



Country Statistical Bulletin
Malawi: progress to human development

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Measuring Service Delivery in Southern Africa Project

Study 3: Developing measures and methods for measuring progress towards service delivery targets

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Taken as a whole, Malawi has made progress, but insufficient progress has been made in reaching the MDGs. This appears somewhat contradictory to the evidence, which is that the Malawian government has placed considerable resources into a number of key sectors such as education and health.

There have also been considerable successes in relation to the decline in child mortality, which has been exceptional among African countries.

This document provides a compressed summary of the reports on progress towards service delivery targets in four sectors of human services: water, sanitation, education and health.

There are two sections; firstly a summary review of all goals and sectors, and secondly a review of indicators linked to each sector. The first provides the “big picture” of progress, the second a set of snapshots of the components making up each part of the bigger picture. The table below summarises progress towards the MDGs, which could be summed up as “making progress”, but at an insufficient pace to meet the MDGs in the four sectors under review.

The figure below summarises the progress towards the MDGs, which could be summed up as “making progress”, but at an insufficient pace to meet the MDG in five of the six goals related to the four sectors under review.

Table 1. Malawi's progress towards the MDGs

	Score
Goal 2: Achieve universal primary education	10/20
Goal 3: Promote gender equality and empower women	5/10
Goal 4: Reduce child mortality	10/20
Goal 5: Improve maternal health	5/20
Goal 6: Combat HIV/AIDS, malaria and other diseases	5/10
Goal 7: Ensure environmental sustainability	20/30

KEY

0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
10	Target will be met in 2015(10/10)

The background to each of the colour-coded conclusions is contained in a set of four sectoral reports which analyse in detail the indicators linked to targets. These indicators have been awarded an unweighted numbering process similar to that of the Human Development Index, which provides a checking system on the results.

This document provides a compressed summary of the reports on progress towards service delivery targets in four sectors of human services: water, sanitation, education and health.

Country political and socio-economic context

Landlocked Malawi ranks among the world's most densely populated and least developed countries. With an estimated population of 15 million in 2009 it is one of the poorest countries in the world and hence reliant mainly on donor support for its budgetary requirements.

The densely populated country suffers from widespread poverty, underemployment and endemic AIDS.

Approximately 90% of the population is engaged in farming and livestock activities and agricultural exports contribute almost 85% of the total GDP. There has been little industrial growth and foreign investment.

Since independence in 1964, the country has attempted to address the provision of services such as housing, health, education, water and sanitation. However, these were not initially, placed high in the budgetary allocation. Debt relief by the donor community as well as budget prioritization of the sectors of housing, health, education and water and sanitation by government has resulted in significant achievements in sanitation indicators, the expansion of primary and secondary education and a decentralization policy in health care, including decentralization of the management of essential health care services to district assemblies. The severe impact of HIV/AIDS is a more recent and immense constraint on the provision of quality services. Despite these policies and strategies, poverty alleviation is still high in Malawi because of a lack of commitment to implementation. The major challenge is to generate capacity and political will to translate the strategies into policy actions.

This study has revealed that despite facing challenges in financing service delivery, Malawi continues to make good progress in improving social indicators. For example, significant progress has been achieved in poverty reduction from 54 per cent in 1998 to 45 per cent in 2006. There has also been a reduction in the infant mortality rate from 134 per 1,000 in 1992 to 69 per 1,000 in 2006 and a reduction of maternal mortality rate from 1,120 per 100,000 in 2000 to 984 per 100,000 in 2006. These achievements have a direct link to an increase in life expectancy from 37.5 years in 2002 to 41 years in 2004.

Since 1994, Malawi has gone through a political transition from a one party dictatorship to a multiparty government. Following the attainment of political independence in 1964, up until 1979, Malawi was relatively politically stable and the economy grew at an estimated average of 6 percent per annum.

During this period Malawi pursued a growth-orientated, export-led strategy of development. However, the benefits of much of this growth did not trickle down to the wider population, due to policies that relied on private enterprise in agriculture and

industry and favoured the minority of the population involved in the estate sector's production of tea and tobacco.

