutrition

In 2021 alone, some 34,836 children under the age of 5 were admitted and treated for severe acute malnutrition, representing 60 per cent of the total case load (58,356). Of these, 30,844 were discharged and 28,339 successfully recovered, representing a 92 per cent recovery rate.

Although Malawi has made significant strides in reducing malnutrition, stunting (low height for age) remains steady for children under 5: boys (39 per cent) and girls (32 per cent). Of children under 5, 13 per cent are underweight (weight for age), while 3 per cent are wasted (weight for height).

Micronutrient deficiencies remain high among children, adolescents and women. While vitamin A deficiency is no longer a problem, an unacceptably high prevalence of anemia remains. Anemia alone is affecting two-thirds (63 per cent) of children under 5 and one-third (32 per cent) of women of reproductive age.<sup>5</sup>

Inadequate infant and young child feeding practices are major contributors to acute and chronic malnutrition. The quality of children's diets remains a challenge with minimal improvements in the proportion of children who are exclusively breastfed. Exclusive breastfeeding under 6 months declined from 61 per cent in 2015–2016 to 64 per cent in 2019–2022. Likewise, the proportion of children following the minimum acceptable diet has not changed significantly over the years, increasing from 8 per cent in 2015–2016 to 9 per cent in 2019–2020.



### HIV Transmission

Prevention of mother-to-child transmission of HIV has improved significantly, yet the proportion of children accessing antiretroviral therapy is only 70 per cent, compared to 78 per cent for adults.<sup>6</sup> Thirty per cent of children living with HIV who are not on antiretroviral therapy will die before their first birthday, while 50 per cent will die by their second birthday.



### WASH in Healthcare Facilities

Preventing and controlling infection and improving quality of care, WASH in healthcare facilities continues to lag, with efforts skewed towards water supply (71 per cent), while sanitation comes in at 42 per cent, and hygiene at 27 per cent. Key interventions include infrastructure development (solar-powered safe water supply and latrines), medical waste receptacles and hygiene promotion.



### Early Childhood Development

Parents or guardians have limited knowledge and skills in positive and responsive parenting. Almost half (44 per cent) of children under 5 are left at home with inadequate supervision. Early childhood education attendance is low at 34 per

4 This section was mainly compiled from data drawn from Malawi National Statistics Office, December 2021, Malawi: The Multiple Indicator Cluster Survey (MICS) 2019-20 Survey Findings Report [https://washdata.org/sites/default/files/2022-02/Malawi 2019-20 MICS.pdf](https://washdata.org/sites/default/files/2022-02/Malawi%202019-20%20MICS.pdf); National Statistical Office & DHS Program ICF, February 2017, Malawi Demographic and Health Survey 2015-16 <https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>; and Tsega, Asnakew, Hausi Hannah, Chriwa, Geofrey, Steinglass, Robert, Smith, Dasha and Valle, Musa, 2016, 'Vaccination Coverage and Timely Vaccination with Valid Doses in Malawi', Vaccine Reports 6, 8–12.

5 National Statistical Office, Community Health Services Unit of the Ministry of Health Department of Nutrition, HIV and AIDS, and Centers for Disease Control & Prevention, December 2017, Malawi Micronutrient Survey 2015-16 <https://dhsprogram.com/pubs/pdf/FR319/FR319.m.final.pdf>.

6 National AIDS Commission and Republic of Malawi, 2020, Malawi National Strategic Plan for HIV and AIDS 2020-2025 [http://www.aidsmalawi.org.mw/view-resource/National Strategic Plan for HIV and AIDS 2020-25 Final.pdf](http://www.aidsmalawi.org.mw/view-resource/National-Strategic-Plan-for-HIV-and-AIDS-2020-25-Final.pdf).



cent. Of children aged between 3 and 4, 59 per cent are developmentally on track in at least three of the four domains (physical, 89 per cent; social-emotional, 78 per cent; learning, 74 per cent), while only 17 per cent are developmentally on track in literacy and numeracy. Only 1 per cent of children have access to three or more children's books. Overall, investments in early childhood development remains low. Only 0.77 per cent of the total national budget in 2021/2022 was allocated to early childhood development, which is lower than the 2020/21 share of 0.93 per cent.



### Birth registration and child protection

As legal documents, birth certificates safeguard child rights. Birth certificates prove age and help prevent child marriage, child trafficking and child labor. Only 22 per cent of children under 5 have birth certificates. On average, it takes 195 days from birth to obtain a birth certificate. More births need to be registered, and faster, if Malawi is to achieve the goal of universal birth registration by 2030.