In the economic sector, the current government administration's macro-economic measures, especially in checking wanton government over-expenditure of public resources, have yielded positive results.

The economy is predominately agricultural with about 85% of the population living in rural areas. Agriculture accounts for more than one-third of GDP and 90% of export revenues. The performance of the tobacco sector is key to short-term growth as tobacco accounts for more than half of exports. The economy depends on substantial inflows of economic assistance from the IMF, the World Bank, and individual donor nations. In December 2007, the US granted Malawi eligibility status to receive financial support within the Millennium Challenge Corporation (MCC) initiative. Malawi will now begin a consultative process to develop a five-year program before funding can begin. In 2006, Malawi was approved for relief under the Heavily Indebted Poor Countries (HIPC) program.

Malawi receives considerable financial aid from the International Monetary Fund (IMF) and World Bank. However, fund embezzlement is a serious issue at the administrative level. In 2000, the World Bank stopped clearing funds due to widespread corruption in the government. Later, the funds were released following strategic fiscal reforms to contain embezzlement.

Owing to pro-active fiscal policies and large scale foreign aid, Malawi has been able to achieve a high GDP growth rate since 2007. According to the 2009 figures, the country's GDP stands at US\$12.8 billion, with an 8.5% inflation rate.

The government faces many challenges including developing a market economy, improving educational facilities, facing up to environmental problems, dealing with the rapidly growing problem of HIV/AIDS, and satisfying foreign donors considering fiscal discipline is being tightened. Since 2005 President Mutharika's government has exhibited improved financial discipline under the guidance of Finance Minister Goodall Gondwe and signed a three year Poverty Reduction and Growth Facility worth \$56 million with the IMF. Improved relations with the IMF lead other international donors to resume aid as well.

The impact of the financial crisis on Malawi has so far been limited. The financial sector is small and less sophisticated, with two (out of nine) commercial banks dominating the banking sector. Foreign direct and portfolio investment levels are very low. However, most commercial banks have reported difficulties accessing foreign credit lines. Furthermore, exchange rate movements in the west are having a negative impact on foreign aid inflows to Malawi. For example, DFID's inflows (in Malawi Kwacha equivalent) have been reduced by about 25 percent due to a depreciation of the British Pound against the US Dollar.

1. Adoption of MDGs and MGDS

In September 2000, the Millennium Declaration was adopted. The MDGs outlined in Millennium Declaration include eradicating extreme poverty and hunger, achieve universal primary education, promote gender equality and empowerment of women, reduce child mortality, improve maternal health, combat HIV and AIDS, malaria and other diseases, ensure environmental sustainability, and develop a global partnership for development.

The instrument for the implementation of the MDGs in the country is the Malawi Growth and Development Strategy (MGDS), which is a medium term development strategy first formulated in 2006 and set to run to 2011. It has six key priority areas and five thematic components. The priority areas include:

Agriculture and Food Security;
Irrigation and Water Development;
Transport and Infrastructure Development;
Energy Generation and Supply;
Integrated Rural Development; and
Prevention and Management of Nutrition Disorders and HIV and AIDS.

The thematic components include Sustainable Development, Social Protection, Social Development, Infrastructure Development and Improved Governance. With the above priority and thematic areas, the government of Malawi believes that it is possible to achieve the MDGs.

The strategy to realize the MGDs calls for active participation of all stakeholders in the implementation process. Political will, change of mindset, and cooperation among the stakeholders will be paramount for the successful implementation of the strategy.

2. Progress towards human development

In the following section progress in social development is assessed across four sectors: water, sanitation, education and health. This has been the focus of this Project, which focuses on service delivery improvement to reduce poverty: separate reports on these four sectors have been compiled and are the basis for this country report. The sectors are assessed in terms of indicators of progress made towards MDG targets, which relate to the sector and reference is made to the Regional Indicative Sustainable Development Plan (RISDP) which sets the MDGs within a regional framework.

In the water sector the target is the halving of those not accessing safe drinking water and in the sanitation sector, halving those without access to improved sanitation. In education, assessment is made with reference to enrolment, completion of primary education, and

gender parity. The health sector is assessed through indications of better service, reduced disease, and impact indicators such as child and maternal mortality.

This perspective enables a reflection on progress made within the sector with a figure compressing progress by indicator. The country report brings together data summarising progress across sectors, briefly reviews progress by sector, and provides some account of the challenges and achievements at a national level.

The sectors are reviewed in the following order: water, sanitation, education and health.

3. Water

Progress in water services is assessed through the MDG on environmental sustainability, which sets the target in water of halving the proportion of the population without safe drinking water.

Goal 7: Ensure environmental sustainability: water

	Malawi	Score
Target 7.8 Access to improved water source		10

KEY

0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
10	Target will be met in 2015(10/10)

On the basis of the model developed in this project a target of 76% access to improved water source was established to meet the MDG in 2015. A projection of the data indicates that this MDG target was met in 2007 considerably earlier than the target date of 2015.

There has, however, been a slight decline of 1 per cent in access to safe water from 81 percent in 2007 to 80 percent in 2008. This progress has been attributed to lack of borehole maintenance and environmental degradation, which in turn results in a lower water table.

The main challenges in provision of improved water in Malawi are the lack of community participation in environment and natural resources management, and the poor quality of surface and ground water.

The strategies adopted by government in order to address the above challenges include the improvement of access to safe water by strengthening and building capacity for common water resources management, monitoring systems, rehabilitation and construction of small community earth dams.

4. Sanitation

To ensure comparability across the four countries making up this study, the sanitation sector is reviewed at two levels; firstly at that of the “broad” definition which includes unspecified forms of toilets and secondly at the “improved” level which includes Ventilated Improved Privies (VIPs) and flush toilets.

Goal 7: Ensure environmental sustainability: sanitation

	Score
Target 7.9 Access to improved sanitation (broad)	10
Target 7.9 Access to improved sanitation (higher)	5

KEY	
0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
10	Target will be met in 2015(10/10)

At the “broad” definition of sanitation, access to basic sanitation increased from 78 percent in 1990 to 84 percent in 2004. Projections from the data available indicate that there will be a reduction by half of those without toilets and the projection indicates that the MDG target of 89 percent will be met in 2012, which is before the MDG target year of 2015.

At the “higher” level of sanitation (VIP and above) there is a considerably lower level of access. The low growth rate per annum at this level presents a challenge at the higher level of sanitation. Projections indicate that access at the higher level of Ventilated Pit Privies and flush toilets falls considerably short of the MDG target.

The main challenge is the inequitable promotion of improved sanitation facilities; the statistics indicate, for example, that (unusually) urban provision lags behind rural. The strategies that government has adopted in order to address the above challenge include the promotion of improved sanitation facilities in both rural and urban areas.

5. Education

In this study progress in education is assessed against MDG indicators on enrolment, primary completion, gender parity and adult literacy rate.

Goal 2: Achieve universal primary education Goal 3: Promote gender equality and empower women

		Score
Goal 2: Achieve universal primary education		
Indicator 2.1 Net enrolment ratio in primary education		5
Target 2.1 Male and female primary completion rate		
Target 2.3 Literacy rate (male and female) 15 and above		5
Goal 3: Promote gender equality and empower women		
Target 3.1 Gender Parity Index		5

KEY

0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
10	Target will be met in 2015(10/10)

Despite the Malawian government giving considerable attention to education, the enrolment rate which rose to 95 percent in 2004 has subsequently declined. This makes forward projections difficult as this would only accentuate the decline whereas the evidence is that government is committed to raising this level. The decline has been most marked among boys who declined from 92 percent to 85 percent between 2004 and 2007. The decline indicates that the MDG target, which implies a sustained level just below 100% is not being sustained.

The figures on the primary completion rate also indicate a recent decline, which has been linked to the elimination of school fees and the rapid increase in the numbers of children in schools. This has been further linked to declining quality of schooling, indicated by a declining completion rate. This decline has been apparent since 1999 but now appears to be leveling out and not declining further. The conclusion is that the MDG in the primary school completion rate will not be met.