## UNICEF Action



Levison Moyo, a man benefiting from household nutrition interventions, waters vegetables at Bokosi Village in Kasungu. © UNICEF Malawi/2022/Thoko Chikondi

The Early Childhood focus helps children benefit from early learning, caring, nurturing, a clean, safe and protective environment, and quality high-impact services. UNICEF's support strengthens health and education and contributes to continued progress in maternal and child health, and early learning and stimulation.

UNICEF supports the government to scale up interventions to improve infant and young child feeding. Other key interventions include nutrition-sensitive agriculture.

Through UNICEF support to 414,093 caregivers and 238,564 pregnant and lactating mothers in 2021, a total of 740,357 children under 5 had increased access to maternal, infant and young child nutrition services, leading to improved diets. At the same time, thanks to UNICEF support, 4.9 million primary caregivers in targeted districts learned to enhance childcare and feeding practices, and counselling was offered. UNICEF is supporting the Scaling-Up Nutrition 3.0 strategy.

In collaboration with the Ministry of Health, UNICEF continues to support health and nutritional services, ensuring more than 85 per cent of children between 6 and 59 months received vitamin A supplementation in 2021. Child health days were supported in 19 districts, reaching

more than 1.8 million children.

In 2021, 1.5 million parents and caregivers were educated in positive parenting through an early childhood development multimedia campaign titled 'Mmera Mpoyamba' (Early Moments Matter), which has contributed to improved care practices to children under 5. UNICEF continues to promote and prioritize scaling up of interventions and building capacity of community-based care centre management and caregivers. UNICEF also supports the transition from community-based care centres to primary school.

UNICEF is building capacity to identify, test and link HIV-exposed infants and their mothers, as well as adolescents. This has led to an increase in diagnoses of infants at 2 months from 61 per cent in 2019 to 86 per cent in 2021. UNICEF is using drones to deliver medicine and improve turnaround time of diagnostics. Drones are used for emergencies, providing aerial images and data.

UNICEF has also contributed to improving birth registration through community-based registration. Through this initiative, over 29,000 birth certificates have been printed and distributed across the country.

# UNICEF's Key Asks

UNICEF's focus in Malawi for the early years are to:

1. Strengthen maternal, neonatal, infant and young child health and nutrition service delivery
  - + Strengthen integrated health service delivery
  - + Improve, scale up and sustain optimal child, maternal and infant nutrition
  - + Funding requirement: US\$6 million
2. Enhance procurement and supply chain management of health and nutrition (including food systems transformation)
  - + Improve procurement and last mile distribution of life saving health and nutrition supplies
  - + Scale up supplementation and micronutrient powders
  - + Support operationalization of food system priority pathways
  - + Funding requirement: US\$3.5 million
3. Improve health and nutrition data information systems
  - + Enhance decentralized management capacity for evidence-based health and nutrition systems analysis, prioritization, planning and monitoring
  - + Funding requirement: US\$1 million
4. Support delivery of early childhood development interventions
  - + Scale up positive parenting and early stimulation practices, and dietary diversity across the life cycle

- + Strengthen community and health facility links to ensure accountability and adequate and continuous utilization of services
  - + Funding requirement: US\$2.5 million
5. Support targeted health and nutrition interventions for adolescents and school-aged children
    - + Funding requirement: US\$2.5 million



One of the pregnant women benefitting from UNICEF-supported solar-powered water system at Nkhata Bay District Hospital. © UNICEF Malawi/2022/Edson Chagara

## Funding Requirements

UNICEF Malawi is requesting

**US\$15,000,000**

to complement the government's efforts to meet children's and young people's health and nutritional needs.

Every US\$ 2 can prevent one child from dying within 24 hours of birth  
 Every US\$1 invested in vaccine programs returns an estimated US\$20

Every US\$1 of investment in early childhood yields \$17 economic returns

Every US\$1 of investment in stunting yields \$11 economic returns

Every US\$1 of investment in anemia yields \$12 economic returns

Every US\$1 of investment in wasting (acute malnutrition) yields \$4 economic returns<sup>7</sup>

7 Shekar, Meera, Kakietek, Jakub, Dayton Eberwein, Julia and Waters, Dylan, 2017, An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting, Directions in Development, Washington, DC, World Bank, <https://tinyurl.com/InvestmentFrameworkNutrition>.



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