Adult literacy is an indicator of the progressive improvement in the educational system over a period of time. In Malawi the figures on adult literacy have risen from 64 percent in 1998 to 72 percent in 2007, which marks considerable progress. The projection provides a figure of 80 percent by 2015, which is however, fairly far from the target of something less than 100 percent.

The trend of enrolment ratio has declined due to demand and supply side factors. On the demand side it shows that the costs of schooling (both the direct and indirect costs of schooling), illness of family members, and lack of interest in school are reasons for primary school drop-out. On the supply side, the main constraints to quality education are insufficient teachers and teaching materials, poor sanitation, poor teaching and inadequate classrooms.

Government has included education as one of the nine priority areas in the national development strategy. The primary focus is to improve access and quality of education. In order to achieve this, government has over the years been increasing budgetary allocation towards the education sector.

Challenges in education

The main challenges that the government of Malawi faces include:

- Inadequate physical infrastructure;
- Shortage of qualified primary school teachers;
- Poor retention of girls mainly from standard five to eight;
- High disease burden due to HIV&AIDS consequently leading to absenteeism especially among girls who take care of the sick; and
- Poor participation of school committees and their communities in school management.

In order to address the above challenges, the government of Malawi adopted a universal education policy with the main objective of increasing access to quality primary education. Government removed the payment of primary school fees and abolished school uniform as a requirement to attend classes to ensure that many boys and girls are able to enroll in school. Apart from this, government has also attempted to reduce the pupil-teacher ratio and transfer of teachers from community day secondary schools (CDSSs) to primary schools. Other strategies include:

- Construction of 50 primary schools and 1,000 teachers' houses annually;
- Provision of financial support to girls in selected areas especially at senior primary level and scaling up school feeding programmes to increase enrollment and retention; and
- Expansion of existing teacher training colleges and construction of additional colleges in order to improve the quality and number of qualified teachers in primary schools.
- Constructing boarding facilities in secondary schools in order to reduce distance to schools;
- Expansion of girls boarding facilities in teacher training institutions in order to increase female teachers, who will become role models;
- Adoption of equitable selection policy at secondary schools for both girls and boys;
- Adoption of MDG and national goals for 2014/2015.

Evidence of drive to achieve these goals

The vision of the Malawi government regarding the education sector is to be a catalyst for socio-economic development and industrial growth. This can be achieved by

providing quality and relevant education to the Malawi nation. The main strategic priority is to ensure that basic education is of improved quality, is equitable and relevant to the nation. In order to achieve these strategies, the Ministry of Education, Science and Technology has developed a National Action Plan in collaboration with its stakeholders and line ministries in implementing education programmes and has adopted the following:

- Doubling enrolment of secondary students and retaining girls in secondary schools
- Expanding access to technical and vocational education
- Doubling enrolment in public Universities.

6. Health

Progress in health services and in the health of the people is assessed in this study in relation to MDGs 4, 5, and 6, which target the reduction of child and maternal mortality and combating specific diseases.

Goals in Health

Goal 4: Reduce child mortality	Target 4.1 Children <5 mortality rate	
Goal 5: Improve maternal health	Target 5.1 Maternal mortality ratio	
	Target 5.2 Births Attended by Skilled Health Staff	
Goal 6: Combat HIV/AIDS, malaria and other diseases	Target 6.1 HIV Prevalence Rate (15-49 years old)	
	Target 6.6 Reported Cases of Malaria	
	Target 6.9 Tuberculosis prevalence rate	

KEY	
0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
10	Target will be met in 2015(10/10)
	Insufficient Data

Malawi has had an exceptional record in the reduction of the children under **5 mortality rate**. The MDG target is to reduce child mortality rates by two thirds; this sets a target of 70 per 1,000 live births by 2015. The forward projection of the data from 2007 does, however, indicate that at the current pace of change the under five mortality rate in 2015 will reach 47, which is favourably below the target of 70.

Unlike in the three other countries in this review this MDG is achieved.

The MDG target is to reduce **maternal mortality rates** by three quarters between 1990 and 2015. The forward projection of the data from 2005 does indicate that at the current pace of change a decline from 1120 to 1060 deaths per 100,000 live births by 2015.

This is a slow rate of decline for a country which has a relatively high maternal mortality rate compared to the other three countries for the period under review. The conclusion is that there is progress being made but at an insufficient rate to bring the MDG in maternal mortality in sight.

The MDG sets the target of **all births being attended by skilled health staff**. In Malawi the proportion of births being attended by skilled health staff has in the period 1992 to 2006 not significantly changed. The conclusion here is that the MDG in this respect will not be reached.

In Malawi there has been a slight reduction in the **HIV prevalence rate** among those aged 15-49 years from 13.3 to 11.9% between 2001 and 2007. The MDG target is to halt and reduce HIV/AIDS; halting the infection could be regarded as reducing new infections to insignificance and reducing HIV/AIDS reducing the level of existing infections significantly. The conclusion is thus that the trend in the MDG target is in the right direction but that the target will not be reached.

In relation to **tuberculosis** there has been a steady decline in the prevalence rate since 2000, which indicates that the disease has been halted, but the continuing high rates do not allow the conclusion that the disease has been reversed. It appears that the MDG is unlikely to be achieved by 2015 unless there is a high level intervention as the data indicates an increase and potential leveling off of incidence. The conclusion is drawn that the trend appears to be moving in the right direction but that insufficient progress is being made to achieve this target by 2015.

The government of Malawi is committed to improve health services delivery by among other things, increasing the budget allocation to the health sector with the aim of intensifying investment in essential health care services, human resources development and retention; procuring of essential basic equipment, drugs and other medical supplies; and providing infrastructure.

Challenges in health provision

Malawi faces several challenges in its efforts to implement efficient health services delivery. Some of these challenges include:

- Resource constraints to successfully provide the high impact essential health interventions;
- Weak inter-sectoral collaboration constrains the health sector from dealing with other determinants of poor child health, such as water, sanitation and malnutrition;
- Increased morbidity and mortality as a result of the AIDs pandemic;

- Cultural practices, which encourage early marriages and discourage use of modern contraceptives and delivery with the assistance of a skilled health worker;
- Poor water sanitation and floods leading to water logging thereby increasing malaria incidences;
- Negative impact of hunger and poverty on tuberculosis cure rate.

Political will to achieve goals

The commitment to improving access to essential health care services in Malawi is being achieved through the Malawi Growth and Development Strategy (MGDS). This is being achieved by intensifying investment in essential health care services, with special focus on human resources development and retention, procurement of essential basic equipment and drugs as well as the provision of infrastructure.

Evidence of drive to achieve these goals

The health sector has implemented several policy framework and strategies in order to achieve the MDGs as well as the MGDS. The following are some of the strategies:

- Implementation of Essential Health Package;
- Implementation of SWAp in order to develop and strengthen related health systems;
- Training of health workers such as Health Surveillants Assistants (HAS);
- Implementation of targeted nutrition support through community based therapeutic care;
- Increased availability and accessibility of antenatal services;
- Provision of ARVs and micronutrients;
- Implementation of HIV and AIDS workplace programmes;
- Strengthen the capacity of CBOs to mainstream HIV in their activities.

Public participation, budgetary monitoring, civil society engagement

In order to achieve public participation, the government has decentralized health care to the local assemblies in order to empower district assemblies to make decisions, set priorities and implement policies with involvement of the community in the planning and implementation of health care delivery systems. Such reforms are aimed at giving hospitals power to prioritize spending on pertinent disease and community health problems. A mechanism has also been provided for district performance assessment and monitoring to support this local level planning.

The Malawi Health Equity Network (MHEN) was formed in 2000, with an advocacy role on health equity. The main objective of MHEN is to influence people-centred policy through the Parliamentary Committee on health. The Parliamentary Committee on health

in the Malawi National Assembly is one of the institutional mechanisms for promoting equity and the MHEN acts as a lobby of the committee.